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AN OBSERVATIONAL STUDY OF ACUTE SPORADIC DISEASES IN SOORAPALLAM, A RURAL LOCALITY IN KANNIYAKUMARI DISTRICT.

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ABSTRACT

Background: Acute sporadic diseases commonly affect rural populations due to climatic variations, environmental exposure, and lifestyle factors. Soorapallam Village in Kanniyakumari District experiences frequent rainfall, high humidity, and sudden climatic changes, predisposing residents to acute illnesses, particularly of the respiratory tract. **Methods:** An observational study was conducted at the rural health centre of Sarada Krishna Homoeopathic Medical College and Hospital, Soorapallam Village. A total of 30 acute sporadic cases were selected over a one-year period. Patients of all age groups presenting with acute sporadic diseases were included. Data were collected through clinical observation and case records, noting demographic details, diagnosis, exciting causes, and homoeopathic remedies prescribed. Treatment was given based on the principle of individualization. **Results:** Respiratory tract infections such as acute rhinitis, acute bronchitis, acute upper

respiratory tract infection, pharyngitis, and laryngitis were the most common presentations. Frequently observed exciting causes included drenching in rain, cold exposure, head bath, intake of cold drinks or ice cream, and sudden climatic changes. Paediatric and middle-aged groups were more commonly affected. Individualized homoeopathic remedies resulted in satisfactory clinical improvement in most cases. **Conclusion:** Acute sporadic diseases are prevalent in Soorapallam Village, with respiratory tract infections predominating. Climatic and environmental factors play a significant role, and individualized homoeopathic treatment was effective in managing acute conditions in the rural setting.

KEYWORDS: Acute respiratory infection; Acute sporadic diseases; Climate; Environmental factors; Homoeopathy; Rural health; Soorapallam.

INTRODUCTION:

An acute disease is a disease or illness that has a sudden onset, short duration, and usually resolves within a short period of time, either by recovery, progression, or death. According to Hahnemann, acute disease is defined as the diseases to which man is liable are either rapid morbid process of the abnormally deranged vital force, which have a tendency to finish their course more or less quickly, but always in a moderate time. Acute sporadic diseases are those that attack several persons at the same time, here and there (sporadically), by means of meteoric or telluric influences and injurious agents, the susceptibility for being morbidly affected by which is possessed by only a few persons at one time [1].

Soorapallam is a locality/area located within the Neendakarai 'B' Revenue Village in the Kanniyakumari district of Tamil Nadu, India. It falls under the Agasteeswaram Taluk within the Nagercoil Revenue Division.[2] It experiences **dual monsoon rainfall**, high humidity, and frequent climatic fluctuations. The rural population is exposed to rain, cold winds, dietary indiscretions, and occupational stress, making them vulnerable to acute illnesses—particularly of the respiratory tract.[3] This study aims to observe and analyze the pattern of acute sporadic diseases encountered in this rural setting.

GEOGRAPHICAL VIEW:

Kanniyakumari District lies at the southernmost tip of the Indian Peninsula, where Indian Ocean, Arabian Sea and Bay of Bengal confluence. This district is divided into three natural divisions, namely mountains, terrain low lands and undulating valleys. The district is a fertile

land having more area under forest and plantations. Rivers and Canals are the important source of irrigation.[3]

Soorapallam is a rural locality located within **Neendakara 'B' Revenue Village** of **Agastheeswaram Taluk**, **Kanniyakumari District**, Tamil Nadu. It falls under the **Rajakkamangalam Gram Panchayat** and is situated about **10 km from Nagercoil**, the district headquarters. According to the **Census of India 2011** (Village Code: **643176**), Neendakara 'B' covers an area of **2045.14 hectares** and has a total population of **19,716**, comprising **9,731 males** and **9,985 females**, with a sex ratio of **1026 females per 1,000 males**. The village has a literacy rate of **82.80%** and around **5,125 households**. Soorapallam, as part of Neendakara 'B', shares these demographic characteristics.[4]

CLIMATE OF KANNIYAKUMARI DISTRICT:

There is distinct variation in the climatic conditions prevailing within the district**.** Unlike other district in Tamil Nadu, it has a rainfall both during the South West and the North East monsoons. The South West monsoon period starts from the month of June and ends in September, While the North East monsoon period starts from October and ends in the middle of December.[5]

