

Homoeopathic Therapeutic Approach and Treatment of Non Communicable Disease Bronchial Asthma - A Review

Dr. Jayshree Rathva¹, Shaikh Mohammed Hamza²

¹Assistant Professor of Practice of Medicine, ²Student,

^{1,2}Parul Institute of Homoeopathy and Research, Parul University, Vadodara, Gujarat, India

ABSTRACT

Bronchial Asthma is one of the most common chronic, Non communicable respiratory disorders in adult and children's which is characterized by difficulty in breathing, cough and airflow limitation with wheezing. According to WHO Asthma affected an estimated 262 million people in 2019 worldwide and it caused around 4, 55,000 deaths. The Global Asthma Report 2022, by Global Asthma Network, shows that about 35 million Indian people suffer from asthma in 2022. Homoeopathic system of the medicine based on symptoms similarity, Susceptibility and Homoeopathic Posology. It not only gives the Relief from the complaints but prevent the repeated attract, break the tendency of hereditary diseases, increased the immunity etc.

KEYWORDS: Non communicable disease- Bronchial asthma, Homoeopathic approach, Homoeopathic medicine, indication

Abbreviation: COPD- Chronic Obstructive Pulmonary Disease, WHO-World Health Organization, NCBI-National Center for Biotechnology information, URT- Upper Respiratory tract, IgE- Immunoglobulin E, FeNO-Fractional Exhaled nitric oxide.

INTRODUCTION

Asthma is one of the Non-Communicable Respiratory diseases which comes under COPD i.e. Chronic Obstructive Pulmonary Disease. It is often under-diagnosed or untreated. Asthma is a chronic condition which can occur at any age but affects mostly to childrens and adults. According to the WHO report of 2019, 262 million people are affected with asthma and of which death of 455000 people occurs.

According to the NCBI reports, in 2004 death of 57000 asthma patients occurred in India.

Asthma is common and prevalent worldwide. In India 30 million patients with a prevalence of 2.4% in adults aged >15 years and 4-20% in children.

"Asthma is disease of airway that characterized by increased responsiveness of tracheo-bronchial tree to a variety of stimuli resulting in widespread spasmodic narrowing of air passage which may be relieved spontaneously or by therapy"

Asthma is an episodic disease which is manifested clinically by paroxysm of dyspnea, cough and

How to cite this paper: Dr. Jayshree Rathva | Shaikh Mohammed Hamza "Homoeopathic Therapeutic Approach and Treatment of Non Communicable Disease Bronchial Asthma - A Review" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-7 | Issue-6, December 2023, pp.672-675, URL: www.ijtsrd.com/papers/ijtsrd61291.pdf



IJTSRD61291

Copyright © 2023 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



wheezing. If this episode continues, it may prove fatal and such a case is called status asthmaticus.

Types of Asthma:

Based on Etiological factors, asthma is divided into 4 types.

1. Extrinsic Asthma

This type of Asthma is mostly seen in childhood with commonly present personal or familial history.

This type of Asthma is also known as atopic type and allergic type of asthma because in this type preceding allergic illness i.e. rhinitis, urticaria, eczema and sensitivity toward allergens i.e. dust, pollen, dander is there.

Elevated serum IgE level is noted in this type of asthma.

2. Intrinsic Asthma

This type of Asthma is mostly seen in adulthood with absence of personal or familial history.

This type of Asthma is also known as non-atopic type and idiosyncratic type of asthma.

Most of these patients develop typical symptom complexes after upper respiratory tract infection by viruses.

Associated nasal polyps and chronic bronchitis are commonly present.

3. Mixed Asthma

Many cases of asthma don't fit either in intrinsic or extrinsic asthma.

This patient develops asthma in early life and has a strong allergic component, while in the late stage tends to be non-allergic.

4. Others

A. Occupational Induced Asthma

Asthma that arises from continued exposure to some substance at the workplace.

In this form asthma is stimulated by fumes, organic and chemical dusts, gasses, and other chemicals.

Asthma attacks usually develop after repeated exposure to the inciting antigens.

Examples- chemical workers, welders, cotton factory workers and coal miners.

B. Seasonal Asthma

Asthma occurs when a change in weather and seasonal allergens, such as pollen, exacerbate symptoms in people.

C. Drug Induced Asthma

Several pharmacologic agents provoke asthma and aspirin being the most striking example.

Patients with aspirin sensitivity present with recurrent rhinitis and nasal polyps, urticaria, and bronchospasm.

Example- asthma triggered by medicines such as ibuprofen, aspirin and beta blockers.

D. Exercise Induced Asthma

In this type of asthma airways get narrow or squeeze during hard physical activity.

