



## **To Explore the Applicability of Boger Boenninghausen's Characteristics and Repertory in the Management of Bronchial Asthma**

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### **ABSTRACT:**

Bronchial asthma has long been considered a peculiarity of the human constitution and was known by Greek, Roman and other authors, the name asthma was already used by ancient doctors - Hippocrates, Galen, Celsus and others. While writings from China as early as 2,600 BC and ancient Egypt mention symptoms of shortness of breath and respiratory distress, asthma did not have a name or unique characteristics until Hippocrates described it more than 2,000 years later in Greece. About 300 million people worldwide currently suffer from asthma. The recent increase in the prevalence of asthma and allergic diseases has been attributed to environmental changes in people's lifestyles. According to the Global Burden of Disease Study, asthma was responsible for more than 3,45,000 deaths worldwide in 2010. According to the World Health Organization, the number of asthma cases worldwide increases by 50 percent every ten years, and by 2020, asthma will become the third leading cause of death, along with COPD. About three out of every 100 adults in India suffer from asthma worldwide. It also poses an emotional, economic and physical burden to patients in India. In 2015, 358 million people worldwide had asthma, up from 183 million in 1990. In 2015, it caused about 397,100 deaths, most of which occurred in the developing world. Rates vary between countries with prevalence between 1 and 18%. It is more common in developed than developing countries. We see lower rates in Asia, Eastern Europe and Africa. While asthma is twice as common in boys as in girls, severe asthma is equally common. In contrast, adult women have a higher rate of asthma than men and it is more common in the young than the old. More than 30 to 35% of patients with recurrent respiratory tract infections were found to have bronchial asthma. Bronchial asthma is one of the most painful respiratory disorders. Maximum number of urban dwellers are faced with the problems of increasing vehicular and industrial pollution and therefore face many common respiratory problems. A number of mechanisms are involved in airway hyperresponsiveness, which can be triggered by various stimuli, such as an allergen-induced response, physical exercise, inhalation of cold air, infection, occupation, atmospheric pollution, and psychological factors. Bronchial asthma occurs at any age, but mostly at an early age. About half of cases develop before age 10, and others appear before age 40. In childhood, the ratio of males to females is 2:1, but by the age of 30 the sex ratio evens out. types of socioeconomic people, especially those who work in mines, industrial plants, ventilation chambers, stay in crowded places, etc. It is most simply defined as a condition characterized by partial obstruction of the airways, which is reversible over time, either spontaneously or as a result of treatment. Asthma is an inflammatory disease of the airways, hypersensitivity and obstructive lung disease caused by allergen, stress, suppression, professional, seasonal, hereditary etiological background. It is clear from previous research that asthma is becoming more widespread and increasing. Homeopathic constitutional medicine can provide a quick and effective cure for asthma of various types. A good homeopathic approach can be very helpful if one can treat one's illness at its source. Homeopathy is very useful in the treatment of bronchial asthma.

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**KEYWORDS:** Bronchial Asthma, BBCR, Homoeopathy, Case Taking & Repertory.

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### **INTRODUCTION:**

Boger Boenninghausen's characteristics and repertoire is the most focused and classical repertoire, in which the emphasis is on particulars rather than generalities. In Boger-Boenninghausen's characterization and repertoire repertorization, it shines in these cases: 3

- No rare, odd and peculiar symptoms.
- In cases where the modalities prevail and the accompanying phenomena are significant.

Cases showing pathological symptoms and objective symptoms.

The range of use of Boger-Boenninghausen's characteristic repertoire is therefore huge, since in our practical practice we have most cases of the above variety. We can achieve a remedy even on the basis of one complete symptom. A complete symptom has four components, namely location, perception, modalities, and concomitants. In addition to the complete symptom, Boger also attached importance to general changes in the tissues and parts of the body. Pathological changes indicate the state of the whole body and its changes in relation to the constitution. Pathological generals are expressions of a

person that can be recognized by studying changes at the tissue level. Some constitutions are prone to some pathological changes in some parts of the body. These common changes in different tissues show the behavior of whole constitutions, which is important for understanding the individual. 3

Boger was the first person to appreciate the use of clinical terms in grouping drugs. In his Repertory, several clinical conditions are mentioned that will help the doctor in the case of advanced tissue changes where we cannot get a clear picture due to poor receptivity. This rubric will help arrive at a small group of drugs that can be further narrowed down using modalities. These clinical rubrics can be used when the case has no other option or when the case lacks characteristic expressions.3

CA23 is the ICD 11 code for bronchial asthma.2

It will be a real attempt to present verification, new information and confirmation of bronchial asthma after administration of individualized medicine. Most asthma cases present with temporal modalities, causal modality, and concomitants, making BCCR more useful in drug selection.

