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A Study to Understand Miasmatic Evaluation of Bronchial Asthma and its Homeopathic Management

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Abstract

Asthma as a clinical entity has been known to the medical world since antiquity. Many physicians have described its exact symptomatology with aggravating and ameliorating factors, its epidemiology at that time and some other factors, but they could not know the exact cause of this condition. Many hypotheses were formed for the causes of this condition, some of which include effects of evil eye, wrath of devils, bad effects of some food etc., even till date, there are many etiologies of this condition has been noted, the exact cause of asthma is not determined. There are many influences that act with each other to produce this condition. Modern system of medicine believes in local concept of disease. They believe in materialistic concept of disease. They believe that in any disease condition the organs and tissues affected are affected solely, and they don't have any correlation with other parts. So they try to manage bronchial asthma with anti-inflammatory and anti-histaminic medicines as maintenance therapy and bronchodilators to curb the acute exacerbation. Steroidal agents which are used are the potent anti-inflammatory agents that suppress the inflammatory reaction, but in a way only suppressing manifestation of disease, weakening the immunity and constitution of the patient and thus making him prone to more life threatening conditions as manifested by airway remodeling, fibrosis of airway basement membrane and decreased responsiveness of the airway smooth muscles leading to emphysematous changes superadded to asthma. Same condition happens with anti-histaminics. These drugs act at local level and do not give permanent relief. These drugs give temporary symptomatic relief to the patient and do not remove the disease, i.e. the cause for hypersensitivity. Among all medical systems for treating diseases, homeopathic system is most efficacious. It is based on natural observations, rational experiments, and logical inferences. It works on the basis of similia similibus curenture, the nature's law of cure. In homeopathic system of medicine we consider disease as a whole, with its causes, the process, along with constitutional totality of the person and not the local manifestations of disease. Mind, body and spirit, these are called trinity of life. When considered

together, they form the constitution of the person. They are in interaction with one another and responsible for maintaining life. Any defect in function of any of them cause dis-ease. Medicine selected on these bases removes the disease permanently and corrects the constitutional deficit/ miasm from the person, as an ideal cure preached by our master, Dr. Hahnemann. Miasms are the fundamental cause of the chronic diseases. There are basically 3 miasms described by Dr. Hahnemann, namely psora, sycosis, and syphilis. Initially, during the early days of practice, Dr. Hahnemann faced some obstacles to the permanent cure in chronic cases. This miasmatic block can be removed with proper anti-miasmatic remedies.Thus we have undertaken Asthma as our topic of study.

Keywords: Asthma, Miasms, Constitutional Treatment, Respiratory Diseases

Introduction:

Asthma can be defined as a chronic inflammatory condition of the pulmonary airways. This inflammation renders the pulmonary mucous membranes hyper-responsive to a wide range of stimuli, leading to widespread narrowing of the airways through bronchial spasm, Oedema and mucus secretion. This results in wheezing, coughing, chest tightness and shortness of breath; these symptoms are often worse at night. Narrowing of airways is usually reversible, either spontaneously or under treatment, but in some individuals with chronic asthma, the inflammation may lead to irreversible airway obstruction [24]. In diverse ages the patients, the physicians and in the last centuries the medical scientists have their own ever changing opinion about the various diseases. Bronchial asthma has a very special history from this point of view. The knowledge of mankind about this medical problem has accumulated for thousands of years. More than 5000 years ago, in ancient china, Chinese physicians used Ephedra for this condition before its pharmacological properties became known. Ephedrine, the active ingredient of Ephedra relieves bronchospasm, produces vasoconstriction, reverses congestion, and inhibits mucous secretion. The earliest recorded reference to respiratory distress and perhaps asthma is found in Su Wen ("Plain Questions"), the first book of the two-volume Nei Ching Su Wen. The Chinese brought ephedra to Greece, from where it was introduced to other civilizations. Before the Middle Kingdom (2130- 1550 BC), illnesses were thought to have natural causes and it was believed that physicians called swnw healed through the use of sacred skills. After the Middle Kingdom, however, religion, once a source of scientific inspiration and innovation, became rigid and formal and magic became more important, than reason in the treatment of disease. During Egyptian era Asthma was considered to be a whdw (disorder or foulness) of the metu (ducts that were thought to distribute air and water to the organs, including the lungs). Therefore, physicians attempted to heal the metu by dispelling the whdw. The exact nature and effectiveness of various remedies is difficult to determine, however among the identifiable substances commonly prescribed for respiratory problems were frankincense, yellow ochre and grapes. During Greco-Roman period, Hippocrates the Great known as Father of Medicine described "panting", which he termed asthma. In his writings, he noted such persons as become hunch-backed from asthma or cough, before puberty die. Hippocrates is also believed to be one of the first physicians to understand the relationship between the environment and respiratory ailments. Hippocrates in his essay Airs, Waters and Places hypothesized that asthma, which he equated with any form of panting, developed consequent to a cacochymia (disequilibrium) of the humors which caused phlegm (the evil humor) to arise in the brain, pass through the pituitary gland, condense in the nasal cavities, and flow into the lungs. The lungs would ultimately be blocked due to an excess of catarrh. Greek and Greek-influenced physicians

continued to use "asthma" to describe a degree of respiratory distress rather than a syndrome. As treatment, Celsus suggested bleeding, purgatives, hot wet compresses, emetics and diuretics. Aretaeus the Cappadocian (c. second century AD), a Greek physician who practiced in Rome and Alexandria, is credited with the earliest documented description in existence in Western literature of what is now recognized as asthma. He incorporated the symptoms previously described into one syndrome. Pliny the Elder (Gaius Plinius Secundus) criticized the practices of the Greeks. He acknowledged pollen, which he knew had a role in plant fertilization, as a source of respiratory distress, and he recommended the use of ephedra (called "anabis") in red wine as a remedy for asthma. He also dealt in folklore, suggesting, for example, that drinking the blood of wild horses was effective, as was fox liver in red wine or millipedes in "thrice seven" number of insects soaked in Attic honey and taken internally. His work was unreliable.In Mesopotamian era Medical doctors were regulated by the Code of Hammurabi (1792- 1750 BC), and many of their prescriptions, potions, and healing spells survive on cuneiform tablets. These tablets recorded symptoms of dyspnea, for example, "If a man's lungs pant with his work," and "When the breath of a man's mouth is difficult." Illnesses such as asthma were attributed to commission of a sin or possession by a demon, and cures were sought through repentance or magic. The knowledge of diseases and medicines was quiet advanced in ancient India. Indian physicians believed that "winds" were essential to the functioning of the body and that these winds, of which there were five, were inhaled through the breathing process. If one of the winds was functioning improperly, juices (doshas) took control of the body and caused sickness. There were many medicines used for asthma, of note were two herbs recommended because of their relaxant properties: Saussurea lappa (kuth root) and Nardostachys jatamansi (Datura or thorn-apple), from which stramonium was extracted. All Western works based on the Indian pharmacopoeia, such as Dioscoride's Materia Medica, remained standard reference books well into the seventeenth century in Europe. The British army, following its nineteenth century incursion into India, introduced to the West the practice of smoking stramonium as a treatment for asthma substituting the temperate genus Datura stramonii for the tropical genus Datura ferox.During the Middle Ages for the most part, only few new developments in medical research were initiated in Europe during the middle Ages. Physicians considered the classic works of Hippocrates and Galen to be definitive, and most concentrated solely on improving the comfort of the sick. Ben Mesue described two drachmas of dried and powered fox lung and decoction of figs added to a drink as treatment of asthma.

Causes and Aggravating Factors of Asthma

A History Of Asthma, Allergies Or Atopic Eczema In One Or Both Parents And Siblings Can Be A Predisposing Risk Factor For Asthma [9] Suggests That There May Be More Than One Gene Present That Predisposes An Individual To Developing Asthma When Exposed To An Environmental Trigger. Recent Evidence Suggests That The Decreased Frequency And Severity Of Early Childhood Infections May Delay Maturation Of Immune Responses. This Implies That During The First Two Years Of Life, Some Infections May Be Protective Against The Development Of Allergies And That The Excessive Use Of Antibiotics During This Time May Suppress Normal Development Of Immune Responses [11, 24].

There Is No Proof That Tobacco Smoking Causes Asthma, But It Is Understandable That It Might. It Is Known That Maternal Smoking During Pregnancy Causes Abnormal Fetal Lung Development. Exposure To Tobacco Smoke In Cases Of Children Under Five Years Increases Their Risk To Develop

Bronchial Hyper-Responsiveness.[38] Also States That Tobacco Smoke Aggravates Rather Than Causes Asthma.

Evidence Suggests That An Individual With An Asthmatic Predisposition Will Only Present With This Disease After Exposure To An Environmental Trigger [36]. These Triggers Include:

Allergens: Pollens, Dermatophagoides Pteronyssinus (House-Dust Mite), Mould Spores Such As Aspergillus Fumigatus And Animal Dander Especially The Saliva Attached To Cat Fur [42].

Respiratory Tract Infections: It Is Important To Recognize The Significance Of Viral Respiratory Tract Infections As The Major Trigger For Acute Asthmatic Attacks. The Attack Begins With Symptoms Of A Common Cold And A Sore Throat. Sinusitis, Postnasal Drip And Allergic Rhinitis All Exacerbate Respiratory Mucous Membrane Inflammation And Airway Hyper-Reactivity [19, 22].

Irritants: These Include Air Pollution, Tobacco Smoke, Dust, Aerosol Sprays And Strong Odours [22]. A Study By Von Klot[35] Concluded That Gaseous Pollutants Such As Nitrogen Oxide And Ultra-Fine Airborne Particles Are Closely Linked To Asthmatic Symptoms.

Chemicals And Foods: Eggs, Milk, Fish, Crustaceans, Peanuts And Certain Seeds Have Been Noted To Cause Anaphylaxis And To Aggravate Asthmatic Symptoms, Even After Ingestion Of Small Quantities [28]. Additives Such As Monosodium Glutamate And Preservatives Like Metabisulphite Are Strong Triggers Of Immunoglobulin E Mediated Allergic Responses [22, 26].

Drugs: Aspirin And Other Cyclooxygenase Inhibitors, Such As Non-Steroidal Anti-Inflammatory Drugs, Interfere In The Metabolism Of The Arachidonic Acid and In Susceptible Individual Cause A Variety Of Untoward Reactions Including Severe Asthma [18].

Exercise-Induced: During The Exertion There Is Dehydration Of The Respiratory Airway Muscles Due To Large Volumes Of Air Flowing In And Out Of Airways; Leading To Their Spasmodic Contracture And Difficulty In Breathing. This Usually Occurs Within Five To Fifteen Minutes During Vigorous Exercise; Some Individuals May Also Suffer From Symptoms Four To Six Hours After Exercise. Recovery Is Usually Spontaneous [34, 36]. In Some Individuals with Mild Asthma, Exercise-Induced Asthma May Be the Only Presenting Symptom [21]

Cold Exposure: Studies Show That Inhalation of Cold Air Accentuates the Broncho constrictor Response to Exercise in Asthma, While the Effects of Cold Air at Rest Were Very Small. The Results Demonstrate A Positive Interaction Of Two Common Naturally Occurring Stimuli In The Induction Of Asthmatic Attacks, And Constitute Objective Verification Of A Frequent Clinical Complaint. [32]

Miscellaneous: Increases In Progesterone Levels during the Luteal Phase Of Female Menstrual Cycle And Pregnancy Increases Vascular Dilatation And Respiratory Ventilation. A Decrease In Arterial Carbon Dioxide Tension Increases Breathlessness, Thus Some Women May Experience Asthmatic Exacerbation During Their Pre-Menstrual Cycle. About 5% Of Pregnant Women Present With Asthma, Which Usually Improves During The Final Month Of Pregnancy. Treatment Of Asthma During Pregnancy Has Less Adverse Effects Than Non-Treatment. The Usual Drug Therapy For Asthma Has Not Shown To Be Associated With Increased Risk Of Congenital Malformations, But The Long-Term Use Of Oral Corticosteroids Has Been Associated With Pre-Eclampsia And Other Complications During Birth [14, 15] Asthma Can Be Classified As Intrinsic/ Extrinsic Asthma, Childhood/ Adult Induced Asthma, Cardiac/ Renal/ Bronchial Asthma, Occupational/ Exercise Induced Asthma, Cough Induced/ Nocturnal Asthma, Steroid Resistant Asthma, Etc. According To Its Symptomatology And Inducing Factors.

