“A CLINICAL STUDY ON BRONCHIAL ASTHMA USING AUGMENTED CLINICAL SYNTHESIS”

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

REPERTORY

BY

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

ENDORSEMENT BY THE

HEAD OF THE DEPARTMENT AND THE INSTITUTION

This is to certify that the Dissertation entitled, **"A CLINICAL STUDY ON BRONCHIAL ASTHMA USING AUGMENTED CLINICAL SYNTHESIS"** is a bonafide work carried out by **Dr.S.SARADHIPRIYADHARSHINI**, a student of **M.D. (Hom.) in REPERTORY** (2020 to 2023) at **SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE, KULASEKHARAM, TAMIL NADU,** under the supervision and guidance of **Dr.A.S. SUMAN SANKAR, MD(Hom.), PROFESSOR, DEPARTMENT OF REPERTORY**, in partial fulfilment ofthe regulations for the award of the degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **REPERTORY.** 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.S.SARADHIPRIYADHARSHINI** do hereby declare that this Dissertation entitled **"A CLINICAL STUDY ON BRONCHIAL ASTHMA USING AUGMENTED CLINICAL SYNTHESIS"** is a bonafide work carried out by myself under the direct supervision and guidance of **Dr. A. S. SUMAN SANKAR, MD(Hom.), PROFESSOR, DEPARTMENT OF REPERTORY** in partial fulfilment of the Regulations for the award of degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **REPERTORY** 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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ABSTRACT

AIMS & OBJECTIVES:

The study's objective is to determine the therapeutic value of Dr. Frederik Schroyens' Augmented Clinical Synthesis in identifying the appropriate treatment in bronchial asthma cases. The goals are to identify the rubrics from the Augmented Clinical Synthesis Repertory that are indicated in cases of bronchial asthma and to gather information on the medications that are indicated in these cases.

BACKGROUND:

One of the significant allergy manifestations we encounter nowadays is bronchial asthma. There are various reasons why the incidence has significantly increased in recent years. Bronchial asthma has been reported to respond quite well to homoeopathic treatment. As the medication is chosen based on the patient's uniqueness, the homoeopathic medical system not only cures disease symptoms but also improves quality of life in chronic diseases. The main goal of my research is to determine the practical applicability of Dr. Frederik Schroyens' Augmented Clinical Synthesis. According to Dr. Frederik Schroyens' Augmented clinical synthesis, bronchial asthma symptoms are well represented. This repertory contains information on numerous significant respiratory symptoms and treatments. Therefore, it aids in demonstrating the clinical value of Augmented clinical synthesis by Dr.Frederik Schroyens.

MATERIALS AND METHODS:

A sample of 30 patients with bronchial asthma who visited SKHMC's OPD, IPD, and rural centres was chosen. Patients that were male, female, or elderly were taken into consideration. It was investigated how effective rubrics were in augmented clinical synthesis. The case was examined both before and after. There was research done. A case study was conducted, and a remedy was chosen using homoeopathic principles from the Augmented Clinical Synthesis. checking the usefulness of the book's rubrics. The prescription was written using standard Materia Medica texts as well. The selection and repetition of potencies were carried out one by one in accordance with the guidelines outlined in the Organon of medicine. Tables and charts were used to record the observations. Results of a statistical study were given.

RESULT

Based on this study, Among30cases,9cases shows marked improvement(30%),14cases show moderate improvement(46.6%),and 7 cases show mild improvement(23.3%) .The Homoeopathic remedy selected from the rubrics selected through Augmented Clinical Synthesis by Dr.Frederik Schroyens were found to show good improvement in the quality of life of patients with bronchial asthma. Out of 30 cases , Arsenicum album was indicated for 11 patients (36.6%), Sulphur was indicated for 4 patients (13.3%) ,Anti tart was indicated for 2 patients(6.66%), Cal.carb was indicated for 2 patients (6.66%),Nux vomica was indicated for 3 patients(10%) and the following remedies are prescribed for one patient : Bacillinum (3.33%), Ignatia(3.33%),Ars Iod(3.33%),Lach(3.33%) ,Sili(3.33%),Kalicarb(3.33%) MercSol(3.33%) Bryonia(3.33%), Phos(3.33%)

CONCLUSION:

With this study, we would understand the efficacy of homoeopathic medicine selection using Augmented clinical synthesis repertory for the treatment of patients with bronchial asthma. The rubrics indicated from Augmented clinical synthesis in cases of bronchial asthma is identified by generating data on frequently used rubrics. It showed that we can clinically use this repertory Augmented clinical synthesis effectively.

KEY WORDS

Bronchial asthma, Augmented Clinical Synthesis, rubrics, sub rubric

ACKNOWLEDGEMENT

THANKS TO GOD ALMIGHTY

It's my great pleasure to extend my heartfelt thanks to my beloved and respectful Guide, **Prof. Dr.A.S. Suman Sankar, M.D. (Hom.),** Department of Repertory, Sarada Krishna Homoeopathic Medical College for his valuable instruction and encouragementthroughout my work.

I extend my sincere thanks to my respected Principal **Dr.N. V Sugathan, M.D.(Hom.), Ph.D**. Sarada Krishna Homoeopathic Medical College for his constant support and encouragement throughout my Post Graduate course and dissertation work. I owe my sincere thanks to **Prof. Dr. Winston Varghese M.D. (Hom.),** Post Graduate Coordinator for his kind support.

My grateful thanks to respected sir **Prof. Dr.V. Sathish Kumar. M.D(Hom.),** H.O.D, Department of Repertory, Sarada Krishna Homoeopathic Medical College for his kindful guidance and support during my dissertation work.

I'd like to take this opportunity to thank teachers, **Dr. Chandra Hasan C.M, M.D (Hom.), Dr. Priyanka. P.S, M.D (Hom.),** for theirvaluable advice and for guiding me throughout my Studies.

My grateful thanks to respected **Dr. Sanju, M.D. (Hom.), Dr. Berlina, MD(Hom), Dr. Sowmya M.D. (Hom.),** for helping and support in everything all the time.

I would like to extend my thanks to my teacher **Dr.C. V Chandraja** Research officer, for her timely support and encouragement.

It's my great pleasure to thank my beloved Well-Wisher **Er.R.Naveen Kumar**, my beloved parents **Mr.R.Sekar, Mrs.S.Usha Rani** and my sister **Dr.S.Swathi Priyadharshini** for their lovable caring and support with prayer during the entire period of my course and in my thesis work.

It is my great honor to thank **Dr. C. K. Mohan, M.D. (Hom.),** the Chairman of this institution, for his encouragement, support, and provision of clinical facilities to carry out this work in this institution.

I am thankful to all my colleagues for their kind cooperation in the preparationof the thesis.

I express my sincere thanks to the administrative and nursing staffs of Sarada Krishna Homoeopathic Medical College Hospital who have given their timely supportfor my study.

I finally thank all the patients involved in the study for without whose cooperation, this study would not have been possible.

Dr. S.SARADHIPRIYADHARSHINI

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LIST OF ABBREVIATIONS

SI.NO	ABBREVIATION	EXPANSION
1	QOL	Quality of life
2	SKHMC	Sarada Krishna Homeopathic Medical College
3	OPD	Outpatient Department
4	IPD	In Patient Department
5	SL	Saccharum lactis
6	OP No	Outpatient No
7	WHO	World Health Organization
8	PHC	Peripheral Rural Centres
9	<	Aggravation
10	>	Amelioration
11	CRD	Chronic respiratory disorders

1.0 INTRODUCTION

Asthma is a chronic inflammatory disorder of the airways that involves numerous cells and cellular elements. Chronic inflammation is linked to airway hyperresponsiveness, which causes frequent attacks of wheezing, shortness of breath and coughing [1]. These occurrences are frequently repairable, either instantaneously or with cure, and are typically characterised by pervasive but changeable airflow obstruction within the lung. There is no known cause for asthma. It might be the result of a genetic and environmental Factors [1] .According to the World Health Organization, asthma is a serious health issue. Although asthma can influence people of any age, it most frequently affects children and young adults. Both sexes are almost equally affected, despite some minor differences in prevalence between males and females. Even though asthma cannot be "cured," with the right management, diagnostic occurrences can be greatly decreased and controlled.

Undertreatment and improper management of the disease are the fault of doctors and patients. In the ground of treating asthma, this is a cause for worry. Basic information about the various treatment options, the justification for inhaled medications, various inhaler devices, and techniques should all be covered in asthma health promotion.

In terms of precipitating factors, 36 (25.71%) patients could not identify any cause / factors that triggered their disease. 98 (94.23%) of the remaining 104 patients who were aware of their triggers avoided them. Regarding the fate of asthma disease per se, majority of patients (47.1%) were under the wrong belief that asthma is fatal in outcome. On the contrary, 31.4% patients believed that their disease is curable. Only 17.9% patients believed that their disease is preventable.

Homoeopathic medicine was the most popular alternative system of medicine. Individualisation is important in the homoeopathic system of medicine, which distinguishes it from other schools of medicine. Master Hahnemann demonstrated the Law of Similars, demonstrating the relative importance of the Symptoms and teaching us how to work with repertories.

Dr.Frederik Schroyens, M.D. He was born in Mechelen, Belgium on January 12, 1953. Schroyens received his medical degree from the State University of Gent (Belgium) in 1977 and his homoeopathic training certificate from the Faculty of Homeopathy in London in 1978. (MFHom). Dr. Schroyens was one of the first RADAR users in 1986, and he became excited about the expanding possibilities that computer science provides for homoeopathy.

Augmented clinical synthesis is based on Kent's Repertory's sixth American edition and includes all of its rubrics and remedies. As a result, this repertory upholds Kent's philosophy, such as the concept of individualization through symptom evaluation, symptom evaluation using deductive logic, gradation of medicine and its basis, cross references, and so on. This repertory is the best example of Kent's Repertory's expanded version from 1916 to the present. Because it retains the hierarchical structure, there is no need to learn a new format.

Through my research, I hope to discover the clinical utility of Dr. Frederik Schroyens' Augmented Clinical Synthesis in indicating the correct treatment in cases of bronchial asthma. In addition, I would like to identify rubrics that are indicated from Dr. Frederik Schroyens' Augmented Clinical Synthesis in cases of bronchial asthma and Generating data on medicines indicated in cases of bronchial asthma. I hope that my research will be useful to homoeopaths in their clinical practice.

NEED FOR THE STUDY

Bronchial asthma is a major global health issue. The prevalence has risen significantly in recent years due to a variety of factors. Asthma cases have also been reported in India.

The proper management of bronchial asthma is required for the country's population's health. Bronchial asthma can be treated very successfully with homoeopathic medicine.. Homeopathy is a medical system that not only relieves disease symptoms but also improves QOL in chronic diseases because medicine is chosen based on the patient's unique characteristics. The use of a repertory as a tool can greatly assist in locating the correct similimum for the patient.The utility of augmented clinical synthesis has not studied much. So, it is an attempt to find the utility of augmented clinical synthesis.

2.0 AIM AND OBJECTIVES

AIM:

- To find clinical utility of Augmented clinical synthesis by Dr.Frederik schroyens in indicating correct remedy in cases of bronchial asthma.

OBJECTIVES:

- To evaluate the efficacy of homoeopathic medicine selection using Augmented clinical synthesis repertory for the treatment of patients with bronchial asthma.
- To generate data on frequently using rubrics and medicine from Augmented clinical synthesis repertory in treatment of bronchial asthma

3.0 REVIEW OF LITERATURE

DIVISIONS OF THE RESPIRATORY SYSTEM

The respiratory system is divided into two parts: the upper respiratory tract and the lower respiratory tract.

• The upper respiratory tract refers to the air passages of the nose, nasal cavities, pharynx, larynx, and upper trachea that are located outside the chest cavity of the respiratory system.

• The lower respiratory tract consists of the parts of the lower respiratory system visible within the chest cavity. The chest cavity is made up of pleural membranes and respiratory muscles such as the diaphragm and intercostal muscles, as well as the lower trachea and the lungs themselves[5].

EMBRYOLOGY

It develops from a foregut median diverticulum (respiratory Diverticulum). As a result, the lining epithelium of the larynx, trachea, bronchi, and lungs is endodermal in origin. The respiratory system's cartilages, muscles, and connective tissue develop from splanchnic mesoderm surrounding the foregut[7]. At around four weeks of development, the respiratory system emerges as an extension of the foregut just anterior to the pharynx. This protrusion is known as a respiratory diverticulum or lung bud.

The lung's development during foetal and postnatal life is frequently divided into four stages[8].

1. **Pseudo glandular phase-** Begins around the fifth month of pregnancy and is distinguished by the presence of terminal bronchi composed of thick-walled tubes surrounded by dense mesenchyme.

2. **Canalicular phase** -Begins around the sixth month of pregnancy and is characterised by thinning of the tube walls as the lumens of the bronchi enlarge. The lung becomes highly vascularized during this stage.

3**. Saccular phase**- Begins around the start of the seventh month of pregnancy. It is distinguished by further tube thinning, resulting in numerous sacculi lined with type I and II alveolar cells.

4. **Alveolar phase**- Begins shortly before birth, usually around the beginning of the ninth month of gestation, and lasts into postnatal life. It is characterised by the formation of mature alveoli. Following birth, the critical process of septation occurs, further dividing the alveoli. Each septum formed during this process contains smooth muscle and capillaries.

ANATOMY OF THE LUNG

The lungs are a pair of respiratory organs located in the thoracic cavity. Each lung travels down the pleural cavity associated with it. The mediastinum is the space between the right and left lungs[9]. The lungs (pulmones) are the primary respiratory organs. Principal bronchi and pulmonary vessels connect the lungs to the trachea and heart, respectively. The right lung weighs about 700 g and the left lung weighs about 650 g. The right lung has three lobes, while the left lung only has two. [10]

RESPIRATION MUSCLE [11]

The two types of respiratory muscles are inspiratory muscles (used for inspiratory movements) and expiratory muscles (used for expiratory movements). The following is a general classification of respiratory muscles:

Changes in the size of the thoracic cage during normal breathing caused by primary or major respiratory muscles.

• The diaphragm, which is supplied by the primary inspiratory muscles

• Internal intercostal muscles are the primary expiratory muscles (intercostal nerves).

NORMAL RESPIRATORY RATE [11]

The size and age of a person influence lung capacity. Shorter people's lungs are smaller than taller people's.

