



**TITLE: Homeopathic Management of Bronchial Asthma: A Case Report**

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**Abstract:** Bronchial asthma is a chronic inflammatory airway disorder characterized by recurrent episodes of cough and breathing difficulty. Despite conventional management with bronchodilators and leukotriene modifiers, many patients continue to experience persistent symptoms and dependence on long-term medication. Homoeopathy, with its individualized and holistic approach, offers a promising alternative in such cases. This case report presents a 30-year-old male diagnosed with bronchial asthma for the past three years, presenting with chronic cough, breathing difficulty, and a constrictive sensation in the chest, aggravated in the morning and by cold water and air. Detailed case analysis revealed characteristic mental generals, physical generals, and particulars. Repertorial analysis indicated *Nux vomica* as the most suitable remedy. The patient was treated with *Nux vomica* 200C, followed by higher potencies on follow-up, resulting in significant clinical improvement. This case highlights the effectiveness of individualized homoeopathic treatment in the management of bronchial asthma

**Keywords:** *Homeopathy, Bronchial Asthma, Nux vomica, individualized medicine*



### **INTRODUCTION:**

Bronchial asthma is a chronic inflammatory disorder of the airways characterized by reversible airway obstruction, bronchial hyper-responsiveness, and recurrent episodes of respiratory symptoms. It occurs due to inflammation and narrowing of the bronchial tubes, leading to difficulty in breathing. Bronchial asthma can affect individuals of any age and has a significant impact on quality of life.

Asthma is marked by episodes of cough, wheezing, chest tightness, and breathlessness, often aggravated during early morning or night hours. The disease involves both genetic and environmental factors and is associated with increased sensitivity of the airways to various stimuli.

### **PREDISPOSING FACTORS TO BRONCHIAL ASTHMA**

1. *Genetic Factors:* Family history of asthma, atopy, allergic rhinitis, or eczema increases the risk of developing bronchial asthma.
2. *Environmental Factors:* Exposure to dust, pollen, smoke, air pollution, occupational allergens, cold air, and chemical irritants predisposes individuals to asthma.
3. *Allergic Factors:* House dust mites, animal dander, molds, and food allergens play a significant role in triggering asthma attacks.
4. *Infectious Factors:* Recurrent respiratory tract infections, especially during childhood, may predispose to asthma.
5. *Lifestyle Factors:* Smoking (active or passive), obesity, emotional stress, and sedentary lifestyle contribute to the development and exacerbation of asthma.

### **THE MOST COMMON SYMPTOMS OF BRONCHIAL ASTHMA:**

Recurrent episodes of breathlessness

Wheezing sound during respiration

Chronic cough, especially at night or early morning

Chest tightness or constrictive sensation

Difficulty in expiration

Symptoms aggravated by cold air, dust, exercise, or allergens

Relief after use of bronchodilators

### **INVESTIGATIONS:**

Complete blood count with absolute eosinophil count



Pulmonary function tests (Spirometry)  
Peak expiratory flow rate (PEFR) measurement  
Chest X-ray (to rule out other pulmonary pathology)  
Serum Ig E levels  
Allergy testing (if indicated)

**TREATMENT:**

**Conventional Treatment:**

The aim of treatment is to control symptoms, prevent exacerbations, and maintain normal lung function.

Bronchodilators: Short-acting and long-acting  $\beta_2$  agonists for relief of bronchospasm

Inhaled corticosteroids: For long-term control of airway inflammation

Leukotriene receptor antagonists: Such as montelukast, used as add-on therapy

Anticholinergics and theophylline: In selected cases

Systemic corticosteroids: For acute severe exacerbations

**General Management:**

Avoidance of triggering factors

Smoking cessation

Regular follow-up and monitoring of lung function

Patient education regarding inhaler technique

Breathing exercises and lifestyle modification

**CASE RECORD**

➤ **PERSONAL DATA:**

Name: XYZ

Age: 30

Sex: Male

Occupation: Job

Religion: Hindu



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- **CHIEF COMPLAINTS:** A 30 years old male presented with cough, breathing difficulty for 3 years with Constrictive sensation throughout day. Cough worsens in Morning and cold water.
- **H/O PRESENTING ILLNESS:** Patients was well before 3 years and then above complaints started. Chest Xray normal and Absolute eosinophil count was 655 cubic /mm was diagnosed with bronchial asthma. He was prescribed with bronchodilators and montelukast which he is counting till now.
- **PAST HISTORY:** Pneumonia in childhood
- **FAMILY HISTROY:** Nothing Specific

