



An Holestic Approach of Homeopathy in the Treatment of Bronchial Asthma with Application of Constitutional Homoeopathic Medicines

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ABSTRACT :

Airway architecture is essential for the normal functioning of the respiratory system. Among the disorders that bring abnormalities to the system, asthma is important. The word "ASTMA" is Greek, meaning "not breathing" or "breathing with the mouth open" It originally referred to shortness of breath from any cause, as in Agricola's description of the manner of death of metal miners in 1556. It particularly referred to episodic shortness of breath caused by bronchial disease.

"Asthma" is as old as civilization. Episodic respiratory distress was recognized and labeled as asthma long before the anatomy of the airways was described or their function elucidated. Since the time of Hippocrates, much emphasis has been placed on "thick and viscous tastes" that prevented the proper movement of air into and out of the lungs in asthma.

Asthma is one of the major public health problems for developed and developing countries. Worldwide, it is estimated that 300 million people suffer from bronchial asthma. India has an estimated 15 20 million asthmatics with a prevalence of about 10% and 15% in 5 11-year-old children.

The prevalence of asthma is increasing despite recent advances in its treatment, including understanding of the inflammatory nature of the disease, use of steroids with other long-acting bronchodilators, use of devices for more appropriate drug delivery, and recognition of the value of education in self-management. . The human and economic burden associated with this condition is severe, and the costs to society of treating asthma could be greatly reduced by coordinated international and national action.

A chronic inflammatory condition characterized by hyperreactivity of the airways to various stimuli, mainly of allergic origin, with reversible airflow limitation, the symptoms of asthma are wheezing, shortness of breath and coughing. It is the main cause of impaired quality of life with an impact on work and recreational activities as well as physical activities and emotions. Current (day-

asthma control involves achieving improvement in activity symptoms and improvement in lung function.

Homeopathy is the second most widely used CAM in health systems according to the World Health Organization. Studies have shown that homeopathic treatment of respiratory diseases has been associated with a significant reduction in the use and cost of conventional medicines. One study concluded that although randomized trials are needed to demonstrate the effectiveness of homeopathy in asthma, observational data are needed to document different methods of prescribing homeopathy and how patients respond. The Central Homeopathic Research Council has conducted several studies to evaluate the therapeutic utility of homeopathic medicines in the treatment of asthma and has published an extensive literature on asthma including observational studies, case reports, theoretical compilations, literature surveys and personal experiences.

Keywords: *Asthma, Bronchial Asthma, Constitutional Homoeopathic Medicines, Obstetrics and Gynaecology, Homoeopathic Medicines Homoeopathy.*

Introduction:

"Asthmatics don't die, they just live to a very old age," said the famous physician William Osler, who is considered the father of modern medicine. We live in a modern world that threatens the survival of humanity in many ways. The advent of antibiotics and steroids proved to be the answer to many diseases, but they are also false if misused. Bronchial asthma is characterized by variable airway obstruction, airway hyperresponsiveness, and airway inflammation. Today, the global prevalence of bronchial asthma, as well as its morbidity and mortality, continues to increase. A number of factors contribute to its initiation and maintenance, such as genetics, air pollutants, pollen, climate change, occupational exposure to chemicals, dust, paints, solvents, artificial dyes, exercise, respiratory infections, emotional stress, etc. factors, it appears that the environment plays a major role in the development of asthma. We have seen urbanization catching up at a very rapid pace and bringing with it its own share of various pollutants, chemicals, smoke, dust,

fumes. It is therefore not surprising that with so much air pollution, more and more cases of asthma are being reported every day, and even more known asthmatics are suffering from severe acute exacerbations.

We can do our best to reduce air pollution, but we cannot stop it completely. So the only option is to equip ourselves to deal with it. Allopathy has done its bit in providing various bronchodilators and steroids, all of which seem to be quite effective during acute exacerbations and probably even help prevent frequent attacks. But the question remains, is this all that can be done for an asthmatic patient, they must always live in anticipation and there is no permanent solution to this vicious cycle. Fortunately, we have homeopathy for these questions.

