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Precision in prescribing: Petroleum 200CH in the management of acute pharyngitis

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Abstract
Introduction: Acute pharyngitis is short and sudden inflammation of pharynx basically the area of throat and back of mouth which is characterized by soreness, redness of the throat with or without exudates. It is the most common acute ailment causing major reason of outpatient visits around a year in both pediatric and adults. It presents with redness and pain in throat, cough with or without expectoration and hoarseness of voice.
Case Summary: A male patient, 22 year old visited the OPD with redness, soreness of throat, burning pain, and difficulty swallowing with fever since 2 days. He was diagnosed with strep throat by a local practitioner and was advised with a course of antibiotics but the patient didn't had relief so shifted to alternative way of homoeopathic mode of treatment. After gathering detail information about the acute illness Petroleum 200CH was prescribed every 6 hourly 4pills. Only in first 24 hours remarkable improvement was noted as redness of throat and sore feeling with no fever spike. Hence this case shows that the precision in forming acute totality and Prescribing on symptom similarity gives good result in treating acute cases.

Keywords: Acute pharyngitis, homoeopathy, petroleum, sore throat

Introduction

Acute pharyngitis is the commonest ailment for regular visits of patients in outpatient department. It accounts for almost 2-5% of pediatric population and almost 1-2% of adults visiting the opds annually for treatment of acute recurrent pharyngitis[1,3]Pharynx is the muscular tube in the middle of the neck which gets inflamed due to various causes like virus (adenovirus, Epstein-Barr virus, or Coxsackievirus) bacterias like (Group A beta-hemolytic streptococcus (GAS), also known as Streptococcus pyogenes), fungus (Candida albicans), strong irritants etc[2,3] It affects both children and adults and the cases increases in winters, early springs. According to a study India accounts for almost 2 million cases of acute pharyngitis annually in emergency departments or opds with fever, soreness of throat, cough with or without exudates which makes it a highly prevalent condition. The diagnosis is made on the basis of the presenting symptoms and confirmed through clinical scoring systems like Mcisaac score [5] and the Fever, PAIN score (VAS) [6] which can be reconfirmed with throat swab and rapid strep tests. The main pathophysiology involved in such severe presentation of cases is the pathogen or irritants enters the respiratory system through ciliary epithelium of nose and initiates the inflammatory responses by release of histamine which in turn brings haemodynamic changes in the throat and the whole respiratory system. The bacterias invade the epithelium because of presence of different proteins in their structures whereas the virus enters the epithelial cells by its spikes which have a specialized glycoprotein that breaks the cell wall and facilitates the virus inside the host cells. Also there are certain chemicals or irritants that can cause pharyngitis by directly causing a reversible cellular injury and initiating allergic response thus invading the immune system of the host.[1,2,3] Modern mode of treatment of such cases demands NSAIDS, Antibiotics and betadine gargles some may require even Intravenous injections if prolonged whereas the homoeopathy known for his gentle, rapid, complete and permanent restoration of health helps to eradicate the constant tendency of pharyngitis and improve the overall immunity of the patients.

Patient detail

A male patient of 22 years of age presented with sudden onset of throat irritation, burning pain, and difficulty in swallowing and fever of 100.5°F. After interviewing the patient it was known that he was exposed to a strong industrial chemical odor as he works in chemical factory. There were no associated symptoms of cough, or nasal congestion. His throat appeared inflamed on examination. There was no any significant past history.

Clinical findings

Local examination

O/E - It was noted that the throat was red inflamed, Soreness, no discharges, no exudates and no tonsillar hypertrophy seen, no enlargement of lymph nodes noted.

General examination: Pulse rate - 94bpm, B.P - 118/72mmHg of left arm in sitting position, Temp- 100.5°F, R.R- 16Cycles/min.

Generalities

The patient complained of mild weakness and malaise, no characteristic changes in appetite and thirst was noted. The urine output and bowel movements of the patient were normal.

Diagnostic assessment

Low risk group A Streptococcus (GAS) infection was confirmed from clinical symptoms with help of clinical scoring systems like Mcisaac score [5] and throat pain was also assessed via VAS pain score [6] Mcisaac score for the case was 1 and VAS Pain score was 5. No rapid antigen detection test (RADT) [5] was needed as the case had a short history and no characteristic indication.