This type of Asthma is commonly seen in athletes, cyclists and swimmers.

E. Asthmatic bronchitis in chronic smoker

Etiology:

Three main etiological factor of asthma are as follows:

1. Endogenous risk factor

A. Genetic predisposition- If there is a family history of asthma or allergic disease, the risk of developing asthma is more.

B. Airway hyper responsiveness- It is an abnormality in which there is excessive tendency for airways to contract too easily in response to multiple inhaled triggers that usually does not have any effect on normal individuals.

C. Gender- Seen more commonly in boys than girls and after puberty it is womens are more commonly than men.

D. Age- Most of the cases of asthma begins after the age of 25 years.

2. Environmental risk factor (Asthma trigger)

A. Inhaled allergen- Allergens such as pollen, animal dander, and dust mites can raise risk of developing asthma.

B. URT viral infection- People may be more prone to acquiring this ailment if they have had a history of severe viral infections in infancy, such as respiratory syncytial viral infection.

C. Air pollution- Continuous exposure to sulfur dioxide, nitrogen oxide from the cooking stove, ozone and diesel particulates can irritate the airways making the person prone to develop asthma.

D. Passive smoking- Smoking passively may trigger asthma.

E. Drugs- Continuous use of drugs like β blockers and aspirin may trigger asthma.

3. Hygiene hypothesis

According to this hypothesis, babies whose immune systems aren't exposed to enough microorganisms during their early months and years won't have the capacity to fend off asthma and other allergy disorders.

Pathophysiology:

In asthma, there is chronic inflammation of airways. i.e. bronchi and bronchioles. During respiration, airways are the tubes that carry air in and out of the lungs.

In asthmatic persons, these airways get highly sensitive and respond strongly to Inhale substances such as allergens.

This highly sensitive airway leads to bronchospasms. i.e. constriction of muscles around the airways which results in narrowing of airways.

Because of the inflammation and bronchospasms, the airways get obstructed and lead to reduced air flow to the lungs which produces signs of asthma in the patient.

During the attack, the body produces more and more thick mucus and this thick mucus clogs airways.

Clinical Features:

Asthmatic patients suffer from episodes of acute exacerbation interspersed with symptom free periods i.e. Patients may be asymptomatic between the asthmatic episodes.

Characterized clinical features of asthma includes:

- Attack last for few minutes to hours
- Severe dyspnea
- Wheezing and whistling sound while breathing especially during exhaling
- Difficulty in expectoration
- Tightness of chest
- Cough with or without sputum
- Coughing especially at night, during exercise or laughing
- Frequently cold settled in chest

More chronic cases of asthma may develop into cor-pulmonale.

Diagnosis of asthma are as follows:

- Demonstration of an increase in airflow obstruction.
- Elevated eosinophils count in peripheral blood.
- Sputum is viscous and yellow.
- Sputum is also rich in eosinophils.
- Microscopy of sputum shows presence of Curschmann's spiral, Charcot Leyden crystal in sputum and Creola bodies.

Investigation:

Some investigations which are performed to diagnose asthma are as follows:

1. FeNO Test - In this test patients breathe into a machine that measures the level of nitric oxide in a breath, which is a sign of inflammation in lungs.
2. Spirometry Test - In this test a patient has to blow into a machine that measures how fast the patient can breathe out and how much air the patient can hold in their lungs.
3. Peak Flow Test - In this test a patient blows into a handheld device that measures how fast he can breathe out, and this may be done several times over a few weeks to see if it changes over time.

Management:

The Aims of management are to achieve good asthma symptom control and minimize future risk of exacerbations.

The patient's active participation is important in asthma management.

All patients should be made aware of the components of asthma self-management, which include:

- Self-monitoring of symptoms
- Written asthma action plan for optimization of asthma control through self- adjustment of medications.

Homoeopathic Approach:

Homoeopathy is a safest science that offers a permanent cure for asthma and also helps to remove asthma from the roots.

Homoeopathy medicines set off the body's own restorative processes and mainly strengthen its natural healing system to make it strong enough to fight the condition.

In case of allergic asthma, homoeopathy medicines start by treating the allergies causing asthma to completely unroot the disease.

Homoeopathy medicines are natural, safe and free from any adverse side effects and can be prescribed to people of all age groups.

Best homoeopathic medicines which leads in treating asthma are:

1. **Arsenic Album-** It is one of our prime remedies, whether acute or chronic form of asthma, with agg. after midnight and lying down.

A profoundly acting remedy on every organ and tissue. Its clear-cut characteristic symptoms and correspondence to many severe types of disease make its homeopathic employment constant and certain. Its general symptoms often alone lead to its successful application.

