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# BRONCHIAL ASTHMA

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Although Bronchial asthma is not one of the most obscure and intractable diseases, the mankind has ever witnessed like diabetes and cancer, but still this particular disease, since its birth, has disabled the innumerable victims and has brought premature senility of manifold sufferers and also has caused serious devastation of few individuals due to pneumothorax, subcutaneous emphysema, Pneumomediastinum, retropneumoperitonium & rib fracture. Many votaries of different systems have been pondering seriously from different angles to combat such inveterate and obstinate disease.

Prognosis of Bronchial asthma with the modern treatment is not so alluring i. e. with regard to the removal of the disease to its fullest extent. And the disease bronchial asthma is still posing problem in modern medicine and radical treatment is still obscure to them inspite of their advanced therapies like antiallergic therapy, Adrenocortical hormones therapy, Prescription of broncho-dilators, and disodium-Chromo glycate etc. There is no doubt that they are cotrolling and abating the acute exacerbation (status asthmaticus) and prolonging the interval of paroxysms but no permanent recovery is offered.

Bronchial asthma is a clinical syndrome of which the characteristic features are paroxysmal wheeze and dyspnoea caused by increased resistance to the flow of the air through the narrowad bronchi. The changes in the bronchial wall, which reduce the size of the lumen are not precisely understood and may not be same in every case. It is however clear from the clinical observation of patients with asthma that the bronchial obstruction varies in degree and is potentially reversible. Probably the two processes chiefly concerned are :—

- i) Abnormally sustained contraction at the Bronchial musculature (bronchospasm) and:
- ii) Oedmatous swelling of bronchial mucosa.

There is much circumstantial evidence to suggest that hypersensitivity to foreign proteins or other substances are capable of producing bronchial spasm especially in children.

It is widely recognised that emotional instability is a prominent feature in many asthmatic patients and attacks may be precipitated by psychological trauma or stress.

Respiratory infection may also be an important aetiological factor in bronchial asthma.

If these observations are valid, it is clear that in the production of asthmatic attacks three factors may operate viz. allergic factor, psychological trauma and respiratory infection.

From Homoeopathic stand point with above discussion, it is understood that bronchial asthma belongs to the domain of sycotic miasm with psoric base.

Hence from the point of Homoeopathic treatment it has a vast scope as its rational philosophy advocates in favour of it and it corroborates in the practice too. And the idea of presenting this paper is to unfurl it.

#### AIMS AND OBJECTIVES :—

Considering all above facts, a retrospective study was made from the case records of Author's clinic from 1979-85 with following objectives :—

- a) to find out most effective drug/drugs with regard to their reliable guides for prescription;
- b) effects on types of Bronchial asthma;
- c) most suitable potency/potencies;
- d) their repetition schedules;
- e) effects on various age group of patients;
- f) effects on sex;
- g) effects on recent and remote cases.

#### METHODOLOGY :

The medicines are prescribed on the basis of totality of symptoms after repertorisation.

Diagnostic features for Bronchial Asthma were as follows :—

- a) Paroxysmal dyspnoea :
- b) Wheezing (loud whistling, squeaking and groaning sounds called musical rales):
- c) Cough :
- d) Periodic appearance of symptoms.

#### CLASSIFICATIONS WERE MADE ON THE FOLLOWING BASIS :—

##### 1) Atopic asthma (Extrinsic or allergic) :

Features :—Affects children & young adults.

- Acute paroxysm of short duration with long interval.
- Personal/family history of allergy :
- It may be complicated with infection.

## II) Non-atopic (Intrinsic or non-allergic)

- Sensitive to moulds, organic dust (wond dust) inorganic materials (Platinum).
- Their illness may begin as episodic asthma but it progresses to a more severe and protracted form associated with high eosinophil levels in both the sputum and the peripheral blood.
- Chronic non-atopic asthma usually occurs with individuals of age 40, history of contact dermatitis, history of urticaria, H/O Sinusitis, chronic bronchitis complicated with "Status asthmaticus".
- Asthma with nasal polyp.
- Ashma with pregnancy.
- Chronic bronchitis and asthma (Begins with productive cough which goes on for many years and finally becomes associated with wheezing).