Marine Resources**:** The coastal belt has a long coastline of 68 kilometres with 42 fishing hamlets and pattinams. The employment opportunities available to the workers in the predominantly agricultural district are seasonal in nature and the per capita income is low.[5]

ACUTE RESPIRATORY DISEASE:

Acute respiratory infection (ARI) is an infection of the respiratory tract. It may interfere with normal breathing of the individual and is communicable in nature [6]. Childhood acute respiratory infection (ARI) is a significant public health problem especially in developing countries. These are highly dependent on seasonality and the change in climatic conditions [7]. The important risk factors contributing to the occurrence of ARI in rural areas are lack of basic health services, lack of awareness, and overcrowding. [8] Environmental factors such as overcrowding coupled with poor ventilation at homes and work places may make the health effects of indoor air pollution more pronounced. Exposure is particularly high among women and children, who spend most time near the domestic health.[9]

OBJECTIVES:

1. To identify the common acute diseases seen among people in Soorapallam during the year 2025.
2. To study the influence of climate, geography, and environmental factors on the occurrence of acute diseases.
3. To observe the pattern of homoeopathic remedies prescribed in acute sporadic diseases

MATERIALS & METHODS:

A sample of 30 acute cases was collected from patients attending the rural health centre of Sarada Krishna Homoeopathic Medical College and Hospital at Soorapallam , Kanniyakumari District.

Sample Size :30 cases

Study Design : Observational study

Study Setting and Period

The study was conducted during rural health centre of Sarada Krishna Homoeopathic Medical College and Hospital in **Soorapallam, Kanniyakumari District**, over a one-year period.

Inclusion Criteria

- Patients diagnosed with acute sporadic diseases
- Residents of Soorapallam
- All age groups
- Both male and female

Exclusion Criteria

- Pregnant and lactating women
- Epidemic or individually acute diseases
- Patients from outside Soorapallam
- Patients with Chronic diseases
- Patients requiring emergency medical care

METHODOLOGY

Data were collected through **direct clinical observation and analysis of case records** during rural OPD services. Details regarding **age, sex, diagnosis, causative factors, and prescribed homoeopathic remedies** were documented. Remedies were prescribed according to the

principle of symptom similarity, and potency selection was based on **individual susceptibility and intensity of symptoms**

OBSERVATION AND RESULTS:

1.Age Distribution

The majority of cases were observed in the **paediatric and middle-aged groups**, indicating higher susceptibility in children and adults exposed to environmental triggers.

Table 1. Age Distribution of Patients with Acute Sporadic Diseases. (Fig 1)

Age Group (Years)	Number of Cases (n = 30)
0 – 10	9
11 – 20	6
21 – 30	3
31 – 40	1
41 – 50	4
51 – 60	4
> 60	3
Total	**30**

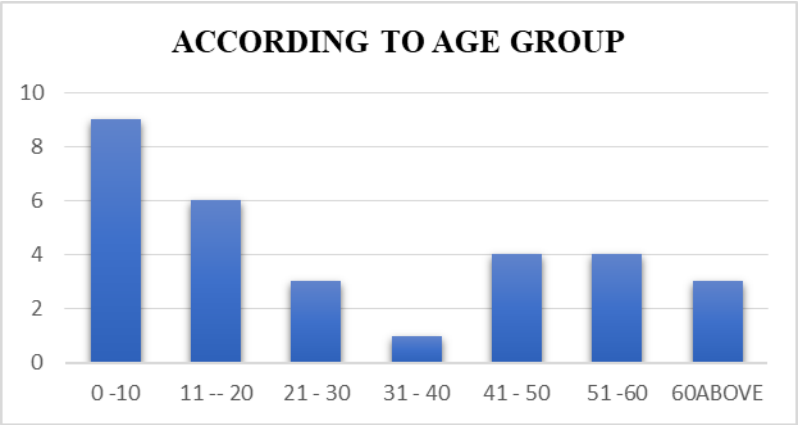

Fig 1: Bar diagram showing age distribution of patients with acute sporadic diseases.

2.Gender Distribution

Female patients constituted a slightly higher proportion, possibly due to greater exposure to domestic environmental factors and health-seeking behavior.