• Infants: 30 to 60 beats per minute

• 12-16 beats per minute for adults

TYPES OF LUNG FUNCTION TESTS [11]

Lung function tests, which are frequently performed with a spirometer, are based on the volume of air breathed in and out during normal and forceful breathing.

Static lung function tests

Dynamic lung function tests

PULMONARY VOLUMES [11]

1.Tidal volume—500 mL is the average value (0.5 L). However, due to shallow breathing, many persons have lower tidal volumes.

2.Inspiratory reserve volume- The standard value is. 3,300 millilitres **.**

3.Expiratory reserve volume- 1 L is theNormal Value.

4.Residual Volume -The volume of air remaining in the lungs following forceful expiration is known as residual volume (RV). 1,200 ml is the normal value (1.2 L).

The significance of residual volume are:

- RV maintains the shape of the lungs and Between breaths and duringexpiration, it helps to aerate the blood.

LUNG CAPACITIES [11]

Static lung capacities are a fusion of various or more lung volumes.

1.Inspiratory Capacity

The tidal volume plus the inspiratory reserve volume equals the inspiratorycapacity. This is the maximum amount of air a person can inhale (about 3800milliliters), starting at

the normal expiratory level and expanding the lungs to theirmaximum capacity.

2.Vital Capacity

The vital capacity is calculated by adding the inspiratory reserve volume, tidal volume, and expiratory reserve volume. This is the maximum amount of air aperson may evacuate from their lungs after first filling them to capacity and then expiring to capacity (about 4800 millilitres).

3.Functional Residual Capacity

The expiratory reserve volume + the residual volume equals the functional residual capacity. This is the amount of air in the lungs at the end of a regular exhalation (about 2200 millilitres).

4.Total Lung Capacity

The total lung capacity is equal to the vital capacity plus the residual volume; it is the maximum volume to which the lungs may be expanded with the greatest possible effort (approximately 6000 millilitres)

RESPIRATORY RHYTHM[12]

In normal respiration, inspiration longer than expiration.

TYPES OF IRREGULAR RESPIRATIONS:

Cheyne-Stokes Respiration: This consists of rhythmical alteration of apnoea and hyperpnea due to anoxemia.

Causes:

- Left Ventricular Failure
- Increased intra cranial pressure with damage to both cerebralhemisphere and diencephalon.
- Uraemia

- Narcotic Poisoning: Opium, Barbiturates Etc.
- Deep Sleep

Kussmaul's Respiration: characterized by deep and rapid respiration or air-hunger. Mainly seen in Diabetic Ketoacidosis, Alcoholic or Starvation, Ketoacidosis and In Uraemia.

Apneustic Respiration: characterized by full inspiration then a pause, alternating with full Expiration then a pause. Each pause is 2-3 seconds. Mainly Seen in pontine lesions.

Stridor: Prolonged inspiration via a blocked upper airway causes a distinctive sound.

Causes can be due to.

- Laryngeal Or Tracheal Obstruction
- Laryngeal Diphtheria
- Mediastinal Growth

Wheezing: Characterized by forced expiration through a clogged lower airway, Bronchi, Bronchioles, Etc. This can be seen in patients with cardiac and renal asthma.

Stertor: mainly occurs in coma or deep sleep or in dying patients. Also known as death rattle - rattling noise in throat.

BRONCHIAL ASTHMA

The Greek word for asthma means "breathless" or "breathing with an open mouth''[14]. Bronchial Asthma is an inflammatory condition that lasts for a long time. It causes airway hypersensitivity to a wide range of stimuli, resulting in airflow obstruction and respiratory symptoms such as shortness of breath and wheezing. Asthmatics frequently have periods of normal lung function with intermittent airflow obstruction, but they also have periods of normal lung

function[13]. Because of the inflammation, the airways narrow and extra mucus is produced. This is making it difficult to breathe. During a short period of time, airflow is intermittently obstructed. This disease is treatable, either naturally or with medications[15]. Common symptoms include wheezing, coughing, chest tightness, and shortness of breath, all of which are caused by an obstruction in the airflow[16]. Because the mucous membrane and muscle layers of the bronchi hardened and the mucous glands grew larger, airflow in the lower respiratory tract decreased. The walls expand and thicken as a result of inflammatory exudate and an influx of inflammatory cells, particularly eosinophils. Spasmodic bronchial muscle contractions (bronchospasm) limit the airway during an asthma attack, and excessive secretion of thick sticky mucus narrows the airway even more.

As a result of normal inspiration but only partial expiration, the lungs become hyperinflated. Attacks can last from a few minutes to several hours (status asthmaticus). In severe acute bouts, mucus plugs can clog the airways, resulting in respiratory failure, hypoxia, and possibly death[17]. Status asthmaticus, a severe and unrelenting form of the disease, on the other hand, can be fatal[18].

EPIDEMIOLOGY

Asthma is very common in India, and it is similar to that found in other Asian countries[19] .Asthma has become more prevalent in the last 30 years. In developed countries, asthma affects approximately 10% of adults and 15% of children[13]. The majority of asthmatics develop the condition as a child. Atopy is common in asthmatics, as are atopic dermatitis (eczema) and/or allergic rhinitis. A minority of asthmatics do not have atopy (negative skin prick tests to common allergens and normal serum total IgE levels).Adult-onset asthma is common in these individuals, who are also known as intrinsic asthmatics. A variety of chemicals, including toluene di isocyanate and trimellitic anhydride[13], can cause adult-onset occupational asthma. Bronchial asthma is a common and widespread condition that affects approximately 4% of the US population[18].

PHYSIOLOGY

Asthma is classified as a paroxysmal (sudden) illness because the attack begins and ends quickly. When you have asthma, both inspiration and expiration are difficult. The bronchiole naturally dilates when inhaling and compresses when exhaling. As a result, exhaling becomes more difficult. During expiration, all of the expiratory muscles work hard, causing chest compression. The abdominal muscles are also very tight. As a result, air is forced from the lungs into the compressed bronchioles, producing a whistling sound[11].

PATHOPHYSIOLOGY AND PATHOGENESIS OF ASTHMA[20]

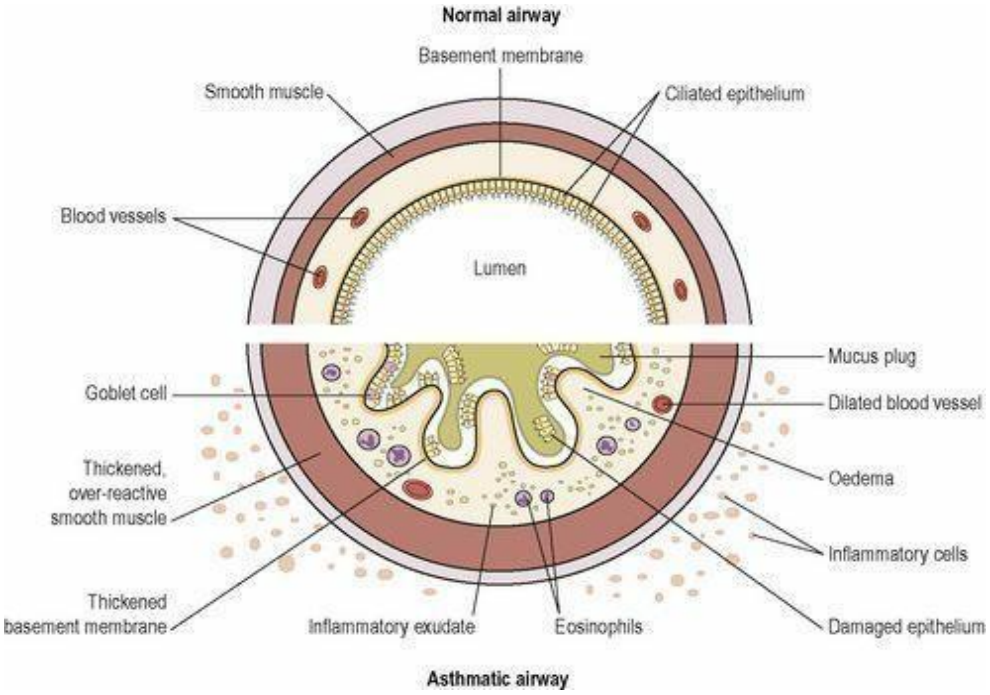
BRONCHOCONSTRUCTION: Airway constriction and subsequent airflow restriction are the most common physiological events that lead to clinical symptoms in asthma.

AIRWAY OEDEMA: As the illness progresses and the inflammation worsens, additional factors obstruct airflow even more. Edoema, inflammation, mucus hypersecretion, and the formation of inspissated mucus plugs are among the symptoms, as are anatomical abnormalities such as airway smooth muscle hypertrophy and hyperplasia.

AIRWAY HYPERRESPONSIVENESS: Inflammation, poor nutrient management, and structural changes all have an impact on airway hyperresponsiveness; inflammation appears to play a significant role in determining the degree of hyperresponsiveness.

AIRWAY REMODELING: Many structural cells are activated during airway remodelling, resulting in long-term changes in the airway that increase airflow obstruction and responsiveness. Subbasement membrane thickening, subepithelial fibrosis, airway smooth muscle hypertrophy and hyperplasia, blood vessel proliferation and dilatation, and mucous gland hyperplasia and hypersecretion are all structural changes.

Cross-section of the airway wall in asthma[17] (Figure 1)



TRIGGERING FACTORS

- -Inhaled allergens are triggers for people who are hypersensitive to them.
- -Viral upper respiratory infections are a common cause of asthma flare-ups[13].
- -Adrenergic blockers can aggravate asthma symptoms and should be avoided by asthmatic patients[13].
- -Exercising can aggravate asthma symptoms, which typically appear after the exercise is completed. Other asthma risks include air pollution, cold air, occupational exposures, and stress[13].
- Cold air, cigarette smoking, air pollution, emotional stress, and strenuous exercise are all non-specific triggers for asthma attacks[17].

- Premature babies are more likely to develop asthma. Infants born before 37 weeks of pregnancy are more likely to develop asthma than term babies[22].
- A significant risk factor for new-onset asthma in which both abdominal obesity (waist circumference) and general obesity (BMI) play a role[22].
- Eating more fresh fruits and vegetables has been shown to reduce the risk of heart disease.[23]

CLASSIFICATION OF BRONCHIAL ASTHMA

Asthma is divided into three clinical groups, each of which has similar symptoms andis treated similarly[17].

The following are significant differences:[17]

1. Typical age of onset
2. The Contribution of an allergic component

Based on the triggers that cause bronchial asthma, there are three broad etiologic types[18]

1. Extrinsic (allergic, atopic) Asthma.
2. Intrinsic (idiosyncratic, non-atopic) Asthma.
3. Mixed Type.

EXTRINSIC (CHILDHOOD ONSET, ATOPIC) TYPE

• The most common type [18].

• Occurs in children and young adults who are allergic to foreign proteins such as pollen, dust mites from feather pillows, carpets, animal dander, and fungi.

• The majority of patients with this type have a personal or family history of allergies such as rhinitis, urticaria, or infantile eczema[18].

• Extrinsic asthma is triggered by fumes, organic and chemical dusts, and gases in the workplace.

• Antigens (allergens) are breathed in and absorbed by the bronchial mucosa. This results in the production of IgE antibodies in the bronchial blood vessels, which bind to the surface of mast cells and basophils.When the allergen is reintroduced, the

antigen/antibody interaction results in the release of histamine. Other chemicals that cause mucus production and muscular contraction, resulting in airway narrowing.

INTRINSIC (ADULT ONSET, NON-ATOPIC)] TYPE

- Adults develop inherent asthma later in life[17].
- Most of these patients have a characteristic symptom-complex after an upper respiratory tract viral infection. Complications such as nasal polyps and chronic bronchitis are common.
- There is no personal or family history of allergies, there are no skin test results, and IgE serum levels are normal[18].
- It is frequently associated with chronic upper respiratory tract inflammation. Two more triggering variables are occupational exposure and exercise [17].
- The severity of attacks tends to increase over time, and lung damage is permanent.
- Poor lung ventilation causes hypoxia, pulmonary hypertension, and right-sided heart failure[17].

MIXED TYPE[18]

- Some patients do not clearly fall into either of the aforementioned groups and exhibit traits from both.
- Patients with asthma who develop it in childhood tend to be allergic, whereas those who develop it later tend to be non-allergic. Colds, exercise, and emotional stress can all cause either type of asthma to flare up.

MORPHOLOGIC FEATURES[18]

- In both major categories, the pathologic alterations are comparable. The pathologic material investigated is typically autopsy of lungs in individuals dying of status asthmaticus, but the changes in non-fatal instances are likely to be similar.
- The cut surface exhibits characteristic blockage of the bronchi and bronchioles by viscid mucus.
- Lungs are enlarged due to over inflation.

Observed alterations on a microscopical level are

- The mucus plugs comprise normal or degenerated respiratory epithelium, which forms Curschmann's spirals, which are twisted strips.

- Eosinophils and Charcot-Leyden crystals, which are diamond-shaped crystals generated from eosinophils, are commonly found in sputum.
- The bronchial wall has a thicker bronchial epithelial basement membrane, submucosal oedema, and an inflammatory infiltration of lymphocytes and plasma cells, with eosinophils prominent.
- There is submucosal gland and bronchial smooth muscles enlarged.
- Bronchitis and emphysema can coexist, especially in people with intrinsic asthma.

CLINICAL FEATURES:

- The onset is abrupt in most cases[14]
- The attack may occur seasonally or during all times of year(perennially).
- In moderately severe cases the patient is orthopneic and cyanosed and accessorymuscles are active.
- Dyspnoea paroxysms (especially at rest), cough, and wheezing (expiratory) are the main clinical characteristics
- Ineffective cough with scanty and tenacious mucoid expectoration.
- Asthmatic paroxysm bout of coughing and sneezing on exposutre to allergen.
- Pulse Rapid
- BP normal or elevated.
- Severe case's chance for pulsus paradoxus.
- Chest expansion diminished, mostly less than 2 cm while attack.
- Position of Mediastinum is central in case of bronchial asthma[12]

DIAGNOSIS

- Diagnosis of bronchial asthma is clinical.
- The expiratory wheeze heard all over the chest is a diagnostic sign of bronchial asthma.
- Diagnostic features include a history of rapid attacks of paroxysmal breathlessness, cough, and the auscultatory character of expiratory wheeze heard all over the chest. Long-term symptoms, allergy history, and a good family history are other important considerations[14].
- The presence of eosinophilia in the circulation, as well as Curschmann's spirals and Charcot-Leyden crystals in the sputum, support the clinical diagnosis. [18]

PHYSICAL EXAMINATION[13]

- It is important to look for tachypnoea for assessing the indications of respiratory distress and also look for accessory respiratory muscles and cyanosis.
- Wheezing and rhonchi may be present throughout the chest during a lung examination, with expiration being more apparent than inspiration.
- Endobronchial lesions can cause localized wheeze.
- Allergies to the nose, sinuses, or skin should be evaluated.
- The physical examination may be normal if asthma is well controlled.