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## REVIEW OF LITERATURE:

Bronchial asthma is one of the major public health problems. Previous studies on asthma have shown that homeopathic treatment helps reduce the frequency and intensity of asthma episodes

### 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. 5

### DEFINITION

Bronchial asthma is defined as a disease characterized by variable reversible airway obstruction, airway inflammation and bronchial hyperreactivity. 5

### 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. 5

### 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.5

#### 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. 5

#### 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. 5

#### 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. 5

#### 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 the airway mucosa
- Inflammation of the respiratory tract
- Excretion of mucus and clogging of airways 5

#### 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 tightness, 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. 5

#### 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 examination is useful.5
- PEFR (peak expiratory flow rate) provides a relatively reliable indication of the degree of airway obstruction. Twice-daily monitoring of PEFR is useful in the diagnosis of bronchial asthma. In a mild exacerbation, PEFR is  $\geq 200$  L/min or  $\geq 50\%$  of the predicted best value. Moderate is defined as 80 to 200 L/min or 25% to 50% of predicted best, while severe is defined as  $\leq 80$  L/min or  $\leq 25\%$  of predicted best.
- 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, %FEV/FVC is reduced to 40% or less. This is due to a greater reduction in FEV in forced expiratory volume than FVC.5

Airway obstruction is objectively measured using pulmonary function tests. The most important such test is spirometry, which measures forced expiratory volume in one second (FEV1), forced vital capacity (FVC), and Tiffeneau parameters (FEV1/VC). Normal lung function values do not rule

out disease if obtained during a symptom-free interval. Additional aspects of the basic diagnostic evaluation of bronchial asthma, including history, symptoms, and physical findings.

#### DIFFERENTIAL DIAGNOSIS OF BRONCHIAL ASTHMA

- Pulmonary edema refers to fluid retention in the air spaces and lung parenchyma. It is manifested by breathing difficulties, excessive sweating, anxiety, coughing up pink foamy sputum.
- COPD (Chronic Obstructive Pulmonary Disease) – includes chronic bronchitis and emphysema. It is manifested by cough and excessive production of mucus, shortness of breath worse on exertion, wheezing and chest pressure.
- Major airway obstruction, e.g. foreign body, tumor may present as acute or chronic dyspnea.
- Pneumothorax – a collapsed lung with air accumulating in the space around the lungs. It manifests 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.<sup>5</sup>

#### INVESTIGATION

- PULMONARY FUNCTION TESTS MAINLY FEV<sub>1</sub>, VC, PEF: These are particularly useful for assessing –
  - 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.
- SPUTU ANALYSIS - Shows Charcot Leyden crystals, Curshman coils, eosinophils and lymphocytes.
- BLOOD ANALYSIS – eosinophilia, leukocytosis, increased level of IgE in the serum. <sup>5</sup>

#### COMPLICATIONS OF ASTHMA AND RELATED CONDITIONS

There are a number of complications that can follow asthma, some of which can be life-threatening. Some of the complications are as follows:

- Collapsed Lung – A segment or lobe of the lung could collapse.
- Lung infections – People suffering from asthma are more prone to respiratory tract infections, especially pneumonia.
- Respiratory failure – Life-threatening hypoxia or hypercapnia may occur. Both can lead to respiratory failure.<sup>5</sup>

#### HOMOEOPATHIC APPROACH TO BRONCHIAL ASTHMA

BBCR is based on the following core concepts:

- Doctrine of the complete symptom
- Doctrine of pathological generals
- Doctrine of causation and time
- Clinical rubrics
- Evaluation of corrective measures
- Matching

The following points should be considered when evaluating all symptoms:

- Ailments from – mental and physical
- Psychological characteristics and dispositional state
- Aggravating and ameliorating ways
- Accompanying folders
- Physical generals – thermals, thirst, tastes, aversions, sleep.
- Characteristic physical data<sup>11</sup>

Using homeopathy, we can manage an acute attack and also reduce the frequency and intensity of these attacks and stop further acute attacks in the long term 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.

