

**PRESCRIPTION OF HOMOEOPATHIC MEDICINES WITH THE HELP OF
BOENNINGHAUSEN'S THERAPEUTIC POCKET BOOK (BTPB) IN CASES OF
ASTHMA****Dr. Rishikesh Acharya*¹, Dr. Rajveer Singh Rathor² and Dr. Nitesh Jangid³**¹Assistant Professor, Department of Homoeopathy Pharmacy, University College of Homoeopathy Jodhpur, Rajasthan, India.²Assistant Professor, Department of Surgery, University College of Homoeopathy Jodhpur, Rajasthan, India.³Assistant Professor, Department of Physiology, University College of Homoeopathy Jodhpur, Rajasthan, India.***Corresponding Author: Dr. Rishikesh Acharya**

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INTRODUCTION

Hippocrates denotes the name of the disease, Bronchial asthma as “gasping for breath”. Asthma is a long-term inflammatory disease of the airways of the lungs. It is characterized by variable and recurring symptoms, reversible airflow obstruction, and easily triggered bronchospasms. There is episodes of wheezing, coughing, chest tightness, and shortness of breath. These may occur a few times a day or a few times per week. The symptoms of asthma may become worse at night or with exercise.

The basic causes of Asthma are based on the combination of genetic and environmental factors as air pollution and allergens as triggering agents. Asthma that starts before the age of 12 years old is more likely due to genetic influence, while onset after age 12 is more likely due to environmental influence.

The substances of which the asthma patients get allergic are known as asthmagens like ammonia, latex, pesticides, solder and welding fumes, metal or wood dusts, spraying of isocyanate paint in vehicle repair, formaldehyde, glutaraldehyde, anhydrides, glues, dyes, metal working fluids, oil mists, molds etc.

Smoking during pregnancy and after delivery is associated with a greater risk of asthma-like symptoms. Low air quality from environmental factors such as traffic pollution or high ozone levels has been associated with both asthma development and increased asthma severity.

Prevalence of Asthma in India

Asthma is one of the most common chronic respiratory diseases affecting children. Around 15%-16% of children worldwide (between the ages of 1 and 14 years) suffer from asthma. In adults, the incidence of asthma is more in females than males. Around 10%-11% of adults worldwide suffer from asthma. Children with a family history of allergy and asthma are more likely to suffer from asthma.

Types of Asthma

- 1. Childhood Asthma:** Due to the exposure to different allergens, environmental pollution, exposure to chemicals, genetic factors, food habits, and the misuse of antibiotics, the incidence of asthma is increasing in children from the age group of 1 to 14 years.
- 2. Occupational Asthma:** working in a particular place, such as a bakery, chemical factory, farm, laboratory, drug factory, metal or plastic plant, wood factory, painting work, etc. The relief from the symptoms may improve on the days when the patient is away from the workplace or environment which triggers the episode of asthma. Some people may experience symptoms, such as a runny nose, congestion, irritation in the eyes, cough, etc. along with the symptoms of asthma.
- 3. Seasonal Asthma:** certain time of the year such as pollens, cold weather, cloudy, or rainy weather, etc.
- 4. Exercise-Induced Asthma:** A heavy workout can trigger an acute attack of asthma. Patients may feel chest tightness, shortness of breath, and cough within a few minutes after a workout.

Symptoms

Asthma symptoms vary from person to person. One can have infrequent asthma attacks, have symptoms only at certain times — such as when exercising — or have symptoms all the time. Others may have:

1. Shortness of breath

2. Chest tightness or pain
3. Wheezing when exhaling, which is a common sign of asthma in children
4. Trouble sleeping caused by shortness of breath, coughing or wheezing
5. Coughing or wheezing attacks that are worsened by a respiratory virus, such as a cold or the flu

It becomes worsen and required immediate emergency aid when:

1. Frequent increasing difficulty breathing,
2. Need to use a quick-relief inhaler more often
3. No improvement even after using a quick-relief inhaler
4. Shortness of breath whenever doing minimal physical activity

Triggering factors

- A. Exercise-induced asthma, which may be worse when the air is cold and dry
- B. Occupational asthma, triggered by workplace irritants such as chemical fumes, gases or dust
- C. Allergy-induced asthma triggered by airborne substances, such as pollen, mold spores, cockroach waste, or particles of skin and dried saliva shed by pets (pet dander).

Risk factors

1. Family H/O asthma, such as a parent or sibling
2. H/O a allergic condition, such as atopic dermatitis — which causes red, itchy skin — or hay fever — which causes a runny nose, congestion and itchy eyes
3. Being overweight
4. H/O Being a smoker
5. H/O Exposure to second-hand smoke
6. H/O Exposure to exhaust fumes or other types of pollution
7. Exposure to occupational triggers, such as chemicals used in farming, hairdressing and manufacturing

Pathophysiology

The pathophysiology behind asthma is based on the changes in the airways lining of bronchi and bronchioles.

- A. Chronic inflammation of the conducting zone of the airways (most especially the bronchi and bronchioles), which subsequently results in increased contractibility of the surrounding smooth muscles. There is narrowing of the airway which causes wheezing.
- B. There is increase in eosinophils and thickening of the lamina reticularis. Chronically the airways' smooth muscle may increase in size along with an increase in the numbers of mucous glands. Other cell types involved include T lymphocytes, macrophages, and neutrophils. There may also be involvement of other components of the immune system, including cytokines, chemokines, histamine, and leukotrienes etc.

