

## Contents

Foreword	5
Author's Preface	7
1. A Confusing Disease	11
2. What is Bronchial Asthma	14
3. A Tribute	17
4. Scope of Problem	20
5. The Onset	22
6. Classification of Asthma	27
7. Family History of an asthmatic	42
8. The Past History	47
9. The Past History(of Steroid Intake)	53
10. Etiology	56
11. Mechanism of Disease	59
12. Etiopathogenesis & Inter-relation Complexity	49
13. Clinical Features	68
14. Acute Asthmatic Attacks	71
15. Stages (States) of Asthma	74
16. Laboratory investigations	76
17. Laboratory investigations (cont.)	80
18. Patho-biology	82
19. Monitoring	84

20. Miasmatic Background	88
21. Psychosomatic Aspect	92
22. Asthmatic Postures	94
23. Causation and Remedies	117
24. Seasons and weathers	120
25. Time of Episode or Aggravation	122
26. Ameliorations	124
27. Remedies for A.A.A	126
28. Diet for Asthmatics	130
29. Exercises	133
30. Precautions	138
31. Epilogue	141

## Chapter 2

### WHAT IS ASTHMA

William Osler remarked asthmatics pant into their old age. When one hears or reads the word asthma, a picture of an old person having difficulty in breathing immediately flashes across his mind. The reason behind this is the age-old classic remark of William osler.

In Greek, asthma means panting. Panting or to pant means to breathe quickly, usually in short and shallow breath. In other words it means gasping for breath. A sense of suffocation usually accompanies this laboured breathing. The intensity of dyspnoea or breathlessness varies from exertional dyspnoea where breathlessness appears on exertion to a state where the patient cannot speak even a few words because of breathlessness. When the patient is experiencing breathlessness he is said to be suffering from asthmatic attack. In between two attacks the patient is symptom-free. The course of asthma is punctuated by acute exacerbation and remission of the symptoms. Thus, it becomes clear that asthma is an episodic or paroxysmal disease. Taber's Cyclopedic medical dictionary defines asthma as paroxysmal dyspnoea accompanied by wheezing caused by a spasm of the bronchial tubes or by swelling of their mucous membranes.

In author's opinion the abbreviation **VORLD** depicts the complete and correct meaning of asthma.

**V** is for '*Variable*'

The intensity and duration of attacks are of variable nature. The intensity of the asthma is variable. During one episode it may be so intense that it may be a life threatening situation. While during the very next episode, which may occur just few hours or, may be so mild that the patient may not feel any discomfort in performing his normal duties. Like the intensity of the paroxysm, the duration of episodes is variable. It may be from couple of hours to few days or even months \*.

(\* Persistent asthmatic attacks are example of asthma continuing for months. See Chapter 15 : STAGES (STATES) OF ASTHMA for details.)

**O** stands for '*Obstructive*'

There is obstruction to the flow of air in the air passages. This obstruction is mainly due to spasm of the airways and swelling of the lining of the airways.

**R** means '*Reversible*'

The word reversible is very important and clearly indicates that this obstruction to the flow air in the airways is reversible. This reversion may occur spontaneously or under the effect of the medication.

**L** indicates tat '*Lumen of airways is the site of the disease*'

The letter L gives an idea of the site of the disease. It indicates that asthma affects lumens of airway in asthmatic attacks.

**D** stands for '*disease.*'

After going through the details of VORLD one comes to a new definition asthma that is given below.

***Asthma is a variable, obstructive but reversible disease that affects the lumen of air passages.***

.....

## Chapter 14

### **ACUTE ASTHMATIC ATTACKS**

Acute episode may either terminate itself or by proper medication. If proper care is not taken, complications may develop. An acute attack may complicate itself into status asthmaticus or acute severe asthma, congestive cardiac failure or other complications which may prove to be fatal. Thus, one must have a fair enough idea of exact condition of the patient. The following guidance will be helpful to assess the acuteness of the

disease and condition of the patient

S/S	grade I	grade II	grade III
Dyspnoea	on exertion	at rest	unable to complain because of dyspnoea
Cough	Spontaneous or easy	Spontaneous	unable to cough
Sputum	easily expectorated	difficult expectoration	unable to expectorate
Wheeze	absent	audible with sethoscope	audible without sethoscope
PEFR	upto 70% of normal	70 - 35% of normal	35% and less than normal
Heart rate	less than 100/m	100 - 130 per minute	more than 130 per minute
Pulses paradoxuse	absent	absent or present	present

Mental	alert and	alert but	semi
state	co-operative	anxious	Comatose or comatose

This trading is not only useful to study the exact condition of the patient but is also useful to homoeopathic physicians in distinguishing pseudo-symptoms from true ones.

Let me make some examples to explain this.

