

Bronchial Asthma and Homoeopathic Perspective: A Review

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Abstract Bronchial asthma is a non-communicable disease. It is a serious public health concern which hinders the quality of life of an individual. In this article, I highlight the risk factor, pathophysiology, recent diagnostic tool of bronchial asthma along with complication, general management, Comparative study of homoeopathic medicine and miasmatic analysis and approach of bronchial asthma patient in homoeopathy.

Introduction

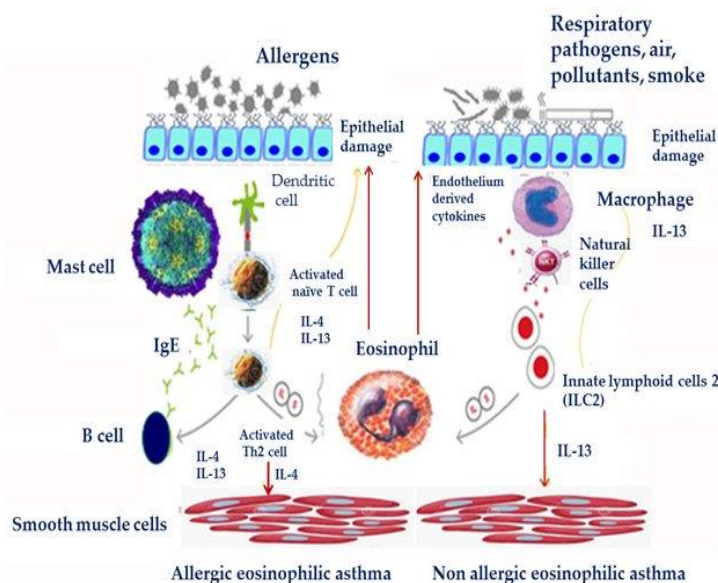
Asthma comes from Greek word which means “Panting”. Asthma has been listed under the code J45.0 – J45.998 according to the ICD-10-CM classification.

Asthma is common & potentially serious chronic diseases that imposes a substantial burden on patients, their families & the community. It causes respiratory symptoms, limitation of activity, and flare-up that sometimes requires urgent health care & may be fatal. Asthma is defined as a disorder characterised by chronic airway inflammation & increased airway obstruction resulting in symptoms of wheeze, cough, chest tightness & dyspnoea.

Prevalence

According to WHO, 2019 report 262 million peoples are affected and 455000 death occurred. According to Centres for Disease control & Prevention (CDC) 1 in 13 people have asthma. In Worldwide around 4-7% have affected. In India, According to WHO report (2016), Raipur is the highest prevalence of Asthma in children. 80% of all patient report disease prior to 6 years of age. Male are more affected.

Patho-Physiology



Atopic Asthma Mechanism:

Allergen inhaled by subjects



Allergen interacts with **mast cell**

Non Atopic Asthma Mechanism:

Epithelial cell or smooth cell



Activate **T-helper 2 (Th2)**

Key Factors

- 1) Positive family history
- 2) Allergy
- 3) Smoking
- 4) Obesity

Triggering Factor

Asthmatic patients are having a hyper inflammatory reaction with airway obstruction which may be triggers by different factors,

1. **Genetic susceptibility:** Several potential gene linkage such as **chromosome 11q13**, which contributing to the asthmatic tendency in any one individual
2. **Environmental factors:** The environmental factors have been seen to triggers the asthma & it have been divided in 2 category,
 - a) **Indoor:** House dust, Allergens, fungal spores, cockroach antigen, pet derived allergen, SO₂ which are released from open fires, NO₂ released from gas cookers, smoking.
 - b) **Outdoor:** NO₂, SO₂, ozone from vehicle, fuel burning industries.
3. **Infections:** Viral, bacterial infections like- streptococcus pneumonia, H. Influenzae, HSV, Mycoplasma
4. **Occupation hazards:** Those who work in the coal industry, wood industry
5. **Psychological factors:** Anxiety, stress, emotion can exacerbate asthma
6. **Temperature & Humidity**
7. **Drug:** Such as aspirin, beta blockers which triggers asthma

