



## **PRACTICAL UTILITY OF SYNTHESIS REPERTORY IN THE HOMOEOPATHIC MANAGEMENT OF BRONCHIAL ASTHMA IN ADULTS**

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### **ABSTRACT:**

Bronchial asthma is an inflammatory path of respiratory tract, increased hyper reactivity and obstructive respiratory disease 5-10% globally health problem. "Asthma is a chronic inflammatory disorder of the airway hyperspies (AHR), which leads to recurring episodes of wheezing, breathless, chest tightness and cough, especially at night or early in the morning. These episodes are usually associated with an extended but variable outburst of airflow in the lungs, which are often reversible either spontaneously or with treatment. "Changes in lung volume are observed by spirometry before and after treatment of homeopathy. This work represents an observation of a study conducted in 30 cases selected from IPD and OPD of our hospital and peripheral duties and camps carried out by the Institute. Cases where the repertoire of synthesis and medicinal products according to complete symptoms were repeated.

Over the course of three years, many gender and age groups 18-65 years. They were treated with suffering diseases, of which 30 cases were adopted. Of the 30 cases, 21Cases (70%) improved, 5 cases (16.66%) were recovered and 4 cases (13.44%) did not improve. The treatment period varied from the case to the case depending on the intensity, duration and frequency of complaints and the patient's reaction.

The study adequately shows the usefulness of the repertoire of synthesis in homeopathic control of bronchial asthma and their interpretation in homeopathic practice. Re4ults also suggests that homeopathy plays an important role in managing bronchial asthma cases.

The result of this study is a positive, stimulating and open new Vista for the upcoming homoopaths to treat patients with bronchial asthma with the degree of success. The usefulness of the synthesis repertory is therefore proven in cases of bronchial asthma.

**KEYWORDS:** Bronchial Asthma, Synthesis Repertory, Homeopathy and Homeopathic Medicine.

### **INTRODUCTION:**

For a long time, bronchial asthma was considered to be the idiosynchy of the human constitution and was known to Greek, Roman and other authors, the name of asthma was used by ancient doctors - Hippocrates, Galen, Celsus and others.

While Scriptures from China from 2,600 B.C.E. And the ancient Egypt mentions symptoms without breath and respiratory anxiety, asthma had no name or unique qualities until Hippocrates described it 2000 years later in Greece.

About 300 million people in the world are currently suffering from asthma. The recent increase in asthma and allergic diseases has been attributed to people's lifestyle changes. Asthma was the cause of more than 3,45,000 deaths around the world in 2010 according to a global study of disease disease. According to the World Health Organization, asthma cases increase by 50 percent of every decade around the world, and by 2020 asthma, along with COPD, will become the third main cause of death. Approximately three of each 100 adults in India suffer from asthma around the world. It also represents emotional, economic and physical stress for patients in India.

In 2015, 358 million people around the world had asthma, out of 183 million in 1990. In 2015, this caused about 397,100 deaths, most of which occurred in the developing world. Rates differ between countries with prevalence between 1 and 18%. It is more common in developed countries. One sees lower rates in Asia, Eastern Europe and Africa. While asthma is twice as common in boys than girls, serious asthma occurs at the same pace. On the other hand, adult women have a higher degree of asthma than men and is more common in young people than the old ones.

It has been found that more than 30 to 35% of repeated patients with respiratory infection have bronchial asthma. Bronchial asthma is one of the most painful respiratory disorders. The maximum number of urban populations face problems increasing automotive and industrial pollution and therefore face

many common respiratory problems. There are the number of mechanisms involved in hyper-depressiveness of the respiratory tract, which can be provoked by numerous stimuli, such as reaction caused by allergens, physical exercise, inhalation of cold air, infection, occupation, atmospheric pollution and psychological factors.

Many of patients with asthma must undergo costly allopathic treatment, bronchodilators and steroids or some DESI drugs for minor attacks, but none of the above treatment is permanently addressed.