Homeopathy helps in making the individual immune to most of the triggers, satisfies the susceptibility and thus one becomes less susceptible and more immune to various triggers. In homeopathy we have excellent medicines which can be used with success in acute exacerbations, those which act as controllers and preventions are constitutional medicines, they are known to reduce future attacks and also reduce the severity of subsequent attacks.

Asthma is one of the most common respiratory diseases occurring worldwide, affecting both adults and children. In India, 20-30 million people suffer from asthma and its prevalence is on the rise. Its prevalence has doubled over the past two decades.

In homeopathy, each individual suffering from asthma is considered as a whole in itself. Each asthma attack is unique to each person and each person suffers and reacts differently. This is the main treatment protocol used in homeopathy to help treat all cases of asthma rather than just relieve asthma as modern medicine does.

In this dissertation I have tried to explain asthma in its entirety with special emphasis on how to seek asthma treatment in each case with a constitutional remedy. It is a genuine attempt to present verification, new information and confirmation of the events following the administration of the constitutional remedy and the cure of asthma. This work is like a necklace of pearls. Pearls, from our devotee – Dr. Hahnemann to our present generation. I only contribute by joining the thread.

Literature review

BRONCHIAL ASTHMA

INTRODUCTION

Bronchial asthma is a chronic inflammatory disease of the airways characterized by hyperreactivity of the tracheo-bronchial tree to various stimuli. It manifests itself in attacks of shortness of breath, coughing and wheezing. These symptoms are caused by airway narrowing, mucosal edema, muscle spasm, and viscid bronchial secretions. This airway restriction is reversible either spontaneously or with treatment.

DEFINITION

Bronchial asthma is defined as a disease characterized by variable reversible airway obstruction, airway inflammation and bronchial hyperreactivity.

CLASSIFICATION

Bronchial asthma can be divided into two broad groups:

- Early asthma – atopic, allergic, external
- Late-onset asthma – non-atopic, idiosyncratic, intrinsic.

Early-onset asthma, as the name suggests, begins in childhood. Individuals suffering from this type of asthma usually have a positive family history. They are mostly allergic to pollen, dust, animal fur, etc. They also show allergic symptoms such as runny nose, hives, eczema. They have high serum IgE levels as well as increased eosinophils. Symptoms may be permanent or appear seasonally. This type of asthma is usually not associated with any drug hypersensitivity.

Late-onset asthma, on the other hand, appears in adulthood. Such individuals do not necessarily have a positive family history. They are mostly not allergic to dust, pollen, animal fur. However, they usually have a high sensitivity to drugs such as aspirin, etc. They do not have associated allergic diseases such as hives or rhinitis. They have normal serum IgE levels. Symptoms persist throughout the year. They usually have associated chronic bronchitis.

ETIOLOGY OF BRONCHIAL ASTHMA

Individuals with asthma have airways that are morbidly sensitive to certain things that people without asthma don't seem to mind. These factors are called triggers. Any contact with the trigger induces an asthma attack in susceptible individuals. Some triggers are listed below:

- Respiratory infections: Viral respiratory infections such as respiratory syncytial virus, parainfluenza virus, rhinoviruses and influenza virus are the most common triggering agents of asthma.
- Allergens: House dust mites, molds, pollens, animal fur.
- Irritants: Tobacco smoke, cold air, chemicals, perfumes, paint odors, air pollutants and hairsprays can act as triggers.

- Medicines: Some medicines like beta-adrenergic agonists, prostaglandins, aspirin, dyes like sulphating agents, tartrazine.
- Changes in weather: Most asthma attacks are related to changes in atmospheric temperature, changes in barometric pressure, changes in humidity and the content of irritants/allergens in the air.
- Food: Artificial dyes, ice, cold drinks, eggs and milk sometimes act as triggers.
- Exercise: Exercise is one of the triggers for an asthma attack.
- Emotional factors: Emotional upset is known to aggravate asthma.
- Gastroesophageal reflux (GERD): Acid reflux into the distal esophagus triggers various nerve reflexes and increases airway resistance.
- Allergic rhinitis, sinusitis and chronic upper respiratory tract infections: These upper respiratory tract infections trigger asthma attacks.

