"A CLINICAL STUDY ON ANTI- MIASMATIC MANAGEMENT OF PATIENTS SUFFERING WITH BRONCHIAL ASTHMA"

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR THE AWARD OF THE DEGREE OF

DOCTOR OF MEDICINE IN HOMOEOPATHY: M.D. (HOM.)
IN
ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY

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KULASEKHARAM, KANNIYAKUMARI DISTRICT, TAMIL NADU

SUBMITTED TO

THE TAMILNADU Dr. M.G.R. MEDICAL UNIVERSITY,CHENNAI

2021

ENDORSEMENT BY THE HEAD OF THE DEPARTMENTAND THE INSTITUTION

This is to certify that the Dissertation entitled **" A CLINICAL STUDY ON ANTI-MIASMATIC MANGEMENT OF PATIENTS SUFFERING WITH BRONCHIAL ASTHMA"** is bonafide work carried out by **Dr. JENIFER ANTONI DAYANA.J,** a student of M.D (Hom.) in the **DEPARTMENT OF ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY** in **SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE** under the supervision and guidance of **Prof. Dr. M. MURUGAN M.D. (Hom.), Head, DEPT. OF ORGANON OF MEDICINE & HOMOEOPATHIC PHILOSOPHY** in partial fulfillment of the Regulations for the award of the Degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY.** This work confirms to the standards prescribed by **THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI.**

This has not been submitted in full or part for the award of any degree or diploma from any University.

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DECLARATION

I, **Dr. JENIFER ANTONI DAYANA.J** do hereby declare that this Dissertation entitled **"A CLINICAL STUDY ON ANTI- MIASMATIC MANAGEMENT OF PATIENTS SUFFERING WITH BRONCHIAL ASTHMA"** is a bonafide work carried out by me under the direct supervision and guidance of **Prof. Dr. M. MURUGAN M.D. (Hom.), Head, DEPT. OF ORGANON OF MEDICINE & HOMOEOPATHIC PHILOSOPHY,** in partial fulfillment of the Regulations for the award of degree of **Doctor of Medicine (Homoeopathy)** in **ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY** of **THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI**. This has not been submitted in full or part for the award of any degree or diploma from any University.

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ACKNOWLEDGEMENT

First and foremost I thank **God the Almighty** for His special love and blessings upon me in every walk of my life.

I acknowledge with the deep sense of reverence to my dear parents **Mr. JOSEPH SOUNDER and Mrs. JEYA MARY**, and my loving Sisters of **HOLY CROSS FAMILY** for their love, support, encouragement, blessings and prayers for me. Their love, sacrifice, and support for me is something which is beyond everything that made me to stand in all the difficult moments.

From the bottom of my heart I express my sincere thanks to my Guide **Dr.M.MURUGAN, M.D (HOM),** Head of department of Organon of medicine and homoeopathic philosophy for his valuable guidance, care, motivating words, constant support and encouragement throughout my course of study and dissertation work. He is one of my inspiring personality who is full of life experiences, values and disciplines and it's my good fortune to be his student and to take up this work under his guidance.

My profound gratitude and deep regards to **Dr.WINSTON VARGHESE,M.D.(Hom.)** PG coordinator, for his support and encouragement throughout my college life. He has always been a source of inspiration to me, helping me to complete the course successfully.

I convey my respectful regards to **Dr.C.K.MOHAN B.sc,M.D (HOM),** Chairman, for his support to study in this Institution which is rich in all the source and providing the opportunity to undertake this work and arranging all necessary facilities to complete this work effectively.

I am thankful to **Dr. N. V. SUGATHAN, M.D. (Hom.),Ph.D** Principal, for granting the permission to carry out my dissertation work in our hospital as well as in our rural centres.

I extend my gratitude to **Dr. MANOJ NARAYAN M.D (Hom.)** for his support, guidance and assistance for the completion of this work.

I express my sincere thanks to **Dr. SONNY MON .R M.D (Hom)** for supporting me in all the aspects for the completion of this work.

I am grateful to all my honorable teachers in the various departments who wholeheartedly encouraged and supported me in this study.

I am ever grateful to my colleagues in the department of Organon who stood with me throughout the study. Personally I thank **Dr. HARSHAVARTHINI, Dr.JEYASREE**,**Dr**.**ALAGUPANDIARAJ.C,Dr.SHAHNA,KUMARAVEL, Dr.VAISHNAVI, Dr.NAYANA SURESH, Dr.APARNA PRAKASH, Dr.ARUN S RAJ** for being my real support throughout the long stay together. I do am grateful to **Mr. SUHESH BABU** who also helped me through some ways. I express my sincere thanks to librarians, all my seniors, friends well-wishers and juniors whose co-operation and timely support and help to finish my task. Thanks to all my patients without whose help and co-operation this work never could have seen the light of the day.

Dr. JENIFER ANTONI DAYANA.J

ABSTRACT

Bronchial Asthma is one of the most important health issues we need to focus on these days as most of the people are affected and almost all the age groups are affected. The miasmatic approach in the treatment of Bronchial Asthma is very effective thus the acute exacerbations can be reduced and the health of the patient is improved. This study is to understand the effectiveness of Anti- Miasmatic management of patients suffering with Bronchial Asthma and also to study the miasmatic character of each patient, remedies indicated for, most suitable potency indicated and about the repetition of dose in the treatment of Bronchial Asthma.

Purposive selection of 30 cases of patients suffering with Bronchial Asthma was taken for the study. Case was taken in detail in the pre structured case record of format of Sarada Krishna Homoeopathic Medical College and Hospital, analysis was done, totality was framed, miasmatic character of each patient was sought, and a suitable Anti-miasmatic remedy was prescribed. The symptom score is recorded using the ACT score chart and changes in the subsequent follow up is recorded and the statistical analysis is carried out.

The result of the study is obtained as the improvement is up to 84% showing that the Anti-Miasmatic approach is effective in managing Bronchial Asthma condition. 200 potency as well as 50 millesimal potency is found to be very useful and effective. CALCAREA CARB is indicated in majority of the cases. The result of the study is drawn that the management of Bronchial Asthma with the Anti-miasmatic approach with the correct selection of potency and repetition is very effective.

Key words: Bronchial Asthma, Anti- Miasmatic treatment .

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LIST OF ABBREVIATIONS

SL. NO.	ABBREVIATION	EXPANSION
1.	&	And
2.	^{0}F	Fahrenheit
3.	A/F	Ailments from
4.	BP	Blood Pressure
5.	%	Percentage
6.	SL	Saccharum Lactis
7.	Aph, §	Aphorism
8.	D	Dose
9.	eg.	Example
10.	No.	Number
11.	O/E	On Examination
12.	OPD	Outpatient department
13.	IPD	In patient department
14.	Yrs.	Years
15.	i.e.	That is
16.	M	Male
17.	F	Female
18.	<	Aggravation, more than
19.	>	Amelioration, less than
20.	BMI	Body Mass Index
21.	H/0	History of.

LIST OF APPENDICES

INTRODUCTION

1.1 INTRODUCTION

Asthma is a chronic airway disorder. The incidence of asthma is highest in children, but it affects all ages and occurs worldwide. [1] Epidemiological studies show that multiple genetic and environmental factors contribute to the occurrence of asthma. Bronchial asthma is classified into the extrinsic (atopic) and intrinsic (cryptogenic) types. In extrinsic type an external precipitating factors are identifiable [2](exposure to indoor allergens like dust mites, cockroaches , furry pets, fungi is a significant factor , as are out door pollution and other irritants including cigarette smoking)[1].But in intrinsic type it is not. The antigens include ingested, inhaled or parentrally administered substances. The serum of such individuals may show elevated levels of specific antibodies belonging to the IgE and sometimes IgG. Person developing extrinsic asthma also have the background of other atopic manifestations like eczema. The dermatological and respiratory manifestations show a see-saw relationship. In some cases family history of bronchial asthma may be present [2]. As it is a highly heritable disease family history of this condition has to be considered more importantly. It is a syndrome of variable airflow obstruction. It is characterized pathologically by bronchial inflammation with prominent eosinophil infiltration, physiologically by bronchial hyper reactivity and clinically by variable cough, chest tightness and wheeze.[3]

Among India's population of 1.31 billion people, the prevalence of Asthma is 6% in children , 2% among women aged 15–49 years and 1% among young women aged 15–19 years as well as men aged 15–49 years as per the latest report. It remains one of the most common chronic respiratory diseases that is most evident in todays modern way of living. This increase is mainly due to increasing environmental smoke and air pollution because rapid industrialization of cities.

Asthma is a complex disease that impairs the social, physical, and psychological well-being of the affected. With the appropriate management of Anti- Miasmatic approach, Bronchial Asthma can be managed and enable people to enjoy a good quality of life. It is often under-diagnosed and under-treated, creating a burden on individuals and families and possibly restricting individuals' activities for a lifetime.

Treating Bronchial Asthma with the approach of modern medicine like long term and short term corticosteroids will have lots of after effects like insomnia, bronchospasm, tremor and there will be recurrence of asthma exacerbation which becomes the person more vulnerable.

Homoeopathic medicine being an effective therapeutic system of medicine in treating the respiratory disorders and can prevent the recurrence by the safe administration; the patients' health will be safely restored. As homoeopathy is a holistic therapeutic system it offers a better scope in the treatment of Bronchial Asthma as it does not consider only the symptoms of the patient but the person as a whole. Miasmatic approach will be more effective in the treatment of such chronic diseases and thus proper assessment of miasm of the patient and selecting the suitable Anti- miasmatic remedy will effect a gentle and gradual improvement of the health of the patient. Since the disease is slow progressing but chronic in nature, it needs to be treated with anti -miasmatic homoeopathic medicine according to the homoeopathic principle to attain health.

1.2 NEED FOR THE STUDY:

- Asthma is one of the most common respiratory disorder which affects the individual's normal life style in day today living
- The more the world is modernized with technology the environment is polluted leading to the birth of varieties of respiratory diseases and difficulties.
- Asthma is a condition having recurrent exacerbations which interferers with person's physical mental social and psychological aspects and that can be improved by the anti miasmatic approach.
- Through this approach patient as a whole can be considered by finding out the miasm of the individual.
- The anti miasmatic approach of asthma will be more effective and more benefit for the society and persons suffering with it.

1.3 SCOPE OF STUDY:

- Can know how to approach a chronic case by analyzing its symptoms on the basis of its miasms.
- Can find out the most common remedies for the condition of Bronchial Asthma
- Can find out the potency that is found to be more effective in Bronchial Asthma
- Can learn about the repetition of the medicine in the treatment of Bronchial Asthma
- Can know about the hereditary influence of Bronchial Asthma
- Can know the miasmatic characteristics of the patient

1.4 STATEMENT OF THE PROBLEM:

CLINICAL STUDY:

This is a study based on the observation of the symptoms collected from the patients coming

to the OPD, IPD and Rural Health Centres of Sarada Krishna Homoeopathic Medical College. This study involves the symptom improvement of the patient with the Anti miasmatic remedy after ruling out the miasmatic characteristic of the patient .It is an observational study among the patients with Bronchial Asthma by administering an Anti miasmatic remedy.

ANTIMIASMATIC TREATMENT:

Dr. Hahnemann in his book on Organon of medicine says, no Chronic disease can be completely cured without eradicating the miasm that is considered to be the cause of all the chronic diseases. Thus the miasms are to be removed from the root itself so as to avoid recurrence of the disease and improve the health condition of the patient without any deterioration and harm in a gentle way. This can be achieved by administering a perfect anti miasmatic remedy in the proper dose, potency and repetition. This study is aimed at reducing the exacerbation of Asthma and improves the health status and life style of the patients.

AIMS & OBJECTIVES

2. AIMS AND OBJECTIVES

The following are the aims and objectives of this study:

- To find out the anti-miasmatic characteristics of the patients with bronchial asthma
- To know about the anti-miasmatic medicines for bronchial asthma
- To assess the effect of anti-miasmatic remedies in the treatment of bronchial asthma.
- To know about the potency and repetition of dose in bronchial asthma.

REVEIW OF LITERATURE

3. REVEIW OF LITERATURE

3.1 FUNCTIONAL ANATOMY AND PHYSIOLOGY OF RESPIRATORY SYSTEM:

The lungs are situated in the upper two-thirds of the bony thorax. It is surrounded by the spine, the heart and the mediastinum medially and inferiorly by the diaphragm. During breathing, free movement of the lung surface relative to the chest wall is facilitated by sliding contact between the parietal and visceral pleura. [4]

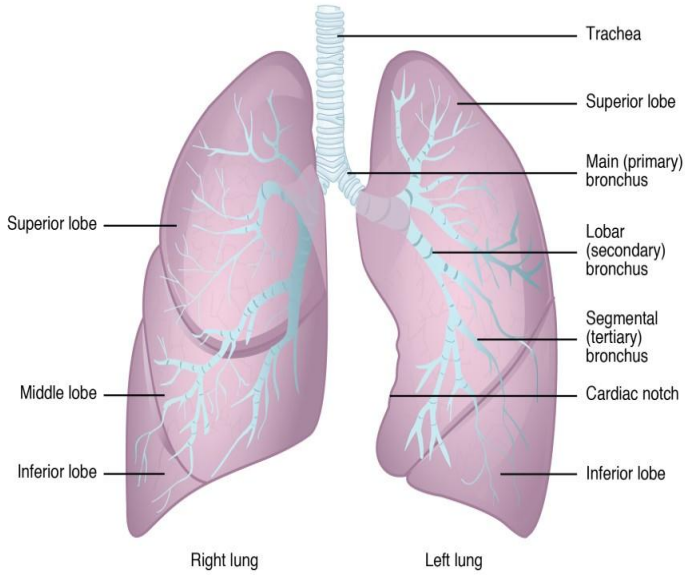
Inspiration involves downward contraction of the dome-shaped diaphragm (innervated by the phrenic nerves originating from C3, 4 and 5) and upward, outward movement of the ribs on the vertebral joints, caused by contraction of the external intercostal muscles.

Expiration is largely passive, driven by elastic recoil of the lungs. The conducting airways from the nose to the alveoli connect the external environment with the extensive, thin and vulnerable alveolar surface. As air is inhaled through the upper airways, it is filtered in the nose, saturated with water vapor; partial recovery of this heat and moisture occurs on expiration.

Normal breath sounds originate mainly from the rapid turbulent airflow in the larynx, trachea, and main bronchi. The acinus is the gas exchange unit of the lung and comprises branching respiratory bronchioles and clusters of alveoli. Here the air comes in close contact with the blood in the pulmonary capillaries and oxygen uptake and Co2 excretion occur. The alveoli are lined with flattened epithelial cells (type I pneumocytes) and a few more cuboidal type II pneumocytes. The later produce surfactant which is a mixture of phospholipids that reduces tension and counteracts the tendency of alveoli to collapse under surface tension. [16]

3.2 ANATOMY OF LUNGS

The lungs are a pair of respiratory organs situated in the thoracic cavity. Each lung invaginates into the pleural cavity. The right and left lungs are separated by the Mediastinum. The lungs are spongy in texture. In young people, the lungs are brown or grey in color. Gradually, they become mottled black because of the deposition of inhaled carbon particles in the lungs. The right lung weighs about 700g; it is about 50-100g heavier than the left lung.