Bronchial asthma occurs in all age categories, but mostly in early life. About half of the cases develop before age 10 years and the other occurs before age 40 years. In childhood there is 2: 1 male /female superiority, but the sex ratio is equal to 30 years. It affects all types of socio-economic people, especially those in the mines, air-conditioned chambers, remain in a dragging place, etc. or as a result of treatment.

Bronchial asthma is a common chronic respiratory disease that affects approximately 300 million people around the world. The current global initiative for asthma instructions states that asthma prevalence is estimated to be 1% to 18%.

As Dr. Hahnemann in the first aphorism, "a high and only mission of a doctor is to restore patients to health to cure, as it is called". It becomes our duty to take into account this suffering of bronchial asthma, which extremely affects our society as a serious problem.

Asthma is an inflammatory way of respiratory tract, hyper sensitivity and obstructive lung disease due to allergen, stress, suppression, professional, seasonal, hereditary as an ethiological background. It is clear from previous research that asthma still prevails and is constantly increasing. Homeopathic constitutional remedy can successfully provide rapid and effective recovery of asthma in different types. Corticosteroid inhalers have users' defects, side effects, addiction and highly costly for asthma. To avoid this and to determine homeopathic treatment in asthma, proven the lung test, which is non - invasive, in expensive and more accurate than the maximum flow meter called spirometry, which equals and more than conventional corticosteroid inhalers.

Homeopathy faced criticism around the world because of high dilution medicine and a lack of credible clinical evidence. It is important to provide data on a modern scientific parameter, and it should also maintain public confidence. In this study, she provided evidence of how homeopathy not only clinically improves the case, but also improved by a scientific parameter through a spirit in bronchial asthma control.

The repertoire is an index catalog of symptoms of Medica material neatly arranged in partial form and also indicating the relative gradation of drugs and significantly facilitates the rapid selection of the indicated drug.

Synthesis of the repertoire- repertorium homoeopathicum syntheticum.

Synthesis is a product of continuous teamwork with excellent technology. It is a printed version of the Rapid Aid to Drug Research) of a computer program. This repertoire has set a new standard by adding many information and continuous verification of its user. It's the latest of all repertors. He is the author of Dr. Frederika Schroyens, born on January 12, 1953 in Michelin Belgium.

It is an enlarged version of the sixth American edition of Kent's repertoire.

It contains all its sections and medicines.

## REVIEW OF LITERATURE:

### Bronchial asthma:

In most countries, the respiratory system diseases are up to a third of deaths and a major part of the doctor's and time visits outside work or school. As with all aspects of diagnosis in medicine, the key to success is a clear and carefully recorded history, symptoms may be trivial or extremely disturbing, but can either indicate a serious and life -threatening disease.

It is the simplest defined as a condition characterized by partial airway obstruction, reversible with time spontaneously or due to treatment. It is physiologically manifested by extensive narrowing of air passages, which can be released spontaneously or the result of therapy and clinically paroxysms of shortness of breath, cough and wheezing. Asthma is episodic 6 diseases with acute exacerbations scattered with periods without symptoms.

### Definition:

Bronchial asthma is a chronic inflammatory respiratory disorder in which many cells and cellular elements play a role. Chronic inflammation is associated with hyper sensitivity to respiratory tract, which leads to recurring episodes of wheezing, breathless, chest tightness and cough, especially at night and morning. These episodes are usually associated with extended but variable obstruction of air flow in the lungs, which is often reversible, either spontaneously or with treatment.

### EPIDEMIOLOGY

This prevalence of asthma was constantly increasing in the second part of the last century, first in the developed and then in the developing world. Current estimates indicate that asthma affects 300 million people around the world, with predicted another 100 million people affecting by 2025. The socio - economic impact is huge because poor control leads to loss or work, unplanned health visits and hospital acceptance.

Although the development and course of the disease and response to treatment are affected by genetic determinants, a rapid increase in prevalence means that the environmental factors are critically important in the development and expression of the disease. To date, outdoor allergens, microbial exposure, diet, vitamins, breastfeeding, tobacco smoke, air pollution and obesity, but there was no clear consensus.