## III) Status asthmaticus :—

- Dyspnoea becomes progressively severe.
- Cough becomes unproductive and mechanically inefficient.
- Progressive plugging of the bronchi by thick mucosa.
- Breath sounds and rhonchi become distinct.
- Absent of wheezing gives a false impression of patient's improvement where as patient is about to die.

For the collection of types of responses obtained by drugs, the following parameters were fixed.

### POSITIVE RESPONSE :—

1. **Cure** :—Disappearance of all symptoms for more than 3 years.
2. **Improvement** :
  - a) *Marked* :—Disappearance of all symptoms for a period less than 3 years.
  - b) *Moderate* :—Interval of the paroxysm has become prolonged and there is less intensity of the paroxysm.
  - c) *Mild* :—Disappearance of few symptoms with or without prolongation of paroxysm interval.

### NEGATIVE RESPONSE :—

3. **No improvement** :—There is no improvement even after sufficient period of treatment.
4. **Dropped out** :—Did not stick to treatment for sufficient time.

For collection of data from various ages following types were made:—

1. Children — ( 2—12 years )
2. Young age — ( 13—30 years )
3. Middle age — ( 31—50 years )
4. Old age — ( 51 years and above )

For the recording of repetition-results, following parameters were fixed:—

- a. *Single dose*:—Prescribing indicated drug in single dose and allowing patient to wait for sufficient period.
- b. *Daily Repetition*:—Indicated drug is administered daily. For recent and remote cases the following criteria were fixed:—
  - a. *Recent Cases*:—It means suffering is of few months but within 1 year.
  - b. *Remote Case*:—It means the suffering is since more than 1 year. ✓

**RESULTS**:—82 patients were treated during the entire period. Results obtained are presented below:—

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**SELF RELIANCE THROUGH PRODUCTIVITY**

**DRUGS THOSE CURED CASES WITH THEIR FREQUENCIES OF APPEARANCES**

Names of Drugs	Ammon. Carb.	Cal. Carb.	Sulph.	Sporg. Carb.	Kali Carb.	Thuja Alb.	Ars. Alb.	Tub.	Phos. Mur.	Nat. Mur.	Psor.	H.S. Carb.	Nat. Vom.	Nux.	Sep.	Kali bai.	Acid Nit. ph.	Sy. sulph. cia	Nat Sili-	
Frequencies needed	7	6	5	5	4	4	4	3	3	3	2	2	2	1	1	1	1	1	1	1

Drugs used too frequently :

Ammon Carb.

Calc. Carb.

Sulpher.

Ars. alb & etc. Totality of symptoms taken for prescribing purpose is discussed below for finding their reliable indications.

**PRESCRIBING TOTALITY IN AMMON CARB.**

**Case No. 1 (Atopic)**

- Dyspnoea → in cold, dust, smoke
- Wheezing → by warmth
- Cough.
- Nasal obstructions.
- H/O Eczemacapitis, caries teeth.
- Hot patient.
- Bathing does not like.
- Desire sour, warm food.
- Easy satiety.
- Dream-frightful.
- Consolation aggravate, irritable
- Septal deviation

**Case No. 2 Non Atopic**

- Dyspnoea → at night
- Wheezing → in cold, wet weather
- Cough.
- Nasal obstruction
- Hot patient.
- Does not like bathing
- Easily catches cold.
- Likes ice cream.
- Dislike sweet, milk.
- Uripe-offensive.
- Fear to ghost.

**Case No. 3 (Atopic)**

- Dyspnoea → to dust
- Wheezing → at night
- Nasal obstruction.
- Hot patient.
- Easily catches cold.
- Likes warm food, salt.
- Salivation profuse at night.
- Consolation aggravates.

**Case No. 4 (Non-Atopic)**

- Dyspnoea.
- Wheezing → at night, Cold room, rainy season, Cough, Nasal obstruction open air.
- Hot patient
- Easily catches cold.
- Likes milk, sweet, warm food.
- Increase salivation at night.
- Wants to be alone.
- Consolation aggravates.
- Better in Sea shore.
- Fear of thunder storm.

