

An Individualized Homoeopathic Approach in a Case of Bronchial Asthma

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Abstract—The chronic inflammatory airway disease known as bronchial asthma is characterized by frequent episodes of coughing, wheezing, and dyspnea. It impacts quality of life and requires ongoing management. Homeopathy emphasizes the importance of treating each patient individually, taking into account their overall health situation. This case study outlines the application of individualized homeopathic medicine for the treatment of bronchial asthma, resulting in improved overall health and a reduction in both the frequency and severity of asthma attacks.

Index Terms— Bronchial asthma, Homoeopathy, individualized treatment, Case report

I. INTRODUCTION ⁽¹⁾

A chronic inflammatory disease of the airways, bronchial asthma is characterized by recurrent episodes of wheezing, dyspnea, chest tightness, and coughing, often at night or in the early morning, as well as variable and reversible airway obstruction and bronchial hyper responsiveness. The disease comes by swelling and narrowing of the bronchial tubes in response to a variety of triggers, including dust, cold air, allergens, and respiratory infections.

According to homeopathy, bronchial asthma is a constitutional disease caused by an individual's underlying susceptibility. With the goal of reducing the frequency and intensity of episodes and enhancing the patient's overall health, management is based on the totality of symptoms and individualization.

II. PATHOPHYSIOLOGY ^(2,3)

Chronic airway inflammation, most notably in the bronchi and bronchiole causes asthma. The chronic inflammation then makes the surrounding smooth muscles more contractile, which causes the symptoms of the disease. Along with other things, this

causes episodes of narrowing and the typical wheezing symptoms. Usually either treatment or no treatment can reverse the narrowing. The actual airways change from time to time. Eosinophil's is more prevalent and the lamina reticularis thickens, two common alterations in the airways.

The size of the mucus glands and the smooth muscles of the airways may both enlarge over time. T lymphocytes, macrophages and neutrophils are among the additional cell types involved. Leukotrienes, histamine, chemokines, and other immune system constituents including cytokines, could possibly be involved.

Other factors that contribute to airway hyperreactivity include the loss of endopeptidases, which are particles that metabolizes endogenous Broncho constrictors and inhibitors of bronchoconstriction, such as prostaglandin E2 and epithelium derived relaxing factor. Airway inflammation may be the cause of mucus blocking and peripheral blood eosinophilia, two other characteristic asthmatic symptoms. Nevertheless, eosinophilia is not present in all asthmatic patients.

III. MATERIAL AND METHODOLOGY

Case: A 20-year-old male patient residing in Jaipur reported to the OPD on 25 March 2025, with complaints of asthma for 2 years

History of Presenting Complaints

- Breathlessness with asthmatic attack (the symptoms gradually worse and it started after 2 years ago due to seasonal flu in winters)
- Aggravation winters, Change of weather
- Chest tightness during asthma attacks

Associated Complaints

- Acidity and bloating in lower abdomen aggravate eating after

- Constipation (Hard stool)

Past History

- Recurrent cold during winter and seasonal change
- History of constipation and acidity since teenage years (Take allopathic medicines but no relief)

IV. GENERAL SYMPTOMS

Mental Generals

- Get irritated when contradicted
- Anxious in crowd places
- Tends to dominate in others when in control
- Feels insecure when challenged

Physical Generals

- Appetite – 3-4 chapatti/meal, 3-4 meals/day (Heaviness in abdomen after eating)
- Thirst- 7-8 glasses/day
- Desire- Sweets
- Aversion- N/S
- Stool- Unsatisfactory, twice a day, Hard stool without straining
- Urine- D₂₋₃ N₁₋₀ clear
- Perspiration- Scanty on axilla with offensive and no staining
- Addiction- N/S
- Sleep- Disturbed due to chest congestion
- Thermal Reaction – Hot

Family History

- Mother- Allergic Rhinitis (alive)
- Father- Healthy and alive

Physical Examination

- B.P. - 122/76 mm Hg
- R.R- 20/min
- Pulse- 82 bpm

Systemic Examination (Respiratory Examination)

- On Percussion– Hyper resonate note on the right lung
- On Auscultation – Lower lobe of right lung is mild wheezing present

Table1: Analysis of Symptoms

Mental Generals	Physical Generals	Particular Generals
Irritated when contradicted	Desire- Sweets	Breathlessness with asthmatic attacks < winter, Change of weather
Anxious in crowded places	Sleep disturbed due to chest congestion	Chest tightness during asthma attacks
	Thermal – Hot	Acidity and heaviness in abdomen after eating after
		Constipation (Hard Stool)

