

To Evaluate the Role of Homoeopathic Medicines in Bronchial Asthma

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Abstract: Bronchial asthma is a heterogeneous disease. Bronchial asthma is a chronic respiratory condition characterized by inflammation and narrowing of the airways, leading to difficulty in breathing. Bronchial asthma is a chronic inflammatory disorder of airway which is associated with airway hyper-responsiveness leading to excessive narrowing with consequent reduced airflow. It is common condition that affects people of all ages, but it often begins in childhood. Asthma symptoms can range from mild to severe and may vary over time. Commonly the symptoms include wheezing, coughing, shortness of breath and chest tightness. These symptoms can be triggered or exacerbated by various factors, such as

allergens, respiratory infections, cold air, exercise, and irritant like smoke.

CLASSIFICATION

This classification is based on triggers.

1. ALLERGIC ASTHMA
2. NON – ALLERGIC ASTHMA

Allergic asthma is triggered by allergens. Ex. House dust, mite, cat fur etc.

Non – allergic asthma is triggered by factors such as cold air, exercise, smoke or respiratory infections.

Other:

EARLY ONSET ASTHMA

Atopic type

Allergic

Extrinsic

Positive family history

Increased level of IgE

Positive skin test

1. Extrinsic asthma: applies to those who produce excessive IgE in response to allergens (atopic).
2. Intrinsic asthma: refers to those cases in whom excessive IgE production cannot be demonstrated (non-atopic)
3. Mixed forms

RISK FACTORS & TRIGGERS INVOLVED IN ASTHMA

Infections: recurrent bouts of significant airflow limitation in constitutionally small airways may result from viral infections. The syndrome often remits as the child gets older.

Cigarette smoke: if parents smoke during the first two years of their child's life, the child is likely to develop asthma.

LATE ONSET ASTHMA

Non-atopic type

Idiosyncratic

Intrinsic

Negative family history

Normal level of IgE

Negative skin test

Allergens: the influence of both genetic and environmental factors is important and asthma is a complex response to a variety of stimuli, making it difficult to identify specific factors.

A) Aero-allergens (inhalants) - such as house dust, mite allergens, tree pollens, feathers, paints, smoke, animal dander, moulds.

B) Ingestants: milk, eggs, nuts, chocolates, fish, shell-fish, strawberries, etc.....

Induced by gastro-oesophageal reflux

Cough variant asthma. Cough predominant symptoms

Triggers of asthma:

- Night or early morning
- Exercise especially running
- Cold air, fog
- Viral respiratory infection

- Allergens e.g. house dust, mite, cat fur
- Nonspecific irritants : cigarette smoke, perfumes, paints
- Drugs : beta-blockers, aspirin, NSAIDS
- Emotions or stress
- Occupational exposure – chemical such as toluene diisocyanate, cotton meal, fungle amylase in wheat flour in bakers, pharmaceutical agents, laboratory workplace etc.

PATHOGENESIS:

Allergens enter by ingestion or inspired air



Stimulate the formation of IgE



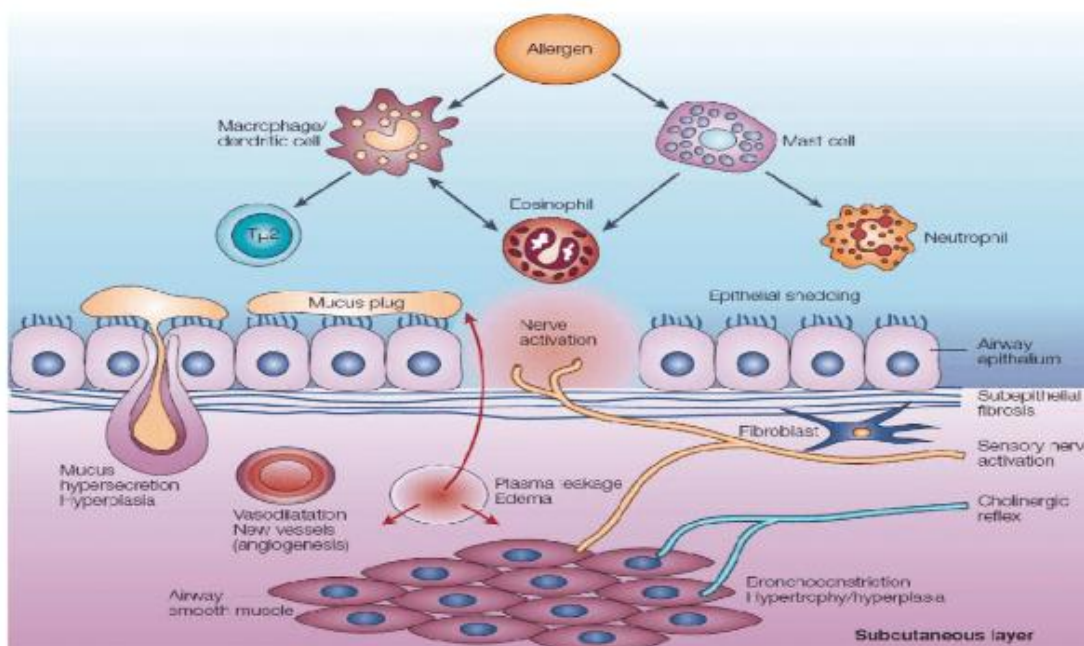
Anaphylactic antigen-antibody reaction in the bronchi



Release pharmacologically active substances from cells in the bronchial wall



Inflammatory reaction



All these mediators lead to inflammation, oedema, hypertrophy of mucus-producing glands and bronchial constriction.

SIGN & SYMPTOMS:

Recurrent episodes of wheezing, chest tightness, breathlessness, coughing

Worse during night and awake in the early morning hours. (diurnal patterns)

Disturb sleep due to cough and wheeze.

Increased mucus production – tenacious mucus difficult to expectorate.

Increased ventilation & use of accessory muscles of ventilation.

Prodromal symptoms may precede an attack, with itching under the chin, discomfort between the scapulae or inexplicable fear. (impending doom)

Mild intermittent asthma is usually asymptomatic between exacerbations.

Patients reports difficulty in filling their lungs with air.

Asthma associated with other atopic conditions like:Eczema, Urticaria, Allergic rhinitis, Nasal polyp, Hay-fever

Physical sign:

- Respiratory rate increased with the use of accessory muscles of respiration.
- Rhonchi are heard especially during expiration.
- Hyperinflated lungs.
- Flaring of alae nasi, plus paradoxus
- Some patients, particularly children, may present with prominent non-productive cough (cough-variant asthma)

- During very severe attack, the airflow may be insufficient to produce rhonchi. This result in a 'silent chest' which is an 'Ominous sign'.
- Chronic asthmatics usually have some scattered rhonchi always.
- In between attacks, the chest is clear and no abnormal physical sign may be detectable.

INVESTIGATIONS:

1.LUNG FUNCTION TESTS:

- Measurements of Peak expiratory flow rate (PEFR) by peak flow meter Forced expiratory volume in one second (FEV1) by a spirometer

PEFR:

Represent maximal expiratory efforts performed after full inhalation.

Normal value: 80-100 L/Min. [male: 100L/Min, female: 85L/Min]

PEFR decreased when increased airway obstruction (low value PEF in morning dipping)

Measure PEFR twice daily diurnal variations.

