WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Asthma and it's Homoeopathic Management.

Dr. Pankaj Sharma[1], Dr. Harish Jabdoliya[2], Dr. Ankita Sharma[3], Dr. Kanak Choudhary[4], Dr. Sonu Chaudhary[5]

[1]HOD of organon of Medicine and Philosophy, Swasthya Kalyan Homoeopathic Medical College and Research Center, Jaipur, Rajasthan, India
Email: drpankajskhmc@gmail.com
[2]Associate Professor of Organon of Medicine and Philosophy, Swasthya Kalyan Homoeopathic Medical College and Research Center, Jaipur, Rajasthan, India **Email:** harish10jabdoliya@gmail.com
[3]PGR at Organon of Medicine and Philosophy, Swasthya Kalyan Homoeopathic Medical College and Research Center, Jaipur, Rajasthan, India
Email: 28shankita@gmail.com
[4]PGR at organon of Medicine and Philosophy, Swasthya Kalyan Homoeopathic Medical College and Research Center, Jaipur, Rajasthan, India
Email: kanakchaudhary3012@gmail.com
[5]PGR at organon of Medicine and Philosophy, Swasthya Kalyan Homoeopathic Medical College and Research Center, Jaipur, Rajasthan, India
Email: sonuallen153@gmail.com

ABSTRACT

The most common respiratory condition is asthma. Most asthma patients have poor management of their condition, even with significant improvements in diagnosis and treatment. For most patients, strategies for avoidance and suitable medications may help attain control. Eosinophil-dominated inflammation is a feature of the most frequent type of asthma. The excellent cure for asthma in homeopathy. The proper diagnosis and treatment of asthma are discussed in this article.

Keywords: Asthma, bronchodilators, diagnosis, homoeopathy, poorly controlled

Introduction [1]

The Greek word "aazein" from which the term "asthma "is derived, means to pant or to breathe sharply and openly. It is a major non-communicable disease that is quite prevalent. It is also known as bronchial asthma and is characterized as a long-term inflammatory condition affecting the airways. Chronic inflammation is connected to airway hyperresponsiveness, which causes exaggerated airway narrowing in response to certain triggers like viruses, allergens, and exercise. This results in recurrent episodes of breathlessness, wheezing, chest tightness and coughing that can vary in duration and intensity.

Episodes of symptoms are typically linked to a widespread but varied airflow obstruction inside the lungs, which is typically reversible either spontaneously or with proper asthma medication, like a quick acting bronchodilator.

Epidemiology [2, 3]

Asthma is the 28th biggest source of disease burden globally and the 16th leading cause of years lived with disability, according to disability adjusted life years. Around 300 million people worldwide suffer from asthma, and it's estimated that another 100 million will be impacted by it by 2025. Even though high-income countries have a higher prevalence of asthma, low- and middle-Income countries have the highest asthma related mortality rates. Children (8.4%) are more likely than adults (7.7%) to have it. The incidence is highest in boys (2:1 male to female ratio) among young children, while it tends to be higher in women as adults. A study on the global burden of disease estimates that over 30 million people in India suffer from asthma and that 70 percent of these cases remain undiagnosed.

Types of asthma [4]

Basically, three types of asthma are distinguished depending are the triggers:

- Allergic asthma
- Non-allergic asthma
- Mixed type

1. **Allergic (Extrinsic) asthma:** Allergic asthma is an allergic reaction of the body to inherently harmless substances such as pollen, pet hair, certain foods or house dust, results in allergic asthma. It is the form of asthma that is most prevalent. It is the prevalent chronic disease in childhood.

The body's immune system reacts to environmental allergens, which could cause an asthma attack. This causes lower respiratory inflammation, which causes the airways to become narrower and produce more mucus. Type 2 inflammation is the name of the process. Specific biomarkers can identify type 2 inflammation, which is a feature of asthma.

2. **Non-allergic asthma:** Nonspecific stimuli, rather than allergens, cause asthma in non-allergic people. These include some medications, such as pain relievers, cold air, tension, and respiratory tract infections. Exercise has the potential to trigger an asthma attack. This is called exercise induced asthma.

This is because asthmaticus have chronically inflamed airways and inflamed tissue reacts to stimuli more hyper sensitively than healthy individuals who have asthma. An asthma episode brought on by extreme stress or exercise and brought on by hyoerventilation. Sinusitis is a common sign of non-allergic asthma. Non- allergic asthma typically has a more severe course than allergic asthma.

3. **Mixed type:** Asthma that combines both allergic and non-allergic symptoms is called mixed asthma. The most typical type of asthma is this one.

Etiology [5]

Although it is frequently challenging to identify a single, direct cause, many factors have been linked to an increased risk of having asthma.

1. **Genetic factors-** The genetic component may play a role in whether an individual will develop asthma during their lifetime. If a close relative, such as a parent or sibling, also has asthma, that person will also get asthma.
2. **Environmental factors –**Both indoor and outdoor air pollution can have an impact on asthma development and act as asthma triggers.