Table 2. Gender Distribution of Patients (Fig 2)

Gender	Number of Cases
Male	2
Female	14
Male child	10
Female child	4
Total	**30**

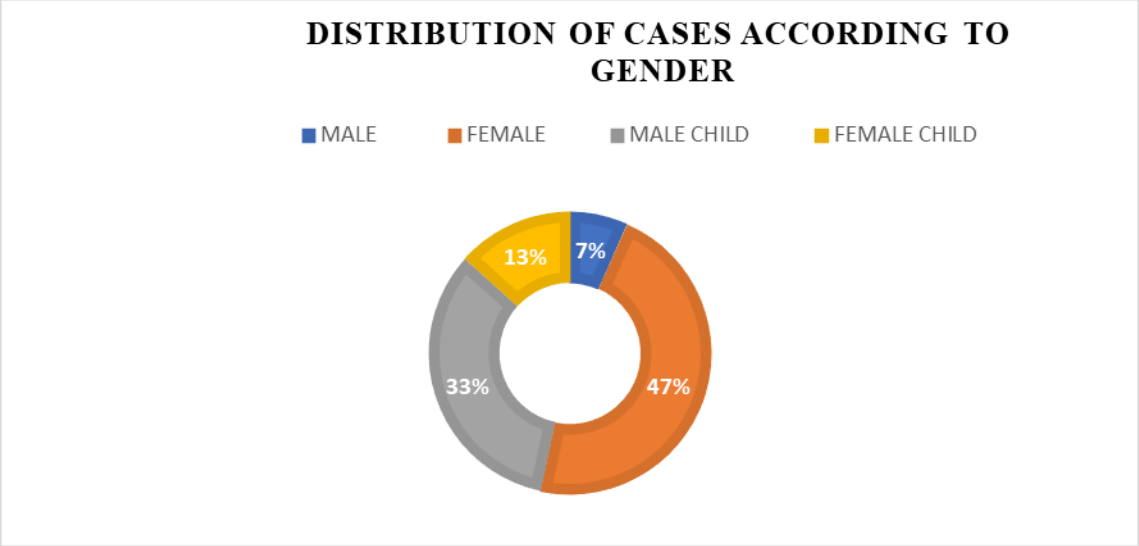

Fig 2: Bar diagram showing gender distribution of patients.

3.Disease Distribution

Among the 30 cases studied, the following acute conditions were observed.

The most commonly observed acute diseases were:

- Acute Bronchitis
- Acute Rhinitis
- Acute Upper Respiratory Tract Infection (URTI)
- Acute Pharyngitis
- Acute Rhinosinusitis
- Acute Laryngitis

Table 3. Distribution of Acute Sporadic Diseases. (Fig 3)

Disease	Number of Cases
Acute Bronchitis	9
Acute Rhinitis	9
Acute Upper Respiratory Tract Infection (URTI)	6

Disease	Number of Cases
PUO + Acute URTI	2
Acute Pharyngitis	2
Acute Rhinosinusitis	1
Acute Laryngitis	1
Total	**30**

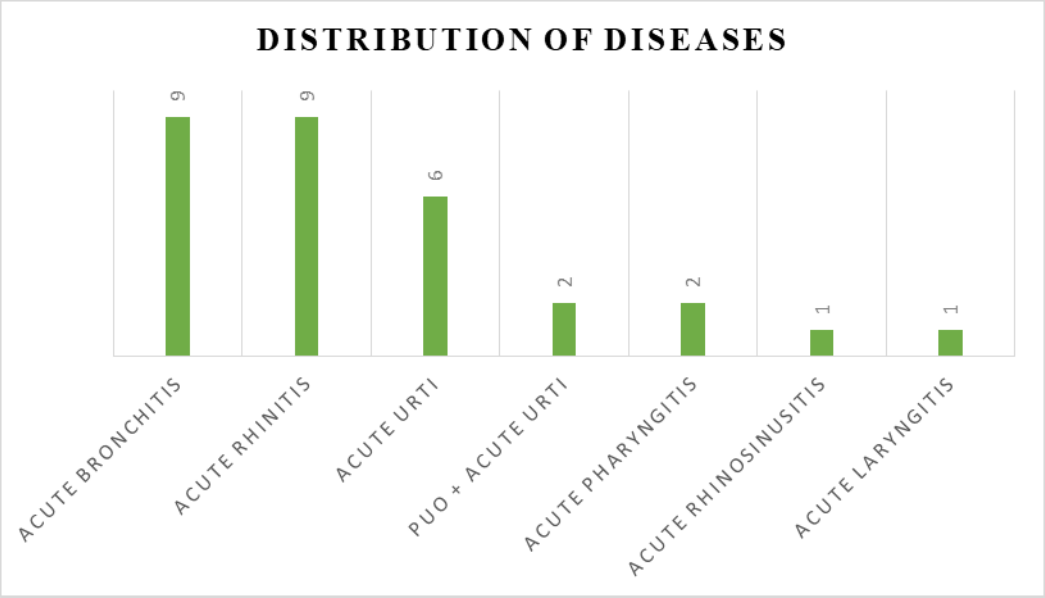

Fig 3: Bar diagram showing distribution of acute sporadic diseases.