Stimuli that stimulate asthma

Stimuli that stimulate acute asthma episodes can be grouped into seven categories of allergenic, pharmacological, environmental, professional, infectious, exercise and emotional.

### Risk factors for the development of child asthma:

Nasal allergies or eczema, family history of asthma or allergies, frequent respiratory infections, low birth weight, exposure to tobacco, smoke before or after birth, black or puetland ethnicity, which is increased in low intake environment. environment.

Lung volumes and capacity

The air that the lungs can hold can be divided into a smaller designation called bundles.

- ➤ The amount of air that a person inhales and is called a tidal volume (VT = 500 ml).

- ➤ During such breathing, one could actually take more air or blow more.
- ➤ Another amount that a person could inhale, for example during maximum physical efficiency, is called inspiration volume (IRV = 3000 ml).
- ➤ Another amount that a person could exhale is called the volume of exhalation reserve (ERV = 1000 ml).
- ➤ The residual volume (RV) is the amount of air that remains in the lungs even after maximum expiration.

### **Types of asthma:**

#### **1) External (atopic, allergic asthma):**

Patient with atopic asthma from IgE

Antibodies when they come into contact with common allergens. Atopic asthma usually begins at an early age and is of age and, among other triggers, is caused by allergens.

Atopic individuals usually have allergic diseases of the skin, nose and eyes. Allergic diseases are more common in their families. Skin tests for common allergens are positive serum IgE levels. This is also called external or early onset of asthma.

**2) No atopic asthma:** This is usually caused by allergens. In patients with a family history of not atopic asthma, an unusual history of allergic diseases is unusual. It starts at the age of adults. Skin tests for allergens are negative. It is also called the asthma of the late onset.

#### **3) Mixed type:**

Many patients do not clearly fit into any of the above two categories and have mixed features of both. Patients who develop asthma in early life have a strong allergic component, while those who have evolved the disease have a late tendency to be not allergic. Each type of asthma can be precipitated by colds, exercise and emotional stress.

#### **Clinical features:**

Typical symptoms of asthma are wheezing with cough, breathless, cough and tightness. These symptoms may occur for the first time at any age and may be episodic or persistent. Patients with asthma are usually asymptomatic among exacerbations that occur during viral respiratory infections or after exposure to allergens. This asthma formula is commonly observed in children or young adults who are atopic.

In other patients there is a clinical pattern of persistent asthma with chronic whistles and breath. This can sometimes make it difficult to distinguish from whistling due to COPD or more unusual causes, such as heart failure.

“Merck Manual: Acute Asthma Acute Attack”

- Phase 1: mild phase, mild shortness of breath, wheezing, adequate air exchange.
- Phase 2: A slight phase, there is respiratory anxiety, even at rest, hyperpnea, whistling.
- Phase 3: Strong distinctive respiratory distress, cyanosis and use of muscle accessories, marked wheezing or sounds of absent breath.
- Phase 4: Respiratory anxiety, extreme lethargy and confusion.

### **DIAGNOSIS:**

The airway obstruction is measured objectively using lung function tests. The most important such test is spirometry, which measures forced exhale in one second (FEV 1), forced vital capacity (FVC) and Tiffeneau parameters (FEV 1 /VC).

Normal lung function values do not exclude the disease if they have been obtained during the interval without symptoms. Other aspects of basic diagnostic evaluation of bronchial asthma, including history, symptoms and physical findings.

Basic diagnostic evaluation of bronchial asthma

History:

Sudden onset of symptoms, often at night or early morning hours, usually shortness of breath and cough (productive or non-productive), especially after exposure to allergen during (or more often, after) physical exertion or sport (so-called asthma-induced exercise)

Investigation:

**1. Chest x Ray:** Chest x beam should be excluded to exclude other causes of wheezing and also exclude the presence of chest pneumo in all cases of Acute Asthma Severs.

#### **2. Lung function tests (PFT)**

PFT shows obstructive type of lung disease.