1. **Extrinsic Asthma**: There Is A Traditional Distinction Between 'Extrinsic' (Atopic Or Allergic) And 'Intrinsic' (Non-Atopic Or Non-Allergic) Asthma [36]. Extrinsic Asthma Is Mediated By an Immune Response; a History of Atopy or an External Allergen Can Usually Be Identified In These Individuals [34, 38]

1.1 Atopic Asthma: Atopy Is A Trait Whereby Some Individuals, Either Through Inheritance Or Constitution, Develop A Hypersensitivity Reaction In Response To An Allergen [41]. Individuals Who Are Atopic Will React Positively To At Least One Of A Range Of Common Allergens During A Skin-Prick-Test. Serum Ige Levels Are Elevated In Cases Of Atopy. Asthma Is More Common In Atopic Individuals [15, 36]. It Is Often Associated With Other Allergic Conditions Such As Allergic Rhinitis And Atopic Dermatitis. The Attacks May Be Seasonal When Precipitated By Aeroallergens Of Pollens Of Trees, Grass And Weeds. The Attacks May Be Perennial If the Allergens Are Animal Dander or Antigens Of Mites, House-Dust And Moulds.

1.2 Occupational Asthma: A Disease Characterized By Variable Airflow Limitation and/or Airway Hyper-Responsiveness Due To Causes And Conditions Attributable To A Particular Occupational Environment And Not Stimuli Encountered Outside The Workplace. Occupational Asthma Is Caused By Inhaling Fumes, Gases, Dust Or Other Potentially Harmful Substances While "On The Job." Often, The Symptoms Are Worse During The Work, Improve When Time Off And Start Again When Person Goes Back To Work.

2. **Intrinsic Asthma:** When There Is No Personal Or Family History Of Allergy/Atopy Or Outside Influence Can Be Identified As The Probable Cause Of Asthma The Term Intrinsic Asthma Is Used This Is Also Known As Idiopathic Or Cryptogenic Asthma. The Mechanism Of Intrinsic Asthma Is Not Clearly Understood; However, There Is Increasing Evidence That An Abnormality In The Arachidonic Acid Metabolism And Production Of A Novel-Type Thymus-Lymphocyte (T-Lymphocyte) Subset, Leads To An Increase In Interleukin-5 (IL-5) Concentration Without An Increase In Interleukin-4 (IL-4) [16]

2.1 Childhood Asthma: Childhood Asthma (Pediatric Asthma) Is The Most Common Serious Chronic Disease In Infants And Children; Yet Is Often Difficult To Diagnose. In Infants And Children, Asthma May Appear As, Wheezing (Whistling Sound) When Breathing, Coughing, Rapid Breathing, Labored Breathing, Complaints Of Chest Hurting, Reduced Energy, Feeling Weak Or Tired. Some Children Have Symptoms Only When Exercising Or Playing A Sport. This Is Also Called Exercise-Induced Bronchospasm.

2.2 Adult Asthma: When Asthma Symptoms Appear And Are Diagnosed In Adults Older Than 20 Years, It Is Typically Known As Adult Onset Asthma. About Half Of Adults Who Have Asthma Also Have Allergies. Adult-Onset Asthma Also May Be The Result Of Commonplace Substances In Work (Called Occupational Asthma) Or Home Environments, And The Asthma Symptoms Come On Suddenly.

2.3Asthma In Pregnancy: Among Pregnant Patients Who Have Asthma, One-Third Will Experience Improvement In Their Asthma, One-Third Will Remain Stable, And One-Third Will Experience Worsening Of Their Asthma.

2.4 Nervous Asthma/ Emotion Induced Asthma: It Has Long Been Suspected That Emotional Factors Can Exacerbate Asthmatic Symptoms. In The Fourth Century BC, Hippocrates Advised Asthmatic Individuals To Avoid Strong Emotions [13, 16, 25] Emotional Upsets, Particularly Those Associated

With Crying, Screaming And Hard Laughing, May Precipitate Near-Fatal Asthmatic Attacks. Some Health Practitioners Labelled It As A Psychosomatic Disease, But The Real Effect That Emotional Stresses Have On The Immune System Should Be Investigated Further [27].

2.5 Nocturnal Asthma: Nocturnal Asthma Refers To Asthma Symptoms That Seem Worse In The Middle Of The Night, Typically Between 2AM And 4AM. Interestingly, Nocturnal Asthma Can Affect Someone With Any Type Of Asthma. Increased Airway Inflammation At Night Contributes To The Nocturnal Worsening Of Asthma, But The Mechanisms Regulating Circadian Variations In Airway Inflammation Are Unknown. Postulated Factors Include Sinus Infections or Postnasal Drip Caused By Allergens or Altered Hypothalamic-Pituitary-Adrenal Axis Function at Night. Chronic Asthma May Be Divided Into Three Categories According To Severity

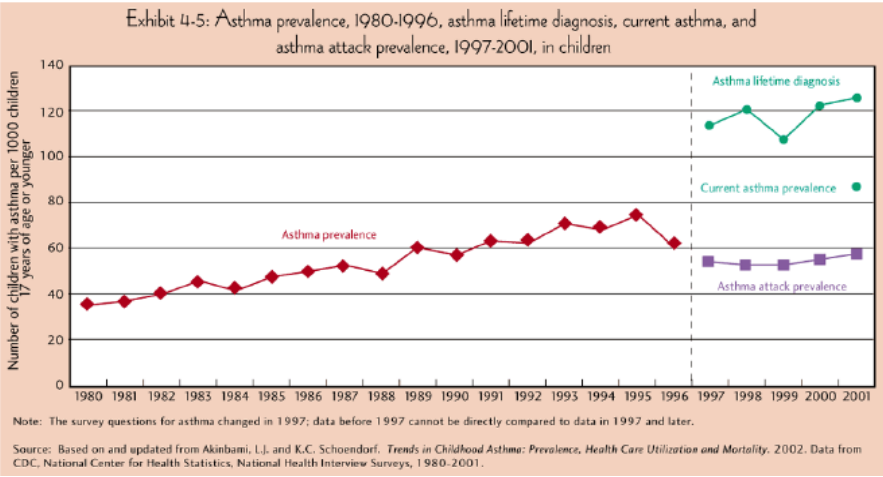
Mild Persistent Asthma: Symptoms Experienced More Than Twice a Week but Not Daily. Nocturnal Wakening Due To Symptoms More Than Twice a Month. Exacerbation May Limit Exercise. Infrequent Use of Bronchodilators. Peak Expiratory Flow Variability Between 20% and 30[13]

Moderate Persistent Asthma: Daily Symptoms Experienced. Nocturnal Wakening Due To Symptoms Once A Week. Exacerbation Limits Exercise and Daily Activity. Two or More Acute Attacks during A Week. Daily Use of Bronchodilator. Peak Expiratory Flow Variability More Than 30% [13]

Severe Persistent Asthma: Continual Daily Symptoms. Frequent Nocturnal Wakening Due To Exacerbations. Limited Physical Activity and Frequent Acute Attacks during the Day. Daily Use of Bronchodilator. Peak Expiratory Flow Variability Less Than 30% [13]

Epidemiology of bronchial asthma

Initial studies for prevalence of asthma in India have shown it to be around 1.5-2% in 1960's. During early 1990's it was increased to 3.5-6%. During studies conducted in late 1990's, it was increased to be about 15%. This clearly shows the increasing trend of this condition. Same history has been traced all over the world. Prevalence of asthma has been doubled in many countries during recent few decades. There has been marked rise in its prevalence even in those countries in which it was rare. In developing countries like India, initially the prevalence was low but with increasing industrialization, the prevalence is increasing there too. In 98-99 asthma prevalence was 2% in Gujarat. According to recent reports, its prevalence rates have doubled in last 10 years in Gujarat. Asthma can present at any age with a peak age of 3 years. In childhood, twice as many males as females are asthmatic, but by adulthood the sex ratio has equalized.



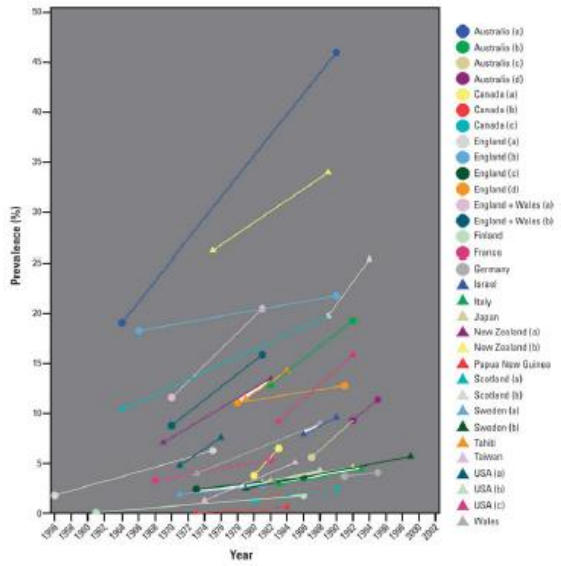


Figure 1. Changes in asthma point prevalence observed since 1956. The locations used different diagnostic criteria, but these were consistent within each study location. Different studies for the same nation are distinguished by a, b, c, and d. Data from Pearce et al. (2000).

Diagnosing asthma

Demonstration of reversible airflow obstruction gives a simple, reliable and objective diagnosis of asthma. This can be confirmed through a thorough medical history, lung function tests and a two week therapeutic trial of inhaled steroids and bronchodilators [24]

Sign and symptoms of Asthma

The characteristic symptoms of asthma are wheezing, dyspnea and coughing which are variable both spontaneously and with therapy. In some cases, symptoms may increase during night. Patient may be gasping for air. Production of mucus in airways is increased in some patients that may be difficult to expectorate. In some cases prodromal symptoms precede asthma attack, that are, discomfort feeling in chest and back, itching under the chin and unexplainable fear. Signs include increased respiratory rate, increased use of accessory muscles of respiration during an attack and inspiratory and more over expiratory chest wheezing. Hyperinflation may be present and has a hyper-resonant percussion note due to air trapping. Wide spread polyphonic wheezing during inspiration and coarse rhonchi during expiration may be heard during auscultation. There may be no abnormal physical findings when asthma is under control. Chronic hyperinflation of the chest may affect the shape of the chest wall, producing a squared off thorax, anterior bowing of the sternum and a depressed diaphragm. Pulses paradoxes of more than 20-30 mmHg may be noted when blood pressure is measured [13].

Management of asthma

Main objective for asthma management is to relive asthma symptoms, decreasing severity and frequency of asthma attacks, to decrease the instances of hospital admission and to improve health quality of person. Better control will gain the individuals' confidence in the treatment and the health-care professional and improve compliance with treatment. Asthma management should be a partnership between the individual and the health-care professional. A good patient education about disease, regular PEFR monitoring and individualized action plan tailored to individual stage, intensity, and literacy should be formulated mentioning steps to do in case of emergency. The American Academy of Allergy,

Asthma and Immunology recommends the 'traffic light system' in PEFR readings, which is user friendly and effective for many asthmatics[39].

Green: Peak expiratory flow rate of 80 to 100% of personal best – The individual is relatively symptom free and needs to continue taking maintenance medication as prescribed, but does not need to take any reliever medication[39].

Yellow: Peak expiratory flow rate 50 to 80% of personal best –"caution", some symptoms such as tightness of chest and nocturnal aggravation may be present. These symptoms may be an indication of possible airway infection or deteriorating asthma control. The individual should contact his physician to fine tune medications[39].

Red: Peak expiratory flow rate of less than 50% of personal best – "danger". The individual becomes increasingly breathless and symptoms continue to deteriorate despite the use of reliever medication. At this stage the individual will need to contact the healthcare professional[39].

Auxiliary methods

Diet: Avoid foods that can aggravate asthma. Common foods, which trigger asthma, are animal foods, milk products, food items which take more than two hours to digest, mucous producing foods such as curd, bananas, sugar, sweets, black gram, etc.

Drink plenty of liquids, 8 to 10 glasses a day, to keep secretions loose.

Lifestyle: Smoking—both active and passive, should be strictly prohibited. Over exertion, both psychologically and physically are better avoided. Person should know the asthma triggers and avoid them. Mild exercise, like swimming, is good for asthmatics. However, some asthmatics are allergic to chlorine, which rules out swimming in a public pool. Make a special effort to keep your bedroom allergen-free. Sleep with a foam or cotton pillow, not a feather pillow. Wear a scarf round your mouth and nose in cold weather. Doing so will warm the air as you breathe in and will prevent cold air from reaching sensitive airways. Practicing yoga and breathing exercises daily proves helpful to the asthmatics.

Yoga and Breathing exercise: studies show that regular practice of yoga and breathing exercise (Pranayam) improves the ventilator function of the lungs by increasing FVC, FEV1%, PEFR and increased tolerance to CO_2 as shown by prolonged BHT and decreased respiratory rate. Yoga breathing is non-competitive, personal, inexpensive and enjoyable activity which can produce good results. Therefore breathing exercise, when used adjunctively with homeopathic medication, it can produce positive prognosis.

Ayurveda: Bronchial asthma is known as tamaka svassa in Ayurveda. This medical science emphasizes on gastro-intestinal factors apart from the respiratory afflictions to be the cause for bronchial asthma. It is mainly a kapha syndrome, though other humoural types also exist. In other words, bronchial asthma can be from any of the three humours—vaata, pitta or kapha. Most often, the disease is kapha in nature.