The PEFR noted 15 minutes, after the bronchodilators administrations, shows the magnitude of reversibility.

More than 20% reversibility or variability is diagnostic of bronchial asthma.

FEV:

Reduced FEV

Ratio of FEV1 & FVC (forced vital capacity) less than 0.7 – is diagnostics of bronchial asthma.

FEV1 : FVC <0.7

After administration bronchodilators, FEV1 increased by more than 12% & 200ml in asthmatic patients. It is called reversibility of airway obstruction which is characteristics of asthma.

2.LUNG VOLUMES & DIFFUSING CAPACITY:

RV : Residual volume

Both increased in asthma patients.

TLC : Total lung capacity

DLCO : carbon monoxide diffusing capacity – normal or increased in asthmatic patients but In COPD, it reduced.

3.OXIMETRY:

Pulse oximetry useful tool.

It detects the hypoxemia in severe asthma.

4.ABG –Arterial Blood Gas Analysis:

5.AIRWAY RESPONSIVENESS:

Increased AHR is characteristics for asthma.

Measured by methacholine & histamine challenge test.

6.HEMATOLOGICAL TEST:

Routine investigation with S.IgE elevated.

RAST – radioallergosorbent test

7.IMAGING:

Chest X-Ray

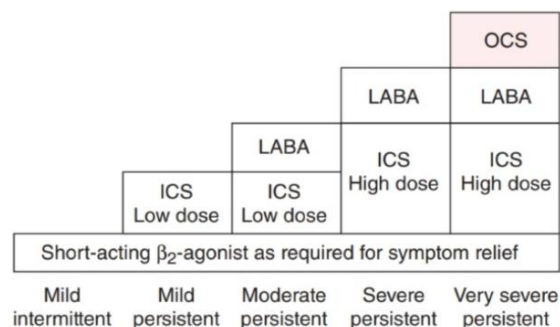
HRCT Thorax

8.SPUTUM TEST: Culture & Sensitivity

MANAGEMENT OF BRONCHIAL ASTHMA:

1. To achieve good control of asthma symptoms & maintain the normal activities.
2. To minimise the future risk of exacerbation, fixed airflow limitation and medication side effects.

In allopathies, main drug for asthma can divided into Bronchodilators & Controllers therapies.



[Stepwise approach to asthma therapy according to severity of asthma]

HOMOEOPATHIC MANAGEMENT OF BRONCHIAL ASTHMA:

The homoeopathic remedies are excellently works in respiratory system and providing good results. In drug dependent asthma cases, when the patient is on an inhaler and/or steroids; in such cases it is very difficult to get a clear picture of the case. The artificial chronic disease is superimposed on the original natural disease (§ 91, Organon), therefore symptoms are contaminated or suppressed and the patient cannot give a clear picture. In such cases, homoeopathic bronchodilators like, *Aralia racemosa*, *Blatta orientalis*, *Aspidosperma*, *Cassia sophera*, *Eriodictyon*, *Pothos foetidus*, etc., can be prescribed on the basis of the few available

symptoms (according to §173–§178, refer Organon of Medicine) and gradually the conventional allopathic bronchodilator is withdrawn (Subrata asks the patient to sip the homoeopathic bronchodilator medicine prescribed on the basis of the few available symptoms in those drug dependant asthma cases, therefore considering the partial symptomatic similarity in accordance with §173 – §178. So when the patient is out of breath and in need of a conventional bronchodilator, the patient takes the homoeopathic medicine and tries to defer the conventional medicine as much as she/he can. In this way, a steroid dependent patient who used to take steroid/inhaler 8 hourly, can, with the help of homoeopathic medicine now defer the steroids to 12 hourly, then 24 hourly and so on. In this way the conventional medication/inhaler, etc. is gradually weaned off).

The following drugs can be used in case of bronchial asthma:

1.Arsenic Album

It is one of the best homeopathic medicines for asthma. It relieves attacks of suffocation after lying down with a cough, wheezing sounds during breathing, and breathing difficulty. Chilliness, restlessness, anxiety, fear- fear of death, prostration, burning relieved by heat, oversensitive, fastidious, , thirst-take sips of cold water.

2.Antimonium Tartaricum

AntimoniumTartaricum is helpful for patients who wake up in the middle of the night due to great difficulty in breathing. This medicine is suited for both aged and young children. AntimoniumTartaricum is effective when patients sense they cannot inhale enough air to breathe and experience an excessive, rattling cough.

3.Spongia Tosta

This is an indicative Homeopathic medicine for asthma with dry cough. Patients complain of a cough due to extreme dryness of the larynx. It is advisable for patients with a profound or barking cough.

4.Ipecac

Ipecac is prescribed for wheezing and breathing difficulty that worsens by motion. Asthmatic cough makes the person vomit. Ipecac is prescribed to patients with a clogged chest without expectoration

(the act of coughing and spitting out phlegm or mucus from the respiratory tract).

5.Natrum Sulphuricum

Natrum Sulphuricum is advised for patients with thick cough and with green expectoration. Asthma worsens around 4 a.m. and 5 a.m., and its frequency rises during foggy weather; thus, keeping this medicine around is always helpful.

6.Carbo Veg

Carbo Veg is prescribed to those who feel a burning sensation in the chest. Patients with bluishness on the face, bloating of the abdomen, wheezing of mucus, coldness of hands and feet, acidity and flatulence, breathlessness, itching in the throat, and heaviness in the voice, are advised to take this medicine.

7.Nux Vomica

Nux vomica for gastric complaints is another effective homeopathic medicine for asthma. This medicine is primarily used to treat difficulties in breathing, heaviness and fullness in the stomach that is felt after a heavy meal. The situation worsens in the morning due to cold air. The symptoms of asthma are relieved because of belching. It also helps ease respiratory problems caused by gastrointestinal disturbances.

8.Blatta Orientalis

BlattaOrientalis medicine is for dust-induced asthma. BlattaOrientalis is prescribed in case of shortness of breath, suffocating cough with difficulty breathing, and yellow pus-like sputum. It can also be given for asthma that occurs during the rainy season.

9.Hepar Sulphur

HeparSulfur works wonders in preventing asthma attacks, difficulty breathing, and sleepless nights. This medicine is usually given to patients having yellow or whitish cloudy sputum. The cold air can aggravate the disease. Wheezing is also a symptom in which a whistling sound comes from the chest while breathing due to a blockage of airflow in the airways.

10.Sambucus

This medicine is mainly given to children who experience nasal congestion, nausea, suffocation, difficulty in breathing and cough during the middle

of the night. These symptoms cause the child to turn blue and wake up suddenly at night. This medicine is also appropriate for the treatment of industrial asthmatic disorders.

ASTHMA: BRONCHODILATOR

1. Amylenumnitrosus (1X liquid)
2. Aralia racemosa (Q)
3. Asafoetida (6)
4. Aspidosperma (Q)
5. Blattaorientalis (Q)
6. Cassia sophera (Q)
7. Eriodictyonglutinosum (Q)
8. Hippozaeninum (30 C)
9. Lippiamexicana (6, 30 C)
10. Mephites (6)
11. Pothosfoetidus (Q)
12. Pulmovulpis (3X trituration, 6, 30)
13. Senega (Q, 6, 30)
14. Solidago virga (Q)

❖ Eight Homoeopathic Bronchodilators to Wean Off Conventional Medication

1. Amylenum nitrosus:
 - a. Asthmatic dyspnoea with angina.
 - b. Chest: (i) Oppression, (ii) Fullness, (iii) Suffocation.
 - c. Anxiety : Must have fresh air.
 - d. Cough: (i) Spasmodic, (ii) Suffocative, (ii) Paroxysmal.
 - e. Constriction: (i) Throat, (ii) Chest, (iii) Larynx.
 - f. Manifestation: (i) Pulsation, (ii) Oppression, (iii) Constriction.