Each lung is conical in shape. It has

1. An Apex at the upper end.
2. A base resting on the diaphragm
3. Three borders are anterior, posterior and inferior
4. Two surfaces i.e. costal and medial. The medial surface is divided into vertebral and mediastinal parts.
5. Apex – The apex is blunt and lies above the level of the anterior end of the first rib. It reaches nearly 2.5cm above the medial one third of the clavicle medial to the supraclavicular fossa. It is a covered by the cervical pleura and by the supra pleural membrane and is grooved by the subclavian artery on the medial side and in front.
6. Base - The base is semilunar and concave. It rests on the diaphragm which separates the right lung from the right lobe of the liver, and the left

lung from the left lobe of the liver, the fundus of the stomach, and the left lung from the left lobe of the liver, the fundus of the stomach and spleen.

7. Anterior Border – The anterior border is very thin. It is shorter than the posterior border. On the right side it is vertical and corresponds to the anterior (or) costo mediastinal line of pleural reflection. The Anterior border of the left lung shows a wide cardiac notch below the level of the fourth costal cartilage. The heart and pericardium are uncovered by the lung in the region of this notch.
8. Posterior Border – The posterior border is thick and ill defined. It corresponds to the medial margins of the heads of the ribs.
9. Inferior Border - The inferior border separates the base from the coastal and medial surfaces.

3.2.1 FISSURES AND LOBES OF THE LUNGS:

The right lung is divided into 3 lobes (upper, middle and lower) by two fissures, oblique and horizontal. The left lung is divided into two lobe by the oblique fissure The oblique fissure cuts into the whole thickness obliquely downwards and forwards, crossing the posterior border about 6cm, below the apex and the inferior border about 5 cm, from the median plane. In the right lung, the horizontal fissure passes from the anterior border up to the oblique fissure and separates a wedge shaped middle lobe from the upper lobe. The fissure runs horizontals at the levelof the fourth costal cartilage and meets the oblique fissure in the mid axillary line. The tongue shaped projection of the left lung below the cardiac notch is called the lingula. It corresponds to the middle lobe of the right lung. The number of lobes may vary in either lung. The right lung has only two lobes, upper and lower and the left may have three lobes. The lungs expand maximally in the inferior direction because movements of the thoracic wall and diaphragm are maximal towards the base of the lung. The presence of the oblique fissure of each lung allows a more uniform expansionof the whole lung.

3.2.3 ARTERIAL SUPPLY OF LUNGS:

The bronchial arteries supply nutrition to the bronchial tree and to the pulmonary tissue. These are small arteries that vary in number, size and origin, but usually they areas follows.

1. On the right side there is one bronchial artery which arises either from the third posterior intercostal artery or from the upper left bronchial artery.

2. On the left side there are two bronchial arteries both of which arise from the descending thoracic aorta, the upper opposite fifth thoracic vertebra and the lower just below the left bronchus.

3.2.4 VENOUS DRAINAGE OF THE LUNGS:

The venous blood from the first one or two divisions of the bronchi is carried by bronchial veins. Usually there are two bronchial veins on each side. The right bronchial veins drain into the azygous vein. The left drains either into the left superior intercostal vein or into the hemiazygous vein. The greater part of the venous blood from the lungs is drained by the pulmonary veins.

3.2.5 LYMPHATIC DRAINAGE OF THE LUNGS:

There are two sets of lymphatics, both of which drain into the broncho pulmonary nodes.

1. Superficial vessels drain the peripheral lung tissue lying beneath the pulmonary pleura. The vessels pass round the boarders of the lung and margins of the fissure to reach the hilum.

2. Deep lymphatics drain the bronchial tree, pulmonary vessels and the connective tissue septa. They run towards the hilum where they drain into the bronchopulmonary nodes. The superficial vessels have numerous valves. The deep vessels have only a few valves or no valves at all. Though there is no free anastomosis between the superficial and deep vessels some connections exist which can open up, so that lymph can flow from the deep to the superficial lymphatics .

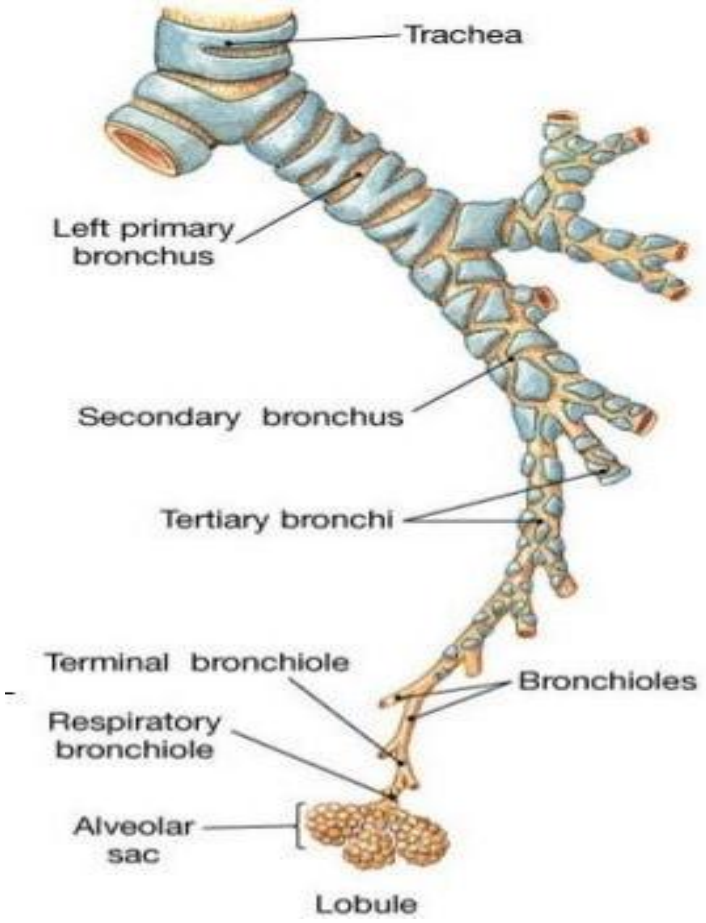
3.2.6 NERVE SUPPLY:

1) Para sympathetic nerves are derived from the vagus. These fibres are
    a) Motor to the bronchial muscles and on stimulation cause broncho spasm
    b) Secretomotor to the mucous glands of the bronchial tree
    c) Sensory, the sensory fibres are responsible for the stretch reflex of the lungs and for the cough reflex.
2) Sympathetic nerves are derived from second to fifth spinal segments. These are inhibitory to the smooth muscle and glands of the bronchial tree. That is how sympathomimetic drugs, like adrenalin, cause bronchodilatation and relieve symptom of bronchial asthma.

   Both parasympathetic and sympathetic nerves first from anterior and posterior pulmonary plexuses situated in front of and behind the lung roots; form the plexuses nerves are distributed to the lungs along the blood vessels and bronchi[(5)].

3.3 BRONCHIAL TREE:

The trachea divides at the level of the lower border of the fourth thoracic vertebra into two primary principal bronchi, one for each lung. The right principal bronchus is 2.5cm long. It is shorter, wider and more in line with the trachea than the left principal bronchus. The left principal bronchus is 5cm. it is longer, narrower and more oblique than right principal bronchi.



Each principal bronchus enters the lung through the hilum and divides into secondary lobar bronchi, one for each lobe of the lungs. Thus there are three lobar bronchi on the right side, and only two on the left side. Each lobar bronchus divides into tertiary (or) segmental bronchi, one for each broncho pulmonary segment; which are to on the right side and 10 on the left side. The segmental bronchi divide repeatedly to form very small branches called terminal bronchioles still smaller branches are called respiratory bronchioles.

Each respiratory bronchiole aerates a small part of the lung know as pulmonary unit. The respiratory bronchiole ends in microscopic passages which are termed. (i) alveolar ducts (ii) Atria (iii) air saccules and (iv) pulmonary alveoli. Gaseous exchanges take place in the alveoli.[5]

MUSCULAR WALL OF BRONCHI AND BRONCHIOLE:

In all the areas of the trachea and bronchi walls are mainly composed by smooth muscles. The walls of the bronchioles are also occupied by smooth muscle except the respiratory bronchiole. [31]

3.4 BRONCHO PULMONARY SEGMENTS:

The bronchopulmonary segment is defined a structural and functional unit of the lung parenchyma ventilated by a segmental or tertiary bronchus. [6]

These are well defined sectors of the lung, each one of which is aerated by a tertiary or segmental bronchus. Each segment is pyramidal in shape with its apex directed toward the root of the lung. There are 10 segments on the right side and 10 on the left. Each segment is surrounded, by connective tissue which is continuous on the surface with pulmonary pleura. Thus the broncho pulmonary segments are independent respiratory units.

Relation to pulmonary artery. The branches of the pulmonary artery accompany the brhonchi. The artery lies dorsolateral to the bronchus. Thus each segment had its own separate artery.

Relation to pulmonary vein, the pulmonary veins do not accompany the brhonchi (or) pulmonary arteries. They run in the intersegmental planes. Thus each segments has more than one vein and each vein drains more than one segment. Near the hilum theveins are ventromedial to the bronchus.

It should be noted that the bronchopulmonary segment is not a bronchovascular segment because it does not have its own vein. There is considerable variation in the above pattern of bronchi, arteries and veins, the veins being more variable than arteries, and the arteries more variable than the bronchi. [7]

3.5 BRONCHIAL ASTHMA:

DEFINITION: [8]

According to GINA Asthma is defined as a chronic inflammatory disorder of airways which is associated with airway hyper responsiveness. It is a common pulmonary disorder characterized by airway inflammation, airway hyper-reactivity, and reversible airflow obstruction.

EPIDEMOLOGY:

- More than 300 million individuals that suffers with asthma worldwide .[9]
- It affects children than adults
- 3-38% in children and 2-12% in adults[10]
- The disease can start at any age but in a majority it starts before 10 years of age.
- It is twice commonest among boys where as in adults the male to female ratio is usually equal.[11]

3.6 CLASSIFICATION OF ASTHMA:

3.6.1 ICD CLASSIFICATION: [29]

- Mild Intermittent – J 45.2X
- Mild Persistent - J 45.3X
- Moderate Persistent - J 45.4
- Severe Persistent - J 45.5X
- Unspecified –J45.90X

3.6.2 OTHER CLASSIFICATION: [30]

1. Childhood Asthma: if the asthma begins at childhood it is often due to genetic predisposition .the child becomes sensitized to allergens in the environment. when they are exposed to allergens they produce a type of antibody that is intended to engulf and destroy the foreign material. Air cells become sensitive and further exposure to allergens lead to an asthmatic response.

2. Adult –onset Asthma: it develops after 20 yrs of age. They are also called as intrinsic.
3. Exercise –induced Asthma: shortness of breath and or wheeze occurring after a strenuous exercise is called Exercise –induced Asthma. Exercise Induced asthma involves symptoms that occur about 5-20 minutes after beginning an exercise that involves breathing through the mouth. Sports that require continuous activity or are played in cold weather are the triggers to get asthma.

4. Cough variant Asthma: Cough can occur alone or with no other symptoms of asthma that are usually recognized by physician or patient. But it's difficult to make a diagnosis for a physician with the true underlying cause of cough. Because it's easily confused with chronic bronchitis, post nasal dripping. Cough can occur day or night
5. Occupational Asthma: It occurs in response to a trigger in the work place. Triggers included concomitants in the air such as smoke, chemicals, vapors, dust particles, respiratory infections, such as colds and flu, allergens in the air, extremes of temperature, emotional stress. In most persons with this occupational asthma the symptoms appear a short time after beginning work and subsides after getting away from work place.
6. Nocturnal Asthma: It occurs in the mid night between. It is triggered by allergens in the home such as dust pet animal dander. It may occur without any symptoms in the daytime. The patient have wheezing when lying down or in the night.
7. Steroid Resistant Asthma: Most of the patient's respond to steroid drugs for asthma some are resistant to that. Airway inflammation and immune activation plays a role in chronic asthma. Patients with this have high levels of immune activation in the airways than others. Also high levels of Interleukins -2, IL-4.

3.7 ETIOLOGY:

Etiologic factors of asthma are divided into two groups:[11]

- Inducing factors
- Trigger factors

Inducing factors:

- ✓ Genetic factors
- ✓ Obesity
- ✓ Viral infection in early life
- ✓ Tobacco smoke

Trigger factors:

- ✓ Allergens
- ✓ Vigorous exercise
- ✓ Diet (Certain foods like Fish, shellfish, egg, wheat, pea nut, walnuts)[12]
- ✓ Occupational sensitizers
- ✓ Viral infections

Other causes are urbanization with its high levels of vehicle emissions, industrial pollution, burning of waste in the open and indoor air pollution in the form of biomass fuel in rural areas.

3.8 PATHOPHYSIOLOGY:

The pathophysiologic hallmark of asthma is a reduction in airway diameter brought about by contraction of smooth muscle, vascular congestion, edema of the bronchial wall, and thick, tenacious secretions. (13)

Airway hyper-reactivity (AHR) - the tendency for airways to narrow excessively in response to triggers that have little or no effect in normal individuals is integral to the diagnosis of asthma and appears to be related to airwayinflammation.

Other factors likely to be important in the behavior of airway smooth muscle include the degree of airway narrowing and neurogenic mechanism. In many individuals there is a clear relationship between sensitization and allergen exposure, as demonstrated by elevated serum specific IgE. Common examples include mites, pets such as cats and dogs, such as and fungi.. In exercise-induced asthma, hyperventilation results in water loss from the pericellular lining fluid of the respiratory mucosa, which, in turn, triggers mediator release. Heat loss from the respiratory mucosa may also be important. In persistent asthma, a chronic and complex inflammatory response ensues, characterized by an influx of numerous inflammatory cells the transformation

and participation of airway structural cells, and the secretion of an array of cytokines, and growth factors. Examination of the inflammatory cell profile in induced sputum samples demonstrates that, although asthma is predominantly characterized by airway eosinophilia, neutrophilic inflammation predominates in some patients, while, in others, scanty inflammation is observed so-called 'pauci-granulocytic' asthma. With increasing severity and chronicity of the disease remodeling of the airway may occur, leading to fibrosis of the airway reduced response to bronchodilator medication.[14] The net result is an increase in airway resistance, a decrease in forced expiratory volumes and flow rates, hyperinflation of the lungs and thorax, increased work of breathing, alterations in respiratory muscle function, changes in elastic recoil, abnormal distribution of both ventilation and pulmonary blood flow with mismatched ratios, and altered arterial blood gas concentrations. Thus, although asthma is considered to be primarily a disease of airways, virtually all aspects of pulmonary function are compromised during an acute attack.

3.9 CLINICAL FEATURES:

Asthma has a pattern of symptoms that are diagnostic of this condition.

It includes

- Recurrent episodic breathlessness,
- Wheezing,
- Cough,
- Chest tightness ,
- Difficulty in speaking are important symptoms of asthma .