Vaata type asthma is characterized by dry cough and wheezing. Additional symptoms are thirst, dry mouth, dry skin, constipation, anxiety and craving for warm drinks. Attacks occur predominantly at vaata time—dawn and dusk.

Pitta type asthma is characterized by cough and wheezing with yellow phlegm. Other symptoms are fever, sweating, irritability and need for cool air. Attacks are at pitta time—noon and midnight.

Kapha type asthma is characterized by cough and wheezing with abundant clear or white phlegm. The lungs are often congested producing a whistling sound. Attacks are at kapha time—morning and

evening. According to Ayurveda, the asthma of recent origin can be treated effectively but if it becomes chronic, it can only be managed. It is not the drug alone that can give relief from asthma but regulation of diet and life style can also play a great role. Along with proper medication and control over eating and living, asthmatics can get better and quick results.

Acupressure: Although it cannot be used to cure asthma, but it is helpful in relieving asthma temporarily. It can be practiced along with other medication for asthma.

Unani: Scientific research conducted to examine the efficacy of unani medicine in bronchial asthma has showed marked improvement in both PEFR and FEV1 with symptomatic relief.

Siddha: Six frequently prescribed Siddha medicines for Eraippu erumal (Bronchial Asthma) are, Pavala Parpam (P.P), Muthuchippi Parpam (M.C.P), Kasthuri aruppu, (K.K), Thalaga Karuppu, (T.K.) Vasanthakusumakara Mathirai, (V.K. Pills) and Swasakudori Mathirai (S.K. Pills).

Fish therapy: This is one example of faith medicine, being given every Mrigishira Karti Nakshatra, by the Goud family in Hyderabad. The treatment involves the swallowing of live fish (2 Inch) filled with medicine, claiming that it will cure asthma.

Conventional drug management

Most treatments in modern medicines can be divided in two groups as 1) Asthma treatments for short term relief and 2) for long term asthma control. These can be medicines, inhalers or nebulizers. Medicines for short term relief or bronchodilators relieve the symptoms of asthma by relaxing the muscles that can tighten around the airways. This helps to open up the airways. They may also be used prior to exercise for people with exercise-induced asthma. Medicines for long term control or Anti-inflammatory drugs (Steroids) are used as routine medicine for asthma control. These medications prevent asthma attacks and work by reducing swelling and mucus production in the airways. As a result, the airways are less sensitive and less likely to react to asthma triggers and cause asthma symptoms. Although these medicines are useful in controlling asthma comparatively faster, it cannot be cured permanently with these. Secondly, these medicines have some serious side effects which are described below.

Side effects of conventional drugs for asthma management

Long acting medicines or steroids have more serious side effects compared to short acting medicines or bronchodilators. Relievers can temporarily cause tachycardia or mild to moderate shivering. Side effects of long acting medicines depend on its route of application. Inhaled anti-inflammatory medicines can cause sore tongue, sore throat, hoarseness of voice, and oral thrush. Several studies have suggested the possibility of a very slight increased risk of the development of cataracts in elderly people who have used inhaled steroids. Steroidal medications from oral route are more prone to lower body's overall resistance and immunity. There can be occasional mood swings. If these medicines are continued for long term it can cause what is clinically called Cushing's syndrome characterized by moon face, weight gain, brittle bones, tendency to bruise, depression and mood swings, Hypertension, and risk of cataract.

Homeopathy

Homeopathy recognizes asthma as susceptibility of an individual in which abnormal sensitivity of the respiratory tract to influences causes a periodic constriction of the breathing tubes with difficulty in breathing and wheezing. Here an individual has susceptibility to the influences. **Stuart Close** defines

susceptibility as "general quality or capability of the living organism to receive the stimuli and to react against it". Susceptibility is one of the fundamental attributes of life. All the functions of body and all physiological and pathological vital processes depend on it. The disease process and production of symptoms also depend on level of susceptibility of an individual. Homeopathic application of a remedy meets the susceptibility of a person and fills the vacuum that is present in the sick individual. It also satisfies the natural susceptibility and establishes immunity [6]. In aphorism no. 31 of organon of medicine, **Dr. Hahnemann** has said, "The inimical forces, partly psychical, partly physical, to which our terrestrial existence is exposed, which are termed morbific noxious agents, do not possess the power of morbidly deranging the health of man unconditionally; but we are made ill by them only when our organism is sufficiently disposed and susceptible to attack of the morbific cause that may be present, and to be altered in its health, deranged and made to undergo abnormal sensations and functions - hence they do not produce disease in every one nor at all times."

Susceptibility can be of four types:

1. **Natural Susceptibility or normal Susceptibility:** According to **H. A. Roberts** - Reaction to stimuli under the healthy state of the individual could be recognized by the reaction of the individual to physical environment, food, remedies and its defense to toxic agents. Upon this normal susceptibility depends the health of the individual Natural susceptibility is the power of the organism to react defensively to a toxin, a contagion or an infection and to react constructively to food and drinks and curatively to the homoeopathic remedy[40].
2. **Artificial Susceptibility:** When medicines are given they act for a time satisfying the susceptibility. They alter the susceptibility and when that dose of medicine is no longer able to act on altered susceptibility another dose or potency is required. This altered susceptibility that is arrived at is called artificial susceptibility [6].
3. **Morbid Susceptibility:** According to S. Close morbid susceptibility could be regarded as a state of negative or minus condition-a state of lowered resistance. Morbid susceptibility may cause conditions like disease, suffering and death [5].
4. **Abnormal or Altered susceptibility:** Abnormal susceptibility may be increased, diminished or destroyed. Susceptibility may be considered destroyed in case of death[5]
   Deficient reaction or diminished susceptibility may exist in a case or appear during treatment and constitute a condition requiring special treatment. This is especially true in the treatment of chronic diseases, where improvement ceases and well-selected remedies do not seem to act [5].
   Expression of this susceptibility is called 'reaction'. This reaction can be of following types [5]:
   1. **Normal reaction (natural reaction):** it is normal moderate reaction of the individual to the stimulus.
   2. **Excessive reaction:** This is a state of general hypersensitiveness. Excessive reaction or irritability is a condition sometimes met where the patient seems to suffer an aggravation from every remedy without corresponding improvement.
   3. **Deficient reaction:** Deficient reaction may occur in cases where improvement is found to cease and well selected remedies fail to act.

In case of bronchial asthma, there is increased reaction of the living organism to the stimulus that doesn't affect much to others. So, there is increased or excessive reaction to the stimulus, and in turn increased susceptibility of the individual to that stimulus.

Increased reaction of otherwise normal individual to any particular stimulus is called idiosyncrasy.

Homeopathic concept of health:

According to Dr. Hahnemann, human being in its healthy state consists of triune unity of life working harmoniously with each other, i.e., Mind, Body, and Spirit. Body is the physical existence of human being, which can be considered as a medium through which 'spirit', the 'vital force' exerts its control on human frame. Mind is intellect, memory, and will. It works accessorily to vital principal and body to achieve the highest ideals of our existence that is, development of self, and others, and in that way cumulative development of society and human being. The third and most important part is 'vital force' or 'vital principle'. It maintains human life in its harmony and preserves it from external morbific influences. In sec 9 Hahnemann says: "In the healthy condition of man, the spiritual vital force, the dynamis that animates the material body, rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason gifted mind can freely employ this living healthy instrument for the higher purpose of our existence". Life is invisible in itself and only cognizable by perceptible sensations and functions of the organisms. In healthy condition of a man, healthy vital force keeps the organs, tissues and parts of the body in physiological state of working. In the health conditions of man, the person protects himself from the injurious influences. Our terrestrial existence are always exposed to thousands of disease forces but not all of us suffer because the vital force constantly affords protection against these morbific forces and thus has the quality of self - preservation.

Place of bronchial asthma in Hahnemannian classification:

Bronchial asthma is type of chronic miasmatic disease with fully developed symptoms which keeps on worsening irrespective of best physical and mental regime if not treated with proper anti-miasmatic medicines. According to J H Allen, bronchial asthma is decidedly a disease induced by suppression; in fact it never comes from any other cause than suppression[1]. George Vithoulkas has reported several cases of asthma as a result of suppression of skin lesions by corticosteroids[12]. Suppression of superficial skin symptoms by any means cause suppression of manifest psora, which later on develops itself into deeper plane. Bronchial asthma is one of its various manifestations.

Chronic diseases

After the discovery of homeopathy, **Dr. Hahnemann** started giving medicines according to nature's law of cure, i.e. similia similibus curenture. In his initial practice he got satisfying results with acute diseases but some diseases had a tendency to recur and some chronic diseases were not responding to the medicine selected on the basis of acute totality. He tried to find out the cause for it. He started to study all his previous cases in detail. He thought that one of the following must be the cause of failure, i.e.

1. Universality of law of nature was wrong,
2. The number of medicines in our material medica is less,
3. There is some defect in totality of the symptoms,
4. There is some factor obstructing the effect of medicine in these cases.

He thought about them one by one. Law of nature is of universal application and he was very sure about it. About the number of medicines in materia medica, it was quiet enough to cover the totality and some of medicines that covered totality well also had a failure in result. Then he thought about totality in case

if anything was missing. He restudied every case in detail and found out one interesting fact. **Dr. Hahnemann** mentions in chronic diseases, "It was a continually repeated fact that the non-venereal chronic diseases, after being time and again removed homeopathically by the remedies fully proved up to the present time, always returned in a more or less varied form and with new symptoms, or reappeared annually with an increase of complaints. This fact gave me the first clue that the Homoeopathic physician with such a chronic (non-venereal) case, yea in all cases of (non-venereal) chronic disease, has not only to combat the disease presented before his eyes, and must not view and treat it as if it were a well-defined disease, to be speedily and permanently destroyed and healed by ordinary homoeopathic remedies but that he has always to encounter only some separate fragment of a more deep-seated original disease"[8].In patients having non – venereal kind of chronic disease, there was a history of skin eruption being suppressed. According to him this suppression may lead to a deficiency state in the human system. He called this deficiency as "miasm" and this kind of suppression as "psora". According to him majority of all chronic miasms are due to psora. Those patients with venereal type of chronic disease had some different history. He classified these into two types. Those patients with gonorrhea had a history of skin warts being removed surgically and those with syphilis had a history of syphilitic chancre being removed surgically. To the removal of skin warts he considered it as "sycosis", and to removal of syphilitic chancre, he considered it as "syphilis". During the time of **Dr. Hahnemann**, the morbific agents which were casually connected with the production of diseases were known by a general term "miasm", or "miasma", which literally meant "any noxious emanation or effluvia or polluting factor." Dr. Hahnemann later used this word with a special connotation for the cause of disease, as `he mentioned in one of his article on cholera as the cause of cholera being composed of millions of these miasmatic animated beings. It was almost 50 years before Koch's discovery of comma bacillus of cholera.

During Dr. Hahnemann's time the causes of disease were known to include[11];

1) **Mechanical factors:** i.e. traumatic agencies. Lesions, injuries, destruction of tissues resulting from physical force, etc.
2) **Chemical factors:** i.e. destructive action of certain chemical poisons, e.g. arsenic, opium etc.
3) **Dynamic factors:**

a. Mental or physical, atmospheric, thermic, telluric and climatic.
b. Dietetic, hygienic, contagious, miasms, etc.

Hahnemann was the first to discover that biological agents in form of minute, invisible living organisms- "miasms" are causative factors for the origin and spread of contagious and infectious diseases. In first three editions of organon the term "miasm" was used in then accepted sense, but later on in the 4th edition, Hahnemann has shook off the crude materialistic idea regarding miasms as he perceived the spiritual dynamic character of the vital force.

Practical utility of miasmatic consideration[2]

1. In case of contaminated disease i.e. suppression of natural symptoms on mental or physical plane, antimiasmatic medicines clears the disease picture and brings forth the natural symptoms.
2. In case of conjoint disease picture, i.e. disease symptoms are superimposed by artificial symptoms of dissimilar medications, antimiasmatic medicine clears the natural disease picture.
3. In case of one sided disease, where on account of paucity of symptoms it is difficult to ascertain the

4. totality, the anti-miasmatic medicine, due to its centrifugal action, makes the totality clear and allows the case to be reassessed.
5. Anti-miasmatic medicines clears up the suppressed symptoms layer by layer and brings cure according to Hering's law of cure.
    1. The miasm of rabies is termed as half-acute due to the length of time it takes it takes to develop in the system before the symptoms begin to manifest. Once the incubation period is over, symptoms are fast to develop.
    2. Chronic: They are responsible for developing chronic disease reactions in an organism. These miasms can be divided into six separate categories.