PULMONARY FUNCTION TESTS

- Spirometry frequently reveals airflow restriction,FEV1/ (FVC) ratio[13].
- Airway hyperresponsiveness is a defining feature of asthma, and it can be measured using direct bronchoconstrictors such methacholine or histamine. Higher asthmatic symptoms are linked to increased airway responsiveness.
- The patient can utilise the peak expiratory flow rate (PEF) to track asthma management effectively at home.
- Increases in TLC and RV
- Normally, the carbon monoxide diffusing capability is normal.
- Because of the difficulty during expiration, the lungs are not expanded completely. so that the residual volume and functional residual capacity are increased [11].
- Tidal volume, Vital capacity, Forced expiratory volume in one second (FEV1),Alveolar ventilation, and partial pressure of oxygen in blood are all reduced[11].

OTHER LABORATORY TESTS

- Blood tests are generally ineffective. Eosinophilia can be detected by a complete blood count. Specific ige measures for inhaled allergens (RAST) or allergy skin testing may aid in the identification of allergic triggers. In allergic bronchopulmonary aspergillosis, total serum ige is significantly increased . Exhaled nitric oxide levels can be used to determine whether or not an individual has eosinophilic airway inflammation[14].

- Diagnosis of eosinophilic airway inflammation: a differential eosinophil countof more than 2% in indused sputum or a nitric oxide concentration in exhaled breath can aid, but it is not specific[16].

RADIOGRAPHIC FINDINGS

Chest x-rays are frequently normal or indicate hyperinflation of the lungfield.If mucus occlude large bronchus, lobar collapse may been seen[16].

HIGH RESOLUTION CT FINDINGS

- Near fatal asthma associated with extensive small airway abnormalities.
- After good control of asthma symptoms, these are somewhat reversible.

DIFFERENTIAL DIAGNOSIS[13]

Other disorders that can cause wheezing and dyspnoea includes under differential diagnosis of bronchial asthma.

- An upper airway obstruction caused by a tumour or laryngeal oedema may appear to be bronchial asthma, but physical examination usually reveals stridorin the big airways.
- Congestive heart failure can induce wheezing, although it is usually accompanied by bibasilar crackles.
- Localized chest wheeze could be a sign of an endobronchial tumour or foreignmaterial.
- Wheezing is a symptom of eosinophilic pneumonia.
- Vocal cord dysfunction might be mistaken for severe asthma, necessitating a direct laryngoscopy to diagnose.
- It's tough to tell the difference between asthma and COPD when there's a chronic airflow blockage.

PREVENTION

- The most important bronchial asthma aggravating factors to avoid are:
- Limiting or completely avoiding cigarette smoking and smoke exposure.
- To reduce exposure to house dust mites, use mite-resistant bedding and replace carpets with flooring boards.
- Avoiding contact with pets. If a person has allergic symptoms, it is recommended that pets be removed from the home.
- Fungal exposure is reduced, and cockroaches are eliminated[16].

PROGNOSIS OF ASTHMA

Asthma usually improves in children as they reach their adolescence, but it frequently recurs in their second, third, and fourth decades. Airway inflammation begins at a young age and persists even if the symptoms do. Airway remodelling hastens the deterioration of lung function over time. As a result, the asthma treatment strategy, as well as the early use of asthma medications and environmental controls from the time asthma is first diagnosed, has been re-evaluated[23]

COMPLICATIONS[24]

1. Pneumonitis
2. Cystic degeneration
3. Atelectasis
4. Pneumothorax
5. Multiple rib fracture
6. Emphysema

CASE TAKING IN HOMEOPATHY FROM A HOMOEOPATHIC POINT OF VIEW [25]

Homoeopathy, according to Dr. Samuel Hahnemann, ensures rapid, gentle, and permanent restoration of health, or removal and annihilation of disease in its entirety, in the shortest, most reliable, and most harmless way. Hahnemann discusses disease classification in aphorism 72 of the 5th and 6th editions of the Organon of Medicine.

Master Hahnemann explained case taking in Organon of Medicine, aphorisms 83-104.

Aphorism83: A physician must be prejudice-free, have good sense, and be attentive.

Aphorism84: Symptom recording

Aphorism 85: New symptom on a new line

Aphorism 86: Physician observation

Aphorism 87: Symptom details

Aphorism 88: Use of broad terms

Aphorism 89: Precise and unique

Aphorism 90: Observation

Aphorism 91: Past treatment and documentation

Aphorism 92: Acute symptom recoding

Aphorism 93: Asking private questions

Aphorism 94: Maintaining Cause Investigation

Aphorism 95: Keeping track of long suffering

Aphorism 96: Documenting hypochondriac cases

Aphorism 97: Indolent case recording

Aphorism 98: Only record the patient's language.

Aphorism 99: The indicators available in acute situations, as well as the method of taking cases in acute episodes, are described in detail.

Aphorisms 100,101,102: Specifically investigate the epidemic disease

Aphorism 103: Case taking and data collection as a theme.

Aphorism 104: Case records are essential. Following case taking, the doctor's duties include case analysis, minimal selection, and so on

HOMOEOPATHY INDIVIDUALISATION

The fact that homoeopathic physicians individualise distinguishes Hahnemann's school from all others. Homeopaths look at the patient as a whole. In the case of patients suffering from bronchial asthma, cold air that is beneficial to one person may be harmful to another. It agrees with this person but disagrees with another. A homoeopathic physician treats the patient's underlying dyscrasia. While prescribing homoeopathy, physicians are prescribing for idiosyncrasy, and homoeopaths have found success in this manner.

Diseases and medications are very similar in terms of impact and similarities. They send out stimuli that cause a more or less vital response. Different people react differently to diseases and treatments. As a result, numerous disease examples are required to depict the entire illness picture. Only with a large number of provers can the full picture of a drug-disease be realised. And we can only learn about his individual symptoms through symptoms that signal the individual (specifically, his deficient reactions to his mental and physical surroundings[26]).

ABOUT FREDERIK SCHROYENS:

Dr. Frederik Schroyens was born in Mechelen, Belgium on January 12, 1953 Schroyens received his medical degree from the State University of Gent (Belgium) in 1977 and his homoeopathic training certificate from the Faculty of Homeopathy in London in 1978. (MFHom).

Dr. Schroyens was the constitutive President of VSU, Belgium's largest homoeopathic school, in 1981. VSU has given over 1.000 students a one-year introductory course in homoeopathy and has fully trained over 150 homoeopaths. The homoeopathic education programme is a five-year programme. In addition, he established Masi-workshops in Belgium and Holland.

Dr. Schroyens was one of the first RADAR users in 1986, and he became excited about the expanding possibilities that computer science provides for homoeopathy[27]. Because of his dedication to the programme, he was named the RADAR Project's Homeopathic Coordinator.During the development of the Vithoulkas Expert System, he was appointed as the primary liaison between George Vithoulkas and the programming team at the University of Namur (Belgium). Since 1988, he has accompanied George Vithoulkas on his seminars and assisted him in the majority of his consultations.Dr. Schroyens first published an introduction to homoeopathy in Dutch in 1984, and it has since been translated into French and Portuguese. He edited the printed version of the Synthesis Repertory, the expanded repertory associated with the Radar project, in 1993. Synthesis has a computer version in seven languages. This Repertory is available in German, English, Dutch, Italian, Spanish, and Portuguese. Translations into various other languages are currently underway.

Dr. Schroyens has published several books based on Synthesis since 1995, including 1001 Small Remedies

ABOUT AUGMENTED CLINICAL SYNTHESIS: [28]

Frederik Schroyens, M.D. He was born in Mechelen, Belgium on January 12, 1953. Schroyens received his medical degree from the State University of Gent (Belgium) in 1977 and his homoeopathic training certificate from the Faculty of Homeopathy in London in 1978. (MFHom). Dr. Schroyens was one of the first RADAR users in 1986, and he

became excited about the expanding possibilities that computer science provides for homoeopathy. He was appointed Homeopathic Co-ordinator of the RADAR Project as a result of his dedication to the programme.

ORIGIN OF WORD ‘SYNTHESIS’

From Greek word syntithenai – to put together; from syn + tithenai to put, place.

THE DEFINITION OF 'SYNTHESIS'

The process of assembling separate parts to form a complete whole.

Creating a whole from parts.

The incorporation of distinct elements into a whole.

SYNTHESIS is the ongoing process of collecting and compiling symptoms from various sources and converting them into rubrics with corresponding medicines and their gradations.

HISTORY BEHIND

Repertories are created to assist homoeopathic doctors in their comparative study of materia media and in identifying a group of similar medicines to a given case.

Since Hahnemann first recognised the value of repertory, there have been numerous repertories available on the market. We must not forget Clemens von Boenninghausen, who invented the usable repertory in 1832.

T. F. Allen (1880; Symptom Register), Jahr (1835; Symptom Repertory), and Lippe (1835; Symptom Repertory) all expanded on previous versions of this repertory (1854; A Repertory of Comparative Materia Medica). Gentry (1890; The Repertory of Concordance) and Knerr (1896; The Repertory to Hering's Guiding Symptoms) both created entirely new structures.

The glory of repertory development was picked up by the publication of Kent's repertory fascicle by fascicle from 1897 to 1899. After the publication of successive editions of Kent's repertory, no other repertories succeeded in taking up the challenge of progress for a few decades. However, following the 6th edition of Kent's repertory in 1957, several Indian editions were printed, which contained an unacceptable number of errors. In this regard, we have Dr. George Vithoulkas' comment in the foreword to Synthesis Version 5. "Kent's repertory, while the best so far, contains a lot of errors; its structure and logic are not always maintained," he says. I felt there was no good reason to reprint all the same errors, even with a lot of additions, because other so-called new repertories did it far too frequently."

It was the era of new repertories being developed and published by various authors, primarily based on Kent's philosophy.

SYNTHESIS REPERTORY EVOLUTION

Synthesis is the result of a never-ending collaboration with cutting-edge technology. The printed version of the RADAR computer programme. This repertory has set a new standard by adding a large amount of information and requiring continuous verification from its users. It is the most recent of all repertories. Synthesis repertory is based on the sixth American edition of Kent's repertory and includes all of its rubrics and remedies, as well as its philosophical background. RADAR began as a research project at the University of Namur (Belgium), directed by Jean Fichefet. He was a mathematics professor in the department of computer science at the same university. He became interested in homoeopathy after his son was miraculously healed by homoeopathic medicine. Dr. Frederik Schroyens was appointed as the RADAR project's homoeopathic co-ordinator. In 1986, he outlined a request for collaboration. Dr. Frederik Schroyens and his team distributed a charter to all leading homoeopaths who were interested in the evolution of homoeopathy through software versions. Synthesis has been used as a database software programme

- Version 1- In 1987; Synthesis was used as database for RADAR project.
- Version 2- In April, 1988. (10.5 MB was released).
- Version 3- In September, 1990. (11.5 MB was released). This version contains 136000 additions from 130 authors compared to Kent’s original repertory.
- Version 4- In December, 1992. It contains 178000 additions from 200 authors.
- Synthesis 5x- German edition was published in August, 1993. English edition was published in February, 1994. Indian edition in March, 1996. Dutch edition in April, 1994, with only ‘Mind’ chapter. ***This version was first time printed as book form***.
- Synthesis 6- German edition in August, 1995.
- Synthesis 7.1- English edition in July, 1997. It contains 235000 additions from 330 different sources.

- Synthesis 8.0- In February, 2002. It has 3031 author references and 4200 medicine references.
- Synthesis 9.0- In November, 2003.
- Synthesis 9.1- In June, 2004.

ESSENTIAL SYNTHESIS

- Edited by FREDERIK SCHROYENS
- Foreword by AHMED CURRIM • 2007
- Base on SYNTHESIS TREASURE EDITION
- In RADAR – ESSENTIAL View
- 27 cut out thumb index
- New title – AUGMENTED CLINICAL SYNTHESIS
- Radar Opus 1.3.9 - 2014
- Radar Opus 1.4.2 – 2016
- RADAR OPUS 2 - 2017
- RadarOpus 2.2.16 - February 25, 2020
- ENLARGED repertory of Kent
- Extended repertory of Kent - SYNTHETIC
- Deductive Logic

PHILOSOPHY

It is based on Kent's Repertory's sixth American edition and includes all of its rubrics and remedies. As a result, this repertory upholds Kent's philosophy, such as the concept of individualization through symptom evaluation, symptom evaluation using deductive logic, gradation of medicine and its basis, cross references, and so on. This repertory is the best example of Kent's Repertory's expanded version from 1916 to the present. Because it retains the hierarchical structure, there is no need to learn a new format.

PLAN OF CONSTRUCTION

Arrangements of different chapters like that of Kent’s Repertory.

- This repertory is divided into 41 chapters.

NO. OF MEDICINES

Synthesis 9.1 version is the latest one and contains 2373 remedies.

SOME SPECIAL FEATURES OF SYNTHESIS

In making this repertory more authentic and more up-to-date, Dr. Schroyens formulated and added the following plans and construction.

1. *Addition after repeated checking*

2. *Correction of Kent's repertory*

3. *Symptoms are re-written in clearly readable format*

4. *Combined modalities*

5. *Clarification of ambiguous words*

6. *Creation of some rubrics*

7. *Revision of language*

8. All symptoms with 'ailments from' have been grouped in separate sub rubrics under the rubric 'ailments from'.

9. Aversion, desire, aggravation, amelioration related to food are placed under rubric '*food and drink'* in the chapter '*Generals*'.