Table 2: Predominant Miasm⁽⁴⁾

The case was a combination of sycosis and psora miasm

Symptoms	Miasm	Intensity
Irritated when contradicted	Psora	+++
Anxious in crowded places	Psora	+++
Breathlessness with asthmatic attack <winter, Change of weather	Sycosis	++
Chest tightness during asthma attack	Sycosis	++
Acidity and heaviness of abdomen after eating	Syphilis	+

Evaluation of Symptoms

1. Gets irritated when contradicted
2. Anxious in crowded places
3. Insecure when challenged
4. Tends to dominate when in control
5. Breathlessness with asthmatic attack < Change of weather, Winter
6. Chest tightness during asthmatic attack
7. Acidity and heaviness in abdomen < eating after
8. Constipation (Hard stool)
9. Desire- sweets
10. Sleep disturbed

Totality of Symptoms

- Irritated when contradicted
- Anxious in crowded places
- Insecure when challenged
- Tends to dominate when in control
- Breathlessness present < Weather change, Winter Constipation (Hard stool)

- Chest tightness during asthmatic attacks
- Acidity and heaviness in abdomen < eating after
- Constipation (Hard stool)
- Desire- sweets
- Sleep disturbed

Table 3: Repertorial Totality ⁽⁷⁾

Symptoms	Chapter/Rubrics
Tends to dominate when in control	Mind- dictatorial
Insecure when challenged	Mind-insecurity-mental
Irritated when contradicted	Mind-irritability-contradiction from
Anxious in crowded place	Mind- anxiety-crowd, in a

Breathlessness due to change of weather	Respiration-difficult-weather change of
Acidity	Stomach- acidity
Heaviness in stomach < eating after	Abdomen- heaviness-eating after
Constipation	Rectum- Constipation
Breathlessness in winter	Respiration difficult in winter
Desire for sweets	Generals- food and drinks- sweets- desire
Chest tightness during asthma	Chest-constriction-asthmatic
Sleep Disturbed	Sleep- disturbed

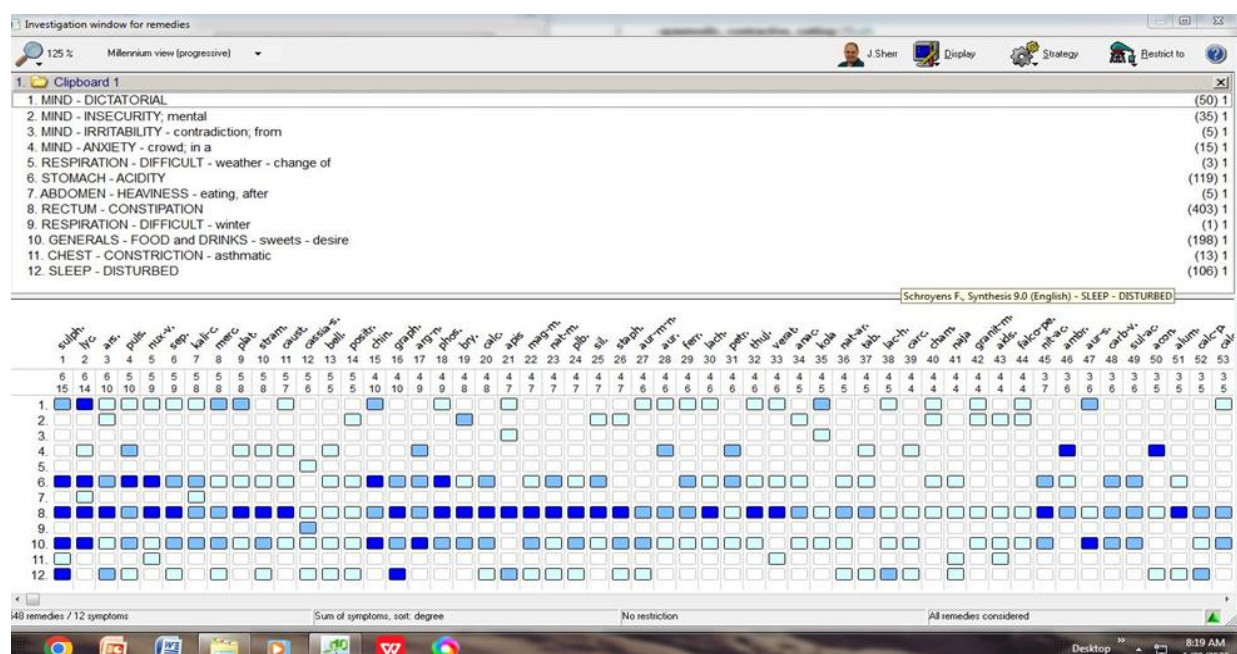


Fig 1: Repertorial sheet

Table 4: Repertorial Analysis

S.NO.	Remedies and their Relatives Values
1.	SULPHUR- 15/6
2.	LYCOPODIUM- 14/6
3.	ARSENIC ALBUM-10/6
4.	PULSATILLA- 10/5
5.	NUX VOMICA- 9/5