Some allergens inside and outside the house include:

- Mold
- Dust
- Animal hair and dander
- Fumes from household cleaners and paints
- Cockroaches
- Pollen
- Air pollution from traffic and other sources

3. **Obesity-** Both in children and adults, obesity is a risk factor for asthma.

4. **Stress-** Asthma symptoms can be triggered by stress, but a few other emotions, including joy, rage, excitement, laughter, and sobbing, can also do the same. Asthma can also be a result of worry and despair.

5. **Smoking tobacco-** Using tobacco products can aggravate asthma symptoms. Additionally, exposure to secondhand smoke can harm the lungs as well.

6. **Pregnancy-** Smoking during pregnancy seems to increase the chance that the fetus will grow up with asthma. While pregnant, some people also experience an aggravated case of asthma.

Pathophysiology [6]

Asthma is associated with T-helper cell type-2 (Th2) immune responses, which are typical of other conditions. Elevated levels of Th2 cells in the airways release specific cytokines, including interleukin (IL)-4, IL-5, IL-9, IL-13, and promote eosinophilic inflammation and IgE production.

IgE production in turn triggers the release of inflammatory mediators, such as histamine and cysteine leukotrienes, that cause bronchospasm, edema and increase mucus secretion. The mediators and cytokines released during the early phase of an immune response to an inciting trigger further propagate the inflammatory response that leads to progressive airway inflammation and bronchial hyper reactivity. Over time the airway remodeling that occurs with frequent asthma and exacerbation leads to greater lung function decline and more severe obstruction.

Clinical features [7]

- Restless, agitated, anxious, sweating.

- Cyanosis
- Breathlessness
- Wheezing
- Tightness in the chest
- General ill feeling and fatigue
- Cough usually nonproductive and is followed by wheeze.
- Eyes itching and lachrymation.

Laboratory investigation [7]

The diagnosis of asthma should not be made using conventional laboratory testing, but it can be used to rule out other causes of wheezing. Patients who have a history of having an allergic trigger repeatedly may experience elevated serum IgE levels.

1. **Blood investigation:**

- Serum IgE- Total serum IgE levels greater than 100 IU.
- Blood eosinophilia greater than 4% or 300-400µ/L

2. **X-Ray –** Hyperinflated lungs
3. **High resolution computed tomography (HRCT)-** Bronchial wall thickening, bronchial dilatation, cylindrical and various bronchiectasis, reduced airway luminal area, mucoid impaction of bronchi, centriolar opacities, air tapping.
4. **Allergy skin test-** Two methods are available to test allergic sensitivity to specific allergens in the environment: allergy skin test and blood radioallergosorbent test (RASTs).
5. **Pulmonary function test:** It is usually confirmed by objective measurement of lung function by spirometry.

- FEV1 ≥ 15% increase following administration of bronchodilator.

or

- FEV1 ≥ 15% decrease after 6 minutes of exercise.

Differential diagnosis [8]

- COPD
- Congestive cardiac failure
- Recurrent pneumonia
- Chronic bronchitis
- Tracheal stenosis
- Aspiration (foreign body aspiration)
- Eosinophilic pneumonia

Management [9]

Although asthma cannot be cured, symptoms can usually be reduced. When triggers are removed, and medicine is used.

1. **Lifestyle modification:** Lifestyle modification therapies like swimming, exercise, and yoga have an important and powerful role in the treatment of asthma. Unfortunately, there is very little use of these therapies, (exercise, yoga, swimming, and stress avoidance.) as compared to taking drugs for treatment of the asthma.
2. **Medications:** There are two broad categories of medications used to treat asthma.

(a) Quick-relief medication: For rapid relief, take this as soon as you notice the first sign of asthma symptoms. They include:

- Short acting inhaled beta 2 agonist (inhalers)

- Anticholinergics

Both are bronchodilators, which means that they widen the bronchial tubes leading to the lungs. This enhances breathing by allowing the lungs to breathe more air in and out. Additionally, they aid in clearing phlegm from the lungs, allowing phlegm to travel more freely and be coughed out more readily.

(b) Long term control medication- These are used daily to avoid asthma symptoms and attacks.

- Inhaled corticosteroids which include fluticasone, budesonide, mometasone these corticosteroids are among best asthma medications available since they are well tolerated, safe and effective.
- Long-acting inhaled beta2 agonists (when paired with an inhaled corticosteroid, never given alone, but very helpful on its own). These include salmeterol, formoterol and vilanterol.

The long-term control drugs lessen airways inflammation and help alleviate asthma symptoms.

Homoeopathic treatment for asthma [10, 11,12]

According to the WHO, homoeopathy is the second most popular form of medical therapy. Asthma is treated with it, which is one of the most popular and divisive complementary medical practices. Furthermore, systematic review found that there aren't many good randomized controlled trials in homoeopathy. According to fundamental principle of homoeopathy SIMILIA SIMLIBUS CURANTER some less effective and constitutional medicines which cover the maximum symptoms of patients and cure are possible.

