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Effectiveness of Senega 30C in Chronic Smokers in Cases of COPD According to Grade 2 Global Initiative for Chronic Obstructive Lung Disease (GOLD)

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ABSTRACT

It is a prospective clinical trial study which was carried out from the year 2018-2019 for 6 months .A total numbers of 38 patients were screened for COPD out of which 35 were diagnosed with the condition. 5 patients where dropout who were not willing to participate in research trail. The study was carried out at Bharti Vidyapeeth Medical Foundation's Bharti Homeopathic Hospital, in there OPD, IPD mobile clinic, urban camps, rural camps. Before the administration of Senega 30 pulmonary function test were done of which FEV1 value was noted the medicine was continued for 5 months, in which the patients where call for follow up after every 1 month .Drug was acquired from standard pharmacy (SBL Uttarakhand) & was stored as per rules of Homeopathic Pharmacopoeia. Medicines was stored in Bharati Vidyapeeth Homoeopathic Pharmacy,Katraj,Pune-411043.Liquid was stored in amber colour glass bottle kept in dark place ,under appropriate temperature, away from sunlight &humidity condition freshly prepared dose was use for dispensing purpose. Log no. & Batch no. was maintained. The remedy was given in globule (Sucrose) form drug was administered in 30c on the basis of law of Homoeopathic Posology. The administration of drug was done through oral route was given in globule (sucrose) form 4 pills x BD for 7 days .repetition of dose was done after 1 month. Ethical Committee approval was availed. Guidelines by ICMR (Indian Counsel of Medical Research), ICH(International Council For Harmonisation) were followed. Data was collected by proper method and processed in standard format. Total Research Project was submitted to Ethical committee and Patients were selected according to case definition. Patients were explained about the research project, patient's information sheet and informed consent form and filled up by patient. Standardized case record was prepared and maintained of individual patient and also standardized follow-up sheet was prepared and maintained regularly. After the completion of 5 follow ups again PFT was done considering FEV1 in all patients who were administered senega 30 .According to statistical data it is observe that Senega 30 was not effective in cases of COPD.

Key Words: COPD, Senega, Homeopathy, Chronic smokers.

INTRODUCTION

Chronic obstructive pulmonary disease has become the 2nd most common disease in India, Pulmonary tuberculosis remain the 1st, COPD is a reversible condition in a number of patient as well as it can be prevented. [1-4] The global initiative for chronic obstructive lung disease (GOLD) define COPD as a disease state characterised by progressive development of chronic air flow limitation that is not fully reversible and includes chronic bronchitis, emphysema, chronic air flow disease. Cigarettes smoking including hukka and

bidi smoking, pipe and cigar smoking, prove to have higher mobility and mortality. [5-7] Other cause for COPD are environment, tobacco smoke, environmental pollution, people where engaged in a occupation where they have to deal with noxious chemicals, various respiratory infection in family and genetic factors COPD turns out to be disturbing the patient in their professional nd personal life. [8-11]

METHODOLOGY

This was a prospective clinical study which is carried out from 2018-2019. The samples were taken from OPD, IPD, mobile clinics, urban and rural camps on under Bharti Vidyapeeth (deemed to be university) homeopathic hospital Pune.. Total number of 38 patients screened for COPD out of which 30 completed the trail, the study was carried for 6 month for each patient. The study was carried out after the ethical clearance from the ethical committee under the guidelines of ICH, GCP.

Selection of patients

Inclusion Criteria

Male& Female patients

Age group between above 40 years

FEV1/FVC <0.7

Exclusion Criteria

Patients with complications of COPD

Patients who are haemodynamically unstable

Patients with any advanced pathology related to any organ

Data Analysis

Demographic data revealed that most of the patients were in age group of 40-50 years (n=22, 73.3%) others were in age group of 51-60 years (n=2, 6.66%), 61-75 years (n=6, 20%). Sex ratio was M:F =15(50%): 15(50%).Males and female were equally affected. Patients complaining about dyspnea were more in number (n=29, 96.66%), cough (n=8, 26.66%), cough with expectoration (n=10, 33.33%).refer table 1.

Table 1

Symptoms	Number of patients	Percentage
Cough	8	26.66
Cough with expectoration	10	33.33
Dyspnea	29	96.66

The mean before administration of senega was 74.3983, which was reduced to 64.5753, after treatment. The standard deviation before the treatment was 23.3185, while post treatment it was 30.7667. The P value before the treatment was 0.05 which became 0.0503 post treatment. Hence the P value significantly false. Refer table 2.

Table 2:Comparison Between Pre-Trial & Post Trial Data

Out come	Pre-treatment	Post-treatment
Mean	74.3983	64.5753
SD	23.3185	30.7667
SEM	4.2574	5.6172
95% CI of mean	(65.69)-(83.11)	(53.09)-(76.06)
N	30	30
P value	0.05	0.0503

Table 3: Comparison Between Pre-Trail & Post- Trail data of FEV1/FVC ratio.

Out come	Pre-treatment	Post-treatment
Mean	59.809	90.6937
SD	12.7501	23.8316
SEM	2.3278	4.351
95% CI of mean	(55.05)-(64.57)	(81.79)-(99.59)
N	30	30

DISSCUSION

The patient's who were suffering from COPD without any complications were enrolled in this study. Out of 38 screened patients, 30 were recruited who fulfilled the all the case definition, inclusion & exclusion criteria. Demographic data revealed that most of the patients were in age group of 40-50 years (n=22;73.3%). Others were in the age group of 51-60 years (n=2;6.66%),61-75 years (n=6;20%).Sex ratio was M:F=15(50%):15(50%).Score For COPD symptom was taken for all 30 patients at the time of case taking then patients were enrolled in study. Cough (n=8; 26.66%), cough with expectoration (n=10;33.33%) dyspnea (n=29;96.99%). Senega was prescribed to all 30 patients who suffering from cough, expectoration and dyspnoea, out of which 40% of the patient got symptomatic relief. As per the symptomatic relief of the patient and on statistical data it is known that senega 30 is not effective on FEV1 in cases of COPD.

CONCLUSION

The homeopathic medicine, senega 30 is not effective in cases of COPD. However, more trials are required to know its effect with slightly change in potency or with administration of senega mother tincture in the cases of COPD. The randomized controlled trials are required on larger sample size for improving the confidence level & maintaining the firm recommendation.

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AUTHERS CONTRIBUTION

The manuscript was written through contribution of all authors. All authors have approved the final version of manuscript.

CONFLICT OF INTREST

The authors declare no competing financial interest.

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