

Dr. JAWAHAR J. SHAH *

BOMBAY

BRONCHIAL ASTHMA

Asthma has eluded remedy. Often noted physicians have tried and have become non-plussed. Understanding the disease has been the wont and pursuit of many doctors. Managing the disease can follow only after understanding it.

To obtain understanding one has to know the structure and function of upper and lower respiratory tracts. Having acquired knowledge of the respiratory systems one has to proceed with collection of important information on symptoms, signs, clinical categories, epidemiology, pathophysiology, investigations, differential diagnosis, staging, complications etc. These are the most important aspects intimately connected with the management. Thereon one begins assessment of broncho-reversibility and prognosis. Most cases respond better with only preventive measures. But one has to be cautious rather than categorical.

Management of Asthma depends on various factors which a research worker has to observe and record. Important factors are:

DISEASE RELATED FACTOR

- 1) Degree
- 2) Intensity
- 3) Stage at which the patient reports
- 4) Pathological changes
- 5) Miasmatic stage and classification

PATIENT RELATED FACTORS

- 6) Age of patients
- 7) Previous treatments
- 8) Drug Dependence / dependence of Steroid
- 9) Maintaining causes
- 10) Associated complaints and complications
- 11) Co-operation of patient and relatives

Management which begins thereafter will include following steps.

- 1) Selection of Homoeopathic remedy
- 2) Its potency and repetition
- 3) Watch out for other synergistic or antidotal action of other medicine, and
- 4) Devising ancillary measures like (i) diet (ii) exercise and (iii) yoga.

* Research Officer, Dr. Subodh Metha Medical Centre Head of R & D Centre, Beck & Koll Labs. Pvt. Ltd.

Consultant, Tata Consultancy Services for development of Software for Homoeopathic Physicians.

Contributory Lecturer, C. M. P. Homoeo. Med. College, Bombay

Fellow of the Academy - Hahnemanian Hom. Inst., Florida, USA

Fellow of American College of Homoeopathic Physicians, Washington, USA

We shall here deal with the management of Asthma in relation to various miasms and shall dwell on remedies which are closely related to each other for management of Bronchial Asthma.

When the patient reports in the psoric phase:-

- 1) He will show a typical psoric personality (excitability, irritability and erraticity.)
- 2) He will have acute skin complaint or skin complaint alternating with respiratory complaints.
- 3) He will have some strong psychological symptoms or some maintaining psychological cause which produces Asthma
- 4) Any measure which re-establishes the skin symptoms relieves asthma soon.
- 5) The patient will have more of spasm with minimal secretory phase. Breath-holding spasms in children are also covered under this category.

Management of asthma in psoric phase will require homoeopathic similitum in a higher potency with minimal repetition. As soon as the skin symptoms are established medicinal treatment should be immediately discontinued.

Usually in the cases of above type no acute remedy for asthma or skin is called for. With just repetition of placebo the control over disease is gained. If, during the treatment the skin symptoms improve and patient starts getting repeated attacks of cough, cold, sinusitis etc. then we have to understand that the treatment given was wrong and we should re-evaluate the patient's history and give the medicine rightly indicated.

Occasionally when there is acute skin condition we might be required to prescribe acute indicated medicine, otherwise it will not be possible to come out of the crisis. Once the crisis is over the patient recovers fast and fully.

When the patient reports in the sycotic phase, he will have:-

- 1) Sycotic personality, i. e. sluggishness, slowness, erratic response and behav-

iour and responding to various allergens in the atmosphere etc.

- 2) Aggravation of the condition will be caused by rainy season and also by getting wet. If so, the patient feels much better in dry climate.
- 3) There is marked secretion with great difficulty in expectoration. Expectoration is greenish, yellow, thick in nature (characterising typical sycotic inflammatory discharge.)
- 4) It is likely that the patient has a past history of suppression of skin or suppression of discharge from mucous membrane.
- 5) There might be concomitant musculo-skeletal manifestations.

The patient in sycotic phase will require frequent repetition of acute, constitutional and intercurrent medicines in low or medium potency. Re-establishing discharge of mucous membrane will immediately relieve asthmatic symptoms. The response in such cases is usually gradual. The patient recovers totally and he/she will not have recurrence of attacks. In such conditions, high potency is likely to produce aggravation. It may also produce medicinal symptoms. If the treatment is correct the patient goes to psoric phase and usually does not require any further medicine. If at all required, it may be the same remedy in higher potency or a complementary cyclical remedy.

As we know, if the case is mismanaged, the disease and the miasmatic condition progresses rapidly to tubercular phase. The patient may go directly into tubercular phase skipping the sycotic phase if he gets any viral infection like measles, mumps etc. This is also possible if there is a very strong past or family history of tuberculosis.

The tubercular phase will have:-

- i) Erraticity of attacks and rapid changes in severity of the symptoms.
- ii) Patient might have history of viral infection leading to asthma.

