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# An Initial Exploration of Individualized Homoeopathic Medicine in Managing Bronchial Asthma and it's Co Morbidities – A Pilot Study.

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### ABSTRACT

**BACKGROUND:** Bronchial asthma commonly co-exists with conditions such as allergic rhinitis, GERD, obesity, OSA, and osteoarthritis, complicating management. Homeopathy offers an individualized approach, but evidence addressing asthma with co-morbidities is limited. This pilot study evaluates the role of individualized homoeopathic medicine in such cases.

**MATERIALS & METHOD:** A single-arm prospective study was conducted on five patients with bronchial asthma and co-morbidities. Individualized homoeopathic remedies were prescribed based on totality of symptoms. AQLQ and specific co-morbidity questionnaires were used pre- and post-treatment.

**RESULT:** All participants showed improvement in AQLQ scores, with the highest increase of 0.75. Co-morbidities such as allergic rhinitis and GERD also showed notable improvement. No adverse effects were reported

**CONCLUSION:** Individualized homeopathic treatment may offer beneficial outcomes in managing bronchial asthma and its co-morbidities, improving overall quality of life. Findings support the need for larger controlled studies

**KEYWORDS:** Bronchial Asthma, Co-morbidities, Homeopathy, Individualization, Pilot Study.

### 1.INTRODUCTION:

ASTHMA is defined as a chronic inflammatory disease of airways that is characterized by increased responsiveness of the tracheobronchial tree to a multiplicity of stimuli. It is manifested physiologically by a widespread narrowing of the air passages, which may be relieved spontaneously or as a result of therapy, and clinically by paroxysms of dyspnea, cough, and wheezing.<sup>[1]</sup> The World Health Organization reports that around 235 million individuals globally are impacted by this condition<sup>[2]</sup>. The Global initiative for Asthma (GINA) also promotes the timely identification and effective treatment of asthma and its associated medical conditions. The existence of co-morbidity amplifies both the occurrence and death rate associated with a particular condition. Effective therapy of asthma necessitates good control of associated comorbidities. Asthma is a prominent global contributor to illness and death<sup>[3]</sup>. As asthma care has increasingly focused on personalized management for severe asthma, recognition of the role and importance of comorbid conditions has increased<sup>[4]</sup>. Despite advancements in conventional pharmacotherapy, many patients continue to experience symptom relapses and medication side effects. Additionally, asthma is often accompanied by co-morbid conditions including allergic rhinitis, gastroesophageal reflux disease (GERD), obesity, obstructive sleep apnoea, and osteoarthritis, which can complicate management and reduce quality of life. The World Health Organization (WHO) considers comorbidity to be a condition where two or more medical conditions exist alongside a primary diagnosis. Comorbidities can affect a patient's health, treatment, and outlook<sup>[5]</sup>.

#### 1.1.CO MORBID CONDITIONS

<sup>[6][7]</sup> Most frequently reported are Chronic Rhinitis, Chronic sinusitis / Rhinosinusitis, Gastroesophageal reflux disease, Obesity, Osteoarthritis<sup>[8]</sup>, Atopic Dermatitis<sup>[9]</sup>. Homeopathy, based on individualization, focuses on treating holistic expressions of disease rather than isolated symptoms. The principle explained by Hahnemann in aphorism 118 emphasizes the need to treat every patient as a unique entity [10]. Though some studies have explored homeopathic management in asthma, literature addressing asthma along with its co-morbidities remains limited. This pilot study provides preliminary

insight into the role of individualized homoeopathic medicines in bronchial asthma along with associated co-morbidities, serving as the foundation for larger controlled trials.

## 2.OBJECTIVE:

- To evaluate the effectiveness of individualized homoeopathic medicine in the management of bronchial asthma.
- To identify co-morbid conditions associated with asthma.
- To determine the improvement in asthma-related and co-morbidity-related outcomes following individualized treatment

## 3.MATERIALS AND METHODS:

This is a single-arm, prospective observational pilot study conducted at Sarada Krishna Homoeopathic Medical College and Hospital. Five patients were selected using purposive sampling from OPD, IPD, Rural Health Centre. All participants were provided with the informed consent. Eligibility criteria included age 17–80 years, both genders, diagnosed bronchial asthma with co-morbidities. Patients with complications of Bronchial Asthma such as pulmonary collapse, respiratory failure, pneumothorax, cor pulmonale and Allergic bronchopulmonary aspergillosis were excluded from the study. The assessment tools used were AQLQ – Bronchial Asthma

For co – morbidities;

SNQ – Chronic Nasal Diseases <sup>[13]</sup>

STOB Bang – Obstructive Sleep Apnoea.

GERD Questionnaire – GERD

BMI – Obesity

KOOS - Osteoarthritis

Individualized case-taking included totality of symptoms, mental, emotional, and physical characteristics. Remedies were prescribed according to their individuality. Follow-ups were conducted every two weeks. Potency selection and repetition of dose was based on homoeopathic principles and the patient's individual susceptibility and symptom severity

## 4.OBSERVATION:

All five participants completed the study. Individualized remedies prescribed included *Pulsatilla nigricans* and *Nux Vomica*, selected based on totality and individualization. Pre- and post-treatment AQLQ and co-morbidity scores showed consistent improvements across cases.

Descriptive statistics were used to compare AQLQ scores before and after intervention across five individual cases. The scores were visually represented using a bar graph for each case.