These symptoms show a characteristic pattern of diurnal variability of worsening during night and early morning. Patients with mild intermittent asthma are asymptomatic between exacerbations.[10]

3.10 CRITERIA FOR DIAGNOSIS OF ASTHMA:

The following features are used for diagnosis of asthma in clinical practice

1. Episodic airflow obstruction more than 3 times
2. Onset after 3 years
3. Relief with bronchodilators
4. Trigger induced attacks
5. Nocturnal exacerbations
6. Exercise induced attacks
7. Seasonal exacerbations
8. Personal H/O of atopy
9. Family H/O asthma, atopy

3.11 INVESTIGATION: [15],[32]

- Pulmonary function test- SPIROMETRY.
- Allergic test-skin prick test
- Fractional Exhaled Nitric oxide test
- Arterial blood gas analysis
- Sputum eosinophil
- Identification of triggering factors
- X ray chest ,CT chest
- Bronchoscopy, Laryngoscopy, Positron emission tomography
- Provocative testing for exercise and cold induced test

3.12 GENARAL MANAGEMENT:

1. Avoid exposure of environmental smoke or reduction in home and automobiles smoke

2. Avoid exposure of Allergen exposure

• Animal danders: pets (cats, dogs, rodents, birds)

• Pests (mice, rats)

• Dust mites

• Cockroaches

• Molds

3. Avoid exposure other airway irritants:

• Wood- or coal-burning smoke

• Strong chemical odors and perfumes (e.g., household cleaners)

• Dusts

3.13 MIASMATIC APPROACH:

MIASM:

The term miasm is originated from a Greek word Miasma, Pollution to stain or pollute a morbific emanation that affects individuals directly In the therapeutic system of Homoeopathy it means dynamic influence on the Vital force of a morbific agent inimicalto life and deranges the health of the man and is present in the surroundings of all human being . Miasm denotes not an influence from without but a change from within.[17] Miasm is a force in person or an animal, which creates a predisposition to certain kinds of illness.[22]

Hahnemann himself says – it is an influencing agent being a particular form of minute, invisible, animated being, specific to a particular form disease.[18]

In general Miasm means i.) a heavy vaporous exhalation or effluvium formerly believed to causing disease ii.) Obnoxious influence or atmosphere iii.) An unwholesome exhalation iv.)Polluted material vi.) Contagion effluvia from human body vii.) Infective material viii.)The maggots – the larvae from a fly. [19]

3.13.1 CHRONIC MIASMATIC DISEASE:

They are diseases of such a character that, with small, often imperceptible beginnings, dynamically derange the living organism, each in its own peculiar manner, and cause it gradually to deviate from the healthy condition, in such a way that the automatic life energy, called vital force, whose office is to preserve the health, only opposes to them at the commencement and during their progress imperfect, unsuitable, useless resistance, but is unable of itself to extinguish them, but must helplessly suffer (them to spread and) itself to be ever more and more abnormally deranged, until at length the organism is destroyed; these are termed chronic diseases. They are caused by infection with a chronic miasm.(§ 72). [20]

These chronic miasm which causes the disease manifest themselves by local symptom and in which most chronic ailments originate. These miasms are Syphilis, Sycosis and Psora.[21] In all chronic miasmatic diseases these miasmatic suppressions resulted into a deep seated interference and obstacles in the natural process of recovery and cure. [22]

Our remedies only deal with miasms and not the name of the disease. The law of Similia is only co-operative with that which disturbs life, no organism as a part and we have learned that the miasms are the persistant disturbance of life. The miasms are the maggots that are born within the brain. And those maggots don't die until overthrown by Similia.[23]

Dr. Hahnemann in § 204 says If we deduct all chronic affections, ailments and diseases that depend on a persistent unhealthy mode of living, (§ 77) as also those innumerable medicinal maladies (§74) caused by the irrational, persistent, harassing and pernicious treatment of diseases often only of trivial character by physicians of the old school, most the remainder of chronic diseases result from the development of these three chronic miasms, internal syphilis, internal sycosis, but chiefly and in infinitely greater proportion, internal psora, each of which was already in possession of the whole organism, and had penetrated it in all directions before the appearance of the primary,

vicarious local symptom of each of them (in the case of psora the scabious eruption, in syphilis the chancre or the bubo, and in sycosis the condylomata) that prevented their outburst; and these chronic miasmatic diseases, if deprived of their local symptom, are inevitably destined by mighty Nature sooner or later to become developed and to burst forth, and thereby propagate all the nameless misery, the incredible number of chronic diseases which have plagued mankind for hundreds and thousands of years, none of which would so frequently have come into existence had physicians striven in a rational manner to cure radically and to extinguish in the organism these three miasms by the internal homoeopathic medicines suited for each of them, without employing topical remedies for their external symptoms.[24]

Thus every chronic miasmatic disease has to be treated with the suitable Anti-miasmatic remedies. This will lead to a gentle and permanent cure.

3.14 ANTI-MIASMATIC MEDICINE:

Any medicine which is capable of producing symptom similar to a particular miasm and hence when administered in the diseased state can annihilate those symptom as well as eradicate that miasm from the constitution is defined as Anti-Miasmatic Medicine. [25]

3.14.1 LEADING ANTI-MIASMATIC MEDICINE:

LEADING ANTI-PSORIC MEDICINE:

ALOES, CALC.CARB, HEP.SULPH, LYCO, PSORINUM, SULPH, ZINC.MET, Apis Mel, Ars.alb, Causticum, Bryonia, Con.mac, Dulc, Ferrum .phos, Graph, Ignatia, Kali.Carb, Lach, Led, Nat.mur, Nux.vom, Phos, Platina .

LEADING ANTI-SYCOTIC MEDICINE:

ARANEA, CAUSTICUM, CONIUM, MEDORRHINUM, NAT.SULPH, NIT.ACID,PULSATILLA, PYROGENUM, RADIUM BROMIDE, SEPIA, STAPHYSAGRIA, THUJA, THYROIDINUM, VARIOLINUM, URTICA URENS .

LEADING ANTI-SYPHILITIC MEDICINE:

ARUM MET, CARCINOSIN, CINA, FLOURIC ACID, HYDROPHOBINUM, KALI.BICH, KALI.IOD, KREOSOTUM, MERC SOL, MEZERIUM, NITRIC ACID , PHYTOLACCA,SILICEA STELLARIA, SYPHILINUM, TARANTULA CUB.

TRI-MIASMATIC MEDICINES:

ARG.NIT, CALCAREA.CARB, CARCINOSIN, CAUSTICUM, HYDROPHOBINUM, HEP.SULPH,LYCO, MERC SOL, NITRIC ACID , SILICEA, PHOSPHOROUS, STELLARIA, SULPHUR, TUBERCULINUM.

3.14.2 MIASMATIC CHARECTERISTICS OF BRONCHIAL ASTHMA:[18,25, 26]

CHARECTERISTICS	PSORA	SYCOSIS	SYPHILIS
DYSPNEA	Frequent attack of Dyspnea, slow and sallow	Dyspnea present Rapid respiration	Dyspnea present
PAINS	Burning pain , frequent stitchesin chest with or without cough	Stitching pain with different types of ache	Stitching pain
COUGH	Dry,spasmodic teasing, bronchial resulting from suppression of skin disease .	Prolonged , hard, dry, cough	Paroxysmal, short barking cough

EXPECTORATION	Scanty white Congestion of throat, accumulation of much phlem	Very scanty Though large accumulation Yellowish or clear	Yellowish green Sticky in nature
AGGRAVATION	Standing, change of weather, middle of night	Early morning, humid atmosphere, summer damp weather , cold rainy season, change of weather	Before going to bed while lying down, night, heat extremes of temperature, seaside ,
AMELIORATION	Summer, heat, lying down, slow movement	Lying on abdomen, passing stool, pressure, moving about	Cold winter

3.15 RELATED RESEARCHES:

1. Homoeopathic treatment for bronchial asthma. A Retrospective study of 62cases Article in British Homeopathic Journal 85(1):28-33.January 1996:

A retrospective evaluation of the results of the homoeopathic treatment of 62 patients suffering from bronchial asthma showed a very significant statistical improvement in the condition.[27]

2. Prevalence and risk factors for bronchial asthma in Indian adults:

A field study was conducted at Chandigarh, Delhi, Kanpur, Bangalore two stage stratified (urban/ rural) sampling and uniform methodology using a previously validated questionnaires. Asthma was diagnosed if the person answers affirmatively both to whistling sound from

chest, or chest tightness or breathlessness in morning and having suffered from difficulty in breathing or having an attack of asthma in the past 12 months or using bronchodilators. Data from 73605 respondent (37682 men, 35923 women were analyzed. One or more respiratory symptoms were present in 4.3-10.5 % subjects. Asthma was diagnosed in 2.28%, 1.69%, 2.05% and 3.4% persons respectively at Chandigarh, Delhi, Kanpur, Bangalore, with overall prevalence of 2.38%, female sex, advancing age, usual residence in urban areas, lower socio-economic status, history of asthma in a first degree relative and all forms of tobacco smoking were associated with significantly higher odds of having asthma.[28]

3. A Systematic Review of Controlled Trials of Homeopathy in Bronchial Asthma:

A systematic controlled trail was done. The literatures on homeopathic controlled clinical studies of bronchial asthma published between 1980 and 2016 were evaluated to know the effectiveness of Homoeopathy in the treatment of Bronchial Asthma. Overall, the findings of this review was very promising enough and qualitatively suggest a definite role of homeopathy in the treatment of bronchial asthma. [33]

4. Efficacy of individualized homeopathy in bronchial asthma in adults: Double-blind, randomized, placebo-controlled, clinical trial:

In this double-blind, randomized, placebo-controlled, parallel arm, efficacy trial, 140 adults suffering from bronchial asthma were randomized The trial was of 3.5 years duration. Spirometric measures, blood eosinophil percentage and serum immunoglobulin E were primary outcomes and symptom severity and different questionnaire scores were secondary outcomes; measured at baseline, and after 3 and 6 months. This study proved Homoeopathy has very high scope in the treatment of Bronchial Asthma.(34)

5. The Relation between Asthma Control and Quality of Life in Children:

A cross-sectional study was conducted over a period of eight months. The study included 106 children with bronchial asthma. A validated Arabic version of PAQLQ was used. This tool measures the functional problems (physical, emotional, and social) that are most troublesome to children as a result of their asthma. Poor quality of life is significantly related to impaired asthma control. And quality of life and psychological problems has a role in the occurrence of Bronchial Asthma. [35]

MATERIALS & METHODS

4. MATERIALS AND METHODS

4.1 STUDY SETTING:

A Sample of 30 cases taken from the patient's suffering with Bronchial Asthma visiting the OPD, IPD and Rural Centres of Sarada Krishna Homoeopathic Medical College Hospital for Homeopathic treatment will be purposively assigned in the study.

4.2 SELECTION OF SAMPLES:

Sample Size: Minimum 30 cases.

Sampling Technique: Purposive Sampling.

4.2.1 Methodology:

In this clinical study 30 cases of patients with Bronchial Asthma from the OPD, IPD and Rural centres of Sarada Krishna Homoeopathic Medical College Hospital were selected. The case details were recorded in standardized pre structured case format of Sarada Krishna Homoeopathic Medical College Hospital. Then the cases were analyzed and Evaluation of symptoms were done followed by repertorisation and the miasm of the patient was analysed and a suitable anti-miasmatic remedy was prescribed based on the materia medica. Assessments were done in the subsequent follow ups and the changes were recorded. Improvement was assessed on the basis of symptom score chart before and after treatment. Results were presented in tables and charts and the statistical analysis with paired t test was done.

4.3 INCLUSION CRITERIA:

- Patients of all age group
- Both sexes
- Diagnostic criteria are mainly based on the clinical presentation of the patient
- All types of socio-economic status people.

4.4 EXCLUSION CRITERIA :

- Patients having irreversible diseases
- Patients having other severe chronic lung pathology
- Complications of asthma like pneumonia, respiratory failure, status asthmaticus.

4.5 STUDY DESIGN:

- A clinical study on miasmatic approach of patients with bronchial asthma and its homoeopathic management.
- A clinical study on bronchial asthma and its treatment on the basis of miasm has been shown improvement in the clinical management of bronchial asthma .
- The study was carried out in OPD, IPD and Rural Centres of Sarada Krishna Homeopathic Medical College and Hospital.
- The data had been collected according to the assessment scale and observation.
- Every case had been followed. Clinical study – Informal before and after study without control.

4.6 INTERVENTION:

- Comparing pre and post assessment, the study has been intervened.
- Change in clinical findings like presenting symptoms and signs are the parameters for assessing recovered , improved and not improved criteria

4.7 SELECTION OF TOOLS:

- Pre-structured SKHMC case record format
- Suitable repertory according to the case
- ACT -Score criteria

4.8 BRIEF OF PROCEDURE:

Study subject were selected by purposive sampling. Detailed case taking and recording of problems has been done in a pre - structured case record format of Sarada Krishna Homeopathic Medical College and Hospital. The diagnosis was based on the clinical symptoms of the patient. The analyzed cases had been repertorized with synthesis 9.1. The miasm of every patient was analysed and a suitable Anti-Miasmatic remedy was selected based on totality of the patient and with homoeopathic Materia medica. Selection of potency and repetition of dose were done according to the homoeopathic principles.

- Pre assessment was done and the baseline disease intensity was noted. Prescription had been with single medicine at once and in a minimum dose as per the directions mentioned in Organon of Medicine

- Post assessment had been done at minimum of four months. Statistical analysis for the hypothesis had been done with paired "t" test.

4.9 OUTCOME ASSESSMENT:

The outcome assessment is done based on

a) Clinical improvement – reduction in the intensity of symptoms of bronchial asthma Improvement in general health and reduction in frequency of appearance of symptoms of asthma

4.10 DATA COLLECTION:

- By interview technique and observation (case study, and physical examination)
- Recording has been done in pre-structured case record format

4.11 STATISTICAL TECHNIQUES AND DATA ANALYSIS:

- Pre-test and post-test assessment has been done. Hypothesis was analysed by paired "t" test. Data has been represented by charts and graphs.

OBSERVATION AND RESULTS

5.1 OBSERVATION AND RESULTS

5.1.1 DISTRIBUTION OF CASES ACCORDING TO AGE:

AGE GROUP	NUMBER OF PATIENTS	PERCENTAGE
1-20	8	26.6%
21-40	7	23.3%
41-60	10	33.3%
61-80	5	16.6%

TABLE - 1

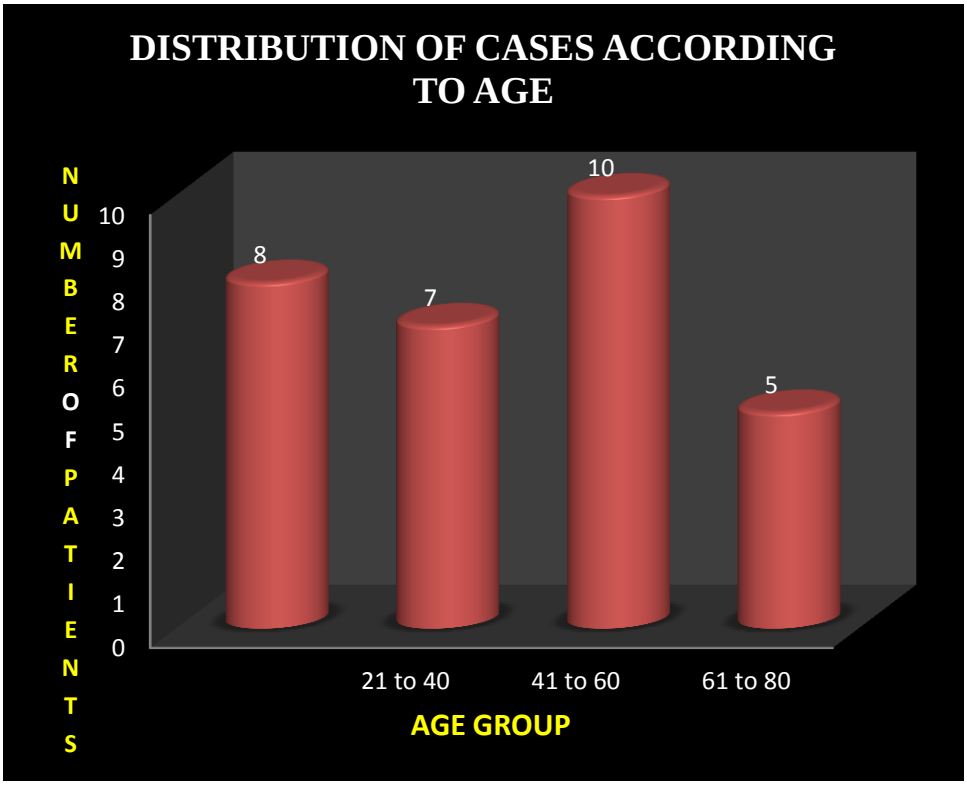


CHART -1

FINDING:

According to this study, 8 cases (26.6%) fall under the age group of 1 to 20. 7 cases (23.3%) are between 21 and 40 years of age. 10 cases (33.33%) cases are in the age group of 41 to 60. 5 cases (16.6%) are between 61 to 80.