PATHO - PHYSIOLOGY OF ACUTE EXACERBATIONS OF BRONCHIAL ASTHMA

Asthma is caused by a complex interplay between cells, chemical mediators, neurological mechanisms and various environmental factors. All these factors lead to certain neurogenic dysfunctions that cause asthma.

NEUROGENIC DYSFUNCTION

Asthma symptoms are caused by abnormal nerve control of the airways. The main nerve pathways that control the airways are:

- Cholinergic
- Adrenergic
- Non-adrenergic, non-cholinergic nervous mechanism

Cholinergic mechanism

The cholinergic mechanism consists of a network of parasympathetic nerves that release acetylcholine and cause broncho-spasm.

Adrenergic mechanism

After stimulation, the ends of sympathetic fibers release adrenaline and nor-adrenaline, which subsequently cause bronchoconstriction contributing to an acute exacerbation of bronchial asthma.

Non-adrenergic, non-cholinergic nervous mechanism

When adrenergic and cholinergic response mechanisms are absent, various humoral mediators such as leukotrienes induce bronchoconstriction.

ALLERGIC PHENOMENON OCCURRING IN ACUTE EXACERBATION OF BRONCHIAL ASTHMA

Exposure to various allergens is the most important trigger responsible for asthma attacks in all age groups. Early asthmatic responses are mediated by an IgE-induced mediator from mast cells. This occurs within minutes of exposure to the allergen and lasts about 20-30 minutes. IgE antibodies bind to mast cells and basophils when exposed to an allergen. This is followed by the degranulation of mast cells and the release of substances such as histamine, SRS-A (Slow releasing substance of anaphylaxis), eosinophilic chemotactic substance, protease, heparin and platelet-activating factors, which cause spasms of bronchial smooth muscle.

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

AIRWAY HYPER - LIABILITY

One of the characteristic features of bronchial asthma is airway hyperreactivity. This hyperresponsiveness is seen to various stimuli such as exposure to irritants, cold air, etc. Airway hyperresponsiveness is a major mechanism at play in asthmatics that contributes to airway narrowing and spasms.

AIRWAY OBSTRUCTION IN ASTHMA

Asthma is a reversible airway obstruction of varying severity. Narrowing of the airways causes increased resistance to airflow. In asthma, it is caused by a combination of various factors, such as

- Smooth muscle spasm
- Edema of respiratory tract mucosa
- Inflammation of the respiratory tract
- Mucus secretion and mucus plugging in the airways

SYMPTOMS OF BRONCHIAL ASTHMA

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

- Shortness of breath
- The cough is usually worse at night
- Wheezing
- Chest pressure, pain or pressure

Status asthmaticus: This is a condition where severe airway obstruction occurs and asthmatic symptoms persist despite initial standard acute therapy. The patient usually assumes an upright position and fixes the shoulder girdle by holding on to a solid object to use the accessory muscles of respiration. Physical symptoms include sweating, central cyanosis, and tachycardia and pulsus paradoxus.

PHYSICAL SIGNS IN AN ACUTE ATTACK

- Tachypnea
- Audible wheezing
- Cyanosis can also be seen as a bluish discoloration of the nails and skin.
- Jugular veins are prominent.
- Auxiliary respiratory muscles such as sternocleidomastoid, scalenes and pectoral muscles are used.
- Reduced air supply
- Extended polyphonic wheezing
- Hyperinflated chest. Suction of the supraclavicular and lower costal margins often occurs.
- A paradoxical pulse, a pulse that is weaker on inspiration and stronger on expiration, may occur.
- On percussion one would get a hyperresonant tone and hit the dullness of the heart and liver.
- Severe seizure: Inability to complete sentences, Pulse ≥ 110 /bpm, Respiratory rate ≥ 25 /min, PEF= 33 to 50% of predicted value.
- Life threatening attack: silent chest, cyanosis, bradycardia, exhaustion, confusion, PEF= less than 33% predicted, poor respiratory effort.