1. Aletris Farinose- Short, dry, and tickling cough worse on walking and talking; discharge of urine during cough; cough suddenly relieved by menstruation.
2. Ailanthus glandulosa- Deep dry and hacking cough, with asthmatic expansion of lungs; cough with headache and congestion of face.
3. Ephedra vulgaris – Mother tincture is used to control asthmatic attack; in reduced doses it is also helpful in pulmonary heart disease.
4. Pothos foetidus – A clinically useful drug in allergic rhinitis and bronchial asthma < dust. Acts better in Q potencies. Asthma is worse from any inhalation of dust.
5. Arsenic album- Anguish and restlessness. Can’t lie down for fear of suffocation, asthma worse midnight, burning in chest, air passages, constricted cough dry, as from Sulphur fumes.
6. Natrum sulph- Dyspnea, desire to take a deep breath during damp, cloudy weather. Humid asthma in children, with every change to wet weather, sputa green and copious.
7. Antimonium tartricum- Rapid, short difficult breathing seems as if he would suffocate must sit up. Large collection of mucus in the bronchi, it seems as if much would be expectorated, but nothing comes up.
8. Grindelia robusta- Stop breathing when falling asleep, wakes with a star. Cannot breathe when lying down. Cheyne strokes respiration. Dyspnea with foamy mucous with profuse, tenacious expectoration.
9. Blatta orientalis- Asthma associated with bronchitis, bronchitis with cough and dyspnea. Cough with pus like expectoration. Cough associated with dyspnea. Suffocation is threatened with profuse expectoration.
10. Cassia sophera - Rattling in the throat without phlegmatic expulsion. Dyspnea of winter aggravation. The complaint aggravates after exposure to dust, change of weather, cold drinks, smoke, exertion. Hoarseness of voice and cough with pain in chest. Asthma is associated with itching.
11. Aspidosperma – Aspidosperma is considered a tonic for lungs. This medicine removes temporary obstruction of the oxidation of blood by stimulating respiratory centers. It is useful in cardiac asthma.
12. Justicia adhatoda- Constricting pain across the chest during asthma. Cough associated with hemoptysis after severe dyspnea. Expectoration is yellowish in color the complaints worse when lying on left side. Patient may have dry cough with hoarseness of voice. Cough is associated with sneezing. There is a fever with asthma. Chill in the evening and sweat in the night during fever.

Miasmatic classification [13]

A homoeopath must be aware of the nature of the underlying cause of asthma. both the primary cause of asthma, which is generally chronic miasma, and its allergic triggers. a genetic basis that is syphilitic and typically acquired a psora origin. Every miasm has unique signs of its own that are essential to the entire set of symptoms.

Symptoms	Psora	Pseudo psora	Sycotic	Syphilitic
Sneezing	+			
Wheezing	+	+		

Cough	+	+		
Expectoration	+	+		
Shortness of breath	+			
Chest tightness	+	+		+
Cyanosis	+	+		+
Tiredness, weakness	+			

Conclusion [14]

The classical homoeopathic approach is possibly the most common for chronic conditions like asthma. Each patient's individual and subjective symptoms affect the treatment strategy that is taken. Complementary medicine based on "curing like with like "is called homoeopathy. To increase the body's natural healing response (vital force). The effect of medication and consultation, which are considered essential components of individualized homoeopathic treatment in asthma.

References

1. Global initiative for asthma – GINA. (2016, January 9). Global Initiative for Asthma – GINA. http://WWW.ginasthma.
2. Braunwald, E. (2001). Harrison's Principles of Internal Medicine (15th ed.). McGraw-Hill Publishing.
3. Network GA.The Global Asthma Report, Auckland, New Zealand (2023, December 1)
4. Vivatmo. (n.d.). Vivatmo. Retrieved December 1 2023, from http://www.vivatmo.com
5. Health news – medical news today. (n.d.). Medicalnewstoday.com. Retrieved December 1, 2023, from http://www.medicalnewstoday.com
6. Walker BR, College NR, Ralston SH, Penman I, editors. Davidson's principles and practice of medicine. 22nd ed. Churchill Livingstone; 2014. P.g.666
7. Khanna M. Self-assessment & review medicine: Parts A & B. 13th ed. New Delhi, India: Jaypee Brothers Medical; 2019.
8. R. Alagappan, manual of practical medicine 4th edition, Jaypee brothers' medical publishers (p) LTD
9. Kemper, Kathi J Mitchell R. Lester. Alternative asthma therapies: An evidence-based review. Contemporary paediatrics. 1999,16.3: 162-195
10. Sharma B. Narula RH, Manchanda RK.homeopathy for the management of asthma. A review of Council clinical research In-dian J Res Homeopathy (2023 December 1) 69-78:14
11. Kent JT. Lectures on Homeopathic Philosophy (1900). Literary Licensing; 2014.
12. Dewey WA. Practical homeopathic therapeutics: 3Rd edition. 3rd ed. New Delhi, India: B Jain; 2023**.** P. g. 360
13. Boericke w. Homoeopathic materia medica Dr R. G. Miasmatic table.6th edition of organon of medicine.
14. Koster D. Concept for a study with the title: Study into the effect of methodology of the homeopathic treatment on the course of asthma: a double-blind placebo-controlled time- series survey with internal comparison. Abstract of the 3rd ECH-RF meeting Vienna 29/30th April 1994.