**RELIABLE INDICATIONS.**

- Dyspnoea, wheezing, cough & nasal obstruction/in cold, at night, dust.
- Hot patients—4
- Does not like bathing—2
- Easily catches cold—2
- Consolation aggravates—3
- Increase salivation aggravate at night—2
- Desire to be alone.

**SULPHUR PRESCRIBING TOTALITY**

**Case No.1 Non-atopic**

- Dyspnoea
- Cough aggravates to dust.
- Common cold.
- Nasal obstruction
- Hot patient
- Easily catches cold.
- Likes sweet, warm food
- Appetite-Ravenous.
- Suppurative tendency
- Selfish
- Untidy

**Case No. 2 Non-atopic**

- Cough
- Sneezing
- Nasal obstruction
- Dyspnoea at night
- Occasional wheezing
- Hot patient
- Catches cold easily.
- Dislikes sweet.
- Salivation-profuse at night.
- Consolation aggravates.
- Likes to be alone
- Untidy

**Case No. 3 Non-atopic**

- Cough aggravates on going to sleep.
- Wheezing aggravates lying back ameliorate open air.
- F/H insanity.
- Hot patient.
- Dislikes sweet.
- Sweats profusely (upper part)
- Easy satiety.
- Thirst- Profuse with dry tongue.
- Sympathetic.
- Aversion to music
- Time passes slowly
- Ravenous appetite
- Suppurative tendency.

**RELIABLE INDICATION**

- Hot patients.
- Easily catches cold—2
- Dislike sweet.
- Untidy—2
- Can not wait for food
- Suppurative tendency—2
- Like warm food—2
- Wheezing dyspnoea, cough, sneezing aggravate on dust.

**CALC. CARB. PRESCRIBING TOTALITY***Case No. 1 (Atopic)*

- Cough
- Dyspnoea on exposure to cold.
- sneezing warm
- Chronic common cold
- F/H. Br. Asthma
- Desire sweet & egg
- Aversion sour
- Sweet palm & sole
- Forgetfulness
- Can not write in presence of others.
- Thinks seriously to trivial ailments.
- Enl Int. turbates, Rhinitis.

*Case No. 2 (Non-atopic)*

- Cough aggravate by cold & night
- Wheezing sleep, sitting
- Does not like bathing
- Desire egg
- Aversion sour
- Sweat on parts over which lies.
- Nervous.
- Destructive in nature
- Memory (Maths) poor
- Rhinitis.

*Case No. 3 (Non-atopic)*

- Dyspnoea at night
- Sneezing
- Wheezing
- Alt. nasal obstruction
- Cough during sleep on exertion in dry cold at night in warm room.
- Hot patient
- Catches cold easily
- Desire cold food, sweet, sour.
- Sweeting palms & sole, sour smelling.
- Wants to cover the feet during sleep.

*Case No. 4 (Non-atopic)*

- Sneezing
- Running nose change of place.
- Dyspnoea change of climate.
- Wheezing at night
- Cough
- F/H. Br. Asthma.
- Does not like bathing
- Desire warm food, sour, salt.
- Sweet on forehead, before common cold.
- Salivation increase before cold.
- Wants to be alone
- Can not write in presence of others.
- Rhinitis.

**RELIABLE INDICATION :**

1. F/H. Bronchical Asthma—2
2. Desire egg—3, sweet—2, Sour
3. Aversion—sour—2
4. Sweet palm/sole - 2. Sour smelling, head part on which he lies.
5. Can not write in presence of others—2
6. Does not like bathing—2
7. Rhinitis
8. Easily catches cold—3
9. Cough aggravate at night—3
10. Wheezing aggravate in dry cold - 2
  - Dyspnoea aggr. during sleep—2
  - sneezing amel. in warm,

**ARSENIC ALB. PRESCRIBING TOTALITY***Case No. 1 (Non-atopic)*

- Sneezing
- Cough
- Wheezing
- Snuffles
- Dyspnoea
- Chilly patient
- Easily catches cold
- Likes salt chillies
- Dislike sweet
- Easy satisfy
- Burning sole

*Case No. 2 (Non-atopic)*

- Sneezing
- Common Cold
- Nasal obstruction
- Cough aggr. in winter
- Wheezing amel. in summer
- Dyspnoea
- Chilly patient, easily catches cold
- Desire warm food, chillies
- Dislike sweet
- Intolerable milk
- Dream-fish, meat, dead bodies.
- Coldness of palm & sole
- Lazy
- Fastidious
- Fear to dark
- Economical.

