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STUDY OF 413 CASES OF BRONCHIAL ASTHMA TREATED WITH HOMOEOPATHIC SYSTEM OF MEDICINE *

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Summary

Bronchial Asthma is one of the clinical research assignments allocated for study to Regional Research Institute for Homoeopathy, New Delhi. The principal aim of this project is to ascertain efficacy of Homoeopathic treatment in Bronchial asthma cases. 413 cases that have been registered under study for Bronchial asthma at this Institute ever since April 1980 are taken up for the present study. In this paper, various facts of asthma observed upon these patients, their constitutions, personal & family history of allergic disorders and various aetiological factors have been studied.

There are, however, no established specific drugs for Bronchial asthma as the treatment in Homoeopathy is INDIVIDUAL based; and not DISEASE based. As such a case of Bronchial asthma is treated as a WHOLE. The medicine in a particular case is ,so selected that it is otherwise capable of producing a similar disease picture in a healthy person; this fact is already ascertained by careful drug-trials on animals and healthy human beings. The drugs are given in a diluted and attenuated form, to arouse the vital curative reaction in sick person. This process is very much similar to DESENSITISATION.

The principal aim of this study is to evolve a group of drugs with their reliable indications found to be effective in relieving the cases of Bronchial asthma.

Introduction

Bronchial asthma is essentially a reversible airway obstruction, not due to any other disease. It is characterised by an increased responsiveness of the tracheo-bronchial tree to stimulii of multiple nature and manifests as episodal attacks of paroxysmal dyspnoea, cough and wheeze. There are short lived acute exacerbations of this syndrome with symptom-free intervals. The duration of these attacks may be from a few minutes to hours and in advanced cases an acute attack may run for days. This state of continuous asthma is called *Status asthmaticus.*

Asthma or difficult breathing is broadly classified into:

1. Bronchial asthma
2. Asthmatic bronchitis
3. Status asthmaticus
4. Exercise-induced asthma
5. Cardiac asthma
6. Asthma caused by sensitising chemicals

Bronchial asthma has been clinically classified into two types:

1. Extrinsic (Allergic) asthma
2. Intrinsic (Idiosyncratic) asthma

Salient differentiating features of these are tabulated below:

Asthma type	Extrinsic	Intrinsic
Onset	Childhood	Adult age
Childhood eczema	present	absent
Family history of allergy	present	absent
Attacks related to	antigens	infection/irritants (dust, fumes) exercise/emotions (anger, anxiety, fear)
Frequency	intermittent	persistent
Pattern	acute/self-limiting	fulminant/ severe
Prognosis	favourable	poor
Skin test	usually +ve	usually –ve
IgE	raised	normal/low

Extrinsic or allergic asthma is seen in those persons, in whom the attack is precipitated only by allergic

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exposure. There is a history of allergic diseases (Rhinitis, Urticaria, Eczema) in the past or in the family. The allergen tests are positive and IgE level in serum is elevated. There is positive response to Provocation tests performed by inhalation of specific antigens. The attacks are frequently seasonal. There may be non-seasonal forms of Bronchial asthma, as well, where allergens do not have any bearing with a season in particular e.g. allergy to feathers, animals, danders, moulds etc. Incidence of Allergic asthma has been seen to be more prevalent in children and young adults.

Intrinsic or Idiosyncratic or Non-allergic asthma, by contrast, is triggered of only by non-allergic factors such as infection, irritants or emotional factors. There is a negative past or family history of allergic diseases. Skin allergen tests are negative. Levels of IgE in serum stay normal. Majority of intrinsic asthma patients develop paroxysms of wheezing and dyspnoea after an upper respiratory illness or cold. It usually affects persons in later years of their life.

The role of allergy in the aetiology of asthma in infants and children is more important than in adults.

The following investigations are useful in the diagnosis & assessment of Bronchial asthma patients

* X-ray chest is usually normal or may show Segmental-lobar collapse.
* Sputum examinaton may reveal Eosinophils.
* Peripheral Blood Smear may also exhibit eosinophilia.
* Spirometery: FEV1 and FEV1/FVC are reduced.
* Blood gas analysis: $FeCO_2$ increased.
* Skin test confirms allergens.
* Provocation tests: Exercise challenge.
* IgE tests for Atopy.
* Radio-allergo-absorbent test (RAST) for assessing specific allergen.