Miasmatics:

- Psora (++)
- Sycosis (+)
- Syphilis (+)
- Tubercular (+)

Potency of Choice:

1X, 6C.

2. Aralia racemosa

- A = Asthma with wheezing.
- R = Right lung affected.
- A = Aggravation at 2 a.m.
- L = Lying aggravates.
- I = Inspiration is difficult.
- A = A foreign body sensation.

a. Wheezing in throat. Constriction in chest and throat with a sensation of a foreign body in the throat.

b. Inspiration is difficult than expiration.

c. Cough < after lying, < 2 a.m.

d. Expectoration is salty and hot.

Miasmatics

- Psora (++)
- Sycosis(++)
- Syphilis (+)
- Tubercular (++)

Potency of Choice:

Q, 6C, 1M.

3. Aspidosperma:

- a. Want of breath during exertion is the guiding symptom.
- b. Useful in cardiac asthma.
- c. It is the Digitalis of the lungs : Broncho-dilatation.

Miasmatics:

- Psora (++)
- Sycosis (++)

Potency of Choice: Q, 30C, 1M.

4. Blattaorientalis:

- a. Doctrine of Signature: Cockroach lives in cracks and crevices; in damp, shady places, therefore it is a wonderful medicine for asthma in people who live or work in damp basements, cellars, damp dwelling, etc. Aggravation from damp, rainy weather.
- b. Asthma with bronchitis, especially indicated when Arsenicum has been insufficient.
- c. Acts best in stout or corpulent persons. Seems to act on patients who have a tendency to obesity.
- d. Much pus-like mucous.
- e. After the spasm, for the remaining cough use higher potency; stop with improvement.

Miasmatics:

- Psora (++)
- Sycosis (+++)

Potency of Choice:

Q, 30C, 1M.

5. Cassia sophera

a. Skin diseases (like dandruff, eczema, itching, ringworm, etc.) are associated with bronchial troubles.

b. More the cough (in asthmatic patients) and the more painful and distressing it is, better is it indicated.

c. Asthmatic symptoms with rattling of mucus in the throat but not much expulsion.

d. Aggravates during rainy and winter season.

e. Worse in later part of the evening and past midnight, towards early morning; better by sitting up.

Note:

Cassia sophera is antidoted by smoking or chewing tobacco, so patients should avoid them during medication.

Miasmatics:

Psora (++)

Sycosis (+++)

Syphilis (+)

Potency of Choice:

Q, 30C, 1M.

6. Eriodyction glutinosum

a. Bronchitis followed by tubercular cough. Past history of recurrent bronchitis, pneumonia when the lung vitality is really low and patient coughs and coughs to bring up the expectoration; finally when the expectoration comes, she/he feels so much better.

b. Profuse nocturnal sweat and spasm > by expectoration.

c. Cough after influenza.

Miasmatics:

Psora (++)

Sycosis (++)

Syphilis (+)

Tubercular (+++)

Potency of Choice:

Q, 30C.

7. Pothosfoetidus

a. For asthmatic complaints, which are caused and made worse from inhaling any dust. Allergic bronchospasm.

b. Difficult, troublesome respiration; oppression with perspiration. Anguish with oppression.

c. Asthmatic symptoms are better by passing stool.

d. Deep acting syco-psoric remedy.

Miasmatics:

Psora (++)

Sycosis (++)

Tubercular (+)

Potency of Choice:

Q, 30C, 1M (for allergic bronchospasm).

8. Solidago virga

a. Periodical asthma with nocturnal dysuria.

b. 15 drop doses promotes expectoration in bronchitis and bronchial asthma in old people.

c. Expectoration: (i) Profuse, (ii) Blood tinged.

Miasmatics:

Psora (++)

Sycosis (++)

Syphilis (+)

Tubercular (+++).

Potency of Choice:

Q, 30C.

Dispensing

Dispensing the Dose of Homoeopathic Bronchodilators When the patient is out of breath and in need of a conventional bronchodilator, she/he can take any of the above homoeopathic medicines (or any other homoeopathic organopathic medicine, in accordance with the symptomatic similarity) and try to defer the conventional medicine as much as she/he can. In this way, a steroid dependent patient who used to take steroid/inhaler 8 hourly can, with the help of homoeopathic medicine now defer the steroids to 12 hourly, then 24 hourly and so on. In this way the conventional medication/inhaler is gradually weaned off.

CASE DISCUSSION

CASE 01

REF. NO.: 1

NAME: PATEL MAHESHBHAI AGE: 25YR

SEX: MALE ADDRESS: SOLA, AHMEDABAD

OCCUPATION: STUDENT RELIGION: HINDU

MARITAL STATUS : UNMARRIED

➤ PRESENTING COMPLAINTS:

COUGHING WITH RUNNY NOSE, BREATHING DIFFICULTY WHEN EXERTION.

FEELING OF MUCUS IN CHEST CANNOT BE COMING OUT, THROAT IRRITATION AGGRAVATION BY COLD WIND, FAN, OPEN AIR AMELIORATION BY HEAT COVERING

HISTORY OF PRESENTING COMPLAINTS

A 25 YEARS MALE PATIENTS PRESENTED WITH COMPLAINTS OF RUNNY NOSE, COUGHING WHICH IS CANNOT BE COME OUT, FEELING OF MUCH MUCUS IN THE CHEST, THROAT IRRITATION, WHICH AGGRAVATED BY COLD WIND, FAN, OPEN AIR, AMELIORATED BY HEAT, COVERING. HE HAVING HISTORY OF TRAVELLING OUTSIDE BEFORE 4 DAYS AGO. THE SYMPTOMS ONSET SUDDENLY.

PAST HISTORY

NO ANY CO-MORBIDITY PRESENT.

FAMILY HISTORY:

FATHER – HTN

GYNAECOLOGICAL HISTORY: NOT APPLICABLE

PERSONAL HISTORY:

DEVELOPMENTAL

LANDMARKS/MILESTONES: ALL

DEVELOPED AT PROPER AGE.

MARITAL STATUS: UNMARRIED

HABIT: NO ANY

DIET: VEG.

ADDICTION: NO ANY

OCCUPATION: STUDENT

PHYSICAL GENERALS:

APPETITE: NORMAL

THIRST: 6 TO 7 GLASSES PER DAY.