5.1.2 DISTRIBUTION OF CASES ACCORDING TO SEX:

SEX	NUMBER OF PATIENTS	PERCENTAGE
MALE	12	40%
FEMALE	18	60%

TABLE - 2

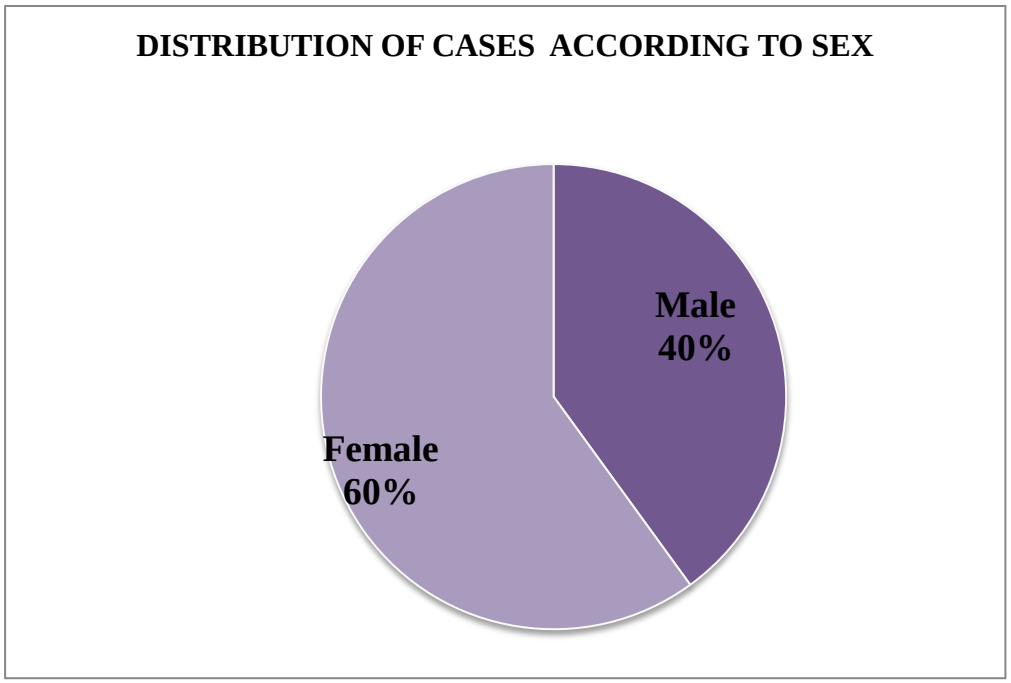


CHART - 2

FINDINGS:

According to this study 12 cases are male (40%) and 18 cases are (60%) female cases.

5.1.3 DISTRIBUTION OF CASES ACCORDING TO FAMILY HISTORY OF BRONCHIAL ASTHMA

FAMILY HISTORY H/O ASTHMA	NUMBER OF CASES	PERCENTAGE
PRESENT	19	63.3%
ABSENT	11	36.6%

TABLE -3

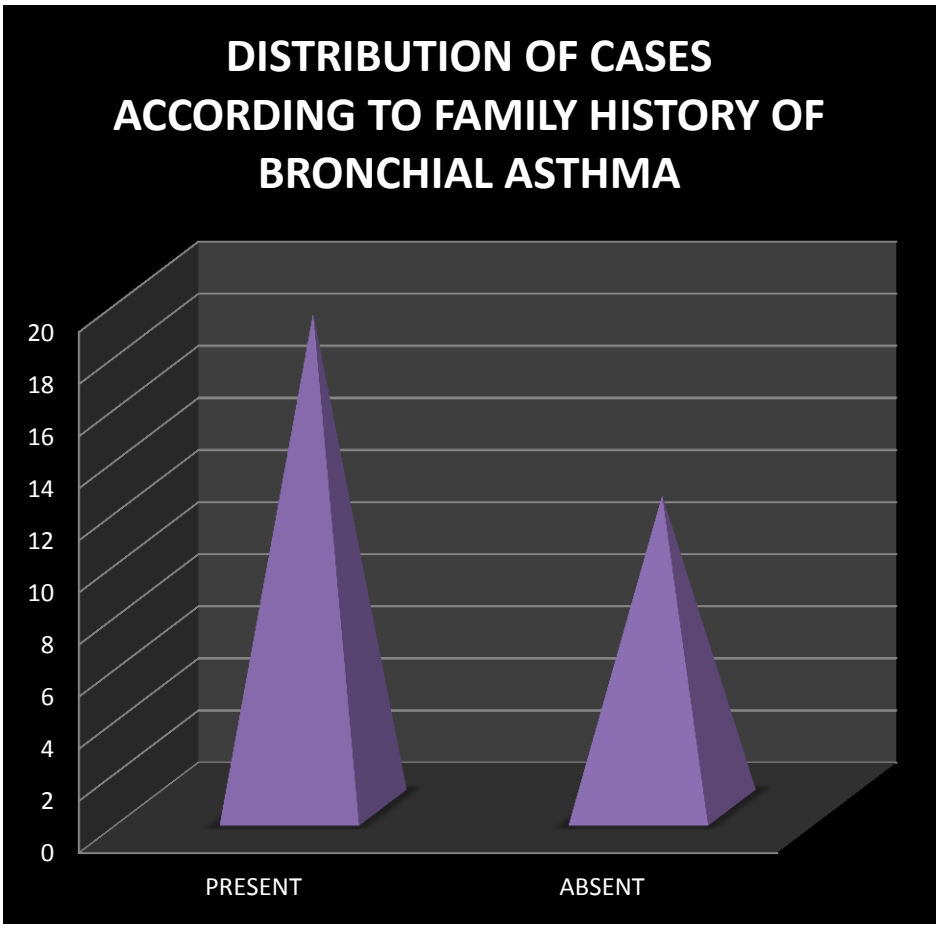


CHART-3

FINDINGS:

According to this study 19 cases (63.3%) are having the Family history of Bronchial Asthma, and 11 cases (36.6%) are without the Family History of Bronchial Asthma .

5.1.4 DISTRIBUTION OF CASES ACCORDING TO THE MIASM OF THE PATIENT:

MIASM	NUMBER OF CASES	PERCENTAGE
PSORA	4	13.3%
SYCOTIC	0	-
PSORA-SYCOTIC	26	86.6%
PSORA SYPHILITIC	0	-

TABLE- 4

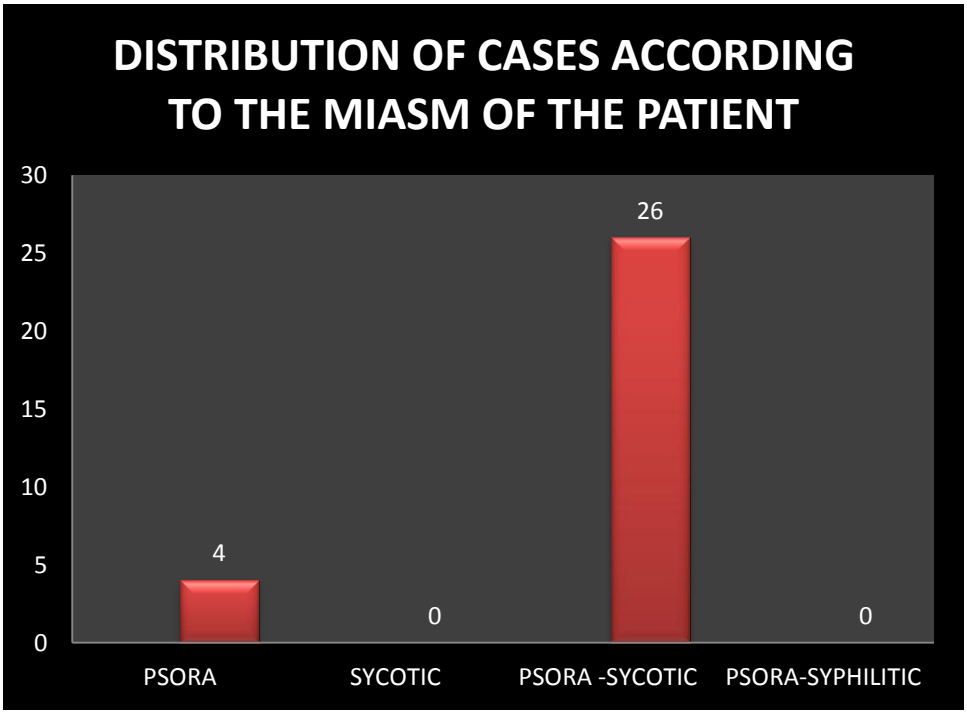


CHART - 4

FINDINGS:

According to this study, 4 cases (13.3%) are found to be covered by PSORIC Miasm and the remaining 26 cases (86.6%) are covered by the PSORA – SYCOTIC Miasm.

5.1.5 DISTRIBUTION OF CASES ACCORDING TO THE ANTI-MIASMATIC REMEDY GIVEN:

ANTI-MIASMATIC REMEDY	NUMBER OF CASES	PERCENTAGE
NATRUM SULPH	3	10%
LYCOPODIUM	4	13.3 %
SULPHUR	2	6.6%
CALC.CARB	7	23.3%
PHOSPHOROUS	3	10%
NUX.VOM	3	10%
CAUSTICUM	1	3.3%
SILICEA	2	6.6%
NATRUM.MUR	1	3.3%
PULSATILLA	3	10%
KALI.CARB	1	3.3%

TABLE- 5

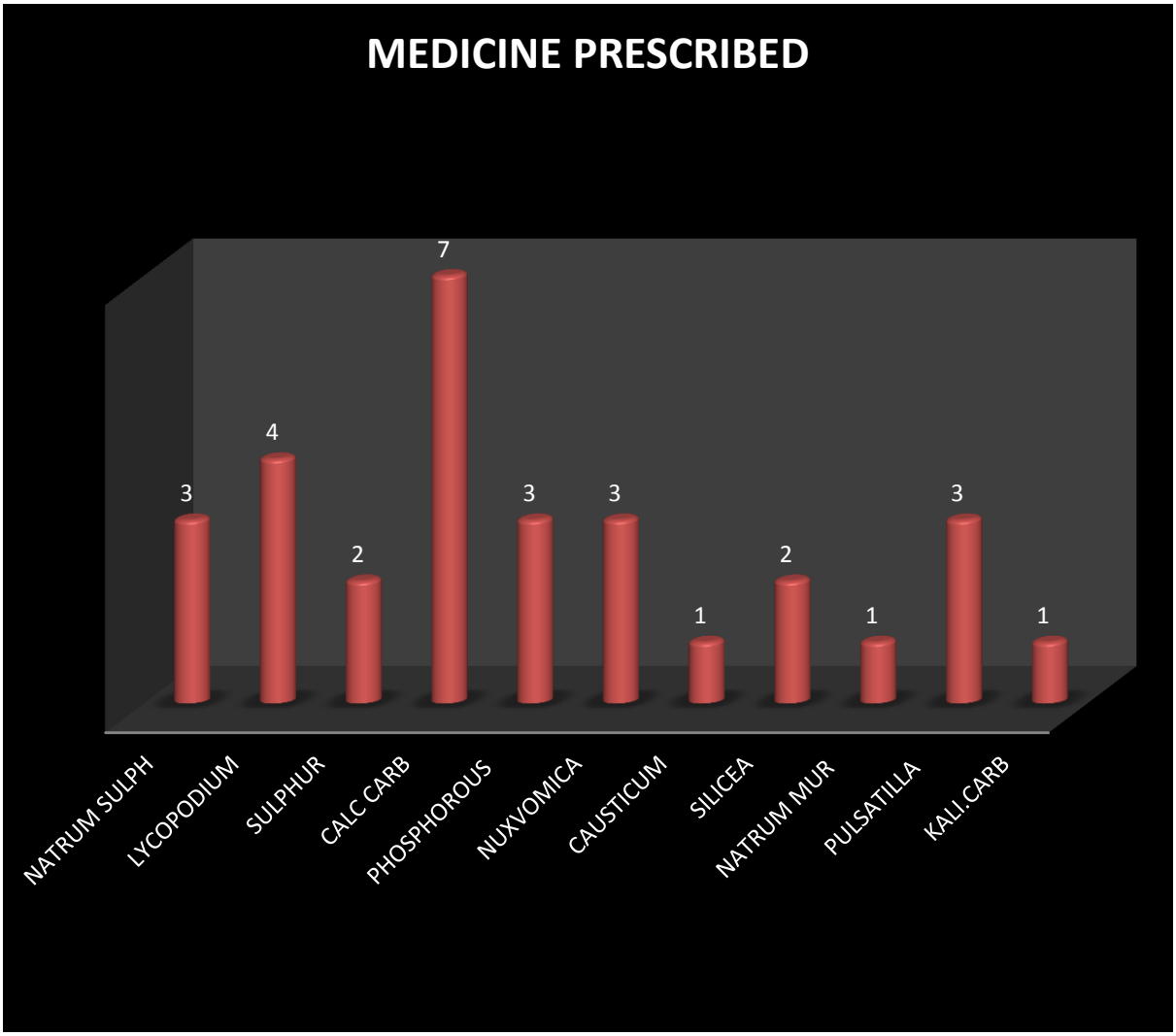


CHART-5

FINDINGS:

According to this study 3 cases(10%) were treated with NATRUM SULPH, 4 cases(13.3 %) were treated with LYCOPODIUM , SULPHUR was given for 2 cases (6.6%), 7 cases (23.3%) were given CALCAREA CARB, 3cases(10%) were treated with PHOSPHOROUS, 3 cases (10%) treated with NUXVOMICA, CAUSTICUM was given for 1 case (3.3%), SILICEA was given for 2 cases(6.6%), 1 case(3.3%) was treated with NATRUM MUR, PULSATILLA was given for 3 cases(10%),and 1 case(3.3%) was treated with KALI.CARB.

