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Overview of bronchial asthma with homoeopathic management

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Abstract

Background: Bronchial asthma is a chronic inflammatory airway disease characterized by recurrent episodes of wheezing, breathlessness, chest tightness, and cough. Despite advances in conventional management, asthma continues to impose a significant global health burden. Homoeopathy emphasizes individualized treatment based on the totality of symptoms, making repertorial analysis an important component in remedy selection.

Keywords: Asthma; Etiology of Bronchial Asthma; Individualized Homoeopathic Medicines; Synthesis Repertory

1. Introduction

Asthma is a chronic, non-communicable respiratory disorder characterized by airway inflammation and variable airflow obstruction, leading to symptoms such as wheezing, breathlessness, chest tightness, and coughing. It affects individuals across all age groups and significantly impairs quality of life. Despite advancements in diagnosis and management, asthma continues to be a major contributor to global morbidity and, in severe cases, mortality, making it an important public health concern.

1.1. Global Scenario and Burden

Asthma affects nearly 300 million people worldwide, with projections indicating a continued rise in prevalence. The burden varies across regions, with higher prevalence reported in developed countries, while mortality rates are disproportionately higher in low- and middle-income countries. In India, asthma represents a significant health burden. The INSEARCH study estimated approximately 17.23 million cases with a prevalence of 2.05%, whereas the Global Burden of Disease Study reported about 34.3 million cases, accounting for over 13% of the global asthma burden. Additionally, asthma contributes substantially to disability-adjusted life years (DALYs) and mortality, with rates higher than global averages.

1.2. Asthma Across the Lifespan

Asthma can develop at any age, although it commonly begins in childhood. It is more prevalent among children, but adults often experience more severe disease and higher mortality. In early life, boys are more frequently affected, whereas after puberty, females show higher prevalence, suggesting hormonal influences. Some individuals experience remission, while others have persistent or adult-onset disease. Notably, childhood-onset asthma is typically associated with an allergic phenotype, whereas adult-onset asthma is more often non-allergic.

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1.3. Epidemiology and Trends in India

Large-scale studies such as the International Study of Asthma and Allergies in Childhood have reported that approximately 6% of Indian children experience wheezing, a hallmark symptom of asthma. These studies identified several environmental and lifestyle risk factors, including exposure to tobacco smoke, biomass fuel use, traffic pollution, obesity, unhealthy dietary habits, damp housing, and early-life medication exposure. More recent data from the Global Asthma Network indicate changing trends in asthma prevalence. While some symptoms, such as wheezing, have declined—possibly due to improved environmental conditions and healthcare awareness—others, such as nocturnal cough, have increased. Asthma prevalence also shows significant regional variation across India, influenced by differences in climate, pollution levels, and socioeconomic conditions.

1.4. Etiology and Risk Factors

Asthma is a multifactorial disease resulting from complex interactions between genetic predisposition and environmental exposures. Key environmental triggers include outdoor air pollution, allergens (such as pollen, dust mites, and mold), tobacco smoke, and occupational irritants. Outdoor air pollution plays a particularly critical role, especially in countries like India and China. Pollutants such as ozone, particulate matter (PM2.5), and even finer particles like PM1 are strongly associated with increased asthma risk and exacerbations. Traffic-related pollutants, including nitrogen dioxide (NO_2), and proximity to major roads further contribute to disease development and persistence. A unique phenomenon known as thunderstorm asthma occurs during or after thunderstorms, when pollen grains rupture, releasing fine particles that can penetrate deep into the lungs and trigger severe asthma attacks in susceptible individuals. Host-related factors such as obesity, infections, and allergic sensitization also play important roles, highlighting the significance of gene–environment interactions.

1.5. Heterogeneity of Asthma

Asthma is not a single uniform disease but encompasses a spectrum of phenotypes and endotypes with distinct underlying mechanisms. This heterogeneity complicates diagnosis and management. Advances in research, including clustering and computational techniques, are improving the understanding and classification of asthma, enabling more personalized treatment approaches.

1.6. Challenges in Definition and Diagnosis

A major challenge in asthma epidemiology is the lack of a universally accepted definition. Variations in diagnostic criteria—ranging from symptom-based assessments to physician diagnosis—lead to differences in reported prevalence. In children, distinguishing transient wheezing from asthma is difficult, while in adults, asthma may overlap with other respiratory diseases.

In India, underdiagnosis remains a significant issue, with a large proportion of symptomatic individuals not receiving a formal diagnosis. Misconceptions about the disease, stigma, and lack of awareness further contribute to this gap.

