

HOMOEOPATHIC THERAPY IN BRONCHIAL ASTHMA*

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Asthma, extrinsic or intrinsic, falls under the classification of acute exacerbation of a chronic disease in the homoeopathic parlance. The case-taking should be on the lines of thorough individualisation. The case history must be punctuated with miasmatic accessory symptoms, defining every symptom of the patient on the procedure of sensation, location, modality and concomitant. The homoeopathic approach is twofold, i.e. to stall successfully paroxysmal acute obstructive respiratory episodes and to treat the chronic disease, layer after layer on the Hahnemannian principles. Then only the true cure of the patient's disease takes place in accordance with Hering's law. The homoeopathic therapeutic approach is not different even in the secondary asthma like cardiac or renal or due to some other vasovagal hyperactivity. This hydraheaded and the multiple miasmatic disease in the patient can be thoroughly treated with success in Homoeopathy.

There are successful practitioners of Homoeopathy who treat asthma on the lines of keynote prescription with anti-sycotic remedies like Nat. sulph, Thuja and Medorrhinum. Unless this type of prescription is replaced with the prescription on the totality of symptoms, the disease cannot be cured according to homoeopathic definition of the word. The patient certainly continues to be entangled with hydraheaded manifestations of his chronic disease. There is another variety of homoeopaths who advocate allopathic bronchodilators during acute episode and treat the patient for his chronic disease with homoeopathic constitutional treatment. This type of apologetic homoeopathic treatment is no better than palliative allopathic treatment. One's own inefficiency accounts for such deplorable attitudes in the homoeopathic therapeutics.

The patient's acute asthmatic episodes are to be analysed to find out the probable exciting cause, whether the patient is worse due to weather changes or diet indiscretion or emotional upsets. Both intrinsic and extrinsic obstructive respiratory attacks are associated with exciting causes.

Simple tests like chest x-ray, complete blood picture and analysis of urine, stool and sputum are mandatory. They are very useful for the successful homoeopathic therapeutics because the objective symptoms on such diagnostic procedures are part and parcel of the symptom totality prescription. The elaborate hyposensitization procedure to the patients for the extrinsic asthma is not only unnecessary in homoeopathic treatment but extremely harm-

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ful and help to suppress the disease. It is no better than to suppress the patient's asthma attacks with bronchodilators or steroid sprays. It is an accepted fact that the asthmatics in Allopathy become unavoidable emphysematics, and an asthmatic has to use bronehodilators lifelong! The repeated and persistent use of drugs finally lands the patient on the complications of cor pulmonale and right heart failure. Undoubtedly homoeopathic treatment offers complete cure!

Master PKS aged 17 years consulted this author for the daily spells of asthma with night aggravation and sometimes after siesta or indulgence with fatty foods or sweets. The patient was sensitive to wet weather and winter in the beginning when he first had asthmatic attacks during his childhood. The DPT inoculations and polio drops were given with no reactions; but after the two smallpox vaccinations there were protracted three month recovery period from the sequelae of the vaccinations. Except the fifteen year duration of asthmatic attacks and bad effects of vaccinations, there was nothing significant in the patient's past history of illnesses. In the family history both paternal and maternal uncles and grandfathers were asthmatics. Elaborate skin patch tests were done in London and desensitization with the vaccines helped to alleviate the asthmatic attacks temporarily.

Allopathic bronchodilators and steroid sprays helped him to control the attacks but their subsequent repeated use was not effectively palliative. Sometimes the attacks were associated with mild fever. On two occasions reproaches of the teacher and of the mother resulted in status asthmaticus episodes with hospitalisation for intensive care.

The patient craved sweets and disliked milk. During attacks fanning was soothing to the patient. He used to cycle around the lake in England for his craving for open air. The expectoration was salty and expulsion of it gave some relief in the distress of the attack. During the acute attacks the patient sat upright slightly bent forward. Generally he loved company but during the attacks disliked anybody at his bedside. Usually he slept on his back. Sour foods were not tolerated. He loved warm foods and drinks. The acute episodes were associated with unusual nausea and gagging. The patient had intense thirstlessness during attacks. The pregnancy and delivery for the mother were uneventful. The patient was advised to stop all allopathic medicines.

