



A CLINICAL STUDY ON THE CONSTITUTIONAL APPROACH IN THE MANAGEMENT OF BRONCHIAL ASTHMA

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Abstract : Bronchial asthma is a common chronic inflammatory disorder of the airways, characterized by airway narrowing, episodic wheezing, breathlessness, chest tightness, and coughing. It is triggered by various factors like allergens and can also be hereditary. Airway hyper responsiveness and accompanying bronchospasm are the principal hallmarks of asthma. In India, the prevalence of asthma is found to be about 2.4% in adults over 15 years affecting their quality of life. To determine the effectiveness of constitutional medicine in the treatment of Bronchial asthma patients and understand the various constitutional medicines prescribed and to assess the symptoms of the patients, using Asthma Control Test (ACT) Assessment Criteria. Thirty bronchial asthma cases were purposely selected, meeting inclusion/exclusion criteria. Recorded in Sarada Krishna Homoeopathic Medical College and Hospital's format, cases were analyzed, and constitutional medicine was prescribed. Symptoms were assessed using Asthma Control Test (ACT) Assessment Criteria pre intervention & post intervention every two weeks. Among the cases, three showed remarkable improvement (more than 80%), nine showed improvement between 60% and 80%, and eleven showed improvement of less than 60% in their scores. Statistical analysis indicated a satisfying t-value of 15.664, supporting the hypothesis. The study demonstrates homoeopathic constitutional medicine's efficacy in management of patients with bronchial asthma.

IndexTerms - Bronchial asthma, Homoeopathic constitutional medicine, ACT criteria.

I.INTRODUCTION

Bronchial asthma is a common chronic inflammatory disorder of the airways, characterized by airway narrowing, episodic wheezing, breathlessness, chest tightness, and coughing, particularly at night and upon awakening in the morning. It is triggered by various factors like allergens, respiratory infection, dust, cold air, exercise, emotions, occupational stimuli, certain drugs or chemicals, and histamine and can also be hereditary ¹. Airway hyper responsiveness and accompanying bronchospasm are the principal hallmarks of asthma ². Several epidemiological studies show that multiple genetic and environmental factors contribute to asthma. As it is a highly heritable disease family history of this condition has to be considered more importantly. In India, the prevalence of asthma is found to be about 2.4% in adults over 15 years using the International Union Against Tuberculosis and Lung Disease (IUATLD) questionnaire ³. This complicated illness affects a person's physical, mental, and social well-being. In general, this affects the quality of life. People can control the exacerbation and frequencies of bronchial asthma and lead healthy lives by using homoeopathic constitutional approach appropriately. Bronchial asthma frequently goes undiagnosed and untreated, burdening people and their families and possibly limiting their activities for the rest of their lives. Homoeopathy being a holistic therapeutic system offers a finer scope in the treatment of Bronchial Asthma as it does not consider only the symptoms of the patient but the person as a whole, the very depth of his internal essence. Proper assessment of the patient and selecting the suitable constitutional remedy will effect a gentle and gradual improvement of the health of the patient.

II.NEED OF THE STUDY.

Patients suffering from bronchial asthma experience altered quality of life which gives tough life situations on a daily basis. An individualized treatment would uplift the quality of life of the suffering by abolishing work absenteeism and would result in enhanced living. This can be achieved by prescribing homoeopathic constitutional medicine to the affected individual according to the symptoms expressed.

OBJECTIVE OF THIS RESEARCH:

To determine the effectiveness of constitutional medicine in the treatment of Bronchial asthma patients and understand the various constitutional medicines prescribed and to assess the symptoms of the patients, using Asthma Control Test (ACT) Assessment Criteria.

III. RESEARCH METHODOLOGY**3.1 Population and Sample**

30 participants were selected using purposive sampling

3.2 Data and Sources of Data

A purposive sampling approach was employed to select 30 patients diagnosed with Bronchial asthma from the Outpatient Department, Inpatient Department, and Rural Centres affiliated with Sarada Krishna Homoeopathic Medical College. Detailed case information was documented using standardized and pre-structured formats provided by Sarada Krishna Homoeopathic Medical College. These cases were then analyzed to identify symptom patterns and develop a comprehensive symptom profile. Symptoms were assessed, and based on the totality of symptoms, the patient's constitutional type was determined. Repertorization of the case was conducted if necessary and an appropriate remedy was prescribed. The selection of potency and frequency of doses was determined in accordance with the principles of homeopathic philosophy. Patients were assessed every two weeks, and any changes in symptoms were carefully recorded.

Inclusion criteria:

Patients having symptomatology of Bronchial asthma belonging to the age group of 18 - 70 years, both sexes.

Exclusion criteria:

Age group below 18 years and above 70 years. Patients suffering from other severe systemic diseases and pregnant women. Cases in which surgical intervention becomes necessary. Bronchial asthma associated with any chronic and systemic disease on active treatment.

Outcome assessment:

Changes in the symptoms of patients with bronchial asthma was noted accordingly & improvement in symptoms were validated using Asthma Control Test (ACT) Assessment Criteria.