10. *Several clinical rubrics are renamed –*

11. All dreams are present in a **separate chapter 'Dream'** following 'Sleep'.

12. *Similar rubrics are merged into one*, such as 'nose-obstruction-alternating sides' it is corrected into 'nose-obstruction-one side alternately'.

SOME STUDIES RELATED TO BRONCHIAL ASTHMA INHOMOEOPATHY

1. The evolution of 26 cases of bronchial asthma with homoeopathic treatment-in this study, it was concluded that many patients require three years of treatment to achieve a stable result. A high proportion of patients were cured using only one homoeopathic medicine. The duration of the

illness, the use of steroids, the need for repeated suppression, and a family history of allergy all complicate treatment, and some cases are incurable. There were a total of 26 cases, 12 adult cases, 7 of which were cured, 2 improved, and 3 remained unchanged. 14 children's cases, 8 cured, 4 improved, and 2 unaffected. Sulphur, Calcarea Carb, Lycopodium, Pulsatilla, Lachesis, Med,Sil,Pso,Sep,Ars Alb, Nat Mur, Phos, Nux Vomare the most commonly used medicines. [29]

2. Retrospective study of 62 cases-before treatment, 64.5% of patients had at least one attack per month, and 35.5% had two to eleven attacks per year. 90.3% are suffering from a moderate or severe attack. After treatment, 25.8% of patients have no more attacks. 25.8% have one or fewer attacks per year. The severity of the attack was mild in 56.5% of cases. Only seven cases showed no improvement. Frequently used medicines are Nux-vomica,Ars-alb,Sul,Puls,Sil,Tub,Kali-carb,Calc Carb,Phosphorus,Lachesis etc [30].

3. A study of 413 cases of bronchial asthma treated with homoeopathic medicines found that the frequency, intensity, and duration of subsequent attacks improved significantly after homoeopathic treatment. Antim tart, Ars Alb,Carbo Veg,Hepar Sulph, Ipecacuanha,Kali Carb,Nat Suph, Pulsatilla,Spongia are the most effective drugs. The acute paroxysms of asthma are effectively controlled by Ars Alb,Kali Carb,Pulsatilla, Carbo Veg, Nux Vomica, Natrum Sulph,Hepar Sulph,Spongia,Blatta q. [31].

4. Treatment of Subacute Bronchial Asthma with Blatta orientalis: Homoeopathic Medicine Blatta orientalis was chosen after repertorisation with RADAR 10's synthesis repertory and consultation with Materia medica. The outcome of this case demonstrates the efficacy of homoeopathic medicine Blatta orientalis in cases of sub-acute exacerbation , where it is indicated by acute totality of symptoms[32].

5. RP Patel's study of bronchial asthma with reference to the repertory in drug selection. - In this study, he ranked high-ranking medicines as Ars Alb,Carb-V,Ipecacunha,Sulph,Phos, Lycopodium,Cina,Nux-V[33].

6. Homeopathy's Efficacy in Childhood Asthma- 81 cases of asthma in children of various ages were treated solely with homoeopathy in this two-year trial. Individualization of the patients enabled therapies to be prescribed. Hoeopathy can successfully treat asthma attacks caused by a variety of factors such as exercise, infection, or allergies. Allium Cepa, Arsenicum Album, Blatta Orientalis, Carbo Veg, and Grindelia were found to be effective in this study.Robusta,Ipecacuanha,Lobelia Inflata,Spongia,Sabadilla,Rumex are some of the varieties.In this study, 49 cases (60.5%) were controlled, 17 cases (21%) had some control, and 10 cases (12.3%) were uncontrolled. 5 cases Drop-outs. [34]

1. RUBRICS AND IMPORTANT SUB RUBRICS RELATED TO

BRONCHIAL ASTHMA IN DIFFERENT REPERTORIES 1.REPERTORY OF HOMOEOPATHIC MATERIA MEDICA BY J T KENT[35]

Respiration-

Asthmatic

Respiration-

difficult

Under this rubric many sub rubrics and sub sub rubrics are included.

2.HOMOEOPATHIC MEDICAL REPERTORY BY ROBINMURPHY[36]

Clinical-Asthma (see lung

chapter)Lungs-Asthma, general

Under this rubric many sub rubrics and sub sub rubrics are included.

3.REPERTORY OF HERRINGS GUIDING SYMPTOMS OF OUR MATERIA MEDICA BY CALVIN B KNERR[37]

Respiration-asthma, Under this rubric many sub rubrics are included

4.POCKET MANUAL OF HOMOEOPATHIC MATERIA MEDICA AND REPERTORY WILLIAM BOERICKE[38]

RESPIRATORY SYSTEM-BRONCHIAL TUBES-ASTHMA: remedies in general

Under this rubric there is another main rubric which is related to asthma.

TYPE-OCCURANCE

After that **concomitants** related to the conditions are noted as separate main rubric. After that, modalities -aggravation and amelioration is mentioned separately.

5.AUGMENTED CLINICAL SYNTHESIS, REPERTORIUM HOMOEOPATHICUM SYNTHETICUM EDITED BY DR FREDERIK SCHROYENS[39]

Respiration-asthmatic

Under this rubric many sub rubrics and sub sub rubrics are included.

6.A CONCISE REPERTORY OF HOMOEOPATHIC MEDICINES BYDR SR PHATAK[40]

Asthma(bronchial) is the direct rubric in this repertory. Under this rubric manysub rubrics and sub sub rubrics are included.

7.IN THE PRACTICE OF HOMOEOPATHY APPLIED REPERTORY BY DR DEVIKA AGARVAL[41]

Under Asthma section the rubrics Asthmatic bronchitis, Acute(spasmodic), Children in, Hey Asthma, Humid,Miners,Nervous,Old People in, with bronchial catarrha,with burning in throat and chest, with cyanosis, with despondency thinks he will die, with diarrhea following, with dysuria nocturnal, with every fresh cold, with gastric derangement, with gout rheumatism, with haemorrhoids,with insomnia, with nausea cardiac weakness, with palpitation areincluded.

8.PHATATAK'S REPERTORY OF THE BIOCHEMIC REMEDIES BY DR SR PHATAK[42]

Asthma as direct rubric under that air draught of agg,Ascending steps agg,Bronchial,Children in, Cold from taking agg,Coyza with, Cough with, Eating after, Eructation with, Evening agg,Exertion agg,Expectoration difficultwith, Flatulence from, Gastric derangement with,Hey asthma, Hectic fever with,Humid,Lying down agg,Midnight after,Nervous,Night,Over heated, Being after, Room warm,Spasmodic,Sycotic,Thunderstorm during, Wet weather, Winter agg are included as sub rubrics

9.BOGER BOENNINGHAUSEN'S CHARACTERISTICS & REPERTORY BY CM BOGER[43]

Respiration-asthma. Under this attack during, bronchial, milleri, recurrence against,spasmodic,thymic as sub rubric.

10.A CLINICAL REPERTORY TO THE DICTIONARY OF MATERIA MEDICA JOHN HENRY CLARKE[44]

Asthma as main rubric. Under this sub rubrics included are anger from, bronchial,cattharal,dry,humid,hysterical,miliarinervous,periodical,pituitous, spasmodic,splenic.cardiac asthma and miniers asthmas separate main rubrics.

11.REPERTORY OF NOSODES AND BOWEL NOSODES BY DR SATYANANDA CHAKRAVORTY[45]

Asthma as main rubric and sub rubrics are all one's life with ,palpitation of heart and disposition to faint, and eczema without complete disappearance of the one or of the other, better by lying on face protruding tongue, bronchial cattarrh,infentile with fever,in summer and in hot and humid weather, of plethorics,tough sticky expectoration, with difficult expiration partially better in knee elbow position sea side.

STUDIES IN HOMOEOPATHY RELATED

A study on 2641 subjects was conducted at 5 units / institutes in Gudivada, Andra Pradesh, Shimla, Udupi, and Delhi - an observational study to conduct a review on the council's clinical research work in the field of asthma. The results showed that Arsenicum album was the most effective in treating bronchial asthma—it was prescribed to 1042 subjects, 933 of whom improved. Kali carbonicum, Hepar sulphuricum, phosphorous, Carbo vegetabilis, and Bryonia were also used as remedies. Conclusion: There was a positive outcome in controlling acute asthma episodes, reducing the frequency and intensity of subsequent episodes, and weaning off bronchodilators.

The primary goal of a study conducted in West Bengal, India, involving 140 samples using spirometry in a double blind randomised, placebo controlled clinical trial, was to determine the action of homoeopathic medicines over placebo. The group differences over 3 and 6 months revealed significant differences in improvement in UC+IH versus UC+P (p0.01) with moderate to large effect sizes. In conclusion, homoeopathy appeared to be superior to placebo in the treatment of bronchial asthma in adults.

The study on the efficacy of homoeopathic treatment in modulating immunoglobulin E (IgE) levels in bronchial asthma found that homoeopathic treatment reduced IgE and Absolute Eosinophil Count levels and improved pulmonary functions, as well as clinical improvement in bronchial asthma. In this study, Sulphur, Arsenicum album, and Pulsatilla were found to be more effective at lowering IgE.

A retrospective analysis of the results of homoeopathic treatment for 62 patients with bronchial asthma revealed a statistically significant improvement in the condition.

Dr. Parth Aphale's 2018 study concluded that the medicines Ars.alb, Spongia, and Pulsatilla are effective in managing acute attacks and recurrent exacerbations of asthma. Arsenicum album was the most effective remedy among them.

4.0 MATERIALS AND METHODS

STUDY SETTING

A sample of 30 cases diagnosed to have bronchial asthma visiting the OPD, IPD and Rural centres of Sarada Krishna Homoeopathic Medical college.

SELECTION OF SAMPLES:

- Sample Size – 30 samples.
- Sampling Technique – Random Sampling

INCLUSION CRITERIA:

- Subjects of 15-50 years of age group.
- Patients of bothsexes.
- Patients suffering from persistent acute and chronic bronchial asthma.
  Evaluate respiratory condition
  Monitoring therapeutic interventions.

EXCLUSION CRITERIA:

- Patients suffering from other severe systemic diseases.

STUDY DESIGN:

- Interventional study. (Case study, Physical Examination, Investigation (if necessary)).
- Single group as per eligibility criteria observed before and after intervention and assessed after study duration without a control group.
- The study was carried out at Sarada Krishna Homoeopathic medical college & hospital and rural centers of Sarada Krishna Homoeopathic medical college.
- Data was collected according to pre-structured SKHMC case format.
- Case taking along with physical examination was done.
- Prescription is made based on symptom similarity of the patient from Augmented Clinical Synthesis Repertory.
- Cases were followed up and assessment was done on monthly basis or whenever required.

- Study was followed every 14 days to observe further changes and the case was followed for 6 months to know recurrence.

INTERVENTION:

- Case taking and medicine selection and administration according to homoeopathic principles.
- Pre and post treatment analysis.

SELECTION OF TOOLS

- Augmented Clinical Synthesis Repertory.
- Pre structured SKHMC case format
- Asthma Symptom Utility Index (ASUI).

BRIEF OF PROCEDURES

A sample of 30 cases diagnosed with bronchial asthma visiting in OPD, IPDand rural centres of SKHMC is selected. patients of age group 15-55 are considered.Effectiveness of rubrics in Augmented Clinical Synthesis Repertory are studied. Check the case before and after. Case taking, physical examination and required investigations was done. Case taking is done and medicine is selected from the Augmented Clinical Synthesis Repertory by Homeopathic principles. Thus, can check the effectiveness of rubrics from the book. Prescription is done with reference to standard textbooks of Materia Medica also. Potency selection and repetition was done according to the principles laid down in the Organon of medicine. Observations was noted in tables and charts. Statistical analysis was done, and results was presented.

DATA COLLECTION:

- Interview technique including case taking based on the directions given in Organon of medicine in pre structured SKHMC case format. Case study, application of the tool and Physical Examination.)

OUTCOME ASSESSMENT:

- Findings on whether Augmented Clinical Synthesis Repertory is useful indicating correct remedy in cases of bronchial asthma.

- Finding the rubrics which is useful from Augmented Clinical Synthesis Repertory in cases of bronchial asthma.

Assessment Criteria [46]

- **Marked improvement**: Frequency, duration and intensity of attacks reduced remarkably. Tolerance to triggering agents increased. Subjective and objective wellbeing.
- **Moderate**: Frequency, duration and intensity of attacks reduced moderately with some tolerance to triggering agents developed.
- **Mild**: Partial reduction of intensity of symptoms and duration during active treatment only.
- **No Improvement**: No response after considerable period of treatment
- **Worse**: Aggravation of subjective and objective symptoms.

STATISTICAL TECHNIQUES & DATA ANALYSIS:

- Paired 't' – test
- Data presentation including charts, diagrams, and table.

5.0 OBSERVATION AND RESULTS

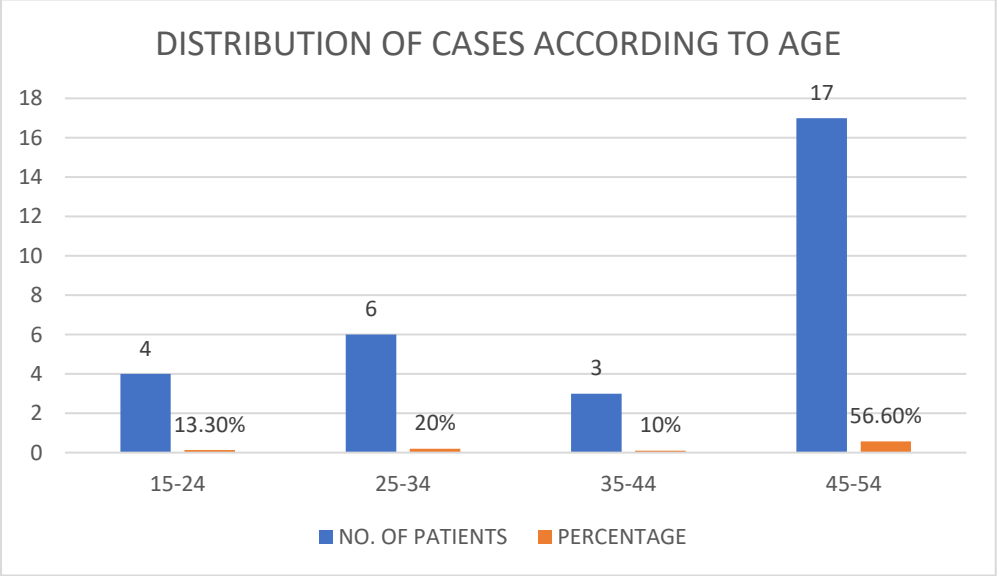
These are the observations gathered from 30 patients with bronchial asthma who sought treatment at Sarada Krishna Homoeopathic Medical College and Peripheral OPD. The information gathered from these patients was analysed and presented in the form of tables, diagrams, and charts.

