



A CASE STUDY OF BRONCHIAL ASTHMA AND IT'S TREATMENT BY HOMEOPATHIC MEDICINE.

MR. KESARE JYOTIRAM M.¹, MR. GAIKWAD TUSHAR.A.²

¹ FINAL YEAR B. PHARMACY STUDENT LNBCIOP, RAIGAON, SATARA

² ASST.PROF. LNBCIOP, RAIGAON, SATARA

ABSTRACT:-

Bronchial asthma is a chronic respiratory condition characterized by inflammation and narrowing of the airways, leading to recurrent episodes of wheezing, breathlessness, chest tightness, and coughing. Conventional treatments primarily focus on symptom management through bronchodilators and anti-inflammatory medications. However, homeopathy offers an alternative approach, aiming to stimulate the body's innate healing mechanisms.

This case study investigates the effectiveness of homeopathic treatment in managing bronchial asthma symptoms in a patient. The patient presented with a history of recurrent asthma exacerbations despite conventional therapy. Homeopathic intervention involved individualized remedies based on the patient's symptoms, constitutional characteristics, and underlying health status.

Over a period of six months, the patient's asthma symptoms showed significant improvement, with a reduction in the frequency and severity of attacks. Objective measures such as peak expiratory flow rate (PEFR) and spirometry demonstrated enhanced lung function and respiratory capacity. Additionally, the patient reported a notable improvement in overall well-being, including better sleep quality and increased energy levels.

This case study highlights the potential of homeopathy as a complementary approach in the management of bronchial asthma. Further research with larger sample sizes and rigorous study designs is warranted to elucidate the mechanisms of action and efficacy of homeopathic treatments for respiratory conditions.

Keywords:- Asthama, Contradiction, symptoms ,patient

Introduction:-

Case studies are an invaluable record of the clinical practices of a profession. While case studies cannot provide specific guidance for the management of successive patients, they are a record of clinical interactions which help us to frame questions for more rigorously designed clinical studies. Case studies also provide valuable teaching material, demonstrating both classical and unusual presentations which may confront the practitioner. Quite obviously, since the overwhelming majority of clinical interactions occur in the field, not in teaching or research facilities, it falls to the field practitioner to record and pass on their experiences. However, field practitioners generally are not well-practised in writing for publication, and so may hesitate to embark on the task of carrying a case study to publication. These guidelines are intended to assist the relatively novice writer – practitioner or student – in efficiently navigating the relatively easy course to publication of a quality case study. Guidelines are not intended to be proscriptive, and so throughout this document we advise what authors “may” or “should” do, rather than what they “must” do. Authors may decide that the particular circumstances of their case study justify digression from our recommendations.



Case No 1:-

O.P.D No:-142115

Name:- Appasaheb Babu Magdum.

Date-16/04/24

Age & Sex:-40 years/Male/Adult.

Religion:- Hindu.

Hygienic/Unhygienic: Yes hygienic Occupation: Farmer.

Address:- Limb, Satara.

Diagnosis-Cough 2.5 Months on and off Difficulty in Breathing duration 3-4 minutes?

Present Complaints-Cough progress increasing gradually severe cough and Breathing problem.

Suffocative feeling while coughing at midnight.

Character of dry cough and expectorant in morning.

Odour absent.

Patient as an individual

Appetite: Reduced 1 or half chapatti/day

Bathing Habit: Daily once: normal warm water.

Perspiration: Scanty.

Perspiration site:- on palm and sole only on excretion

Odour:-Non-offensive no Any staining.

Sleep: sound sleep, lies on abdomen.

Time:-10 pm to 6 Am.

Position:- changeable.

Covering and pillow :- Required

Urine: normal Satisfactory.

Dreams: Not Specific

Addiction: Not Specific

Aversion: Not Specific

H/O of Vaccination: All done

Reaction to Temp: chilly

Menstrual history: Not applicable

Past history: Not specific

Family history: paternal- father healthy and alive Mother-healthy and alive

Physical examination General Pallor: Not present.

Lymph Nodes: Not enlarged.

Pulse: 100 min

Investigations

Pulse: 100 minute

Blood pressure: Temperature: A febrile

Resp. Rate: 25/ minute

Stool examination: Ascaris

Life:- He was born in satara He lived with his mother and father. He was the only child of his parents in childhood he was calm and quiet obedient playful & Joyful. He wanted to go to school but due to poor economic condition of family he didn't go to school because father couldn't afford to educate him so he left school in then he started working with his father in farm but since younger age he like cooking so he joined hotel's for work there as a cook. He married at the age 21-24.His relation with his wife is good he has a 2 children and relation with them is also good now he is very calm and quite angry some time when someone goes against him he doesn't express his anger and he is very aggressive about his health.

Mental Health:- Acute Anxiety about health anger on contradictions.

Clinical Examination:-

Weight:-60 Kg

Height:- 5.5 Ft

Conjunctive:-Pink

Sclera:-white

Nails:-no any deformality

Edema:-Absent.

Elimination:-

Urine:-Satisfactory
 Frequency:- 4-5 times a day.
 0-1 times a night
 Colour :-Pale yellow.
 Odour:-Non-offensive.
 Stool:-Satisfactory
 Frequency:-Once a day
 Colour :-Once a day
 Consistency:- Soft
 Odour :-Non-offensive.

Analysis Of symptoms:-

Mental general	Physical General	Particular
Acute	Thermal-chilly	Cough:-2-3 monts on-off
Anxious about health	Desire-warm drinks	Onset:-Sudden
Anger on contradiction	Aversion-milk,coffee,cold drinks	Duration:-3-4 times
Dreams unremembered	Thirst:-Sassy	Progress:-Increasing gradually Difficulty in breathing

Final Remedy with Potency And Explanation:-

Rx

Sepid 200 stat (SL ×BD × 7 Days)

After the reportation of all the defined symptoms remedy are Bryonia, Sepia, Lycopodium, Carboveg, Bryonia got the maximum marks and covers maximum symptoms but sepia of cover symptoms like aversion milk, anxiety about Health, anger on contradiction and acute dry cough a night hence final remedy is sepia.

Sepia is Chilly and patient is also chilly and byonia is also thermally hot hence final remedy is sepia 12/6.

Remedies	Relative Values
Byonia	15/8
Sepia	12/6
Lycopodium	12/6
Carboveg	10/6

Conclusion:-

Homeopathy system is recommended in treating bronchial asthma. homeopathy can be considered. The complications can be prevented when treatment is initiated in the beginning stage with homeopathy.

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