Among these the all-prevailing debility, exhaustion, and restlessness, with nightly aggravation, are most important.

Great exhaustion after the slightest exertion. This, with the peculiar irritability of fiber, gives the characteristic irritable weakness.

Burning pains.

Unquenchable thirst.

Burning relieved by heat.

Seaside complaints.

Ars should be thought of in ailments from alcoholism, ptomaine poisoning, stings, dissecting wounds, chewing tobacco; ill effects from decayed food or animal matter; odor of discharges is putrid; in complaints that return annually.

Gradual loss of weight from impaired nutrition.

Thin, watery, excoriating discharge. Nose feels stopped up. Sneezing without relief.

Expectoration scanty, frothy. Darting pain through upper third of right lung. Wheezing respiration.

Follows Ipecac Well either in catarrhal or nervous Asthma.

2. **Antimonium Tartaricum-** Clinically, its therapeutic application has been confined largely

to the treatment of respiratory diseases, rattling of mucus with little expectoration has been a guiding symptom.

There is much drowsiness, debility and sweat characteristic of the drug. It is an excellent remedy for asthma with rapid, short and difficult breathing as if gasping for air.

The suffocation worsens on lying down, with a need to sit up. The cough is loose, there is excessive rattling and the lungs feel full of mucus. Mucus from the lungs comes out with much difficulty. Sometimes there is dizziness present along with cough. It gets better by lying on the right side and worse from cold and damp weather.

3. Blatta Orientalis- Blatta Orientalis remedy is for asthma triggered by dust. Especially when associated with bronchitis.

Indicated after arsenic when this is insufficient.

Acts best in stout and corpulent patients.

It is prescribed for shortness of breath, suffocative cough with difficult respiration and yellow, pus-like mucus.

It can also be given for asthma triggered in rainy weather.

4. Hepar Sulph- Hepar sulphur acts wonderfully in asthma attacks, difficult respiration, whistling, wheezing, and preventing sleep at night with copious mucus expectoration.

Loses voice and coughs when exposed to dry, cold wind. Hoarseness, with loss of voice. Cough troublesome when walking.

Dry, hoarse cough. Cough excited whenever any part of the body gets cold or uncovered, or from eating anything cold.

Rattling, croaking cough; suffocative attacks; has to rise up and bend head backwards.

Anxious, wheezing, moist breathing, asthma worse in dry cold air; better in damp.

5. Ipecac- The chief action is on the ramifications of the pneumogastric nerve, producing spasmodic irritation in chest and stomach.

Especially indicated in fat children and adults, who are feeble and catch cold in relaxing atmosphere; warm, moist weather.

Yearly attacks of difficult shortness of breathing.

Cough incessant and violent, with every breath.

Chest seems full of phlegm, but does not yield to coughing.

Suffocative cough; child becomes stiff, and blue in the face. Whooping-cough, with nosebleed, and from mouth.

Bleeding from lungs, with nausea; feeling of constriction; rattling cough.

Hemoptysis from slightest exertion.

Hoarseness, especially at end of a cold.

Complete aphonia.

6. Spongia Tosta- A remedy especially marked in the symptoms of the respiratory organs, cough, croup, etc.

Tubercular diathesis.

Children with fair complexion, lax fiber; swollen glands.

Exhaustion and heaviness of the body after slight exertion, with orgasm of blood to chest, face.

Anxiety and difficult breathing.

7. Natrum Sulphuricum-

The complaints are such as are due to living in damp houses, basements, cellars. Asthma in children, as a constitutional remedy. Every fresh cold brings on attack of asthma.

Dyspnea, during damp weather.

Must hold chest when coughing.

Humid asthma; rattling in chest, at 4 and 5 am.

Cough, with thick ropy, greenish expectoration; chest feels all gone. Constant desire to take deep, long breath.

Delayed resolution in pneumonia.

Springs up in bed the cough hurts so; holds painful side. Pain through lower left chest.

REFERENCE

- [1] Textbook of Pathology by Harsh Mohan, 8th Edition, Published By Jaypee Brothers Medical Publishers (P) Ltd
- [2] Exam Preparatory Manual For Undergraduates Pathology By Ramadas Nayak & Rakshatha Nayak, 2nd Edition, Published By Jaypee Brothers Medical Publishers (P) Ltd
- [3] Concise Pathology for Exam Preparation by Geetika Khanna Bhattacharya, 3rd Edition, Published By RELX India Pvt. Ltd.
- [4] Pocket manual of Homoeopathic Materia Medica with Indian medicine and repertory by William Boericke Reprint Edition July 2011 by Indian Books and Periodicals Publication.