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## ARTICLE

### Title: Homoeopathic perspective on bronchial asthma: a comprehensive literature exploration

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## ABSTRACT

The Greek word for asthma means “panting” is a chronic inflammatory disorder of airways, leading to chest tightness, difficulty in breathing and additional whistling sounds during inspiration and expiration. Conventional medicine treats by anti-histaminics, anti-cholinergics, ICS & LABA, etc. Homoeopathy the wholistic science treats each case individually according to the totality of symptoms presented, because each medicine produces symptoms specific to its manifestations only. This literature comprehensively explains bronchial asthma and its management by different lesser known Homoeopathic drugs/interventions.

**Keywords:** *Bronchial asthma, Homoeopathy, Intervention, Lesser known drugs.*

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**INTRODUCTION**

Bronchial asthma is a chronic inflammatory disorder of the airways that causes airway hyperresponsiveness, leading to symptoms such as wheezing, difficult breathing, chest tightness, and recurrent coughing episodes, often in the early morning or at night. These episodes often involve a widespread but diverse obstruction of airways, which can often be reversed by treatment.<sup>[1]</sup>

Asthma is a widespread chronic illness in children and a major worldwide health concern. The rise in air pollution and environmental smoke can be mostly attributed to the rising industrialization of cities. Previous studies on asthma in India have found the prevalence rate to vary between 2% to 23%. India's varied topography and environment, in addition to variations in research methods, are the reasons for such a significant variation.<sup>[2]</sup>

The NFHS-3 (National Family Health Survey) found that the occurrence of bronchial asthma among Indian school pupils aged 15 to 19 years is 0.9%, with other studies showing rates between 1.9 to 16.6% across different age groups. In 2004, India had 57,000 deaths and 277 Disability Adjusted Life Years (DALYs) lost per 1,000,000 people. In a survey conducted among children under 18 years in Bangalore, the prevalence of asthma increased considerably from 9% in 1979 to 29.5% in 1999.<sup>[3]</sup>

Wheezing alone, wheezing with breathlessness, exercise dyspnea, nocturnal constriction of the chest, wheezing without a cold, nocturnal cough, dyspnea at night, chronic cough and prolonged phlegm production, an over inflated

chest, tachycardia, tachypnea, the use of accessory breathing muscles, sleepiness, cyanosis, sinusitis or allergic rhinitis represents as significant physical findings.<sup>[1]</sup>

Both patients with asthma and the health care system as a whole, experience significant financial burden. Aside from the financial expenses, the sickness has social repercussions including mortality. Outdoor activities and sports, insufficient sleeping hours, exhaustion, & a steady deterioration in lung function are few of the daily activities that asthma make extremely difficult to participate in.<sup>[4]</sup>

Occupational irritants, outdoor and indoor allergens, tobacco smoke, respiratory problems, air pollution, infections caused by parasites, socioeconomic variables, the size of the family, diet, medications, and obesity are some of the environmental risk factors.<sup>[5]</sup> Identifying risk factors associated with asthma, such as family members who smoke, family medical history, birth order, presence of pets, kind of fuel used, indoor air pollution, and other variables, can help in implementing appropriate preventative measures.<sup>[3]</sup>

According to the World Health Organisation (WHO), homoeopathy is the second most popular Complementary Alternative Medicine (CAM) in healthcare system. Studies have revealed that the use and expense of conventional medications were significantly reduced when respiratory disorders were treated with homoeopathic medicines. The CCRH (Central Council for Research in Homoeopathy) has published a considerable body of research pertaining to asthma, encompassing observational studies, theoretical

compilations, personal experiences, and case studies, in addition to literary research. The therapeutic efficacy of homoeopathic remedies in the treatment of asthma was assessed in these studies.<sup>[6]</sup>

## LITERATURE REVIEW

The Greek word for 'asthma' is "panting" or "laboured breathing," respectively. An episode of asthma is distinguished by expiratory dyspnea, which primarily manifests as wheezing during respiration.