5.0 DISTRIBUTION OF CASES ACCORDING TO AGE

TABLE NO: 1

SL.NO	AGE GROUP	NO. OF PATIENTS	PERCENTAGE
1.	15-24	4	13.3%
2.	25-34	6	20%
3.	35-44	3	10%
4.	45-54	17	56.6%

FIGURE NO: 2



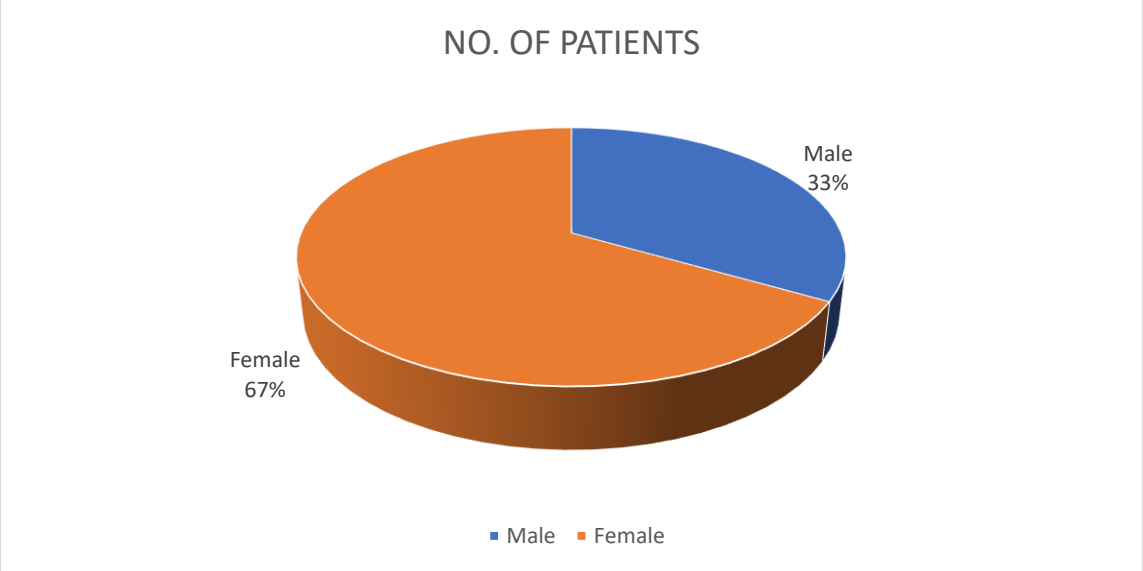
Among the 30 cases, the age ranges between 15-50. Out of these, 4 cases (13.3%) fall under the age group of 15-24 Years, 6 cases (20%) fall under the age group 25-34years,3 cases(10%) fall under the age group of 35- 44,17cases(56.6%) fall under the age group of 45-54,most of the patient come under the age group of 45-54.

5.1 DISTRIBUTION OF CASES ACCORDING TO GENDER

TABLE NO:2

SL.NO	SEX	NO. OF PATIENTS	PERCENTAGE
1.	Male	10	33.3%
2.	Female	20	66.6%

FIGURE NO:3



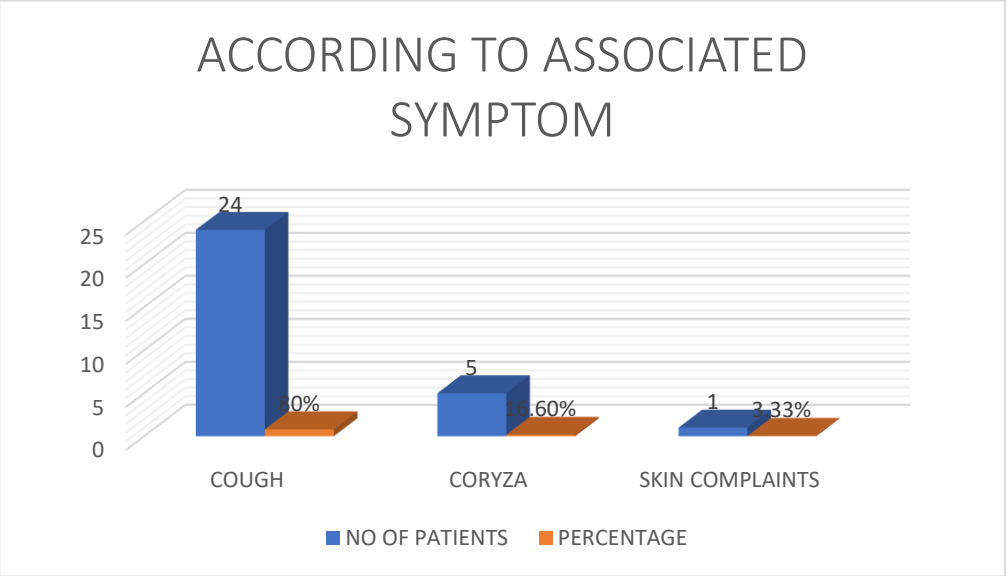
Among the 30 cases studied, there were 10 male cases showing a Percentage of 33.3%and 30 female case showing the percentage of 66.6%.

5.3 DISTRIBUTION OF CASES ACCORDING TO ASSOCIATED SYMPTOM

TABLE NO:3

S.NO	SYMPTOM	NO OF PATIENTS	PERCENTAGE
1	**COUGH**	**24**	**80%**
2	**CORYZA**	**5**	**16.6%**
3	**SKIN**	**1**	**3.33%**

FIGURE NO:4



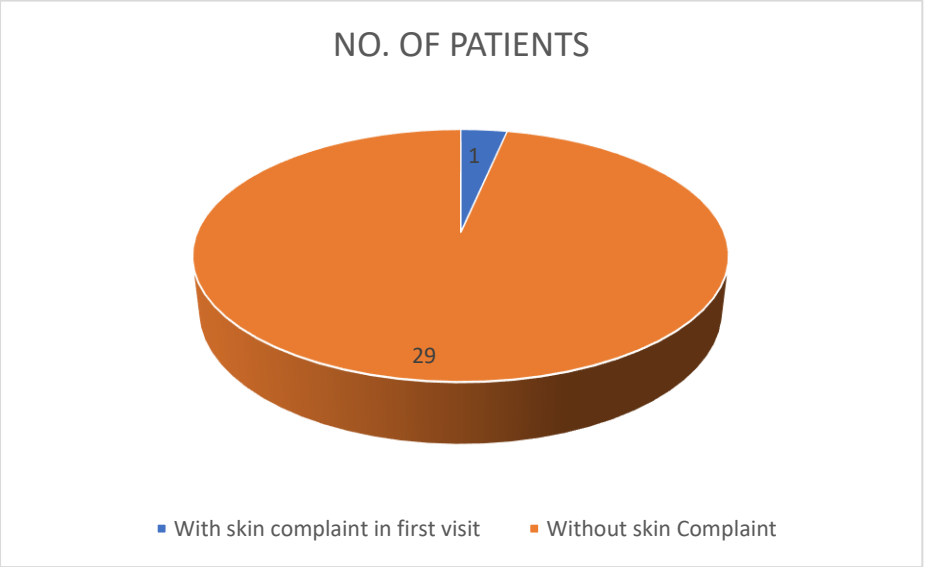
From 30 cases studied ,24 cases (80%) presented with cough, 5 cases(16.6%) presented with coryza and 1 case(3.33%) presented with skin complaints.

5.3 OBSERVATION ON CASES PRESENTING WITH SKIN SYMPTOMS

TABLE NO:4

SL.NO	SYMPTOM	NO. OF PATIENTS	PERCENTAGE
1.	**With skin complaint in first visit**	**1**	**3.33%**
2.	**Without skin Complaint**	**29**	**96.6%**

FIGURE NO:5



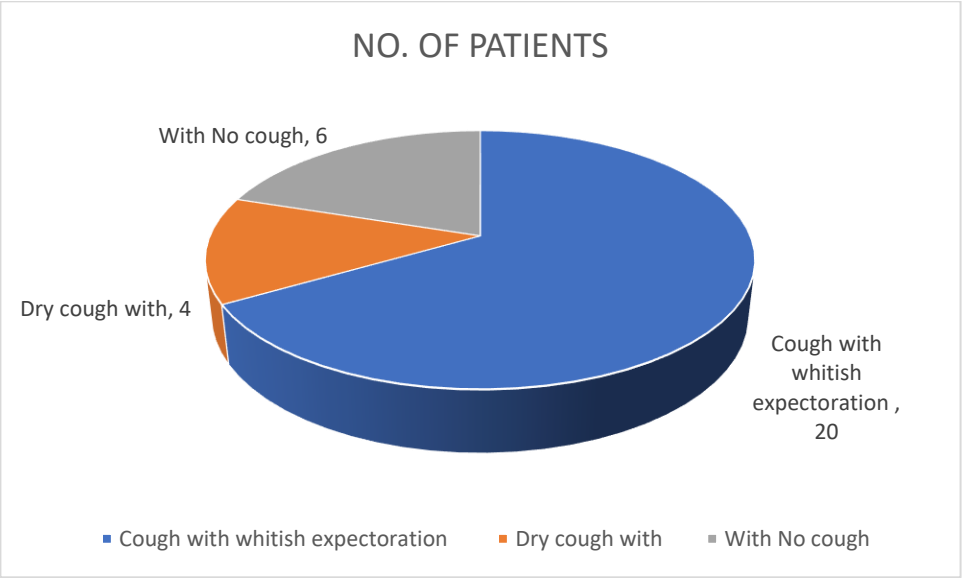
Among 30 cases studied , 1 case(3.33%) presented with skin complaint during first visit itself and 29 cases (96.6%) presented without any skin complaints.

5.4 DISTRIBUTION OF CASES PRESENTING WITH COUGH

TABLE NO:5

SL.NO	SYMPTOM	NO. OF PATIENTS	PERCENTAGE
1.	Cough with whitish expectoration	20	66.6%
2.	dry cough with	4	13.3%
3.	With No cough	6	20%

FIGURE NO:6



Among 30 cases studied, 20 cases(66.6%) presented cough with whitish expectoration along with breathing difficulty.4 cases(13.3%) presented dry cough along with breathing difficulty.6cases(20%) presented with no cough .

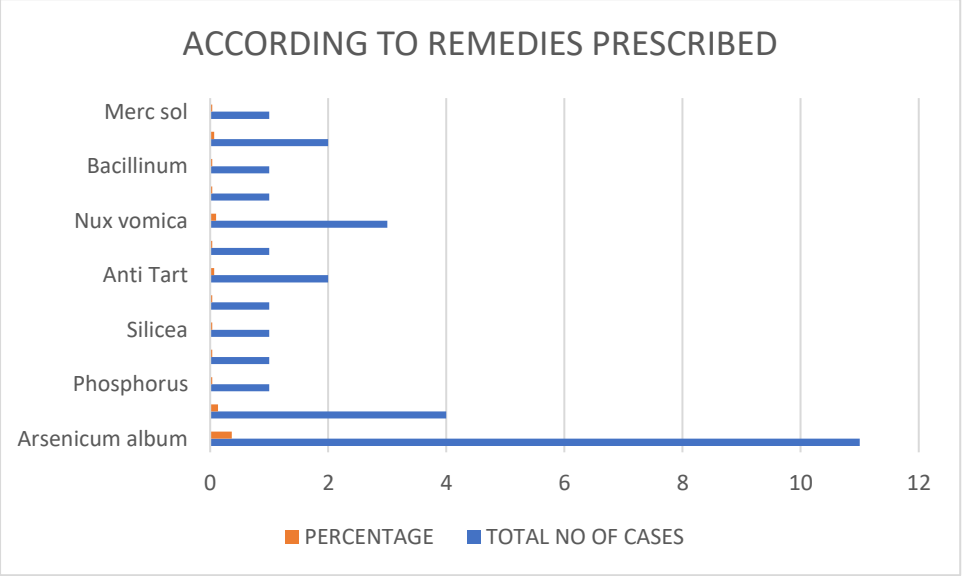
5.5 DISTRIBUTION OF CASE ACCORDING TO REMEDIES PRESCRIBED

TABLE NO:6

REMEDY PRESCRIBED	TOTAL NO OF CASES	PERCENTAGE
Arsenicum album	11	36.6%
Sulphur	4	13.3%
Phosphorus	1	3.33%
Lachesis	1	3.33%
Silicea	1	3.33%
Ignatia amara	1	3.33%

Anti Tart	2	6.66%
Ars Iod	1	3.33%
Nux vomica	3	10%
Kalium carbonicum	1	3.33%
Bacillinum	1	3.33%
Calcarea carbonica	2	6.66%
Merc sol	1	3.33%

FIGURE NO:7



Out of 30 cases , Arsenicum album was indicated for 11 patients (36.6%), Sulphur was indicated for 4 patients (13.3%) ,Anti tart was indicated for 2 patients(6.66%),Cal.carb was indicated for patients (6.66%),Nux vomica was indicated for 3 patients(10%) and the following remedies are prescribed for one patient :

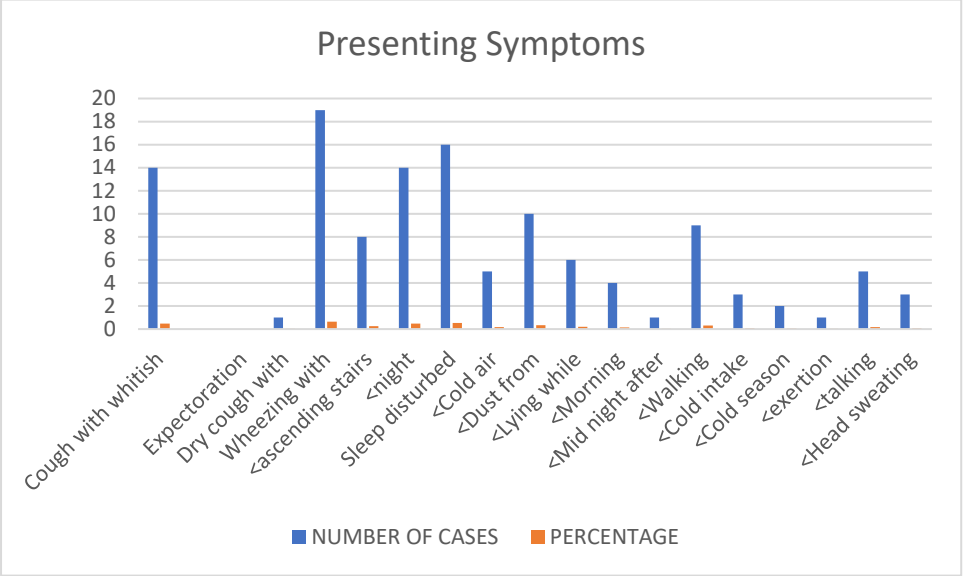
Bacillinum (3.33%), Ignatia(3.33%),Ars Iod(3.33%),Lach(3.33%) Sili(3.33%),Kalicarb(3.33%) MercSol(3.33%) Bryonia(3.33%), Phos(3.33%).