Bronchial Asthma: The Patient

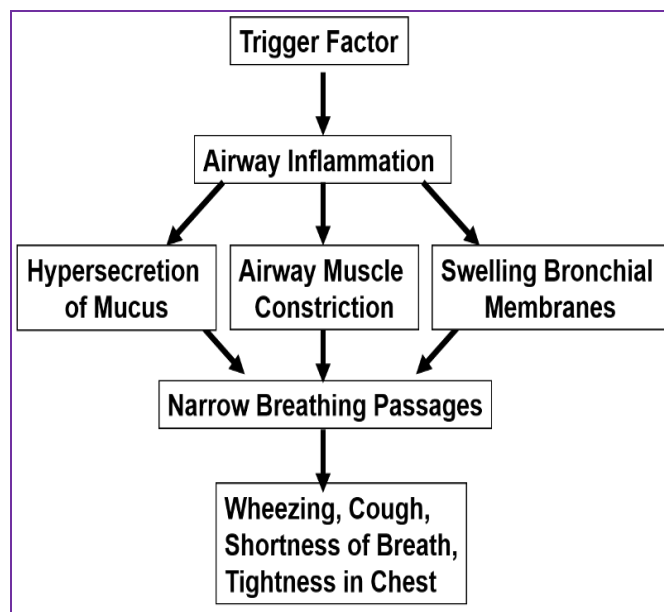


Figure: How Symptoms are produced

The typical symptoms of bronchial asthma are

- a) Wheeze
- b) Breathlessness
- c) Cough
- d) Sensation of chest tightness

Occurrence of symptoms most commonly *at night* (**Nocturnal asthma**)

(But in case of **Diurnal asthma** symptoms aggravate in early morning hour).

In case of **Cough-variant Asthma**, where cough is main feature with lack of wheeze & breathlessness

In case of **Exercise Induced asthma**, where asthma provoked by exercise

In case of **Acute Severe Asthma (Status Asthmaticus)**, following features are seen:

- 1) Severe breathlessness
- 2) Inability to speak in one breath
- 3) Restlessness & anxiety
- 4) Pulse rate >110/min
- 5) Prominent central cyanosis
- 6) Pulsus paradoxus

General Survey

- a) Facies is anxious,
- b) patient wants to **stoop forward posture or upright position**,
- c) prominence of accessory muscle of respiration,
- d) **expiratory wheeze** is heard,
- e) sweating is present

On Examination

- 1) **Respiration:** 25-40/min
- 2) **Blood pressure:** Systolic BP is high
- 3) **Pulse rate:** Rapid > 100
- 4) **On Inspection:** Hyperinflation of chest
- 5) **On palpation:** Vocal fremitus is Increased
- 6) **On Percussion:** Hyper-resonant note is heard
- 7) **On Auscultation: Wheezing Ronchi is heard (It is diagnostic)**
- 8) Apex beat may not be palpable

Diagnostic Criteria of Bronchial Asthma

Bronchial asthma has **two defining feature** by which we can diagnose it,

- 1) A history of respiratory symptoms such as wheeze, shortness of breath (SOB), chest tightness & cough that vary over time & in intensity
- 2) Variable expiratory airflow limitation

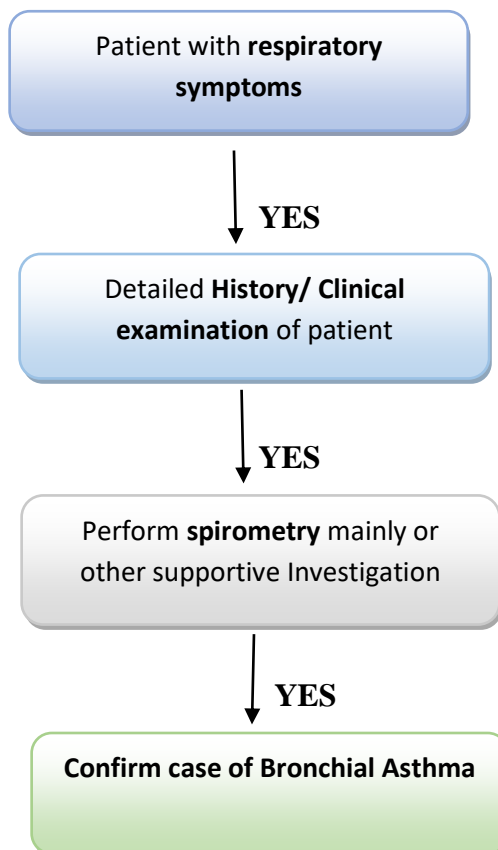


Figure: Diagnostic Flow chart for Bronchial Asthma

Investigation To Confirm The Diagnosis

- 1) **Lung Function Test:** FEV_1 = Low, FEV_1/VC = < 80%, VC= Low, TLC= Increase
- 2) **Sputum Examination:** Curschmann's spirals, Charcot-Leyden crystal, Creola's body, eosinophils apart from organism
- 3) **Radiological Examination:** Hyperinflation of lungs
- 4) **Blood Examination:** Eosinophil count is high, IgE: Increase

