

TO STUDY THE EFFICACY OF ARSENIC ALBUM, PULSATILLA & SPONGIA IN MANAGEMENT OF BRONCHIAL ASTHMA.

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ABSTRACT

Background: The objectives of the study were to determine therapeutic efficacy of homoeopathic medicines in the management of bronchial asthma and to identify reliable indications of the effective medicines, most useful potencies, frequency of administration and their relationship with other medicines. The objectives also included

determining the efficacy of homoeopathic medicines to alleviate acute exacerbation of asthma and to prevent further progression of disease by controlling recurrent attacks.

Methods: 30 patients were followed up regularly. The detailed case recording was done for each case and the medicine (similimum) was prescribed according to the principles of Homoeopathy. During acute attacks, medicines were selected on the basis of presenting symptoms while during asymptomatic phase, medicines were selected on constitutional basis.

Results: Improved cases showed less frequent acute exacerbations and decreased intensity and duration of subsequent attacks of asthma. *Arsenicum album* was seen to be the most effective and most frequently indicated medicine in the treatment of asthma. **Conclusion:**

The outcome of the study shows that homoeopathic medicines are effective in managing acute attacks of bronchial asthma as well as in controlling recurrent attacks of asthma. A group of most effective medicines in asthma were evolved and their most reliable indications were deduced in this study. The other objectives of the study that included most useful potencies of medicines, their frequency of administration and relationship with other medicines could not be achieved.

KEYWORDS: Bronchial Asthma, acute exacerbation, recurrence, Similimum.

INTRODUCTION

Bronchial Asthma is a syndrome characterized by airflow obstruction that varies markedly, both spontaneously and with treatment. Asthmatics harbor a special type of inflammation in the airways that makes them more responsive than nonasthmatics to a wide range of triggers, leading to excessive narrowing with consequent reduced airflow and symptomatic wheezing and dyspnea. Narrowing of the airways is usually reversible, but in some patients with chronic asthma there may be an element of irreversible airflow obstruction. Bronchial asthma is a common clinical problem in our country. WHO estimates that there are between 15 and 20 million asthmatics in India, the commonest cause being various allergens, from the environment and changes in weather. Considering the atmospheric conditions allergic respiratory illnesses are on the rise. The prevalence of childhood asthma has increased since 1980, especially in younger children. The International Study of Asthma and Allergies in Childhood (ISAAC), found great disparities (as high as a 20 to 60-fold difference) in asthma prevalence across the world, with a trend toward more developed and westernized countries having higher asthma prevalence.^[1]

Asthma is a heterogeneous disease with interplay between genetic and environmental factors. Several risk factors have been implicated like, Endogenous factors: Genetic predisposition, Atopy, Airway hyper responsiveness, Gender and Ethnicity.

Environmental factors: Indoor allergens, Outdoor allergens, Occupational sensitizers, Passive smoking, Respiratory infections,

Triggers: Allergens, Upper respiratory tract infections, Exercise and hyperventilation, cold air, Sulphur dioxide, drugs, Stress etc.^[2]

There is inflammation in the respiratory mucosa from trachea to terminal bronchioles, but with predominance in the bronchi (cartilaginous airways). The airway mucosa is infiltrated with activated eosinophils and T lymphocytes, and there is activation of mucosal mast cells.

A characteristic finding is thickening of the basement membrane due to sub epithelial collagen deposition.^[3,4]

The characteristic symptoms of asthma are wheezing, dyspnea and coughing which are variable, both spontaneously and with therapy. Symptoms may be worse at night and patients

typically awake in the early morning hours. Patients may report difficulty in filling their lungs with air.

Typical physical signs are inspiratory and to a great extent expiratory, rhonchi throughout the chest and there may be hyperinflation.

The diagnosis of asthma is usually apparent from the symptoms of variable and intermittent airways obstruction, but is usually confirmed by objective measurements of lung function.^[5,6]

Homeopathy has proven treatment which helps towards: Relieving cough, controlling tendency to catch cold and cough, Improving immunity and general vitality, Reducing the severity, frequency and duration in case of recurrent asthma, helping allergic as well as infective cases of asthma.

