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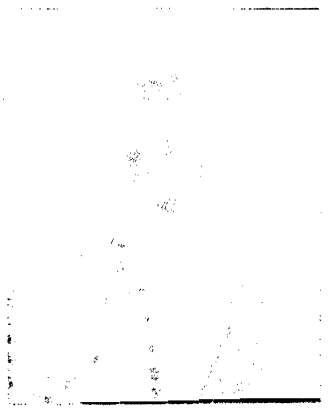
A Study of
413 CASES OF
BRONCHIAL ASTHMA



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Bronchial Asthma is one of the clinical research assignments allocated for study to Regional Research Institute for Homoeopathy, New Delhi. 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 everr since 1-4-80 are taken up for the present study. In this paper, various facts of asthma observed upon these patients, their constitutions, personal and 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 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 that were found to be effective in relieving cases of Bronchial asthma.

Bronchial asthma is essentially a reversible airway obstruction, **not** due to any other disease. It is characterised by an increased responsiveness of the tracheobronchial tree to stimuli of multiple nature and manifests as **episodal attacks of paroxysmal dyspnoea, cough and wheeze.** There are short lived acute exace-

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rbations 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
FH allergy	present	absent
Attacks related to	antigens	infection/exercise
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 exposure. There is a history of allergic diseases (Rhinitis, Uticaria, 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 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 of family history of allergic diseases. Skin allergen tests are negative. Levels of IgE in serum stay normal, majority of Intrinsic asthma patients develop paroxyams 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 and assessment of Bronchial asthma patients :

★ X-ray chest is usually normal or may show Segmental - lobar collapse.
★ Sputum examination may reveal Eosinophils.
★ Peripheral blood smear may also exhibit eosinophilia.
★ Spirometery : FEV1 and FEV1/FVC are reduced.
★ Blood gas analysis : PaCO2 increased
★ Skin test confirms allergens.
★ Provocation tests : Exercise challenge.
★ IgE tests for Atopy.
★ RAST for absessing Specific allergen.

The Miasmatic Silhoutte of Bronchial Asthma :

Psora :

Cough dry, spasmodic
Expectoration, mucoid, tasteless

Sycosis :

Expectoration - scanty
Recurret - bronchitis
Autumnal / winter aggvn.
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 use of bronchodilators, removal of irritants and allergens, respiratory physical therapy and treatment of intercurrent infection. Alternative methods such as hyposensitization, etc. are also employed.

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 (foreign body aspiration/neoplasms/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 dyspnoea. The PFT reveal peripheral airway obstruction.

- **Chronic bronchitis :** on the basis of clinical history and its mainfestations.

- **Eosinophilic Pneumonias.**

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

Mucus plugs :

Atelectasis/lobar or lobular

Bronchiectasis

Cough :

Subcutaneous emphysema

Mediastianal 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. There constitute 217 male and 196 female patients. All these cases were residing in Delhi.

-Age and Sex-wise incidence:

The age and sex-wise incidence observed upon there 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 from the total number of 413 patients, only 20 patients were obese, 50 were of stocky built and 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

AETIOLOGICAL 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

S.No.	Causative factor	No. of cases
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; hyperpnea; marked wheezes)	**218**
3.	SEVERE (Marked repiratry 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 & Repiratory 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.	Lab.Investigations	No.of cases	Normalised
1.	Increased A.E.C.	56	34
2.	Increased E.S.R.	52	32

☞ (Contd.....)

EFFECTIVE DRUGS :

It has been observed from 413 cases of asthma that Arsenicum album, Kali carb, Pulsatilla, Carbo Veg, Nux vomica, Nat sulph, Hepar sulph, Spongia, Blatta Q, were needed most and also controlled effectively the acute paroxysms of asthma.

Name of drug & Potency	No. of cases Total	rel.		Not rel.
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, IM	39	25	(64%)	14
Carbo Veg. 30, 200, IM	28	20	(71%)	8
Nux vomica 30, 200, IM	15	11		4
Nat sulph 6, 30, 200, IM	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

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

EFFECTIVE DRUGS/RELIABLE INDICATIONS :

S.No.	Name of drug & potency	Prescribing symptoms	No. of cases Total	relieved	Not rel.
1.	Ars, alb. 30 to 10 M LM7 to LM22	- Midnight,12-2a.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 Q,6,1M	- Asthmatic cough < inhaling dust <lying down	8	3	5
3.	Antim tart 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 carb 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 - Irritiability - 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 - A.F./Agg. rich/fried food - Thirstless - Desire open air - Emotionally sensitive - Weeping disposition during attack	39	25(64%)	14
10.	Grindelia 6,30	- Asthma with profuse tenaceous mucus, wheezing, and oppression	9	5	4
11.	Carbo veg 30,200,1M	- Esp. for late-onset - H/O pneumonia, Recurrent bronchitis in past - Spasmodic cough from irritation in throat - Worse in evening, night - Asthmatic breahing due to excessive flatulence, temporarily relieved by eructations. - Desire to be fanned.	28	20(71%)	8
12.	Nux vomica 30,2001,M	- Marked irritability during attack - Coryza followed by acute asthma - Agg. after eating fullness of stomach	15	11	4
13.	Nat sulph	- Early onset asthma	24	18(75%)	6

	6,30,200,1M	- H/O pneumonia in past - Agg. damp weather - Rattling; dyspnoea-early Morning - Cough with thick ropy, greenish expectoration			
14.	Ignatia amara 30,200	- A.F.grief	4	4	-
15.	Ambra gr. 30	- A.F. Vexation	1	1	-
16.	Stannum 30	- A.F. walking, cycling - Inactivity of rectum	1	1	-
17.	Sambucus 30	- Suffocation, lying impossible	3	3	-
18.	Hepar sulph 30,200	- Agg. dry cold air > sitting head bent backwards, wheezig	30	22(73%)	8
19.	Spongia 6,30	- Agg. change of weather cold drink - Croupous cough - Respiration - short, difficult	11	8	3
20.	Ipecac 6,30	Rattling of mucus - Difficult expectoration - Cough with every breath	25	15(60%)	10
21.	Sepia 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 patient 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, Antim tart, Ars alb, Carbo veg., Hepar sulph, Ipeca, Kali carb, Nat sulph, Pulsatilla and spongia are being verified further under a new project of drug disease oriented research on Bronchial Asthma. The main aim of this study is to make the prescription easy and effective by narrowing the field of selection.

(For more case reports see the page under the caption CASE REPORTS)