DIAGNOSIS

- A. Spirometry is recommended to aid in diagnosis and management. It is based on the function of the lungs. It is the single best test for asthma. If the FEV1 measured by this technique improves more than 12% and increases by at least 200 milliliters following administration of a bronchodilator such as salbutamol, this is supportive of the diagnosis.
- B. Allergy testing: Skin or blood test to check for allergy response.
- C. Blood test: To check for elevated eosinophils and immunoglobulin E, which is an antibody the immune system generates in allergic asthma patients.
- D. Challenge tests or exhaled nitric oxide tests are done to confirm the diagnosis of asthma.

Treatment

- A. Medication:
 - a. Bronchodilator which helps to open the airways for smooth breathing
 - b. Steroids: it modifies or stimulate hormone effects or often to reduce inflammation.
 - c. Anti-inflammatory: prevent and counteract swelling in joints and tissues.
- B. Self care: quit smoking or avoid allergens, use of mask in pollution areas.
- C. Supportive care: oxygen therapy to provide extra oxygen to the lung

In review of literature given by Sharma B, Narula RH, Manchanda RK. Homoeopathy for the management of Asthma - A review of Council's Clinical Research. Indian J Res Homoeopathy 2015;9:69-78 Homoeopathic approach - concluded their study as the positive outcome in controlling acute episodes of asthma, reducing the frequency and intensity of subsequent episodes and weaning of bronchodilators and other allopathic drugs have been reported. As only observational studies have been conducted, further pragmatic trials including randomized control studies are desirable.

Asthma is an expression in the form of symptoms at the level of the lungs due to the internal hypersensitive immune system, so it has to be treated at the root level by correcting the disease at the immunological level. Being a chronic, recurrent disease, asthma requires long-term management. Homeopathy is very effective for the long-term management of asthma, as homeopathic medicines do not have any side effects and do not cause any dependency. Conventional treatment like cortisone or bronchodilators helps treat acute attacks of asthma but it has many side effects. However, for reducing the recurrence, duration, and intensity of acute attacks of asthma, homeopathy works wonderfully.

In Page no 84 lesser writing with therapeutic hints by Sir E. A. Farrington:

“If the system of medicine is universally true, that is, if it is founded upon the law and does not constitute a mere

rule, it must assuredly remove a post nasal catarrh as a sore throat or a cold in chest.”

Patients who get dermatitis, rhinitis, tonsillitis, bronchitis at the slightest provocation e.g. Change of food, weather, emotions etc. are *Psoric constitution*. Thus *Psora* is evident more than in infants, children and less in middle age or old age.

In *Psoric* individuals, asthma is the inflammation of respiratory tract with wheezing with difficult breathing.

Clinical utility of Boenninghausen's therapeutic pocket book is the ultimate work and a precious gift to the homoeopathic world by Dr. Boenninghausen. From the philosophy and construction of the Therapeutic Pocket Book, it is obvious that the book can be used for the repertorization of the following type of cases:

1. Cases with complete symptoms
2. Cases with prominent sensations and modalities in some parts but vague in other parts.
3. Cases with prominent concomitants
4. Cases with paucity of symptoms with scattered modality and no characteristics
5. Cases where generals are lacking
6. It is also useful to get related remedies by working on the last chapter

In BTPB, asthma chapter is headed into:

- RESPIRATORY SYSTEM-BRONCHIAL TUBES-ASTHMA: remedies in general
- Under this rubric there is another main rubric which is related to asthma.
- TYPE-OCCURANCE
- After that concomitants related to the conditions are noted as separate main rubric.
- After that, modalities -aggravation and amelioration is mentioned separately.

Homoeopathic medicines

1. Arsenic Album: Asthma with anxiety. There is restlessness, wheezing and coughing, a sense of suffocation while lying down, a sudden increase in thirst, and so on. Feel better after drinking warm beverages. Moreover, it is beneficial both in the acute phase and the chronic state.
2. Antimonium Tart: When asthma occurs with rattling. There is a rattling cough as if the chest is full of loose mucus but minimal mucous expectoration. The cough is triggered by eating. There is drowsiness and weakness. It is more suited to older people and young children. Also, there is usually a burning sensation in the chest and throat, intense cough after eating anything, breathlessness, and hoarseness of the voice.
3. Ipecac: Asthma in children with nausea and vomiting. Ipecac works well when there are a lot of coughing and mucus rales in the chest. Suffocation, shortness of breath, and gasping for air accompany the cough. The child may become blue and stiff

during an asthma attack.

4. Carbo Veg: Asthma in aged people. Carbo Veg is used to treat coughs that cause a burning sensation in the chest. Expectoration is present in the morning. The phlegm is mainly yellow or pus-like and sour, salty, or putrid taste. The cough gets worse in the evening. There is a frequent need to take deep breaths. The wheezing and rattling of mucus are also prominent. Carbo Veg is also the medicine to use where the cough worsens as one goes from warm to cold. It is also the medicine to treat asthma that worsens with acidity or flatulence.
5. Nux Vomica: Asthma with gastric disturbances. Nux Vomica is used to treat difficulty breathing associated with a feeling of fullness and heaviness in the stomach, especially after a large meal. The sensations worsen after a meal and in the morning, increasing by cold air. Asthma symptoms are relieved by belching. It can also help with trouble breathing caused by a gastrointestinal disturbance.

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