5.6 DISTRIBUTION OF CASE ACCORDING TO PRESENTING SYMPTOMS

TABLE NO :7

Cough with whitish Expectoration	14	46.6%
Dry cough with	01	3.33%
Wheezing with	19	63.3%
<ascending stairs	8	26.6%
<night	14	46.6%
Sleep disturbed	16	53.3%
<Cold air	5	16.6%
<Dust from	10	33.3%
<Lying while	06	20%
<Morning	04	13.3%
<Mid night after	01	3.33%
<Walking	09	30%
<Cold intake	03	10%
<Cold season	02	6.66%
<exertion	01	3.33%
<talking	05	16.6%
<Head sweating	03	10%

FIGURE NO:8



Among 30 cases studied, frequently repeated symptoms from all the casesare the following, cough with whitish expectoration in 14 cases(46.6%),drycough in 1 case(3.33%) ,Wheezing with in 19 cases(63.3%),<ascending satirs in 8 cases(26.6 %),<night in 14 cases(46.6%), disturbed sleep in 16 cases(53.3%),<cold air in 5cases(16.6%),<dust from in10 cases(33.3%),<lying while in 6cases(20 %),<morning in 4cases(13.3%),

<mid night after in 1 case (3.33%),<walking in 9 cases (30%),<cold intake in 3 cases(10%),<cold season in 2 cases (6.66%),<exertion in 1 case (3.33%), <talking in 5 cases(16.6%),<head sweating in 3 cases(10%).

5.7 TABLE SHOWING ASTHMA SYMPTOM UTILITY INDEX (ASUI) SCORE BEFORE AND AFETR TREATMENT

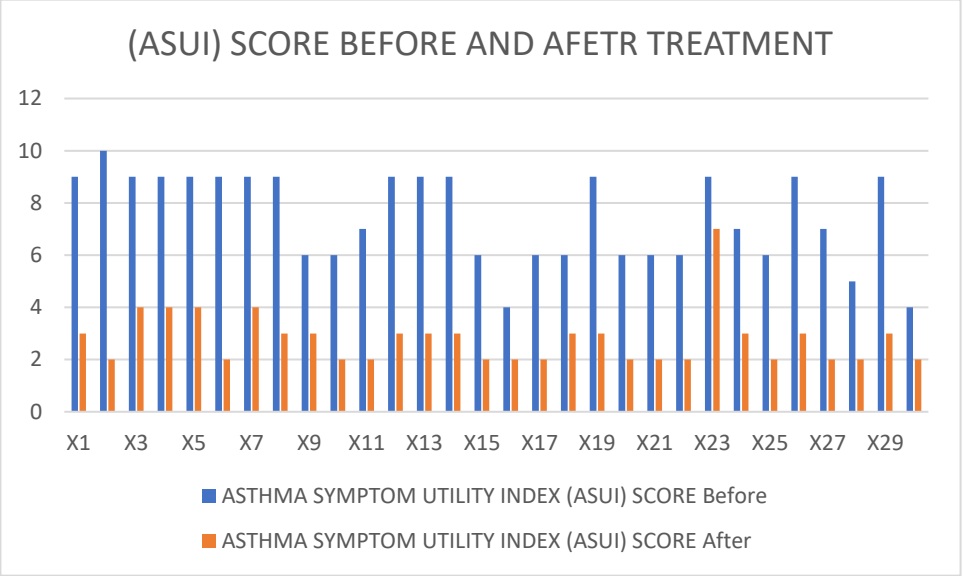
TABLE NO:8

NAME OF THE PATIENT	ASTHMA SYMPTOM UTILITY INDEX (ASUI)SCORE	
	Before	After
X1	9	3
X2	10	2
X3	9	4

X4	9	4
X5	9	4
X6	9	2
X7	9	4
X8	9	3
X9	6	3
X10	6	2
X11	7	2
X12	9	3
X13	9	3
X14	9	3
X15	6	2
X16	4	2
X17	6	2
X18	6	3
X19	9	3
X20	6	2
X21	6	2
X22	6	2
X23	9	7
X24	7	3
X25	6	2
X26	9	3
X27	7	2

X28	5	2
X29	9	3
X30	4	2

FIGURE NO:9



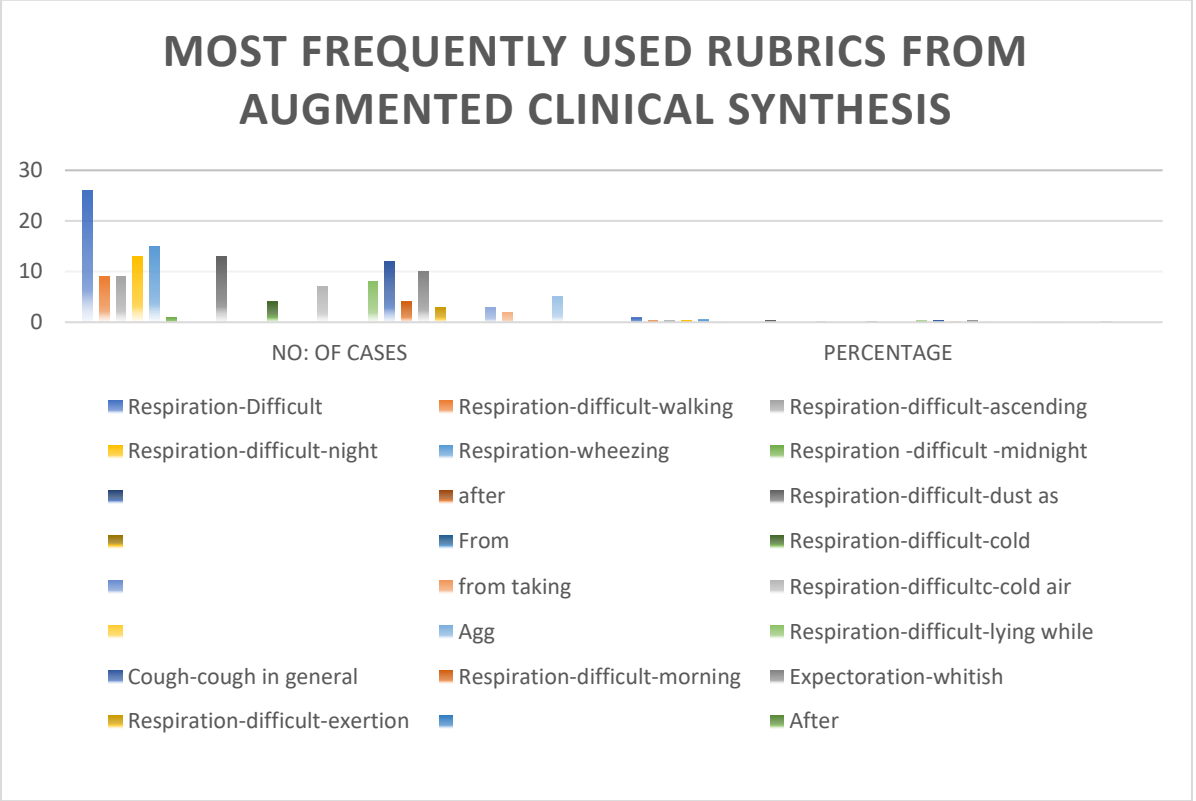
5.8. DISTRIBUTION OF CASES ACCORDING TO MOST FREQUENTLY USED RUBRICS FROM AUGMENTED CLINICAL SYNTHESIS

TABLE NO:9

SLNO	MOST FREQUENTLY USED RUBRICS FROM AUGMENTED CLINICAL SYNTHESIS	NO: OF CASES	PERCENTAGE
1.	Respiration-Difficult	26	86.6%
2.	Respiration-difficult-walking	9	30%

3.	Respiration-difficult-ascending	9	30%
4.	Respiration-difficult-night	13	43.3%
5.	Respiration-wheezing	15	50%
6.	Respiration -difficult -midnight After	1	3.33%
7.	Respiration-difficult-dust as From	13	43.3%
8.	Respiration-difficult-cold from taking	4	13.3%
9.	Respiration-difficultc-cold air Agg	7	23.3%
10.	Respiration-difficult-lying while	8	26.6%
11.	Cough-cough in general	12	40%
12.	Respiration-difficult-morning	4	13.3%
13.	Expectoration-whitish	10	33.3%
14.	Respiration-difficult-exertion After	3	10%
15.	Respiration-difficult-talking	3	10%
16.	Respiration-difficult-wet weather in	2	6.6%
17.	Respiration-difficult-cough During	5	16.6%

FIGURE:10



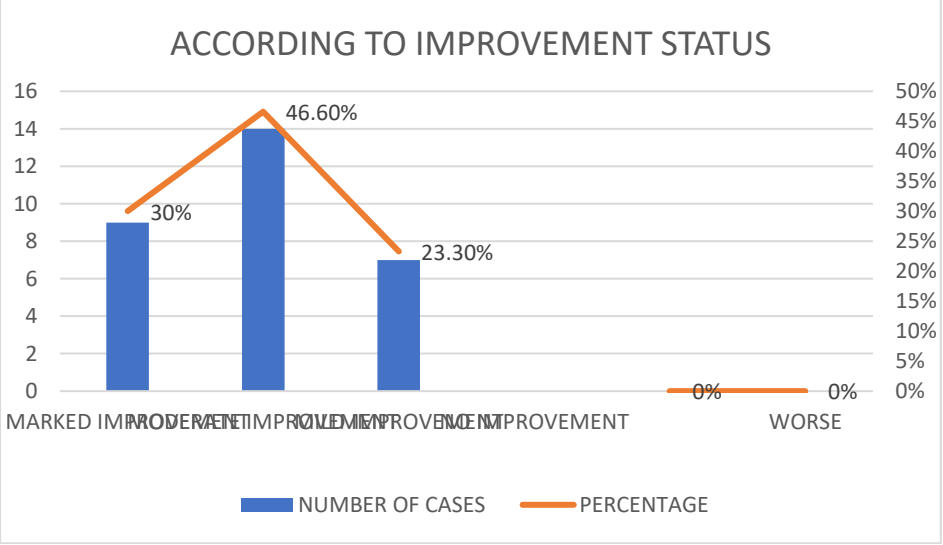
Among 30 cases, most frequently used rubrics selected from Augmented clinical synthesis were Respiration-difficult in 26 cases(86.6%),Respiration- difficult- walking in 9 cases(30%), Respiration-difficult-ascending in 9 cases(30%), Respiration- difficult-night in 13 cases(43.3%), Respiration-wheezing in 15 cases(50%) and Respiration-difficult- dust as from are in 13 cases(43.3%) , Respiration - difficult -midnight after are in 1 case (3.33%),Respiration-difficult-exertion after is in 3 cases(10%), Respiration- difficult -cold from taking are in 4 cases(13.3%), Respiration-difficult- cold air agg are in 7 cases(23.3%) , Respiration-difficult-cough during are in 5 cases (16.6%), Respiration-difficult-lying while are in 8 cases(26.6),Expectoration-whitish are in 10 cases (33.3%), Cough-cough in general in 12 cases(40%), Respiration-difficult -morning are in 4 cases(13.3%) , Respiration-difficult-talking in 3 cases (10%)and Respiration-difficult-wet weather in is in 2 cases(16.6%).

5.9 DISTRIBUTION OF CASES ACCORDING TO IMPROVEMENT STATUS

TABLE 10

IMPROVEMENT STATUS	NUMBER OF CASES	PERCENTAGE
MARKED IMPROVEMENT	9	30%
MODERATE IMPROVEMENT	14	46.6%
MILD IMPROVEMENT	7	23.3%
NO IMPROVEMENT	0	0%
WORSE	0	0%

FIGURE 11



Among 30 cases, 9 cases shows marked improvement(30%),14cases show moderate improvement(46.6%),and 7 cases show mild improvement(23.3%)

6.0 STATISTICAL ANALYSIS

Null hypothesis

"Augmented clinical synthesis" is not effective in indicating similimumfor cases of Bronchial Asthma.

RESULT

Statistical Tool Applied: Paired t test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Before_Treatment_Score	7.47	30	1.756	.321
	After_Treatment_Score	2.80	30	1.064	.194

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Before_Treatment_Score & After_Treatment_Score	30	.532	.002

Paired Samples Test

		Paired Differences			
					95% Confidence Interval of the Difference
		Mean	Std. Deviation	Std. Error Mean	Lower
Pair 1	Before_Treatment_Score - After_Treatment_Score	4.667	1.493	.273	4.109

Paired Samples Test

		Paired Differences			
		95% Confidence Interval of the Difference			
		Upper	t	df	Sig. (2-tailed)
Pair 1	Before_Treatment_Score - After_Treatment_Score	5.224	17.117	29	.000

Since P Value < 0.05, null hypothesis is rejected.

Inference: "Augmented clinical synthesis" is effective in indicating similimum for cases of Bronchial Asthma.

7.0 DISCUSSION

The study was titled “A CLINICAL STUDY ON BRONCHIAL ASTHMA USING AUGMENTED CLINICAL SYNTHESIS” " in indicating homoeopathic similimum for cases of bronchial asthma patients who visited Sarada Krishna Homoeopathic Medical College and Hospital's outpatient and peripheral OPDs.

