

# Homoeopathic Management of Hemoptysis

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## ABSTRACT

Coughing up blood, irrespective of the amount, is an alarming symptom and patients nearly always seek medical advice. Care should be taken to establish that it is true hemoptysis and not hematemesis, or gum or nose bleeding. Coughing out of blood includes both blood-stained sputum and frank hemoptysis. Massive hemoptysis is defined as 600–800 mL of blood in 24 hours.

Many episodes of hemoptysis remain unexplained, even after full investigation, and are likely to be due to simple bronchial infection. A history of repeated small hemoptysis, or blood streaking of sputum, is highly suggestive of lung cancer. Fever, night sweats and weight loss suggest tuberculosis. Pneumococcal pneumonia often causes ‘rusty’-colored sputum but can cause frank hemoptysis, as can all suppurative pneumonic infections, including lung abscess.

Bronchiectasis and intracavitary mycetoma can cause catastrophic bronchial hemorrhage, and in these patients there may be a history of previous tuberculosis or pneumonia in early life. Finally, pulmonary thromboembolism is a common cause of hemoptysis and should always be considered.

**KEYWORDS:** Hemoptysis, Thromboembolism, Leukemia, Cancer etc

### Causes:

**Pulmonary causes:** TB, Lung abscess, Pneumonia, Bronchiectasis

**Pulmonary Tumor:** Bronchial carcinoma, Bronchial adenoma

**Pulmonary hemorrhage:** Idiopathic pulmonary hemosiderosis, good pasture syndrome, Microscopic polyangiitis and SLE

Other causes: Trauma, Blood disorders, Cardiac vascular disease, Vascular abnormality

**Clinical feature:** Hemoptysis is a symptom of many diseases.

**Sign:** Physical examination may reveal additional clues. Finger clubbing suggests lung cancer or bronchiectasis; other signs of malignancy, such as cachexia, hepatomegaly, and lymphadenopathy, should also be sought.

Fever, pleural rub and signs of consolidation occur in pneumonia or pulmonary infarction; a minority of patients with pulmonary infarction also have unilateral leg swelling or pain suggestive of deep venous thrombosis.

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Rashes, hematuria and digital infarcts point to an underlying systemic disease, such as a vasculitis, which may be associated with hemoptysis.

### Investigation:

- 1. Sputum** – For tubercle bacilli and malignant cells. Rarely spirochetes, or ova of lung fluke.
- 2. X-ray chest** – For diagnosis of pulmonary T.B., hilar mass suggestive of carcinoma, pneumonia or pulmonary infarct.
- 3. Blood** – Red blood cell count and haemoglobin, bleeding, coagulation and prothrombin time. Measurement of plasma fibrinogen. Precipitating antibodies in *Aspergillus fumigatus*.

Renal function tests and urinalysis is done in suspected patients with pulmonary-renal syndrome. If urinalysis shows red blood cells or casts testing of patient serum for antiglomerular basement membrane antibody, antineutrophil cytoplasmic antibody and antinuclear antibody should be considered.

- 4. Examination of the larynx** – For evidence of ulceration.

5. **Bronchoscopy** – To exclude foreign body and malignant growth and for diagnosis of Bronchiectasis.
6. **Bronchography** – To establish presence of localized bronchiectasis if sputum repeatedly negative and plain X-ray inconclusive.
7. **Needle aspiration biopsy** – If chest X-ray shows localized intrapulmonary lesion.
8. **Pulmonary angiography** – May show anomaly of vascular structure of lung, e.g. hemangioma, or distribution of aberrant vessels to pulmonary A-V fistula.
9. **CT scan** – Useful in diagnosis of pulmonary infarction, lung carcinoma, cavitary diseases like tuberculosis, bronchiectasis.
10. **Exploratory thoracotomy** – If investigations fail to reveal cause of bleeding and chest X-ray is normal, a diagnosis of idiopathic hemoptysis is justified. If X-ray lesion is present, exploratory thoracotomy is indicated.

#### **Homoeopathic management:**

**Acalypha-ind-** Obstinate cases of arterial hemorrhage, preceded by burning in chest and accompanied by emaciation, slow fever and small, depressed pulse; blood is PURE BRIGHT RED IN THE MORNING OR DARK AND CLOTTED IN THE EVENING; spitting of blood, brought on by violent dry cough; cough violent and in fits at night; (<) morning, (>) evening.

**Antimonium-crud-HAEMOPTOE** AFTER BATHING, more in the evening; burning and sticking in chest and during cough, which shakes the body.

**Aconite-** Orgasmus sanguinis in chest with feeling of fulness and burning pain, beating of heart and a sensation as if the blood were boiling in chest, and followed by burning feeling under the sternum; anguish, restlessness, fright, fear of death; blood hot, bright-red and frothy, and the least cough brings on a discharge, (>) in recumbent position; (<) from wine, especially in plethoric persons, after excitement or for pregnant women, with nocturnal anguish, lamentations and bright-red face. Tuberculosis, cardiac troubles, suppressed hemorrhoids.

**Antimonium-tart-** Frequent cough, with frothy, bloody sputa; blood spitting when after the attack there remains for a long time bloody, slimy expectoration.

**Argentum-nit-** Cough with occasional bloody sputa; belching and straining to vomit during cough, BELCHING OF WIND AFFORDS MARKED RELIEF; sputa more or less streaked with blood.

**Arnica-** Mechanical injuries, overstraining; after a fall or blow; constant tickling cough, starting in larynx or under sternum; sore bruised feeling through chest; blood profuse, dark-red and clotted, coming with little effort, or bright-red, frothy, mixed with mucus; laborious breathing, and contusive pain in head, chest and back, when coughing.

**Cactus-grand-PNEUMORRHAGIA**, accompanied with convulsive cough and profuse expectoration of blood; marked arterial excitement with strong throbbing of heart and sensation as if constriction of an iron hand prevented its normal motions; (<) from lying in bed; continued oppression and weariness; little anxiety or fever.

**Carbo-veg-** Burning in chest as from glowing coals; DARK OR LIGHT HAEMORRHAGE with PERFECT INDIFFERENCE ABOUT IT; emphysema or asthma pulmonum with violent cough in paroxysms and hoarseness; BRONCHORRHAGIA; far advances cases of lung degeneration.

**Conium-** Especially after masturbation; dry, spasmodic, nightly, almost continual titillating cough, with violent oppression of chest and evening fever, suffocating cough in scrofulous patients; wants of breath on taking the least exercise, and copious in scrofulous patients; want of breath on taking the least exercise and copious cough, with mucous discharge.

**Dulcamara-** Constant titillation in the larynx, with desire to cough; expectoration of bright-red blood, with aggravation during rest; the bleeding is caused by a cold, or a loose cough; which had existed previously; (<) during repose.

**Elaps-** In advanced stages of phthisis, hemoptysis from right lung (Lachesis, left); taste of blood in mouth; feeling of laceration in cardiac region; blood of dark color, almost black.

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