5) **Skin Test:** Hypersensitivity reaction is seen

How to Assess the Severity of Asthma

Severity of asthma is assessed by its features: -

Severe asthma:

- 1) **Pulse > 110/min**
- 2) **Pulsus paradoxus**
- 3) **Unable to speak in sentence**

Life-threatening condition:

- 1) **Cannot speak**
- 2) **Central cyanosis**
- 3) **Bradycardia**
- 4) **Silent chest**

Indication of Ventilation:

- 1) **Coma**
- 2) **Respiratory arrest**
- 3) **Pao₂ < 8kPa,**

Differential Diagnosis with Other Disease

DISEASE	IMPORTANT FEATURE
1) Cardiac Asthma	- Absent of wheezing - Present of rales sound - Pericardial rub is heard
2) Chronic Bronchitis	- Cough & sputum for 3 consecutive months in a year for more than 2 successive year. - No family history but smoking is prime cause
3) Bronchopneumonia	- High temperature - Rusty sputum - Recent onset - Toxaemia
4) Allergic aspergillosis	- Type 3 Hypersensitivity reaction - Sputum contains <i>Aspergillus fumigatus</i>

Primary Level of Prevention

- 1) **Health Education**
- 2) **Promote Quality of Living**
- 3) **Environmental Modification**
- 4) **Nutritional Improvement**
- 5) **Specific Protection Against Allergic Substance, Drugs, Foods, Etc**

General Management During Time of Attack

- 1) Rest in Bed in **Propped Up Position or Sitting on Chair**
- 2) Maintain Proper Room Temperature
- 3) **Avoid Over Crowding**
- 4) Oxygen Inhalation If Required

Homoeopathic Approach

Homoeopathy Treats the Person as Whole. It Means That Homoeopathic Treatment Focuses on The Patient as A Person, As Well As His Pathological Condition. The Homoeopathic Medicines Are Selected After A Full Individualizing Examination & Case-Analysis, Which Includes the Medical History Of The Patient, Physical & Mental, Constitution, Family History, Presenting Symptoms, Underlying Pathology, Possible Causative Factors Etc. A Miasmatic Tendency (Predisposition/Susceptibility) Is Also Often Taken Into Account For The Treatment Specially Chronic Disease. A Homoeopathy Doctors Tries To Treat More Than Just The Presenting Symptoms. The Focus Is Usually On What Caused The Disease Condition? Why This Patient Is Sick? The Disease Diagnosis Is Important But In Homoeopathy, The Cause Of Disease Is Not Just Proved To The Level Of Virus, Bacteria. Other Factors Like Mental, Emotion, & Physical Stress That Could Predispose A Person To Illness Are Also Looked For. Now A Days, Even In Conventional System Also Considers A Large Number Of Diseases As Psychosomatic.

The Correct Homoeopathic Remedy Tries To Correct The Disease Predisposition. The Focus Is Not Curing The Disease, But To Cure The Person Who Is Sick, To Restore The Health. If A Disease Pathology Is Not Very Advanced, Homoeopathy Remedies Do Give A Hope For Cure But Even In Incurable Cases, The Quality Of Life Can Be Greatly Improved By Homoeopathic Medicines. In The Case Of Bronchial Asthma, We Must Follow Our Basic Principle & Treat The Patient Accordingly. But, There Is Lots Of Risk Factor & Aggravating Factor Is Present In Bronchial Asthma, So We Must Manage The Patient Along With Medicine.