DESIRE: SWEETS, APPLE, MILK

AVERSIONS: SOUR FOOD

THERMAL REACTION: CHILLY

STOOL: SATISFIED

URINE: 4-5/DAY, 0-1/NIGHT

PERSPIRATION: NORMAL

SLEEP: NORMAL

DREAM: NO ANY SPECIFIC

MENTALS:

FEAR OF ALONE, ANGERY TEMPORARILY, TALKATIVE

GENERAL PHYSICAL EXAMINATION:

BUILT: AVERAGE

NUTRITION: HEALTHY

TEMPERATURE: 98.8 *F

PULSE: 90/MIN

BLOOD PRESSURE: 124/80 MM HG

RATE OF RESPIRATION: 16/MIN

ANAEMIA: ABSENT

PALLOR: ABSENT

ICTERUS: ABSENT

CYANOSIS: ABSENT

PIGMENTATION: ABSENT

OEDEMA: ABSENT

CLUBBING: ABSENT

LYMPH GLANDS: NAD

TONGUE: REDDISH

WEIGHT: 60KG.

❖ SYSTEMIC EXAMINATION:

GASTROINTESTINAL SYSTEM : P/A – SOFT & NON-TENDER

RESPIRATORY SYSTEM : BLAE +VE

CARDIOVASCULAR SYSTEM : S1, S2 HEARD

CENTRAL NERVOUS SYSTEM: ALL REFLEXES ARE NORMAL, CONSCIOUS & ORIENTED

JOINT & BONES : NAD

❖ INVESTIGATION ADVISED:

CHEST X-RAY (PA VIEW)

CBC, CRP

❖ DIAGNOSIS OF THE DISEASE

ACUTE BRONCHIAL ASTHMA

❖ ANALYSIS OF SYMPTOMS:

RUNNY NOSE, COUGHING WHICH CAN NOT BE COMING OUT

THROAT IRRITATION

FEELING OF MUCH MUCUS IN THE CHEST

AGGRAVATION BY COLD WIND, FAN, OPEN AIR

AMELIORATION BY HEAT, COVERING

DESIRE FOR APPLES

MENTALS: FEAR OF ALONE, TALKATIVE

❖ EVALUATION OF SYMPTOMS

MENTALS: FEAR OF ALONE, TALKATIVE

PHYSIAL: DESIRE FOR APPLES

PARTICULAR: RUNNY NOSE, COUGHING WHICH CAN NOT BE COME OUT

FEELING OF MUCH MUCUS IN THE CHEST BY COLD WIND, OPEN AIR, FAN, BY COVERING, HEAT

COMMON SYMPTOMS: THROAT IRRITATION

DYSпноEA ON EXERTION

❖ MIASMATIC DIAGNOSIS

PSORA

❖ TOTALITY OF SYMPTOMS

RUNNY NOSE, COUGHING WHICH CAN NOT BE COMING OUT

THROAT IRRITATION

FEELING OF MUCH MUCUS IN THE CHEST

DYSпноEA ON EXERTION

AGGRAVATION BY COLD WIND, FAN, OPEN

AIR

AMELIORATION BY HEAT, COVERING

DESIRES FOR APPLES

MENTALS: FEAR OF ALONE, TALKATIVE

❖ PRESCRIPTION:

ANTIMMONIUM TARTTERICUM 200P

OD FOR 5 DAYS

➤ FOLLOW UP

AFTER 5 DAYS

STEAM INHALATION, WEAR A MASK

FOLLOW UP	Sign and symptoms (if any improvement or new symptoms)	Rx,
AFTER 5 DAYS	NO COMPLAINTS	SAC LAC 30 TDS FOR 10 DAYS

CASE NO. 02

NAME: MAYABEN CHAUDHARY

AGE: 45YR

SEX: FEMALE

ADDRESS: GHANDHINAGAR

OCCUPATION: HOUSE-WIFE

RELIGION: HINDU

MARITAL STATUS: MARRIED

➤ PRESENTING COMPLAINTS

LOCATION: RESPIRATORY SYSTEM

CHARACTER OF SPUTUM/DISCHARGE: DRY COUGH WITH SUFFOCATIVE SENSATION WHILE TALKING, LAUGHING, FROM EXPOSURE TO DUST, COLD, SMELL OF COOKING FOOD, FROM TAKING SPICES EXPECTORATION IS SCANTY WHEN ATTACKS GET, DYSпноEA AND WHEEZING STARTS WITH COUGH AND SHE HAS TO TAKE INHALER TO GET RELIEF. SHE TAKES INHALER 2-3 TIMES IN A DAY. BREATHLESSNESS AND WEAKNESS ON EXERTION (EG. ASCENDING STAIRS)

MODALITY: WHILE TALKING, LAUGHING, FROM EXPOSURE TO DUST, COLD, SMELL OF COOKING FOOD, FROM TAKING SPICES BY EXPECTORATION, DRINKING WATER

CONCOMITANTS: HEADACHE AND SORENESS IN CHEST WHILE COUGHING.

➤ O.D.P (ORIGIN, DURATION, PROGRESS):

A 45 YR OLD FEMALE PATIENTS PRESENTED WITH COUGH, BREATHLESSNESS AND WHEEZING SINCE 5 YEARS. SHE HAVING

DRY COUGH WITH SUFFOCATIVE SENSATION WHILE TALKING, LAUGHING, FROM EXPOSURE TO DUST, COLD, SMELL OF COOKING FOOD, FROM TAKING SPICES & RELIEF BY EXPECTORATION, DRINKING WATER. EXPECTORATION IS SCANTY. WHEN ATTACKS GET, DYSпноEA AND WHEEZING STARTS WITH COUGH AND SHE HAS TO TAKE INHALER TO GET RELIEF. SHE TAKES INHALER 2-3 TIMES IN A DAY. BREATHLESSNESS AND WEAKNESS ON EXERTION (EG. ASCENDING STAIRS). HEADACHE AND SORENESS IN CHEST WHILE COUGHING.

➤ PAST HISTORY :

PULMONARY TB IN MARCH 2016 AKT COMPLETED.

ASTHMA SINCE 2020 AND TAKEN ALLOPATHIC MEDICINE.

H/O WEIGHT LOSS

➤ FAMILY HISTORY

MOTHER – HYPERTENSION

➤ GYNAECOLOGICAL HISTORY

MENOPAUSAL AGE

MENARCHE AT THE AGE OF 10 YRS. REGULAR CYCLE.

GYNECOLOGICAL HISTORY: GRAVIDA:6, PARA:2, ABORT:4, LIVE:2

➤ PERSONAL HISTORY

DEVELOPMENTAL

LANDMARKS/MILESTONES: ALL DEVELOPED AT PROPER AGE.

MARITAL STATUS: MARRIED

HABIT: NO ANY

DIET: VEG.

ADDICTION: NO ANY

OCCUPATION: HOUSE WIFE

➤ TREATMENT HISTORY:

HE TAKEN ALLOPATHIC MEDICINE BUT DID NOT GET RELIEF.

➤ PHYSICAL GENERALS:

APPETITE: NORMAL

THIRST: NORMAL

DESIRE: SWEETS, COLD DRINKS

AVERSIONS: MILK

THERMAL REACTION: CHILLY

STOOL: SATISFIED

URINE: 4-5/DAY, 0-1/NIGHT

PERSPIRATION: NORMAL

SLEEP: NORMAL, BUT DISTURBED DUE TO COUGH

DREAM: NO ANY SPECIFIC

➤ MENTALS

ALWAYS KEPT HERSELF BUSY IN HOUSEHOLD WORKS.

CARRING HER FAMILY

IRRITATED AND ANGRY EASILY

ANXIETY ABOUT HEALTH OF HER FAMILY MEMBERS

ANXIETY AND PALPITATION WHEN SHE HEARD ANY BAD NEWS.