The following categories represent bronchial asthma according to its aetiology:

1. **Allergic (extrinsic/atopic) Asthma** – Typically beginning in childhood, this kind of asthma is frequently accompanied by eczema. However, the majority of young adults (age 35 or younger) who develop asthma, also fall into this category. Genetic factors are also very important in this. The allergens cause overproduction of IgE immunoglobulins in this kind of asthma.
2. **Infective or Intrinsic Asthma** – This is not an inherited or allergic condition, but it could be brought on by or at least linked to an upper respiratory tract or bronchial infection, which tends to be viral in nature.
3. **Emotional Asthma** – There is ongoing debate regarding whether psychological variables (e.g., anxiety, emotional tension, etc.) are the exclusive etiological agents responsible for certain asthmatic attacks. While it is possible that these variables are the only causes, their status as precipitating factors remains uncertain.
4. **Occupational asthma** – This can happen in particular industries when workers are exposed to dust from grains, wheat, toluene di-isocyanate, biological detergents, metallic dusts (especially platinum salts), and biological detergents. There are between 10 to 15 million asthmatics in India, with a frequency of between 5 and 11 year old children with the prevalence rate of 10% and 15%. (Sharma et al., 2016).

Irrespective of the underlying cause, bronchial obstruction paroxysms ultimately ensue from severe bronchial spasms, which are exacerbated by the accumulation of mucous obstructing the bronchi.<sup>[7]</sup>

**Sign and symptoms<sup>[8]</sup>** – Coughing and whistling or wheezing noises made while breathing are typical symptoms. Usually, there aren't any additional asthma symptoms at this point.

In adults and adolescents, asthma is specified by the subsequent symptoms:

- Breathing difficulties (often accompanied by sudden attacks)
- Difficulty holding one's breath during physical activity
- Distracting sounds during exhalation, such as rattling, whistling, wheezing
- Symptoms of chest tightness
- The urge to coughing

The majority of these symptoms occur in bouts, frequently at night as well. This is one of the causes, why some patients with this chronic illness frequently experience extreme daytime fatigue and drowsiness. Initial mild breathing problems during an asthma attack may worsen and progress to more severe shortness of breath. The classification of asthma by medical professionals is either non-allergic or allergic, depending on the type of trigger.

- **Allergic asthma**- "Extrinsic asthma" is the term used to describe allergic asthma due to the fact that it is initiated by external allergens inhaled through the air. Multiple stimuli, including cigarette smoke (from both passive and active smoking), animal dander, plant pollen, dust mite, faeces, cold air, certain foods, perfume, certain chemicals, and exhaust fumes, can elicit diverse reactions in individuals.

- **Non-allergic asthma**- "Intrinsic asthma" is triggered by internal body stimulation. Viral and bacterial infections can induce airway inflammations. Some painkillers can trigger asthma including; ASA (Acetylsalicylic acid, the active ingredient in Aspirin), NSAIDs (non-steroidal anti-inflammatory drugs) etc.<sup>[8]</sup>

Allergic and non- allergic asthma both are indistinguishable in their manifestations. Pathogenically there is:

- Activation of immune cells and inflammation of the mucous membranes within the bronchial membranes. Muscle constriction, mucous membrane enlargement, and increased mucus production all contribute to an asthma episode, which is characterised by a constriction of the airways.<sup>[8]</sup>

## DIAGNOSIS

Physicians must evaluate the patient's symptoms, which attributes to diagnosing asthma in conjunction with the results of several diagnostic tests. Typical asthma diagnosis components include:

- In depth consultation with the doctor (anamnesis): This will cover details regarding the individual's lifestyle circumstances, medical history, and the specific symptoms they are encountering.
- Physical examination includes an assessment of your lungs, heart, circulation, and overall health.
- Lung function test, which includes peak flow measurement and/or spirometry, can evaluate the state of the lungs. The peak flow metre measures the speed at which you can expel air from your lungs. Spirometry assesses both the volume and speed of exhaled air. Further respiratory or allergy testing may be necessary to verify the diagnosis.<sup>8</sup>

