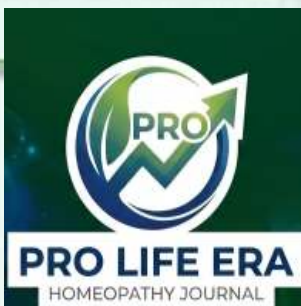




A Clinical Study on The Role of Individualized Homoeopathic Treatment in Prolonged Neonatal Jaundice

Abstract-Background: Prolonged neonatal jaundice is defined as jaundice persisting beyond 14 days in term infants and beyond 21 days in preterm infants. While physiological jaundice usually resolves spontaneously, prolonged jaundice warrants careful evaluation to exclude pathological causes such as biliary atresia, hypothyroidism, hemolytic disorders, urinary tract infections, metabolic diseases, and breast milk jaundice. Homoeopathy offers an individualized constitutional approach aimed at supporting the infant's overall health while complementing standard pediatric care.

Objective-To evaluate the role of individualized homoeopathic treatment in the management of prolonged neonatal jaundice.

Materials and Methods-A prospective observational clinical study was conducted on neonates diagnosed with prolonged jaundice. Detailed case taking, clinical examination, laboratory investigations, and individualized homoeopathic prescriptions were carried out. Patients were followed regularly until complete clinical recovery. Outcome measures included reduction in serum bilirubin levels, improvement in clinical jaundice, feeding behavior, weight gain, and general well-being.

Results-Most infants demonstrated gradual clinical improvement with reduction in jaundice and satisfactory weight gain during follow-up. Individualized homoeopathic treatment was well tolerated and no adverse effects were observed.

Conclusion-Individualized homoeopathic treatment may serve as a complementary therapeutic approach in selected cases of prolonged neonatal jaundice after exclusion of pathological causes. Larger controlled clinical studies are required to establish its efficacy.

Keywords-Prolonged neonatal jaundice, neonatal hyperbilirubinemia, individualized homoeopathy, constitutional treatment, pediatric homoeopathy.

Introduction-Neonatal jaundice is one of the most common clinical conditions encountered

during the neonatal period. It results from the accumulation of bilirubin due to immature hepatic conjugation and increased red blood cell turnover. Approximately 60% of term neonates and nearly 80% of preterm neonates develop jaundice during the first week of life.

Physiological jaundice generally resolves within two weeks in term infants. Persistence of jaundice beyond this period is termed **prolonged neonatal jaundice** and requires careful evaluation because it may indicate underlying pathological conditions including biliary obstruction, congenital hypothyroidism, glucose-6-phosphate dehydrogenase deficiency, hemolytic anemia, urinary tract infection, metabolic disorders, or neonatal hepatitis. Breast milk jaundice remains the most common benign cause after pathological conditions have been excluded.

The evaluation of prolonged neonatal jaundice includes detailed history, physical examination, measurement of total and direct serum bilirubin, liver function tests, thyroid profile, complete blood count, blood group compatibility, Coombs test, urine examination, and imaging whenever indicated.

Conventional management depends upon the underlying cause and may include phototherapy, treatment of infection, hormone replacement, or surgical intervention in biliary obstruction. In benign conditions such as breast milk jaundice, observation and regular monitoring are often sufficient.

Homoeopathy follows an individualized approach, prescribing medicines according to the totality of symptoms and constitutional characteristics. The objective is to improve the infant's vitality and promote physiological recovery while working alongside appropriate pediatric management.

Aim-To study the role of individualized homoeopathic treatment in prolonged neonatal jaundice.

Objectives-•To assess the clinical improvement in neonates with prolonged jaundice.

•To evaluate changes in serum bilirubin levels following individualized homoeopathic treatment.

•To assess improvement in feeding pattern, activity, and weight gain.

•To evaluate the safety and tolerability of individualized homoeopathic medicines.

Materials and Methods-

•**Study Design:** Prospective observational clinical study.

•**Study Setting:** Department of Homoeopathic Pediatrics, Outpatient Department.

•**Study Population:** Thirty neonates diagnosed with prolonged neonatal jaundice.

Inclusion Criteria-

•Term and preterm neonates with jaundice persisting beyond the physiological period.

•Clinically stable neonates.

•Parents willing to participate and provide informed consent.

Exclusion Criteria

•Biliary atresia.

•Neonatal sepsis requiring intensive care.

•Congenital metabolic disorders.

•Severe hemolytic disease.

•Neonates requiring emergency exchange transfusion.

Methodology-Each infant underwent:

•Detailed antenatal and birth history

•Feeding history

•Clinical examination

•Laboratory investigations

•Serum bilirubin estimation

•Constitutional case recording (where feasible)

•Individualized homoeopathic prescription

Monthly follow-up (or more frequent neonatal review as clinically appropriate) was conducted until recovery.

Outcome Measures

Clinical improvement was assessed by:

•Reduction in visible jaundice

•Decline in serum bilirubin

•Improved feeding

•Adequate weight gain

•Improved activity

•Overall neonatal well-being

Observations-

•Most neonates were exclusively breastfed.

•Male infants constituted a slight majority.

•Breast milk jaundice represented the most common clinical diagnosis after exclusion of pathological causes.

•Several infants had associated poor feeding and delayed weight gain at presentation.

Individualized remedies commonly prescribed according to symptom totality included:

•Chelidonium majus, •Lycopodium clavatum

•China officinalis, •Nux vomica

•Natrum sulphuricum, •Sulphur, •Pulsatilla

Medicines were prescribed constitutionally rather than on diagnosis alone.

Discussion-The present study demonstrated encouraging improvement in neonates with prolonged jaundice managed using individualized homoeopathic treatment alongside appropriate pediatric evaluation and monitoring. Reduction in bilirubin levels, improvement in feeding behavior, and satisfactory weight gain were observed in many infants during follow-up.

Individualized remedy selection based on constitutional characteristics and totality of symptoms appeared beneficial in improving the infant's overall vitality. No adverse reactions attributable to homoeopathic medicines were observed.

However, prolonged neonatal jaundice should **never** be presumed to be benign without appropriate medical evaluation. Serious disorders such as biliary atresia and congenital hypothyroidism require prompt diagnosis and specific treatment, and delay can result in irreversible complications. Homoeopathic treatment should therefore be considered only after exclusion of pathological causes and as a complementary approach under pediatric supervision.

The limitations of this study include a small sample size, absence of a control group, and short duration of follow-up. Larger randomized controlled trials with standardized

outcome measures are required to determine the effectiveness of individualized homoeopathic treatment in prolonged neonatal jaundice.

Conclusion-Individualized homoeopathic treatment may have a complementary role in selected cases of prolonged neonatal jaundice after thorough pediatric evaluation has excluded serious underlying pathology. Improvement in clinical jaundice, feeding, weight gain, and general well-being was observed in many neonates. Further well-designed multicenter randomized controlled studies are needed before definitive conclusions regarding efficacy can be drawn.

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