➤ GENERAL PHYSICAL EXAMINATION:

BUILT: TALL, LEAN, THIN, EMACIATED

NUTRITION: HEALTHY

TEMPERATURE: 99.8 °F

PULSE: 90/MIN

BLOOD PRESSURE: 126/82 MMHG

RATE OF RESPIRATION: 20/MIN

ANAEMIA: ABSENT

PALLOR: ABSENT

ICTERUS: ABSENT

CYANOSIS: ABSENT

PIGMENTATION: ABSENT

OEDEMA: ABSENT

CLUBBING: ABSENT

LYMPH NODES: NAD

TONGUE: WHITE COATED

➤ SYSTEMIC EXAMINATION:

GASTROINTESTINAL SYSTEM: P/A SOFT & NON-TENDER

RESPIRATORY SYSTEM : BILATERAL AE +ve, BILATERAL RHONCHI HEARD , RALES PRESENT

CARDIOVASCULAR SYSTEM: S1, S2 HEARD, NO MURMURS

CENTRAL NERVOUS SYSTEM: ALL REFLEXES ARE NORMAL.

JOINT & BONES : NAD

➤ INVESTIGATION ADVISED:

CBC,

ABG

CHEST X – RAY (PA VIEW)

SPIROMETRY TEST

➤ DIAGNOSIS OF THE DISEASE:

ACUTE EXAGGERATION ON CHRONIC ASTHMA

(ALLERGIC TYPE ONSET)

➤ ANALYSIS OF SYMPTOMS:

COUGH WITH DYSPNOEA AND WHEEZING

COUGH < TALKING, LAUGHING, SMELL, DUST

COUGH > BY DRINKING WATER, EXPECTORATION

DYSPNOEA ON EXERTION

WEAKNESS AND SUFFOCATION

HEADACHE WHILE COUGHING

ANXIETY FOR HEALTH ABOUT OTHERS

MENARCHE – EARLY

TENDENCY TO MISCARRIAGE

H/O WEIGHT LOSS

DESIRE FOR COLD DRINKS, SWEETS

PATIENTS CHILLY

➤ EVALUATION OF SYMPTOMS:

ANXIETY FOR HEALTH ABOUT OTHERS – MENTAL GENERALS

IRRITABILITY AND ANGRY EASILY – MENTAL GENERALS

CHILLY PATIENTS – PHYSICAL GENERALS

DESIRE FOR SWEETS, COLD DRINKS – PHYSICAL GENERALS

SLEEP DISTURBED DUE TO COUGH – PHYSICAL GENERALS

DYSPNOEA ON EXERTION – COMMON SYMPTOMS

WEAKNESS AND SUFFOCATION – COMMON SYMPTOMS

COUGH WITH DYSPNOEA AND WHEEZING –
PARTICULAR SYMPTOMS
COUGH<TALKING, LAUGHING, SMELL,
DUST – PARTICULAR SYMPTOMS
COUGH> BY DRINKING WATER,
EXPECTORATION – PARTICULAR
SYMPTOMS
HEADACHE WHILE COUGHING –
PARTICULAR SYMPTOMS
MENARCHE EARLY – PARTICULAR
SYMPTOMS
TENDENCY TO MISCARRIAGE –
PARTICULAR SYMPTOMS

➤ MIASMATIC DIAGNOSIS:

Sycosis

➤ TOTALITY OF SYMPTOMS:

COUGH WITH DYSPNOEA AND WHEEZING
COUGH<TALKING, LAUGHING, SMELL,
DUST

COUGH>BY DRINKING WATER,
EXPECTORATION
DYSPNOEA ON EXERTION
WEAKNESS AND SUFFOCATION
HEADACHE WHILE COUGHING
ANXIETY FOR HEALTH ABOUT OTHERS
MENARCHE – EARLY
TENDENCY TO MISCARRIAGE
H/O WEIGHT LOSS
DESIRE FOR COLD DRINKS, SWEETS
PATIENTS CHILLY

➤ PRESCRIPTION:

Rx,
PHOSPHORUS 200 P
SINGLE DOSE
SAC LAC 30
TDS FOR 7 DAYS

FOLLOW UP

FOLLOW UP	SIGN AND SYMPTOMS (IF ANY IMPROVEMENT OR NEW SYMPTOMS)	Rx,
AFTER 7 DAYS	COUGH BETTER, DYSPNOEA – BETTER TAKES INHALER OCCASIONALLY, STOP TAKING ANTI-ALLERGIC MEDICINE, WEAKNESS AND ANXIETY BETTER	SAC LAC 30 TDS FOR 10 DAYS
AFTER 10 DAYS	PATIENTS HAD NO COUGH AND DYSPNOEA. NOW SHE IS NOT TAKING ANY ALLOPATHIC MEDICINE. ANXIETY, WEAKNESS BETTER.	SAC LAC 30 TDS FOR 2 WEEKS
AFTER 2 WEEKS	NO COMPLAINTS, SLIGHT WEAKNESS ON EXERTION.	SAC LAC 30 TDS FOR 2 WEEKS
AFTER 2 WEEKS	PATIENTS COMPLAINED OF DYSPNOEA SINCE 5 DAYS. WEAKNESS IS SAME AS BEFORE. NO OTHER COMPLAINT.	PHOSPHORUS 200 P SINGLE DOSE SAC LAC 30 TDS FOR 2 WEEKS
AFTER 2 WEEKS	NO COMPLAINTS.	SAC LAC 30 TDS FOR 2 WEEKS
AFTER 2 WEEKS	NO COMPLAINTS.	SAC LAC 30 TDS FOR 2 WEEKS
AFTER 2 WEEKS	NO COMPLAINTS.	SAC LAC 30 TDS FOR 2 WEEKS

AFTER 2 WEEKS	NO COMPLAINTS	SAC LAC 30 TDS FOR 2 WEEKS
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CASE NO: 03

NAME: MAHESHBHAI PATEL

AGE: 43YR

SEX: MALE

OCCUPATION: FARMER

MARITAL STATUS: MARRIED

CHILDREN: 2- 1 SON, 1 DAUGHTER

ADDRESS: KHORAJ VILLAGE, AHMEDABAD

➤ PRESENTING COMPLAINTS:

LOCATION: RESPIRATORY – CHEST

CHARACTER: COUGHING WITH SCANTY EXPECTORATION WHICH IS WHITE IN COLOUR FOR 1 MONTH. HEAVINESS IN THE CHEST AFTER EATING.

MODALITY: AFTER EATING, IN EVENING, FROM COLD AIR, MENTAL EXERTION BY REST

CONCOMITANT: COUGH WITH HEADACHE. OCCASIONALLY BREATHLESS ON EXERTION.

➤ O.D.P (ONSET, DURATION, PROGRESS):

A 43 YEAR OLD MALE PATIENT PRESENTED WITH C/O COUGHING WITH SCANTY EXPECTORATION WHICH IS WHITE IN COLOUR, THERE IS HEAVINESS IN THE CHEST AFTER EATING, < AFTER EATING, , IN EVENING, FROM COLD AIR, MENTAL EXERTION, >BY REST. THERE IS COUGHING WITH HEADACHE SINCE 1 MONTHS. THERE IS GRADUALLY DEVELOPMENT OF COUGHING WITH MILDLY HEADACHE.