Respiratory tract infections constituted the majority of cases, indicating the strong influence of climatic and environmental factors.

4.Causative Factors

Frequently observed exciting causes included:

- Drenching in rain
- Cold climate exposure
- Head bath
- Consumption of cold drinks or ice cream
- Sudden climate change

Table 4. Distribution of Causative / Exciting Factors. (Fig 4)

Causative Factor	Number of Cases
Cold climate / cold exposure	15
Drenched in rain	5
Juice	5

Causative Factor	Number of Cases
Ice cream	3
Head bath	2
Total	**30**

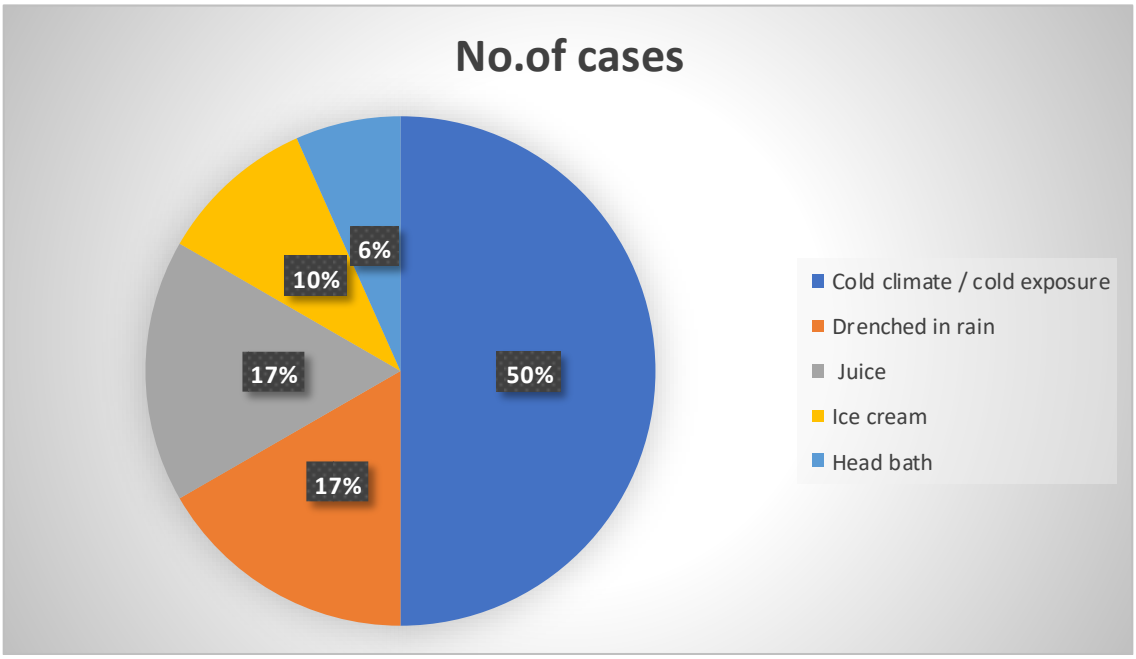

Fig 4: Bar diagram showing distribution of causative factors for acute sporadic diseases.

5.Remedies Prescribed

Commonly prescribed remedies included **Bryonia alba**, **Rhus Toxicodendron**, **Arsenicum album**, **Pulsatilla nigricans**, **Antimonium tartaricum**, **Arsenicum iodatum**, **Belladonna**, **Kali bichromicum**, **Causticum**, **Aesculus hippocastanum**, and **Hepar sulphuris calcareum**.

