



ROLE OF HOMOEOPATHY IN ASTHAMA

Homeopathy

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KEYWORDS

INTRODUCTION

Based on a chronic bronchial inflammatory response, asthma is a diverse, complex illness that causes variable and largely reversible blockage of respiratory pathways. A common condition, asthma can range in intensity from a very mild, sporadic wheeze to an abrupt, potentially fatal airway closure. It typically manifests in childhood and is linked to other atopy symptoms including hay fever and eczema.

Airway Obstruction in Bronchial Asthma is Mainly Caused by the Following Four Mechanisms :

- Contraction of bronchial smooth muscle
 - Edema of the airway walls
 - Mucous plugging of the bronchioles
- Irreversible changes in the lungs ("remodeling").

PREVALENCE

Around 200 million people globally suffer from asthma, and the annual mortality rate is about 0.2 million. In India, an estimated 15 million people suffer from asthma. According to various field studies and particular population groups, the prevalence of asthma in the general population varies.

Although asthma can strike at any age, it often strikes children and young people. Asthma cannot be cured, but with the right care, clinical episodes can be avoided and managed. Asthma's precise cause is unknown. There are numerous environmental and host risk factors. Genetic predisposition, atopy, airway hyperresponsiveness, gender, and race/ethnicity are the host factors. Allergens both indoors and outdoors, occupational sensitizers, air pollution and tobacco smoke, respiratory and parasite illnesses, socioeconomic variables, family size, food, medicines, and obesity are examples of environmental risk factors.

Types

There are numerous forms of asthma, categorized by severity and age, because asthma is caused by a multitude of reasons.

Airborne pollutants, mold, mildew, and cigarette smoke are among the same factors for symptoms that cause an allergic reaction in the airways in both adults and children. Musculature and lowering the formation of mucus.

Diagnosis

An reliable diagnosis of asthma is based on three primary factors: the patient's medical history, physical examination findings, and the outcomes of breathing tests.

These tests will be performed by a primary care physician, who will also identify the kind of asthma and classify individuals exhibiting symptoms as mild, intermittent, moderate, or severe.

A thorough family history of allergies and asthma might aid a physician in accurately diagnosing a patient. Since many allergies share processes with asthma and raise the risk, it's also crucial to discuss a personal history of allergies.

To help direct treatment, make a note of any possible triggers for asthma symptoms, such as any possible occupational irritants.

Be Sure to Identify Any Health Conditions that can Interfere with Asthma Management, such as:

- a runny nose
- sinus infections
- acid reflux
- psychological stress
- sleep apnea

Physical exam

Typically, a physical examination will concentrate on the skin, chest, and upper respiratory tract. will use a stethoscope to listen for indications of wheezing, or a high-pitched whistle when exhaling, in the lungs. One of the main indicators of asthma and a blocked airway is wheezing.

Along with looking for skin disorders like eczema, doctors will also check for soft growths on the inside of the nose, swollen nasal passages, and a runny nose.

Asthma Tests

The diagnosis of asthma also includes lung function tests. They evaluate a person's capacity to expel air from their lungs quickly as well as how much air they inhale and exhale. Lung function can be determined using a spirometry test.

Other Tests

- a chest x-ray
- electrocardiogram (ECG)
- complete blood counts
- CT scans of the lungs
- gastroesophageal reflux assessment
- the induction and examination of sputum, or phlegm

Common Complications

- Interference with normal activities
- Interference with sleep
- Time missed from school and work
- Emergency department visits and hospitalizations

Chronic inflammation can cause damage to the airways, which can result in long-term asthma issues. Usually, having asthma attacks frequently can cause inflammation of the airways, which eventually makes it difficult for drugs to enter the airways. Asthma-related deaths are uncommon; smokers and patients with underlying lung conditions are at higher risk.

Homeopathic Medicine

Aconitum Napellus

Constant pressure in left chest; Child grasps at throat every time he coughs. Very sensitive to inspired air. Shortness of breath. Croupy cough, awaking in first sleep, particularly with children, after dry, cold west wind. Larynx sensitive. Stitches through chest. Cough, dry, short, hacking; worse at night and after midnight. Hot feeling in lungs. Blood comes up with hawking. Tingling in chest after cough.

Antimonium Tartaricum

child coughs there appears to be a large collection of mucus in the bronchial tubes; it seems as if much would be expectorated, but

nothing comes. If children get angry the coughing spell comes on; also after eating. Much palpitation, with uncomfortable hot feeling. Pulse rapid, weak, trembling. Dizziness, with cough. Dyspnoea relieved by eructation. Cough and dyspnoea better lying on right side.

Arsenicum Album

Unable to lie down; fears suffocation. Air-passages constricted. Asthma worse midnight. Burning in chest. Suffocative catarrh. Cough worse after midnight; worse lying on back.

Aralia Racemosa

Dry cough coming on after first sleep, about middle of night. Asthma on lying down at night with spasmodic cough; worse after first sleep, with tickling in throat. Constriction of chest; feels as if a foreign body were in throat. Obstruction worse in spring.

Bromium

Cold sensation when inspiring. Every inspiration provokes cough. Laryngeal diphtheria, membrane begins in larynx and spreads upward. Spasmodic constriction. Asthma; difficulty in getting air into lung (Chlorum, in expelling). Better at sea, of seafaring men when they come on land. Worse, from evening, until midnight, and when sitting in warm room; warm damp weather when at rest and lying left side. Better, from any motion; exercise, at sea.

China Officinalis

Suffocative catarrh; rattling in chest; violent, hacking cough after every meal. Hæmorrhage from lungs. Dyspnoea, sharp pain in left lung. Asthma; worse damp weather.

Causticum

Cough is >> by a swallow of cold water. Cough with a sensation as if one could not cough deep enough to raise the mucus. Cough agg. when bending forward. Cough with pain in hip, especially left worse in evening; better, drinking cold water; worse, warmth of bed.

Cuprum Metallicum

Cough as a gurgling sound, better by drinking cold water. Suffocative attacks, worse 3 am (Am c). Spasm and constriction of chest; spasmodic asthma, alternating with spasmodic vomiting. Whooping-cough, better, swallow water, with vomiting and spasms and purple face. Spasm of the glottis. Dyspnoea with epigastric uneasiness.

Sambucus Nigra

Paroxysmal, suffocative cough, coming on about midnight, with crying and dyspnoea. Spasmodic croup. Dry coryza. Sniffles of infants; nose dry and obstructed. Loose choking cough. When nursing child must let go of nipple, nose blocked up, cannot breathe. Child awakes suddenly, nearly suffocating, sits up, turns blue. Cannot expire (Meph). Millar's asthma.

Spongia Tosta

Hoarseness; larynx dry, burns, constricted. Cough, dry, barking, croupy; larynx sensitive to touch. Croup; worse, during inspiration and before midnight. Respiration short, panting, difficult; feeling of a plug in larynx. Cough abates after eating or drinking, especially warm drinks. Bronchial catarrh, with wheezing, asthmatic cough, worse cold air, with profuse expectoration and suffocation; worse, lying with head low and in hot room.

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