- iii) He will show tubercular personality lean, thin and he gets easily exhausted.
- iv) He will have cough with excessive expectoration purulent, mucopurulent and bloody.
- v) Patient will have easy suppression with tendency to superadded infection and fever.
- vi) There will be fibrotic changes associated with asthma complicating respiratory functions.

The management of tubercular patient is always difficult as the response to the treatment can be as erratic as its nature. The doctor will need to have careful selection of medicine, potency and repetition. We have seen in practice that with this type of patient one should give acute medicine in low or medium potency with minimal repetition. The intercurrent has to be given in higher potency to prevent the recurrence of symptoms.

Constitutional medicine should be in medium or higher potency so that the patient recovers faster. Very few patients in this advanced stage recover totally and remain symptom-free through out their life. For most of the patients we may succeed to have only partial relief with a high probability of recurrence and repeated attacks. Such type of patients, are difficult to manage if there is superadded infection as noted earlier. The treatment will include higher potency with frequent repetition till the response obtains. As soon as the patient responds the medicine should be discontinued forthwith.

In syphilitic kind of Asthma there is already structural damage producing emphysema and other complications. Hence it would be advisable to give acute medicines

HOMOEOPATHY

the Modern medicine

(Published Quarterly)

Editor-in-chief:
Dr. K. S. SRINIVASAN

Associate Editors:
Dr. M. P. ARYA
Dr. GIRISH GUPTA

SUBSCRIPTION RATES

1 Year	2 Years	3 Years	5 Years
(Rs.) 50/-	95/-	130/-	200/-

*** Please send subscriptions by D.D./M.O. in favour of "HOMOEOPATHY the modern medicine to:

Dr. P. VISHNU, Managing Editor, 3-4-823/G2, Barkatpura, Hyderabad-500 027. Phone No. 663151.

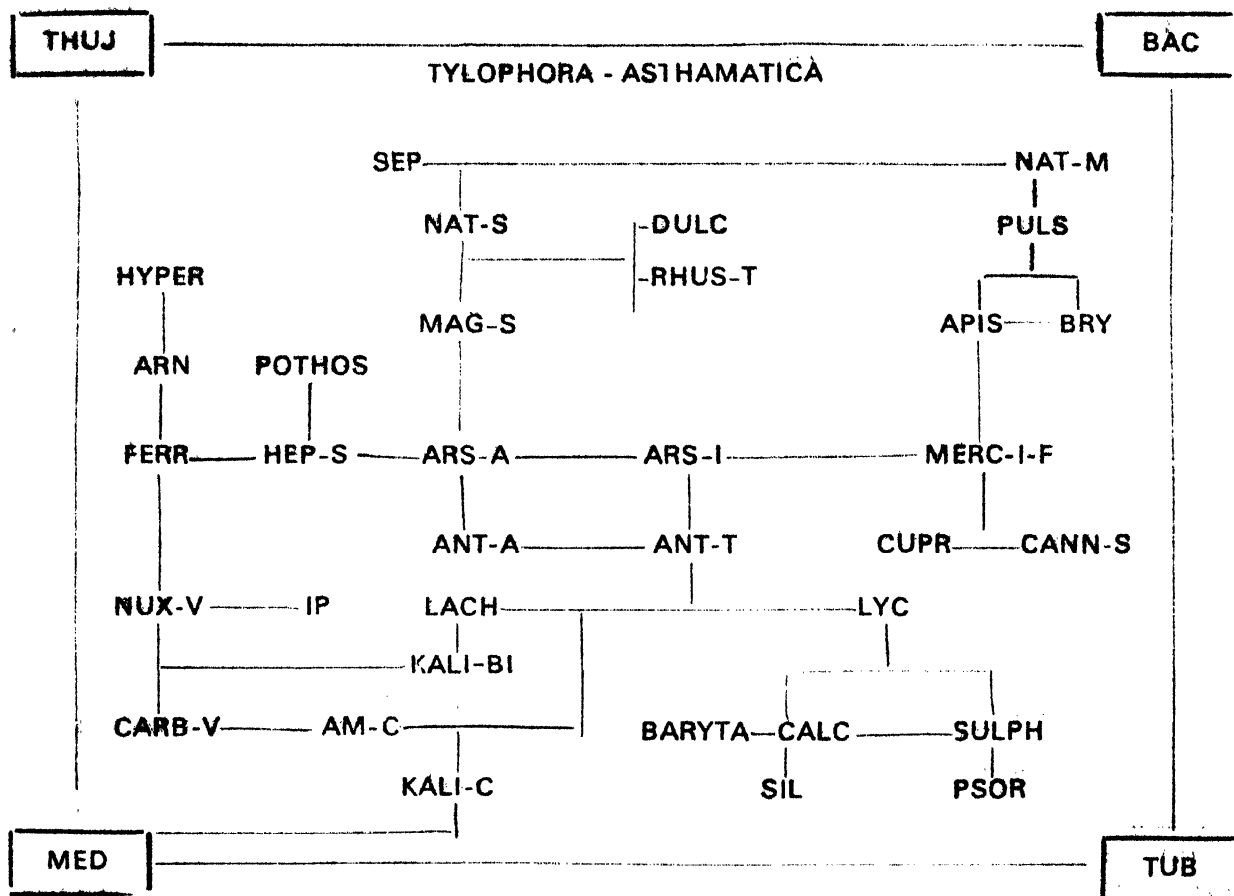
Journal of Homoeopathic Medical Association of India

* for members of HMAI supplied at subsidised rates.

or partially similar medicines only. Totally similar medicine may produce severe aggravation and other complications, which we

may not be able to handle. Care in these cases is out of question. Only palliation can at best be achieved.