Example 1 :

Difficult expectoration is an important symptom in prescribing many Homoeopathic remedies. This system becomes useless for prescription if other features (as discussed in table) are also present. In such cases, it should be treated as symptom of second grade.

Example 2 :

Similarly, when dyspnoea on exertion is present among patients of second or third grade, then it becomes an uncommon symptom and should always be considered for prescription.

### **IS CONDITION OF THE PATIENT STABLE?**

Many times, one finds that the patient does not fit into any of these grades. He has some symptoms of one grade and rest features of the grade(s). Now, in such a case, how is one to have an exact idea regarding the condition of the patient.

This can be judged by the help of the score system (being added to the above given grading). The features of the grades are given marks as 1, 2 or 3 depending upon the grade under which it falls. The features of grade one are given one mark, and features of grade second, get a score of two and third grade symptoms are given three marks. Now symptoms of patient are added to get a total score.

The total score will give us sufficiently good idea regarding the condition of the patient.

Score (total)	Interpretation of condition
less than 9	Mild attack
between 10 - 15	Moderate attack
more than 15	Severe attack

Example 3 :

Let us consider that a patient comes to a doctor with the following sets of symptoms.

1. dyspnoea on exertion;
2. wheeze is audible without stethoscope,
3. cough is easy.



4. sputum easily expectorated

From this table, we write the score against each symptom.

Symptom	Score
1. dyspnoea on exertion	1
2. wheeze audible without stethoscope	
3. cough easy	2
4. sputum easily expectorated	1

Thus total score is 7, which gives an idea that patient is having only a mild attack.

.....

## Chapter 28

### REMEDIES FOR ACUTE ASTHMATIC ATTACK

1. *Aralia racemosa* :

*Aralia* is useful when asthma is preceded by coryza or when

coryza accompanies asthmatic episodes. Usually, the attacks are at night, after the first sleep. cough and dyspnoea after a brief sleep at about 11 PM or near mid-night. The patient is unable to lie down. There is a fear of suffocation and the patient has to sit up. Fear of suffocation is because of sensation of constriction in chest and a tingling sensation in throat. There is frequent sneezing. The patient is extremely sensitive to air, current sneezes when ever there is change in air current (opening of door, going from one room to another, switching on the fan, going out in open). The discharge from nose is copious, watery, excoriating has a salty taste; wheezing may be present during inspiration and expiration both, or it may be present during inspiration only; associated with the drenching sweats.

## 2. *Aspidosperma* :

It removes temporary obstruction to oxidation of blood by stimulating respiratory centre, increasing oxidation and excretion of Carbonic acid, want of breath during exertion, cardiac asthma.

## 3. *Blatta orientalis* :

One of the most effective remedy for acute cases. Asthma alternating with malarial episodes. History of malaria before asthmatic episodes. Much of pus like mucus, secondary infection of lungs, and fever. Asthma associated with bronchitis. Cough with dyspnoea. Restlessness and profuse perspiration.

Aggravation from lying down and in rains.

4. Cassia sophera :

Breathlessness aggravated in winters. Breathlessness during change of weather, from cold drinks, from exposure to dust, smoke, on walking aggravation or attacks during morning or in the evening or at night. Dry cough with irritation in throat, better warmth. There is an increased thirst for cold water, must drink every hour. Cough with pain in chest. Expectoration is thick yellowish.

5. Eriodictyon :

Asthma, wheezing with coryza. Dull pain in the right lung, profuse night sweats, coryza with dizziness and sneezing. Profuse mucus secretions. Easily raised, giving relief. It is written that this remedy helps in absorption of effusion in the pleural cavity. Asthma better by expectoration.

6. Grindelia :

It acts on cardiac pulmonary distribution of the pneumogastric, also acts on pulmonary circulation. Asthma with profuse tenacious expectoration which relieves. Stops breathing when falling asleep, wakes with a start and gasps for breath. Must sit up to breathe, cannot breathe when lying down. Foamy mucus, very difficult to detach.

## 7. Ipecac :

When there are no indication for a particular remedy, I start with Ipecac. It is useful in yearly attacks of difficult shortness of breathing. It has a periodicity of attacks. It is useful in asthma appearing in hot and humid times, also when attacks are brought on or aggravated by dust. Suffocative attacks especially coming after taking cold. Hoarseness coming especially at the end of cold, cough, continued sneezing, wheezing incessant and violent cough, with every breath. Chest seems to be full of phlegm but does not yield to coughing.

On auscultation - numerous rales and rhonchi. If rales are less in number then Ant. tart is the remedy.

## 8. Justicia adhatoda :

It is claimed that no death can take place from cough of any kind if Justicia adhatoda (or Basaka or Vasaka) is allowed to display its healing properties. Paroxysmal cough with suffocative obstruction of respiration. Cough with sneezing and coryza, dry cough from sternal region to all over the chest.

