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## **The Role of Homoeopathy in Management of Bronchial Asthma**

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### **ABSTRACT**

The architecture of respiratory passage is vital in the normal functioning of respiratory system. Among the disorders which bring abnormality to the system, Asthma is important. The word 'ASTHMA' is Greek, meaning "breathless" or "to breathe with open mouth" Originally applied to shortness of breath of any cause, as in the description of the mode of death of metal miners by Agricola in 1556, it has come to be applied particularly to episodic breathlessness due to bronchial disease.

The "Asthma" is as old as the civilization. Episodic breathing difficulties were recognized and labeled as asthma long before the anatomy of the airways had been described or their function elucidated. From Hippocratic times onwards much emphasis was placed on the "thick and viscid humors" that prevented the proper movement of air in and out of the lungs in asthma.

**Methods:** Randomized, singleblind study design had been adopted for the study individual's of all ages, of both sexes and religions presented with signs and symptoms of Bronchial Asthma were included in the study. Accordingly the various outcomes were assessed by different attributes and variables.

**Result:** Result will be considered by both subjective parameter and objective finding for assessing the case in follow up.

End result assessment will depend upon score scale which patient score after the medicinal intervention considering 3 heading.

**Conclusion:** Homoeopathy was more efficacious in the treatment of Bronchial Asthma.

**Keywords:** Bronchial Asthma; Asthma, Practice of medicine, Homoeopathy.

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### **INTRODUCTION**

"Asthmatics don't die they just put into old age", these words were narrated by the famous physician William Osler who is considered to be the father of modern medicine. We live in a modern world which has endangered the survival of mankind in many ways. The advent of antibiotics and steroids has succeeded in being the answer to a host of diseases but also are spurious if abused. Bronchial Asthma is characterised by variable airway obstruction, airway hyper-responsiveness as well as airway inflammation. Today, the worldwide prevalence of Bronchial Asthma as well as its morbidity and mortality is still on the rise. There are a variety of factors contributing to its initiation and maintenance, such as genetics, air pollutants, pollen, climate change, occupational exposure to chemicals, dusts, paints, solvents, artificial colouring agents, exercise, respiratory infections, emotional stress etc. Out of these factors, environment seems to play a major role in the development of Asthma. We have seen urbanisation catch up at a very fast pace, it brings along with it, its own share of various pollutants, chemicals, smoke, dust, fumes. Hence, it is not surprising that with so much air pollution, each day there are more and more cases of Asthma reported and even more number of known Asthmatics coming down with severe acute exacerbations.

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### **OBJECTIVES:**

To study the role of Homoeopathy in management of Bronchial Asthma with reference of Constitutional Prescribing To study the clinical presentation of Bronchial Asthma. To study the management of Bronchial Asthma through holistic approach. To individualize the case of Bronchial Asthma.

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### **PREVALENCE AND INCIDENCE:-**

Asthma is an extremely common disorder affecting men and women equally. Nearly 5-10% of the world's population at some stage during life suffers from asthma. The disease can occur at any age, but in a majority it starts before the age of 10 years. It is more common among boys up to the time of

adolescence.

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## **CLINICAL VARIETIES OF ASTHMA:-**

A conventional classification of asthma divides the disorder into two forms; extrinsic and intrinsic. This classification is an 1864 textbook by Salter was popularized in the United States by Reckmann in the 1940's & 1950's

### ***EXTRINSIC ASTHMA:-***

This entity has also been termed as atopic asthma or IgE mediated asthma. There is hereditary disposition. This usually starts in childhood and is often associated with other allergic conditions such as allergic rhinitis and atopic dermatitis. Usually serum levels of IgE are elevated. External agents, usually inhaled or ingested allergens, precipitate attacks. The attacks may be seasonal when precipitated by aeroallergens of pollens of trees, grass and wind. The attacks may be perennial if the allergens are animal dander or antigens of mites, house dust and moulds. Skin testing with appropriate allergens gives rise to typical immediate reactions of the weal and flare type.

### ***INTRINSIC ASTHMA:-***

This is also known as idiopathic or cryptogenic asthma. This may develop at any age and indeed often occurs for the first time in adults of between 25 and 40 years with no previous respiratory history. There is no family or personal history of atopic disease.

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## **ALLERGIC PHENOMENON OCCURRING DURING ACUTE EXACERBATION OF BRONCHIAL ASTHMA**

Exposure to various allergens is the most important trigger responsible for asthmatic attacks in all age groups. Early asthmatic responses occur with the help of IgE- induced mediator release from mast cells. This occurs within minutes of exposure to the allergen and lasts for about 20 – 30 minutes. IgE antibodies attach to mast cells and basophils on exposure to the allergen. This is followed by degranulation of the mast cells and release of substances like histamine, SRS-A (Slow releasing substances of anaphylaxis), eosinophilic chemotactic substance, Protease, Heparin and platelet activating factors which cause spasm of the bronchiolar smooth muscles.

Late asthmatic responses occur 4 to 12 hours after antigen exposure and result in more severe symptoms that last for hours and increase the duration and severity of asthma.