The Miasmatic Silhouette of Bronchial Asthma

Psora
Cough dry, spasmodic
Expectoration, mucoid, tasteless

Sycosis
Expectoration—scanty
Recurrent bronchitis
Autumnal/winter aggravation
Preceded by sneezing/rhinorrhoea
Sensitive to fluctuations of temperature

Pseudo-psora
Deep, prolonged cough
Expectoration, purulent, muco-purulent
—greenish, yellow, sweet or salty
Dyspnoea < at night

The **Conventional therapy** of Bronchial asthma involves:

1. Use of Bronchodilators,
2. Removal of irritants and allergens,
3. Respiratory physical therapy,
4. Treatment of intercurrent infection,
5. Alternative methods such as hyposensitization, etc.

The **Diagnosis of Bronchial Asthma** is clear in acute episodes. Other similar conditions to be ruled out are:

— Upper airway obstruction: (tumour/laryngeal oedema). There will be stridor/harsh respiratory sounds over trachea and the diffuse wheezing is usually absent.
— Endobronchial disease: (forcign body aspiration/ neoplasma/bronchial stenosis) manifests with persistent localised wheezing with paroxysmal cough.
— Acute left ventricular failure: has moist basilar rales, gallop rhythms, bloody sputum and other signs of heart failure.
— Carcinoid tumours: do not have any true symptom-free period.
— Recurrent pulmonary emboli: seen usually in young women on oral contraceptives, with the typical exertional dysponea. The PFT reveal peripheral airway obstruction.
— Chronic bronchitis: on the basis of clinical history and its manifestations.
— Eosinophilic pneumonias.

Complications in Bronchial asthma arise due to the factors listed below:

Mucus plugs:	Atelectasis/lobar or lobular, Bronchicctasis
Cough:	Subcutaneous emphysema
	Mediastinal emphysema
	Spontaneous pneumothorax
	Cystic lung-degeneration
	Spontaneous rib-fracture
Infection:	Recurrent bronchitis
	Pneumonia
Uneven ventilation and pulmonary perfusion:	
	Respiratory failure
	Cor pulmonale
	Sudden death

Observations made from 413 cases of Bronchial Asthma

As the Institute is not as yet equipped to undertake serum IgE estimation in allergy skin tests or pulmonary function tests, the diagnosis of cases of asthma is essentially clinical in nature.

Out of 413 cases of asthma, 273 (66%) cases were of Extrinsic asthma and 140 (34%) that of Intrinsic asthma. These constitute 217 male and 196 female patients. All these cases were residing in Delhi.

Age & Sex-wise incidence:

The Age and Sex-wise incidence observed upon these cases is given below:

Age group	Total	Male	Female
0– 5 years	25	18	7
5–10 years	33	23	10
10–15 years	29	18	11
15–20 years	24	16	8
20–25 years	29	16	13
25–30 years	47	24	23
30–35 years	48	16	32
35–40 years	38	15	23
40–45 years	35	22	13
45–50 years	26	12	14
50–55 years	34	16	18
55–60 years	17	13	4
60–65 years	15	9	6
65–70 years	9	3	6
70 years and above	4	2	2

The obese built is seen to be less affected from asthma; as seen from the total number of 413 patients, only 20 patients were obese, 50 were of stocky built & 343 were of lean built.

Mental Make-up

Most of Bronchial asthma patients were of IRRITABLE DISPOSITION and EMOTIONALLY SENSITIVE NATURE.

S. No.	Mental state/symptoms	No. of cases
1.	*Irritability*	110
2.	*Emotionally sensitive*	125
3.	*Fear: Dark, being alone, animals etc.*	120
	— mostly in children	40
4.	Meticulous	78
5.	Depressed	49
6.	Excitable	45
7.	Apprehensive	15
8.	Vexation/grief	30

Aetiolgical Factors

Factors observed to excite asthma in the 413 cases are as given below:

S. No.	Causative factor	No. of cases
1.	*Change of weather*	107
2.	Wet weather	55
3.	Winter	56
4.	Wheat husk	9
5.	Pollens	10
6.	Dust, smoke	110
7.	Strong smells/perfumes etc.	17
8.	Emotional excitement	87
9.	Apprehension/Anticipation	15
10.	Vexation/grief	1
11.	*Ingestants*	152
12.	— cold drinks & food	90
13.	— curd	12
14.	— farinaceous food	15
15.	— banana	5
16.	— fried food	13
17.	— sour food	17

Severity of Acute Attacks

S. No.	Stage	No. of cases
1.	MILD (Mild dyspnoea; diffuse wheezes)	34
2.	*MODERATE (Respiratory distress at rest; hyperapnea; marked wheezes)*	218
3.	SEVERE (Marked respiratory distress; wheezes or absent breath sounds)	161
4.	RESPIRATORY FAILURE (Severe respiratory distress; lethargic; confused; prominent pulsus paradoxus; sternocledomastoid retraction)	—

The highest number of cases were that of a moderate respiratory distress. Cases belonging to severe respiratory distress or respiratory failure were excluded due to lack of indoor facility.