DIAGNOSIS OF BRONCHIAL ASTHMA

- The triad of asthma symptoms is dyspnoea, cough and wheezing. The diagnosis of bronchial asthma is usually established on the basis of clinical history and in a few doubtful cases investigations are useful.
- PEF (peak expiratory flow rate) provides a relatively reliable indication of the degree of airway obstruction. Twice-daily monitoring of PEF is useful in the diagnosis of bronchial asthma. In case of mild exacerbation, PEF is ≥ 200 l/min or $\geq 50\%$ of predicted best. Moderate is defined as 80 to 200 L/min or 25% to 50% of predicted best, while severe is defined as ≤ 80 L/min or $\leq 25\%$ of predicted best value.
- Hypoxia is a frequent finding in acute exacerbations of asthma; however, frank ventilatory failure is relatively uncommon.
- In pulmonary function tests, the measurement of FEV₁ and FVC provides a relatively reliable indication of the degree of airway obstruction. During an acute exacerbation of bronchial asthma due to narrowing of the airways, %FEV₁/FVC is reduced to 40% or less. This is due to a greater reduction in FEV₁ of forced expiratory volume than FVC of forced vital capacity.

DIFFERENTIAL DIAGNOSIS OF BRONCHIAL ASTHMA

- Pulmonary edema refers to fluid retention in the air spaces and lung parenchyma. It is manifested by difficulty in breathing, excessive sweating, anxiety, coughing up pink frothy sputum.
- COPD (Chronic Obstructive Pulmonary Disease) – includes chronic bronchitis and emphysema. It is manifested by coughing and excessive production of mucus, shortness of breath worse on exertion, wheezing and chest pressure.
- Major airway obstruction, e.g. foreign body, tumor may manifest as acute or chronic dyspnea.
- Pneumothorax – a collapsed lung with air accumulating in the space around the lungs. It presents as a sharp pain in the chest, worse with deep breathing and coughing and shortness of breath.
- Pulmonary embolism – sudden dyspnea, tachypnea, cough, chest pain and hemoptysis.
- Bronchiectasis – profuse production of sputum.

INVESTIGATION

☐ LUNG FUNCTION TESTS MAINLY FEV1, VC, PEF: These are

particularly useful for evaluating -

- Estimation of the degree of airflow obstruction.
- Monitor response to treatment in patients suffering from asthma.

☐ CHEST X-RAY – Usually clear lung fields. Hyperinflation of the lungs may be visualized during an acute attack.

☐ SPUTUM ANALYSIS - Shows Charcot Leyden crystals, Curshman coils, eosinophils and lymphocytes.

☐ ARTERIAL BLOOD GAS ANALYSIS – The earliest abnormalities are respiratory alkalosis and hypocapnia. Eventually, respiratory acidosis with hypercapnia and severe hypoxia develops. A rising pCO₂ indicates a poor prognosis.

☐ BLOOD ANALYSIS – eosinophilia, leukocytosis, increased level of IgE in the serum.

HOMOEOPATHIC APPROACH TO BRONCHIAL ASTHMA

A detailed examination of the case is necessary for the treatment of asthma. The doctor must obtain details of the main complaints – onset, duration, course of the complaints, modalities – both aggravating and mitigating, disease, associated psychological aggravating and ameliorating factors – emotions, stress, etc.

The physical generals are important in every case, because appetite, tastes, aversions, sleep, stool, urine, thermals, and thirst are important, and all the characteristic symptoms at this level are important in forming the whole. Each individual's mental makeup, personality traits, disposition, and temperament are important considerations and help individualize each case.

SCOPE AND LIMITATIONS OF HOMEOPATHY IN ASTHMA

The spectrum of homeopathy in the treatment and management of bronchial asthma is excellent. In allopathy, steroids and bronchodilators are used to treat asthma, but patients take them together for years without complete relief of episodes. In fact, several more recent episodes of asthma occur that are much worse than before, and the patient remains incurable from the disease. Therefore, allopathy provides only symptomatic relief to the patient and is a palliative therapy for patients.

However, with the help of homeopathy, we can both manage an acute attack, reduce the frequency and intensity of these attacks, and in the long term, stop further acute attacks and even eliminate the underlying allergic tendency. We can thus completely cure patients. This is the advantage that homeopathy has over other methods of treatment.

The limitation of homeopathy in the treatment of bronchial asthma occurs in cases where the patient has been used to high doses of steroids for ages and has been sedated to such a state that we are unable to obtain any characteristics regarding the disease or the patient. Treatment of such cases is difficult, although not impossible.