### ***AIRWAY HYPER – RESPONSIVENESS***

One of the characteristic features of Bronchial asthma is airway hyper-responsiveness. This hyper response is seen to a variety of stimuli like exposure to irritants, cold air etc. Hyper responsiveness of the airways is the main mechanism at play in asthmatics which contributes to airway narrowing and spasm.

### ***AIRWAY OBSTRUCTION IN ASTHMA***

Asthma is a reversible airway obstruction which varies in severity. The narrowing of the airways causes an increase in resistance to airflow. In asthma it is caused as a result of combination of various factors like –

- Smooth muscle spasm
- Oedema of the airway mucosa
- Inflammation of the airways
- Mucus secretion and mucus plugging in the airways

### ***HOMOEOPATHIC APPROACH TO BRONCHIAL ASTHMA***

A detailed case taking is imperative for treating a case of asthma. The physician must get details as regards the chief complaint – the onset, duration, progress of the complaint, modalities- both aggravating and ameliorating, ailments from, associated mental aggravating and ameliorating factors – emotions, stress etc. Physical generals are important in every case, like appetite, cravings, aversions, sleep, stools, urine, thermals and thirst are all important and any characteristic symptoms at this level holds importance in forming the totality.

- The mental makeup of each individual, personality traits, disposition and temperament are important to be considered and help in individualising each case.

**SYMPTOMS OF BRONCHIAL ASTHMA**

Acute attacks are interspersed between relatively asymptomatic periods. During an acute attack, the patient complains of –

- Shortness of breath
- Cough usually worse at night
- Wheezing
- Chest tightness, pain or pressure

**MIASM AND BRONCHIAL ASTHMA**

- Bronchial asthma can present in all the miasms although it is said to be predominantly sycotic.

**SELECTION OF THE DOSE AND REPETITION**

The fundamentals of homoeopathic posology are represented in the trinity of:

- Single remedy
- Minimum dose
- Minimum repetition

**High potency:**

Indications:

- Extreme symptom similarity
- Predominant mental symptoms in case.
- Functional changes, no pathology.
- High susceptibility

**Low potency:**

Indications:

- Cases in which the pathology is advanced and gross.
- Disease has lasted for years together and patient's vitality has been reduced.

**Medium potency:**

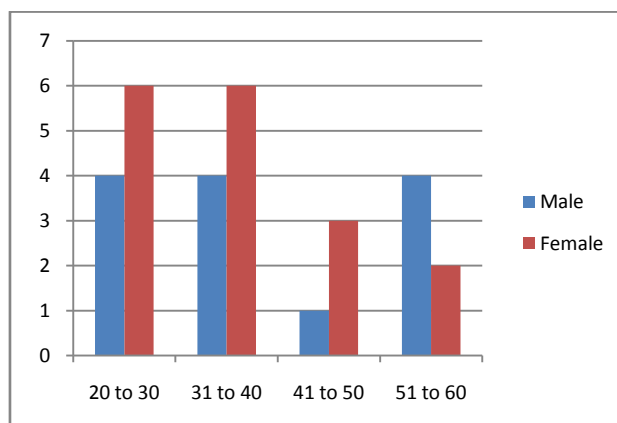
Indications:

- Hypersensitive and Idiosyncratic patients

**OBSERVATIONS & RESULTS**

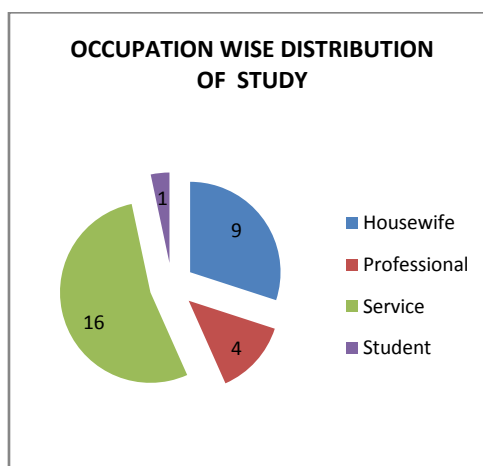
| Sr. No. | Age Group | Male | Female | Total |
|---------|-----------|------|--------|-------|
| 1.      | 20 to 30  | 04   | 06     | 10    |
| 2.      | 31 to 40  | 04   | 06     | 10    |
| 3.      | 41 to 50  | 01   | 03     | 04    |
| 4.      | 51 to 60  | 04   | 02     | 06    |
|         | Total     | 13   | 17     | 30    |

A. Bar diagram



**TABLE-2 OCCUPATION WISE DISTRIBUTION OF STUDY**

| Sr. No. | Occupation   | No. of Cases |
|---------|--------------|--------------|
| 1.      | Housewife    | 09           |
| 2.      | Professional | 04           |
| 3.      | Service      | 16           |
| 4.      | Student      | 01           |

**B. Pie chart****CONCLUSION-**

To study the role of Homoeopathy in Management of Bronchial Asthma with reference to Constitutional Prescribing was conducted on 30 cases of both sexes and adult age group. The entire data was analyzed to examine the clinical profile, evaluation of the efficacy of constitutional remedy in the treatment of asthma, study of the role of allergens, miasmatic relationship and efficacy of homoeopathic medicines in acute exacerbation of bronchial asthma.

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