#### 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 13

- Suitable for lean, slender, exhausted and nervous constitution, with great weakness and restlessness
- Great anxiety and restlessness, constantly changing places
- Fear of death with cold sweat.
- 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.
- Thirst for sips of warm water

##### Modalities

- Cough worse after midnight

Worse lying on back

##### AMMONIUM CARBONICUM

- Fat women who are tired and fatigued all the time.
- Gets cold easily before menstruation, cholera-like symptoms
- Lead a sedentary lifestyle, generally slow reactions
- 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.
- Great aversion to water
- Worse 3am, slightest exertion, climbing stairs.

##### ANTIMONIUM TARTARICUM

- Children with a thick white pasty tongue with red edges.
- Great drowsiness, weakness and sweat.
- 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, eructations and coughing
- Cough on worse food, lying down at night, eating sour things, milk, damp cold weather, heat.

#### ARGENTUM NITRICUM

- Intense anticipation.
- Fear and extreme nervousness
- You feel that time is passing slowly
- Impulsive wants to do things in a hurry
- Anticipatory anxiety
- Suffocating cough like hairs in throat.
- Bloated shortness of breath - the chest feels like a belt 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.

#### DROSERA ROTUNDIFOLIA

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

- Suitable for fleshy old people, with gout and parietic tendencies.
- The trinity of back pain, sweating and weakness.
- Despondent, argumentative
- Very irritable
- Hypersensitivity to pain, noise and touch.
- 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

- Main effect on pneumogastric nerve causing spasmodic irritation of chest and stomach.

- Persistent nausea unrelieved by vomiting is the key symptom.
- Bleeding is bright red and profuse.
- They fulfill desires, but do not know what to do with them.
- Dominant, capricious and stubborn.
- 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.

#### Some Rubrics found in BCCR are<sup>7</sup>

##### Asthma:-

Time :- morning ARS, Kali bich

Afternoon NUX.V.,Pul.

Evening Ars.,Grap.,Pul.,Stan. 5-7 pm : Nat.M.

Midnight Pul.,Kali.bi.,Nux.v.

Attack, during, Bronchial :- Ant-t., ARS., Bar-c., Bell., Bry., Calc., Camph., CHIN., Con., Cupr., DUL.C., Ferr., Graph., Hep., Ip., Lach., Merc., Nux-V., OP., Phos., PULS. SENEG., SEP., Si., STANN, Sulph., Zinc.

Spasmodic :- Ant-c., Ant-t., Arg-n., Ars., Bell., Bry.,

Camph., Caust., Cocc., CUPR., Ferr., Hyos., KALI-C., LACH., Lyc., Mosch., NUX.

V., Op., Samb., Sep., Stann., Stram., SULPH., Zinc.

Obstructed, arrested, asphyxia, etc. :- Acon., Alum., Am-c., Anac., Ant-t., Arn., ARS., Bar-

c., Bell., Bism., Bor., BRY., Calad., CALC., Camph., Cann-s., Canth., Caps., Carb-an.,V., Caust., Cham., Chin., Cina, Cocc., Coff., Croc., Cupr., Dros., Euphr., Grat., Guai., Hep., Hydr-ac., Ign., Ip., Kali-c., Kali-n., Kreos., Lach., Laur., Led., Lyc., Mag-m., Merc., Mosch., Mur-ac., Nat-m., Nit-ac., Nux-m., Nux-v., Op., Petr., Phos., Plat., Pib., Puls., Ran-b., Ran-s., Rhus-t., Ruta, Sabad., Sabin., Samb., Sars., Sel., Sep., Sil., Spig., Spong., Squil., Stann., Staph., Stram., Sul-ac., Sulph., Tarax., Valer., Verat., Verb.

Panting, gasping :- Acon., Alum., Aml-n., Ant-ar., Ant-t., ARN., Ars., Bar-

c., Bell., Brom., BRY., Bufo, Calad., Calc-p., Camph., Carb-an., Cham., Chin., Cina, Cocc., Cor-

r., Сирг., Dig., Dros., Ferr., Graph., Grin., Hell., Hydr-ac., Hyos., Ign., IP., Kali-bi., Kali-c., Kreos., Laur., Lob., Merc., Mur-ac., Naja, NIT-AC., Nux-V., Op., PHOS., Pib., Prun., Puls., Samb., Sec., SIL, SPONG., Squil., Stann., STRAM., Sulph., Vip., Zine.