V. THE REMEDY ^(5,6)

Lycopodium 200 single dose followed by rubrum. After carefully evaluating the patient's case history and considering all their symptoms, a remedy was

selected using the RADAR Version 10 software. Finally, it was most appropriate remedy in this case, spanning the spectrum, including the overall physical, mental and thermal picture. Lycopodium, Sulphur, Arsenic album, Pulsatilla and Nux vomica all met most of the criteria and received a better grade. The remedy is once again confirmed a using reference from the material medica. When confirmed the remedy from several books, the following aspects were considered.

1. Tends to dominate in control
2. Desire for sweets
3. Constipation (Hard stool)

Table 5: Follow Up

Date	Symptoms	Remedy
25-3-25	Breathlessness with asthmatic attack Tightness in chest during attack Sleep disturbed Acidity and heaviness in abdomen after eating Constipation (Hard stool)	R _x Lycopodium 200/1 dose Rubrum 30/TDS × 15 days
9-4-25	Breathlessness present Slight relief in chest tightness Asthmatic attack present Heaviness in abdomen and acidity Sleep disturbed	R _x Phytum 200/1 dose Rubrum 30/TDS × 15 days
24-4-25	Slight relief in breathlessness Mild asthmatic attack present Slight relief in chest tightness Slight relief in heaviness in abdomen	R _x Lycopodium 200/1 dose Rubrum 30/TDS × 15 days
9-5-25	Mild breathlessness present Mild asthmatic attack present Slight relief in chest tightness	R _x Phytum 200/1 dose Rubrum 30/TDS × 15 days
24-5-25	Mild breathlessness present Asthmatic attack slightly present Overall patient better	R _x Phytum 200/1 dose Rubrum 30/TDS × 15 days
8-6-25	Over all patient better No major episodes present	R _x Rubrum 30/TDS × 1 month

VI. REPORTS

Fig 2: Before Report

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Central Clinical Laboratory

Patient: [REDACTED]
Age/Sex: 20M
UIN: 27897
IPD No: [REDACTED]

Ref. By: Dr. [REDACTED]
Date: 25/March/2025
Sample: [REDACTED]
Status: [REDACTED]

Test Name	Parameter	Result	Reference Range
CBC	Baso	1%	0 - 1 %
	Neut	60%	40 - 70 %
	Lymph	27%	30 - 40 %
	Mono	6%	2 - 10 %
	Eosi	3%	1 - 6 %
	HB%	14.2 g/dL	13.5 - 18 g/dL
	RBC	4.9 millions/cumm	4.5 - 6.5 millions/cumm
	HCT	42%	40 - 54 %
	Platelet	2.7 Lakh/cumm	1.8 - 3.1 Lakh/cumm
	WBC	9000 cells/cu.m.	4000 - 11000 cells/cu.m.
ESR	ESR	24 mm/hr	1 - 20 mm/hr

Path. Lab. Tech/ Asst. [Signature]
Pathologist [Signature]