#### **3. High exhalation flow (PEF)**

PEF serial recording can appear overnight and

The following increase during the day in patients with asthma. There are elevated eosinophils in sputum and blood. The serum IgE is increased by atopic asthma.

Asthma differential diagnosis: chronic bronchitis, emphysema, cystic fibrosis, viral bronchiolitis, bronchial stenosis, heart failure, pulmonary embolism, mechanical respiratory obstruction, chronic obstructive pulmonary disease, pneumothorax, gastrophage reflux.

In as many cases as 10% to 20% of cases there is a clear distinction between asthma and asthma and

COPD cannot be drawn.

Complication:

1. Respiratory studies Lobar or lobular, bronchiectasis, subcutaneous emphysema, mediastinal emphysema, pneumothorax, spontaneous fracture of the rib.
2. Cardiac dysrhythmia of hypoxia and stress, myocardial infraction.

4. Another nausea and vomiting from Theophyllin, acute myopathy due to high dose steroids.

### MANAGEMENT

- A. relief- beta agonist, anticholinergics, xanthin derivatives.
- B. regulators- chromones, corticosteroids, antileukotrien. [
- C. Fast reliefs- adrenergic stimulants, methylxanthins, anticholinergics.
- D. Long-term drugs- glucocorticoid drugs, inhalation glucocorticoids. glucocorticoids. [

#### Homeopathic Management:

According to homeopathic philosophy, diseases are not caused by a single factor. Homeopathy believes that every disease depends on the ethiological factors and local manifestations and stress factors, so homeopathy plays a good role in the treatment of bronchial asthma, such as the following.

#### Therapy

Pulsatilla, Aconite, ARS album. Bell. Antim Tart, Sabadilla, Sticta, Calc Carb, Chamomilla, Idecacuhna, Stanum Met, Spongia, Medorrhinum, Sepie and phosphorus.

#### Homeopathic treatment in children

1. Antimonium cake Homeopathic drug for asthma with rattling in the chest.
2. Arsenic album Medicine for Astma in children with respiratory problems.
3. Cina Medicine for asthma coughs.
4. CUPRUM met with an asthma medicine with a spasmodic cough.
5. IPECA ASPHMatic shortness of breath.
6. Spongia tosta asthma with dry cough and wheezing.

Arsenicum album - a person who needs this medicine can feel exhausted, yet be very restless and anxious. Breathing problems tend to be worse when they lie, better when you sit down, and can begin, or be the most intense, between midnight and two in the morning. Dry wheezing can proceed to a cough that causes foaming whitish liquid. The person may be thirsty and frequent small sips. Usually you can see general chilliness, with burning chest pain and heat in the head. Heat often brings improvements. IPECACUANHA - cough cramps that lead to retching or vomiting, this drug strongly indicates. Network can suddenly come up with a sense of suffocation and difficulty in the chest. The seat is collected in respiratory tubes, but the person has problems with cough. The person can sweat a lot and feel stuffy or naughty, be worse of movement and sometimes worse of heat.

Pulsatilla - a net that starts when a person gets too warming up (especially in a clogged room) or after a meal of a rich food, can indicate this medicine. The cough causes mucus on yellow colors with a gag and suffocation. The tightness in the chest tends to be worse in the evening and night and is relieved by cold fresh air. The person who needs this medicine is likely to be variable and emotional, wants a lot of attention and soothing. (Pulsatilla is often useful in children's diseases.)

Spongia Tosta - a hard or "barking" cough during an asthma attack is a strong sign for this medicine. Breathing can be strenuous, with the sound of cutting and does not create too much mucus. The person may feel best when he sits and tilts his head back or lean forward. Warm drinks can be useful. Problems often start while the person sleeps (usually before midnight). Spongia is often used in Croup.

Carbo vegetabilis - this medicine can be marked when a person feels weak or weak with a hollow feeling in the chest. Cough Jags can lead to grafting. The person can be very cold (especially hands and legs), yet he feels the need for moving air and wants to sit next to the fan or open window. There are probably also gas and digestion and sitting and pounding offer some relief. Feel worse in the evening and worse of speaking, food or lying are other hints for this medicine.