Psora:

During his extensive research to find out the cause of failure in treating chronic diseases, Hahnemann found out that, in case of non-venereal disease, there was history of suppression of skin eruptions by one or other means, and these superficial symptoms when removed from surface, took hold of more vital organs. Hahnemann called this as 'Psora', the mother of all miasms. It is responsible for the 7/8th of all chronic miasms. Due to its multitude of manifestations and expressions Dr. Hahnemann called it as 'thousand-headed monster' that produces the stigma in the constitution. The symptom picture present on the surface is only one part of it. Mere removal of visible symptoms doesn't cause removal of psora, and it makes itself manifest through other channel, in stronger manner.

The dictionary meanings of the word Psora are as follows:

1. The itch or some similar skin diseases.

2. The itch-mite (Sarcoplas, Scabii, Sarcoptes hominis or Acaris Scabii). The derivation in Latin and Greek, but it is rather Hebraic in origin, coming through the Greek and Latin. The original Hebrew word Tsorat, means:"A groove, a fault, pollution, a stigma, after applied to leprous manifestations and the great plagues". According to Hahnemann – "Psora is the only fundamental cause and producer of all the other numerous, I may say innumerable, forms of diseases..." It is most infectious of all chronic miasms. That is why Hahnemann says, "Psora is that most ancient, most universal, and most destructive and yet most misapprehended chronic miasmatic disease which for many thousands of years has disfigured and tortured mankind"[13].

Mode of infection: According to Dr. Hahnemann, susceptibility to be affected by psora is found in almost everyone under all circumstances. Psoric miasm is found in the fluid contained on the itch vesicle. When that fluid comes in contact with the healthy skin, psora get transferred to other human being.

Development: From the moment of touching the skin they remain no more local. No eruption or itching will be seen on the skin during first few days. It remains unchanged and apparently healthy. After a few days when it has completed its internal development, the local symptoms break out.

Manifestations of external diseases

Psoric miasm is generally manifested in the following ways:

Primary manifestations

After completion of the internal development the itch miasms try to alleviate and soothe the internal disease through local symptoms on the skin, the itch-vesicles. The incubation period of Psoric miasms

generally varies from 6 to 14 days. After elapse of this period a slight or more severe chill in the evening and a general heat, followed by sweat in the following night, the itch vesicles come out. At the beginning they are fine, gradually spreading on the skin. At first they appear in the infected region accompanied by a voluptuously trickling itching. Rubbing and scratching render temporary relief followed by severe burning for a long period. The itching is frequent and more unbearable in the late evening which continues up to mid-night. In the beginning the itch vesicles contains watery fluid which quickly transforms into pus and fills up the tips. Violent rubbing breaks up the vesicles making the fluid pressed out and furnishes much quantity of material for infecting the surroundings of the patient and also other healthy persons. As long as this eruption remains in its natural form the internal Psora and its secondary manifestations cannot break forth. These troublesome eruptions act as representative for the internal disease and keep the patient free from secondary ailments. In this stage, the disease can easily be cured by internal application of well selected homoeopathic medicines[4].

Latent and secondary manifestations of psora

But if instead of doing so it is allowed to progress on its own peculiar course without administration of internal curative medicines and various ointments applied externally to drive away the eruptions, then the whole internal disease speedily aggravates and increases. As a result of suppression of primary manifestation of Psora by local application or by non-homoeopathic internal medicines it is forcefully driven in wards and remains in a dormant state which is dangerous. It is called Latent Psora. On the other hand if it is exposed to some, exciting or maintaining causes like pox, whooping cough, measles or grief, vexation, shock, fall, trauma and burns, etc., the latent Psora, slumbering in the organism awakens and breaks out as numerous severe chronic diseases of Psoric character. It is termed as Secondary manifestation of Psora which is much more dangerous to human life. In this way, due to suppression or palliation of Psoric skin diseases by external or internal treatment with Pseudo-homoeopathic drugs the seat of the disease which was concentrated in the external comparatively non-important organ like skin has been forcefully driven to much more important vital organs like brain, heart, lungs, liver, spleen, kidney, especially the central nervous system, endangering whole of the human health and life[4].**Dr. Hahnemann**, in his book ‘chronic diseases’ has mentioned many examples of asthma aggravating after suppression of skin manifestations. This is example of psoric asthma.

1. "A 5-year-old girl had had for some time large itch vesicles on the hands, which dried up of themselves. Shortly after, she became sleepy and tired and was seized with dyspnea. The following day the asthma continued and her abdomen became distended."
2. "A girl in Bologna drove away the itch with an ointment and was seized with the most severe asthma without fever. After two blood-lettings her strength decreased so much and the asthma was so much augmented that she died on the following day. The whole chest was filled with bluish water, also the pericardium."
3. "A boy of 7 years, whose tinea capitis and itch dried up, died after four days from an acute fever and asthma accompanied with expectoration."

Clarke says that asthma and skin eruptions are found associated in natural disease. It is worthy of note that most remedies which powerfully act on the skin will also cause an asthmatic state.

Sycosis

Dr. Hahnemann noticed a diathesis in venereal kind of cases in which there was history of removal of skin warts or growth by any means. He named this diathesis as ‘sycosis’, and when it is removed from

the skin surface, it manifests in more dangerous manner. This miasm is usually appearing in form of some sort of gonorrhea with supportive discharge from urethra after few days / weeks after the impure coition. It is attended with soft spongy warts emitting fetid fluid on genitals in males. In women it appears on pudenda and parts surrounding pudenda, which become inflamed and covered with warts[4]. In regard to sycosis miasm, Dr. J. C. Burnett in his famous book "Vaccinosis and its cure by Thuja" has noted that dangerous effects of various vaccines, "Vaccinosis" which is also similar to sycosis appears. He called it vaccinosis. There are other 'A' grade medicines like malandrinum, Silicea, Sulphur which also antidote the ill effects of this vaccine. We can clearly perceive the reason for the much prevalent sycosis in today's era because of prevalent use of vaccines[3]. J. H. Allen in his book, 'the chronic miasms: Sycosis, Psora and Pseudo-psora' writes, "Sycosis is not a new name for gonorrhea, neither is it gonorrhea in any sense of the word. The well-known specific urethritis, presents only in its initial stage, similar phenomena to that of Sycosis, and the history of the two diseases differs widely in their constitutional developments and progress. Gonorrhoea simplex is not a basic miasm, while Sycosis comprises one of the chronic miasms of Hahnemann, and next to Psora it is the most persistent of the great triune of the subversive forces, Syphilis, Sycosis and Psora"[1]. He mentions the difference between disease gonorrhea and the sycosis miasm as sycosis miasm is a state, a diathesis, gonorrhea is a specific disease condition which has symptoms similar to the sycotic miasm. The vastness of extent of this miasm can be known through the statement from J. H. Allen's book, "So generally is this miasm, Sycosis, distributed among adult makes that it is estimated that fully eighty percent are affected by it. Of course this estimate includes the latent as well as the active forms"[1].He also mentions, "When the disease (sycosis) is met with in tubercular patients who are already suffering from perhaps an acquired Sycosis, we have a case upon our hands that is certain to form a metastasis of the disease, to the lungs, bronchi, meninges of the brain, or some other organ" [1].Although sycosis is considered as venereal disease, it can affect many other systems of the body. It creates a tendency to create symptoms similar to its symptomatology. FORTIER-BERNOVILLE, in their book 'syphilis and sycosis' mentions that "Hahnemann considered sycosis as a venereal disease only because the seat of this disease is on the genital organs. But the very discovery of Thuja is perhaps the sure indication that sycosis is not a venereal disease"[8,9] In the article "On Biological value of sycosis" by **Dr. M. Martiny**, you will find that the persons having hydrogenoid constitution are predisposed to sycosis, and have a natural tendency him the lethargy of the reticulo-endothelial system is characterized by slow and torpid reactions of the local defense with dragging suppurations. **FORTIER-BERNOVILLE**, in their book 'syphilis and sycosis' mentions that "The biological personality of a sycotic is characterized by a physio-pathological syndrome which seems to be a consequence of continued torpid state. That state will manifest itself by some constructive reactions in stages and in time. On the level or tissues it will be the hyperplastic syndrome with growing tumors, benign of malignant. If we refer to our works done in collaboration with Charles Mondaine on cancer, we will find some reasons of some humoral modifications of the equilibrium opening the door to the anarchic exaggeration of hyperplastic processus. This processus instead of being static may be fluent; then there is chronic catarrh of the mucosa. The emunctories help but the secretions have not the exploding character that are found on a Psoric ground, the allergic affections which are so frequent and violent in tuberculinics. It correlates with the later developments in case of bronchial asthma characterized by thickening of the mucous membranes and increased catarrhal mucous secretions. They are manifestation of sycotic asthma.

Syphilis

It is another kind of diathesis noted by **Dr. Hahnemann** while searching for the cause of chronic diseases. It is venereal kind of miasm, producing local chancre and ulcerations. When suppressed, it produced deeper symptoms on internal organs.A chancre appears in the person infected with the miasms, usually after the impure coition. Although venereal infection in the body is already completed before the appearance of chancre, it doesn't manifest themselves as long as ulcer is existing.If the chancre is removed by local or external applications by means of corroding, cauterizing and desiccating substances, then it may be followed by 'bubo' which is more painful and troublesome substitute to the previous stage. If this bubo has been removed by any treatment, the nature is compelled to develop malady through more troublesome secondary ailments, through breakout of whole chronic syphilis.Dr. Hahnemann further mentioned that if we treat this chancre in its initial simple stage by proper smallest doses of mercury within fourteen days, patient will be definitely cured of it, without any deformation of skin texture of colour. In the second stage also if the syphilis is not complicated with developed psora, but the chancre is removed by local application then also all outbreaks of secondary ailments may be avoided by proper anti-syphilitic medicines. But when syphilis becomes complicated with psora, it is the most difficult of all these cases. It is designated as 'third state'. This state is also called as marked or spurious syphilis[13].

This complication may be developed in the ways as described as under:

When the man at the time of infection was already laboring under a chronic disease, so that his Syphilis was complicated with Psora, even while the chancre yet existed.When, even while there was no chronic disease in the body at the outbreak of the chancre, and the indwelling Psora could only be recognised by its tokens an allopathic physician has destroyed the local symptom, not only slowly and with every painful external application, but has also subjected him for a long time to an internal treatment. That kind of violent treatment weakens and strongly affects him and as a result general health has been undermined. The Psora which has as yet been latent within him has been brought to its development and has broken out into chronic ailments, and these impressible combine with the internal syphilis, the local symptom of which had been at the same time destroyed in such an irrational manner, Psora can only be complicated with the venereal disease when it has been developed and when it is as yet latent and slumbering. In this complicated condition "it is impossible to cure the venereal disease alone."

Mixed miasmatic states

Psora is the oldest and most prevalent miasm in mankind that hardly any of human being is free of its influence. As already mentioned, it produces functional changes only. Any structural changes occur when other miasm supervene on it. Whenever such combination occurs, the propensity to development of disease is increased considerably; the manifestations of disease however are generally limited to one miasm at a time, usually psoric. After the psoric manifestations are treated with appropriate anti-psoric medicines, the dormant sycotic or syphilitic miasm as the case may be, manifests itself and calls for respective medicines. These mixed miasmatic states produce some of the most difficult diseases to manage [11].

Miasmatic Classification Of Asthma Symptoms[2]

	Psora	**Sycosis**	**Tubercular**	**Syphilis**
cause	Suppression of the skin eruptions.	Suppression of the discharge from mucous membranes	Repeated upper respiratory tract infection.	Family history of alcoholism.
Presentation/ sensation of asthmatic symptoms	More spasmodic condition, sudden difficulty in breathing, expectoration scanty, mucous tasteless. Allergic asthma.	Cough with scanty difficult expectoration. Thick greenish-yellow colour. Cannot breath though nose.	Cough with excessive expectoration, purulent, mucopurulent, bloody expectoration,. Rapid changeability in symptoms.	Cough with one or two distinct barks like a dog. When the irreversible changes occur in lung parenchyma.
Provocating factors	Emotional/ psychological	Getting wet/ rainy season	Cold air, bacterial/ viral infection	Cold air.
Modalities	Amelioration on reappearance of skin eruptions	Amelioration by dry weather or re-establishment of discharges.	Amelioration as the day advances.	Aggravated in morning.
Concomitants	Skin complaints alternating with asthmatic symptoms.	Musculo-skeletal manifestation i.e. myalgia, and arthritis	Fever, Enlarged lymphnodes	Other sysmatic representation.
Mentals	Irritable, anxious, easily excitable.	Sluggish, slowness. Poverty of ideas	Fear	Fear, irritable, anxious, excitement, destructive.