Constructive pain lungs, tightness across chest. During an attack, the patient cannot endure a close warm room. Expectoration is yellowish, dry, rusty, and patient gets worse while lying on left side.

#### 9. Kali. nitricum :

Kali-nitricum is used in asthma when dyspnoea is so much that the patient cannot hold his breath long enough even to drink though thirsty. So great the dyspnoea is in Kali. nitricum patient.

#### 10. Lobelia inflata :

Lobelia inflata should be used when there is almost no cough. Asthma without cough and expectoration. Asthma is worse after any exertion. Dyspnoea from constriction of chest. Sensation of weight or pressure on chest. This sensation and pain in chest is better by walking rapidly. Asthma attacks with weakness felt in the pit of stomach, worse from eating, especially warm food. Lobelia should be given when asthmatic attacks are preceded by a pricking sensation all over the body. There is aggravation from tobacco and cold.

#### 11. Luffa. operculata :

Luffa is useful in asthmatic patients who complain of incessant sneezing in the morning. the nostrils are blocked. Spasmodic sneezing aggravated by cold, dust, causing itching in nose. Pain in the chest during sneezing and coughing. Sinusitis. Wheezing, dyspnoea aggravated by movement or exertion. Breathless with choking sensation. The patient is aggravated at night and in a close room.

Luffa should be used when rhonchi are found more in bases.

12. *Ocimum sanctum* :

Pain in the chest while coughing or sneezing, can't be quiet in bed during attack. It has been found useful when Blatta, Lobelia etc. have failed.

13. *Pulmo vulpis* :

Used when there is persistent shortness of breath causing a paroxysm of asthma on slightest motion. Strong, sonorous bubbling rales may be heard all over the chest.

14. *Sambucus nigra* :

Acts specially on mucus membranes producing spasm of respiratory organs leading to dyspnoea, coryza and suffocative cough, which comes about mid night with crying and dyspnoea. Profuse debilitating sweat. Useful for children. Child suddenly wakes up, turns blue. Cannot expire properly but inspires well. Regular inhalations but sighing expiration, face is blue. Sensation of weight on chest.

15. *Senega* :

The remedy of the choice when wheeze and cough ends in a sneeze. There is pain in back on coughing. Rattling in chest. Difficult raising of tongue, profuse mucus specially in the aged. Useful when emphysematous changes appear. Sensation as

if lungs were thrown back against the vertebral column. Sensation of oppression of the chest which is worse when ascending.

16. *Tylophora indica* :

*Tylophora indica* (This remedy has been used by Dr. D.N. Shivpuri of Patel Chest Institute, Delhi who is referred to as "Father of Immunology" in India).

Indications - Profuse salivation, flatulence and acidity, patient feels better lying on the left side.

## **CHAPTER XXVIII**

### **DIET FOR ASTHMATICS**

An asthmatic should get a well balanced but bland diet. Diet must be of simple but nutritive food. Care must be taken to avoid fatty, fried food, excess of spices, acids, and pickles. All citrus fruits must be avoided. It can be that one fruit may induce an attack in one patient while another patient will tolerate (and digest) it. More surprisingly, the same fruit may precipitate an episode at one time while it will appear to be totally harmless at other times.

Why does this happen ?

It happens because the capacity to induce an episode by the same food is different during different states of health of a person. To have a more clear understanding, let us consider a patient whose normal P.E.F.R. is in the range of 510 - 540. Even when his P.E.F.R. is as low as 440 (or even 400) he does not manifest any symptoms of asthma and is clinically healthy. Now these are two different states of health in the same patient. After eating an orange, this patient some time suffers from an asthmatic attack but not always. This is because when his P.E.F.R. is in normal range (510-540) the orange does not induce an attack, but when the P.E.F.R. is about 400 - 440, a single orange will induce an attack, as the patient is not in his normal state of health (as indicated by a diseased P.E.F.R. reading).

Figure No. 69

(Fig. No. 69) The straight line shows the normal (510-540) P.E.F.R. range of the patient while interrupted line shows a decreased (400-440) range of P.E.F.R.

### **Why do some foods always lead to episodes of asthma?**

The answer is simple; the patient is more sensitive to these food stuffs. These food stuffs are capable of inducing asthma in the patient even when the patient is in his normal P.E.F.R. range.

### **What in diet causes (or aggravates) asthma ?**



The food stuffs mostly blamed are .....

.....

Some important point to be followed by the patient are :

1. Take freshly prepared, light, nourishing foods.
2. Do not overlead your stomach.
3. Avoid long intervals between meals.
4. Do not drink milk at night.
5. Avoid preserved tinned food, pickles, fatty and fried foods, spices.
6. Diet should include salads, leafy vegetables, germinated grams.
7. Non-vegetarians should avoid egg, meat but can take fish only if it agrees.
8. And dinner should be taken a least an hour and a half before going to bed.