With this axle, Asthma Chamomilla - asthma with a dry, hard, irritating cough, which begins after exposure to the moving air or over the overlap and angry and angry. Cough is often worse around nine o'clock and can continue into the night. The person seems to be hypersensitive and can be extremely irritated and upset. (Children can even curl and intervene even if they often calm down if someone carries them.)

Natrum sulfuricum - This drug is sometimes indicated when asthma attacks are caused by exposure to mold and moisture. The person can keep the chest when coughing because they feel so weak. Problems with whistling and breathing are impaired and episodes are worse in the morning. Nux vomica - indications for this drug include a tense, narrowed feeling in the chest during asthma attacks with stomach pressure. Problems are often worse in the morning. Excessive forgiving in stimulants, alcohol, sweets or strong spicy food can bring or worsen an episode. Physical efforts and mental exertion can worsen things and warm and sleep often bring relief. The person who needs this medicine is usually very irritated and impatient, with a general feeling of cold.

Some special features of synthesis in creating this repertoire more authentic and topical, formulated Dr.Schroyens and added the following plans and construction.

1. Adding after repeated inspection - synthesis contains repeatedly controlled additions from standard homeopathic literature, including Dr. Hahnemanna, Kenta, Heringa, Allena, Boerickeho, Knerana atd. Od jiných živých úradů byly zahrnuty až po řádném ověření.
2. Correction of Kent's repertoire - these repairs are recognized by the designation "K". E.g. Delause - starvation must - Kali.chl. It is repaired for deception - starvation must - kal.m.hr1, k, \*. Here is a corrected source of Hering's "main symptoms of our Materia Medica". Thousands of repairs were made in this way.
3. Symptoms are rewritten in a clearly readable format-Moho symptoms is rewritten in the correct readable symptom format. For better understanding at each level, words are monitored in normal order or the symptom is divided and indicated the "" sign to show a place to start reading. Example - "pieces, feeling as if the head fell when it slipped." It is correctly written as "pieces, for the opening; feeling as if the head fell in. "

4. Combined modalities-only applied throughout the synthesis, such as a deterioration of "cold wet weather" that would be searched as "cold weather", but never under the "cold-out weather" and "damp-cold weather".
5. Explaining ambiguous words - unclear words have been clarified wherever it is necessary. Example - "Breast" was replaced by "Mammae" or "chest" and "storm" "Stormy Weather" or "storm".
6. Creation of some sections - some more important and useful sections are created so that it can be achieved greater suitability of the meaning of symptoms such as "periodicity", "children".
7. Revision of language - spelling correction in the nineteenth century was repaired by a modern American spelling as ▪ anemia => anemia ▪ Average => diarrhea ▪ Fakes => Facecs
8. All symptoms with "diseases from" were grouped into separate subbrik under the "disease from" disease.
9. Aversion, desire, deterioration, improvement related to food are in the chapter "generals" under the section "Food and Drink".
10. Several clinical sections are renamed - clinical conditions are renamed according to modern disease names, eg "Hay Fever" for "Coryza - annual", "decubitus" for "pain".
11. Similar sections are merged into one, for example "the undressing side of the nose frame", it is corrected to the "nose -bruck-one side alternately".
12. The use of the front words - the front words were placed before each level and the alphabetic sorting was correctly repaired, eg "bed" became "bed" and "as if frozen" were "frozen, as if" etc.
13. The formation of complete and clear symptoms- insufficient clear symptoms have become much more completed on the basis of knowledge of Materium Medica, eg- "cough-sulfur vapors or couples of AGG" becomes "cough or couples, cough AGG. feeling.
14. The use of more comprehensible words - rarely used words were replaced by current words for better understanding, such as "dipsomania" became "alcoholism"; "Children" became "delivery".
15. A new standard list of remedial abbreviations - a new list of remedial abbreviations is given. Bylo přidáno mnoho nových opravných prostředků, všechna zkratka dodržování stejných pravidel, jaké používá Kent. The differences between abbreviations of synthesis and those used still in the Kent or in Barthel's synthetic repertoire are printed at the beginning of this book. A complete list and all comments follow at the end.
16. A new standard list of author abbreviations - is also introduced a new list of abbreviations. Letters are used to indicate the author. This allows multiple combinations and easier to remember. No addition was done without the source. One link only applies to one author, if possible, even exactly one book or article, which makes it easier to return to resources. The full list of references is found at the end of this repertoire.
17. Index of important changes and repairs - all changes have been annotated with great care to allow verification. Thousands of references and synonyms have been integrated, where a change was made to well -sections or corrective measures. If it was not possible to mark the change, the repair was given in the "Index of important changes and repairs" that can be found at the end of this repertoire.