COUGH, Asthmatic, wheezy :- Am-C., Ars., Asaf., Bar-c., Bell., Carb-v., Cham., Eupho., Hep., Kali-bi., Kali-c., Lyc., Petr., Phos., Sabad., Sep., Sul-ac.

Chronic :- Am-m., Caust., Form., Ign., Kali-i., Lyc., Nat-m., Sil., Spong.

Suffocative, choking :- Acon., Am-c., Ant-t., Apis, Arg-n., Ars., Bar-c., Bell., Brom., Bry., Calc., Carb-an., Carb-v., Caust., Cham., CHIN., CINA, Coloc., Con., Crot-

h., CUPR., DIOS., Guai., Hep., Hydr-ac., Hyos., IP., Kali-c., Kali-n., Kreos., Lach., Led., Meph., Merc., Merc-c., Nat-m., Nit-ac., Nux-m., Nux-v., OP., Psor., Puls., Rumx., Samb., Sep., SIL, Spig., Spong., Squil., Stram., Sulph., Tab., Verat.

Spasmodic, paroxysmal :- Acon., Agar., Alum., Ambr., Anac., Ant-c., Arn., Ars., Aur., Bar-

C., BELL., Bor., Brom., BRY., Calc., Caps., Carb-v., Caust., Cham., Chel., Chin., Cina, Coc-c., Coff., Con., Cor-r., Croc., Cupr., Dig., DROS., Dulc., Euphr., Ferr., Hep., Hyos., Ign., Iod., IP., Kali-bi., Kali-br., Kali-c., Kreos., Lach., Laur., Led., Mag-c., Mag-

m., MEPH., MERC., Mez., Mosch., Nat-m., Nit-ac., NUX-V., Op., Ph-ac., Phos., Pib., PULS., RHUS-T., Rumx., Sabad., Sep., Sil., Spig., Squil., Stann., Staph., Stram., Sulph., VERAT., Verb., Zinc.

Whistling :- Acon., Ars., Brom., Cina, DOs., Euphr., Hep., KALI-C., Kreos., Laur., Lyc., Mur-ac., Phos., Prun., Rhus-t., Spong., Sul-ac., Sulph.

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## CONCLUSION

The key feature behind success of every homoeopath lies in his art of case taking. After a good case taking one can establish whether the patient is suffering from organic or psychosomatic disorder. The history and the way in which it is presented must be assessed. The harder it is to get a clear history out of the person the less likely is to have an organic disease. Proper case taking and careful evaluation of symptoms is a must in every case.

Homeopathy is a true Science of healing, it qualifies to be so called because it is based throughout on certain fixed laws and principles Announced to the world. almost two hundred years ago, these include, "let likes be treated by Likes", the minimum dose, the single remedy, the Vital Force, the Chronic Miasms, the Laws of Direction of Cure, etc. these are as true and as unchanged today as the Law of Gravity. The principles are capable of unlimited conformity with the basic Law of Similars, any substance, which is capable of application to meet any kind of "new" or old diseases. In conformity with the basic Law of Similars, any substance, which is capable of deranging health in large doses (including those discovered by modern medicine, such as Pencillin, Streptomycin) can be taken up for testing on healthy persons and the symptoms which it produces on them will guide us in using the same substance in a minute dose for the cure of similar symptoms in sick persons.

Homeopathy is thus of universal application.

Conclusion can be made regarding the problem of Bronchial Asthma after application of BBCR in particular after carrying out a through study as –

1. Homoeopathic management of Bronchial Asthma after application of BBCR is most advanced and sophisticated way.
2. The efficiency of homoeopathic management is much better than other pathies.
3. Homoeopathic management by its virtue not only covers Bronchial Asthma after application of BBCR but also totality of symptoms so that associated condition can be prevented, controlled in a rapid, gentle and permanent manner.
4. After administration of constitutional medicine patient's tendency to relapse and intensity of complaints much reduced and patient recovered.
5. Miasmatic medicine helped to remove miasmatic block and improved the immunity of patient for faster recovery.
6. Acute remedies were useful in acute cases as well as in acute exacerbation of chronic cases.
7. Diet and regimen also play role in few cases which prevent reoccurrence.
8. Homoeopathic simillimum remedy helps to boost immune system, which increases patient's resistance power against infection, and there is no further interlink of disease.
9. Suppression due to allopathic medicines can be avoided by giving homoeopathic remedy.
10. The quality of life of patient improved a lot with improvement in immunity level hence develops a sense of well being.