Important inquiries to make when obtaining the medical history of people suspected of having Asthma<sup>[9]</sup>:

1. When did the symptoms first appear?
2. Are you experiencing symptoms of asthma such as coughing, wheezing, or increased difficulty breathing?
3. Do symptoms worsen seasonally?
4. Severity of symptoms (indicated by unplanned visits to a walk-in clinic or emergency room, hospital admissions, and requirement for rescue oral corticosteroids)?
5. When do symptoms occur: during the day or at night?
6. Potential causes include virus illnesses, animal exposures, pollens, tobacco smoke, and emotional factors.

7. Have past investigations involved chest X-rays, spirometry, allergy testing, and sweat chloride testing?

8. Current and previous treatments? How long have you been using it? Causes for termination?

9. Any other concurrent medical conditions (e.g., food allergy, venom allergy)?

10. Exposure to second and third-hand tobacco smoke (residual odour of tobacco smoke on clothes or in vehicles)?

11. Factors impeding therapy (medication expenses, access to healthcare providers)?

12. How do asthma symptoms affect the quality of life for the patient and their family in terms of missed activities, school, or work?

13. Are there any domestic pets?

## TREATMENT<sup>[10]</sup>

Non-pharmacological treatment include:

- Removing allergens, particularly from dogs with fur or feathers.
- Quit smoking using non-medical or medical help if needed.
- Enhanced physical training results in greater exercise tolerance, fewer asthma symptoms, decreased morbidity, and enhanced quality of life.
- Physiotherapy and respiratory therapy, such as pursed-lip breathing and breathing techniques.
- Psychosocial intervention (family therapy)
- Weight loss is recommended for obese patients.

The objectives of medication in conventional system are to decrease bronchial hyper reactivity, airway obstruction and asthma inflammation. The medications used for these purposes belong to two groups:

- Controllers - They include inhaled long-acting  $\beta$ -2 agonists (LABA), inhaled corticosteroids (ICS) as salmeterol or formoterol, delayed-release theophylline formulations, and montelukast.
- Relievers - For immediate treatment of symptoms, primarily inhaled  $\beta$ -2 sympathomimetic agents such as fenoterol, terbutaline, salbutamol, and formoterol are used. Rapidly acting theophylline administered through inhalation (as a solution or drops) and anticholinergic medications serve as secondary relievers.

- Due to its quick onset of effect, formoterol can be used as a relief or as a controller when used with corticosteroids.

### Homoeopathic management by some lesser known drugs <sup>[11,12,13,14]</sup>

**1. Aralia racemosa** – Asthma manifests at night when lying down, causing spasmodic cough that worsens after first sleep, accompanied by a tickling feeling in the throat. Chest tightness; feeling of an object in the throat. Chest blockage worsens during spring weather. The cough worsens at around 11 pm and when lying down. A slight breeze can trigger sneezing, accompanied by a significant watery nasal discharge that is irritating and has a salty bitter flavour. Experiencing dry, gasping breaths, feeling like suffocation is imminent, and a rapid onset of difficulty in breathing. Very loud musical whistling sound during both inhaling and exhaling, louder when inhaling; occurs while lying down, necessitating sitting up. The right lung showed more signs of being impaired compared to the left lung. After the episode ended, person laid on right side and felt all the oppression and anguish in his right lung. Upon turning over, there was a sensation of the left lung being afflicted, whereas the right lung felt completely relieved. Continuous urge to clean chest in order to breathe more effectively. All hindrance appeared to be related to breathing in. When forcefully exhaling to clear the chest, there is a raw, burning, sore sensation felt throughout the entire length of the sternum and in each lung, with the most acute pain felt behind the sternum. Readily expelled some loose phlegm after waking up in morning.