Dr. Hahnemann has stressed upon the individualizing examination of the patient to cure the patient in the shortest, most reliable and the most harmless way and on easily comprehensible principles. Homoeopathy is based on the nature's law of cure and therefore brings about cure in the most harmless manner.^[7]

With homeopathy treatment asthma has a good recovery scope free from side effects of conventional medicine.

The goal of homeopathic treatment for asthma is to identify the root cause for the attacks, and then to use the bodies own healing processes to transform the triggers into remedies. Asthma is viewed differently in each person, because each person is afflicted in a different way. Factors considered by the homeopath include frequency of attacks, possible allergens and other symptoms. The health of the whole body, not just the respiratory system, is addressed. Ultimately, homeopathy might create a cure for the asthma by strengthening and balancing the immune system.

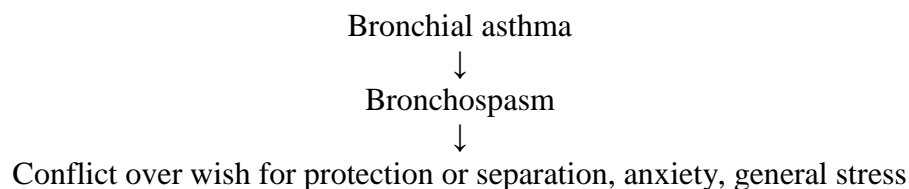
Homeopathy treats the person as a whole. It means that homeopathic treatment focuses on the patient as a person, as well as his pathological condition and not only in a diagnosis (eg. Asthma or diabetes, etc) like other conventional medicines do.

To select a homeopathic medicine we have to make a full individualization, examination and case-analysis of the person, which includes the medical history of the patient, physical and mental constitution (emotions).^[7,8]

Homeopathy is a very reliable system of medicine which tries to 'cure' this disease, instead of trying to provide symptomatic relief. While dealing with a case of asthma, a homeopath not only records the symptoms of the disease but also studies the medical history, family history, physical and psychological characteristics of a person. This helps to find the cause, the precipitating factors and the hereditary tendency etc.^[8]

When a person has asthma, a bout of depression or anxiety can trigger attacks and make the disease much harder to manage, according to recent research. Studies have found that asthmatic children suffering from psychological distress.

Depression can also contribute to the likelihood of asthma attacks by hampering the immune system. People suffering from emotional distress often have trouble fending off the viruses that cause bronchitis and other respiratory infections. Once such an infection takes hold, it can inflame the airways and trigger a severe attack.



Of special interest is the history of suppression of any disease (eg. skin, respiratory, etc). Suppression occurs whenever the patient's symptoms go against the DIRECTION OF CURE. That is, when allopathic medicine or any other circumstances works against the body's vital energy, suppressing the symptoms, not actually curing them but pushing the disease state inward, causing it to go deeper into the constitution, resulting in new deeper symptoms, greater ill health and a more chronic disease. During the homeopathic consultation great care is taken to determine which previous illnesses have been suppressed, possibly contributing to the present problems.

Example

When eczema is suppressed with hydrocortisone creams or tar based preparations and then subsequently the patient develops asthma. Here the eczema has been suppressed resulting in a deeper condition of asthma. Better to use homeopathy which can cure without suppressing.

The fact that in children asthma is often preceded by eczema is observed by the allopaths also. The excuse that they give is that the children 'move-out' of eczema and 'move-into' asthma.

Now after ascertaining the symptoms and the cause, the homeopath tries to find a medicine which matches the symptoms as well as the general characteristics of the person. The medicine so selected is administered to the patient.

It is often (not necessarily) observed by homeopaths that when a right medicine is given, the asthma disappears but the old eczema (if it was there originally) reappears for some time, but not as bad as it was before, and it will disappear itself. This reappearance of old symptoms is seen as a reversal of disease process and is considered a very good prognostic sign by homeopaths.

Useful to the physician in assisting him to cure are the particulars of the most probable *exciting cause* of the acute disease, as also the most significant points in the whole history of the chronic disease to enable him to discover its *fundamental cause*, which is generally due to a chronic miasm.

Every remedy picture has peculiar acute 'ailments from' and exciting modalities. The symptoms following these exciting factors, are not true acute diseases, but transient explosions of latent psora. They often return to normal with simple diet and rest. An acute remedy prescribed in such a situation is a helpful palliative. This should be followed by a proper constitutional or antimiasmatic remedy[221].

