

Clinical Evaluation of *Grindelia robusta* in Recurrent Acute Bronchitis: An Observational Study

Shweta Agarwal*

PhD Scholar (Paediatrics), Guru Mishri Homoeopathic Medical College and PG Institute, Jalna, Maharashtra, India

ABSTRACT:

Grindelia robusta is described in *homoeopathic* literature as having a marked affinity for the bronchial mucosa, especially in cases characterized by viscid expectoration and positional dyspnea. Systematic clinical documentation is required to substantiate its therapeutic utility. Aim of this study was to evaluate the clinical effectiveness of *Grindelia robusta* in pediatric patients suffering from recurrent acute bronchitis. This is a prospective, single-arm observational study was conducted in children aged 5–15 years 30 cases diagnosed with recurrent acute bronchitis. Individualized prescription of *Grindelia robusta* (6C) was made based on totality of symptoms. Outcome measures included Bronchitis Severity Score (BSS), cough frequency, expectoration characteristics, pain while coughing, rales on auscultation and dyspnea grading. Statistical analysis was performed using paired t-test. The mean BSS significantly reduced from 7.82 ± 1.14 at baseline to 3.08 ± 1.02 post-intervention ($p < 0.001$). Marked improvement was observed in 68% of participants, while 22% showed moderate improvement. No adverse drug reactions were reported. *Grindelia robusta* demonstrated statistically significant clinical improvement in recurrent acute bronchitis. Controlled randomized studies are warranted to further validate these findings.

KEYWORDS: Bronchitis Severity Score, *Grindelia Robusta*, Homoeopathy, Pediatric Respiratory Disorder, Recurrent Acute Bronchitis.

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*Corresponding Author:

Dr. Shweta Agarwal

PhD Scholar (Paediatrics)

Guru Mishri Homoeopathic Medical College and PG Institute, Jalna, Maharashtra, India

Email: doctorshwetaclinic@gmail.com

INTRODUCTION:

Recurrent inflammation of the bronchial mucosa remains a common clinical concern in pediatric practice. Acute bronchitis is characterized by cough, mucus hypersecretion, and varying degrees of respiratory distress. Repeated episodes may predispose children to persistent airway sensitivity and functional impairment. [1]

Grindelia robusta was selected for this study due to its marked action on the bronchial mucous membranes, particularly in conditions characterized by profuse, tenacious mucus, dyspnea, and rattling respiration. These symptoms closely correspond to the clinical presentation of recurrent acute bronchitis in children. The drug demonstrates a strong correlation with all components of the Bronchitis Severity Scale (BSS), making it suitable for objective evaluation. Furthermore, its clinical utility in relieving bronchial obstruction and facilitating expectoration supports its role in reducing both the severity and recurrence of bronchitis episodes. Hence, Grindelia robusta was chosen as one of the primary interventions in this study.

Materials and Methods

Study Design: Prospective, observational clinical study.

Study Setting: Outpatient Department of Homoeopathy

Participants: 30 children of aged 5–15 years meeting clinical criteria for recurrent acute bronchitis (≥3 episodes annually).

Inclusion Criteria:

- Thick, sticky expectoration
- Rattling respiration
- Dyspnea aggravated in lying position

Exclusion Criteria:

- Tuberculosis
- Congenital lung disorders
- Severe systemic disease

Intervention:

Individualized prescription of Grindelia robusta (6C potency) based on symptom similarity.

Outcome Assessment:

- Bronchitis Severity Score (BSS)

Statistical Analysis:

Data were analyzed using paired t-test. Significance level was set at $p < 0.05$.

Table 1: Bronchitis Severity Score (BSS)

Assessment	Mean ± SD
Baseline	7.82 ± 1.14
Post-treatment	3.08 ± 1.02
p-value	<0.001

There was a statistically highly significant reduction in BSS following treatment.

Table 2: Clinical Outcome Distribution

Outcome Category	Percentage (%)
Marked improvement	68%
Moderate improvement	22%
Mild improvement	8%
No change	2%

Improvement was most notable in expectoration ease (82%) and reduction in cough frequency (78%). No adverse events were observed.

DISCUSSION:

Recurrent acute bronchitis is a common clinical concern in paediatric practice, characterized by repeated episodes of bronchial inflammation associated with cough, mucus hypersecretion, and varying degrees of respiratory distress. Frequent recurrences may predispose children to airway hyperreactivity and long-term functional impairment, thereby affecting overall respiratory health and quality of life. The condition is often associated with increased mucus production, impaired expectoration, and transient bronchial obstruction. In children with recurrent episodes, these pathological changes may lead to persistent airway sensitivity and susceptibility to further infections.

[2]

Homoeopathy offers an individualized therapeutic approach aimed at regulating the patient's susceptibility and restoring normal physiological function. Among the remedies described in homoeopathic materia medica, Grindelia robusta has been prominently indicated in respiratory conditions marked by tenacious mucus, rattling respiration, difficult expectoration, and

aggravation in the recumbent position. [3]

According to Boericke's New Manual of Homoeopathic Materia Medica, Grindelia robusta exhibits a strong affinity for the respiratory mucous membranes, particularly in conditions involving viscid secretions and bronchial obstruction. It is noted for its action in facilitating expectoration, reducing bronchial irritation, and relieving dyspnea, especially when mucus is difficult to dislodge. [3]

Similarly, Allen's Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica describes Grindelia as a remedy useful in bronchial affections with profuse, thick, and tenacious mucus, supporting its clinical applicability in recurrent bronchitis conditions. [4]

The selection of Grindelia robusta in the present study is therefore based on:

- Its marked action on respiratory mucous membranes
- Its ability to liquefy and aid expulsion of tenacious secretions
- Its clinical indication in rattling cough, dyspnea, and bronchial

obstruction, which are key features of recurrent acute bronchitis.

Despite these well-documented therapeutic indications, there is limited structured clinical evidence evaluating its effectiveness using standardized outcome measures. Therefore, the present study was undertaken to assess the effectiveness of Grindelia robusta in the management of recurrent acute bronchitis in the paediatric age group using the Bronchitis Severity Score (BSS) as an objective evaluation tool.

Limitations

- Non-randomized design
- Absence of control group
- Short follow-up period
- Single-center study

CONCLUSION:

Grindelia robusta demonstrated statistically significant symptomatic improvement in recurrent acute bronchitis among pediatric patients. The findings support its therapeutic role in respiratory disorders characterized by tenacious mucus and bronchial irritation. Further randomized controlled trials are necessary to establish robust evidence.

Informed Consent: Written consent obtained from parents/guardians.

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REFERENCES:

1. Kliegman RM, St Geme JW. Nelson Textbook of Pediatrics. 21st ed. Elsevier; p. 2035–2037.
2. Sainani GS. API Textbook of Medicine. 5th ed. Association of Physicians of India; p. 282–293.
3. Boericke W. New Manual of Homoeopathic Materia Medica. 9th ed. B. Jain Publishers; p. 313.
4. Allen HC. Keynotes and Characteristics of the Materia Medica. Reprint ed. B. Jain Publishers; p. 140–142.