➤ **GENERALS:**

**A. PHYSICAL GENERAL:**

Constitutions: Patient was tall, lean, thin, emaciated in appearance

Appetite: Good, 2-time meal /day

Desire: Spicy food

Aversion: Nothing specific

Thirst: Decreased

Stool: Satisfactory, once in day

Urine: 7-8/day, No burning, pale yellow in colour

Perspiration: Moderate, Offensive odour

Sleep: Sound sleep

Dream: Nothing specific

Thermal Reaction: Chilly patient

**B. MENTAL GENERAL:**

Anxiety Work about

Company desire

Forgetful



Easily Irritable

➤ **EXAMINATIONS:**

**A. GENERAL PHYSICAL EXAM:**

Weight – 70kg

BP-128/72mmHg

Pulse- 70/min

RR- 16/min

Temperature-95F

**B. SYSTEMATIC EXAMINATION:**

**RESPIRATORY EXAMINATION**

Bilateral airways show mild wheezing

➤ **D/D:**

1. Chronic bronchitis
2. Bronchiectasis
3. COPD
4. Sinusitis

➤ **PROVISIONAL DIAGNOSIS:** Bronchial Asthma

➤ **TOTALITY OF SYMPTOMS:**

1. Anxiety Work about
2. Company desire
3. Forgetful
4. Easily Irritable
5. Desire spicy food
6. Thirst Decreased
7. Perspiration offensive odour
8. T/R- Chilly patient
9. Cough and breathing difficulty
10. Constrictive sensation throughout day



11. Cough worsens in Morning and cold water

➤ **REPERTORIZATION SHEET/TOTALITY:**

<b>MIND</b>		<b>7 RESPIRATION - DIFFICULT - morning</b>	⊗
<b>1 MIND - ANXIETY - business; about</b>	⊗	<b>CHEST</b>	
<b>2 MIND - COMPANY - desire for</b>	⊗	<b>8 CHEST - CONSTRICTION</b>	⊗
<b>3 MIND - FORGETFUL</b>	⊗	<b>PERSPIRATION</b>	
<b>4 MIND - IRRITABILITY - easily</b>	⊗	<b>9 PERSPIRATION - ODOR - offensive</b>	⊗
<b>STOMACH</b>		<b>GENERALS</b>	
<b>5 STOMACH - THIRSTLESS</b>	⊗	<b>10 GENERALS - FOOD and DRINKS desire</b>	⊗
<b>RESPIRATION</b>		Remedies	ΣSym
<b>6 RESPIRATION - ASTHMATIC - cagg.</b>	⊗	nux-v.	19
		puls.	16
		sulph.	16
		sep.	15
		ΣDeg	
		Symptoms	
		1, 2, 3, 5, 6, 7, 8, 9, 10	
		1, 2, 3, 5, 6, 7, 8, 9, 10	
		1, 2, 3, 5, 6, 7, 8, 9, 10	

