ISSN:2230-9926

Availableonlineathttp://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 16, Issue, 06, pp.70481-70582, June, 2026
https://doi.org/10.37118/ijdr.31006.06.2026

REVIEW ARTICLE **OPEN ACCESS**

BRONCHIAL CARCINOMA WITH HOMOEOPATHIC MANAGEMENT

Nikita Ranganath Satpute and Akansha Raju Paspohe

India

ARTICLE INFO

Article History:
Received 12th March, 2026
Received in revised form
24th April, 2026
Accepted 20th May, 2026
Published online 30th June, 2026

Key Words:
Definition, Etiology,
Pathophysiology, clinical features.

****Corresponding author:***
Nikita Ranganath Satpute

ABSTRACT

Bronchial carcinoma, commonly known as lung cancer, is one of the leading causes of cancerrelated morbidity and mortality worldwide. It arises from the epithelial lining of the bronchi and is broadly categorized into small cell carcinoma and non-small cell carcinoma.

Citation: ***Nikita Ranganath Satpute and Akansha Raju Paspohe*****. 2026.** *"*Bronchial carcinoma with homoeopathic management.*"* **International Journal of Development Research, 16 (06), 70481-70582.**

INTRODUCTION

Tobacco smoking – primary cause (accounts for 85–90% of cases). Passive smoking – long-term exposure increases risk. Environmental and occupational exposure – asbestos, radon gas, arsenic, chromium, nickel, coal smoke, and silica. Air pollution – particularly fine particulate matter (PM2.5). Radiation exposure – prior chest irradiation. Genetic factors – family history of lung cancer, oncogene activation (EGFR, KRAS, ALK mutations). Chronic lung disease – pulmonary fibrosis, COPD, and tuberculosis scars.

Pathophysiology: Carcinogens from tobacco smoke or pollutants induce DNA damage in bronchial epithelial cells. Accumulation of genetic mutations leads to uncontrolled cell proliferation. Tumor cells invade surrounding bronchial wall, lymphatics, and blood vessels.

Spread occurs by: Local invasion – into pleura, chest wall, mediastinum. Lymphatic spread – to hilar, mediastinal, supraclavicular nodes. Hematogenous spread – commonly to liver, brain, bone, adrenal glands. Tumors may obstruct airways, causing collapse, pneumonia, or hemoptysis.

Clinical Features Respiratory symptoms

- Persistent cough
- Hemoptysis (coughing up blood)
- Dyspnea (shortness of breath)
- Wheeze or stridor
- Recurrent chest infections Systemic symptoms:
- Weight loss
- Loss of appetit
- Fatigue
- Paraneoplastic syndromes:
- Cushing's syndrome (ectopic ACTH) Metastatic manifestations:
- Bone pain, pathological fractures
- Neurological symptoms (headache, seizures, weakness)

Differential Diagnosis

- Pulmonary tuberculosis
- Chronic obstructive pulmonary disease (COPD)
- Bronchiectasis
- Lung abscess
- Pneumonia (non-resolving)

- Fungal lung infection Sarcoidosis

Investigation Chest X-ray – mass lesion, collapse, consolidation

CT scan (thorax/abdomen) – staging, size, lymph node involvement, metastasis. Sputum cytology – malignant cells in expectorated sputum. Bronchoscopy with biopsy – gold standard for diagnosis. CT-guided FNAC/biopsy – for peripheral lesions. PET-CT scan – detects metastasis. Blood tests – anemia, hyponatremia, hypercalcemia. Pulmonary function test (PFT) – for surgical fitness.

Homeopathic Management: Homeopathy aims to improve the patient's quality of life, relieve symptoms, and provide constitutional support. It is considered a complementary therapy rather than curative in advanced carcinoma. Remedies are prescribed on totality of symptoms.Constitutional Remedies:

Carcinosinum: Strong family history of cancer, recurrent chest infections.
Phosphorus: Hemoptysis, anxiety, weakness, craving cold drinks.
Kali carbonicum: Dyspnea, chest tightness, worse lying down.
Bryonia alba: Dry painful cough, aggravated by movement.
Arsenicum album: burning chest pain, restlessness, marked anxiety.
Tuberculinum: Chronic lung pathology, recurrent infections, wasting.

Palliative remedies for symptom relief:

Drosera – spasmodic cough with expectoration. Ipecacuanha – persistent cough with bleeding. Conium maculatum – induration and slow-growing tumors. Aconitum napellus – acute anxiety and hemoptysis

CONCLUSION

Bronchial carcinoma is a serious malignancy with poor prognosis if detected late. Early identification of risk factors and prompt investigation are crucial for better survival outcomes. While conventional medicine offers curative options like surgery, chemotherapy, and radiotherapy, homeopathy may play a supportive role in symptom management and improving quality of life in affected patients.

REFERENCES

Harrison's Principles of Internal Medicine, 21st Edition.
Davidson's Principles and Practice of Medicine, 24th Edition.
Park's Textbook of Preventive and Social Medicine, 26th Edition.
Boericke W. Pocket Manual of Homeopathic Materia Medica.
Allen H.C. Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica

****