1.7. Environmental and Lifestyle Influences

Environmental exposures play a crucial role in both the development and exacerbation of asthma. Outdoor pollutants such as particulate matter and ozone are major contributors, while indoor allergens like dust mites, mold, and pet dander act as common triggers. Tobacco smoke exposure, both prenatal and postnatal, significantly increases asthma risk.

Lifestyle factors, including obesity, poor diet, and sedentary behavior, are also associated with increased asthma prevalence and severity. Occupational exposure to chemicals and irritants is particularly relevant in adult-onset asthma.

1.8. Severe Asthma and Disease Burden

A small proportion of patients suffer from severe asthma, which remains uncontrolled despite high-dose treatment. Although less common, severe asthma contributes disproportionately to healthcare utilization and economic burden. Poor medication adherence, environmental exposures, and comorbid conditions often worsen disease severity.

1.9. Impact on Lung Function

Asthma can adversely affect lung development and function over time. In children, it may impair airway growth, leading to reduced lung capacity that persists into adulthood. In adults, asthma is associated with accelerated decline in lung function and may result in irreversible airway obstruction, particularly in long-standing or poorly controlled cases.

1.10. Associated Comorbidities

Asthma frequently coexists with other medical conditions. In children, it is commonly associated with allergic disorders such as eczema and allergic rhinitis. In adults, it is linked with metabolic, cardiovascular, and psychological conditions. Additionally, individuals with asthma are more susceptible to respiratory infections, which can exacerbate symptoms and worsen outcomes.

1.11. Challenges in Management

Despite advances in therapy, asthma remains underdiagnosed and undertreated, particularly in developing countries like India. Many patients do not receive appropriate medications, such as inhaled corticosteroids, even when diagnosed. Barriers to effective management include limited healthcare access, poverty, low education levels, poor adherence, and misconceptions about inhaler use. Social stigma and inconsistent disease terminology further hinder proper treatment, resulting in increased hospital visits, school absenteeism, and reduced quality of life.

Objective:

To review the clinical and homoeopathic aspects of bronchial asthma and to analyze the asthma-related rubrics available in the Synthesis Repertory.

2. Materials and Methods

A narrative literature review was conducted using standard medical and homoeopathic textbooks, peer-reviewed journal articles, and classical homoeopathic literature. Asthma-related rubrics were systematically identified and compiled from the Synthesis Repertory (9th Edition) and categorized into symptoms, modalities, concomitant symptoms, and alternating symptoms. The repertorial findings were interpreted in the light of homoeopathic philosophy, particularly the concepts described by Samuel Hahnemann in the *Organon of Medicine*.

3. Homoeopathic approach

Conventional (allopathic) treatment for asthma follows a stepwise approach based on disease severity, with management adjusted accordingly. However, these medications may be associated with adverse effects, including dry mouth, cough, headache, dizziness, palpitations, and muscle cramps. Although effective at controlling symptoms, these side effects may limit long-term tolerability in some patients.

In contrast, homoeopathic treatment offers a wide range of remedies and is based on a holistic concept that considers the individual as a whole. It takes into account the patient's life history, including intrauterine influences, genetic predisposition, and environmental factors—both mental and physical—that may contribute to disease development. The concept of diathesis describes an individual's tendency to respond to specific stimuli, leading to the manifestation of symptoms. In adults, various external and internal influences continue to shape disease expression. However, the indiscriminate or excessively frequent repetition of homoeopathic medicines may occasionally produce medicinal aggravations or effects resembling drug overaction, thereby highlighting the importance of cautious, individualized, and judicious prescription. Careful selection of the remedy, appropriate potency, and proper repetition of doses are essential principles in homoeopathic practice to ensure safe and effective treatment outcomes.

Since the 19th century, bronchial asthma has been managed in homoeopathy according to the principles laid down by Samuel Hahnemann. Among the remedies frequently advocated by Hahnemann for asthmatic conditions was Nux Vomica. Hahnemann emphasized that asthma should not be treated merely as a local disease of the lungs, but rather as a manifestation of an underlying constitutional imbalance. Therefore, remedy selection was based upon the totality of symptoms, including mental, physical, modal, and concomitant features unique to the individual patient.

