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SUSTAINED SYMPTOMATIC REMISSION IN POST-TUBERCULAR BRONCHIECTASIS: A CASE REPORT OF SIGNIFICANT CLINICAL RECOVERY FOLLOWING HOMOEOPATHIC TREATMENT AT DR BATRA'S

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Abstract

Bronchiectasis is a chronic respiratory condition characterized by irreversible bronchial dilatation resulting in recurrent cough, sputum production, breathlessness, and recurrent infections. Post-tubercular bronchiectasis remains a major cause of long-term respiratory morbidity in developing countries. This case report describes an 18-year-old female suffering from persistent respiratory symptoms despite completing anti-tubercular treatment. Following individualized homoeopathic management, the patient experienced complete cessation of hemoptysis, marked reduction in breathlessness, resolution of chest pain, and significant improvement in quality of life. Clinical stability was maintained for several months, and pulmonology evaluation confirmed the absence of active disease.

Introduction

Pulmonary tuberculosis can leave behind permanent structural lung damage, including fibrosis, volume loss, and bronchiectatic changes. Even after microbiological cure, many patients continue to suffer from chronic respiratory symptoms that adversely affect their daily functioning and emotional well-being. Management often focuses on symptom control and prevention of recurrent infections.

This case highlights significant symptomatic improvement and restoration of functional capacity in a young female diagnosed with post-tubercular bronchiectasis.

Patient Information

- Age: 18 Years
- Gender: Female
- Diagnosis: Post-Tubercular Bronchiectasis
- Duration of Homoeopathic Treatment: 7 Months

Chief Complaints

The patient presented with:

- Persistent cough
- Breathlessness on exertion
- Chest pain
- Recurrent hemoptysis (blood in sputum)
- Weakness and fatigue
- Reduced exercise tolerance

These symptoms persisted despite completion of approximately 1.5 years of anti-tubercular treatment.

History of Present Illness

The patient had previously undergone treatment for pulmonary tuberculosis. Although the infection was treated, respiratory symptoms continued. Episodes of coughing blood caused considerable anxiety to both the patient and her family.

Simple daily activities became difficult because of breathlessness and chest discomfort. The patient reported persistent fear regarding her lung condition and uncertainty about future recovery.

Emotional Impact

The illness significantly affected her emotional well-being.

- Fear associated with seeing blood during coughing episodes.
- Anxiety regarding disease progression.
- Reduced confidence due to chronic illness.
- Emotional distress within the family because of prolonged suffering.

Clinical Findings

At presentation:

- Persistent cough
- Recurrent hemoptysis
- Breathlessness
- Chest pain
- Reduced stamina

These symptoms interfered with daily activities and overall quality of life.

Investigations

HRCT Chest (24 June 2025) — Findings revealed:

- Partial loss of left upper lobe volume
- Large focal areas of collapse
- Pleural thickening
- Multiple fibrocystic lesions
- Areas of traction bronchiectasis

Impression: Residual post-tubercular structural lung damage with fibrocystic changes and traction bronchiectatic changes.

Pulmonology Review (30 April 2026)

- No active signs of bronchiectasis
- No active pulmonary infection
- No major abnormality requiring intervention
- Stable residual post-tubercular changes

Treatment

The patient was managed with individualized homoeopathic treatment based on the totality of symptoms, constitutional characteristics, respiratory manifestations, and emotional state.

Supportive advice regarding nutrition, lifestyle, respiratory care, and regular follow-up was provided throughout treatment.

Follow-Up and Outcome

Initial Phase

- Reduction in frequency and severity of cough
- Progressive reduction in hemoptysis
- Improvement in breathing comfort

Intermediate Phase

- Chest pain reduced significantly
- Breathlessness became infrequent
- Energy levels improved
- Daily activities became easier

Long-Term Outcome — After seven months of treatment:

- No blood in sputum for the last 6–7 months
- Breathlessness markedly reduced
- No major cough
- No chest pain
- Improved stamina and physical activity
- Improved emotional confidence

- Better quality of life

Clinical Outcome Summary

Symptom	Before Treatment	After Treatment
Hemoptysis	Frequent	Completely absent
Breathlessness	Significant	Minimal
Chest Pain	Present	Absent
Cough	Frequent	Negligible
Daily Activities	Restricted	Comfortable
Confidence	Reduced	Improved
Quality of Life	Poor	Significantly Improved