*Case No. 3 Atopic.*

- Sneezing aggr. from exposure to dry cold,
- Cough aggr. evening midnight.
- Nasal obstruction
- Wheezing sleep during.
- F/H. - Br. Asthma.
- Chilly patient
- Easily catches cold
- Forehead sweating.
- Constipated in summer.
- Fastidious

**RELIABLE INDICATIONS**

- Sneezing, cough, wheezing, nasal obstruction aggr. in cold, in midnight
- Chilly—3
- Easily catches cold—3
- Desire warm food, chillies—3
- Dislike sweet
- Fastidious,

### Results of Drugs Responses

Types of Response	No. of cured cases	% of cured cases
<i>(+) tive responses</i>		
a) Cured cases	14	17.07
b) Marked improvement	30	36.58
c) Moderate improvement	2	2.45
d) Mild improvement	12	14.63
<b>Total</b>	<b>58</b>	<b>70.73</b>
<i>(-) ve responses</i>		
e) No improvement	10	12.19
f) Dropped out	14	17.07
<b>Total</b>	<b>24</b>	<b>29.26</b>

### Effects on Different Types of Br. Asthma

Different types of Br. Asthma	Number of cases cured	No. of cases not cured	% of cases cured	% of cases not cured
Atopic	14	8	63.63	36.36
Non atopic	44	16	73.33	26.66

### Results on Various Scales

Types of potency scales	Number of cured cases	Number of cases not cured	% of cured cases	% of not cured cases
50 millssimal	50	18	73.4	26.6
Cantesimal	14	8	63.6	36.4
Decimal	0	0	0	0

### Results of Various Repetition Schedules

Types of Repetition	Number of cured cases	Number of not cured cases	% of cured cases	% of not cured cases
Single dose	26	14	65	35
Repeated doses	32	10	76.2	23.8



### Effects of Various Age Groups

Different age groups	Number of cured cases	Number of not cured cases	% of cured cases	% of not cured cases
Children (2-12 yrs.)	8	4	66.66	33.33
Young age (13-30 yrs.)	12	14	69.5	30.5
Middle age (31-51 yrs.)	20	4	83.4	16.6
Old age (51 yrs. above.)	—	—	—	—

### Effects on Male and Female

Types of sex.	No. of cases cured	No. of cases not cured	% of cured cases	% of not cured cases
Male	40	18	58.8	41.2
Female	18	6	75	25

### Recent and Remote Results

Types of cases	Number of case cured	Number of cases not cured	% of cases cured	% of cases not cured
Recent cases	12	0	100	0
Remote cases	46	22	67.04	32.35

### RESULT ANALYSIS—

*Effective drugs with regard to their reliable Indications*

- Drugs Like
  - Amon Carb.
  - Calo. Carb.
  - Sulphur
  - Ars alb.
  - Spongia
  - Kali carb.

Thuja have been used too frequently. Analysing the prescribing totality, we observe that the following symptoms were common to a number of patients, hence those are taken as reliable indications, which are discussed below, drugwise.

#### *Amon Carb.*

a— Dyspnoea, wheezing, cough, nasal obstruction

- aggr. in cold.
- „ at night.
- „ by dust.

- b. Hot patient.
- c. Does not like bathing.
- d. Easily catches cold.
- e. Consolation aggr.
- f. Increased salivation at night
- g. Desires to be alone.

**Arsenic album**

- a. Sneezing, cough, wheezing, nasal obstruction
  - aggr. in cold.
  - „ in midnight.
  - Amel. in warm.

- b. Chilly pt.
- c. Easily catches cold.
- d. Desires warm food, chillies.
- e. Dislikes sweet.
- f. Fetidiousness.

