



Effectiveness of Homoeopathic Medicines in Absolute Eosinophil Count in Allergic Bronchial Asthma

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Background: -

Bronchial asthma is a very common clinical condition which affects individuals at almost any age and is an important cause of respiratory morbidity and mortality.

Recent Epidemiological study suggests that the prevalence of asthma is rising in many parts of the world, but it is unclear whether this is due to an actual increase in incidence or merely to the fact that the size of the overall population is growing.

It is estimated that 4 to 5% of the population of the United States is affected. Data from the centers for Disease control and prevention suggest that 10 to 11 million persons had acute attacks in 1998, which resulted in 13.9 million outpatient visits, 2 million requests for urgent care, and 423,000 hospitalizations, with a total cost >\$ 6 billion.

Epidemiology also suggests that 300 million people worldwide suffer from asthma and an additional 100 million may be diagnosed with asthma by 2025.

Bronchial asthma occurs at all ages but predominantly in early life. About one half of the cases develop before an age 10, and another third occur before age 40. In childhood, there is a 2:1 male/female preponderance, but the sex ratio equalizes by age 30

Though, death from these diseases alone is uncommon. There is no definitive curative treatment in other modes of therapy. But by the constant use of steroids in these cases patients unnecessarily get unwanted hazards.

This study is aimed towards assessing the patient before and after homoeopathic treatment by absolute Eosinophil count and also to assess the effectiveness of homoeopathic treatment in Allergic

Bronchial Asthma. By this study we can infer the duration of treatment is required.

Methods:

Thirty cases for allergic bronchial asthma were selected on the basis of inclusion and exclusion criteria fixed for the study. Simple random sampling procedure was adopted and a detailed case history was taken by interview as per the Performa prepared for the topic and investigations were done where necessary. Auxiliary measures were followed where necessary.

Discussion

Asthma Facts and Figure

What Is Asthma?

1. Asthma is a long-term disease that causes inflammation and swelling of the airways. This results in narrowing of the airways that carry air from the nose and mouth to the lungs.
2. Asthma symptoms include trouble breathing (shortness of breath), wheezing, coughing, and tightness or pain in the chest.
3. Asthma symptoms can be triggered by different things for different people. Allergens, like dust or pet dander, are common triggers. Some people also develop asthma symptoms in response to certain foods or to exercise.
4. Asthma can be deadly.
5. There is no cure for asthma, but appropriate treatment prevents asthma attacks and can help you have a better quality of life.

6. Asthma is one of the most common and costly diseases in the United States.

How Common Is Asthma?

1. Approximately 25 million people in the U.S. have asthma. This equals about 1 in 13 people.
2. About 20 million U.S. adults age 18 and older have asthma. Asthma rates are highest in Black adults in the U.S. Asthma is more common in female adults than male adults. Around 9.8% of female adults have asthma, compared to 6.1% of male adults.
3. It is a leading chronic disease in children. Currently, there are about 5.1 million children under the age of 18 with asthma.
4. Black children are nearly three times more likely to have asthma compared to white children.
5. Asthma is more common in male children than female children. Around 8.4% of male children have asthma, compared to 5.5% of female children.

What Are the Rates of Asthma Attacks in Children?

1. In 2019, 44.3% of children age 18 and younger who had reported having one or more asthma attacks in the past year.
 1. About 47.2% of children under the age of 5 with asthma had an attack.¹
2. According to the Centers for Disease Control and Prevention (CDC), asthma attacks in children have declined from 2001 through 2019.³ Even though asthma is controllable, it is estimated that 50% of children with asthma have uncontrolled asthma.⁴

What Are the Rates of Asthma Attacks in Adults?

1. In 2019, 40.4% of adults age 18 and older who had asthma reported having one or more asthma attacks in the past year.
 1. Black adults have the highest rate of asthma attacks in the U.S.
2. According to the CDC, asthma attacks in adults have declined from 2001 through

Conclusion

The World Health Organization recognizes asthma as a major health problem. Still, there is paucity of data on the prevalence of Bronchial Asthma in children in India. Our summary from research studies of Childhood Bronchial Asthma is that Bronchial Asthma affects a large number of children in India and the findings indicate that prevalence of Bronchial Asthma in children in India is increasing at a faster rate than previously understood. Due to lack of national representative data on the prevalence, risk factors, and prognosis of the disease, there is an urgent need for more public health research in this field of priority attention and direction.

HOMOEOPATHIC APPROACH

Homoeopathy is a scientific medical alternative for treating a wide range of chronic ailments. The basic approach in homoeopathy is to evaluate the disease of Asthma in its whole extent, where by a lot of emphasis is given to the patient as a whole besides minutely studying various detailed aspects of the Asthma. Homoeopathy treatment is aimed at enhancing body's own healing capacity so that the human system does not react adversely to the allergens which are considered external factors affecting Asthma.