5.1.6 DISTRIBUTION OF CASES ACCORDING TO THE POTENCY GIVEN:

POTENCY	NUMBER OF CASES	PERCENTAGE
0/3	9	30%
0/6	1	3.3%
30	3	10%
200	15	50%
1M	2	6.6%

TABLE- 6

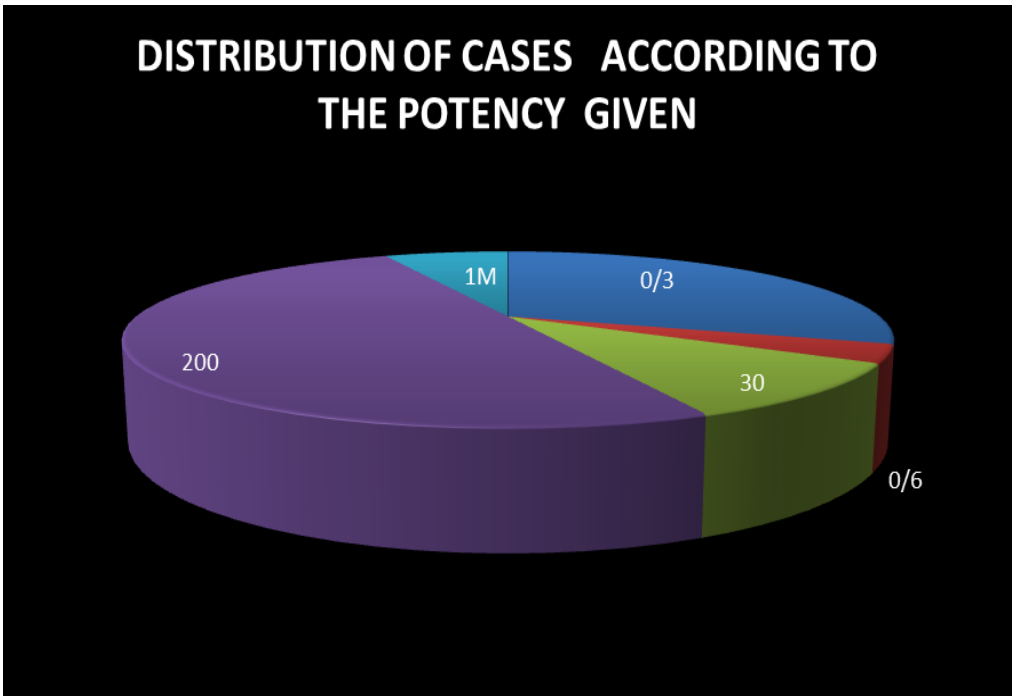


CHART- 6

FINDINGS:

According to this study 0/3 potency was prescribed for 9 cases (30%), 0/6 potency was given to 1 case (3.3%), 3 cases (10%) were prescribed with 30 potency, 15 cases (50%) were prescribed with 200 potency,1M was given for 2 cases(6.6%).

5.1.7 COMPARISON OF SYMPTOM SCORE:

CASE.NO	SYMPTOM SCORE BEFORE TREATMENT	SYMPTOM SCORE- AFTER TREATMENT
1.	8	20
2.	10	15
3.	7	15
4.	13	21
5.	12	20
6.	13	15
7.	7	20
8.	8	20
9.	8	15
10.	10	17
11.	8	18
12.	10	17
13.	8	18
14.	7	14
15.	8	20
16.	10	20
17.	8	18
18.	8	20
19.	7	17
20.	10	17
21.	8	18
22.	8	15
23.	8	20
24.	7	15
25.	15	21
26.	8	18
27.	10	14
28.	10	20
29.	9	17
30.	10	21

TABLE -7

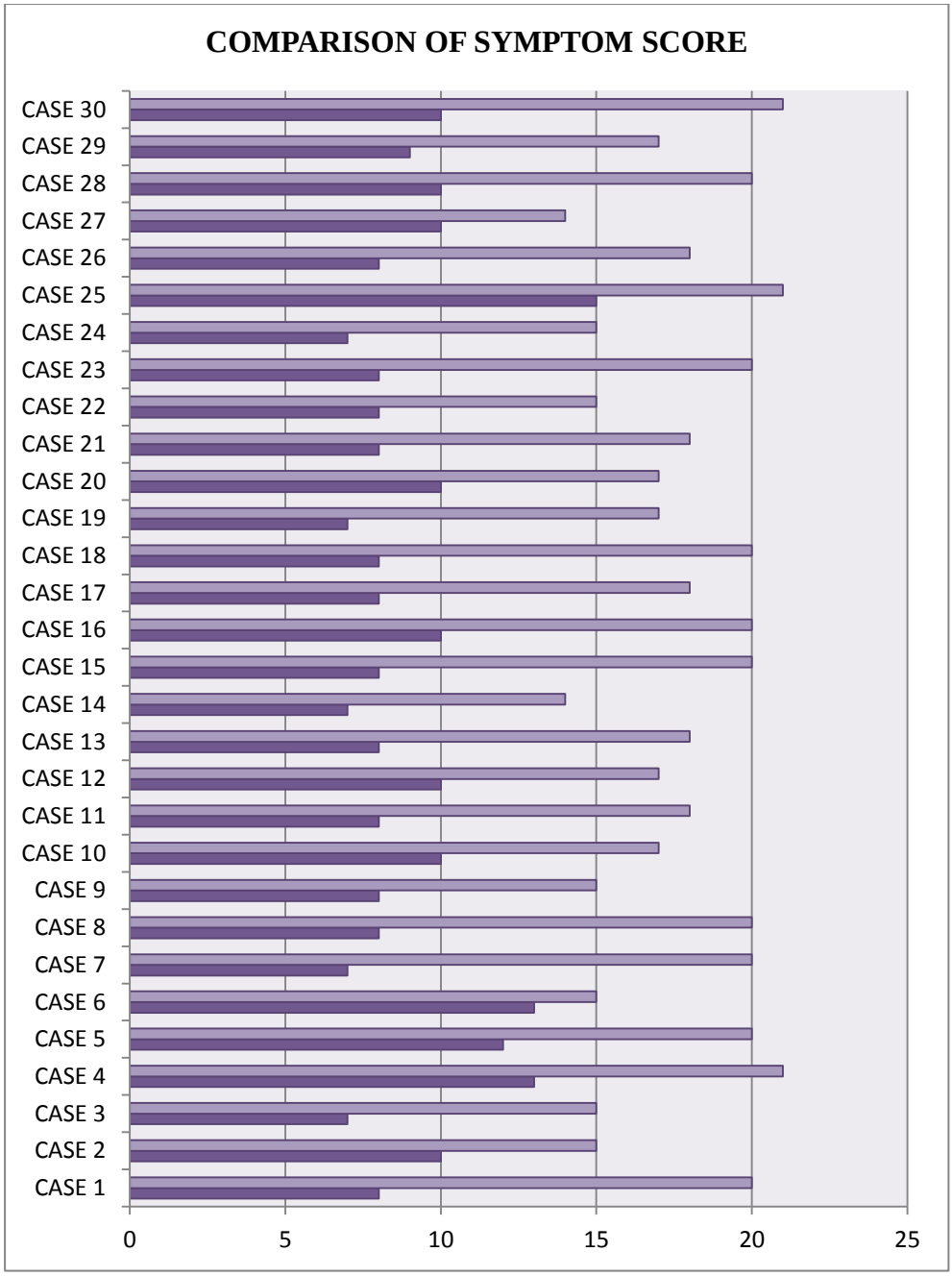


CHART -7

FINDINGS:

In this study the maximum score obtained according to the symptom scoring chart was 7 and after treatment it was found to be increased up to 21.

5.1.8 REPRESENTATION OF REPITITION OF DOSES:

SL.NO	REPITITION OF DOSE	NUMMBER OF CASES	PERCENTAGE
01.	DAILY	8	26.6%
02.	WEEKLY	22	73.3%

TABLE - 8

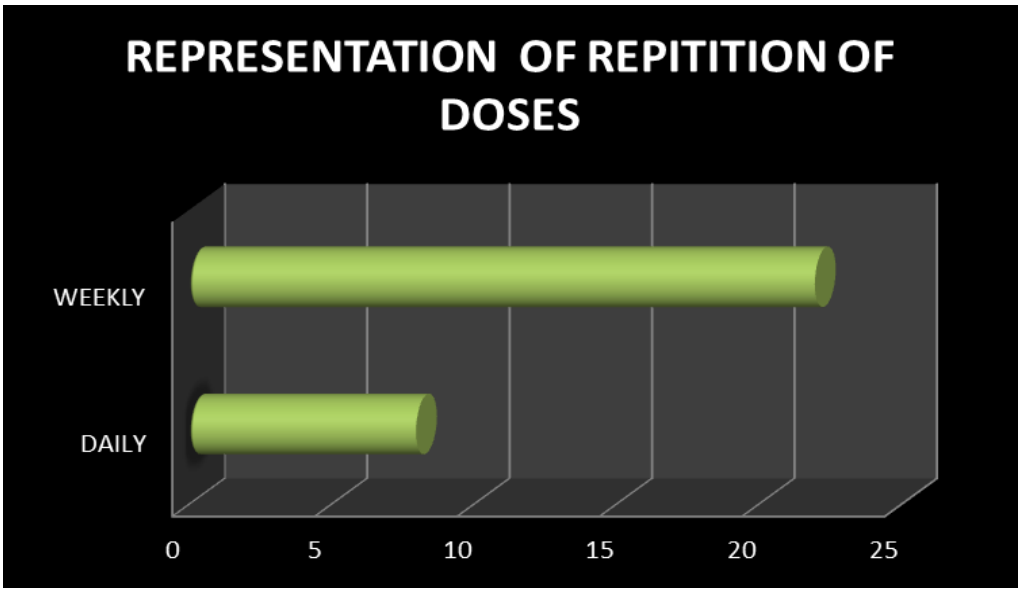


CHART- 8

FINDINGS:

According to this study 8 cases were prescribed with daily dose and 22 cases were prescribed with weekly once a dose .

5.1.9 DISTRIBUTION OF CASES ACCORDING TO IMPROVEMENT STATUS :

IMPROVEMENT STATUS	NUMMBER OF CASES	PERCENTAGE
MARKED	22	73.3%
MILD	8	26.6%

TABLE-9

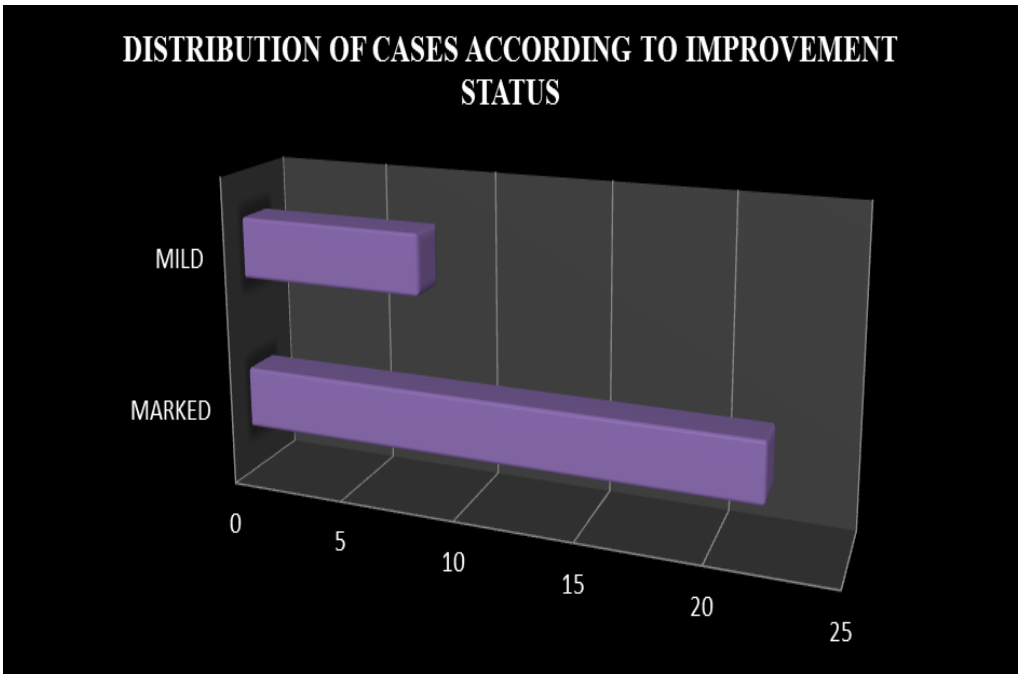


CHART-9

FINDINGS:

Among the total of 30 cases 22 cases (73.3%) has marked improvement and the remaining 8 cases(26.6%) have mild improvement .

5.2 SUMMARY OF FINDINGS

A total of 30 cases were taken up for the study and the following conditions were obtained:

- In this study the maximum occurrence of the affection of Bronchial Asthma is between the age group of 41-60 yrs(33.3%)
- The most commonly affected in this are females corresponding to 18 cases (60%) than males
- There is predominance of family history of Bronchial Asthma that is among the 30 cases 19 cases (63.3%) are having the family history.
- In this study on analyzing the miasmatic background of cases, 86.6% of the cases were covered by PSORA and SYCOSIS (26 cases) and remaining 4 cases (13.3%) covered by PSORIC miasm.
- CALCAREA CARB was indicated in 23.3% of the cases in this study
- Both Centesimal and 50 millesimal potencies were used in the treatment of cases with Bronchial Asthma. Of the Centesimal potency 200 C potency was used more commonly for about 50% of cases and then LM potency for 33.3% of cases.
- According to this study 8 cases were prescribed with daily dose and 22 cases were prescribed with weekly once a dose.
- Symptom Assessment score used in this study shows significant improvement after the treatment.
- The Anti-Miasmatic treatment was found highly efficacious in the treatment of Bronchial Asthma as majority of the cases were found to be having marked improvement (84%).

5.3 STATISTICAL ANALYSIS

SL.NO	X	Y	D = x- y	(D)2
1.	8	20	-12	144
2.	10	15	-5	25
3.	7	15	-8	64
4.	13	21	-8	64
5.	12	20	-8	64
6.	13	15	-2	4
7.	7	20	-13	169
8.	8	20	-12	144
9.	8	15	-7	49
10.	10	17	-7	49
11.	8	18	-10	100
12.	10	17	-7	49
13.	8	18	-10	100
14.	7	14	-7	49
15.	8	20	-12	144
16.	10	20	-10	100
17.	8	18	-10	100
18.	8	20	-12	144
19.	7	17	-10	100
20.	10	17	-7	49
21.	8	18	-10	100
22.	8	15	-7	49
23.	8	20	-12	144
24.	7	15	-8	64
25.	15	21	-6	36
26.	8	18	-10	100
27.	10	14	-4	16
28.	10	20	-10	100
29.	9	17	-8	64
30.	10	21	-11	121
			$\Sigma D = -263$	$\Sigma D^2 = 2505$

X = Score before treatment

Y = Score after treatment

$\overline{D}$ = Difference between before and after treatment

A. Question to be answered:

Is there is any difference between the score taken before and after the homoeopathic treatment in Bronchial Asthma?

B. Null hypothesis:

There is no difference between the score taken before and after the homoeopathic treatment in Bronchial Asthma.

C. Standard errors of the mean differences:

The mean of the difference,

$$\overline{D} = \Sigma D / n = 263/30 = 8.7$$

The estimate of population of standard deviation is given by,

$$\text{Standard deviation} = \sqrt{\frac{\Sigma D^2 - \frac{(\Sigma D)^2}{N}}{(n-1)}}$$

$$= \sqrt{\frac{2505 - \frac{(263)^2}{30}}{(30-1)}}$$

$$= \sqrt{\frac{2505 - 2305.63}{29}}$$

Standard deviation = 2.6

$$t = \frac{\frac{\sum D}{n}}{\sqrt{\frac{\sum D^2 - \frac{(\sum D)^2}{n}}{(n-1)n}}}$$

$$D = \Sigma D \quad n = 263/30 = 8.7$$

$$= \frac{8.7}{0.48}$$

$$t = 2.46$$

D. T test paired two sample means:

Mean value before treatment = 273/30 = 9.1

Mean value after treatment = 536/30 = 17.8

E. Comparison with tabled value:

Since the calculated tabled value at 0.02% and 0.05% at degree of freedom 29 (df = 30 – 1) is 2.462 and 2.045 and the calculated p value p = 2.46 is greater than table values thus the test is stastically significant and hence the null hypothesis is rejected.