Homeopathic Scope

Homeopathic treatment is very strongly suggested during for all forms and stages of Asthma.

Homeopathy has proven treatment which helps towards

- Relieving cough
- Controlling tendency to catch cold and cough
- Improving immunity and general vitality
- Reducing the severity, frequency and duration in case of recurrent asthma
- Helping allergic as well as infective cases of asthma

Goals of treatment comprise of

- Prevention of recurrent exacerbation,
- Correction of hypoxaemia,
- Reversal of airflow obstruction,
- Maintain normal pulmonary function and physical activity levels.

Prognosis

With homeopathy treatment asthma has a good recovery scope free from side effects of conventional medicine.

It is very useful in acute, chronic attacks and prevents recurrence of attacks.

Purpose of Selection of Topic

Bronchial asthma is a common clinical problem in our country. WHO estimates that there are between 15 and 20 million asthmatics in India, the commonest cause being various allergens, from the environment and changes in weather.

With homoeopathy we, not only alleviate the sufferings of the patients but also reduce the recurrence of the attacks by increasing the immunity.

AIMS AND OBJECTIVES**AIM**

Exploring the efficacy of arsenic album, pulsatilla & spongia in management of bronchial asthma

OBJECTIVES

1. To reduce the duration of asthmatic attack.
2. To prevent recurrence of attack.
3. To prevent any complication occurring from asthma.

MATERIALS AND METHODS**Sources of data**

1. The present study was undertaken at own practice.
2. 30 cases are studied to know their clinical presentation.
3. Patients of various age groups and both sexes involved are assessed in the study.
4. Cases were recorded keeping the holistic approach in mind.

5. In all cases family history and past history was recorded to evaluate hereditary tendencies.
6. The cases were analyzed and evaluated, later repertorization done by Murphy's repertory.
7. Drugs were selected as per the totality and potency and repetitions followed as per the susceptibility of the case.
8. The posology and remedy reaction was studied in the follow up.
9. Auxillary measures like alteration in diet and relaxation of mind were advised.

Inclusion Criteria

1. Patients with symptoms of cold, cough and dyspnoea.
2. Patients with a strong family history of Bronchial asthma.
3. Patients exposed to environmental allergens at the work place, at home.
4. Patients who constantly stressed which may precipitate the attack.
5. Patients who have a history of allergic skin ailments in the past or as a presenting complaint.

Exclusion Criteria

1. Patients who are proven to have structural abnormalities in the form of chronic bronchitis or emphysema
2. Patients who present with an acute severe attack of asthma(status asthmaticus).
3. Pregnant females.

OBSERVATION AND ANALYSIS

Table no 1: Showing age incidence in years for production of Bronchial asthma.

Age (in yrs) range	No. of patients	Percentage
0 to 10	3	10 %
11 to 30	7	23 %
31 to 50	16	53 %
51 to 70	4	13 %

As shown in the table, maximum number of patients is from the age group between 31-50 yrs of age.

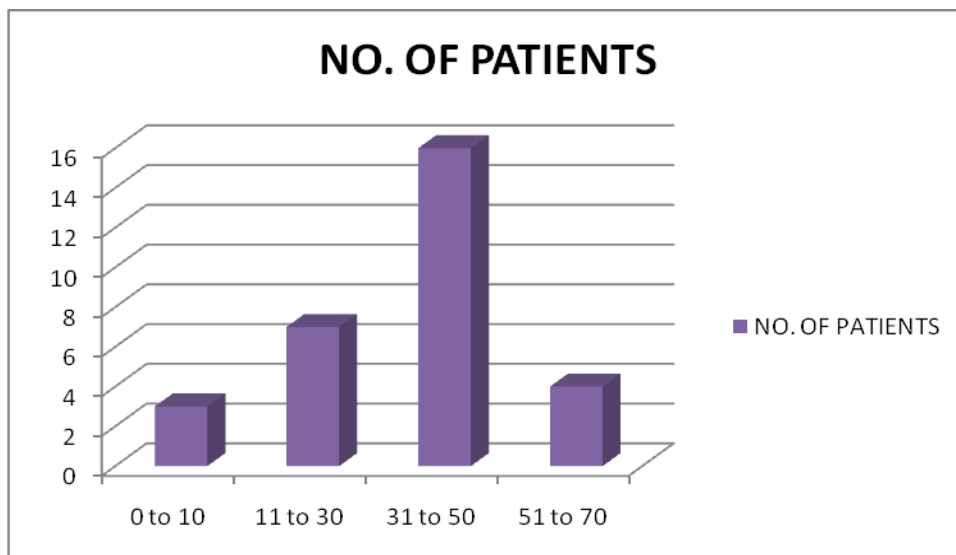


Table no 2: Showing sex incidence in Bronchial asthma.