Mcisaac Scoring table: [4]

Criteria	Points	Case interpretation
Age group		
3-14	+1	0
15-44	0	0
>45	-1	0
FEVER (>38.C)	+1	1
NO COUGH	+1	0
Tenderness of anterior cervical lymph nodes	+1	0
Swelling of tonsils with or without exudate	+1	0
Total		1

Interpretation of Results [4]

Score	Recommendation
0-1	Low risk for streptococcus throat (further investigation may not be necessary). No indication of antibiotics
2-3	Moderate risk, and testing for strep throat may be considered.
4-5	High likelihood of strep throat, and treatment with antibiotics may be started

The Mcisaac score of 1 suggests low probability of bacterial pharyngitis (GABHS)

Visual Analogue Scale (VAS) For Pain [5]

Vas score	Pain intensity	Interpretation
0	No Pain	No Discomfort
1-3	Mild Pain	Minimal Interference With Daily Activities
4-6	Moderate Pain	Noticeable Pain, Difficulty In Managing Daily Activities
7-9	Severe Pain	Significant Pain Which Hampers Daily Activities
10	Worst Unbearable Pain	Unbearable Pain

Interpretation of case: VAS Score=5 (Noticeable Pain, Difficulty in Managing Daily Activities)

Totality of symptoms

1. Causation: throat irritation and burning from strong odor (chemical smell)
2. Throat burning pain,
3. Difficulty in swallowing anything
4. Modalities:<odor,>not specific

Fever 100.5°F

Repertorisation sheet

Symptoms: 2 Remedies: 22 | Applied Filter

Remedy Name	Ars	Merc-c	Petr	Arum-t	Phos	Sang	Sulph
Totality / Symptom Covered	3 / 1	3 / 1	2 / 2	2 / 1	2 / 1	2 / 1	2 / 1
[Phatak] [Phatak A-Z]Throat (including Inner Mouth):Burning, heat in: (22)	3	3	1	2	2	2	2
[Phatak] [Phatak A-Z]Throat (including Inner Mouth):Odour, from: (1)			1				

Therapeutic intervention:

Homoeopathic medicine was selected on the basis of symptom similarity. The case was repertorised in zomeo firefly software and the final medicine was selected after reference from homoeopathic materia medica book.

The remedy selected was petroleum 200CH which was prescribed 4pills at six-hour intervals and dispensed in 30 sizes globules to be taken orally.

The patients vitals were stable and had no indications of emergency, so the case could be managed on OPD basis. The patient was informed to report immediately if any symptom increased, also the follow up was scheduled after every 12 hours. Remarkable improvement noted in the symptoms of the patient in first 24 hours of prescription and after 2 days there were no symptoms noted by the patient. The timeline of the follow up are mentioned in the table below

Follow-up and outcomes

Day	Sign ans symptom	Prescription	Justification
DAY 1, 2.30 pm	Causation; exposure to chemical strong odor Fever-100.f Throat burning pain Difficulty in swallowing anything	Petroleum 200 CH - 4pills 6hourly for 1 day	First prescription after repertorising and strong causative factor.
DAY 2, 12.30PM	No Fever Marked reduction in irritation and burning sensation, with ease in swallowing	Placebo (significant improvement seen in patient, hence placebo given 6 hourly for 1 day)	Favorable outcome
DAY 3,12.00 NOON	Relief in all complaints	No medicine was prescribed	-