DISCUSSION

6. DISCUSSION

This study has been conducted in OPD, IPD of Sarada Krishna Homoeopathic Medical College, to know the effectiveness of Anti-Miasmatic approach in homoeopathy in patients suffering Bronchial Asthma.

For this study, the total of 30 patients was selected as per the inclusion criteria. The detailed case taking had been done and analysis is done, and the miasm of the each patient is cleared out. Then a suitable Anti- miasmatic medicine has been prescribed as per the guidance of Organon of Medicine and Materia medica. The cases were followed for a minimum of 5-6 months. For the assessment of effectiveness of treatment, before and after symptom score charts has been used and noted. Pre test and post test assessment has been done and t value was calculated and has been applied to study the significance.

Here the observations from the study done on 30 patients are discussed with the comparison of available literatures.

MIASMATIC APPROACH:

In this study, the symptoms are found to cover the miasms of Psora and Sycosis in 26 cases which accounts to 86.6%. The Psoric miasm is covered by the remaining 4 cases accounting to the remaining13.3%. This results are said to co relate with Dr. R.P. Patel's Repertory of Miasms where almost all the symptoms of Bronchial Asthma were the representations of Psora and Sycosis in the background.

AGE: In this study it is found that the incidence of recurrent exacerbation of Bronchial Asthma was more 33.33% (10 cases) in the age group of 41 – 60, 26.6% (8 cases) in the age group of 1 – 20, 23.3%(7 cases) are between 21 and 40 years of age and 16.6%(5 cases) are between 61 to 80. This results are said to co relate with Harrison's principles of internal medicine. Exacerbation of breathing difficult is found to be more commonly affecting the age group of middle aged and young adults and many persons suffer with the symptoms persisting and recur without proper management throughout their life.

FAMILY HISTORY: In this study According to this study 19 cases (63.3%) are having the Family history of Bronchial Asthma, and 11 cases (36.6%) are without the Family History of Bronchial Asthma .so it's clear that the family history play a major role in the occurrence of Bronchial Asthma .

REMEDIES PRESCRIBED:

Various remedies were used in the treatment of Bronchial Asthma of which 3 cases(10%) were treated with NATRUM SULPH, 4 cases(13.3 %) were treated with LYCOPODIUM , SULPHUR was given for 2 cases (6.6%), 7 cases (23.3%) were given CALCAREA CARB, 3cases(10%) were treated with PHOSPHOROUS, 3 cases (10%) treated with NUXVOMICA, CAUSTICUM was given for 1 case (3.3%), SILICEA was given for 2 cases(6.6%), 1 case(3.3%) was treated with NATRUM MUR, PULSATILLA was given for 3 cases(10%),and 1 case(3.3%) was treated with KALI.CARB. From this data it is clear that CALCAREA CARB was most commonly indicated and used with which there is a good result and the other medicines indicated in the decreasing order of frequency is LYCOPODIUM, NATRUM SULPH, PHOSPHOROUS, NUX.VOM, PULSATILLA, SULPHUR, SILICEA, CAUSTICUM, NATRUM.MUR, KALI.CARB.

POTENCY: In this study various potencies were used in the treatment of the patients with Bronchial Asthma of which 200 potency had better effect in 15 cases accounting to 50% of the total cases. 9 cases were prescribed with 0/3 potency accounting to 30% of the total cases ,1 case was treated with 0/6 potency accounting to 3.3%of the total cases ,and 1M was given for 2 cases accounting to 6.6% of the total cases .so as a whole 200 potency had offered a reliable improvement and the LM potency also had given improvement in the health condition of the cases.

INTENSITY SCORE:

In this study the according to the ACT Score criteria the minimum score obtained from the patient on the day of the first visit was 7 and after the treatment it has increased up to 21 after the treatment . The improvement percentage ranges between 84 % having maximum improvement and the minimum improvement being 28 %.

6.1. LIMITATIONS:

1. Number of samples taken for study is very small. So, there is generalisation of the result and inferences of the study need to be done carefully.

2. Selection of the case is difficult because if there is a slight improvement of the condition of breathing difficulty only few cases are continuing the medicine till the end to prevent the acute exacerbations .

3. There was no control group because of small sample size.

4. In some cases, some of the necessary information are lacking , so it also became one of the difficulty.

5. There were no standard studies to compare or take guidance from a study of this nature in homoeopathy. Therefore, some human errors are expected.

6. Necessary investigations are lacking because of the economical status of the patients.

6.2. RECOMMENDATIONS:

1. Bigger sample size and extended time of research would give better results.

2. It will be always scientific if control (placebo) group would have been kept Simultaneously to verify the effectiveness of treatment.

3. Universal standardized scale can be used, so that evaluation of outcome of the study becomes precise.

4. The study can be done with more investigation to show scientific results.

6.3 SUGGESTION FOR FUTURE RESEARCH:

1. The diagnostic tool like Spirometric test can be done to assess the improvement condition of the patient

2. The Family history of Bronchial asthma has to be studied in detail in the future.

3. In future the study can be done in detail on the Atopic manifestations as dermatological and respiratory manifestations have a relationship.

CONCLUSION

7. CONCLUSION

The following are the conclusions derived from this study:

In this study, the management of Bronchial Asthma with Anti-Miasmatic approach out of 30 cases 22 cases have marked improvement and the remaining 8 cases have moderate improvement and thus Anti-Miasmatic approach in Bronchial Asthma is proven to be more effective.

- On analysis it is verified that the prevalence of Bronchial Asthma is more (33.3%) between 41-60 yrs of age group and then, 26.6% are between 1-20 yrs of age.
- It is verified that according to the predominance of Family history of Bronchial Asthma there are (63.3%) 19 cases are having the family history behind.
- On analyzing the miasmatic background of cases, 86.6% of the cases were covered by PSORA and SYCOSIS (26 cases) and remaining 4 cases (13.3%) covered by PSORIC miasm.
- From this study it is verified that 23.3% of the cases were given CALCAREA CARB, 13.3 %of the cases were treated with LYCOPODIUM , SULPHUR was given for 2 cases
- On analyzing the potency used in this study is 2oo potency was used more frequently for about 50% of cases and then LM potency for 33.3% of cases.
- According to this study 8 cases were prescribed with daily dose and 22 cases were prescribed with weekly once a dose.

SUMMARY

8. SUMMARY

1. The prevalence of Bronchial Asthma is more (33.3%) between 41-60 yrs of age group and then, 26.6%are between 1-20 yrs of age.
2. According to the sex ratio females are (60 %) 18 cases are affected more.
3. According to the predominance of Family history Bronchial Asthma there are (63.3%) 19 cases are having the family history behind.
4. 86.6% of the cases were covered by PSORA and SYCOSIS (26 cases) and remaining 4 cases (13.3%) covered by PSORIC miasm.
5. CALCAREA CARB is found to be the most indicated remedy in 23.3% cases.
6. 50 %of the cases were treated with 200 potency (15 cases) 33.3% of cases were treated with LM potency
7. Maximum of 84 % improvement was observed in the patients.
8. In case of repetition of dose Centesimal potency as weekly one dose and LM potency as daily dose has been more effective in the improvement of the patients condition.

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APPENDICES

APPENDIX I

GLOSSARY

1. Aggravation (Homoeopathic aggravation, symbolized by <): A situation in which the patient feels worse from or symptoms are increased by a remedy.
2. Amelioration: The improvement of the patient or decrease in symptoms.
3. Potentization (dynamization): The process of preparing Homoeopathic remedy byrepeated dilution with succussions (shaking).
4. Potency: The power, Vitality or dynamic which a Homoeopathic remedy possesses, often represented as a number attached to the remedy name, either immediately before or after.
5. Dose: Refers to the force of impact of the remedy. The homoeopathic dose means 'that particular preparation of the remedy employed', in particular the amount and or form of that preparation.
6. One Dose refers to one medicated globules in 1 grain of sugar of milk. The size of the globules differs depending upon the potency for example in LM potency 1 dose – poppy sized globules, for 30,200 potency no.30 sized globules.
7. Susceptibility: The power to react to stimuli. The general quality or capability of the living organism of receiving impressions, it is a tendency to react. Susceptibility isone of the fundamental attributes of life.
8. Miasm: The term miasm is derived from a Greek word – Miasma, it means, to stain or pollute a morbific emanation which affects individuals directly. In Homoeopathy it means a dynamic influence of a vital force upon the morbific agent inimical to life and deranges the vital force or vital principle of a man and is present in the surrounding of all human being. Miasm denotes not an influence from without, but a change from within
9. Placebo: An inert drug or substance given to satisfy patients, or as the control in a research study. From the Latin, I shall please.

APPENDIX II

'Case Records Are Our Valuable Asset'

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL

KULASEKHARAM, KANNIYAKUMARI DIST, TAMIL NADU- 629 161

CHRONIC CASE RECORD

Date: …….. Unit…….. Registration. No…….

PERSONAL DATA

Name of Patient: …….

Age:…….. yrs Sex : M/F/T Religion :……...

Nationality :……

Name of Father / Spouse / Guardian / son / Daughter ……

Marital status: Single / Married/ Widow (er) / Live-relation

Occupation: ……..... Income per capita: ……..

Family size (members living together) :……..

Diet: Veg. / Non veg. / Mixed

Address: …….....

…….

Phone (Office) ……..… Residence ……

Mobile …… E-mail ……..

Referred to by: …….

FINAL DIAGNOSIS:

Homoeopathic	
Disease	

RESULT:	Cured	Relieved	Referred	Otherwise	Expired

Attending Physician …….....…..

1. **PRESENTING COMPLAINTS:**

Location	Sensation& pathology	Modalities(<,>) & A/F(=)	Concomitants if any

2. H/O PRESENTING ILLNESS :

(origin, duration and progression of each symptom in chronological order along with its mode of onset, probable cause (s), details of treatment and their outcome)

3. HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

4. HISTORY OF FAMILY ILLNESS:

5. PERSONAL HISTORY:

A. LIFE SITUATION:

Place of Birth :

Religion :

Education :

Economic Status :

Social Status :

Nutritional Status :

Occupation :

Marital Status :

B. HABITS AND HOBBIES:

Food :

Addictions :

C. DOMESTIC REALATIONS:

With family members :

With other relatives :

With neighbours/friends/colleagues :

6. GYNAECOLOGICAL HISTORY

A. Menses

B. Previous History

C. Climacteric

D. Abnormal Vaginal Discharges

E. H/o gynaecological surgeries: Yes/No

(If yes state the reason)

7. OBSTETRICAL HISTORY:

A. Previous Pregnancies including abortion:

B. Contraceptive method(s) adopted:

C. Present Pregnancy:

D. Physical Examination – Gynaecological / Obstetrical

8. GENERAL SYMPTOMS:

A. PHYSICAL:

I. FUNCTIONAL:

Appetite :

Thirst :

Sleep :

II. ELIMINATIONS:

Stool : regular

Urine : normal

Sweat : normal

III. REACTIONS TO:

IV. CONSTITUTIONAL:

Physical makeup :

Temperament :

Thermal :

Side affinity :

Sensation/tendencies :

B. MENTAL GENERALS:

9. PHYSICAL EXAMINATION:

CONSCIOUS :

GENERAL APPEARANCE :

INTELLIGENCE & EDUCATION LEVEL :

GENERAL BUILD UP& NUTRITION :

HT: cm WT: Kg BMI: Kg/m^2

A. **PHYSICAL FINDINGS**:

ANAEMIA :

JAUNDICE :

CYANOSIS :

OEDEMA :

CLUBBING :

LYMPHADENOPATHY :

GAIT :

BLOOD PRESSURE : mm of Hg

PULSE : beats/ min

TEMPERATURE : ^{o}F

RESP.RATE : breath/min

B.**SYSTEMIC EXAMINATION:**

1. EXAMINATION OF RESPIRATORY SYSTEM:

Inspection:

Palpation:

Percussion:

Auscultation:

2. CARDIOVASCULAR SYSTEM:

Inspection:

Palpation:

Percussion:

Auscultation:

10. LAB INVESTIGATIONS & FINDINGS:

11. DIAGNOSIS:

A. **Provisional Diagnosis**:

B. **Differential Diagnosis:**

C. **Final Diagnosis (Disease):**

12. DATA PROCESSING:

A. ANALYSIS OF SYMPTOMS:

Basic/ Common/ Pathognomonic Symptoms	Determinative/Uncommon/ Non-pathognomonic Symptoms

B. EVALUATION OF SYMPTOMS:

Mental generals	Physical generals	Particular generals

C. MIASMATIC ANALYSIS:

	PSORA	SYCOSIS	SYPHILIS
FAMILY HISTORY			
PAST HISTORY			
MENTAL GENERALS			
PHYSCIAL GENERAL			
BODY			

HOMOEOPATHIC DIAGNOSIS:

D.TOTALITY OF SYMPTOMS:

13. SELECTION OF MEDICINE:

A. Non Repertorial Approach:

B. Repertorial Approach:

14. SELECTION OF POTENCY AND DOSE:

A. Potency:

B. Dose:

15. PRESCRIPTION:

16. GENERAL MANAGEMENT INCLUDING AUXILLARY MEASURES:

17. ASTHMA CONTROL TEST (ACT) ASSESSMENT CRITERIA:

SL. NO	CRITERIA	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
1.	Inability due to Asthma symptoms	1	2	3	4	5
2.	Frequency of shortness of breath	1	2	3	4	5
3.	Frequency of Asthma Exacerbation	1	2	3	4	5
4.	Use of rescue inhaler or Medication	1	2	3	4	5
5.	Rating of Asthma Control	1	2	3	4	5

18. FOLLOW UP:

ON FIRST VISIT: (ACT ASSESSMENT):

DATE	CONDITION OF THE PATEINT					SCORE
	1	2	3	4	5	

APPENDIX III

SYMPTOM ASSESSMENT SCORE

ASTHMA CONTROL TEST (ACT) ASSESSMENT CRITERIA:

SL.NO	CRITERIA	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
1.	Inability due to Asthma symptoms	1	2	3	4	5
2.	Frequency of shortness of breath	1	2	3	4	5
3.	Frequency of Asthma Exacerbation	1	2	3	4	5
4.	Use of rescue inhaler or Medication	1	2	3	4	5
5.	Rating of Asthma Control	1	2	3	4	5

APPENDIX IV

CASE 1

PATIENT AS A WHOLE:

Name: Mrs. XXX

Age/ Sex: 52yr /Female

Religion: Christian

Occupation: Housewife

Address : Ritapuram.

Date of case taking: 20.07.2020

PRESENTING COMPLAINTS:

LOCATION	SENSATION	MODALITY	ACCOMPAINMENTS
Respiratory System Since 4-5 yrs	• Breathing difficulty. • Cough with scanty expectoration • Sneezing (occ)	< Early morning^{++} < Cold exposure > Hot water intake < Night^{++}	

HISTORY OF PRESENTING ILLNESS:

The patient complaints of breathing difficulty and cough with scanty expectoration and sneezing occasionally since 4-5yrs. For which she had been taking Allopathic treatment and got only temporary relief.

HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

At Childhood – Chicken pox – Allopathy –Relieved

Since 2yrs – known Diabetic- Under Allopathy

FAMILY HISTORY:

Nil

PERSONAL HISTORY:

A. LIFE SITUATION:

Place of Birth : Konankad

Religion : Christian

Education : +2

Economic status : Middle class

Social status : Good

Nutritional status: Good

Occupation : Housewife

Marital Status : Married

B. HABITS AND HOBBIES:

Food : Normal

Addictions : Nil

C. DOMESTIC RELATIONSHIP:

With family members: Good

With other relatives: Good

With neighbors/friends/colleagues: Good

GYNAECOLOGICAL HISTORY:

FMP:13 Yrs

Menopause: 49 yrs

OBSTETRICAL HISTORY:

G_2 P_2 A_0 L_2 D_0

GENERAL FEATURES:

A.PHYSICALS:

I.FUNCTIONAL:

Appetite : Normal,

Thirst : Normal,

Sleep : Disturbed

II.ELIMINATIONS:

Stool : Regular,

Urine : Normal.