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Dr. R P Patel's Miasmatic Repertory[10]

Chapter – Respiration, Rubric - Asthmatic

Rubric	P.	SY.	SYP.	LT. P.	LT. SY.	LT. SYP.
Asthmatic, morning	1	25				
Asthmatic, morning, bed, in	1	25				
Asthmatic, morning, waking, on	1	25				
Asthmatic, forenoon, 10 am to 11 am	1	25				
Asthmatic, noon	1	25				
Asthmatic, evening	1	25				
Asthmatic, evening, bed, in	1	25				
Asthmatic, evening, after lying down	1	25				

Asthmatic, evening, 9 pm	1	25				
Asthmatic, night	1	25				
Asthmatic, night, 11 pm, when urinating	1	25				
Asthmatic, night, 11 pm to 2 am	1	25				
Asthmatic, night, midnight, after	1	25				
Asthmatic, night, midnight, after, must spring out of bed	1	25				
Asthmatic, night, 2 am	1	25				
Asthmatic, night, 2 am to 3 am	1	25				
Asthmatic, night, 3 am	1	25				
Asthmatic, night, 3 am to 5 am	1	25				
Asthmatic, night, 5 am	1	25				
Asthmatic, air, draught of, agg.	1	25				
Asthmatic, air, open air amel.	1	25				
Asthmatic, alternating with eruptions	15G	25				
Asthmatic, alternating with headache	15G	25				
Asthmatic, alternating with gout	15G	25				
Asthmatic, alternating with nocturnal diarrhoea	15G	25				
Asthmatic, alternating with urticaria	15G	25				
Asthmatic, anger, after	1	25				
Asthmatic, autumn	1	25				
Asthmatic, bending head backwards amel.	1	25				
Asthmatic, change of weather	1	25				
Asthmatic, children	1	25				
Asthmatic, children, vaccination, after	1	25				
Asthmatic, coition, during	1	25				
Asthmatic, coition, after	1	25				
Asthmatic, cold, from taking	1	25				
Asthmatic, cold, from, heated, when	1	25				
Asthmatic, cold, from, in summer	1	25				
Asthmatic, cold air amel.	1	25				
Asthmatic, cold damp weather	1	25				
Asthmatic, cold water agg.	1	25				
Asthmatic, cold water amel.	1	25				
Asthmatic, coughing agg.	1	25				
Asthmatic, dinner, after	1	25				
Asthmatic, drunkards	1	25				
Asthmatic, dust, from inhaling	1	25				
Asthmatic, eating, after	1	25				
Asthmatic, eating amel.	1	25				
Asthmatic, emotions after.	14	25				
Asthmatic, eructation amel.	1	25				

Asthmatic, eruptions, after suppressed	1	25				
Asthmatic, excitement	1	25				
Asthmatic, expectoration amel.	1	25				
Asthmatic, face ache, with, after disappearance of tetter on face	1	25				
Asthmatic, flatulence, from	1	25				
Asthmatic, hay asthma	15	25				
Asthmatic, humid (see rattling)	1	25				
Asthmatic, hysterical	1	25				
Asthmatic, heart, from fatty degeneration of	15	25				
Asthmatic, injury of spine, after	1	25				
Asthmatic, intermittent fever, with	1G	25				
Asthmatic, leaning backwards	1	25				
Asthmatic, measles, after	1	25				
Asthmatic, menses, before	13	25				
Asthmatic, menses, during	13	25				
Asthmatic, menses, after suppression of	13	25				
Asthmatic, mental exertion	1	25				
Asthmatic, mercury, after	1	25				
Asthmatic, miner’s asthma, from coal dust	1	25				
Asthmatic, music agg.	1	25				
Asthmatic, old people, in	1	25				
Asthmatic, periodic	1	25		5		
Asthmatic, periodic, every 8 days	1	25		5		
Asthmatic, rash, after suppression of acute	1	25				
Asthmatic, riding, agg.	1	25				
Asthmatic, rocking amel.	1	25				
Asthmatic, rose cold, following	15	25				
Asthmatic, sailors as soon as they go ashore	1	25				
Asthmatic, sleep, coming on during	1	25				
Asthmatic, spasmodic	1	25				
Asthmatic, stool amel.	1	25				
Asthmatic, sudden attacks	1	25				
Asthmatic, talking agg.	1	25				
Asthmatic, talking amel.	1	25				
Asthmatic, thunderstorm, during	1	25				
Asthmatic, urinating, while	1	25				
Asthmatic, vaccination, after	1	25				
Asthmatic, vexation, from	1	25				
Asthmatic, warm food agg.	1	25				
Asthmatic, warm room agg.	1	25				
Asthmatic, warm room, from the open air	1	25				

Asthmatic, warm wet weather	1	25				
Asthmatic, wet weather, in	1	25				
Asthmatic, wind, walking against	1	25				
Asthmatic, winter attacks	1	25		1		

Homeopathy believes in looking at each individual as a unique personality, different from others. This is called individualization. If we want to cure bronchial asthma completely, we must apply individualization in the selection of our medicine, and apply in proper dose, form and with proper repetitions. The most proper time to institute this remedy is apparent health interval in-between two attacks.

According to Fortier, the therapeutic plan for asthma includes,

1) Constitutional remedies and nosodes,
2) Functional or drainage remedies (acute remedies).

Constitutional remedies and nosodes depend upon physical and mental constitution, temperament and underlying miasm. Commonly used remedies for this are Arsenicum album, Kali carb., Nux vomica, Carbo veg, Psorinum, Medorrhinum, Tuberculinum etc. Functional or drainage remedies are acute remedies which acts on asthmatic fits as they have prominent asthmatic symptoms in their range of symptoms. It can be classified into 2 groups:

1. Asthma when oppression predominates over the catarrhal element (pure asthma) – Lobelia inflate, Bryonia, Drosera, Cactus g. Sambucus nigra, Passiflora incarnata, Valeriana, Cuprum met., Mag phos., Spongia, Phosphorus etc.
2. Asthma with predominant catarrhal element – Ant tart., Ant ars., Ipecac., Pulsatila, Senega, Squilla, Kali carb., Kali bich., Kali ars., Kali chlor., Hepar sulph., Coccus cacti, Grindelia, Ars iod, Blatta etc[8,9].

Scope of Homeopathy in Bronchial Asthma Illustrated In Recent Research Studies

An eight wee trial published in the Lancet examined the use of homeopathy for the use of asthma. After the four week placebo run-in, subjects were randomized in double-blind fashion to receive either placebo or a 30C potency of the allergen to which the individual was most sensitive as determined by conventional skin testing; each subject received a treatment pack of three vials. The most commonly reactive substance was house dust mite. Significant improvement was noted within the first week in subjects with the homeopathy group; 9 of 11 subjects experienced improvement compared to 5 of 13 in placebo group. The overall difference in improvement between two groups was 33%. The homeopathy group also experienced greater reduction in bronchial activity on PC20 – a test of the amount of bronchial irritant necessary to reduce FEV1 by 20 percent. The homeopathy group experience a median 53% increase in histamine resistance compared to a median 7% decrease in placebo group meta-analysis of the three trials conducted at the University of Glasgow, strengthened the evidence that homeopathy provides more therapeutic benefit than placebo (p=0.0004).A group of British physicians sought to replicate the 8 week asthma study described above. A 16 week study of 202 patients found statistically significant improvements from baseline in the two primary outcomes measured – FEV1 and quality of life – in subjects given either house dust mite 30C or placebo; there were no statistically significant improvement in the groups. Same was there in secondary outcome measures, although during the third week the homeopathy group showed reduced conventional bronchodilator usage. A retrospective

evaluation of the results of the homoeopathic treatment of 62 patients suffering from bronchial asthma showed a very significant statistical improvement in the condition. Strict inclusion and exclusion criteria were applied after a random trawl of cases from our files. The results were evaluated in terms of the general population and according to age at start of treatment, to take account of the high incidence of spontaneous remission in children. In another review to conform the effectiveness of homoeopathic treatment in bronchial asthma, data of 26 patients suffering from bronchial asthma (BA) was analyzed, with a follow-up from 18 months to 11 years. Their evolution and special circumstances and conditions that seem to facilitate or to impede the cure under homeopathic criteria were considered. The effectiveness of the homeopathic treatment (57% cured) is confirmed.

Therapeutics for Bronchial Asthma[9]

Aconitum napellus : Asthma from active hyperemia of the lungs and brain; face red, eyes staring; can talk but little at a time; asthma after emotions; after suppression of an acute rash; feeling of a band around chest; muscles of the chest are rigid; occasionally vomiting; urine scanty, dark. After the paroxysm the sputa are yellow or blood streaked.

Ambra grisea : Asthma senile et siccum; also suitable to children and scrofulous persons, with short, oppressed breathing, paroxysms of spasmodic cough, with expectoration of mucus, wheezing in the air-passages and pressure in the chest, followed by eructation of wind from stomach; asthma accompanied by cardiac symptoms, oppression of breathing and a feeling as of a load or lump in left chest and fluttering in the region of the heart, or palpitations, especially in nervous, thin,
scrawny women; oppression in left chest through to the back and between the shoulders, as if emanating from the heart, with palpitations, anguish and loss of breath; asthma while attempting coition.

Antimonium tart: The great keynote for the remedy is the presence of fine mucous rales throughout the chest, finer and smaller rales than are found under Ipecac. With this remedy the chest seems full of phlegm, with inability to expectorate it. There is great dyspnoea, the patient must sit up, and there are suffocative attacks coming on as in the potash preparations (and this contains potash) about three o'clock in the morning. Like Ipecac, too, there is great difficulty in the expiratory effort. Antimonium tartaricum is especially adapted to the extremes of life, suiting the asthmatic attacks of the aged and the dyspnoea of young children when due to pulmonary affections. The sensation that the patient cannot get air enough is characteristic of the remedy.

Arsenicum album : Arsenicum has some similarity to Ipecac, but the time of attacks is just after midnight. The patient has a great deal of anguish and restlessness; he cannot lie down for fear of suffocation. There is anxiety and general sweat, and if the patient drowses off he is awakened with burning pain and soreness in the chest. It is especially the remedy if the disease be chronic and the dyspnoea habitual and dry and the patient aged. The asthma of Arsenicum is accompanied by great debility and burning in the chest, and it follows Ipecac well, and is especially useful in anaemic persons. Baehr and Jousset place this remedy at the head of our list for asthma.

Blatta orientalis : Blatta orientalis has obtained a good clinical record in acute and chronic asthmas, and is well worth a trial in obstinate cases; precise indications are wanting.

Bromium : Asthma of sailors as soon as they go ashore; asthma coming on at or near the seashore; patient feels as if he could not get air enough into his lungs, expands his chest to the utmost and breathes very deeply, as air does not go in enough on account of the narrowness of the opening in the larynx or constriction of the glottis; sensation as if air-passages were full of smoke; dyspnoea, must sit up in bed at

night; sensation of weakness and exhaustion in chest, sensation of constriction impedes breathing, with dry, tickling cough.

Carbo vegetabilis : Asthma from abdominal irritation, with marked flatulence; asthma of old or debilitated people, during the fit they look as if they would die, so oppressed are they for breath, suffocative asthma, with blue and cold skin and great anguish about the heart; great dyspnoea, with anxiety, but no restlessness, he exerts the whole body and limbs to breathe fully, amel. by eructations, constant walking, aggr. by sitting or lying down; desires to be fanned, must have more air; cough in violent spells, with profuse watery expectoration. Asthma of debilitated old people with great dyspnoea, amel. by belching of wind.

Dulcamara : Humid asthma or for acute asthma from a cold, with dyspnoea, loose, rattling cough, copious sputa, aggr. during wet weather; asthma, with faceache, after disappearance of tetters in face; chest oppressed with mucus. Patient is comfortable enough in daytime, but great oppression at night, with dry, tearing, suffocative cough.

Kalium carbonicum : Indicated in cardiac asthma. Aversion to being alone in the open air; dry, harsh respiration; anxious and peevish during the paroxysm; more or less perspiration on the upper part of body, increased by motion; saliva increased and urine scanty; pale face; unable to lie down, must lean forward during attack with head on table, aggr. 3-4 A. M., from walking, with feeling as if there were no air in chest.

Lobelia inflata : Lobelia is a remedy which one usually classifies with Ipecac. It has the great oppression of the chest and a weal sensation in the chest which seems to come from the epigastrium, where there is a feeling of a lump; there is nausea, profuse salivation; the attack is preceded by a prickling sensation through the whole system. It is most useful in bronchial and septic asthmas. The breathing is exceedingly difficult, and is relieved by moving about. A pain extending around the forehead from one temple to the other and a pain in the back at the last dorsal vertebra are also useful indications.

Mephitis putorius: Asthma of drunkards; asthma of consumptives, when Drosera fails. It enables the patient to stand extreme cold, he feels less chilly than usual in cold weather; washing in ice-cold water causes a pleasant sensation.

Moschus: Intense anxiety, intense fear and a smothering sensation. It suits those of a sensitive, highly organized, nervous temperament; neurotic types when increased anxiety and nervousness predominate.