Sex	No. of patients	Percentage
Male	17	57 %
Female	13	43 %

The above table shows the percentage of male patients to be much more than females.

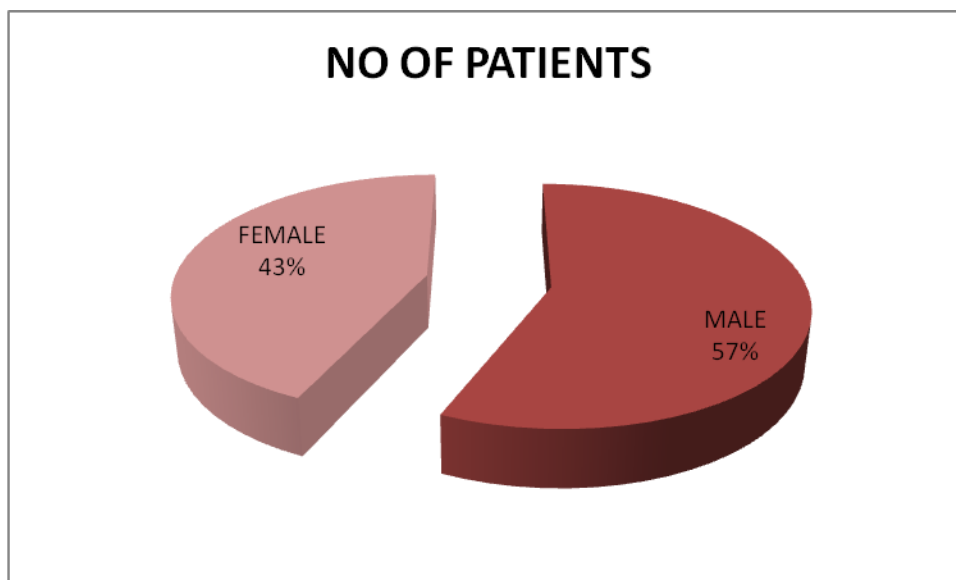


Table no 3: Showing the miasmatic background in Bronchial asthma cases.

Miasm	No. of patients	Percentage
PSORA	9	30 %
SYCOSIS	17	57 %
TUBERCULAR	3	10 %
SYPHILIS	1	3 %

The above table is suggestive that, the dominant miasm is Sycosis.

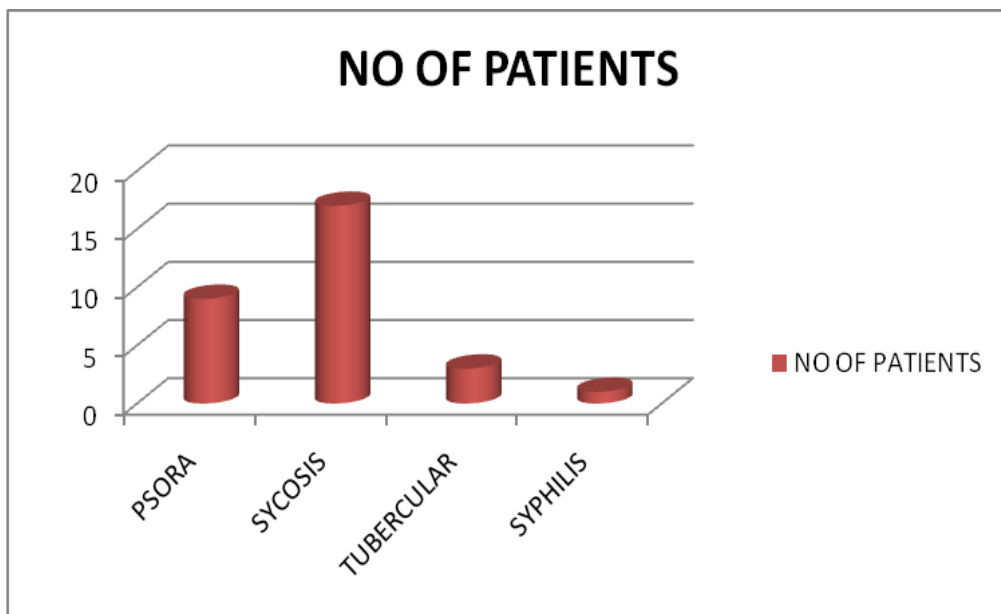


Table no 4: Showing the result of treatment.