Patients for my study were chosen based on inclusion criteria. After careful case taking in a restructured case record format, 30 cases of bronchial asthma were chosen. The medicine has chosen after consulting with AUGMENTED CLINICAL SYNTHESIS , and the final prescription was completed with the assistance of Materia medica. Each patient's symptom severity was assessed before and after treatment using the asthma symptom utility index (ASUI) for quality of life in bronchial asthma. Tables and charts were used to record observations.

AGE

Among the 30 cases, the age ranges between 15-50. Out of these, 4 cases (13.3%) fall under the age group of 15-24 Years, 6 cases (20%) fall under the age group 25-34years,3 cases(10%) fall under the age group of 35- 44,17cases(56.6%) fall under the age group of 45-54,most of the patient come under the age group of 45-54.

GENDER

Among the 30 cases studied, there were 10 male cases showing a Percentage of 33.3%and 30 female case showing the percentage of 66.6%. This finding is consistent with the findings of Dirkje S. Postma, MD, PhD's study, Gender Differences in Asthma Development and Progression, which found that severe asthma is more prevalent in females. Women are more susceptible to the effects of smoking in adulthood and are more likely to develop asthma[46]. According to M. Eric Gershwin and Timothy E Albertson (2006)'s book "Bronchial Asthma: A Guide for Practical Understanding and Treatment," severe adult-onset asthma affects more women than men. Oestrogen replacement therapy, Chlamydia or Mycoplasma respiratory infection, certain jobs, tobacco smoking, gastric reflux, obesity, and sleep difficulties are all important risk factors and concomitant conditions [47].

ASSOCIATED SYMPTOM WITH BRONCHIAL ASTHMA:

From 30 cases studied ,24 cases (80%) presented with cough, 5 cases(16.6%) presented with coryza and 1 case(3.33%) presented with skin complaints. In Harrison's manual of medicine, 18th edition author says that Most asthmatics are atopic, and they often have allergic rhinitis and/or eczema[13].

COUGH

Among 30 cases studied, 20 cases(66.6%) presented cough with whitish expectoration along with breathing difficulty.4 cases(13.3%) presented dry cough along with breathing difficulty.6 cases(20%) presented with no cough . The New England Journal of Medicine is a medical journal published in the United Kingdom. According to William M Corrao, Sidney S Braman, and Richard S Irwin, cough is frequently associated with bronchial asthma[48]. According to Peter V. Dicpinigaitis of the ACCP Evidence-Based Clinical Practice Guidelines, asthma is one of the most common causes of chronic cough in adult nonsmokers. Although coughing is frequently associated with shortness of breath and wheezing, it can also occur as a precursor to typical asthmatic symptoms, or it can be the primary or only symptom of asthma. The latter condition is known as cough-variant asthma [49].

In Augmented clinical synthesis, there is separate chapter for cough and expectoration. CoughLOOSE,

Cough-COUGH in general, Cough-waking-on, Cough-Night,Cough-WARM-drinks-amel, cough-lying-side right agg, Cough-TALKING-agg,Cough-WALKING-agg,COUGH-PAIN-Chest, Cough-COLD-drinks-agg,

Cough-COLD-food|agg,Cough-SOURFOODagg,Cough-PERSPIRATION-after|agg,

Cough-COLD-drinks-agg, Cough-COLD-food|agg,

Cough-WARM-drinks-agg,Cough-Dry,Cough-DRY-Morning-early-morning,Cough-DRY- night,Expectoration-WHITE,Expectoration-SCANTY,Expectoration-DIFFICULT,Expectoration-THICK, Cough-lying agg,

Expectoration-SCANTY,Expectoration-YELLOW,Expectoration-MUCOUS. These are the rubrics used in my study.

REMEDIES PRESCRIBED

Out of 30 cases , Arsenicum album was indicated for 11 patients (36.6%), Sulphur was indicated for 4 patients (13.3%) ,Anti tart was indicated for 2 patients(6.66%),Cal.carb

was indicated for 2 patients (6.66%),Nux vomica was indicated for 3 patients(10%) and the following remedies are prescribed for one patient :Bacillinum (3.33%), Ignatia(3.33%),Ars Iod(3.33%),Lach(3.33%) Sili(3.33%),Kalicarb(3.33%) MercSol(3.33%) Bryonia(3.33%), Phos(3.33%)

In a retrospective study of 62 cases of study of bronchial Asthma by rancisco xavier eizayaga, Jose eizayaga, Francisco xavier eizayaga the Frequently used medicines are Nux vomica, Ars Alb,Sulphur, Pulsatilla, Silicea, Tuberculinum, Kali carb,Calcarea carb, Phosphorus, Lachesis etc[30]

PRESENTING SYMPTOMS

Among 30 cases studied, frequently repeated symptoms from all the cases are the following, cough with whitish expectoration in 14 cases(46.6%),dry cough in 1 case(3.33%) ,Wheezing with in 19 cases(63.3%),<ascending satirs in 8 cases(26.6 %),<night in 14 cases(46.6%), disturbed sleep in 16 cases(53.3%),<cold air in 5cases(16.6%),<dust from in10 cases(33.3%),<lying while in 6cases(20 %),<morning in 4cases(13.3%),

<mid night after in 1 case (3.33%),<walking in 9 cases (30%),<cold intake in 3 cases(10%),<cold season in 2 cases (6.66%),<exertion in 1 case (3.33%), <talking in 5 cases(16.6%),<head sweating in 3 cases(10%).

According to Harrison's manual of medicine, 18th edition, the most common respiratory symptoms in asthma are wheezing, dyspnea, and cough. Exercise can sometimes trigger an increase in asthma symptoms, which usually appear after the exercise has ended. Potential triggers include air pollution, cold air, occupational hazards, and stress[13].

The majority of the symptoms presented by the patient in bronchial asthma during the study can be attributed to one of the rubrics in this repertory. Most of the symptoms of bronchial asthma appear in the respiratory chapter, under the heading Respiration-Difficult.

ASTHMA SYMPTOM UTILITY INDEX (ASUI) SCORE BEFORE AND AFETR TREATMENT

The asthma symptom utility index has a scale of 0 to 15. (ASUI). When the before and after scores of the 30 cases studied were compared, all of the cases showed improvement by observing a decrease in the after score. Revickiet created the ASUI in 1998 to assess

the severity of asthma symptoms and their impact on patients. The reliability and validity of the ASUI indicate that it will be a useful[50].

MOST FREQUENTLY USED RUBRICS FROM AUGMENTED CLINICAL SYNTHESIS:

Among 30 cases, most frequently used rubrics selected from Augmented clinical synthesis were Respiration-difficult in 26 cases(86.6%), Respiration- difficult- walking in 9 cases(30%), Respiration-difficult-ascending in 9 cases(30%), Respiration- difficult-night in 13 cases(43.3%), Respiration-wheezing in 15 cases(50%) and Respiration-difficult- dust as from are in 13 cases(43.3%) , Respiration - difficult -midnight after are in 1 case (3.33%),Respiration-difficult-exertion after is in 3 cases(10%), Respiration- difficult -cold from taking are in 4 cases(13.3%), Respiration-difficult- cold air agg are in 7 cases(23.3%) , Respiration-difficult-cough during are in 5 cases (16.6%), Respiration-difficult-lying while are in 8 cases(26.6),Expectoration-whitish are in 10 cases (33.3%), Cough-cough in general in 12 cases(40%), Respiration-difficult -morning are in 4 cases(13.3%) , Respiration-difficult-talking in 3 cases (10%)and Respiration-difficult-wet weather in is in 2 cases(16.6%).

IMPROVEMENT STATUS

Among 30 cases, 9 cases shows marked improvement(30%),14 cases show moderate improvement(46.6%), and 7 cases show mild improvement(23.3%)

Assessment Criteria [51]

Marked improvement: Frequency, duration and intensity of attacks reduced remarkably. Tolerance to triggering agents increased. Subjective and objective wellbeing.

Moderate: Frequency, duration and intensity of attacks reduced moderately with some tolerance to triggering agents developed.

Mild: Partial reduction of intensity of symptoms and duration duringactive treatment only.

No Improvement: No response after considerable period of treatment

Worse: Aggravation of subjective and objective symptoms.

8.0 LIMITATIONS AND RECOMMENDATIONS

LIMITATIONS

1. A small number of samples were used in this analysis. The study's findings and inferences must be interpreted with caution.

2. This study was only followed up on for a maximum of 6 months, which was insufficient time.

3. Case selection was difficult because many of the cases had irregular follow-ups, and many of the follow-ups were taken at different times by different physicians, making accurate recording of symptoms with intensity difficult. There was no control group to compare the study's results to.

4. In some cases, the analysis was limited to available data because sufficient information was lacking.

5. There were not enough standardised homoeopathic studies to compare or draw conclusions from such a study. As a result, certain human errors can be anticipated.

6. Due to a lack of availability and patient affordability, pulmonary function tests using spirometry, serum IgE, and skin prick tests are not performed in this study (Ethical standards).

RECOMMENDATIONS:

1. A larger sample size and more testing time can produce better results.

2. It would have been more scientific if a control group had been kept in place at the same time to test the efficacy of our homoeopathic treatment.

9.0 CONCLUSION

The following conclusions are drawn from my research.

Females are more affected with bronchial asthma than males.

Among the 30 cases, the age ranges between 15-50. Out of these, 4 cases (13.3%) fall under the age group of 15-24 Years, 6 cases (20%) fall under the age group 25-34years,3 cases(10%) fall under the age group of 35- 44,17cases(56.6%) fall under the age group of 45-54,most of the patient come under the age group of 45-54.

there were 10 male cases showing a Percentage of 33.3%and 30 female case showing the percentage of 66.6%.

24 cases (80%) presented with cough, 5 cases (16.6%) presented with coryza and 1 case(3.33%) presented with skin complaints.

20 cases(66.6%) presented cough with whitish expectoration along with breathing difficulty.4 cases(13.3%) presented dry cough along with breathing difficulty.6 cases(20%) presented with no cough .

Arsenicum album was indicated for 11 patients (36.6%), Sulphur was indicated for 4 patients (13.3%) ,Anti tart was indicated for 2 patients(6.66%),Cal.carb was indicated for 2 patients (6.66%),Nux vo mica was indicated for 3 patients(10%) and the following remedies are prescribed for one patient :Bacillinum (3.33%), Ignatia(3.33%),Ars Iod(3.33%),Lach(3.33%) Sili(3.33%),Kalicarb(3.33%) MercSol(3.33%) Bryonia(3.33%), Phos(3.33%) frequently repeated symptoms from all the cases are the following, cough with whitish expectoration in 14 cases(46.6%),dry cough in 1 case(3.33%) ,Wheezing with in 19 cases(63.3%),<ascending satirs in 8 cases(26.6 %),<night in 14 cases(46.6%), disturbed sleep in 16 cases(53.3%),<cold air in 5cases(16.6%),<dust from in10 cases(33.3%),<lying while in 6cases(20 %),<morning in 4cases(13.3%),<mid night after in 1 case (3.33%),<walking in 9 cases (30%),<cold intake in 3 cases(10%),<cold season in 2 cases (6.66%),<exertion in 1 case (3.33%), <talking in 5 cases(16.6%),<head sweating in 3 cases(10%).

Among 30 cases, most frequently used rubrics selected from Augmented clinical synthesis were Respiration-difficult in 26 cases(86.6%), Respiration- difficult- walking in 9 cases(30%), Respiration-difficult-ascending in 9 cases(30%), Respiration-difficult-night in 13 cases(43.3%), Respiration-wheezing in 15 cases(50%) and

Respiration-difficult- dust as from are in 13 cases(43.3%) , Respiration - difficult - midnight after are in 1 case (3.33%),Respiration-difficult-exertion after is in 3 cases(10%), Respiration- difficult -cold from taking are in 4 cases(13.3%), Respiration-difficult- cold air agg are in 7 cases(23.3%) , Respiration-difficult-cough during are in 5 cases (16.6%), Respiration-difficult-lying while are in 8 cases(26.6),Expectoration-whitish are in 10 cases (33.3%), Cough-cough in general in 12 cases(40%), Respiration-difficult -morning are in 4 cases(13.3%), Respiration-difficult-talking in 3 cases (10%)and Respiration-difficult-wet weather in is in 2 cases(16.6%).

9 cases shows marked improvement(30%),14cases show moderate improvement(46.6%),and 7 cases show mild improvement(23.3%)

To summarise, Augmented clinical synthesis in indicating correct remedy in cases of bronchial asthma is effective.

10.0 SUMMARY

According to the inclusion criteria, 30 patients with bronchial asthma who visited Sarada Krishna Homoeopathic Medical College and Hospital's OPD and peripheral rural centres were chosen. Data was gathered using a pre-structured SKHMC case format. The repertorisation was based on the individual totality and rubric selection through Augmented clinical synthesis by Frederik schroyens, and the prescription was done using standard Materia Medica textbooks.

- 24 cases presented with cough, 5 cases presented with coryza and 1 case presented with skin complaints.
- 20 cases presented cough with whitish expectoration along with breathing difficulty.4 cases presented dry cough along with breathing difficulty.6cases presented with no cough .

Frequently repeated symptoms from all the cases are , cough with whitish expectoration in 14 cases ,drycough in 1 case ,Wheezing with in 19 cases,<ascending satirs in 8 cases,<night in 14 cases, disturbed sleep in 16 cases,<cold air in 5cases,<dust from in10 cases,<lying while in 6cases,<morning in 4cases,<mid night after in 1 case,<walking in 9 cases,<cold intake in 3 cases,<cold season in 2 cases ,<exertion in 1 case (3.33%), <talking in 5 cases,<head sweating in 3 cases.

- In my study, the indicated remedies are Arsenicum album was indicated for 11 patients, Sulphur was indicated for 4 patients,Anti tart was indicated for 2 patients,Cal.carb was indicated for 2 patients ,Nux vomica was indicated for 3 patients and the following remedies are prescribed for one patient :Bacillinum , Ignatia,Ars Iod,Lach ,Sili,Kalicarb, MercSol,Bryonia, Phos.