As a rule, homoeopathy never looks at Asthma as a local disease; it has been considered as a local expression of a system disturbance. As per the classical homoeopathy, we believe in constitutional prescribing. This calls for individual case study in every case of Asthma. There is single specific remedy for all the cases of Asthma. The exact treatment is determined only on in depth evaluation of individual case. This is because we do not treat Asthma person, but treats the patient as a whole.

We consider Bronchial Asthma as a multi miasmatic disorder. The expressions differ depending on the constitution of the individual. So, Homoeopathy recognizes three constitutional make up's *The Psoric*, *The Sycotic* and *The Syphilitic*.

In a *Psoric* make up the hypersensitive characters are predominantly seen.

Example:

Arsenic Album: Night attacks of suffocation, cannot lie down, dry cough, great anxiety, thirst, restlessness, irritability and prostration. **Lobelia Inflata:** Has weak feeling in the pit of the stomach and is preceded by prickling all over. There is profuse salivation and feeling as of a lump in the stomach.

Other few prominent remedies are *Aralia Racemosa*, *Bromine*, *Carbo Veg*.

In the *Sycotic* asthma slow and indolent response to any stimulus is present.

Example:

Antimonium Tartaricum: There will be sub crepitant rales all through the chest, marked wheezing when the child breathes, the cough sounds loose and yet the child cannot raise it.

Natrum Sulphuricum: Tendency to develop chest catarrh and any increase in dampness in the weather can cause severe chest congestion with difficulty to breath. Aggravation time is 4 to 5 am cough with thick ropy greenish expectoration.

Other few predominant remedies are Antimonium arsenicosum, Stannum Metallicum, Senega, Medorrhinum, Thuja *Kali Carbonicum*: Has sensation of no air in the chest, and the worse time is 2 to 3am, is better sitting upright, slightly forward, bending over the table or knees relieved by rocking. Lying down is impossible, worse by drinking and motion.

Other few predominant remedies are Sambucus, Bromium.

The *Syphilitic* constitution is weak and debilitated system that develops over prolonged period of working under stress, reaches to a point of no return and loses the elasticity of alveoli and becomes permeable to improve the ventilation.

Example:

Hepar Sulphuris: Which has anxious wheezing, moist breathing, worse in dry cold air, and better in damp cold weather with associated palpitation of the heart.

Mercurius: Due to secondary infection in the lungs there is suppuration and bloody thick green expectoration and large quantities of pus.

Syphilinum: Has chronic Asthma in summer and aggravations at night.

According to Homoeopathic philosophy. It's a mixed miasmatic chronic disease.

Bronchial Asthma patient usually come in two groups.

1. Fresh case for treatment.
2. Having continuing allopathic or other treatment.

Fresh case for treatment:

Acute stage: Acute exacerbation in chronic disease.

Acute prescription should be limited to presenting complaint characteristic modality, concomitant and changes in mental and physical plane.

§ 209 key note symptom, §156 most striking uncommon and peculiar symptom.

A detail case taking must be done after acute exacerbation subsides

treat as chronic disease. Episodic Bronchial asthma condition fall under acute or half acute disease of Hahnemann.

Homoeopathic medicine to control acute symptoms:

natrum sulph 30--natrum sulph is one of the most important natural homeopathic medicine for treating chronic asthma. this homeopathic remedy is often asked for treating asthma in children. it is very useful when asthma is hereditary. often, asthma that gets aggravated in humid weather and dampness, requires this homeopathic medicine natrum sulph. wheezing is very important symptom for homeopathic remedy natrum sulph to be used.

arsenic alb. 30- homeopathic medicine arsenic album is one the best homeopathic remedy for all forms of asthma. it is beneficial both in the acute phase and the chronic state. it is often indicated when attacks are frequent during night (midnight and after), accompanied with great restlessness and fear of suffocation on lying down. this homeopathic medicine is deep-acting and is required for those patients who have asthma and are very sensitive to cold, having a personal or family history of tuberculosis.

Recommendations

There is a widespread concern that the prevalence and incidence of asthma is still rising in developed countries, but the economic and humanitarian effects of asthma are greater in the developing world, where the prevalence is also rising. The worst sufferer from indoor environment-induced asthma is children in low-income urban families. In addition to direct medical costs, the symptoms experienced by asthmatics lead to absenteeism from school. The burden of asthma affects the patients, their families, and society in terms of lost work and school, lessened quality of life, and avoidable Emergency Department visits, hospitalizations, and deaths.(51-55) Incidentally, the recent KAP study on the newer trends in childhood asthma management in a central Mumbai suburb revealed lesser awareness among family physicians, with no difference based on the number of years in practice. The present modes of information dissemination are insufficient and require supplementation and reinforcement. The International Conference on Health Care Delivery for Asthma, addressing the present status of asthma throughout the world, on how different countries were dealing with the worldwide epidemic of asthma, found that 10% of the citizens have access to the level of care proposed by the guidelines. Asthma has a lower place on the radar screen in a

country where 1000 people die each day from tuberculosis. The obstacles to asthma care in India are the costs of care and medications, the socioeconomic disparity within the country, use of multiple languages, cultural issues, and the common use of alternative remedies.

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