Statistical tools

Statistical analysis was conducted utilizing paired 't' test. Data visualization was incorporated in bar chart, table and columns.

IV. RESULTS AND DISCUSSION**Distribution of cases according to age**

One person aged 11 to 20, four individuals aged 21 to 30, five people aged 31 to 40, Thirteen individuals aged 41 to 50, six people aged 51 to 60, and one person aged 61 to 70 were suffering with bronchial asthma. Fifth decade of life being the most affected.

Distribution according to gender

In the provided distribution, there are 28 females (93.33%) and 2 males (6.67%). Predominantly affected individuals are females.

Distribution according to family history

Family history of bronchial asthma: 7 individuals (approximately 23.33%). Family history of respiratory illnesses like tuberculosis, allergic rhinitis, diabetes, and others: 5 individuals (approximately 16.67%). No relevant family history: 18 individuals (approximately 60%)

Summary of previous illness

Allergic rhinitis emerges as the predominant ailment, constituting approximately 44% of the cases. Dyspnea follows, with approximately 20% of the cases. Other illnesses and liability to take cold each account for 16% and 12% of the cases, respectively. Recurrent fever is the least prevalent, constituting approximately 8% of the cases.

Table 1 . Improvement based on range of potencies used in constitutional medicines and their improvement

S.NO	CONSTITUTIONAL MEDICINES & POTENCY	REMARKABLE IMPROVEMENT (>80%)	SIGNIFICANT IMPROVEMENT (60% -80%)	MILD IMPROVEMENT (<60%)
1.	1 Nux vomica 30			2
2.	Pulsatilla nigricans 200	1	2	2
3.	Calcarea carbonica 0/3	1	3	1
4.	Sepia officinalis 0/3	1		1
5.	Natrum muriaticum 0/3	1		1
6.	Calcarea carbonica 200	1	2	2
7.	Natrum sulphuricum 0/3		2	

8.	Sulphur 200			3
9.	Lycopodium clavatum 200			1
10.	Natrum muriaticum 200			1
11.	Nux vomica 200			1
12.	Lachesis mutus 200			1