**Calo Carb.**

- a. F./H. Br. Asthma.
- b. Desire—egg sweet, sour.
- c. Aversina sour
- d. Sweat—Palms & soles, sour smelling, hand, parts on which he lies.
- e. Can not write in presence of others.
- f. Dislikes to bathing.
- g. Rhinitis.
- h. Easily catches cold.

**SULPHUR**

- Sneezing, wheezing, *dyspnsa*, *enough* aggr. from dust.
- Hot patient.
- Easily catches cold.
- Dislike sweet.
- Untidy,
- Can not wait for food (Revanous appetite)
- Suppurative tendency.
- Likes worm food.

To evaluate the results obtained regarding the curative field of Homoeopathy we observe 70.73% of cases showed (+) tive response and only 29.26% of cases showed (—ve) response. Hence from above statistics it is envisaged that Homoeopathic drugs have very effective role in the treatment of B. Asthma and results were processed for statistical value and the value proved statistically to be significant.

#### *Effects on different types of bronchial asthma :*

An atopic types cure rate is 63.63 and in non-atopic type cure rate is 73.33. Hence Homoeopathic medicines are equally effective in both types. However, results obtained from different types were processed for chi-square ( $\chi^2$ ) test on referring to  $\chi^2$  table with 1 degree of freedom, the value of  $\chi^2$  for a probability of 0.05 is 3.84 since the observed value (0.72) is much less and that gives an idea to us that non-atopic variety is having better response to Homoeopathic drugs than atopic variety, the effect on non-atopic type is superior to atopic type.

#### *Results of various scales :*

The results obtained from various scales were processed for chi-square ( $\chi^2$ ) test. On referring to  $\chi^2$  table with 1 degree of freedom, the values of  $\chi^2$  for a probability of 0.05 is 3.84. Since the observed value (0.17) is much lower the potency "Contesimal is no superior to potency" 50 millesimal.

#### *Results of various repetition schedules :*

The result obtained from various repetition schedules were similarly processed for Chi-Square ( $\chi^2$ ) test. On referring to ( $\chi^2$ ) table with 1 degree of freedom the value of ( $\chi^2$ ) for a probability of 0.05 is 3.84. Since the observed value (0.46) is much lower and that single dose schedule is not superior to repeated dose schedule.

#### *Effects of various age groups :*

It was observed that middle age people (31 to 50 Yr.) responded better than other age group next to that young age group responded better than children. Nothing could be assessed for old age and infants as there were no patient.

#### *Effects on Male and Female :*

The results obtained from male and female were processed for chi-square ( $\chi^2$ ) test. On referring to ( $\chi^2$ ) table with 1 degree of freedom the value of  $\chi^2$  for a probability of 0.03 is 3.84. Since the observed value (2.44) is much less and that speaks effect of drugs on male is not superior to female in this disease bronchial asthma. But drug results on male and female were encouraging.

#### *Effect on Recent and Remote Cases :*

The results obtained from recent cases were 100% and results from remote cases were 67.64%. Although in both cases drugs acted very much encouraging. Still then it was processed for chi-square test on referring to  $\chi^2$  for a probability of 0.05 is 3.84 since the observed value (0.96) is much less and it is concluded that in recent cases medicines act wonderfully than remote cases.

#### **CONCLUSION :**

It is envisaged from the results that the effects of Homoeopathic medicines for the treatment of Bronchial asthma are very encouraging.

But being the student of present scientific era we must aspire to achieve still more i. e. 100% cure in all types of Bronchial asthma.

To achieve this target, we have to design our plan of treatment in a very new way and have to increase the horizon of our materia Medica particularly here bound chapter by conducting reprovig of old drugs and proving of new drugs. This proving and reprovig must be done in very novel way i. e. by incorporating human and animal proving and recording of data, pathological changes, bio-chemical changes and etc. on animal model and human biology in various potencies and different doses and with different repetition schedules and again reconfirming those datas clinically on sick individuals. No doubt, it is a very stupendous task. However, have to do it if we really want to do any thing.



With best compliments from :

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