Associated Complaints

S. No.	Disease	No. of cases
1.	Rhinitis	70
2.	Skin disorders	37
3.	Alternation of skin & respiratory complaints	20
4.	Osteoarthritis	5
5.	Hypertension	6
6.	Diabetes mellitus	2
7.	Worm infestation	3
8.	Gastritis	14
9.	Migraine	4

Past History

S. No.	Disease	No. of cases
1.	Rhinitis	50
2.	Eczema/urticaria	26
3.	Pneumonia/Acute bronchitis	63
4.	Tonsillitis	21

Family History of Allergic Disorders

S. No.	Disease	No. of cases
1.	*Asthma*	157
2.	Rhinitis	39
3.	Eczema/Urticaria	22

Miasmatic Assessment

S. No.	Miasm	No. of cases
1.	*Psora*	125
2.	*Sycosis*	114

3.	*Syphilis/Tubercular*	155
4.	Mixed	19

From the above figures, it is apparent that asthma patients may not necessarily be Sycotic in nature.

Investigations

S. No.	Laboratory Investigation	No. of cases	Normalised
1.	Increased A.E.C.	56	34
2.	Increased E.S.R.	52	32

Effective Drugs

It has been observed from 413 cases of asthma that *Arsenicum album, Kali carbonicum, Pulsatilla, Carbo vegetabilis, Nux vomica, Natrum sulphuricum, Hepar sulphuris, Spongia, Blatta Q,* were needed most and also controlled effectively the acute paroxysms of asthma.

Name of drug & potency	No. of cases		
	Total	Relieved	Not Relieved
Ars-alb. 30 to 10M, Q7-22	134	*102 (76%)*	32
Antim tart 6, 30	11	8	3
Blatta-or. Q, 6	17	10	7
Kali carb 6, 30, 200	33	*20 (60%)*	13
Pulsatilla 30,200,1M	39	*25 (64%)*	14
Carbo veg. 30,200,1M	28	*20 (71%)*	8
Nux vomica 30,200,1M	15	11	4
Nat-sulph. 6, 30, 200, 1M	24	*18 (75%)*	6
Hepar sulph. 30, 200	30	*22 (73%)*	8
Spongia 6, 30	11	8	3
Ipecac 6, 30	*25*	*15(60%)*	10

Effective Drugs/Reliable Indications

Given below are details of reliable indications of the above stated medicines that were found effective:

S. No.	Name of drug & potency	Prescribing symptoms	No. of cases Total	Relieved	Not Relieved
1.	Arsenicum album 30 to 10M LM7 to LM22	—Agg. midnight, 12-2 a.m. —Cough, wheeze, worse at night —Scanty, frothy expectoration —Restlessness; prostration after attack —Sneezing from dust, smoke, strong smells —Thirst, frequent, small quantity —Irritability —Fastidious —Fear: alone, dark, death	134	102 (76%)	32
2.	Aralia racemosa Q,6,1M	—Asthmatic cough < inhaling dust < lying down	8	3	5
3.	Antimonium tartaricum 6,30	—Cough > by lying on rt. side	11	8	3
4.	Blatta orientalis Q,6	—Cough with dyspnoea	17	10	7
5.	Bryonia 6,30,200	—Respiration difficult < every movement < 9 P.M. Cough < coming in warm room, loose Thirst excessive, wheezing	19	11	8
6.	Cannabis sativa 6,30,200	—Asthma > by standing	4	3	1
7.	Kali carbonicum 6,30,200	—Ailments/Agg. change of weather, cold weather —Dry cough, 3-4 a.m. —Agg. lying, almost impossible —Dyspnoea, better bending forward —Expectoration, scanty tenacious —Backache during attack —Emotionally sensitive —Tendency to take cold —Irritability —Weak tubercular constitutions	33	20(60%)	13
8.	Lachesis 30,200,1M	—Breathlessness as soon as falls asleep, cough dry suffocative, desires to loosen clothing	8	5	3