Result of treatment	No. of patients	Percentage
Improvement	28	93 %
No improvement	1	3 %
Discontinued treatment due to long distance	1	3 %

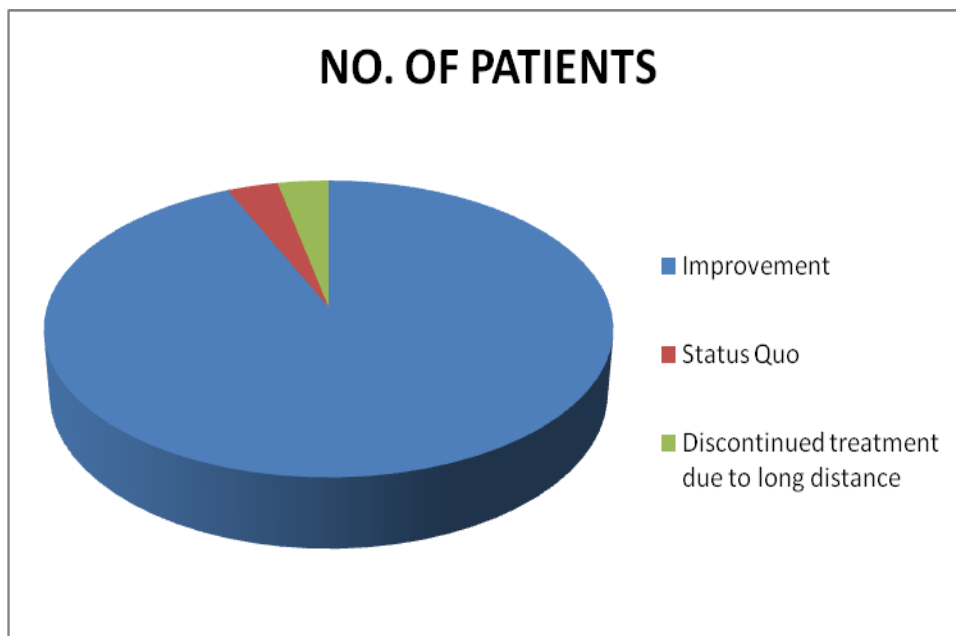
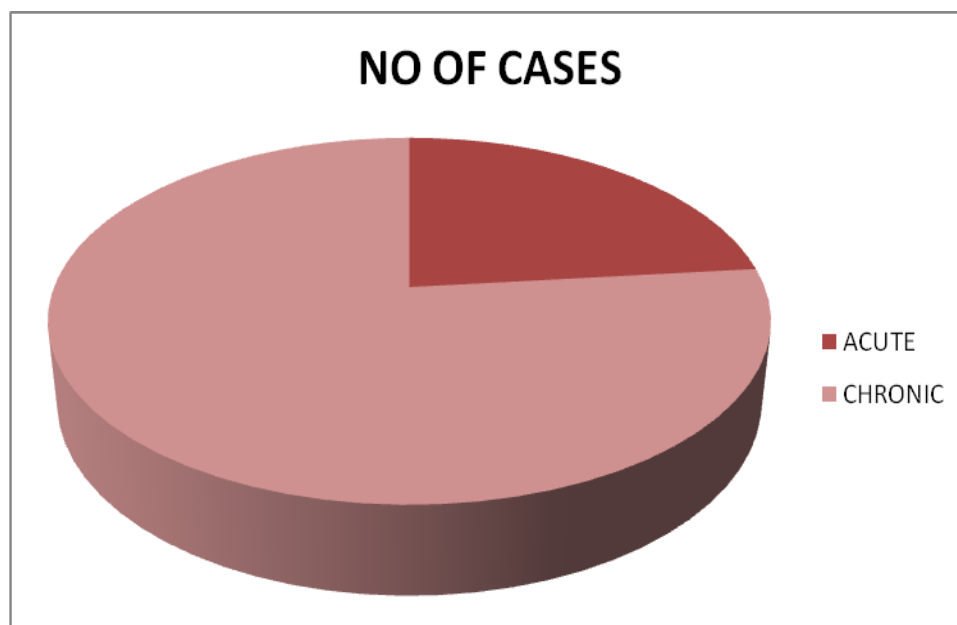


Table no 5: Showing presentations of the acute and chronic cases.