Another limitation in the treatment of asthma is seen in cases of Status Asthmaticus, which is a state of suspended animation. In such cases, it is advisable that the patient receive urgent care in the hospital and that his airways and breathing are optimally maintained.

THERAPEUTICS OF BRONCHIAL ASTHMA

In any case of asthma, it is best to take all the symptoms and then prescribe. Therefore, in most cases, institutional remedies are most often prescribed, and these patients respond well to treatment. However, in some cases, emergency care may be required in cases of altered totality or inability to accept a detailed case. Some of the medications often used to treat asthma are:

ALBUM ARSENICUM

Introduction

- Suitable for thin, slim, exhausted and nervous constitution.
- All symptoms are associated with great weakness and restlessness

Mind

- Great anxiety and restlessness, constantly changing places
- Fear of death with cold sweat.
- Stingy, spiteful, selfish, lacks courage.

Respiration

- He cannot lie down, he is afraid of suffocation

- Burning in the chest.
- Weak frothy expectoration
- Sharp pain in the upper third of the right lung
- Dry cough as from sulphurous fumes after drinking.
- Thirst for sips of warm water

Modalities

- Cough worse after midnight
- Worse lying on the back

AMMONIUM CARBONICUM

Introduction

- Fat women who are tired and fatigued all the time.
- Gets cold easily, cholera-like symptoms before menses
- Lead a sedentary lifestyle, generally slow reactions.

Mind

- Bowing to trifles
- Forgetful
- Gloomy during a thunderstorm
- Anger and sadness

Respiration

- Nasal congestion at night, snoring.
- Cough with dyspnoea every morning at 3 o'clock
- Slow labored stertorous breathing
- Great depression in breathing, feeling of fatigue in the chest.
- Blood stained sputum.

Modalities

- Great aversion to water
- Worse 3am, slightest exertion, climbing stairs.

ANTIMONIUM TARTARICUM

Introduction

- Children with a thick white pasty tongue with red edges.
- Great drowsiness, weakness and sweat.

Mind

- Fear of being alone
- The child whines at the slightest touch

Respiration

- Much rattling of mucus but very little expectoration
- Burning sensation in the chest
- Coughing and yawning in succession
- Excessive production of mucus in the bronchi

- Prevents lung paralysis

Modalities

- Better lying on the right side
- Better breathing while sitting, belching and coughing
- Cough on worse food, lying down at night, eating sour things, milk, damp cold weather, heat.

ARGENTUM NITRICUM

Introduction

- Suitable for nervous individuals who are used to public speaking but still suffer from intense anticipation.

Mind

- Fear and extreme nervousness
- You feel that time is passing slowly
- Impulsive wants to do things in a hurry
- Anticipatory anxiety

Respiration

- Suffocating cough like hairs in throat.
- Bloating shortness of breath – the chest feels like a band around it
- Nervous asthma with respiratory muscle spasm
- Desire to take deep breaths, which gets worse.

Modalities

- Worse heat, at night, from cold food, sweets, after eating, left side
- Better erection, fresh air, cold and pressure.

DROSER ROTUNDIFOLIA

Introduction

- Great affinity for the respiratory organs, suitable for whooping cough and tuberculosis of the larynx.

Respiration

- Spasmodic dry irritating cough
- Paroxysms follow each other quickly
- Deep hoarse cough, worse after midnight with bleeding from nose and mouth accompanied by retching
- Asthma when speaking with constriction of throat at every spoken word
- Sensation of dry scratching deep in the cheeks.

Modalities

- Worse after midnight, lying down, getting warm in bed, drinking, singing, laughing.

KALI CARBONICUM

Introduction

- Suitable for fleshy old people, with gout and parietic tendencies.
- The trinity of back pain, sweating and weakness.

Mind

- Despondent, argumentative
- Very irritable

- Full of fear and anxiety, full of worries and cares
- Hypersensitivity to pain, noise and touch.

Respiration

- Dry hard cough and shortness of breath worse at 3 am.
- Stitching pains in chest worse lying on right side
- The entire chest is very sensitive
- Chest coldness, wheezing.