Natrium sulphuricum: Its general symptoms are worse on change to damp weather. It was one of Grauvogl's hydrogenoid remedies. Its symptoms are moist asthma, with a great deal of rattling in the chest. The symptom of looseness of the bowels after each attack has been repeatedly verified. If symptoms indicating a sycotic taint be present, it will be all the more strongly indicated. The attacks generally come on about 4 or 5 o'clock in the morning with cough and raising of glairy slime; expectoration greenish and copious. The asthma of hay fever. Another symptom of Natrum sulphuricum which is characteristic is that the patient must sit up and hold the chest with the hands during attack.

Nux vomica: Nux vomica is a useful remedy when the asthmatic attacks are brought on by gastric disturbances; simple spasmodic asthmas; there is some relief by belching, the patient must loosen the clothing. It must also be thought of in those who drink much coffee or liquor. Irritable bilious temperaments also correspond to the drug. A good symptom calling for Nux is a constricted feeling at the lower part of the chest.

Spongia tosta : Asthma from taking cold, cannot lie down, sibilant bronchi; wheezing breathing, or slow and deep, as if from weakness; suffocative fits after every exercise, after menses, with weariness; asthma from goiter; spasmodic asthma, principally in throat or with organic affections of the heart, face red and eyes staring; respiration slow, unable to lie down, urine pale, expectoration blood-streaked or yellow; cough amel.by eating and drinking.

Aims and Objectives

1. Miasmatic evaluation in cases of Bronchial Asthma.
2. To study efficacy of homeopathic treatment in cases of Bronchial Asthma.

Material and Methodology:

Sources of Data:

Madhav Homeopathic Medical College and Hospital, Abu Road, Various POPDS attached with MHMC, Abu Road

Materials:

Case Record form specially prepared for the study.
Homoeopathic software like RADAR 10.0
Questionnaire for judging severity of Bronchial Asthma.

Method of Collection of Data:

Inclusion criteria:

Patients with clinical manifestations of Bronchial Asthma.
Pre diagnosed cases of Bronchial Asthma.

Exclusion criteria:

Irreversible changes of respiratory tract.
Age < 5 years and > 55 years.
Cardiac Asthma, Renal Asthma and Occupational Asthma.
Patients taking steroids as treatment.
The study shall be performed in following way:
Case taking will be done according to guideline mentioned by Dr. Samuel Hahnemann in aphorism 83-104.
The remedy will be selected on the totality of symptoms and under miasmatic background.
The medicine shall be used in various potencies as per requirement and severity of case.
The homoeopathic medicines used were provided from standard homoeopathic pharmacy.
The cases were recorded by keeping the holistic concept in mind.
The characteristic symptoms of the patient were recorded and the PQRS, General and Particular symptoms were given importance.
In all the cases the Family history and Past history were recorded to evaluate the hereditary tendency and genetic involvement.
The miasmatic inheritance was studied in each and every case based on Present history, past history, Family history and Pathological changes with a view to evaluate miasmatic background.
The anti- miasmatic remedy was used in various potencies as per requirement.
Number of case: 40.
Duration of Study: The duration of study conducted for cases of Menopausal Syndrome was of 18 months.

The follow up of the patient will be taken weekly, fortnightly and monthly as per the need of the case. Response shall be divided in four criteria:-

Improvement:

Feeling of mental and physical wellbeing with relief in patient's sufferings.

Improvement in PEFR.

Decrease in frequency of acute exacerbation.

Status quo: No any change seen on mental plane or in physical complaints.

Left the treatment: Patient left the treatment in-between.

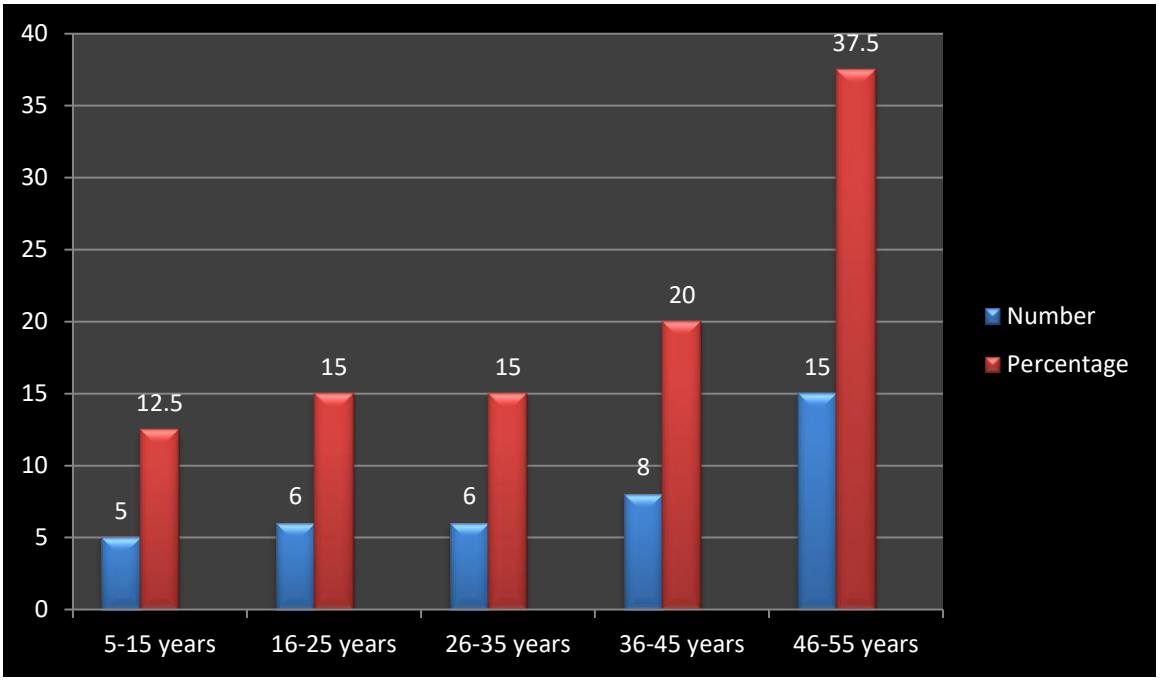
Observation and Results

The following observations and results are tabular and graphical presentation of our 40 cases studied during our study period.

Table -1 Distribution of Cases According To Age Group in Bronchial Asthma

Age group (years)	No. of cases	Total percentage (%)
5-15	5	12.5
16-25	6	15
26-35	6	15
36-45	8	20
46-55	15	37.5
Total	**40**	**100**

Following graph shows that maximum numbers of cases (15 – 37.5%) were from 51-55 years age group and minimum numbers of cases (5 – 12.5%) were from 5-15 years of age group.

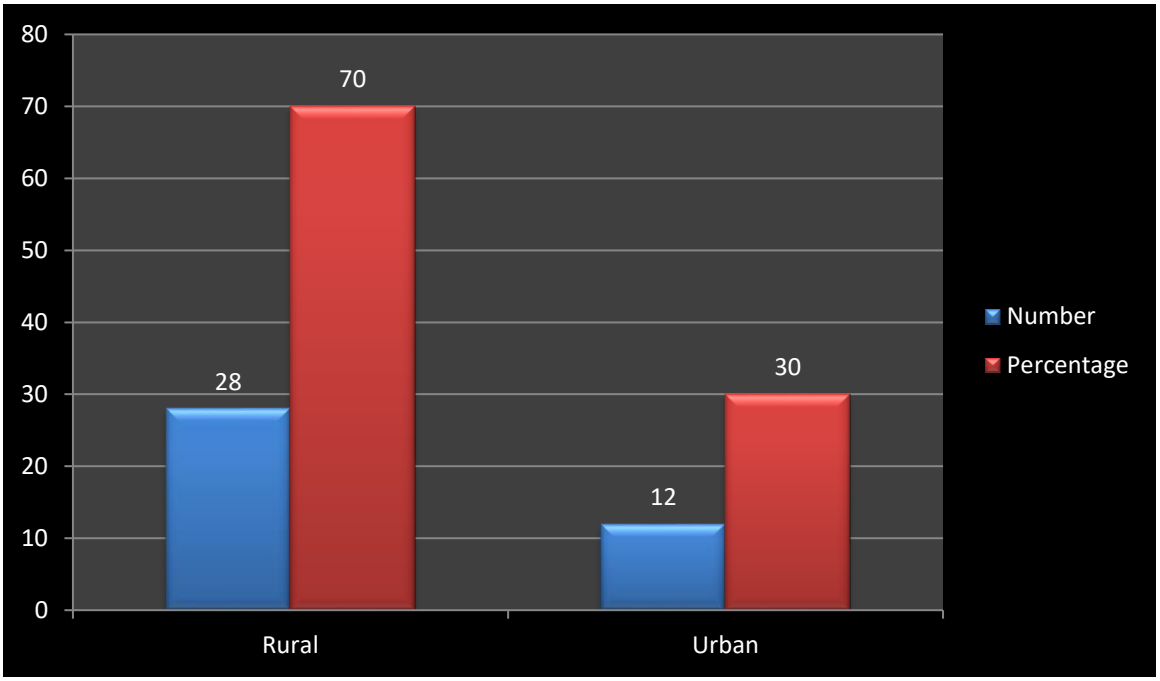


Graphical representation of cases according to age group

Table-2 Distribution of Cases According To Locality in Bronchial Asthma

Locality	No. of cases	Total percentage (%)
Rural	28	70
Urban	12	30
Total	**40**	**100%**

The below graphical presentation shows that more number of patients (28 cases – 70%) belong to rural area and lesser number of patients (12 cases – 30%) belong to urban area.

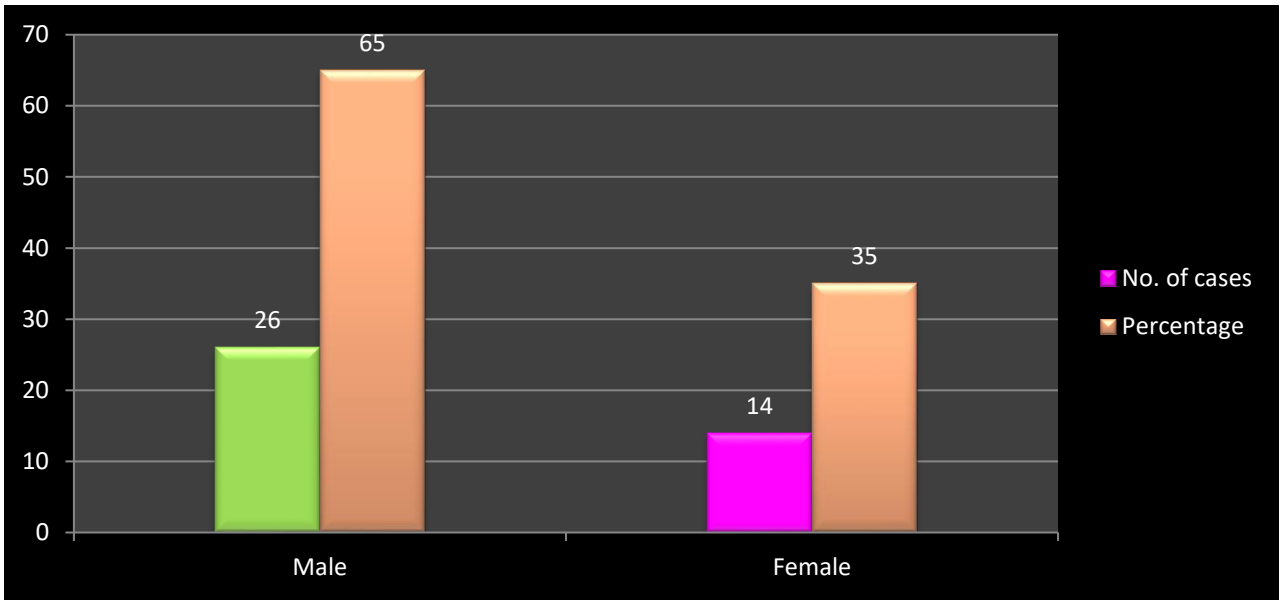


Graphical representation of cases according to residential area

Table-3 Distribution of Cases According To Gender in Bronchial Asthma

Gender	No. of cases	Percentage (%)
Male	26	65%
Female	14	35%
Total	**40**	**100%**

Following graphical presentation shows that out of 40 cases considered by me, more number of cases(26 cases – 65%) belong to male gender and fewer number (14 cases – 35%) of cases belong to female gender.