**2. Asafoetida** - Spasmodic dyspnea characterised by a sensation of inadequate lung expansion. Asthma attacks. An irritating cough persisted throughout the night. A cough characterised by a hoarse, ringing sound, triggered by a tickling sensation in the trachea, accompanied with a feeling of asthma in that area. It involves spasmodic chest contractions and the build-up of sticky mucus. Cough with an open mouth. Sputum with a greasy taste. Intense, throbbing chest aches. Chest stitches

on the right side, radiating outward. Hysterical outbursts. Palpitation resembles a tremor.

**3. Asclepias tuberosa** - Experiencing uncomfortable respiration, particularly around the base of the left lung. Halitosis has a peppery odour. Experiencing asthma symptoms in humid conditions; worsens after eating and even more so after smoking. Oppression and dyspnea; occurring episodically, similar to asthma. Sensation of warmth in the chest.

**4. Caladium seguinum** - The larynx and trachea appear narrowed, hindering deep breathing. Acute and reflexive cough triggered by irritation in the upper neck (above the larynx). Struggling to breathe, experiencing difficulty in respiration. Intermittent asthma accompanied by a pruritic, burning rash. Catarrhal asthma is characterised by the presence of mucus that is difficult to expel, yet the asthma symptoms improve once the mucus is expelled.

Sharp pain on the right side of the chest. Laboured breathing and lack of moisture in typically wet areas. Patient experiencing fear of falling asleep.

**5. Cannabis indica** - Severe cough with a scraping sensation right below the sternum. Taking a deep breath demands significant effort. Chest oppression accompanied by deep and laboured breathing. Patient feels suffocated and needs to be fanned. Completely fatigued after a brief stroll. He felt quite feeble, barely able to talk, and quickly drifted into a profound slumber. Asthma exacerbated by high humidity.

**6. Grindelia robusta** - Highly effective treatment for wheezing and breathing difficulties in people with bronchitis. The bubbling sounds are spread throughout with frothy mucus that is exceedingly hard to remove. Impacts the pulmonary circulation. Asthma with copious and sticky sputum that provides relief. Experiences apnoea while falling asleep; awakens abruptly and struggles to breathe. Requires an upright position to facilitate breathing. Experiencing difficulty breathing while in a supine position. Pertussis

characterised by excessive mucus production caused by a bacterium. Bronchorrhea characterised by the expectoration of stiff, white mucus, sibilant crackles. Cardiac and respiratory weakness. Cheyne-Stokes respiration. Fear of falling asleep due to experiencing breathlessness that causes him to wake up. During sleep, respiratory movement stops and only resumes when asphyxia triggers awakening. Asthma exacerbated by humid conditions due to catarrhal bronchitis. Cardiac asthma.

**7. Hypericum perforatum** – Episodic asthmatic attacks triggered by storms or weather changes. More challenging in misty conditions and improved by abundant expectoration and excessive perspiration.

**8. Ictodes foetida** - Asthmatic symptoms exacerbated by breathing dust particles. Hysteria. Intermittent spasmodic sensations of pain. "Will-o'-the-wisp" character in terms of its subjective symptoms and also physometric symptoms. Abdominal inflation and tension. Millar's asthma. Spasmodic croup. Experiencing difficult breathing, accompanied by a sudden sensation of distress and sweating. Sneezing accompanied by throat ache. Chest pain accompanied by dyspnea. Feeling of numbness in the tongue. Asthma symptoms are alleviated by bowel movements. Intermittent asthma. Inclined to take a deep breath with a feeling of chest hollowness and constriction in the throat and chest.

**9. Ipecacuanha**– Shortness of breath and ongoing sensation of tightness in the chest. Asthma. Episodes of annual shortness of breath. Continual rhinorrhea, wheezing, and sneezing. Continuous and forceful coughing with every breath. There appears to be an accumulation of phlegm in the chest, yet coughing does not provide relief. The child experiences a suffocative cough and rales of bubbling. They may turn blue in the face and become stiff. Whooping cough accompanied by haemorrhage from the mouth and nose. Hemoptysis with nausea, chest tightness, and productive cough. Croup. A husky voice, especially at the end of a cold. Total loss of voice.