Sweat : Increased over head

REACTIONS TO:

Desire for warm drink and warm foods

Desire warm season

Aversion fanning

Thermal: Chilly

MENTAL GENERALS:

Slow in doing things (Laziness)

PHYSICAL APPEARENCE:

Conscious

Obese

Dark complexion

Steady Gait.

No Deformity.

No Swelling.

PHYSICAL FINDINGS:

Anemia- No Pallor, Clubbing - Nil,

Jaundice- Not Icteric, Edema - Nil,

Cyanosis – Nil, Lymphadenopathy - Nil

Pulse Rate –78 beats/ min

Respiratory rate: 16 breath /minute

Blood Pressure: 118/ 76 mmhg

Body weight: 68 kg

SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM:

Inspection: No DNS, No Hypertrophied turbinate. No Polyp, No discoloration.

Palpation: No local warmth, No tenderness.

Percussion: Normal lung resonance heard

Auscultation: Ronchi heard over all lung fields

CARDIOVASCULAR SYSTEM:

First and second heart sounds are heard normally in all 4 Auscultatory areas.

PROVISIONAL DIAGNOSIS: BRONCHIAL ASTHMA

ANALYSIS OF SYMPTOMS:

COMMON SYMPTOM	UNCOMMON SYMPTOM
• Breathing difficulty. • < Cold exposure • > Hot water intake • Cough with scanty expectoration	• Slow in doing things (Laziness) • Desire for warm drink and warm foods • Desire warm season • Aversion fanning • Breathing difficulty. < Early morning^{++} < Night^{++} • Increased Sweat over head

EVALUATION OF SYMPTOMS:

Mental Generals	Physical generals	Particulars
• Slow in doing things (Laziness)	• Desire for warm drink and warm foods • Desire warm season • Aversion fanning • Thermal: Chilly • Increased Sweat over head	• Breathing difficulty. • Cough with scanty expectoration • Sneezing (occ) < Early morning^{++} < Cold exposure > Hot water intake < Night^{++}

MIASMATIC ANALYSIS:

	PSORA	SYCOSIS	SYPHILIS
FAMILY HISTORY			
PAST HISTORY	Chickenpox Diabetes		
MENTAL GENERALS			Slow in doing things(Laziness)
PHYSCIAL GENERAL	Desire: warm food and drinks		
BODY	Cough with scanty expectoration Breathing difficulty < Cold exposure > Hot water intake	Breathing difficulty < Early morning^{++} < night	

HOMOEOPATHIC DIAGNOSIS: CHRONIC FULLY DEVELOPED MIASMATIC DISEASE: PSORA-SYCOTIC

TOTALITY OF SYMPTOMS:

- Slow in doing things (Laziness)
- Desire for warm drink and warm foods
- Desire warm season
- Aversion fanning
- Thermal: Chilly
- Breathing difficulty.
- Cough with scanty expectoration
- Sneezing (occ)

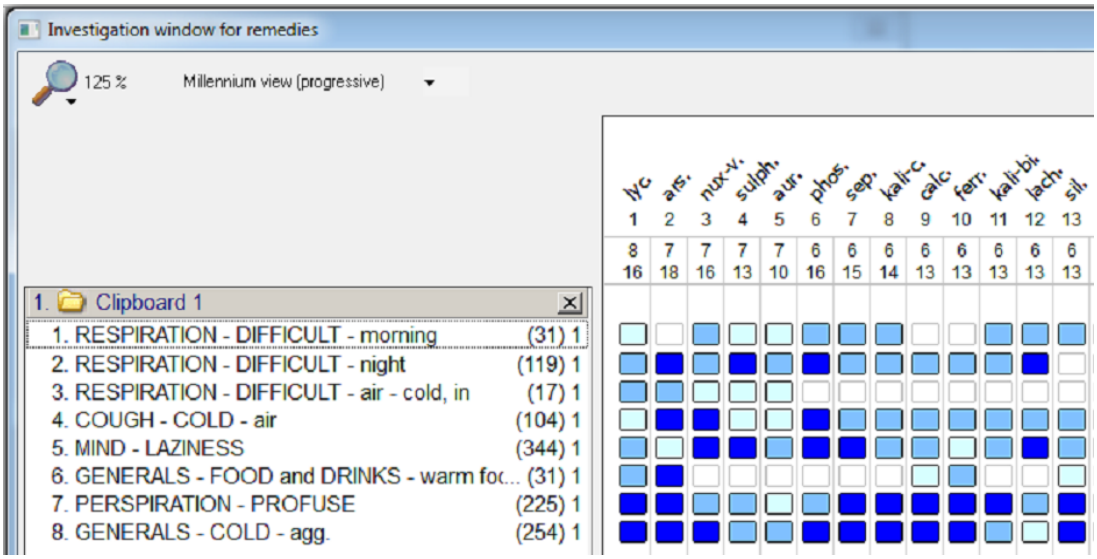
  < Early morning^{++}

  < Cold exposure

  > Hot water intake

  < Night^{++}

REPERTORIAL ANALYSIS:



REPERTORIAL RESULT:

- LYC – 16/8
- ARS – 18/7
- NUX.VOM – 16/7
- SULPH – 13/7
- AUR – 10/7
- PHOS – 16/6
- SEP – 15/6
- KALI.C- 14/6
- CALC.CARB – 13/6
- FERR- 13/6

MEDICINE SELECTED: CALCAREA CARB

BASIS OF SELECTION:

- Difficulty in breathing
- < cold exposure
- < cold intake
- Wheezing
- Profuse sweat on head
- Thermal : Chilly
- Obese
- Slow in doing things (Laziness)

MEDICINAL MANAGEMENT:

FIRST PRESCRIPTION: 20.07.2020

R_X

1. CALC. CARB 200 / 1 DOSE (M) (no .30 sized 1 medicated globule in 1 grain of sugar of milk – dry dose (M) x 1 Day)

2. B.PILLS (3 X BD)
3. B.DISK (1 X BD) } X 7 days

MODE OF ADMINISTRATION OF MEDICINE: One 30 sized medicated globule in one grain of sugar of milk –dry dose advised to be taken orally.

GENRAL MANAGEMENT:

- Avoid exposure to cold
- Avoid triggering factors of Asthma
- Avoid over mental exertion

ASTHMA CONTROL TEST (ACT) ASSESSMENT CRITERIA:

SL.NO	CRITERIA	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
1.	Inability due to Asthma symptoms	1	2	3	4	5
2.	Frequency of shortness of breath	1	2	3	4	5
3.	Frequency of Asthma Exacerbation	1	2	3	4	5
4.	Use of rescue inhaler or Medication	1	2	3	4	5
5.	Rating of Asthma Control	1	2	3	4	5

ON FIRST VISIT: (ACT ASSESSMENT):

DATE	CONDITION OF THE PATEINT					SCORE
20.07.2020	1	2	3	4	5	8
	1	1	2	2	2	

FOLLOW UP:

DATE	FOLLOW UP					PRESCRIPTION
24.08.2020	1	2	3	4	5	R_X 1.CALC.CARB 200 / 1 DOSE (M X 1 Day) (no .30 sized 1 medicated globule in 1 grain of sugar of milk – dry dose ,(M) x 1 Day) 2. B.PILLS (3 X BD) 3. B.DISK (1 X BD) X 4 WEEKS
	2	2	2	2	2	
	• Generals: Good • O/E of Chest : Ronchi heard slightly					

DATE	FOLLOW UP					PRESCRIPTION
21.09.2020	1	2	3	4	5	R_X 1.CALC.CARB 200 / 1 DOSE (M X 1 Day) (no .30 sized 1 medicated globule in 1 grain of sugar of milk – dry dose ,(M) x 1 Day) 2. B.PILLS (3 X BD) 3. B.DISK (1 X BD) X 4 WEEKS
	3	2	3	3	2	
	• Generals: Good • O/E of Chest : Ronchi heard slightly					

DATE	FOLLOW UP					PRESCRIPTION
19.10.2020	1	2	3	4	5	R_X 1.CALC.CARB 200 / 1 DOSE (M X 1 Day) (no .30 sized 1 medicated globule in 1 grain of sugar of milk – dry dose ,(M) x 1 Day) 2. B.PILLS (3 X BD) 3. B.DISK (1 X BD) X 4 WEEKS
	3	2	3	3	3	
	• Generals: Good • O/E of Chest : chest clear					

DATE	FOLLOW UP					PRESCRIPTION
16.11.2020	1	2	3	4	5	R_X 1.CALC.CARB 200 / 1 DOSE (M X 1 Day) (no .30 sized 1 medicated globule in 1 grain of sugar of milk – dry dose ,(M) x 1 Day) 2. B.PILLS (3 X BD) 3. B.DISK (1 X BD) X 4 WEEKS
	3	4	4	4	3	
	• Generals: Good • O/E of Chest : chest clear					

DATE	FOLLOW UP					PRESCRIPTION
14.12.2020	1	2	3	4	5	R_X 1.CALC.CARB 200 / 1 DOSE (M X 1 Day) (no .30 sized 1 medicated globule in 1 grain of sugar of milk – dry dose ,(M) x 1 Day) 2. B.PILLS (3 X BD) 3. B.DISK (1 X BD) X 4 WEEKS
	3	4	4	4	3	
	• Generals: Good • O/E of Chest : Ronchi heard slightly					

<table>
<tr><td>DATE</td><td colspan="5">FOLLOW UP</td><td>PRESCRIPTION</td></tr>
<tr><td>11.01.2021</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td rowspan="3">R_X
1.CALC.CARB 200 / 1 DOSE (M X 1 Day) (no .30 sized 1 medicated globule in 1 grain of sugar of milk – dry dose ,(M) x 1 Day)
2. B.PILLS (3 X BD)
3. B.DISK (1 X BD)
X 4 WEEKS</td></tr>
<tr><td></td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr>
<tr><td colspan="5">• Generals: Good
• O/E of Chest : Chest clear</td></tr>
</table>

CASE-2

PATIENT AS A WHOLE:

Name: Master. XX

Age/ Sex: 16 yr /Male

Religion: Christian

Occupation: Student

Address : Nellikavilai, Karungal.

Date of case taking: 10.10.2019

PRESENTING COMPLAINTS:

LOCATION	SENSATION	MODALITY	ACCOMPAINMENTS
Respiratory System Since Childhood	Breathing difficulty.	< Lying while < Early morning^{++} < Cold intake > Warm water intake	
	Sneezing (occ)	< morning	
	Cough with scanty Whitish expectoration	< morning	

HISTORY OF PRESENTING ILLNESS:

The patient complaints of breathing difficulty sneezing and cough with scanty whitish expectoration since childhood onwards. For which he had been taking Allopathic treatment and had only temporary relief.

HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

At 2 years –Chickenpox– Traditional –Relieved

FAMILY HISTORY:

Father: H/O Bronchial Asthma

Mother: Alive and healthy

PERSONAL HISTORY:

A.LIFE SITUATION:

Place of Birth : Nellikavilai Karungal

Religion : Christian

Education : Student, XI Std

Economic status : Good

Social status : Good

Nutritional status : Good

Occupation : Student

Marital Status : Nil

B. HABITS AND HOBBIES:

Food : Normal

Addictions : Nil

C. DOMESTIC RELATIONSHIP:

With family members: Good

With other relatives: Good

With neighbors/friends/colleagues: Good

GENERAL FEATURES:

A.PHYSICALS:

I. FUNCTIONAL:

Appetite : Normal,

Thirst : Normal,

Sleep : Normal

II.ELIMINATIONS:

Stool : Regular once daily,

Urine : Normal.

Sweat : Increased over head

REACTIONS TO:

Desires warm drink and warm foods

Desire warm season

Desires Egg

Desires milk

Thermal: Chilly

MENTAL GENERALS:

Introverted

DEVELOPMENTAL HISTORY:

Birth Weight: 2.75kg

No birth complications

All Milestones Normal

All vaccinations done

PHYSICAL APPEARENCE:

Conscious

Moderate stature

Healthy

Dark complexion

Steady Gait.

No Deformity.

No Swelling.

PHYSICAL FINDINGS:

Anemia- No Pallor, Clubbing - Nil,

Jaundice- Not Icteric, Edema - Nil,

Cyanosis – Nil, Lymphadenopathy - Nil

Pulse Rate –84 beats/ min

Respiratory rate: 18 breath /minute

Body weight: 50 kg

SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM:

Inspection: No DNS, Hypertrophied turbinate on left nostril. No Polyp,

No discoloration.

Palpation: No local warmth, No tenderness.

Percussion: Normal lung resonance heard

Auscultation: Ronchi heard

CARDIOVASCULAR SYSTEM:

First and second heart sounds are heard normally in all 4 Auscultatory areas.

PROVISIONAL DIAGNOSIS: BRONCHIAL ASTHMA

ANALYSIS OF SYMPTOMS:

COMMON SYMPTOM	UNCOMMON SYMPTOM
• Breathing difficulty. < Cold intake > Warm water intake • Sneezing • Cough with scanty Whitish expectoration	• Desires warm drink and warm foods • Desire warm season • Desires Egg • Desires milk • Thermal: Chilly • Breathing difficulty. < Early morning^{++}

EVALUATION OF SYMPTOMS:

Mental Generals	Physical generals	Particulars
Introverted	Desires warm drink and warm foods Desire warm season Desires Egg Desires milk Thermal: Chilly	Breathing difficulty. < Lying while < Early morning^{++} < Cold intake > Warm water intake Sneezing Cough with scanty Whitish expectoration

MIASMATIC ANALYSIS:

	PSORA	SYCOSIS	SYPHILIS
FAMILY HISTORY		Father :Bronchial asthma	
PAST HISTORY	Chicken pox		

MENTAL GENERALS	Introverted		
PHYSCIAL GENERAL	Desire: Egg Desire: warm food and drinks		
BODY	Cough with scanty whitish expectoration Breathing difficulty < Cold intake > warm water intake Sneezing < morning	Breathing difficulty < Early morning^{++} < lying	

HOMOEOPATHIC DIAGNOSIS: CHRONIC FULLY DEVELOPED MIASMATIC DISEASE: PSORA-SYCOTIC

TOTALITY OF SYMPTOMS:

- Introverted
- Desires warm drink and warm foods
- Desire warm season
- Desires Egg
- Thermal: Chilly
- Breathing difficulty.