Table 5. Distribution of Homoeopathic Remedies Prescribed. (Fig 5)

Remedy Prescribed	Number of Cases
Rhus toxicodendron	7
Bryonia alba	4
Arsenicum album	4
Pulsatilla nigricans	3
Antimonium tartaricum	3
Arsenicum iodatum	3
Belladonna	2
Kali bichromicum	1

Remedy Prescribed	Number of Cases
Causticum	1
Aesculus hippocastanum	1
Hepar sulphuris calcareum	1
Total	**30**

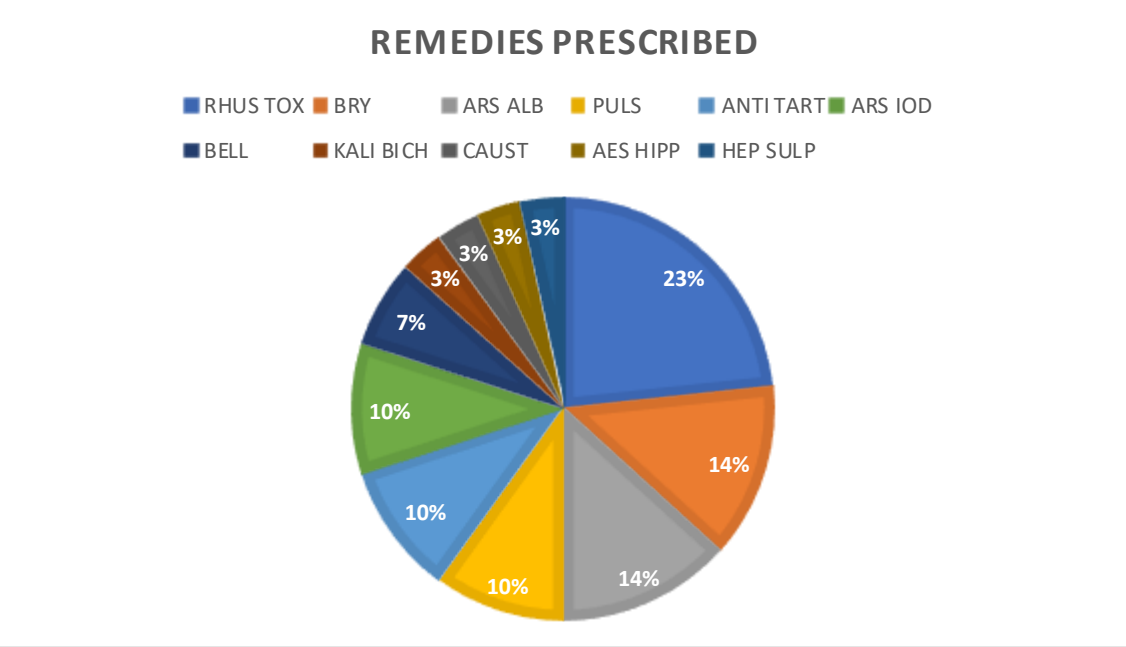

Fig 5: Bar diagram showing distribution of homoeopathic remedies prescribed.

These remedies were selected based on **totality of symptoms and individual response**, and most cases showed satisfactory improvement.

6.POTENCY : Potencies such as 200C, 1M, and LM potencies were commonly used depending on individual susceptibility.

Table. 6: Distribution of Potencies Prescribed in Acute Sporadic Disease Cases.

Potency	Number of Cases
200	**22**
0/3	**4**
0/6	**2**
1M	**2**
Total	**30**

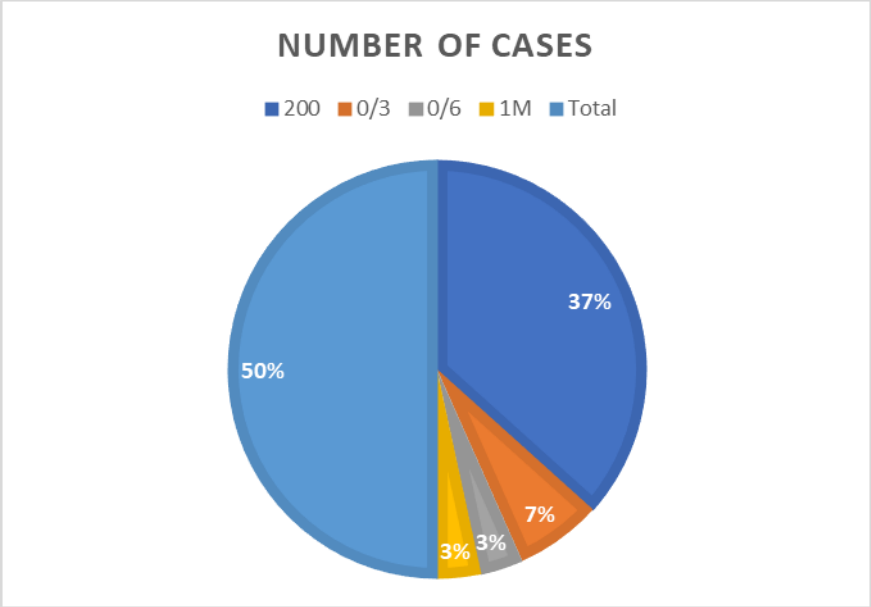

Fig 6: Bar diagram showing distribution of potency of the remedies prescribed.