➤ PAST HISTORY:

H/O RECURRENT CORYZA

➤ FAMILY HISTORY:

FATHER – COPD

➤ PERSONAL HISTORY

DEVELOPMENTAL

LANDMARKS/MILESTONES: ALL

DEVELOPED AT PROPER AGE.

MARITAL STATUS: MARRIED

HABIT: NO ANY

DIET: VEG.

ADDICTION: NO ANY

OCCUPATION: FARMER

➤ TREATMENT HISTORY:

HE TAKEN ALLOPATHIC MEDICINE BUT DID NOT GET RELIEF.

➤ PHYSICAL GENERALS:

APPETITE: NORMAL

THIRST: SMALL QUANTITY OF COLD WATER

DESIRE: SPICY FOOD

AVERSION: MILK

THERMAL REACTION: CHILLY

INTOLERANCE: COLD

STOOL: SATISFIED

URINE: PASSES SLOWLY, SCANTY, YELLOWISH COLOURED

PERSPIRATION: NORMAL BUT PROFUSE ONLY ON NECK

SLEEP: NORMAL, BUT DISTURBED DUE TO SLEEP

DREAM: NOT SPECIFIC

➤ MENTALS:

IRRITABILITY WITH RESTLESS

FEARFULNESS

OVERSENSITIVITY TO NOISE,

SMELL ETC

➤ GENERAL PHYSICAL EXAMINATION:

BUILT: AVERAGE

NUTRITION: HEALTHY

TEMPERATURE: 99.8 °F

PULSE: 90/MIN

BLOOD PRESSURE: 130/82 MM HG

RATE OF RESPIRATION: 20/MIN

ANAEMIA: ABSENT

PALLOR: ABSENT

ICTERUS: ABSENT

CYANOSIS: ABSENT

PIGMENTATION: ABSENT

OEDEMA: ABSENT

CLUBBING: ABSENT

LYMPH GLANDS: NAD

TONGUE: WHITE COATED

➤ SYSTEMIC EXAMINATION:

GASTROINTESTINAL SYSTEM : P/A SOFT AND NON TENDER

RESPIRATORY SYSTEM :

INSPECTION: BILATERAL SYMMETRICAL CHEST, ELIPTICAL IN SHAPE, RESPIRATION MOVEMENT'S EQUAL ON BOTH SIDES

PALPITATIONS: NO TENDERNESS, NO LUMP, TRACHEA IS CENTRALLY PLACED
 PERCUSSION: RESONANT NOTE ALL OVER THE CHEST EXCEPT CARDIAC DULLNESS
 AUSCULTATIONS: AIR ENTRY MORE ON RIGHT SIDE WHEEZING ON BOTH SIDE HEARD.

CARDIOVASCULAR SYSTEM : S1, S2 HEARD, NO MURMURS

CENTRAL NERVOUS SYSTEM : ALL REFLEXES ARE NORMAL.

JOINT & BONES : NAD

➤ INVESTIGATION :

CBC, CRP, ABG,
 SPUTUM <RM, <CS, AFB
 CHEST X-RAY
 HRCT THORAX

➤ TOTALITY OF SYMPTOMS:

COUGH SINCE 1 MONTH

SCANTY EXPECTORATION, WHITE IN COLOUR AFTER EATING, IN EVENING, FROM COLD AIR, MENTAL EXERTION BY REST, COUGH WITH HEADACHE, HEAVINESS IN THE CHEST AFTER EATING, DRINKING AND

TALKING, THIRST SMALL QUANTITY OF COLD WATER

PERSPIRATION: PROFUSE ONLY ON NECK, URINE PASSES SLOWLY, SCANTY, YELLOWISH COLOURED SLEEP DISTURBED DUE TO COUGH

➤ MIASMATIC BACKGROUND:

PSORA – SYCOSIS

➤ DIAGNOSIS:

BRONCHIAL ASTHMA (NEWLY DIAGNOSED)

➤ PRESCRIPTION:

Rx,
 PHOSPHORUS 200
 SINGLE DOSE
 SAC LAC 30 5 PILLS
 TDS FOR 1 MONTH

➤ AUXILIARY MANAGEMENT:

WEAR A MASK.
 STEAM INHALATION – 2-3 TIMES IN A DAY.
 AVOID COLD AIR, DIRECT FAN

FOLLOW UP

FOLLOW UP	SIGN AND SYMPTOMS (IF ANY IMPROVEMENT OR NEW SYMPTOMS)	Rx,
AFTER 1 MONTH	BETTER IN HEADACHE, MILD DECREASING IN COUGH, THERE IS DECREASING OF EXPECTORATION DECREASED HEAVINESS IN THE CHEST	PHOSPHORUS 200 P SINGLE DOSE SAC LAC 30 TDS FOR 1 MONTH
AFTER 1 MONTH	PATIENTS FEELS BETTER IN ALL COMPLAINTS. THERE IS NO PRESENT OF EXPECTORATION. FEELING ALL GOOD.	SAC LAC TDS FOR 1 MONTH
AFTER 1 MONTH	THERE IS NO ANY COMPLAINTS, FEELS BETTER	SAC LAC TDS FOR 1 MONTH
AFTER 1 MONTH	NO COMPLAINTS	SAC LAC 30 BD FOR 1 MONTH

CASE NO: 04

NAME: JATIN BHAI CHAUDHARY

AGE: 26 YR

SEX: MALE

OCCUPATION: JOB

MARITAL STATUS: UNMARRIED

ADDRESS: AHMEDABAD

➤ PRESENTING COMPLAINTS:

LOCATION: RESPIRATORY – CHEST

CHARACTER OF SPUTUM: SEVERE DRY COUGH SINCE LAST 2-3 MONTHS

OCCASIONALLY BREATHLESSNESS PRESENT

MODALITY: IN NIGHT, BY DUST, BY CONTINUOUS TALKING AND BY COLD FOODS AND COLD DRINKS

CONCOMITANT: COUGH PRESENT WITH CORYZA AND RUNNY NOSE

➤ O.D.P (ONSET, DURATION, PROGRESS):

A 26 YR. OLD MALE PATIENTS PRESENTED WITH C/O SEVERE DRY COUGH SINCE LAST 2-3 MONTHS, THE COUGH STARTED AFTER HE CHANGES HIS LIVING CITY, COUGHING IS CONTINUOUSLY IN INCREASING STAGES. IT AGGRAVATED IN NIGHT, BY DUST, BY CONTINUOUS TALKING AND BY COLD FOODS AND COLD DRINKS. THERE IS OCCASIONALLY BREATHLESSNESS PRESENT. COUGH PRESENT WITH CORYZA AND RUNNY NOSE. HE IS HAVING HISTORY OF TAKING ALLOPATHIC MEDICINE IN STARTING PERIODS BUT CANNOT GIVE RELIEF TILL DATE. HE WAS TREATED WITH STEROIDS BY MODERN SCIENCE.

➤ PAST HISTORY:

NOT SPECIFIC

➤ FAMILY HISTORY:

GRAND MOTHER –ASTHMA

➤ PERSONAL HISTORY

DEVELOPMENTAL

LANDMARKS/MILESTONES: ALL

DEVELOPED AT PROPER AGE.

MARITAL STATUS: UNMARRIED

HABIT: NO ANY

DIET: VEG.