The acute episodes were controlled with Ipecac 6 to 10M. During asymptomatic periods the patient was given Sulphur 30 to CM in phased intervals. On one occasion when the patient did not respond to Ipecac in raised potencies he was given Tuberculinum bovinum in 200 potency with spectacular relief of the attack with longest remission. Thereafter off and on in between Sulphur repetition Tuberculinum 1M to 50M were given. For the past ten years there were no asthmatic attacks, but the patient developed some itchy eruptions which disappeared with no oral or topical homoeopathic or allopathic medicine. The patient is now the collector of a district after

his success in the examination of Indian Administrative Service.

There is plethora of excellent literature in Homoeopathy on asthma and the homoeopathic therapeutic agents in the armamentarium are foolproof and dependable. Influenzinum and co. helped this author whenever there was copious expectoration in the asthmatics.¹

William Gutman exponent of air pollution and its treatment with Sulphurous acid gave this author for research work Sulphurous acid 6 to 1M at Hanover in 1966, at the international conference. This author found gratifying results with this drug in the difficult cases of emphysema and even in intractable cases of secondary asthma.²

Dr. A. C. Goel suggests auricular nerve block, for bronchial asthma to give good remission of asthmatic attacks for sometime.³ This author used it in an inveterate case of status asthmaticus with good remission for two years. The vasovagal nerve overactivity is very much controlled. This type of approach is definitely suppression of the disease, but it is lesser evil when compared with allopathic drug suppression.

Dr. A. N. Ramanathan, senior allopathic practitioner of Madras, suggested recently effective relief of asthmatic attack after the administration of the tissue remedy combination of CP, NM and KP in 6X. Actually he requested this author to try this combination in the cases of status asthmaticus. It seems a renowned physiology professor of Mysore University, Dr. Ekanthappa, tried this combination in an interesting animal experiment in 1968. The experiment was done on an isolated frog's heart (a leftover of other experiments) which was perfused with saline solution containing a small quantity of the combination powder. The heart-beat revived and continued for a considerable period of time with great vigour! This author urges the teaching staff of the homoeopathic medical colleges to repeat this experiment and report the results. This author likes to publish a separate paper on such experiments. The rationale of use of this mixture in asthmatics is on the analogy of diminished energy in the acute attacks of asthma. Although the claim of this therapy is apologetic and it is unhomoeopathic (until the combination is proved on healthy people and also clinically) it is more beneficial when compared with suppression by allopathic drugs. The benefits of this combination after use by the practitioners may kindly be intimated to the author, for his listing of clinical proving.

In the extrinsic asthma of allergic type there are two conditions, one is vasomotor rhinitis and the other is asthma. To divide these two pathological conditions is not practical as usually one overlaps the other. Therefore, the homoeopathic drugs useful for the rhinitis, sometimes benefit the patients even in controlling asthma attacks when they are prescribed on correct indications.

Thyroidinum gives gratifying results in asthma with past history of eczema. Ambrosia on the indication of intense itching in the eyes and Arundo on itching of the palate helped this author in the acute attacks of

asthma. Jacques Hui Bon Hoa gives a beautiful résumé of fifty successfully treated cases.⁴ His significant finding of twentieth day reaction of Boeninghausen after administration of drug though very interesting is doubtful. This author requests the astute prescribers to report such remedy reaction if they find it in their practice.

Bowel nosodes are very useful remedies in asthmatics. Dr. William Griggs of the U.S.A. made elaborate and extensive use of these nosodes in various pathological conditions and particularly in asthma cases. This author used Sycotic co., Morgan (pure) and Proteus with success in some of the inveterate cases after stool culture. On the advice of Dr. William Griggs, Dr. William Gutman prescribed Proteus and Morgan after stool culture to inveterate asthmatics when all other indicated remedies failed.⁵ This author received useful clinical confirmations from Dr. William Griggs in 1966 when he met him with the introduction of Dr. E. W. Hubbard, for a discussion on Kent's *Repertory*. Dr. Diwan Harish Chand's paper 'The Concepts of Allergy and Immunity' is a valuable one.⁶ The Hahnemannian definition of disease covers all the modern concepts of allergy, immunity and idiosyncrasy or anaphylaxis.