9. Pulsatilla 30,200,1M	—Dry cough, < evening and night —Thick, yellowish-green expectoration, worse morning —Asthma preceded by an attack of coryza agg. rich/fried food —Desires open air —Emotionally sensitive —Weeping disposition during attack	39	25(64%)	14
10. Grindelia 6,30	—Asthma, with profuse tenacious mucus, wheezing, and oppression	14	9	5
11. Carbo vegetabilis 30,200,1M	—Especially for late-onset —H/O pneumonia, recurrent bronchitis in past —Spasmodic cough from irritation in throat —Worse in evening, night —Asthmatic breathing due to excessive flatulence, temporarily relieved by eructations —Desire to be fanned	28	20(71%)	8
12. Nux vomica 30,200,1M	—Marked irritability during attack —Coryza followed by acute asthma —Agg. after eating, fullness of stomach	15	11	4
13. Natrum sulphuricum 6, 30,200,1M	—Early onset asthma —H/O pneumonia in past —Agg. damp weather —Rattling; dyspnoea–early morning —Cough with thick, ropy, greenish expectoration	24	18(75%)	6
14. Ignatia amara 30,200	—Ailments from grief	4	4	—
15. Ambra grisea 30	—Ailments from vexation	1	1	—
16. Stannum 30	—Ailments from walking, cycling —Inactivity of rectum	1	1	—
17. Sambucus nigra 30	—Suffocation, lying impossible	3	3	—
18. Hepar sulphuris 30,200	—Agg. dry cold air > sitting head bent backwards, wheezing	30	22(73%)	8
19. Spongia tosta 6,30	—Agg. change of weather > cold drink —Croupous cough —Respiration—short, difficult	11	8	3
20. Ipecacuanha 6,30	—Rattling of mucus —Difficult expectoration —Cough with every breath	25	15(60%)	10
21. Sepia officinalis 30	—Amel. from playing games	1	1	—
22. Pothos 6,30,200	—Inhaling dust —Asthma > stool after	4	3	1

Other drugs that have been prescribed as intercurrent remedies and have helped in curing the patients are:

1. Psorinum 200, 1M	6	5	1
2. Medorrhinum 2C, 1M	7	5	2
3. Tuberculinum 2C, 1M, 10M	9	7	2
4. Calcarea carb 1M, 10M	8	6	2
5. Thuja 2C, 1M, 10M	5	4	1
6. Sulphur 200, 1M	6	4	2

It has been observed that Bronchial asthma cases showed marked improvement in the frequency, intensity and duration of subsequent attacks after homoeopathic treatment.

From amongst these medicines, the most efficacious drugs namely, *Antimonium tartaricum, Arsenicum album, Carbo vegetabilis, Hepar sulph, Ipecacuanha, Kali carbonicum, Natrum sulphuricum, Pulsatilla* and *Spongia* are being verified further under a new project of Drug-related Research on Bronchial Asthma. The main aim of this study is to make the prescription easy and effective by narrowing the field of selection.

Cases

BA/8524

In Nov. '85, a female aged 41 years suffering from Intrinsic Asthma for 16 years presented with symptoms of aggravation of attacks at night, 1-2 A.M., during sleep, winters and from wheat dust. She was a chilly patient. In childhood, she had suffered from pneumonia. She was put on Arsenic alb 30 for a week, without any relief. The case was then repertorised and put on Carbo veg. 30, and subsequently on single doses of 200 & 1M at suitable intervals with continuous improvement in asthma. The patient has remained asymptomatic ever since July '87 and is being followed up. Ipecac, Kali carb, Merc sol. were also prescribed for the associated complaints.

BA/8734

In Dec. '87, a boy aged 10 years suffering from Extrinsic asthmatic attacks every change of weather for 5 years, used to get cough from least exposure to cold air, and tickling at throat pit. He used to become dyspnoeic from coughing. He was given Rumex 6 SOS. There was marked relief in two months. A dose of Arsenic alb 1M (constitutional) was given inbetween and the patient has remained asymptomatic ever since March '88.

BA/8731

In Dec. '87, a male aged 56 years, living in U.K., suffering from Intrinsic asthma for 19 years, had onset of Asthmatic attacks during the period of grief as a result of discord with wife. He was given a dose of Ignatia amara 1M after which he remained asymptomatic for 10 months. Another dose of Ignatia 1M was given at this stage with marked relief. Inbetween Spongia and Nux vom were given for other complaints. He has had no attacks till his last visit in Nov. '91.