3.1. Indicated remedies for Asthma

- ***Ipecac*** is indicated in spasmodic asthma with violent constriction of the chest and marked wheezing or rattling in the bronchial tubes. The patient experiences intense dyspnoea with a sensation of impending suffocation. Symptoms are aggravated by motion and are often associated with persistent nausea or vomiting. It is considered especially useful during acute asthmatic paroxysms.
- ***Arsenicum album*** is a major remedy for nocturnal asthma, especially attacks occurring between 1 a.m. and 3 a.m. Patients are unable to lie down due to fear of suffocation and prefer sitting upright. The condition is

associated with restlessness, anxiety, weakness, and thirst for small quantities of water. Warmth and warm air generally relieve the symptoms.

- ***Natrum sulphuricum*** is particularly useful for asthma aggravated by damp, rainy weather. The patient presents with rattling respiration, wheezing, and a painful cough, often holding the chest while coughing due to soreness. It is considered beneficial in chronic asthmatic conditions and in cases associated with excessive bronchial mucus.
- ***Senega*** has been called the leader of homeopathic therapeutic. It has been recommended for severe chronic asthma with persistent respiratory difficulty and excessive mucus accumulation. It is especially indicated for elderly individuals with weak chest muscles and difficulty expectorating. Low potencies or tincture preparations are traditionally advised for prolonged relief in obstinate cases.
- ***Lobelia inflata*** is indicated in asthma associated with a sensation of emptiness or weakness in the stomach. Patients may complain of a lump-like sensation rising into the throat along with difficulty breathing. The remedy is particularly useful when gastric disturbances accompany the respiratory symptoms.
- ***Dulcamara*** is useful in asthma associated with excessive mucus formation and aggravation from cold, damp weather. The attacks commonly occur during rainy seasons or after exposure to cold, moist conditions. It is often prescribed for individuals sensitive to climatic changes.
- ***Aralia racemosa*** is beneficial in cases where asthmatic attacks appear soon after the first sleep. Patients wake suddenly with marked dyspnoea, cough, and wheezing. The remedy is especially suited to nocturnal asthma with a dry, irritating cough.
- ***Kali carbonicum*** is considered valuable in elderly asthmatic patients who must sit bent forward to breathe comfortably. Symptoms are usually worse around 3 a.m. and may be associated with weakness, anemia, and puffiness of the upper eyelids. The cough is often severe and exhausting.
- ***Antimonium tartaricum*** is indicated for loose, rattling asthma with excessive mucus in the chest and an inability to expectorate effectively. Coarse rattling sounds are heard during respiration, and relief generally follows expectoration. It is especially useful in advanced bronchial congestion.
- ***Lachesis*** is useful in asthma that worsens after sleep and in patients who cannot tolerate tight clothing around the neck or chest. It is particularly indicated in cardiac asthma and cases associated with circulatory disturbances. Symptoms are often aggravated during the night.

3.2. Repertorial Approach

The number and expression of symptoms in a patient vary according to the individual constitution, which is continuously influenced and modified by epigenetic factors, environmental influences, causative factors, and various modalities. As these factors evolve over time, the symptom picture of the patient also undergoes changes, making accurate individualisation an essential requirement in homoeopathic case analysis. For proper individualisation, a modern and comprehensive repertory is necessary to accommodate the expanding understanding of disease expression and remedy relationships.

One of the most advanced and widely utilized modern repertories is the *Synthesis Repertory*. It is fundamentally based on the philosophical principles of James Tyler Kent and follows the Kentian method of repertorial presentation while incorporating significant modern advancements. The repertory contains updated terminology derived from the Webster's Dictionary, making the language clearer, more standardized, and clinically relevant for contemporary practice. In addition, it includes newly proved medicines, clinical additions, and expanded rubrics contributed by various renowned homoeopaths and researchers over time.

The *Synthesis Repertory* is highly versatile and can be applied effectively to a wide range of clinical cases, from acute to chronic and complex constitutional cases. Although it is rooted in Kentian philosophy, it is flexible enough to be utilized by practitioners following different homoeopathic approaches and philosophies. Its extensive rubric structure, updated remedy additions, and adaptability make it an invaluable tool for modern repertorial analysis and accurate remedy selection in individualized homoeopathic prescribing.

According to the Synthesis Repertory, the maximum number of asthma-related rubrics are classified under the headings of *Alternating Symptoms* . Among the alternating symptoms, the principal spheres of action include the mind, head, stomach, extremities, and skinindicating the multisystem involvement observed during asthmatic episodes.

The prominence of alternating symptoms is in accordance with Aphorism 232 of the *Organon of Medicine*, where Samuel Hahnemann described alternating disease states as manifestations of a single underlying chronic disorder, in which different groups of symptoms appear successively, replacing one another. In bronchial asthma, such alternations may be observed between respiratory symptoms and manifestations affecting the skin, gastrointestinal tract, joints, or

mental sphere. Recognition of these alternating symptom complexes is of considerable importance in homoeopathic case-taking, as they contribute to understanding the totality of symptoms and facilitate the selection of the most appropriate similimum.