DRUGS FOR ASTHMA



Next we may deal with various drugs which are most commonly indicated in the management of Asthma and cover perhaps two-third of the treated cases. Most commonly used drug as we all know is Ars. Alb. which covers majority of the cases in acute attack. It has typical aggravation between 12-2 A. M. or P. M. aggravated by cold and calmed by heat. Since Ars. Alb. is considered a "Chilly Remedy", if the patient is "hot" and he has Ars. Alb. symptoms, then Ars. Iod. can be used. The other remedy which has got aggravations of Ars. Alb. and which is chilly is Hepar Sulph.

But Hepar Sulph has the typical modality of bending head backward during the acute attack.

Both Ars. and Hepar patient may have aggravation due to dust. Pothos also has aggravation due to dust, but it is the only remedy in which Asthma patient finds relief by passing stool. The other hot remedy which is similar to Ars. Iod. is Ant. Tart. It will have marked flapping of alae nasi and rapid abdominal movement. It will have rales which are more marked than rhonchi. In case the picture does not coincide with either Ars. Alb.

or Ant. Tart we can try Ant. Ars which is a chilly remedy but rales are more prominent than rhonchi. Lycopodium also has flapping of alae nasi and rapid abdominal movement like Ant. Tart but in spite of severe attack the patient is quiet and there is not much of anxiety expressed on the face.

The sequential relationship- Lyc., Calc., Sulphur is very well known. After treating with Lyco. or Calc., Sulphur may be tried so that skin symptoms are taken care of.

Baryta leads to repeated respiratory tract infection and is slow acting like Calc. In Calc. there is a generalized delay in development while in Baryta there is patchy development of any one of the milestones.

Psorinum is the chilly equivalent of Sulphur. In Psorinum, the patient feels better by lying down and by spreading hands wide apart. Another remedy which is most commonly used is Nat. Sulph which has aggravation by damp 4. M. and relieved in dry place. In case Nat Sulph fails though indicated, we can consider Mag. Sulph. It works wonders.

The other antisycotic remedies are Dulc and Rhus Tox: both have aggravation in damp and are chilly but Rhus Tox has Musculoskeletal involvement as concomitants Related with Nat Sulph is Nat. Mur which has aggravation of the disease in the morning. But in this remedy, sneezing ameliorates. Nat Mur. has Pulsatilla and Bryonia as related remedies. Both are hot and thirstless Bryonia has typical aggravation time of 8 P.M. The other hot remedies are Merc. Sol. M. I. F. etc. Merc. Sol. is hot but there is difficulty in swallowing and it causes aggravation in association with both heat and cold. Merc. I. F. is hot and it shows up in posterior yellowish coated tongue with marked salivation. Inimical to Merc. is Sil. which has aggravation due to moonphases and remedy is totally chilly. Mag. Phos is a good remedy to relieve acute spasms.

Cannabis Sativa is a remedy which makes patient stand for whole night with his hands supported on knees. There may be a past history of Gonorrhoea. Other antisycotic drugs are Medorrhinum and Thuja. Thuja is a chilly remedy with typical aggravation at 3 O' Clock and there is marked anxiety. Thuja patient gets aggravated by Tea while Medorrhinum is a very hot patient and patient is better by bending his head on pillow and patient desires fast fan even in winter.

Another remedy which makes patient feel better by bending head forward is Kali Carb. It is very chilly. It shows aggravation at 3 A. M. and the patient is better by rocking to and fro. Kali Bich also has 3 A. M. aggravation but it has a spotty pain in chest and when this point is pressed patient feels better and little expectoration comes out, while Lachesis also has a spotty pain but patient is worse by pressing painful spot. Kali Bich has aggravation from beer and many other food items.

Both Carbo Veg. and Nux Vomica make patient feel better by eructations. Both the drugs are chilly but Carbo. Veg. makes patient desire fan but at a distance and he feels comforted.

Ferrum is a drug which has various food allergies like all kinds of fruits, vegetables, rice etc., and the patient feels better while walking as it happens in the case of patient treated with Sepia.

Bacillinum is a drug which helps children, being a preventive for Asthma. In Tuberculinum the attacks are erratic and it has added infection. Tuberculinum Aviare has got increased respiratory rate i. e. more than 40/min.

This type of approach and differentiation helps us in managing patients more easily and effectively.