Dr. E. W. Hubbard's papers 'Neither Hay nor Fever' and 'Coughs and Company' are classics in treating cases of allergic asthma and asthmatic coughs.^{7,8} Her beautiful case 'Asthma In a Child of Four' is worth reading.⁹ Dr. Earnest L. Godfrey beautifully describes in his paper 'Clinical Allergies' the good pointers of homoeopathic remedies.¹⁰

There is another valuable paper by Dr. Duncan M. Cameron who discussed useful indications of remedies in his paper 'Hay Fever'.¹¹ On the suggestion of Drs. R. M. Moris-Owen and K. Datt-Lai this author got good results with the house dust potencies.¹² Pothos helped this author immensely in cough and asthma due to house dust like a 'specific' if permitted to use the term in Homoeopathy. In the International Homoeopathic League at London in 1965, very valuable papers were read by Drs. E. W. Hubbard, Kennedy, Harling, Paschero, Sankaran and others. They were printed in the *Transactions*. Most of them were printed in *The British Homoeopathic Journal*.¹³⁻¹⁷ On Psychosomatics, Dr. Edward, C. Whitmont published excellent article worth reading often.¹⁸

Once this author treated an ambassador's wife. While she was travelling by plane, it was hijacked and the passengers were released after hectic trials and tribulations. She developed severe asthmatic episodes obviously due to intense fear! At a particular time this author was to visit her in Calcutta but the visit was delayed by half an hour. To his surprise he found that she had left for some other work leaving behind a chit of regret.

This author prescribed her Nat. mur. 50M for her behaviour and also on additional symptoms like history of sunstroke, desire for salt, extreme thirst and aversion to company. After a severe aggravation of asthmatic attack she did not have it again till now after ten years!

Dr. S. R. Wadia published a useful booklet on asthma in which he generally advocated Thuja on the Burnetsonian theory of vaccinosis. There is a compilation of an excellent repertory on asthma¹⁸ in *The Homoeopathic Herald* in which many valuable rubrics not available in Kent's *Repertory* are listed. In the same journal a full section of 40 pages on the subject of asthma under the heading of Gleanings is worth referring to often.¹⁹

Dr. Wilbur K. Bond published 'Asthma Symposium' interestingly comparing Allopathy with Homoeopathy.²⁰ Dr. H.K.S. Rao published a good paper titled 'Bronchial Asthma and Homoeopathic Treatment' with good indications of the remedies.²¹ There is a useful mini peak flow meter available for peak expiratory flow rate (PEFR). This simple gadget is very useful not only for the diagnosis of asthma but for assessing treatment in the cases of emphysema, and assessing ventilatory function in hypertension and smoking.²² Expensive spirometry can be avoided. In every chronic obstructive airways disease (COAD) it is mandatory to measure the ventilatory function. Immunoglobulin E measurement is useful for allergic manifestations whether systemic or particular like gastric, skin and respiratory etc.

Drug-induced asthma is a very interesting subject in Allopathy, in which case sometimes withdrawal of the offending drug does not help. In such cases homoeopathic approach is the best way to treat the irreversible iatrogenic disease. The allopathic drugs which induce asthma are listed in a table in *The Practitioner*.²³

Yoga and breathing exercises help in the treatment immensely. In England physiotherapeutic breathing exercises greatly helped the treatment in asthmatics. This author prescribes such exercises to the asthmatics regularly.²⁴ Dietetics in Homoeopathy and in asthma in particular is very fascinating! Every homoeopath should respect it and advise the asthmatics strict diet without fail. The diet of the patients in homoeopathic treatment is three dimensional, the patient oriented, disease oriented and drug oriented!

Although this author treated many thousands of asthmatics successfully there were still a few cases of asthma in which the treatment was not satisfactory. Individualisation in Homoeopathy is an art which does not grow old and one should be alert at every case as if it is a new experience in life. Cina is the drug of choice in Loeffler's syndrome in the known asthmatics, in this author's experience.