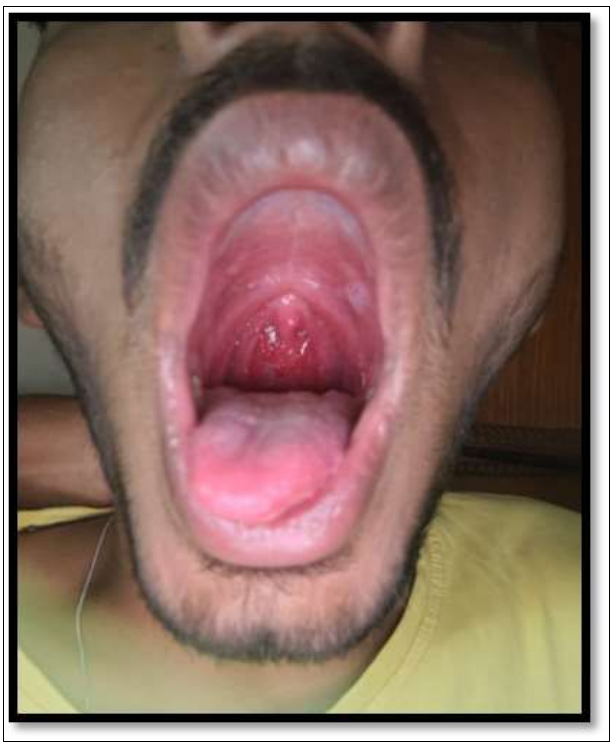


Fig 1: Before Medicine

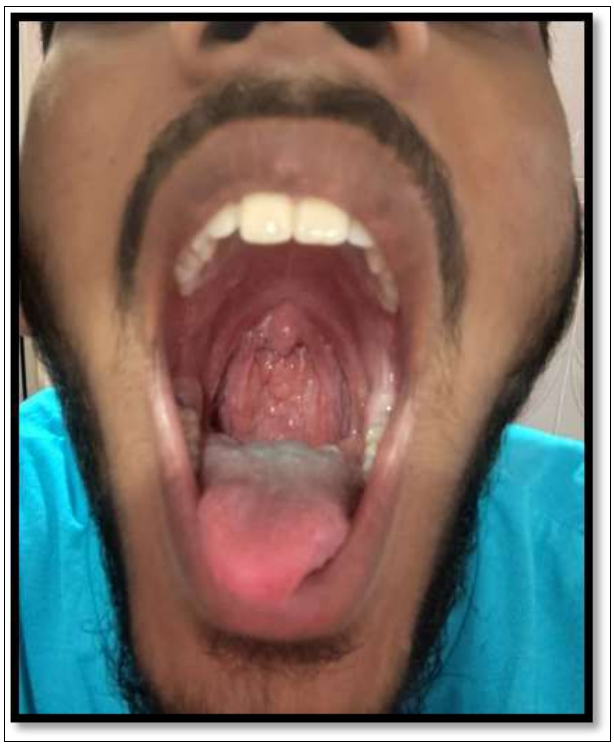


Fig 2: After Medicine

Discussion

This case emphasizes the value of identifying one unique symptom in the case taking which holds crucial for selecting the appropriate remedy in sudden, acute conditions like acute pharyngitis. The totality of symptoms is the main ground in homoeopathy for appropriate selection of medicine, certain acute conditions can present with a characteristic keynote which directly points to remedy which will be curative. In the above case the characteristic cause of exposure to strong odor or smell was uncommon and so turns to be characteristic and individualistic in homoeopathic case repertorization. This characteristic cause not only points indicative remedy but also it aligns with Dr S.R. Phataks philosophy on prescribing a medicine is not just art but a science too. Phatak's repertory is designed in a such a way that it reduces the burden of physician by providing quick consise, efficient rubrics with minimum remedies. [7, 8, 11] Moreover the remedies are minimum but they are clinically verified and confirmed through Dr Phatak himself in his clinical practice or by the stalwarts like Dr Kent, Dr Boger, Dr Clarke which adds to the physicians conviction in choosing Phatak repertory in acute conditions. So in compliance to Dr Phataks teaching giving highest value to specific causative modality- "throat symptoms from odour" leading to single remedy petroleum. Along with the remedy selection the susceptibility of the patient was judged to be high depending on its sudden onset and characteristic symptoms so 200CH was selected which acted on the dynamic plain and showed no aggravation in follow up. This no aggravation also aligns with Kent's 12 observation which suggests that "when improvement sets in, stop the remedy until symptoms calls for repetition". [12] No repetition of medicine was done intentionally as the improvement was seen on first day after first prescription so as to ensure the curative action of the remedy. Since noticeable improvement was seen in patients symptoms in just three doses of petroleum 200CH when the medicine was chosen on the basic of characteristic precise symptom and homoeopathic principles unlike the conventional management where such acute pharyngitis cases are treated with a course of antibiotics which can last for 5 days amd sometimes intravenous therapy. Thus this case represents paradigm for alternative treatment of acute conditions in simple, safer and economical way that focuses on individual symptomatology over generalized microbial therapy.

The case was also assessed with modified Naranjo Criteria for finding the association between treatment given and outcome of the case. The total score came to be 8 which suggest probable causal relationship among the medicine prescribed and the outcome of the case seen. [9, 10]

Modified Naranjo Criteria for Homoeopathy (MONARCH DFH

Domains	Yes	No	Not sure or N/A
1. Was any improvement noted in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a reasonable time in relation to the medicine consumption?	+1		
3. Did the symptoms initially got aggravated?		0	
4. Was there any change in other symptoms of the case or it only affected the initial primary symptoms of the case?	+1		
5. Was there any improvement in general well-being of the patient?(suggest using validated scale)	+1		
6A Direction of cure: Was there any symptom which showed improvement in the opposite order of how they developed?		0	
6B Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms:- from organs of more importance to those of less importance?- from deeper to more superficial aspects of the individual?- from the top downwards?		0	
7. During improvement, did any "old symptoms" (non-seasonal and non-cyclical symptoms that were proved initially) reappear for short interval?		0	
8. Could there be any alternative explanation for the improvement of the case apart from medication (like course of disease, alternative treatment or any other clinically relevant intervention)?	+1		
9. Did the improvement get confirmed by other objective evidence?(e.g., laboratory test, clinical observation, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?		0	

Total score=8

Conclusion

The case represents importance of single medicine unique rubric in sudden acute conditions, which helped in arriving in the most suitable remedy. The curative action of the Petroleum can be known by the follow up of the case where the medicine cured the most intense characteristic presenting symptoms of the patient in few doses. The result of this cases confirms the principles and philosophy used in homoeopathy for case taking and remedy selection which may serve as alternative to course of antibiotics given conventionally in treatment of acute pharyngitis.

Conflict of Interest: NIL

Financial Support: NIL

Declaration of the patient consent: Informed written consent was obtained for publishing the case.

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