➤ **REPERTORIAL ANALYSIS:**

1. Nux Vomica- 19/9
2. Pulsatilla- 16/9
3. Sulphur-16/9
4. Sepia-15/9

➤ **SELECTION OF MEDICINE:** Nux Vomica

➤ **SELECTION OF DOSE AND POTENCY:** 200 C

➤ **PRESCRIPTION:**

Rx. Nux Vomica 200 C, BD x 2 days

SL BD x 15 days

➤ **AUXILLARY MANAGERMENTS:**

Avoid cold food and drinks

Avoid exposure to cold air directly

➤ **PROGRESS AND FOLLOW UP:**



<b>FOLLOW UP</b>	<b>CHANGES IN SYMPTOMATOLOGY</b>	<b>PRESCRIPTION</b>
<b>1<sup>ST</sup> follow up</b>	Breathing difficulty, coughing agg morning, constriction in chest	Rx. Nux vomica 200 BD x2days SL BD x15 days
<b>2<sup>nd</sup> follow up</b>	Breathing difficulty, coughing aggravation morning reduces little	Rx. SL BD x 15days
<b>3<sup>rd</sup> follow up</b>	Breathing difficulty as it is, morning cough agg.	Rx. Nux vomica 1M 3dose SL BD x 15days
<b>4<sup>th</sup> follow up</b>	Breathing difficulty reduce, reduce taking inhaler and montelukast	Rx.SL BD x1month
<b>5<sup>th</sup> follow up</b>	Reduction in complaints but few symptoms are there	Rx. Nux vomica 10 M/3dose SL BD
<b>6<sup>th</sup> follow up</b>	Reduction in all the complaints patient stop taking inhaler and Montelukast	Rx. SL BD x1month

➤ **DISCUSSION:**

The presented case involved a 30-year-old male with a three-year history of bronchial asthma, manifesting as chronic cough, breathing difficulty, and a persistent constrictive sensation in the chest. The symptoms were aggravated in the morning and by intake of cold water. The patient had been on continuous conventional medication, including bronchodilators and montelukast, without complete relief.

The case showed prominent mental generals such as anxiety about work, desire for company, forgetfulness, and easy irritability, indicating significant mental involvement. Physical generals included desire for spicy food, decreased thirst, offensive perspiration, and a chilly thermal reaction. These features played a crucial role in remedy selection.



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Repertorial analysis revealed Nux vomica, Pulsatilla, Sulphur, and Sepia as leading remedies. Nux vomica was selected based on its strong correspondence with the patient's mental state, chilly constitution, irritability, hypersensitivity, offensive perspiration, and respiratory complaints with morning aggravation. The patient's past history of pneumonia also supported the choice, as Nux vomica is well indicated in respiratory conditions with a tendency for bronchial spasm.

Administration of Nux vomica 200C resulted in marked improvement in cough frequency, breathing difficulty, and chest constriction. Follow-up with higher potencies of the same remedy ensured sustained improvement, demonstrating the importance of remedy continuity and potency selection in chronic cases.

This case supports the homoeopathic principle that correct constitutional prescribing, based on the totality of symptoms, can bring significant relief even in chronic respiratory disorders like bronchial asthma.

### ➤ **CONCLUSION:**

This case report demonstrates the effective management of bronchial asthma through individualized homoeopathic treatment. The selection of Nux vomica based on comprehensive case analysis and repertorial evaluation resulted in significant clinical improvement and reduction in symptom severity. Homoeopathy offers a safe, holistic, and effective therapeutic approach for chronic respiratory diseases by addressing both physical and mental dimensions of illness. Further systematic clinical studies are recommended to substantiate the role of homoeopathy in the management of bronchial asthma.

### ➤ **DECLARATION OF PATIENTS CONSENT:**

Informed consent was obtained from patient, and his wife signed as a witness for publication of his clinical details.

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**TITLE: DIABETES MELLITUS INDIVIDUALISATION CASE**

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**Abstract:**

Diabetes mellitus is syndrome of multiple etiologies characterized by chronic hyperglycemic with disturbance of carbohydrate, fat and protein metabolism resulting from defects in insulin secretion, insulin action or both. This disorder is often associated with long term complication, involving organs like eyes, kidneys, nerves, heart and blood vessels. In this article, we will provide an overview of Diabetes mellitus, including its symptoms, causes, diagnosis and homeopathic therapeutic management.

**Key Words:** *Diabetes mellitus, Homoeopathy, approach individualisation, constitutional remedy Natrum Muriaticum.*

**Introduction:** In the Diabetes mellitus disease the body lacks the ability to produce or react to the insulin hormone. There is an impairment of insulin, which causes abnormal metabolism of carbohydrates and increase levels of glucose in blood. Currently, India ranks second in the world for the number of individuals living with diabetes. The International Diabetes Federation (IDF) estimates that in 2017, there were 72.9 million people with diabetes in India, a figure expected to rise to 134.3