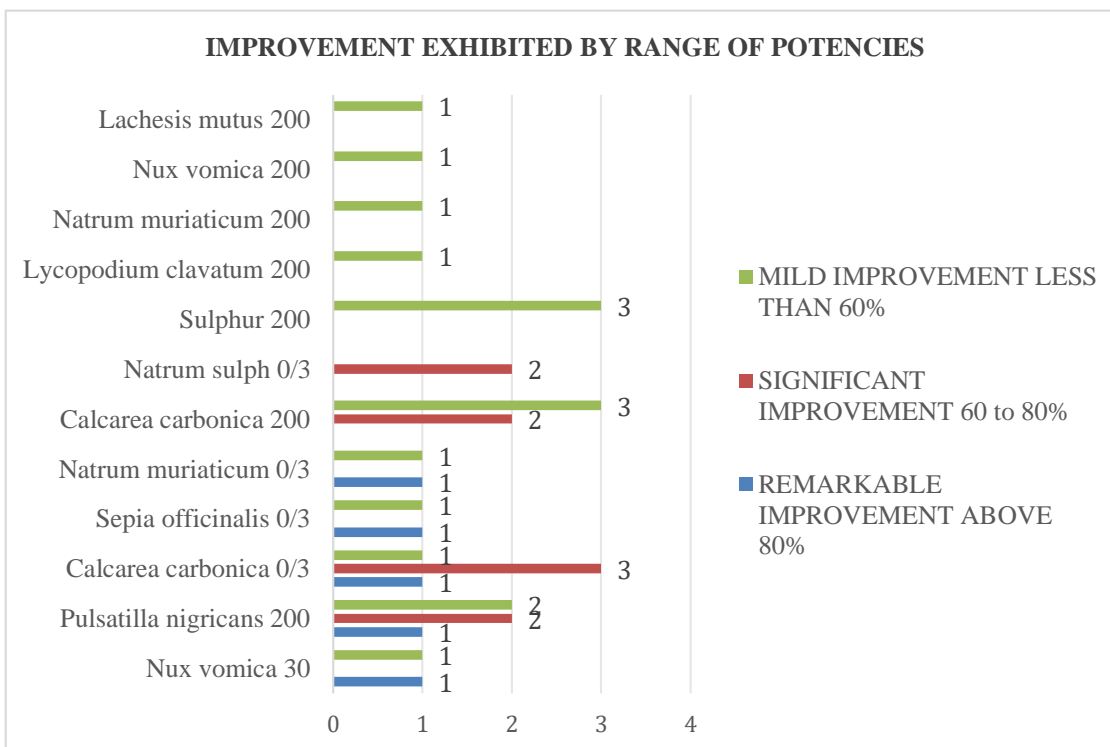


Figure 1. Improvement based on range of potencies

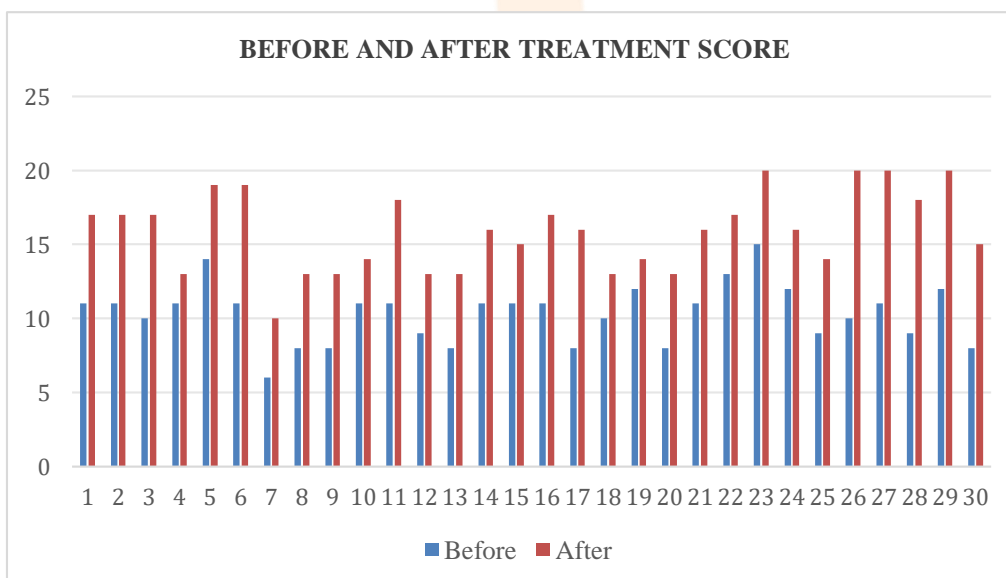


Figure 2. Allocation of cases based on pre and post intervention score

V. DISCUSSION:

In this study Calcarea carbonica is the most commonly prescribed homeopathic remedy, accounting for about one-third of the cases. Following Calcarea carbonica, other frequently used remedies include Pulsatilla, Nux vomica, Sulphur, Natrum muriaticum, Sepia, Natrum sulphuricum, and Lycopodium.

This study identified individuals with bronchial asthma across various age groups: one person aged 11 to 20, four aged 21 to 30, five aged 31 to 40, thirteen aged 41 to 50, six aged 51 to 60, and one aged 61 to 70. Notably, the highest occurrence was observed among the fifth decade of life. This corresponds with the findings of the "Asthma and its co-morbidities in middle-aged and older

adults: the Rotterdam Study," which revealed that a minimum of 3.6% of individuals aged 45 and above were identified with bronchial asthma.⁴

Among the 30, approximately 23.33% reported a family history of bronchial asthma (BA), while approximately 16.67% indicated a family history of respiratory illnesses. The majority, comprising approximately 60%, reported no relevant family history. These findings underscore the potential influence of genetic factors in bronchial asthma and related respiratory conditions, while also highlighting a significant proportion of cases with no familial predisposition. This aligns with "Allergic diseases and asthma in the family predict the persistence and onset-age of asthma: a prospective cohort study" which states that family history of asthma and allergic diseases are strong determinants of asthma, but the magnitude of effect varies according to the hereditary group so that some sub-types have a stronger hereditary component, and others may be more strongly related to environmental exposures.⁵

Sycosis dominates as the predominant miasm, constituting approximately 53.33% of the cases. Psora and Syphilis follow behind, with each accounting for approximately 23.33% of the cases. The findings of "Bronchial Asthma and its Less Commonly Discussed Homeopathic Remedies" indicate that bronchial asthma is predominantly associated with the sycotic miasm, exhibiting acute exacerbations with psoric characteristics such as wheezing and sneezing.⁶

Allergic rhinitis emerges as the predominant ailment, constituting approximately 44% of the cases in the 30 cases treated. According to "The Influence of Allergic Rhinitis on Bronchial Asthma," numerous cross-sectional studies have indicated a frequent co-occurrence of rhinitis and asthma. These studies have highlighted that nasal symptoms are prevalent in 28% to 78% of asthma patients, contrasting with approximately 5% to 20% in the general population.⁷

Out of the 30 cases observed, three showed significant improvement, with scores increasing by more than 80% after treatment, indicating a highly favorable response to the administered treatment. Additionally, nine cases displayed considerable improvement, with scores rising between 60% and 80%. Furthermore, 11 cases exhibited moderate improvement, with scores increasing by less than 60%, when evaluated against others using the Asthma Control Assessment Criteria scale.

VI. CONCLUSION:

The study demonstrates homoeopathic constitutional medicine's efficacy in management of patients with bronchial asthma. Conducting research on the influence of occupation, family history and past medical history on bronchial asthma could provide valuable insights into potential risk factors and contribute to more suited treatment approaches for affected individuals. This clinical study focusing on individualized treatment with homoeopathic constitutional medicines demonstrated effectiveness in managing bronchial asthma. The observation and statistical analysis from this study together demonstrate the usefulness of homoeopathic constitutional medicine in treating this condition.

VII. ACKNOWLEDGMENT

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