ADDICTION: NO ANY

OCCUPATION: JOB

➤ TREATMENT HISTORY:

HE TAKEN ALLOPATHIC MEDICINE (STEROIDS) BUT DID NOT GET RELIEF.

➤ PHYSICAL GENERALS:

APPETITE: NORMAL

THIRST :6-7 GLASS PER DAY

DESIRE:SWEETS, SOUR FOODS

AVERSION: MILK

THERMAL REACTION: HOT

STOOL: SATISFIED

URINE: 4-5 TIMES/DAY, 0-1/NIGHT

PERSPIRATION: PROFUSE ON FACE AND FOREHEAD

SLEEP: NORMAL, BUT DISTURBED OCCASIONALLY BY COUGHING

WITH BREATHLESSNESS

DREAM: NOT SPECIFIC

➤ MENTALS

CALM AND COOL-HEADED PERSON

RARELY IRRITATED OR ANGRY

➤ GENERAL PHYSICAL EXAMINATION:

BUILT:AVERAGE

NUTRITION:HEALTHY

TEMPERATURE: 98.8 *F

PULSE: 100/MIN

BLOOD PRESSURE: 120/86 MM HG

RATE OF RESPIRATION: 22/MIN

ANAEMIA: ABSENT

PALLOR: ABSENT

ICTERUS: ABSENT

CYANOSIS: ABSENT

PIGMENTATION: ABSENT

OEDEMA: ABSENT

CLUBBING: ABSENT

LYMPH GLANDS: ABSENT

TONGUE: REDDISH

➤ SYSTEMIC EXAMINATION

GASTROINTESTINAL SYSTEM : P/A

SOFT & NON - TENDER

RESPIRATORY SYSTEM :

INSPECTION: BILATERAL SYMMETRICAL

CHEST, ELIPTICAL IN SHAPE, RESPIRATION

MOVEMENT'S EQUAL ON BOTH SIDES

PALPITATIONS: NO TENDERNESS, NO LUMP,

TRACHEA IS CENTRALLY PLACED

PERCUSSION: RESONANT NOTE ALL OVER

THE CHEST EXCEPT CARDIAC DULLNESS

AUSCULTATIONS: AIR ENTRY MORE ON

LEFTSIDE, CREPS+ ON BOTH SIDE HEARD.

CARDIOVASCULAR SYSTEM : S1, S2

HEARDS, NO MURMURS

CENTRAL NERVOUS SYSTEM :ALL

REFLEXES ARE NORMAL.

JOINT & BONES : NAD

➤ INVESTIGATION:

Chest X-Ray

CBC S/O WBC INCREASED

CRP: INCREASED

HRCT THORAX

➤ TOTALITY OF SYMPTOMS:

SEVERE DRY COUGH SINCE 3MONTH

CORYZA WITH RUNNY NOSE BY DUST, IN

NIGHT, BY CONTINUOUS TALKING, BY

COLD FOODS & DRINKS

OCCASIONALLY BREATHLESS PRESENT

PERSPIRATION PROFUSE ON FACE AND

FOREHEAD

CALM AND COOL-HEADED PERSON

RARELY IRRITATED OR ANGRY

➤ MIAMATIC BACKGROUND:

Psora

➤ DIAGNOSIS :
BRONCHIAL ASTHMA

SAC LAC 30
4PILLS TDS FOR 1MOTNHS

➤ PRESCRIPTION:

Rx,
SILICEA 200 P
ONCE A TWICE WEEK

➤ AUXILLARY MANAGEMENT:

STEAM INHALATION
WEAR MASK ALL TIME
AVOID COLD FOODS & DRINKS

FOR 1MONTH

FOLLOW UP

FOLLOW UP	SIGN AND SYMPTOMS (IF ANY IMPROVEMENT OR NEW SYMPTOMS)	Rx,
AFTER 1MONTH	HE SAY THERE IS BETTER IN INITIAL DAYS BUT FOLLOWED BY MILD INCREASE IN THE SYMPTOMS.	SILICEA 200P SINGLE DOSE SAC LAC QID FOR 1MONTH STEAM INHALATION CONTI...
AFTER 1 MONTH	HE FEELSMUCHBETTER THAN BEFORE. THEREIS MILDINCREASE INTHE RUNNY NOSE.	SAC LAC TDS FOR 1 MONTH
AFTER 1 MONTH	HE ABSOLUTELY FEELS BETTER. THERE IS NO COUGH OR COLD.HE FEELS VERY MUCH BETTER.	SAC LAC 30 TDS FOR 1MONTH
AFTER 1MONTH	NO COMPLAINTS	SAC LAC 30 TDS FOR 15 DAYS

CASE NO. 05

NAME: KAMLESHBHAI MAKWANA

AGE: 45YR

SEX: MALE

OCCUPATION: BUSINESS

MARITAL STATUS: MARRIED

ADDRESS: AHMEDABAD

DATE: 25/06/2023

CONCOMITANT: INBETWEEN MILD FEVER PRESENT

➤ O.D.P (ONSET, DURATION, PROGRESS):

A 45 YR. OLD MALE PATIENTS PRESENTED WITH THE C/O SEVERE DRYB COUGH FOR LAST 3MONTHS. THE COUGH WAS CONTINUOUS, THROUGHT THE DAY AND THE INTENSITY HAD INCREASED SINCE LAST2-3 WEEKS. ITUSED TO APPEAR VERY FREQUENTLY, TOOK ANTIBIOTICS, BRONCHODILATORS, STEROIDS MANY TIMES IN 3MONTHS BUT HAVE NO RELIEF. IT WOULD INCREASE IN THE NIGHT, LYING POSITION, BY EATING COLD THINGS. HE ALSO HAD OCCASIONAL BREATHLESSNESS. THERE WAS MILD FEVER INBETWEEN. HE HAD PAST MEDICAL HISTORY OF TAKING INHALERS EVERY MORNING IN WINTER 3-4 YEARS AGO, K/C/O HYPOTHYROIDISM ON TREATMENT SINCE 2020. HE HAD HIGH LEVEL OF CHOLESTEROL AS ASSOCIATED COMPLAINTS.

➤ PRESENTING COMPLAINTS:

LOCATION: RESPIRATORY – CHEST

CHARACTER OF SPUTUM: SEVERE DRY COUGH SINCE LAST 3 MONTHS COUGH WAS CONTINUOUS THROUGHT OUT THE DAYAND THE INTENSITY HAD INCREASED SINCE LAST 2-3 WEEKS.

OCCASIONALLY BREATHLESSNESS PRESENT

MODALITY: IN THE NIGHT, LYING POSITION, BY DUST,BY EATING COLD THINGS

➤ PAST HISTORY:

HYPOTHYROIDISM ON TREATMENT SINCE 2020.

➤ FAMILY HISTORY:

GRAND FATHER – FIBROSIS OF LUNG

➤ PERSONAL HISTORY:

DEVELOPMENTAL

LANDMARKS/MILESTONES: ALL

DEVELOPED AT PROPER AGE.

MARITAL STATUS: MARRIED

HABIT: ALCOHOLIC

DIET: VEG.

OCCUPATION: BUSSINESS

➤ TREATMENT HISTORY:

HE TAKING INHALERS EVERY MORNING IN WINTER 3-4 YEARS AGO.