BA/8442

In March '85, a 15 years old girl, case of persistent Extrinsic asthma ever since an attack of Typhoid fever at 5 years of age; sought treatment with aggravation of asthmatic attacks in winters, preceded by episodes of evening sore throat and hoarseness. She was put on Carbo veg 30 for 2 weeks with relief in complaints, followed by SOS doses of Carbo veg which kept her complaints in check for 5 months. This was followed by Kali carb 30 (which follows well Carbo-veg). In between she was given Hepar, Tuberculinum (for urticaria) with relief. After slight relief, asthmatic complaints recurred and were observed to be > when occupied. She was given Piper methysticum 30 with marked relief in symptoms. Dyspnoea disappeared completely but urticaria recurred frequently. To complete the case Sulphur 30,1 dose was given and she is asymptomatic till now.

BA/8914

In Oct. '89, a girl aged 4½ years had the onset of Extrinsic asthma after recurrent attacks of coryza at the age of 6 months and had been put on bronchodilators. She had attacks on falling asleep and used to wake up suddenly with dyspnoea. She was given Grindelia 6/tds for 1 month alongwith gradual withdrawal of bronchodilators, with marked relief in complaints. Later, she was observed for a month with placebo & Gindelia 30 SOS. Till date no complaint has recurred and child has not needed bronchodilators.

BA/9042

In Dec. '90, a female aged 30 years suffering from Extrinsic asthma for the last 3 years had aggravation of attacks during damp weather and from 4 to 5 A.M. daily. She was given Nat sulph 30 and had considerable relief in complaints within a week. She was kept on placebo. 3 months later she developed sneezing with watery, acrid nasal discharge for which she was given Ars iod 6/qid/2 weeks. She remained asymptomatic for 7 months thereafter and reported in December '91 with recurrence of dyspnoea though with less intensity, and an < around 9 P.M. and after eating which responded to a few doses of Bryonia 6. The case is still being followed up.

BA/9004

In April '90, a 15 years old girl, suffering from Extrinsic asthma for 11 years had aggravation of attacks during winters and rainy season and felt less dyspnoeic while standing. She was given Cannabis sativa 6, and showed marked relief in complaints in 2 weeks time. The same medicine was repeated for 1 month. After this she was given two doses of Sulphur 200 (Repertorial totality). She has remained asymptomatic in the rainy season and winters this year.

BA/9109

Male, 30yrs old, case of Extrinsic asthma of 11yrs, presented in March '90 with the persistent 3 A.M. cough followed by dyspnoea, that would abate only in summers. He also suffered from coryza in every winter with nocturnal nasal obstruction. He was given Ammonium carb 6. There was marked relief with 2 weeks of treatment but had < of complaints after beer for which he was given Cocculus 6, with relief in symptoms. He has not had any attack since 9.5.91 and is being regularly followed up.

BA/9111

In March '91, a male aged 36 years suffering from Extrinsic asthma for 5 years had attacks of cough and dyspnoea at 2-3 A.M. The patient was very sensitive to cold weather and < lying on left side. He was put on Kali carb 30 without appreciable relief. The remedy was changed to Ammonium carb 6 and the patient showed considerable improvement within a week. The medicine was continued for 2 weeks, followed by Placebo, and thereafter the patient has been asymptomatic till date.

BA/9040

In Nov. '90, a 28 years male, belonging to medical profession, had extensive therapy of Intrinsic asthma with bronchodilators and steroids at the time of starting homoeopathic treatment. He had been suffering from 5 years, had attacks from sour (esp. tomatoes) with stringy white expectoration. He was given Alumen 30×3 for one week. The relief in complaints was so remarkable and sudden that steroids were discontinued and bronchodilators also reduced from six tablets to one a day. There was however twitching of muscles of eye and leg reported, but the same disappeared on withdrawing Alumen. The patient was put on Placebo and has had no attack since Dec. '90.

Inference

Bronchial asthma cases showed marked improvement in the frequency, intensity and duration of subsequent attacks after homoeopathic treatment.

"Fortunate, indeed, is the man who takes exactly the right measure of himself, and holds a just balance between what he can acquire and what he can use—be it great or be it small."

Peter Mere Latham
Lectures on Clinical
Medicine, Lect. I