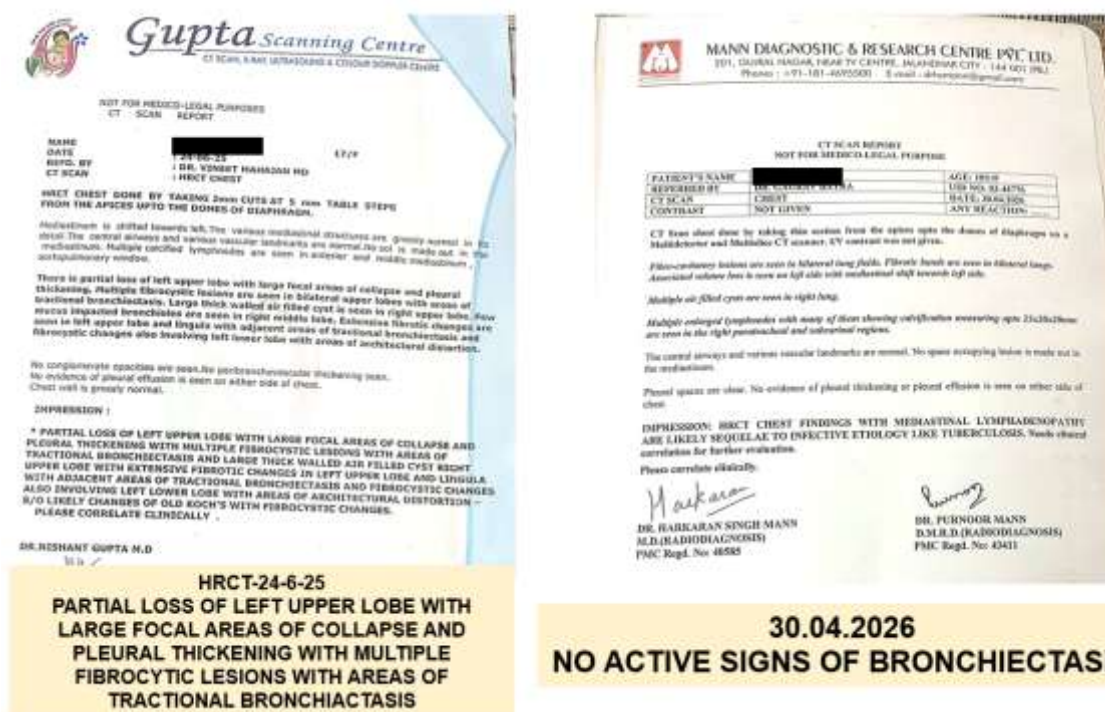


Figure 1: HRCT chest report and pulmonology review documentation

Discussion

Bronchiectatic changes resulting from tuberculosis often persist radiologically despite successful treatment of the primary infection. While structural abnormalities may remain, symptom burden can vary considerably.

In this patient, radiological evidence of fibrocystic and traction bronchiectatic changes persisted; however, clinical symptoms improved dramatically. The absence of hemoptysis, significant reduction in breathlessness, and restoration of daily functioning indicate meaningful clinical recovery.

The case demonstrates the importance of focusing not only on imaging findings but also on symptom relief, functional improvement, and overall quality of life.

Health-Related Quality of Life

Prior to treatment, the patient experienced continuous fear due to recurrent hemoptysis and breathlessness. Daily activities were restricted, and emotional distress was considerable.

Following treatment:

- Fear associated with lung disease reduced substantially.
- Physical activity improved.
- Social confidence returned.
- Daily routine normalized.
- Overall well-being improved significantly.

Conclusion

This case demonstrates sustained symptomatic remission in an 18-year-old female with post-tubercular bronchiectasis. Although residual structural lung changes remained visible on HRCT, the patient achieved complete cessation of hemoptysis, marked reduction in breathlessness, resolution of chest pain, and substantial improvement in quality of life. The outcome highlights the potential role of individualized homoeopathic treatment as a complementary approach in long-term symptomatic management of post-tubercular respiratory sequelae.

Acknowledgement

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