Presentation	No. of patients	Percentage
Acute	7	23 %
Chronic	23	77 %



Master Chart

Case no.	Age	Sex	Family history	Past history	Miasm	Result
1	58	F	Father asthma	Nothing significant	Psora	Improved
2	37	F	Mother asthma	Nothing significant	Sycotic	Improved
3	40	F	Maternal uncle asthma	Chickenpox-7yrs.age K\C\O Asthma	Psora	Improved
4	43	M	Mother HT.	Nothing significant	Psora	Improved
5	41	M	Mother -asthma	K\C\O Asthma	Sycotic	Improved
6	48	F	Mother HT, Elder brother- Liver cirrhosis.	HT since one year	Psora	Improved
7	22	M	Mother –DM	Atopic dermatitis	Psora	Improved
8	38	F	Grandmother-asthma, Father-warts	Nothing significant	Sycotic	Improved
9	28	M	Father RA Mother-HT	Nothing significant	Sycotic	Improved
10	16	F	Mother-asthma Father-Tuberculosis	Recurrent cough	Tuberc	Improved
11	52	M	Elder brother has DM.	Known case of DM and HT	Syphilis	SQ
12	37	M	Father asthma	Atopic dermatitis	Psora	Improved
13	54	M	Father HT	K\C\O Asthma	Sycotic	Improved
14	45	F	Grandma-asthma	Hysterectomy 3 yrs back	Sycotic	Improved
15	22	F	Mother-asthma	Nothing significant	Psora	Improved
16	48	M	Grandmother asthma.	K\C\O HT	Sycotic	Improved
17	32	F	Nothing significant.	Nothing significant.	Sycotic	Improved
18	33	F	Mother -Tuberculosis	Nothing significant.	Psora	Improved
19	36	M	Mother DM,Rheumatism	Nothing significant.	Sycotic	Improved
20	33	M	Father DM and HT	Nothing significant	Sycotic	Improved

21	10	F	Mother –Tuberculosis	Nothing significant	Tubercular	Improved
22	8	M	Mother Rheumatic complaints	Nothing significant.	Sycotic	Improved
23	21	M	Nothing significant	Dengue fever at the age of 18	Sycotic	Improved
24	25	M	Nothing significant.	Nothing significant.	Psora	Improved
25	9	M	Mother asthma	Nothing significant	Tubercular	Improved
26	39	F	Mother and Father HT.	Nothing significant	Sycotic	Improved
27	68	F	Mother-asthma	Hysterectomy 20 yrs back, K/C/O Asthma since 10 yrs	Sycotic	Discontinued due to long distance
28	33	M	Mother-asthma	K/C/O Asthma since childhood	Sycotic	Improved
29	23	M	Mother & Father HT	K/C/O Asthma since childhood	Sycotic	Improved
30	47	M	Nothing significant	K/C/O Asthma since 10 yrs	Sycotic	Improved

DISCUSSION

We have studied 30 clinical cases with their varied presentations.

This study has shown an insight into the various aspects of this illness and the role of Homoeopathic Medicine in treating them.

Constitution and Source Materia medica's form a potent combination for deciding the similimum, complementing and completing each other, going hand in hand to arrive at a similimum.

- ❖ Most of the patients had single or multiple triggering factors like change of weather, cold, dust, smoke, pollution, draft of cold air, strong smell, animal dander, rain and damp wet weather. Triggers were the major precipitating causes in development of the symptoms of asthma.
- ❖ The age groups of patients involved were children, adults, middle age and also from the old age there were 3 patients of age group 0-10 yrs, 7 patients of age group 11-30 yrs, 16 patients of age group 31-50 yrs and 4 patients of age group 51-70 yrs.
- ❖ The predominant miasm was Sycosis which is present in 17 cases, in 9 cases the dominant miasm was psora, in 3 cases the miasm was tubercular, in 1 case the miasm was syphilis.
- ❖ The topic of study was related to Bronchial asthma and therefore the cases had a lot of allergic symptoms and also lots of mental symptoms. The utility of Homoeopathic Medicine was well established due to the predominance of mental and clinical symptoms.