Most of us feel the need to update our knowledge on the mechanism of allergies, its relationship to such common conditions as contact dermatitis, asthma, or irritable bowel syndrome and on the methods which are now available for screening for suspected allergies. Dr. M. H. Lessof, Professor of Medicine, Guy's Hospital Medical School, London, says "In past years, the practice of allergy has been so entangled with fringe medicine that most members of the profession have been frightened off."²⁵ Recently there is a cartoon where a patient had all allergic tests and he was found allergic to the whole world!

REFERENCES

1. Krishnamurty, P. S.: 'New Dimension in the Therapeutic Approach to Asthma', *THE HAHNEMANNIAN GLEANINGS* (1972), p. 258.
2. Gutman, W.: 'Sulphurous Acid, Prevention and Treatment of Air Pollution and of Chronic Obstructive Pulmonary Diseases', *The British Homoeopathic Journal* (1969), p. 1.
3. Goel, A. G.: 'Auricular Nerve Block in Bronchial Asthma', *Jl. I.M.A.*, (1981), pp. 7 & 8, 132.
4. Hui Bon Hoa, Jacques: 'Vasomotor Rhinitis—An Analysis of fifty Successful Cases', *The British Homoeopathic Journal* (1977), p. 26.
5. Gutman, W.: 'Case Report', *Journal of the American Institute of Homoeopathy*, (1966), p. 46.
6. Harish Chand, D.: 'The Concepts of Allergy and Immunity', *The British Homoeopathic Journal* (1965), p. 228.
7. Hubbard, E. W.: 'Cough and Company', *The Homoeopathic Recorder*, (1945), p. 67.
8. *Ibid*: 'Neither Hay Nor Fever', *The Homoeopathic Recorder*.
9. *Ibid*: 'Asthma in a Child of Four', *The Homoeopathic Recorder*, (1935), p. 76.
10. Godfrey, E. L.: 'Clinical Allergies', *The British Homoeopathic Journal* (1967), p. 233.
11. Cameron, D. M.: 'Hay Fever', *The British Homoeopathic Journal* (1973), p. 35.
12. Moris-Owen, R. M. and Datt-Lai, K.: 'Observation on the Effect of House Dust Potencies', *The British Homoeopathic Journal*, (1981), p. 70.
13. Hubbard, E. W.: 'The Similimum As Psychiatrist', *The British Homoeopathic Journal* (1965), p. 11.
14. Kennedy, C. Oliver: 'Bronchitis', *The British Homoeopathic Journal*, (1964), p. 4.
15. Harling, M.: 'Homoeopathy: The Bridge Between Psychological and Somatic Medicine', *The British Homoeopathic Journal*, (1965), p. 20.
16. Paschero, T. P.: 'Psychosomatism in Homoeopathy', *The British Homoeopathic Journal*, (1965), p. 23.
17. Sankaran, P.: 'The Psychosomatic Approach of Homoeopathy', *The British Homoeopathic Journal*, (1965), p. 28.
18. Asthma Repertory, *The Homoeopathic Herald*, (1950), pp. 1-42.
19. Editorial, *THE HAHNEMANNIAN GLEANINGS* (1951), p. 80 & (1952), p. 60.
20. Wilbur, K. Bond: 'Asthma Symposium: Comparison of Two Methods of Practice', *The Homoeopathic Recorder* (1938), p. 16.
21. Rao, H. K. S.: 'Bronchial Asthma and Homoeopathic Treatment', *THE HAHNEMANNIAN GLEANINGS*, (1973), p. 258.
22. Tomson, P. R. V.: 'A Mini Peak Flow Meter on Every Desk', *The Practitioner*, August 1983, p. 1299.
23. Griffin, J. P.: 'Drug-induced Allergic and Hypersensitivity Reactions', *ibid*, August 1983, p. 1283.
24. Grec, J. M.: 'A Movement and Exercise Group for Asthmatics', *The Practitioner*, May 1982, p. 961.
25. Lessoff, M. H.: 'Allergies', *The Practitioner*, August 1983, p. 1237.