➤ PHYSICAL GENERALS:

APPETITE : NORMAL

THIRST : SMALL QUANTITY OF COLD WATER FREQUENTLY

DESIRE : SWEETS , MILK

AVERSION: FRUITS, BREAD

THERMAL REACTION: CHILLY

STOOL: SATISFIED

URINE: 4-5 TIMES/DAY, 0-1/NIGHT

PERSPIRATION: PROFUSE ON FACE AND FOREHEAD

SLEEP: NORMAL

DREAM: NOT SPECIFIC

➤ MENTAL

CALM, TOO FUSY ABOUT CLEANLINESS

WANTS EVERYTHINGS NEAT AND CLEAN

ANXIETY ABOUT FAMILY MEMBERS,

CLOSELY RELATED PERSONS

RARELY GET IRRITATED AND ANGRY

➤ GENERAL PHYSICAL EXAMINATION:

BUILT : AVERAGE

NUTRITION : HEALTHY

TEMOERATURE: 98.8 *F

PULSE : 100/MIN

BLOOD PRESSURE: 120/86 MM HG

RATE OF RESPIRATION: 22/MIN

ANAEMIA : ABSENT

PALLOR : ABSENT

ICTERUS : ABSENT

CYANOSIS :ABSENT

PIGMENTATION : ABSENT

OEDEMA : ABSENT

CLUBBING :ABSENT

LYMPH GLANDS: NAD

TONGUE: WHITE COATED

➤ SYSTEMIC EXAMINATION:

GASTROINTESTINAL SYSTEM : P/A

SOFT AND NON – TENDER

RESPIRATORY SYSTEM :

INSPECTION: BILATERAL SYMMETRICAL

CHEST, ELIPTICAL IN SHAPE, RESPIRATION

MOVEMENT'S EQUAL ON BOTH SIDES

PALPITATIONS: NO TENDERNESS, NO LUMP,

TRACHEA IS CENTRALLY PLACED

PERCUSSION: RESONANT NOTE ALL OVER

THE CHEST EXCEPT CARDIAC DULLNESS

AUSCULATATIONS: CREPS+ ON BOTH SIDE

HEARD.

CARDIOVASCULAR SYSTEM : S1, S2

HEARDS, NO MURMURS

CENTRAL NERVOUS SYSTEM :ALL

REFLEXES ARE NORMAL

JOINT & BONES : NAD

➤ INVESTIGATION :

CHEST X-RAY

CBC S/O WBC INCREASED

CRP: INCREASED

SPIROMETRY TEST

➤ TOTALITY OF SYMPTOMS:

SEVERE DRY COUGH FOR LAST 3MONTHS

COUGHING CONTINUOUSLY

OCCASIONALLY BREATHLESSNESS

MILD FEVER IN BETWEEN THE COMPLAINTS

WORSE BY LYING POSITION, IN NIGHT, BY

DUST, BY EATING COLD THINGS

CALM, TOO FUSY ABOUT CLEANLINESS

WANTS EVERYTHINGS NEAT AND CLEAN

ANXIETY ABOUT FAMILY MEMBERS,

CLOSELY RELATED PERSONS

RARELY GET IRRITATED AND ANGRY

DESIRE FOR MILK

HABITATES TO ALCOHOL

THIRST FOR SMALL QUANTITY OF COLD

WATER FREQUENTLY

➤ MIASMATIC BACKGROUND:

PSORA

➤ DIAGNOSIS:

BRONCHIALASTHMA

➤ PRESCREPTION:

Rx,

ARSENICUM ALBUM 200 P

SINGLE DOSE

SAC LAC30 , 4 PILLS TDS

FOR 1 MONTH

➤ AUXILLARY MANAGEMENT :

WEAR MASK
STEAM INHALATION
AVOID COLD THINGS
FOLLOW UP

AVOID COLD AIR
COVER THE FACE AND EAR WHEN GOES
INTO OPEN AIR

FOLLOW UP	SIGN AND SYMPTOMS (IF ANY IMPROVEMENT OR NEW SYMPTOMS)	Rx,
AFTER 1 MONTH	SHE FEELS BETTER THAN BEFORE BUT COUGHING PRESENT.	ARSENIC ALBUM 200 P SINGLE DOSE SAC LAC 30 TDS FOR 1MONTH
AFTER 1 MONTH	SHE FEELS MUCH BETTER THAN PREVIOUS CONDITION. THERE IS NO ANY SYMPTOMS PRESENT.	SAC LAC 30 TDS FOR 1MONTH
AFTER 1 MONTH	FEELS BETTER, NO ANY RECURRENT SYMPTOMS	SAC LAC 30 TDS FOR 1MONTH
AFTER 1 MONTH	BETTER , NO COMPLAINTS	SAC LAC 30 TDS FOR 1 MONTH

MASTER CHART



SR. NO.	NAME	AGE	GENDER	PROVISIONAL DIAGNOSIS	REMEDY	RESULT
1	PATEL MAHESHBHAI	25YR	MALE	ACUTE BRONCHIAL ASTHMA	ANTIM. TART.200P	IMPROVED
2	MAYABEN CHAUDHARY	45YR	FEMALE	ACUTE EXAGGERATIO-N ON CHRONIC ASHMA (ALLER-GIC TYPE)	PHOSPHORUS 200P SAC LAC 30 TDS	IMPROVED

3	MAHESHBHAI PATEL	43YR	MALE	BRONCHIAL ASTHMA	PHOSPHORUS 200P SAC LAC 30 TDS	IMPROVED
4	JATINBHAI CHAUDHARY	26YR	MALE	BRONCHIAL ASTHMA	SILICEA 200P SAC LAC 30 TDS	IMPOVED
5	KAMLESHBHAI MAKWANA	45YR	MALE	BRONCHIAL ASTHMA	ARSENIC ALB.200P SAC LAC 30 TDS	MODERATE IMPROVED

CONCLUSSION & SUMMERY

In asthma Wheezing & cough are the most common symptoms usually Children's and old age peoples are most commonly affected. As we know the most common causes of acute bronchial asthma are viral infections. Acute bronchial asthma, although no after-effects when proper treatment is done, the bronchi are susceptible to reaction of any irritant. Bronchial asthma is a disease of the respiratory system there is inflammation of the bronchial tubes in the lungs. They can get sick, and children and adults. So, we need as much as possible to protect your health from any bad habits and sites with contaminated environment. Whereas chronic bronchial asthma is manageable with proper treatment and avoidance of known triggers (e.g., tobacco, smoke). Proper management of any underlying disease process is the keyway. The patient needs careful periodic monitoring to minimize further lung damage and progression to chronic irreversible lung disease. Radiographic examination of the chest may show a mild increase in the broncho-vascular markings with inflammatory reaction seen. Antibiotics are indicated if a bacterial infection of the airway is suspected or proven. Corticosteroids are recommended in severe cases. Where in homoeopathy the similimum medicines can also be prescribed according to symptoms similarity or constitutional remedy can get proper result. There is some homoeopathic mother tincture can be used as bronchodilators to get relief. In the above-mentioned cases there is homoeopathic prescribed medicine show gradually relief from sickness and get restore her/his health. Intension of this article is to stimulate mind of neophytes in homoeopathy for practice. Managing mild to moderate cases with homoeopathy will be great help to suffering humanity.

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