



A CASE STUDY TO ASSESS THE EFFICACY OF HOMOEOPATHY IN BRONCHIAL ASTHMA

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ABSTRACT: Bronchial Asthma is a chronic inflammatory disorder characterized by episodes of breathlessness, wheezing, cough, chest tightness etc caused due to bronchial hyper-responsiveness and variable air flow obstruction which is reversible spontaneously or with treatment. Bronchial asthma is recognized as major health problem by the World Health Organization. According to latest Global Burden of Diseases (GBD) study, 339.4 million people in the world have high burden of asthma. Globally asthma is ranked 16th among the leading causes of years lived with disability and 28th among the leading causes of burden of diseases. Prevalence of asthma is high in developed countries compared to developing countries. In India, about 15-20 million were estimated to be asthmatic. In India, its prevalence is about 2 percent. It is one of the cause of impaired quality of life with decreased ability to complete daily activities (85%), physical activity limitation (69%), loss in productivity at work (73%) or study (64%), and limits in leisure and lifestyle (78%). Homeopathy is a science based on laws of similar, which means it treats the disease with medicines producing similar symptoms when given in healthy individuals. Homeopathy treats the person as a whole. There are medicines given to treat the acute attacks of asthma as well as to prevent the recurrence of it, also to treat the allergies which may trigger the attack of asthma.

Keywords: Bronchial Asthma, Homoeopathy, Allergens, Arsenic Alb

Introduction:

Asthma is a disease of respiratory system in which respiratory passages in the lungs becomes over reactive and over responsive. Because of this increased sensitivity, lungs become inflamed when exposed to some irritants such as cold air, smoke, pollen etc. Asthma causes inflammation of the lungs and causes and results in narrowing of the respiratory passages. Asthma is a heterogeneous disease with interplay between genetic and environmental factors. Several risk factors that predispose to asthma have been identified. These should be distinguished from triggers, which are environmental factors that worsen asthma in a patient with established disease. Endogenous risk factors include genetic predisposition, gender, atopy, ethnicity and exogenous risk factors are allergens, occupational sensitizers, smoking, infection, obesity, dietary factors ,etc

Homoeopathic system evolved a drug regimen of using acute remedies for acute attack and constitutional deep acting remedies to prevent recurrence.

Among the disease classification of Hahnemann, asthma comes under true natural chronic disease caused by the chronic miasm. It also excited by a number of precipitating and maintaining factors and influenced by genetic family history. Asthma can be considered as intermittent disease as it recurs at regular intervals in some patients. Similarly, it can be regarded as alternating disease as they sometimes alternate with skin diseases.

Asthma can be caused by psora, syphilis, sycosis or the combinations of these. In 80th aphorism, Hahnemann says ‘the monstrous internal chronic miasm – the psora, the real fundamental cause and producer of all other numerous diseases including asthma and ulceration of lungs etc.

CASE STUDY ON EFFICACY OF HOMOEOPATHY IN ASTHMA

Personal detail:

- **NAME:- ABC**
- **AGE/SEX:- 47 year/male**
- **EDUCATION:- 7th pass**
- **MARITAL STATUS:- Married**
- **RELIGION:- Hindu**
- **OCCUPATION:- Farmer**
- **ADDRESS:- Rajkot.**
- **Date :- 20/10/2021**

Presenting Complaints :-

Location	Sensation	Modality	Concomitant
Respiratory system -Since last 1 year	-Wheezing respiration with cough and frothy expectoration -sensation of tightness in chest -whistling sound due to constriction of trachea -sputum is scanty and offensive	< cold things, 12-2 a.m. or p.m. >by heat	-Thirsty -Restlessness

Associated Complaints :-

Location	Sensation	Modality	Concomitants
GIT Since last 6 months	-Stool is black, watery and offensive. -Great prostration	< mid night >by rest	

- **FAMILY HISTORY:-**

- - Father: Allergic bronchitis

- **PATIENT AS A PERSON:- PHYSICAL CHARACTERISTICS**

- **A] APPERENCE:- Weak, pale & exhausted**

- 1. Weight – 50 kg.
- 2. Skin - Dirty
- 3. Hair - Grey
- 4. Nail - NAD
- 5. Mouth - Ulcer
- 6. Gums - Bleeding
- 7. Teeth - NAD
- 8. Lips - NAD
- 9. Eye - NAD
- 10. Ear - NAD
- 11. Oedema -
- 12. Perspiration- Cold sweat

- **B] DIGESTION:-**

- 1. App – 3 meal/day
- 2. Hunger -
- 3. Craving – Ice cold water
- 4. Aversion – Sweets

- **C] ELIMINATION:-**

- 1. Stool
- Frequency: 2/1 D/N
- Colour: Rice watery
- Odor: Foul
- 2. urine
- Frequency: 3-4/0 d/n
- Colour: black
- Urging: normal

D SLEEP-Concomitants-

- Talking/Teeth grinding/Salivation/Startle
- Restless sleep. Sleeps with hands over head.
- Talks in sleep. Awakened by pain.