Modalities

- Worse after nursing, in cold weather, worse at 3 a.m., lying on left and painful side, from soup and coffee.
- Better in warm weather, even when humid, during the day and when moving.

IPECACUANHA

Introduction

- Main effect on pneumogastric nerve causing spasmodic irritation of chest and stomach.
- Suitable for fat children and adults catch cold easily.
- Persistent nausea unrelieved by vomiting is the key symptom.
- Bleeding is bright red and profuse.

Mind

- Fulfill wishes, but I don't know what/
- They crave treats, always unsatisfied.
- Dominant, capricious and stubborn.
- Hatred, despises everything.

Respiration

- Constant narrowing of the chest, yearly attacks of shortness of breath.
- Cough continuous, violent with every breath, with nausea
- Whooping cough, gurgling
- Suffocating cough, children turn blue in the face

Modalities

- Worse periodically, lying down, damp warm wind.

CARBO VEGETABLES

Introduction

- The key note is decomposition and imperfect oxidation.
- Suitable for a fat, lazy, indolent and languid constitution with poor circulation and a tendency to stagnation.
- Decreased vitality after loss of fluids, medication or some debilitating illness.

Mind

- Fear, fear of ghosts
- Aversion to darkness
- Sudden memory loss

Respiration

- Epistaxis in daytime fits, with pale face

- Convulsive gagging cough, vomiting of phlegm, burning in the chest
- Cold breath, asthma in the age with blue skin, it is necessary to ventilate
- Air hungry, must be ventilated from close quarters.

Modalities

- Worse in the evening, outside, after eating, talking
- Better close range fan.

NATRUM SULPHURICUM

Introduction

- Suitable for hydrogenoid constitutions that are worse for living in damp houses, basements and cellars, worse in rainy weather.
- Feels every change from dry to wet.

Mind

- Live music will make you sad
- Melancholy, suicidal tendencies must be reduced
- Inability to think, unwillingness to speak.

Respiration

- Shortness of breath in damp weather
- He must hold his chest when coughing.
- Damp asthma, worse at 4 and 5 A.M.
- Pain in lower left chest, cough with thick green stringy mucus.

Modalities

- Worse music, lying on left side, dampness in cellar and damp weather
- Better dry weather, pressure, change of position.

SPONGIA TOAST

Introduction

- Suitable for individuals with fair skin, swollen nodes, significant respiratory symptoms.

Mind

- Anxiety and fear of suffocation

Respiration

- Great dryness of the airways.
- Cough dry barking cough, worse eating or drinking especially warm drinks, before midnight, during inspiration.
- Feeling plus in the larynx
- Bronchial catarrh with wheezing, asthmatic cough.

Modalities

- Worse climb, wind, before midnight
- Better descent, lying with the head low

LYCOPODIUM CLAVATUM

Introduction

- Suitable for carbonitrite constitutions, symptoms run from right to left
- Partially dripping condition, emaciated upper body.

Mind

- Melancholy, mentally intelligent, physically weak.
- Fear of being alone, desire for company
- Hard on subordinates, soft on superiors.

Respiration

- Cough deep, hollow, as if from sulfur fumes
- Flapping of the alae nasi.
- Worse from 4 to 8 p.m
- Feeling of tightness in the chest with burning.

Modalities

- Worse right side, from right to left, from 4 to 8 p.m., from warmth or a warm room, warm applications except throat and stomach, which are better from warm drinks.
- Better by motion, after midnight, warm food and drink, cold, exposure.

THUJA OCCIDENTALIS**Introduction**

- Suitable for obese people with strong sycotic miasma.
- The skin tends to develop warts and growths.

Mind

- Fixed ideas as if something alive were moving in the abdomen.
- The music makes you cry and shake.

Respiration

- Afternoon dry, irritating cough with abdominal pain.
- Stitches in chest worse cold drinks
- Chronic laryngitis

Modalities

- Worse at night, from warmth of bed, at 3 and 3 p.m., cold, damp air, after breakfast fat, coffee, vaccination.
- Better left side when extending the limb.