  < Lying while

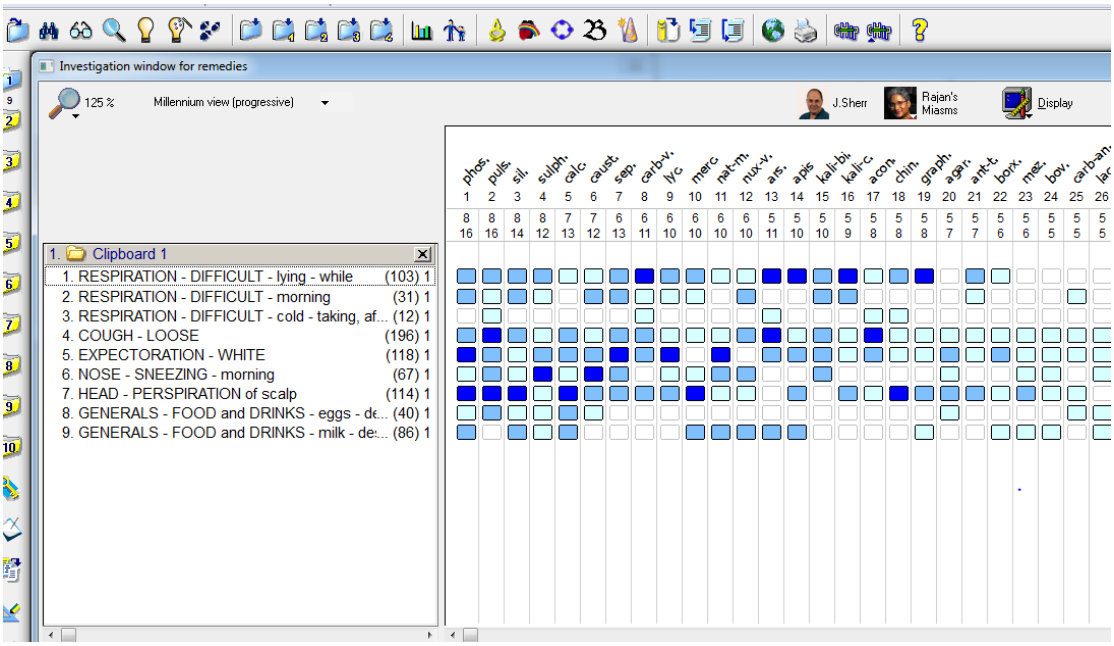
  < Early morning^{++}

  < Cold intake

  > Warm water intake

- Sneezing
- Cough with scanty Whitish expectoration

REPERTORIAL ANALYSIS:



REPERTORIAL RESULT:

- PHOS – 16/8
- PULS-16/8
- SIL – 14/8
- SULPH - 12/8
- CALC-13/7
- CAUST – 12/7
- SEP- 13/6
- CARBO VEG - 11/6
- LYC-10/6
- MERC -10/6

MEDICINE SELECTED: CALCAREA CARB

BASIS OF SELECTION:

- Difficulty in breathing
- Breathing difficulty.

  < Early morning^{++}

  < cold exposure

  < cold intake

  > Warm water intake

- Sneezing
- Profuse sweat on head
- Thermal : Chilly
- Desires Egg

MEDICINAL MANAGEMENT:

FIRST PRESCRIPTION: 10/10/2019

R_X

1. CALC. CARB 200 / 1 DOSE (M) (no .30 sized 1 medicated globule in 1 grain of sugar of milk – dry dose ,(M) x 1 Day)

2. B.PILLS (3 X BD)
3. B.DISK (1 X BD) } X 7 days

MODE OF ADMINISTRATION OF MEDICINE: One 30 sized medicated globule in one grain of sugar of milk –dry dose advised to be taken orally.

GENRAL MANAGEMENT:

- Avoid exposure to cold
- Avoid triggering factors of Asthma
- Avoid ever mental exertion

ASTHMA CONTROL TEST (ACT) ASSESSMENT CRITERIA:

SL.NO	CRITERIA	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
1.	Inability due to Asthma symptoms	1	2	3	4	5
2.	Frequency of shortness of breath	1	2	3	4	5
3.	Frequency of Asthma Exacerbation	1	2	3	4	5
4.	Use of rescue inhaler or Medication	1	2	3	4	5
5.	Rating of Asthma Control	1	2	3	4	5

ON FIRST VISIT: (ACT ASSESSMENT) :

DATE	CONDITION OF THE PATEINT					SCORE
10.10.2019	1	2	3	4	5	7
	1	1	2	1	2	

FOLLOW UP:

DATE	FOLLOW UP					PRESCRIPTION
14.11.2019	1	2	3	4	5	R_X 1.CALC.CARB 200 / 1 DOSE (M X 1 Day) (no .30 sized 1 medicated globule in 1 grain of sugar of milk – dry dose ,(M) x 1 Day) 2. B.PILLS (3 X BD) 3. B.DISK (1 X BD) X 4 WEEKS
	2	1	2	2	2	
	• Generals: Good • O/E of Chest : Rochi heard slightly					

DATE	FOLLOW UP					PRESCRIPTION
12.12.2019	1	2	3	4	5	R_X 1.CALC.CARB 200 / 1 DOSE (M X 1 Day) (no .30 sized 1 medicated globule in 1 grain of sugar of milk – dry dose ,(M) x 1 Day) 2. B.PILLS (3 X BD) 3. B.DISK (1 X BD) X 4 WEEKS
	2	1	2	1	2	
	Generals: Good O/E of chest: Chest clear					

DATE	FOLLOW UP					PRESCRIPTION
16.01.2020	1	2	3	4	5	R_X 1.CALC.CARB 200 / 1 DOSE (M X 1 Day) (no .30 sized 1 medicated globule in 1 grain of sugar of milk – dry dose ,(M) x 1 Day) 2. B.PILLS (3 X BD) 3. B.DISK (1 X BD) X 4 WEEKS
	3	2	2	2	2	
	Generals: Good O/E of Chest : Ronchi heard slightly					

DATE	FOLLOW UP					PRESCRIPTION
13.02.2020	1	2	3	4	5	R_X 1.CALC.CARB 200 / 1 DOSE (M X 1 Day) (no .30 sized 1 medicated globule in 1 grain of sugar of milk – dry dose ,(M) x 1 Day) 2. B.PILLS (3 X BD) 3. B.DISK (1 X BD) X 4 WEEKS
	3	3	3	3	3	
	Generals: Good O/E of Chest : Chest clear					

DATE	FOLLOW UP					PRESCRIPTION
12.03.2020	1	2	3	4	5	R_X 1.CALC.CARB 200 / 1 DOSE (M X 1 Day) (no .30 sized 1 medicated globule in 1 grain of sugar of milk – dry dose ,(M) x 1 Day) 2. B.PILLS (3 X BD) 3. B.DISK (1 X BD) X 4 WEEKS
	3	3	3	3	3	
	Generals: Good O/E of Chest : Chest clear					

APPENDIX VI

CONSENT FORM

FORM - 4 : CONSENT FORM (A)

PART 1 OF 2

INFORMATION FOR PARTICIPANTS OF THE STUDY

The title of my study is "A CLINICAL STUDY ON ANTI-MIASMATIC MANAGEMENT OF PATIENTS SUFFERING WITH BRONCHIAL ASTHMA" · The purpose of my study is 1. To find out the anti-miasmatic characteristics of the patients with bronchial asthma 2. To know about the anti-miasmatic medicines for bronchial asthma 3.To assess the effect of anti-miasmatic remedies in the treatment of bronchial asthma. 4.To know about the potency and repetition of dose in bronchial asthma. The expected duration of subject's participation is from September 2019 to January 2021.

The procedures include, 30 cases suffering with Bronchial Asthma will be taken from OPD, IPD and Rural Health Centers of Sarada Krishna Homoeopathic Medical College and Hospital. The case details will be recorded in standardized pre structured case format of Sarada Krishna Homoeopathic Medical College and Hospital. The case is then analyzed and totality is erected. Evaluations of the symptoms are done followed by repertorisation (if necessary) the miasmatic characteristics of each patient will be ruled out and a suitable Anti- Miasmatic medicine is selected on the basis of Materia Medica. Selection of potency and repetition of dose are done under the homoeopathic principles. Assessment willbe done on subsequent follow-ups and changes observed in the patient will be recorded. For the treatment best selected Homoeopathic medicines will be given. So there will not be any adverse effect or risk because of the study.

The benefit to the subject or others, reasonably expected from research are (1) The participants are examined to find out whether he/ she is suffering with Bronchial Asthma. (2) If a participant is identified to have Bronchial Asthma or is a known patient with Bronchial Asthma, in both cases he/ she will be given awareness about the risk factors of Bronchial Asthma. (3) Thus this study is a benefit not only to the participant but also to the society as a whole. The records are maintained highly confidential. Only the investigator has the access to the subject's medical records.

Participant's identity will never be disclosed at anytime, during or after the study period or during publication of the research. Securely stored data documents in locked locations and encrypted identifiable computerized data. All the information disclosed by the patient will be kept as strictly confidential. Free treatment for research related injury is guaranteed. Compensation of the participants not only for disability or death resulting from such injury but also for unforeseeable risk is provided, in case situation arises.

Contact for trial related queries, rights of the subject and in the event of any injury:

INVESTIGATOR:

Dr.Jenifer Antoni Dayana.J

Department of Organon of Medicine

Sarada Krishna Homoeopthic Medical College & Hospital

Kulasekharam, Kanniyakumari District, Tamil Nadu- 629161

Phone no: 9500614398

GUIDE:

Dr. Murugan. M M.D (Hom)

Professor and Head

Department of Organon of Medicine

Sarada Krishna Homoeopthic Medical College & Hospital

Kulasekharam, Kanniyakumari District, Tamil Nadu- 629161

Phone no: 9443343707

There will not be any anticipated prorated payment to the subject for participating in the trial. The responsibilities to the participant in the trial are; they must disclose all about their complaints, participants must strictly stick on to the scheduled diet and regimen.

The participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the subject is otherwise entitled.

SIGNATURE OF THE INVESTIGATOR:

FORM - 4 : CONSENT FORM (B)

PART 2 OF 2

PARTICIPANT CONSENT FORM

Informed Consent form to participate in a clinical trial

Study Title: "A CLINICAL STUDY ON ANTI-MIASMATIC MANAGEMENT OF PATIENTS SUFFERING WITH BRONCHIAL ASTHMA".

Study Number:

Subject's Initials: **Subject's Name:**

Date of birth/age:

(subject)

i.I confirm that I have read and understood the information sheet dated

_____for the above study and have had the opportunity to ask question.

ii. I understood that my participation in the study is voluntary and that I am free to withdraw at any time' without giving any reason. Without my medical care or legal rights being affected.

iii.I understand that the sponsor of the clinical trial, others working on the sponsor's behalf the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third partiesor published.

iv.I agree not to restrict the use of any data or result that arise from this study

Provided such a use only for scientific purpose(s)

v.I agree to take part in the above study.

Signature (or Thumb impression of the subject/legally acceptable Representative:_____

Date_____/_____/_____

Signatory's Name: _____

Signature of the Investigator: _____

Study Investigator's Name: Dr.Jenifer Antoni Dayana.J

Signature of the Witness_____Date: _____/_____/_____

Signature of the Witness_____Date _____/_____/_____

APPENDIX -V

MASTER CHART

SL. NO	NAME OF THE PATEINT	AGE	SEX	FAMILY HISTORY	MIASM OF THE PATIENT	MIASMATIC REMEDY	POTENCY	DURATION OF REPETITION			DISEASE INTENSITY SCORE		IMPROVEMENT STATUS
								DAILY	WEEKLY	MONTHLY	BEFORE	AFTER	
1.	Mrs.Sowmya	30 yrs	F	Mother : Bronchial Asthma	Psora - Sycotic	NATRIUM SULPH	0/3	✔			8	20	Marked improvement
2.	Mr.Soosai Michel	65 yrs	M	Nil	Psora - Sycotic	LYCOPODIUM	200		✔		10	15	Mild improvement
3.	Master. Mahadahsan	15yrs	M	Mother : Bronchial Asthma	Psora - Sycotic	CALC.CARB	200		✔		7	15	Mild improvement
4.	Mr.Britto	35yrs	M	Mother : Bronchial Asthma	Psora - Sycotic	LYCOPODIUM	0/3	✔			13	21	Marked improvement
5.	Mr.Ambrose	34yrs	M	Nil	Psora - Sycotic	PHOPHOROUS	O/3	✔			12	20	Marked improvement
6.	Mrs.Rethinam	70yrs	F	Mother : Bronchial Asthma	Psora - Sycotic	NUX.VOMICA	30		✔		13	15	Mild improvement
7.	Master.Rido	16yrs	M	Father : Bronchial Asthma	Psora - Sycotic	CALC.CARB	200		✔		7	20	Marked improvement

8.	Mrs.Siriya Pushpam	55yrs	F	Nil	Psora - Sycotic	CALC.CARB	200		✔		8	20	Marked improvement
9.	Mrs.Rose Mary	60yrs	F	Mother : Bronchial Asthma	Psora - Sycotic	CAUSTICUM	0/3		✔		8	15	Mild improvement
10	Mrs.Starlin Shyla	28yrs	F	Nil	Psora - Sycotic	LYCOPODIUM	0/3	✔			10	17	Marked improvement
11	Mrs.Kmalam	57yrs	F	Nil	Psora - Sycotic	SULPHUR	0/3	✔			8	18	Marked improvement
12	Mr.Mani	60yrs	M	Wife : Bronchial Asthma	Psora - Sycotic	LYCOPODIUM	0/3		✔		10	17	Marked improvement
13	Master.Domnic	22ys	M	Mother : Bronchial Asthma	Psora - Sycotic	SULPHUR	0/3	✔			8	18	Marked improvement
14	Mrs.Barbaral	63yrs	F	Nil	Psora - Sycotic	PHOPHOROUS	30		✔		7	14	Mild improvement
15	Mrs.Daisy	62yrs	F	Mother : Bronchial Asthma	Psora	SILICEA	200		✔		8	20	Marked improvement
16	Master.Chris Benitto	21yrs	M	Nil	Psora – Sycotic	CALC.CARB	200		✔		10	20	Marked improvement
17	Mrs. Radhika	37yrs	F	Nil	Psora - Sycotic	NAT.MUR	200		✔		8	18	Marked improvement
18	Mrs .Dhaya	52yrs	F	Nil	Psora - Sycotic	CALC.CARB	200		✔		8	20	Marked improvement

19	Miss.Dania	14yrs	F	Mother : Bronchial Asthma	Psora - Sycotic	NATRIUM SULPH	200		✔		7	17	Marked improvement
20	Mrs.Mary	45yrs	F	Mother: DM	Psora	KALI.CARB	30		✔		10	17	Marked improvement
21	Mrs.Jenisha	17yrs	F	Grand Mother : Bronchial Asthma	Psora - Sycotic	PULSATILLA	1M		✔		8	18	Marked improvement
22	Mrs. Cathrinal	66yrs	F	Nil	Psora - Sycotic	PHOPHOROUS	200		✔		8	15	Mild improvement
23	Master.Berjin Jose	20yrs	M	Mother : Bronchial Asthma	Psora - Sycotic	NATRIUM SULPH	0/6	✔			8	20	Marked improvement
24	Master.Joel	15yrs	M	Father: DM	Psora	SILICEA	200		✔		7	15	Mild improvement
25	Mr.Balan	50yrs	M	Wife : Bronchial Asthma	Psora	NUX.VOM	200		✔		15	21	Marked Improvement
26	Mrs.Rejina	55yrs	F	Grand Mother : Bronchial Asthma	Psora – Sycotic	CALC.CARB	0/3	✔			8	18	Marked improvement
27	Mr.Thasaiyan	45yrs	M	Mother : Bronchial Asthma	Psora – Sycotic	NUX.VOM	200		✔		10	14	Mild improvement
28	Miss.Babisha	19yrs	F	Mother : Bronchial Asthma	Psora - Sycotic	PULSATILLA	200		✔		10	20	Marked improvement
29	Miss. Jovitha	16yrs	F	Mother : Bronchial Asthma	Psora - Sycotic	PULSATILLA	1M		✔		9	17	Marked improvement
30	Mrs.Sheeba	55yrs	F	Mother : Bronchial Asthma	Psora - Sycotic	CALC.CARB	200		✔		10	21	Marked improvement