#### **The benefits of the synthesis repertoire**

1. This repertoire is based on Kentian philosophy, so it is very easy to use, because most of us have quite well acquainted with Kent's repertoire of its frequent use.
2. Plan and construction are planned according to the Hahnemannian scheme. So it is quite easy to search the desired section.
3. More medicinal products are in the repertoire of synthesis than previous repertors.
4. Adding new sections, old sections and their corresponding drugs are verified and improved if necessary.
5. All materials are collected from reliable sources and all new added links are provided. This repertoire is therefore one of the authentic repertors.
6. The repertorization method monitors Kent's repertorization method.
7. The constant update becomes a perfect day.
8. Standard format is created in the construction of this repertoire.
9. The new demonstrator is incorporated.
10. New sections are created as in the "General" chapter- sections under various pathological conditions, poisoning, skin, children's complaints, physical makeup, vaccination, laboratory findings, etc. These sections currently have an immense value and are gems of this repertoire.
11. The section on the phases of the moon, periodicity, family history, personal history is a unique creation of this repertoire.

#### **Suitability/adaptability of the repertoire of synthesis**

Any case rich in generals and characteristic, in particular, can be repeated by synthesis. The use of this repertoire can also be repeated with a case that has only characteristics. Now, any type of completeness is elaborated in each chapter can be developed with this repertoire.

The merits of new repertors mostly depend on Kent, BTPB, BBCR, because we are familiar with these books during their frequent use and also have a strong philosophical background. These new repertors mention the sources where they were accepted. On the contrary, Kent took a lot of information from various sources in his repertoire, but he did not mention anything about the source. He did not even consider many works that remain unaffected. These new repertors are of immense value and lead to great benefit for the profession. The synthesis of the repertoire is one of the modern repertors. Added new sections, old sections and their corresponding drugs are verified and improved where necessary. New medicines are added.

The limitation of no disadvantages so far, as this repertoire is constantly updating and repairing materials, except for the reliability of new additions to live authors.

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## **CONCLUSION:**

Thirty cases were selected for the study, the response to treatment was considered and analysed, and then conclusions were made.

- The incidence of Bronchial Asthma was more in males 21 cases (70%) than compared to females 9 cases (30%).

- The maximum prevalence was noted in the age group between 30 to 41 years. i.e., 10 cases (33.33%). The next higher incidence was observed in 51 to 64 years. i.e., 8 cases (26.66%).
- A detailed case taking and evaluation is necessary for evaluation of these cases.
- A general improvement in the conditions of these patients was noted after administration of homoeopathic medicines.
- Constitutional treatment approach is more effective than acute remedies in treating Bronchial Asthma.
- The disease intensity showed significant reduction after the treatment, 5 cases (16.66%) were recovered and others showed good improvement (70%).
- Creating awareness and promoting knowledge & education among the patients and their family is vital for the proper implementation of the treatment.
- Out of 30 cases, 05 cases (16.66%) recovered, 21 cases (70%) improved and 04 cases (13.33%) did not improve even after considerable period.
- The distribution of cases according to types of asthma out of 30 cases 21 were having mild symptoms, 7 were having moderate symptoms, 2 persistent symptoms.

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