DISCUSSION

The present observational study provides insight into the pattern of acute sporadic diseases encountered among patients attending the rural health centre at Soorapallam, a rural locality in Kanniyakumari District. The findings reveal that acute sporadic diseases in this area are predominantly respiratory in nature, emphasizing the strong influence of climatic and environmental factors on disease occurrence.

Kanniyakumari District is characterized by dual monsoon rainfall, high humidity, and sudden climatic fluctuations. These environmental conditions act as important exciting causes for acute illnesses. In the present study, cold climate exposure and drenching in rain were the most frequently observed precipitating factors (Fig. 4). This observation is in accordance with Hahnemann's description of acute sporadic diseases arising due to meteoric and telluric influences acting upon susceptible individuals [1]. Similar associations between climatic variations and respiratory infections have been reported in epidemiological studies conducted in rural Indian settings [10].

Age distribution in the present study showed a higher susceptibility among children and middle-aged adults. Children are particularly vulnerable due to their developing immune system and frequent exposure to rain, cold winds, and outdoor activities, while adults are exposed due to occupational and domestic environmental factors. Previous studies have reported a higher incidence of acute respiratory infections among children in rural populations, especially during monsoon and winter seasons [11,12].

Among the disease conditions observed, acute bronchitis and acute rhinitis were the most common acute sporadic diseases (Fig. 3). Respiratory tract infections constituted the majority of cases, highlighting the role of cold exposure, damp weather, and sudden temperature changes. Earlier studies have emphasized that viral and environmentally triggered respiratory infections are among the most common causes of acute illness in rural communities [10,13].

Homoeopathic remedies in the present study were selected based on the totality of symptoms, exciting causes, and individual susceptibility. Remedies such as *Rhus toxicodendron*, *Bryonia alba*, *Arsenicum album*, *Pulsatilla nigricans*, and *Antimonium tartaricum* were most frequently prescribed (Fig. 5). These medicines are well indicated in acute respiratory conditions precipitated by exposure to cold, dampness, and climatic changes. A multicentric observational study on acute tracheobronchitis has also reported the usefulness of *Bryonia* and *Rhus toxicodendron* in managing acute respiratory illnesses [14].

Potency analysis revealed that 200C potency was predominantly used in the majority of cases (Fig. 6). This can be attributed to the relatively high susceptibility observed in acute diseases, where the vital force is acutely deranged but highly responsive to treatment. According to homoeopathic principles, higher potencies are often required in acute conditions with marked symptom intensity [1]. Previous studies comparing potency scales in acute respiratory diseases have also demonstrated the effectiveness of centesimal potencies, particularly 200C, in acute bronchitis [15].

Overall, the findings of this study support the concept that acute sporadic diseases in rural localities like Soorapallam are closely linked to environmental and climatic factors. The study also reinforces the role of individualized homoeopathic treatment in the effective management of acute sporadic diseases when remedies and potencies are selected according to symptom similarity and individual susceptibility.

CONCLUSION

Acute sporadic diseases are commonly prevalent in Soorapallam Village, with respiratory tract infections being the most frequent. Climatic changes, environmental exposure, and lifestyle habits play a significant role in precipitating these illnesses. Individualized homoeopathic treatment was effective in managing acute conditions, emphasizing the importance of homoeopathy in rural healthcare. The study emphasizes the relevance of homoeopathy in rural healthcare and the importance of considering exciting causes in acute case prescribing.

Limitations:

The present study has certain limitations. The sample size was limited to 30 cases, which may not be sufficient to generalize the findings to a larger population. The study was observational in nature and confined to a single rural village, which may limit external validity. Laboratory investigations were not available for all cases, and diagnosis was mainly based on clinical assessment. The study duration was limited, and seasonal variations could not be assessed in detail. Additionally, the outcomes were evaluated based on clinical improvement without long-term follow-up.

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