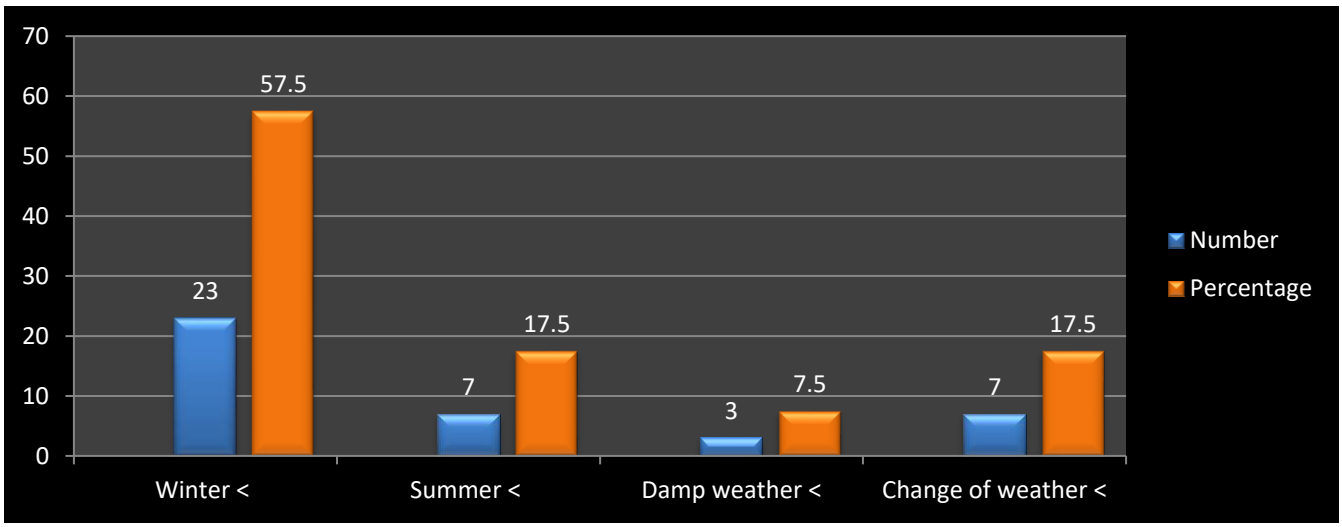


Graphical representation of cases according to gender

Table-4 Distribution of Cases according To Season wise Aggravation in Bronchial Asthma

Season of aggravation	No. of cases	Percentage (%)
Winter	23	57.5
Summer	7	17.5
Damp weather	3	7.5
Change of weather	7	17.5
Total	**40**	**100%**

Out of 40 cases studied, majority of cases (23 cases – 57.5%) showed aggravation in cold weather, while minimum number of cases (3 cases – 7.5%) showed aggravation during damp weather.

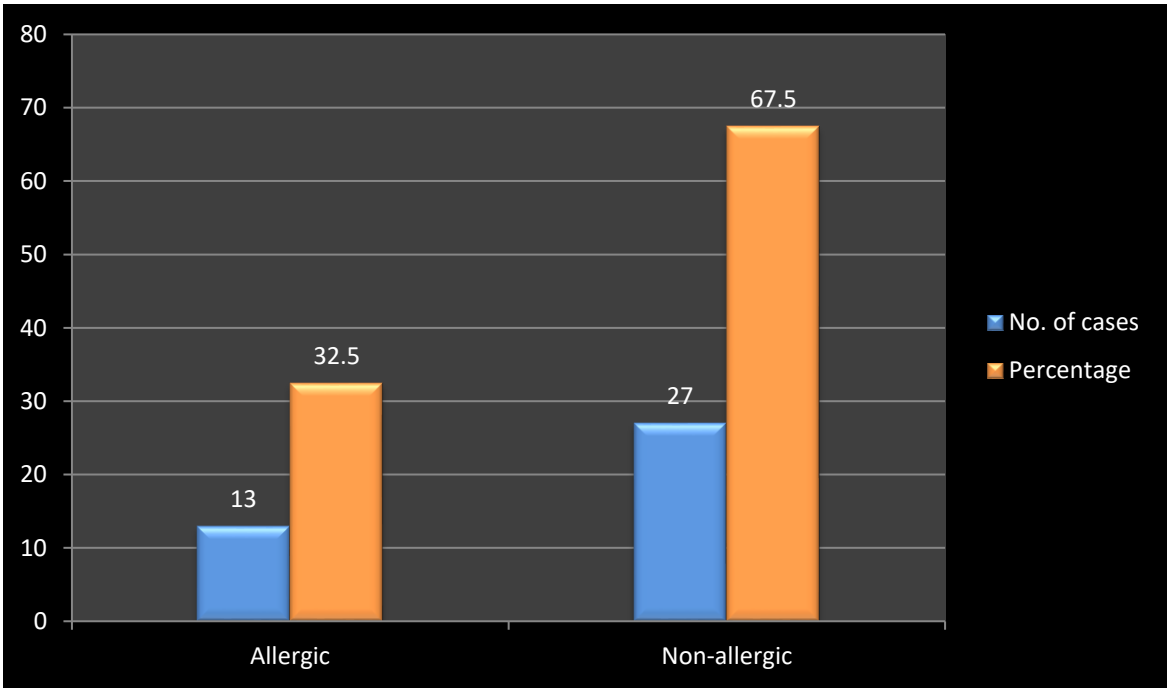


Graphical representation of cases according to aggravating season

Table-5 Distribution of Cases According To Allergic Symptoms in Bronchial Asthma

Presence of allergy	No. of cases	Percentage (%)
Allergic	13	32.5
Non-allergic	27	67.5
total	**40**	**100**

Out of 40 cases studied, majority of cases (27 cases – 67.5%) were non allergic while fewer cases (13 cases – 32.5%) showed allergic symptoms.

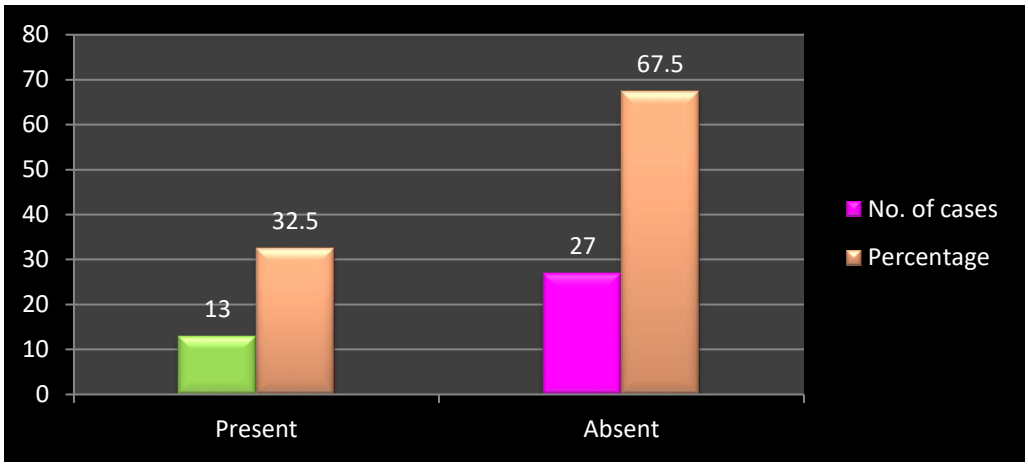


Graphical Representation of cases according to presence of allergic symptoms.

Table-6 Distribution of Cases According To Presence of Family History in Bronchial Asthma

Family history of bronchial asthma in family	No. of cases	Percentage (%)
Present	26	65%
Absent	14	35%
Total	**40**	**100%**

Following graphical presentation shows that out of 40 cases considered by me, more number of cases(27 cases – 67.5%) doesn't show family history of bronchial asthma while fewer number (13 cases – 32.5%) of cases show family history of bronchial asthma.

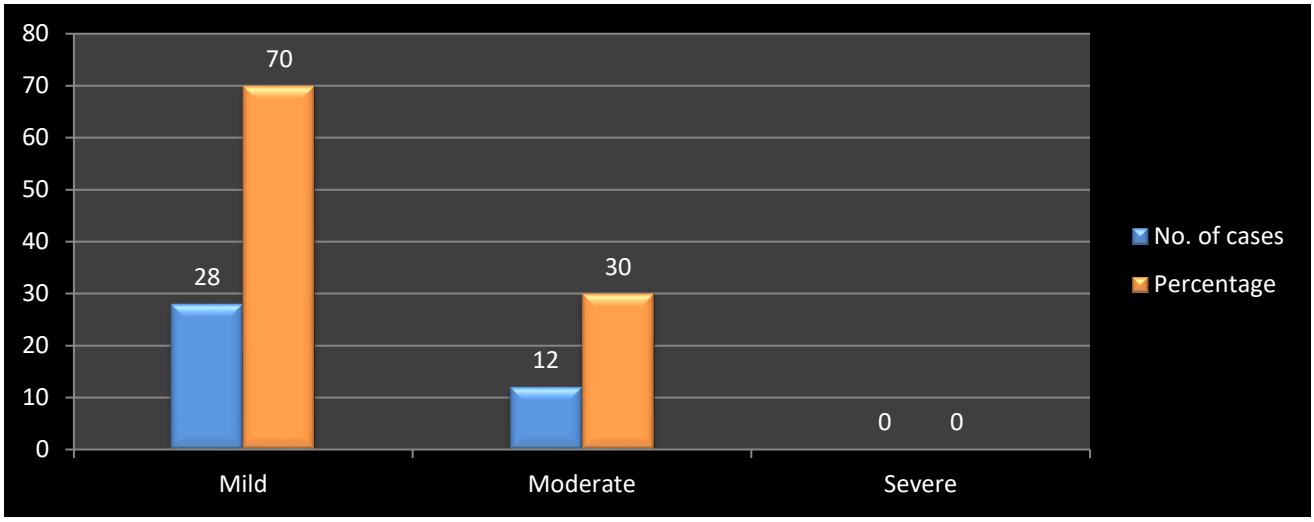


Graphical representation of cases according to presence or absence of history of bronchial asthma in family.

Table-7 Distribution of Cases According To Severity of Bronchial Asthma

Severity	No. of cases	Percentage (%)
Mild	28	70
Moderate	12	30
Severe	0	0
Total	**40**	**100%**

Out of 40 cases studied, Maximum number of cases (28 cases – 70%) belongs to mild category whereas there wasn't any case belonging to severe category.



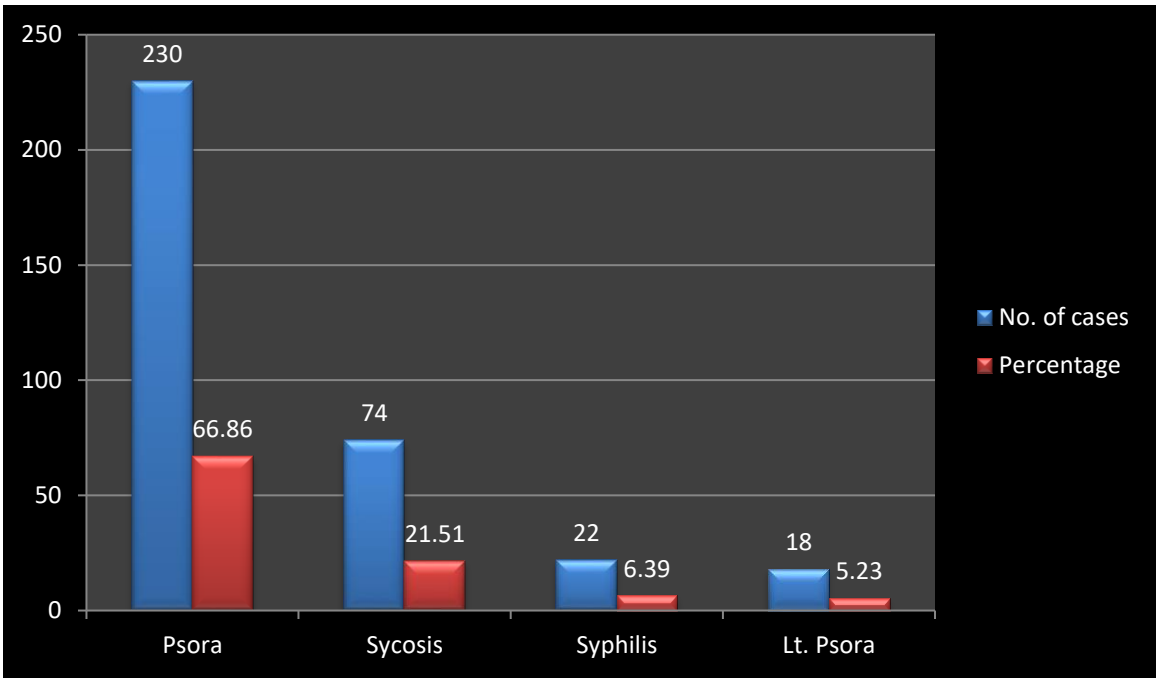
Graphical representation of cases according to severity of asthma

Table-8 Distribution of Cases According To the Miasm in Bronchial Asthma

Miasm	No. of cases	Percentage (%)
Psora	230	66.86
Sycosis	74	21.51
Syphilis	22	6.39

Lt. psora	18	5.23
Total	**344**	**100%**

Out of 40 cases studied, maximum number of symptoms (230 points – 66.86%) belongs to psora miasm, whereas minimum number of symptoms (22 points – 6.39%) belongs to syphilitic miasm.