The repertorial analysis of asthma in the Synthesis Repertory demonstrates that asthma is represented not merely as a localized disorder of the respiratory system but as a condition with extensive systemic associations. The presence of numerous concomitant and alternating rubrics reflects the holistic approach of homoeopathy, emphasizing the importance of evaluating the complete symptom picture rather than focusing solely on respiratory complaints. Such a comprehensive repertorial understanding enables the physician to identify characteristic symptoms, individualize the case effectively, and select the most appropriate homoeopathic remedy. Consequently, the Synthesis Repertory serves as a valuable tool in the repertorization and individualized management of patients suffering from bronchial asthma.

Table 1 Asthma-Related Rubrics in the Synthesis Repertory

Symptoms of Asthma	**Modalities on Asthma**	**Concomitant With Asthma**	**Alternation with Asthma**
NOSE- MOTION; Wings; of fan like; in	FACE-TWITCHING-asthma- before	HEAD- PAIN-accompanied by	MIND- ANXIETY; with
Face- DISCOLORATION- bluish-asthma; in	MOUTH-ODOR-fish brine-asthma attack-before	MOUTH- SALIVATION-accompanied by	MIND- FEAR- suffocation of; with
FACE-TWITCHING-asthma	MOUTH- PAIN-Tongue-asthma, before	STOMACH- HEARTBURN-accompanied by	MIND- LAUGHING; with
MOUTH-ODOR-fish brine-asthma attack	MOUTH- PAIN-Tongue-asthma, before- cutting pain	STOMACH- NAUSEA-accompanied by asthma	MIND- LAUGHING-spasmodically; with
STOMACH- ANXIETY-asthma; in	THROAT- PAIN-asthma, before	STOMACH- RETCHING - accompanied by asthma	MIND- RESTLESSNESS; with
STOMACH- HICCOUGH- followed by – asthma	THROAT PAIN-asthma, before-stitching pain	PERSPIRATION-PROFUSE- accompanied by – asthma	MIND- WEEPING-spasmodic; with
STOMACH- VOMITING- asthma; during attacks of	STOMACH-DISTENSION-asthma; during	GENERALS- CHOLORSIS-accompanied by – asthma	HEAD- PAIN- alternating with
CHEST- EMPITNESS, sensation of – asthma during	THROAT- PAIN-asthma, before	GENRALS- DROPSY-general; in- accompanied by – asthma; brochial	NOSE -SNEEZING- hay asthma, with
GENERALS- FAMILY HISTORY of-asthma		GENERALS- WEAKNESS-accompanied by- asthma	FACE-DISCOLORATION - red asthma, with
GENERALS GONORRHOEA, Suppressed- asthma; in patients			STOMACH- ERUCTATION-asthma; with
GENERAL HISTORY; personal-gonorrhoea; of – suppressed gonorrhoea in patients with asthma; of			STOMACH- NAUSEA-asthma; with
GENERALS- FAINTNESS-asthma, from			STOMACH- VOMITING-periodical-alternating with asthma

GENERALS- FAMILY HISTORY of- asthma			RECTUM- DIARRHEA- night- alternating with asthma
			CHEST- DROPSY – asthma, with
			CHEST- ERUPTION – rash- alternating with- asthma
			EXTREMITIES - DISCOLORATION – Upper limbs- blue- asthma; with
			EXTREMITIES- ERUPTIONS- Forearms- pimples- alternating with asthma
			EXTREMITIES- ERUPTIONS- Forearms- rash- alternating with asthma
			EXTREMITIES- ERUPTIONS- Upper limbs - rash- alternating with asthma
			EXTREMITIES-PAIN- Joints- gouty- alternating with asthma
			SKIN ERUPTIONS – alternating with-asthma
			SKIN ERUPTIONS-RASH – alternating with-asthma
			SKIN ERUPTIONS-urticaria- alternating with-asthma

4. Conclusion

Asthma remains a significant global health challenge, with considerable variation in prevalence, severity, and outcomes. Although progress has been made in understanding its pathophysiology and management, substantial gaps remain in diagnosis, treatment, and patient awareness. Addressing these challenges requires comprehensive public health strategies, improved education, and enhanced access to healthcare services. Future research focusing on gene–environment interactions and early intervention strategies will be essential for reducing the burden of asthma and improving patient outcomes.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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