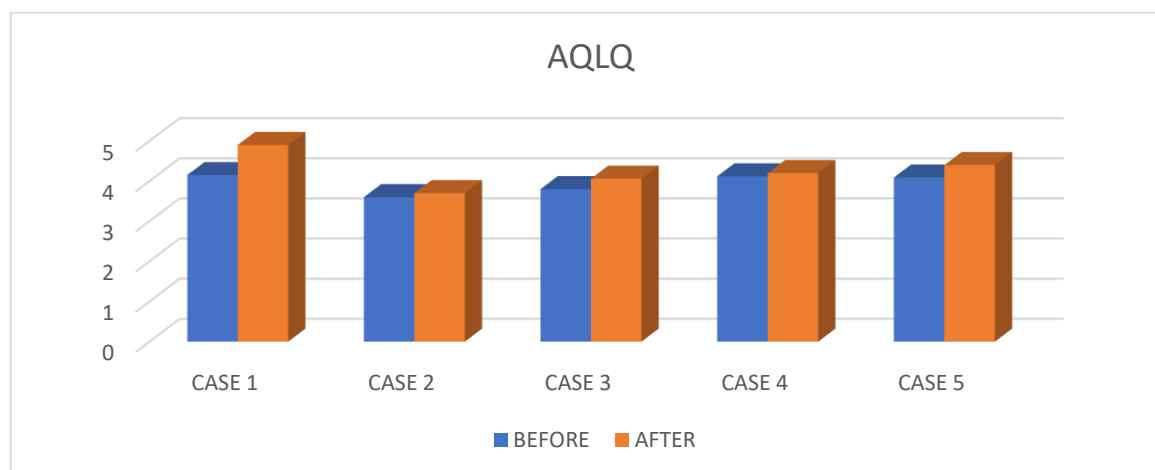


Fig. 1. Comparison of AQLQ scores before and after intervention across five cases.

In all cases, there was a notable improvement in AQLQ scores post-intervention, with Case 1 showing the most significant increase. These preliminary findings suggest a positive effect of the intervention on asthma-related quality of life.

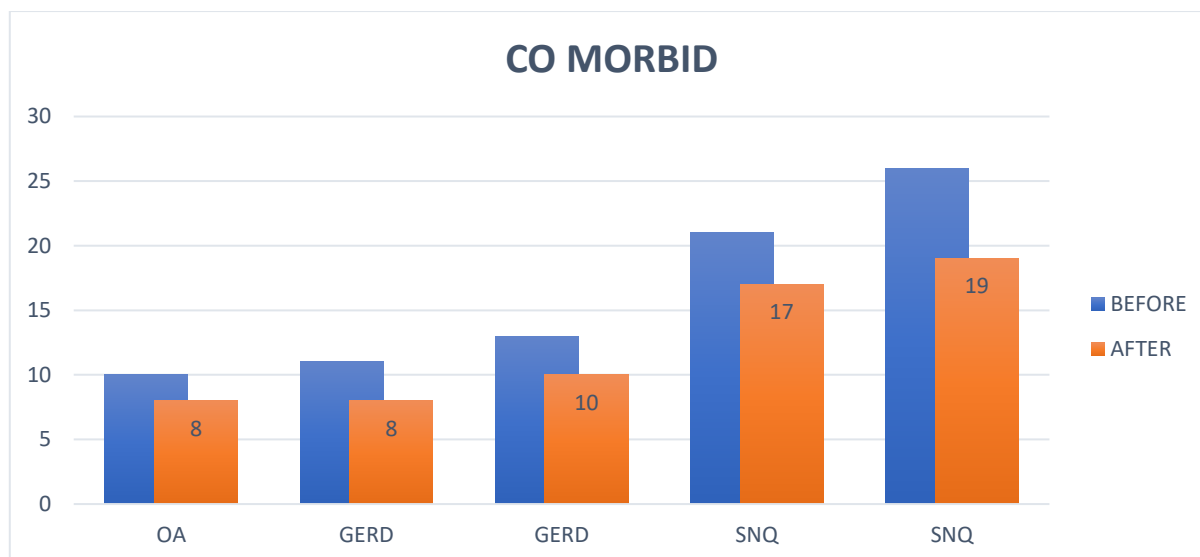


Fig. 2. Comparison of co-morbidity scores before and after intervention.

## 5.RESULTS:

AQLQ scores improved significantly in all cases, with Case 1 showing the highest improvement (0.75). Co-morbidity scores also improved, especially in allergic rhinitis (SNQ reduced from 26 to 19) and GERD (score reduced from 13 to 10). Trends observed in bar charts showed a consistent post-treatment improvement. No adverse effects or symptom aggravations were reported during the study period.

## 6.DISCussion:

The improvements noted in this pilot study are consistent with previous studies on homeopathic management of asthma [1,2]. Co-morbidities such as allergic rhinitis and GERD responded well, supporting findings that individualized treatment can regulate systemic susceptibility and improve overall functioning [3,4]. The study relied on self-reported symptom tracking, which may introduce subjective bias. Additionally, variations in patient adherence to treatment and follow-up schedules could have influenced the results. The absence of a control group limits the ability to differentiate between treatment effects and natural symptom fluctuations.

## CONCLUSION:

This pilot study demonstrates that individualized homeopathic treatment may offer a safe, holistic, and effective option for the management of Bronchial Asthma along with its Co-Morbidities. Participants showed improvements in both physical and emotional symptoms without experiencing adverse effects. The individualized approach of homeopathy, tailored to each patient appears promising in enhancing their quality of life. Although the study was limited by its small sample size and lack of control group, the encouraging results provide a strong basis for future randomized controlled trials.

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