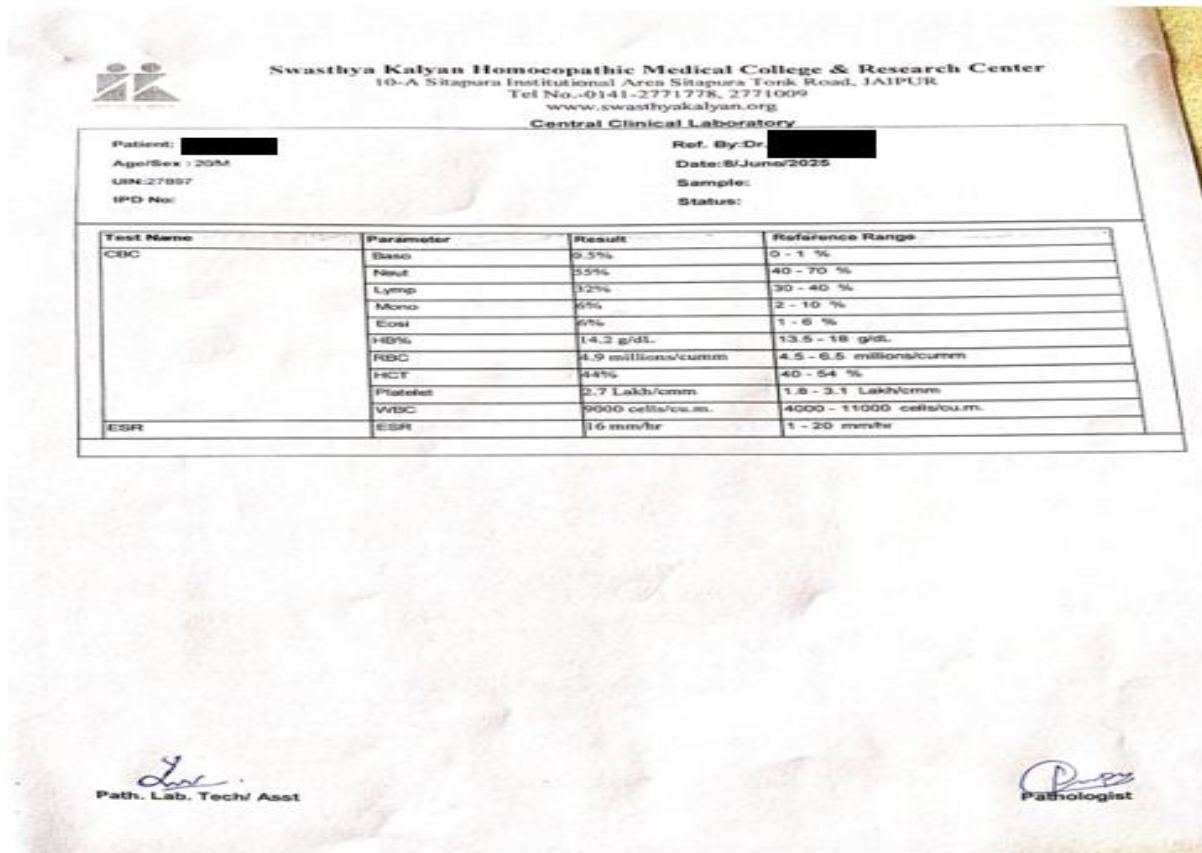


Fig 3: After Report

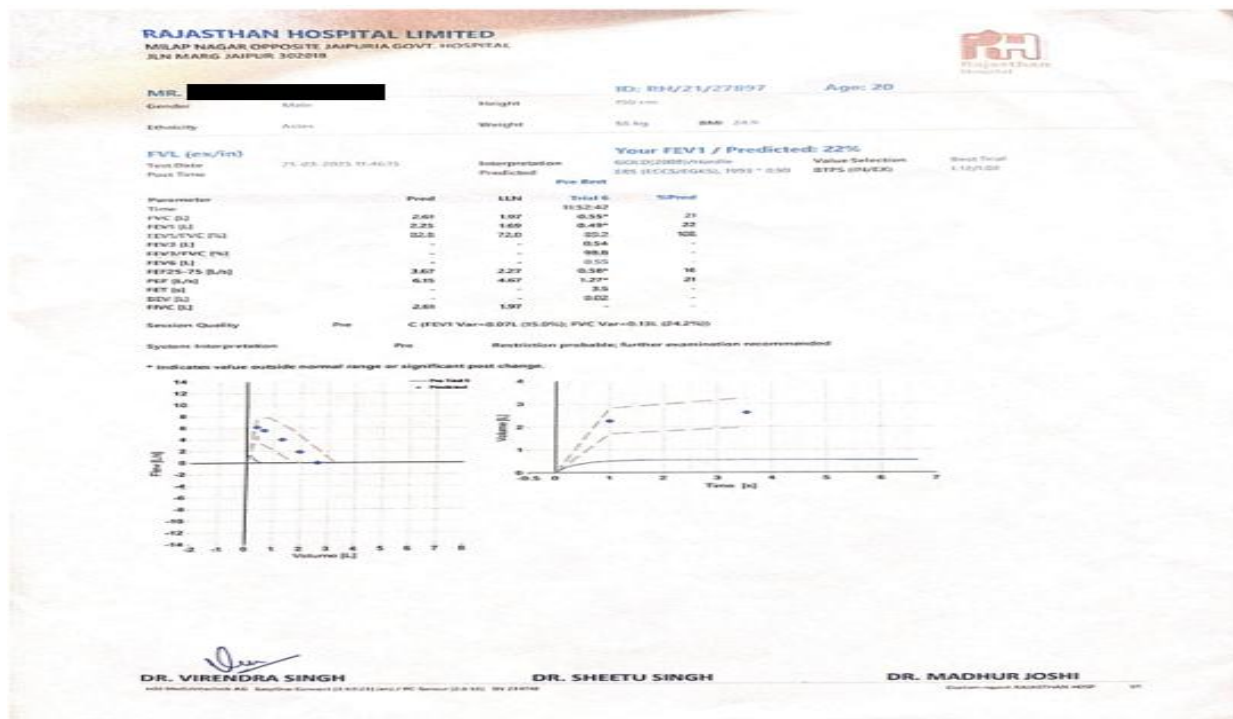


Fig 4: Before Report

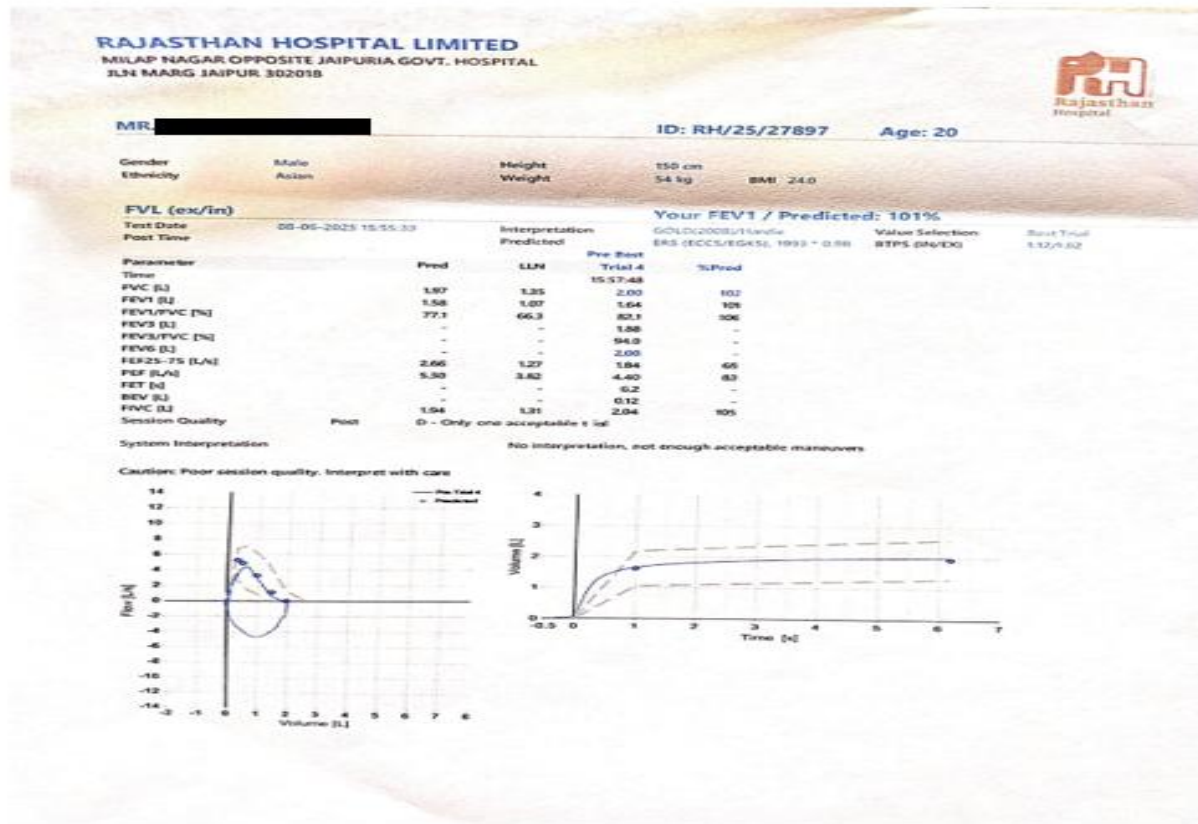


Fig 5: After report

VII. RESULT AND DISCUSSION

Individualized homoeopathic intervention may be a viable alternative in the treatment of Bronchial asthma, even though more study with a better methodology is needed.

VIII. CONCLUSION

Within 3 months, patients with bronchial asthma who received individualized homoeopathic treatment fully recovered clinically. The long term improvement and selection of remedies were significantly enhanced by a miasmatic understanding.

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