**10. Silphium lacinatedum** - It is helpful in chronic bronchitis, several forms of asthma, catarrhal influenza, and bladder catarrh.

Respiratory symptoms include cough with expectoration that is frothy, stringy, copious, and light coloured. Cough triggered by the sensation of mucus moving in the chest and worsened by exposure to drafts of air. Lung constriction. Experiencing catarrh with abundant mucous discharges that are stringy. Want to clear throat and cough out phlegm. Irritation of the mucous membranes in the nasal passages and back of the nose with constriction in the area above the eyes.

## REFERENCES

1. Bhalla K, Nehra D, Nanda S, Verma R, Gupta A, Mehra S. Prevalence of bronchial asthma and its associated risk factors in school-going adolescents in Tier-III North Indian City. *Journal of family medicine and primary care*. 2018 Nov;7(6):1452.
2. Daniel RA, Aggarwal P, Kalaivani M, Gupta SK. Prevalence of asthma among children in India: A systematic review and meta-analysis. *Lung India: Official Organ of Indian Chest Society*. 2022 Jul;39(4):357.
3. Paramesh H. Epidemiology of asthma in India. *The Indian Journal of Pediatrics*. 2002 Apr;69:309-12.
4. Kumar G, Roy G, Subitha L, Sahu S. Prevalence of bronchial asthma and its associated factors among school children in urban Puducherry, India. *Journal of Natural Science, Biology and Medicine*. 2014;5(1):59.
5. Rai SP, Patil AP, Vardhan V, Marwah V, Pethe M, Pandey IM. Best treatment guidelines for bronchial asthma. *Medical Journal Armed Forces India*. 2007 Jul 1;63(3):264-68.
6. Sharma B, Narula RH, Manchanda RK. Homoeopathy for the management of Asthma- A review of Council's Clinical Research.
7. Dahat AB. An overview of asthma and its miasmatic classification. *Int. J. Homoeopath. Sci*. 2021;5:300-03.
8. InformedHealth.org [Internet]. Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006-. Asthma: Overview. 2008 Jan 14 [Updated 2017 Nov 30]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK279>

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9. Quirt, J., Hildebrand, K. J., Mazza, J., Noya, F., & Kim, H. (2018). Asthma. Allergy, asthma, and clinical immunology : official journal of the Canadian Society of Allergy and Clinical Immunology, 14(Suppl 2), 50. Available from : <https://doi.org/10.1186/s13223-018-0279-0>
10. Ukena D, Fishman L, Niebling WB. Bronchial asthma: diagnosis and long-term treatment in adults. DeutschesÄrzteblatt International. 2008 May;105(21):385.
11. Boericke W. New Manual of Homoeopathic MateriaMedica with Repertory : Includes Indian Drugs, Nosodes, Uncommon Rare Remedies, Mother Tinctures, Relationships, Sides of the Body, Drug

- Affinities and List of Abbreviations. 3rdEdition. New Delhi, India. B. Jain publishers; 2011. p.62-63, 81-82, 84, 126-127, 143-145, 277-278, 299-300, 302, 311-312, 524-525.
12. Clarke JH. A Dictionary of Practical Materia Medica. Vol. 1. New Delhi, India: B. Jain publishers; 1994. p.150-152, 203-206, 210-212, 332-334, 376-380, 849-851, 947-951.
13. Clarke JH. A Dictionary of Practical Materia Medica. Vol. 2. New Delhi, India: B. Jain publishers; 1994. p.4-6, 37-44.
14. Clarke JH. A Dictionary of Practical Materia Medica. Vol. 3. New Delhi, India: B. Jain publishers; 1994. p. 1190-1191.