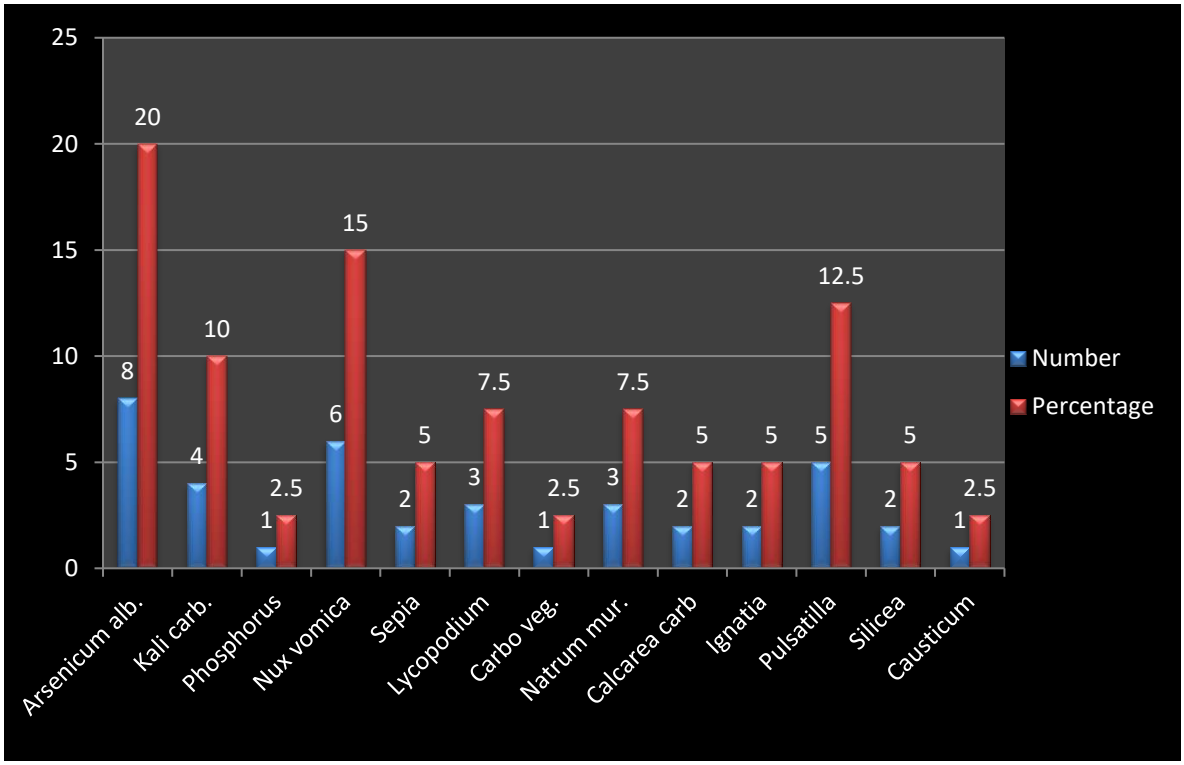


Graphical representation of cases according to miasms in cases (Classification shows ratio of symptoms of miasms in overall case of asthmatic persons)

Table-9 Distribution of Cases According To Medicine Used In Cases of Bronchial Asthma

Medicine	No. of cases	Percentage (%)
Arsenicum alb.	8	20
Kali carb.	4	10
Phosphorus	1	2.5
Nux vomica	6	15
Sepia	2	5
Lycopodium	3	7.5
Carbo veg.	1	2.5
Natrum mur.	3	7.5
Calcarea carb.	2	5
Ignatia	2	5
Pulsatilla	5	12.5
Silicea	2	5
Causticum	1	2.5
Total	40	100%

In 40 cases I studied, Arsenicum album was most indicated medicine (in 8 cases – 20%), Nux vomica was 2nd most indicated medicine (in 6 cases – 15%), Pulsatilla was 3rd most indicated medicine (in 5 cases – 12.5%).

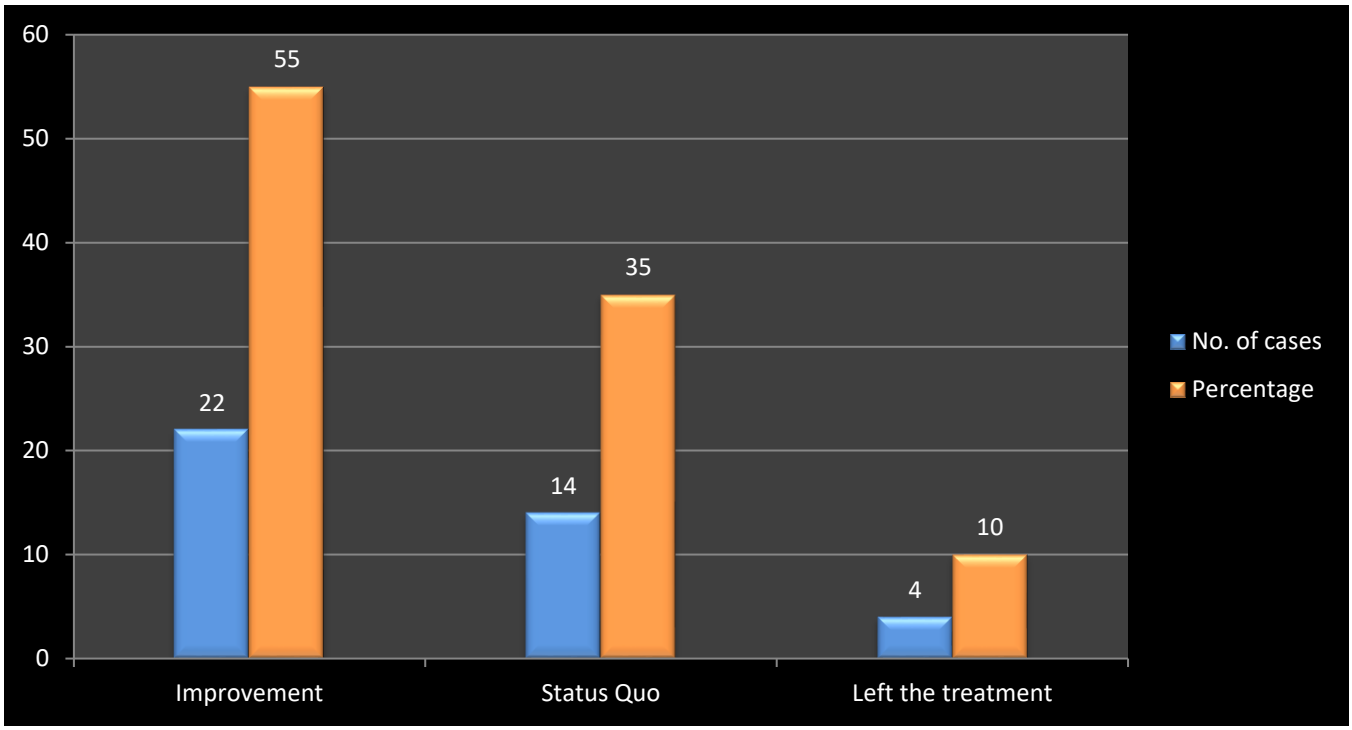


Graphical representation of cases according to medicines used.

Table-10 Distribution of Cases According To Improvement in Studied Cases of Bronchial Asthma

Result	**No. of cases**	**Percentage (%)**
Improvement	22	55
Status Quo	14	35
Left the treatment	4	10
Total	**40**	**100%**

Amongst the 40 cases studied, majority of cases (22 cases – 55%) showed improvement, 14 cases (35%) had remained status Quo and 4 cases (10%) left the treatment in-between. improvement is considered as minimum 12% improvement in initial PEFR values.



Graphical representation of cases according to improvement seen

Discussion

Bronchial asthma as a disease is increasing in prevalence steadily in all the countries. Being a chronic disease it has many personal, psychological and social impacts. Being a 'physician', we should try to help our patients to have less of these adverse effects on their lives. It is common notion that homeopathic medicines act slowly and they cannot be used in acute emergencies. As we all know, usually modern medicine is thought of first especially in conditions like acute exacerbation of asthma. But these medicines have their adverse effects. On the other hand, it can be controlled by homoeopathic medicines also if selected properly. During the period in-between the bouts of asthma, homeopathic anti miasmatic/ constitutional medicines can be given to boost-up the vitality of the patient, leading to lesser frequency and severity of asthmatic spells. It is very important for a physician to have detail knowledge about scopes and limitations of his system of medicine, to have faith upon his knowledge and his system of medicine, and to spread it in positive way. Bronchial asthma being dynamic chronic disease, it should be studied in full detail including complaints of disease, associated complaints, modalities, past and family histories, physical generals and mental symptoms with detail study of miasms as all of these are necessary in overall case management from selection of medicine to avoiding maintaining causes to changing lifestyle and determination of fundamental causes. We have tried to evaluate fundamental causes – miasms behind each case. Consideration of miasms in each case is necessary as complete cure of the case is not possible without considering and removing them. I have tried to cover all kind of patients in my study including all age groups except children below 5 years and persons above 55 years (to facilitate study), patients from rural and urban areas and both sexes. As a tool for evaluation during follow-ups, we have considered patient's initial PEFR as benchmark and consecutive changes in it with clinical evaluation with effect of medicines. Overall 12% improvement in PEFR is considered as Improvement, and decrease in PEFR by 12% is considered as Deterioration. PEFR changes in-between these criteria are considered as Status Quo. Idea behind considering changes in PEFR for progress

evaluation than to FEV1/FVC ratio was that to measure PEFR only Peak flow meter is needed which is handheld and simple to use. No electricity is needed to use it. While for FEV1/ FVC ratio, spirometer is needed which is not available at small centers, difficult to use and needs electricity to operate. This study was not to establish superiority of PEFR values to spirometry values, but to evaluate an easy, handy tool especially as in developing countries like India, modern equipment are not available everywhere. Out of 40 cases I studied, majority of them (27 cases – 67.5%) were non-allergic type. While remaining (13 cases – 32.5%) were allergic type. Out of 40 cases, majority of cases (23 cases – 57.5%) showed aggravation in cold weather. 7 cases (17.5%) showed aggravation in summer, 7 cases (17.5%) showed aggravation during change of weather and 3 cases (7.5%) showed aggravation during damp weather. Out of 40 cases, majority of cases (15 cases – 37.5%) belong to 46-55 years age group. 8 cases (20%) belong to 36-45 years age group, 6 cases (15%) belong to 26-35 years age group, 6 cases (15%) belong to 16-25 years age group and 5 cases (12.5%) belong to 5-15 years age group. Out of 40 cases I studied, more number of patients (28 cases – 70%) belonged to rural area and lesser number of patients (12 cases – 30%) belonged to urban area. Out of 40 cases I studied, more number of cases (26 cases – 65%) belonged to male gender and fewer number (14 cases – 35%) of cases belonged to female gender. Out of 40 cases I studied, maximum number of symptoms (230 points – 66.86%) belongs to psora miasm, whereas minimum number of symptoms (22 points – 6.39%) belongs to syphilitic miasm. Out of 40 cases I studied, majority of cases (22 cases – 55%) showed improvement, 14 cases (35%) had remained status Quo and 4 cases (10%) left the treatment in-between.

Conclusion

Bronchial asthma though being more prevalent lacks proper intervention due to lack of awareness in people, lack of proper diagnosing facilities and medical management. During our study period we tried to create awareness about this condition and overall respiratory conditions in people. Amongst the study of my 40 cases we found psora miasm to be most prominent in bronchial asthma. Sycosis was second more prominent miasm after psora while syphilis is very little indicated. Proper use of anti-miasmatic constitutional medicine along with justified use of indicated acute medicines when needed helps to improve this condition. In case of status quo, justified use of nosodes as intercurrent medicines can clear up the path for recovery and help in improvement. All cases which showed improvement clinically showed improvement in PEFR values. It can be compared with previous values of the same patient and ideal values of PEFR for that age and height of the patient to evaluate the progress of patient. Thus PEFR values can also be used to evaluate progress of bronchial asthma. Some of cases showed aggravation of symptoms after psychological outburst or emotional stress. Proper psychological counseling along with similimum homeopathic medicine helps in those cases in almost all cases constitutional anti-miasmatic medicine was given on the basis of totality of symptoms, except when proper mental generals were not available. In chronic cases like bronchial asthma, justified use of constitutional anti-miasmatic medicine with proper potency and no unnecessary repetition of doses lead to relief to the patient. Although study of 40 cases gives quiet satisfactory data, for better understanding of trends of this condition, larger number of cases should be studied and followed up for longer period.

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