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Homeopathy in COPD: Enhancing quality of life and lung function

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Abstract
COPD is public health issue affecting millions of people worldwide. It contributes in high rate of morbidity and mortality in respiratory diseases. In India, prevalence of COPD is rising placing a heavy burden on healthcare systems. In conventional treatment, treatment approach emphasis on relieving the symptoms, improving quality of life, reducing mortality, mitigate exacerbations, and address the progressive nature of the disease through bronchodilator and corticosteroids. Homeopathy advocates for treating ailments with agents that elicit similar symptoms in healthy individuals. Homoeopathy provides an alternate approach in treatment of COPD. This article examines use of homeopathy in COPD management through scientific articles.

Keywords: Broncodialator, Chronic Obstructive Pulmonary Disease COPD, homoeopathy, smoking

Introduction
Chronic Obstructive Pulmonary Disease (COPD) is more than just a cluster of respiratory symptoms; it's a chronic condition marked by a permanent reduction in airflow, making breathing difficult. Symptoms like persistent coughing, wheezing, and shortness of breath worsen over time, impacting daily life and reducing the quality of life [1, 2].
COPD is a significant global health issue, affecting over 65 million people worldwide, according to the World Health Organization (WHO). COPD contributes in nearly half of the respiratory cases worldwide and projected to one of the leading causes of death after heart disease, cancer, and cerebrovascular disease. In India, prevalence varies geographically, ranging from 2.4 – 16.1%. in India, cases of COPD increase rapidly after the age of 30 years. Prevalence of COPD rose from 7.4% in 2021 to 11.1% in 2023, highlighting the need for ongoing monitoring and policy adaptation. The disease's prevalence varies by region, often higher in areas with more smoking and pollution. COPD contributes to high rates of sickness and death, placing a heavy burden on healthcare systems. It affects not just individuals but also families and communities, and as populations age, the number of cases is expected to increase [1, 3, 5].

Risk factors, Pathophysiology, progression of COPD and Diagnosis
COPD's development involves various factors, with smoking being the most significant. Smoke and other irritants lead to lung damage and inflammation, causing airflow blockage. Environmental factors like pollution and occupational hazards also play a role, as do genetic factors. There is association in exposure to ambient fine particulate matter (PM2.5) and COPD. Indoor air pollution also increases the risk of COPD. History of smoking and exposure severity increase the risk of COPD. Exposure to smoking in early age significantly increases risk of COPD. As age increases, risk of COPD doubled every 10 years in person above 40 years [1, 2, 6, 7].
The disease process includes chronic inflammation and oxidative stress, leading to conditions like emphysema, where the air sacs are destroyed, affecting gas exchange and airflow. Inflammation in the lungs can lead to the breakdown of elastin, causing airways to collapse. Alpha-1 antitrypsin deficiency is a less common cause, mainly affecting the lower lungs and sometimes the liver [1, 2].
COPD symptoms vary, with chronic cough and sputum production, difficulty breathing on exertion, and wheezing. The severity often relates to smoking history and the level of airflow obstruction. Advanced COPD can show increased use of respiratory muscles and chest deformities.

The mMRC scale helps assess breathlessness in patients. Exacerbations, often triggered by infections, worsen symptoms and may require treatment with steroids and bronchodilators [8, 9].

Diagnosing COPD involves evaluating symptoms and risk factors, confirmed by spirometry. Pulmonary function tests are crucial for diagnosis and monitoring. A FEV1/FVC ratio below 0.7 after bronchodilator use confirms COPD. Pulse oximetry checks oxygen levels in patients with severe symptoms and low FEV1. The Global Initiative for Chronic Obstructive Lung Disease (GOLD) provides guidelines for COPD diagnosis and treatment. The GOLD ABCD assessment tool helps categorize disease severity and guide treatment based on FEV1, symptoms, and exacerbation history. Spirometry is used as most definitive tool for diagnosis of COPD. FEV1/FVC value <70% and predicted value of FEV1 at least 80% with symptoms of suggest mild COPD, further decrease in FEV1/FVC value <70% and predicted value of FEV1 increase severity of disease [1, 10].

Current conventional treatments and their limitations

Chronic Obstructive Pulmonary Disease (COPD) necessitates a multifaceted treatment approach emphasis on relieving the symptoms, improving quality of life, reducing mortality, mitigate exacerbations, and address the progressive nature of the disease. Smoking cessation is primary intervention. It is achieved by counselling, nicotine replacement therapy. Bronchodilators are used to prevent or relieve the symptom of COPD in mild to moderate cases, while in severe cases corticosteroids are used. In very severe cases, oxygen therapy and surgical procedure are considered. Exacerbations are managed by bronchodilator, anticholinergic agents and glucocorticosteroids [1, 2].