DREAMS: Fear of death.

- **MENTAL SYMPTOMS:-**
- **EMOTIONAL:**
 - -Fear of death due to illness.
 - -Peevish and easily angered.
- **INTELLECTUAL:**
 - -Fastidious nature.
 - -Wants everything neat and clean.
 - -Weak memory due to confusion in head.
- **BEHAVIORAL:**
 - -Extremely restlessness and irritable.
 - -Pt. suffers so much that he decides to commit suicide.
 - -Aversion to meet people.
- **PHYSICAL EXAMINATION:-**
 - Temp – 98° F Pulse – 74/min
 - B.P. – 110/70 mmhg R.R – 16/min
- **LOCAL EXAMINATION:-**
 - -On Auscultation: Ronchi& wheezing sound heard by Stethoscope.

• MIASMATIC ANALYSIS :- SYCO-SYPHILITIC

SELECTION OF MEDICINE: on the basis of repertorisation

ARSENIC ALBUM

	ars.	lyc	puls.	arg-n.	bell.	phos.	am.	sil.	nat-m.	nux-v.	thuj.	kali-c.	iod.	sulph.	zinc
1. RESPIRATION - WHEEZING (154) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
2. EXPECTORATION - FROTHY (91) 1	9	7	7	7	7	7	7	7	7	7	7	6	6	6	6
3. EXPECTORATION - ODOR - offensive (91) 1	26	15	14	13	13	13	12	12	11	11	10	14	10	10	10
4. CHEST - CONSTRICTION - band; as from a (32) 1															
5. MIND - RESTLESSNESS (541) 1															
6. MIND - ANXIETY (492) 1															
7. MIND - FEAR - death, of - alone, when (12) 1															
8. MIND - FASTIDIOUS (68) 1															
9. DREAMS - THUNDERSTORM (7) 1															

SYMPTOM	PSORA	SYCOSIS	SYPHILIS
Wheezing respiration with cough & frothy expectoration		+	
Sensation of tightness in chest	+		
Whistling sound due to constriction of trachea		+	+
Sputum is scanty & offensive			+
-< Cold things, 12-2 a.m./p.m.		+	+
-> by heat		+	
Fear of death due to illness	+	+	
Wants everything neat & clean		+	+
Extremely restlessness & irritable	+		

SELECTION OF POTENCY:

ON THE BASIS OF SUSCEPTIBILITY OF PATIENT AND INTENSITY OF SYMPTOMS - 200
PRESCRIPTION:

Rx,

Arsenic Alb. 200-1 dose STAT ORALLY

S.L. 5 pills T.D.S. for 7 days.

FOLLOW UP :-

DATE	CHANGES IN SYMPTOMATOLOGY	PRESCRIPTION
28/10/2021	Complaint Of Coughing reduced, but Wheezing in chest, with frothy expectoration,	Arsenic Alb. 200-1 dose STAT ORALLY S.L. 5 pills T.D.S. for 15 days.
11/11/2021	The frequency of dry cough attacks has reduced Wheezing in the chest is still the same.	Arsenic Alb. 200-1 dose STAT ORALLY S.L. 5 pills T.D.S. for 15 days.
26/11/2021	Relief in c/o coughing breathlessness, dry cough Wheezing	Arsenic Alb. 200-1 dose STAT ORALLY S.L. 5 pills T.D.S. for 30 days
20/12/2021	Relief in all the complaints	S.L. 5 pills T.D.S. for 30 days
19/01/2022	There is improvement in overall condition, energy level is maintained, cough episodes has reduced	S.L. 5 pills T.D.S. for 30 days

Conclusion:

Studies have shown that homoeopathic treatment for respiratory diseases was associated with a significant reduction in the use and costs of conventional drugs (Rossi et al., 2009) Homeopathy has remained one of the most widespread forms of complementary medicine and is used to treat asthma. The prevalence estimates of complementary therapy use for asthma vary widely, from 6 to 70% .

The above case it is observed that Bronchial Asthma could be successfully managed with help of Homoeopathy. Asthma is the most common respiratory disorder which should be suspected in patients with recurrent cough, wheeze, chest tightness and dyspnea, and should be confirmed using objective measures of lung function. Allergy testing is highly recommended to identify its possible triggers. All asthmatics should have regular follow up visits during which criteria for asthma control, adherence to therapy (conventional or homoeopathic) and proper inhaler technique, if in use, should be revived.

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