- ❖ Breathlessness due to allergic triggers which is a major feature of Bronchial asthma has 3 remedies, Arsenic album, Pulsatilla & Spongia which are indicated. The follow ups of the cases showed steady and continued improvement, in the symptoms, a few cases however did not respond well.
- ❖ The cases had symptoms of breathlessness, cold and cough, no cases had severe structural symptoms of asthma or symptoms suggestive of complications of asthma, and hence none of the patients were advised to undergo PFT or sputum examination.

SUMMARY

Need for the study

- Due to the increasing amount of pollution and stress in today's life every individual has greater or lesser amount of respiratory tract problems and more so of allergies. This has contributed to the increase in the amount of cases of asthma in the recent past.
- Large number of the patients has allergic respiratory illnesses including asthma.
- Not all patients present with all the classical symptoms of asthma, and many of them do not have much to tell about their mentals. In such cases Homoeopathy becomes an useful tool because it can be used to solve cases both classically and clinically.

METHODS USED

- 30 cases of patients with symptoms of asthma were taken up for study.
- Clinical symptoms were recorded in details.
- Co-relation of the mind and physical symptoms was done.
- Analysis and evaluation of the symptoms following detailed history taking was done.
- Repertorial totality and repertorization was done by Murphy's repertory.
- Discussion carried out at the end of each case regarding the approach used in solving the case (Classical or clinical) and the result of the given treatment discussed.

RESULT

- With the study of cases of the different types of presentations of asthma were studied and relation of allergies in the production of asthma was established.
- There was a family history of asthma in many of the cases and so the role of genetic factors in the production of asthma was established
- Few cases presented with suppression of emotions leading to aggravation of symptoms of asthma and also as the precipitating cause in development of asthma. Thus psychosomatic relation in the development of asthma was established.

- Expansion of the knowledge of materia medica was achieved through repertory.

CONCLUSION

Bronchial asthma is a common clinical problem in our country. WHO estimates that there are between 15 and 20 million asthmatics in India, the commonest cause being various allergens, from the environment and changes in weather. Considering the atmospheric conditions allergic respiratory illnesses are on the rise. The prevalence of childhood asthma has increased since 1980, especially in younger children.

With the increase the allergens in the atmosphere and the increase in the amount of allergic symptoms in cases of asthma the role of allergy in the production of asthma is well established.

Many of the patients had a family history of asthma or other respiratory illness like tuberculosis so the role of genetic inheritance in the production of the symptoms of asthma was well understood.

It has been observed that there was no age group which was particularly vulnerable to the production of Asthma. Though the patients of middle age group were found to have mostly affected.

Because the characteristic finding in cases of asthma is thickening of the basement membrane due to sub epithelial collagen deposition. The airway wall itself may be thickened and edematous the dominant miasm is sycotic.

Most of the patients had a common set of triggering factors like change of weather, cold, dust, smoke and pollution, draft of cold air, strong smell, animal dander, rain and damp wet weather.

The efficacy of Homoeopathic Medicine was established clinically. Clinical and pathological rubrics like asthma, bronchial catarrh, allergic hay fever with, spasmodic; wheezing etc are well represented in this repertory as compared to other repertories.

Direct rubrics of various diseases like asthma which covers pathology, ailments etc helped in easing repertorisation.

Chapter on toxicity mentions the ailments from alcohol, drugs, chemicals, poisons tobacco smoke. Some cases had aggravation of asthmatic symptoms from tobacco smoke thus it was very helpful in such cases.

Remedies used were: Arsenic album, Pulsatilla & Spongia.

The follow up showed improvement in most of the cases, one case did not respond well and one left the treatment due to long distance.

Auxiliary measures, like dietary corrections with nutritious food, relaxation of mind by meditation with breathing exercises were advised. Patients were asked to exercise regularly, avoid allergens and follow physician's advice.

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