Miasmatic Scenario

- A) **Psora:** Dry, Teasing, Spasmodic Cough With Scanty Expectoration.
Burning Pain In The Chest
Apprehension And Fear Of Death.
Aggravated By Cold, Lying Down, After Sleep, Ameliorated By Hot Application & Hot Drink
- B) **Syphilis:** Stitching, Lancinating, Shooting Pain In The Chest,
Short Barking Cough With Hoarseness.
Complaints Aggravated At Night, Change Of Weather, > Cold & Damp
- C) **Sycosis:** The Patient Especially Worse By Cold, Damp, Rest, Damp Weather
Better By Moving, Summer & Stretching.
Asthma In Humid And Moist Rainy Season, Better Lying On Abdomen

Comparative Study on Homoeopathic Medicine

HOMOEOPATHIC MEDICINE	CHARACTERISTIC SYMPTOMS
1. Arsenicum album	Asthma aggravate after twelve o'clock, lying down, ameliorate when sit up & bend forward
2. Heper sulphur	Asthma after suppressed eruption, ameliorate bend head back & sit up
3. Psorinum	Asthma aggravate on open air, sitting up, ameliorate while lying down and keeping arms stretched far apart
4. Medorrhinum	Asthma relief by lying on face & protruding tongue
5. Kali Carb	Asthma relief by sitting up or bending forward or rocking & aggravate by 2 to 4 Am
6. Hypericum	Asthma on foggy weather & ameliorate by profuse expectoration
7. Cannabis sativa	Asthma relief by standing up & the patient take breath on standing
8. Sanguinary	Asthma after the rose cold or from odors
9. Natrium sulph	Asthma on rainy weather Asthma in children as a constitutional remedy
10. Syphilinum	Asthma on summer worse at night
11. Pothos	Asthma relief by passing stool
12. Zingiber officinale	Asthma without anxiety worse in the morning
13. Grindelia Robusta	Asthma worse on lying down, relief by profuse tenacious expectoration
14. Aralia recemosa	Asthma on lying down at night worse after first sleep, burning & rawness behind the sternum
15. Blatta orientalis	Asthma associated with bronchitis. Indicated after arsenic is insufficient

Note: These are few most commonly use medicine. But, we cannot forget our basic principle i.e. individualization. We follow it & medicine should be selected on the basis of symptom-similarity

Process of Case-Taking

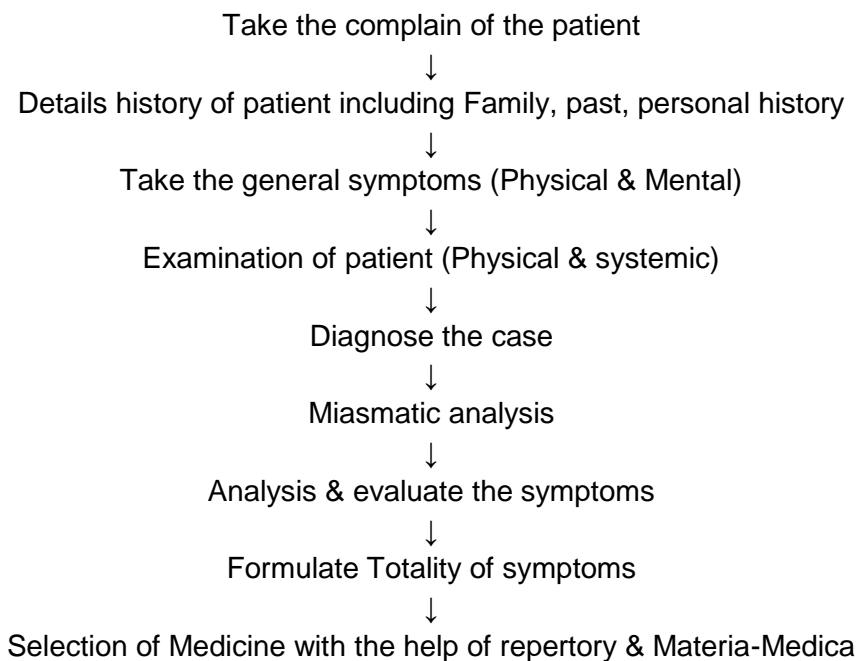


Figure: Schematic diagram of Homoeopathic approach in Bronchial Asthma

Conclusion

Homeopathy is a wonderful science that takes a natural approach to healing. Homeopathic medicines are made from natural substances and are therefore, safe and have no toxic side effects. This is also what makes them more effective in treatment of bronchial asthma. Homeopathic medicines act at the root level and stop further progression of the disease. They stimulate the disease fighting mechanism of the body. As the healing system of the body is strengthened, the disease is completely eradicated.

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