MEDORRHINUM**Introduction**

- A powerful deep acting drug with a strong sycotic miasma.
- Chronic diseases caused by suppressed gonorrhea.

Mind

- Weak memory
- Time passes too slowly
- He is always in a great hurry
- Fear of the dark and someone behind it.

Respiration

- Great depression of breathing
- Constant dry nocturnal cough

- Shortness of breath, inability to breathe
- Cough better lying on stomach.

Modalities

- Worse on thought of illness, from daylight to sunset, heat, inland.
- Better on the coast, lying on stomach, damp weather.

SULFUR

Introduction

- It is suitable for dirty, dirty people suffering from skin diseases, it is more difficult to suppress skin diseases.
- Standing is the worst position for these patients.
- Offensiveness and dirty talk.

Mind

- Extroverted, talkative, boastful people.
- Very selfish.
- Always irritable, philosophical.
- Deceptive old rags are beautiful things.

Respiration

- Difficulty breathing requires open windows. The mucous membranes rattle a lot.
- Relaxed cough worse speaking, morning
- Pressure like a burden on the chest
- Dyspnoea in the middle of the night, relieved by sitting up.

Modalities

- Worse warmth of bed, washing, 11 o'clock, bathing, regularly

Better dry warm weather, lying on right side.

Conclusion:

A study of the role of homeopathy in the treatment of bronchial asthma with reference to constitutional prescription was conducted on 30 cases of both sexes and the adult age group. All data were analyzed to investigate the clinical profile, to evaluate the effectiveness of the constitutional drug in the treatment of asthma, to study the role of allergens, the miasmatic relationship and the effectiveness of homeopathics in acute exacerbation of bronchial asthma.

Table 1 shows that nearly 26 cases fell into sycosis miasma, 03 cases were psora and 01 were tuberculous. The maximum number of cases was therefore sycosis in origin. Dr Kent in his lectures on materia medica says that – “ from

I learned that asthma is a sycotic disease, and because I judiciously administered anti-sycotics I was able to relieve or cure a large number of cases, you will find in the history of medicine that where asthma has been cured, anti-sycotics are among the first things I have observed.”

In addition, 17 cases were female and 13 were male, suggesting that females were more affected by bronchial asthma than males.

24 cases improved with constitutional medicine alone and responded well to it even during the acute episode. 3% of the population required acute treatment during an acute exacerbation. Most asthma cases were characterized by a long history and use of multiple inhalers and nebulizers. We have subjected each case to a detailed case study to understand the mental and physical makeup of each individual, highlighting the main factors that were responsible for the development of bronchial asthma. We have found that the most important causative factors of asthma include many factors such as sadness, suppressed anger, anxiety, long-term mental strain and stress.

Based on this, we selected remedies that in each individual case covered both the physical and, above all, the psychological condition of the patient. We were so sure that the medicine thus chosen would help to cover the entire constitution of the patient and help in what we hoped for a quick and speedy recovery. Over the course of treatment, we have found that most patients experience an overall improvement accompanied by a physical improvement in their symptoms. Everyone was relieved in their generals like – appetite, sleep

and overall well-being, along with significant relief in shortness of breath - both intensity and frequency. More importantly, as all these factors improved, they improved emotionally and mentally and were much better able to deal with their problems.

So we see that with the help of the constitutional similima there was not only a quick recovery in their main problems, but also in their overall physical and psychological level. This is the most important stepping stone to cure a case of bronchial asthma and this needs to be encouraged above mere palliation with drugs selected based on a few physical symptoms / specific physical symptoms.

Through this analysis, we realize that the closer we get to understanding (a) The causative factors that led to the development of asthma and

(b) The mental condition of the patient, the easier it is to select a constitutional remedy which in any case brings rapid and lasting improvement.

We also see that many of the above patients had an acute exacerbation and each of these acute attacks responded very quickly and effectively to the chosen constitutional remedy, subsequently all other acute attacks that developed in the patients were of lower intensity and less frequent and rarely required . only recurring inpatient medicine than any acute medicine. In my opinion, this is an important insight in the treatment of bronchial asthma. It means that once we get close to constitutional treatment, we can safely rely on it both for an acute exacerbation and for reducing the intensity and frequency of other acute episodes.

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