In this way patient will be blessed with equilibrium with dynamic strength to achieve productive harmony in his environment. In this way he can embody Hahnemann's idea that man's life be developed to the 'higher purpose of existence' and also spiritualistic concept that the aim of life is realization in its fullness of divine potential which lies within every being.

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## References-

1. Harrison, Principles Of Internal Medicine Volume 1,2, 15th Edition.
2. [www.google.com](http://www.google.com).
3. [www.abchomeopathy.com](http://www.abchomeopathy.com).
4. Textbook Of Medicine, 7th Edition, Association of Physicians of India
5. Davidson, Davidsons Principles and Practice of Medicine, 21st Edition.
6. <https://www.sciencedirect.com/science/article/abs/pii/S1567576920337760>
7. [https://www.researchgate.net/publication/373166146\\_The\\_Effectiveness\\_of\\_Homoeopathic\\_Medicine\\_in\\_the\\_Treatment\\_of\\_Bronchial\\_Asthma\\_A\\_Case\\_Report](https://www.researchgate.net/publication/373166146_The_Effectiveness_of_Homoeopathic_Medicine_in_the_Treatment_of_Bronchial_Asthma_A_Case_Report)
8. <https://pubmed.ncbi.nlm.nih.gov/38190281/>
9. [https://www.thieme-connect.de/products/ejournals/abstract/10.1016/S0007-0785\(96\)80022-6?device=mobile&innerWidth=980&offsetWidth=980](https://www.thieme-connect.de/products/ejournals/abstract/10.1016/S0007-0785(96)80022-6?device=mobile&innerWidth=980&offsetWidth=980)



10. Dr James T Kent, Repertory Of The Homoeopathic Materia Medica, 4th Indian Edition, 6th American Edition, Indian books and periodicals Publishers, Reprint edition -2003
11. Dr C.M. Boger, Boenninghausen's Characteristics Materia Medica And Repertory, 4th Edition, Indian Books and Periodicals Publishers, Reprint Edition -2005
12. Dr James T. Kent, Lectures On Homoeopathic Materia Medica, Students Edition, B. Jain Publishers Pvt. Ltd., Reprint Edition -2005
13. Dr Phatak, Materia Medica Of Homoeopathic Medicine, Indian Books and Periodicals Publishers, Reprint Edition – 2002
14. Dr W Boericke, Pocket Manual of Homoeopathic Materia Medica, Indian Books and Periodicals Publishers, Reprint Edition – 2005.
15. Dr E.B. Nash, Leaders In Respiratory Organs, B Jain Publishers Pvt Ltd., Reprint Edition – 1988
16. Dr F. Bornoville, Homoeopathic Treatment Of Asthma, 6th Edition, Hahnemannian Publishing Company Pvt. Ltd.
17. Dr S Hahnemann, Organon of Medicine, 6th Edition, Indian Books and Periodicals Publishers, Reprint Edition – 2001.
18. [www.abchomoeopathy.com](http://www.abchomoeopathy.com),
19. [www.hpathy.com](http://www.hpathy.com).
20. Ganbawale Rahul, Biostatics and Research Methodology. 1st ed, New central book agency (p) Ltd. 2013 Page no.21, 28,138,146.
21. <https://www.mayoclinic.org/diseases-conditions/bronchitis>
22. <https://www.homeobook.com/>.
23. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2696883/>
24. <https://www.cerhindia.nic.in/index1.aspx?lsid=12385&lev=1&lid=9238&langid=1&Regid=25>
25. <https://www.ijrh.org/cgi/viewcontent.cgi?article=1650&context=journal>
26. [https://www.cerhindia.nic.in/WriteReadData/LINKS/Publications%20since%20inseption\\_CR6eebb931-8102-405c-a142-aed672cb01ba.pdf](https://www.cerhindia.nic.in/WriteReadData/LINKS/Publications%20since%20inseption_CR6eebb931-8102-405c-a142-aed672cb01ba.pdf)
27. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3961954/>

<https://www.who.int/news-room/fact-sheets/detail/asthma>