Homeopathy as an alternative treatment approach

Homeopathy, a system of alternative medicine, is founded on the principle of "similia similibus curentur," which advocates for treating ailments with agents that elicit similar symptoms in healthy individuals. This method prioritizes a holistic understanding of the patient's unique symptomatology to determine the most fitting remedy. In addressing Chronic Obstructive Pulmonary Disease (COPD), homeopathy perceives it as a widespread condition with potentially irreversible and severe consequences, including premature mortality. Contrasting with conventional medicine's palliative focus, homeopathy strives for a complete resolution of the ailments. The homeopathic approach is characterized by its emphasis on individualized treatment, minimal dosages, and potentization of remedies [11, 12].

Review of research studies examining the use of homeopathy in COPD management

Research into homeopathy's efficacy in COPD treatment presents a dichotomy of findings. While some studies affirm its benefits, others question its effectiveness, citing a lack of conclusive evidence. For instance, Senega 30 C did not demonstrate statistical significance in improving COPD symptoms in a study involving chronic smokers. The primary symptoms reported were dyspnea followed by cough with expectoration. The result of the study was not significant for the change of FEV1 post treatment. Although, a subset of patients reported symptomatic relief [13].

In another study by Muhammad Mazhar Ayaz (2015) 10 non-smoking patients having suspected COPD was given a solution of Ipechahcuana 6 and Spongia 6. Improvement was observed in expectoration, night cough and dyspnea. Lung function was also improved in study participants. Spongia is found to be effective in improving lung function [14, 15].

Another investigation at the National Institution of Homoeopathy in Kolkata reported benefit from adjunctive mother tincture along with individualized homeopathic medicine in comparison with only individualized homeopathic medicine in COPD cases. Improvement as reported in FEV1 value, CAT score and CCQ score in both groups. Natrium sulph, Tuberculinum, Arsenic alb, Sulphur and Dulcamara were prescribed in 40% of participant as individual homoeopathic remedy. Cassia sophera and Justicia adhatoda were the mother tincture mostly prescribed in 60% cases [16].

Furthermore, a study having sample size of 597b patients has noted improvements in chronic bronchitis symptoms with remedies such as *Lycopodium*, *Pulsatilla*, and Arsenicum Album, among others, when prescribed based on a comprehensive assessment of the patient's condition. The study was conducted for a period of two years and statistically significant changes were reported in chronic bronchitis symptom scale (CBSS) post treatment. Significant improvement was observed in patients in within 3 months marked and moderate improvement was reported in over 70% of patients [17].

Study by Frass M *et al*. (2005) on fifty COPD patients using potassium dichromate C30 (Kali bichromicum 30 C) showed positive outcome. Few patients were having tracheostomy tube. Significant improvement was reported in stringy tracheal secretion in 2 days in critically ill patients. None of the patients were reintubated and blood gas level were stable in potassium dichromate group while there was need for intubation in controlled group. Study repirted the use of homoeopathic medicine may assist in early extubation [18].

Arsenic and Bryonia in 6C potency improved symptoms of COPD and post treatment spirometry test score. Also, Antim tart and kali mur was also found effective in COPD treatment [19].

In EPOXILO on COPD patients, conducted in Spain, reported decrease in respiratory tract infections and exacerbation frequency among COPD patients undergoing homeopathic treatment. 219 patients were grouped in two receiving conventional treatment + homeopathic medication (Group 1) and conventional treatment only (Group 2). There was decrease in mean number in URTI in group 1, though there was no statistically significant difference in number and duration of exacerbation. Group 1 also reported in lesser use of corticosteroids drugs to manage the exacerbations in patients [20].

Thus, studies suggest the use of homoeopathic medicine improve lung function and reduce the severity of symptoms and help in improving the quality of life of COPD patients. Homoeopathic medicine decreases the episode, duration of exacerbation; improve lung function and spirometry score; reduce symptoms severity, lesser use of antibiotics and other conventional modalities, improved quality of life. Homoeopathy has been used as complementary or standalone treatment methods in research studies in COPD showing positive result.

Conclusion

In summary, COPD is a complex public health challenge with widespread implications. The growing number of cases globally, especially in India, demands a strong response to prevent the disease, improve care, and support patients. To combat the rising prevalence of COPD, a comprehensive approach is needed, focusing on prevention, early detection, and management. Reducing exposure to tobacco smoke and pollutants is crucial. While homeopathy offers a distinct perspective on COPD treatment, emphasizing personalized care and aiming for complete cures, the scientific community remains divided regarding its efficacy. Ongoing research and data collection are vital for informing healthcare policies and research focused on COPD. Continued research and rigorous clinical trials are necessary to establish a more definitive understanding of homeopathy's role in managing COPD and its exacerbations. The overarching goal is to optimize patients' quality of life, minimize exacerbations, and address the chronic progression of the disease This will not only help individuals but also reduce the broader social and economic impact of COPD.

Conflict of interest: None

Financial interest: None

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