From this study out of 30 cases, the main indicated rubrics relating tobronchial asthma from Augmented clinical synthesis by frederik schroyens such as Respiration-difficult, Respiration- difficult- walking , Respiration-difficult-ascending, Respiration- difficult-night , Respiration-wheezing and Respiration-difficult- dust as from , Respiration - difficult -midnight after ,Respiration-difficult-exertion after , Respiration- difficult - cold from taking , Respiration-difficult- cold air agg , Respiration-difficult-cough during , Respiration-difficult-lying ,Expectoration-whitish, Cough-cough in general, Respiration-difficult -morning, Respiration-difficult-talking and Respiration-difficult-wet weather.

- The cases were followed up on and post assessments were performed after 4 to 6 months of prescription, with 9 cases shows marked improvement,14cases

show moderate improvement, and 7 cases show mild improvement.

- Following that, a statistical analysis was performed using the pre and post asthma symptom utility index (ASUI) scores.

- The homoeopathic remedy chosen from the rubric by Augmented clinical synthesis for bronchial asthma was found to have a positive effect on quality of life in bronchial asthma patients.
- As per statistical data , Augmented clinical synthesis is indicating similimum in bronchial asthma cases

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APPENDIX – IGLOSSARY

SI. NO	WORDS	MEANINGS
1.	Quality of life	The degree to which an individual is healthy, comfortable, and able to participate in or enjoy Life events
2.	Remedy	Indicanded medicine among's the group of medicine.
3.	Medicine	A drug in dynamic form which are proved on both sexes, different age groups.
4.	Wheezing	The high velocity of flow of air through narrowed large airways produce wheeze.
5.	Curschmann's Spirals	Spiral shaped mucous plugs which are part of the desquamated epithelium seen in sputum of asthmatic patients.
6.	Repertory	The word repertory means a collection or storehouse of facts and information & it originated from the Latin word repertoire which means an inventory where the information is so arranged that is easy to find. It is the index to homeopathic material medica.
7.	Repertorisation	The process of repertorisation is essentially a logical elimination of apparently similar medicines. It starts with a broad choice and gradually narrows down the field which providesus an adequate and a small group of similar medicines .so that the final selection of the remedy is made easier.
8.	Rubrics	Rubrics are the repertorial language in which a big sentence is expressed in terms of shorter onewith Proper arrangement
9.	Aphorism	A short clever saying that is intended to expressa general truth

Appendix-II

Sample case format

"Case records are our valuable asset"

SARADA KRISHNA HOMOEOPATHIC MEDICALCOLLEGE & HOSPITAL
KULASEKHARAM, KANYAKUMARI DIST, TAMIL NADU- 629161

CHRONIC CASE RECORD

O.P. No: UNIT: Date:

Name:

Age: Sex: Religion: Nationality:

Nameof father/Spouse/Guardian/Son/Daughter:

Family Size:

Marital status:
Occupation
Diet:
Address:
Phone No (Mobile):

FINAL DIAGNOSIS:

Homoeopathic	
Disease	

RESULT:	Cured	Relieved	Referred	Otherwise	Expired

Initial presentation of illness

PATIENT'S NARRATION (in the very expressions used by him/her)	PHYSICIAN'S INTEROGATION (details Regarding symptoms narrated	PHYSICIAN,S OBSERVATION

.

PRESENTING COMPLAINTS

LOCATION (Tissues,Organs,Systems Extensions & Duration Direction & Frequency)	SENSATION & PATHOLOGY	MODALITY (>,<) & A/F (=)	CONCOMITANTS IF ANY

HISTORY OF PRESENTING ILLNESS:

HISTORY OF PREVIOUS ILLNESS

No	Age/Year	Ilness, trauma, fright, burns, drug allergy(ies), operation(s), exposure(s), innnoculation, vaccination(s), serum, steroids, hormone therapy, antibiotics, analgesics, etc.	Treatment Adopted	Outcome

HISTORY OF FAMILY ILLNESS

PERSONAL HISTORY

A. LIFE SITUATION

Place of birth:

Caste:

Socio- economic status:

Nutritional status:

Dwelling:

Customs:

Nature ofWork:

Political Status:

Religion:

Educational status :

Marital status:

Year of Marriage:

Family status:

Father:

Mother:

Siblings:

Male:

Children

B. HABITS &HOBBIES

Food:

Addictions:

Sleep:

Artistic:

Games/Sports:

DOMESTIC RELATIONS With family members:
With other relatives:
With neighbors/friends/colleagues:

C: SEXUAL RELATIONS:

Pre-Marital: Marital: Extra Marital: Others:

LIFE SPACE INVESTIGATION

A.MENSTRUAL HISTORY:

A. Menses L.M. P: Amenorrhoea-Primary/Secondary

Cycle/Regularit y &its Duration	Duration Of Menses	Flow			
		Qty	Consistency & clots	Color & odor	Stains &Acidityy

CONCOMITANTS

Before	At Start Of	During	After

B. Previous History: Changes in Menstrual CycleMenarche: Early/Late

Early Years (first 3-4 Yrs)
Before Marriage: FMP:

After Pregnancy(ies) Recent. Complaints related to
Menarche

After Marriage

C.

Climacteric: Age of

menopause:
Symptoms associated.

Pre-Menopause	With Menopause	Post Menopause

D.Abnormal Vaginal Discharges (Leucorrhoea/Lochia)

Type	Qty	Onset Duration	Colour Odour	Stains Acridity	Relation with menses	Modalities	Accompaniments	Obvious reason if any

OBSTETICAL HISTORY:

Gravida	Para	Abortion	Death	Live

Previous Pregnancies Including Abortion:

No	Age of Conception	Yr. Date and Period Of Pregnancy	Abnormalities in Pregnancy & Treatment Adopted	Labour Events	Mode Of Delivery	Nature Of Puerperium

Child

Gender	Birth Weight	Condition of Birth	Congenital Abnormality	Viability	Cause of Death	Lactation History

Contraceptive method(s) adopted
1.Temproary (used/in use/duration)
2. Permanent (changes of contraceptive method(s) and if so reason, any complaints from use

Present Pregnancy: L.M.P Date of Quickening

E.D.C H/O Morning sickness Other

Complaints

GENERAL SYMPTOMS:

A.PHYSICALS

FUNCTIONAL

Appetite :

Thirst :

Sleep :

Dreams

I.ELIMINATIONS

1. Stool :
2. Urine :
3. Sweat :
4. Breath
5. Discharges
6. Abnoraml Secretions & Excrertions

II.REACTIONS TO

REACTIONS TO	**Aversions**	**Desire**	**Intolerance/ Sensitive to**	**Aggravation**	**Amelioration**
Time					
Thermal					
Season					
Meterological					
Moon Phase					
Places					
Air/Fanning					
Clothing/Covering					
Bathing/Washing					
Food/Drinks					
Undigested Food					
Touch/Pressure					
Posture					
Motion					
Sleep					
Sex					
Special. Senses					
Eliminations					
Menses					

III. CONSTITUTIONAL

Physical Makeup	**Temperament**	**Thermal**	**Side Affinity**	**Sensation/Tendencies**

B.MENTAL GENERAL

Will & Emotions including motivations (Love, hate, anger, sadness, fear, fright,anxiety, suspicious, cause, modalities, state, aversion and cravings (excluding food & drinks,) etc.

Understanding and Intellect (perception, thinking, consciousness, decision,confidence, speech, motivation, cause, mental state)

Memory (Effect on Behaviour & functions)

PHYSICAL EXAMINATION

GENERAL

- Conscious :
- General appearance:
- General built and nutrition:
- Height
- Weight
- BMI
- Anaemia:
- Jaundice:
- Clubbing:
- Cyanosis:
- Oedema :
- Nails
- Gait

- Lymphadenopathy:
- Pulse rate: Resp rate: B.P:
- Temp
- Others

B.SYSTEMIC EXAMINATION

1 .Respiratory system:

2.Cardiovascular system:

3.Gastro Intestinal system:

4.Urogenital system:

5.Skin and glands :

6.Musculoskeletal system

7.Central Nervous system:

8 . Endocrine

9.Eye and ENT:

10. Others:

C.REGIONALS

LABORATORY FINDINGS

DIAGNOSIS

- Provisional Diagnosis :
- Differential Diagnosis:
- Final Diagnosis (Disease):

DATA PROCESSING

A. ANALYSIS OF CASE

COMMON	UNCOMMON

B. EVALUATION OF SYMPTOMS

MIASMATIC ANALYSIS:

	PSORA	SYCOSIS	SYPHILIS
Family History			
Past History			
Mind			
Body			

Miasmatic Diagnosis:

TOTALITY OF SYMPTOMS

HOMOEOPATHIC DIAGNOSIS

SELECTION OF MEDICINE

A. Non-Reportorial Approach
B. Reportorial Approach

Repertorial Totality: (Selection of appropriate Repertory, Selection of symptoms for repertorisation, conversion of symptoms into corresponding rubrics for repertorisation)

No	Symptoms	Rubrics	Explanation	Page No

Reportorial result:

Medicine						

a) PDF if any

b) Analysis of Reportorial Result

SELECTION OF POTENCY AND DOSE

Potency

Dose

PRESCRIPTION

GENERAL MANAGEMENT INCLUDING AUXILLARY MEASURES

General/Surgical/Accessory:

Restrictions (Diet, Regimen etc.):

Disease	Medicinal

PROGRESS & FOLLOW UPS

APPENDIX III

ASTHMA SYMPTOM UTILITY INDEX (ASUI)

These questions are about different symptoms of asthma and how often you are bothered by these symptoms in the past two weeks. Please mark as a ☒inthe one box that best describes your answer:

1. How many days were you bothered by coughing during the pasttwo weeks?
0 ☐Not at all (skip to question 2)
1☐1-3 days
2☐4-7days
3☐8-14days

1a. On average, how severe was your coughing during the past two weeks?

- □ 1 Mild
- □ 2 Moderate
- □ 3 Severe

2. How many days were you bothered by wheezing during the past twoweeks?

0☐Not at all (skip to question 3)

1☐1-3days

2☐4-7days

3☐8-14 days

2a On average, how severe was your wheezing during the past two weeks?

- □ 1 Mild
- □ 2 Moderate
- □ 3 Severe

3.How many days were you bothered by shortness of breath during thepast two weeks?

0 ☐Not at all (skip to question 4)
2 ☐1-3 days

2☐4-7 days

3☐8-14 days

3a On average, how severe was your shortness of breath during the pasttwo weeks?

- □ 1 Mild
- □ 2 Moderate
- □ 3 Severe

4.How many days were you awakened at night due to asthma during the pasttwo weeks?

0☐Not at all (skip to question5)

1☐1-3 days

2☐4-7 days

3☐8-14 days

4a On average, how much of a problem was being awakened at night dueto asthma during the past two weeks?

- □ 1 Mild
- □ 2 Moderate
- □ 3 Severe

5.How many days were you bothered by side effects of your asthmamedication during the past two weeks?

0☐Not at all (skip to question5)

1☐1-3 days

2☐4-7 days

3☐8-14 days

5a If one day or more, what side effects did you have?

5b On average, how severe were the side effects of your asthma medicationduring the past two weeks?

- □ 1 Mild
- □ 2 Moderate
- □ 3 Severe

ASSESSMENT CRITERIA

- Marked improvement: Frequency, duration and intensity of attacks reduced remarkably. Tolerance to triggering agents increased. Subjective and objective wellbeing.
- Moderate: Frequency, duration and intensity of attacks reduced moderately with some tolerance to triggering agents developed.
- Mild: Partial reduction of intensity of symptoms and duration during active treatment only.
- No Improvement: No response after considerable period of treatment
- Worse: Aggravation of subjective and objective symptoms.

APPENDIX – IV

FORM 4 – CONSENT FORM

PART 1 OF 2

INFORMATION FOR PARTICIPANTS OF STUDY

Title of the project:

"A CLINICAL STUDY ON BRONCHIAL ASTHMA USING AUGMENTED CLINICAL SYNTHESIS."

Name of the investigator/guide:

Dr. SUMAN SANKAR A.S.MD (Hom),
PROFESSOR, DEPT O F REPERTORY
SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE
AND HOSPITAL, KULASEKHARAM

Purpose of this project/study:

- To find clinical utility of Augmented clinical synthesis by Dr.Frederik schroyens in indicating correct remedy in cases of bronchial asthma.
- To evaluate the efficacy of homoeopathic medicine selection using Augmented clinical synthesis repertory for the treatment of patients with bronchial asthma.
- To generate data on frequently using rubrics and medicine from Augmented clinical synthesis repertory in treatment of bronchial asthma

Procedure/methods of the study:

A sample of 30 cases diagnosed with bronchial asthma visiting in OPD, IPD and ruralcenters of SKHMC is selected. Male, female, old and child patients except 0-14 yearis considered. Data will be collected according to pre-structured SKHMC case format. Effectiveness of rubrics in Augmented clinical synthesis are studied. Case taking, physical examination and required investigations (if needed) will be done. Medicine is selected from the Augmented clinical synthesis by Homeopathic principles. Thus, can check the effectiveness of rubrics from the book. Study will be followed every 14days to observe further changes and the case will be followed for 6 months to know recurrence. Cases will be followed up and assessment will be done on monthly basis or whenever required. Pre and post treatment analysis using Asthma Symptom UtilityIndex (ASUI).

1. Expected duration of the subject participation : 6 months to 1 year
2. The benefits to be expected from the research to the participant or to others.
3. And the post-trial responsibilities of the investigator:
4. Improvement in recurrence of attack and intensity of the symptoms

Any risks expected from the study to the participant:

Only homoeopathic medicines are given, hence, there is no risk involved in thisstudy.

Maintenance of confidentiality of records :

I will not disclose identity of the research participants at any time, during or after thestudy period or during publication. Securely store data documents in locked locationsand Encrypt identifiable computerized data. All information revealed by you will be kept as strictly confidential.

Provision of free treatment for research related injury:

No such injuries are expected to happen in this research.

Compensation of the participants not only for disability or death resulting from such injury but also for unforeseeable risks:

No.

Freedom to withdraw from the study at any time during the study periodwithout the loss of benefits that the participant would otherwise be entitled:

Your participation in this study is voluntary and you are free to refuse treatment orwithdraw from the study at any time if you are not satisfied.

Possible current and future uses of the biological material and of the data tobe generated from the research and if the material is likely to be used for secondary purposes or would be shared with others, this should be mentioned:

Future uses of the biological material and of the data to be generated from the research and if the material is likely to be used for secondary purposes or will be shared with others only with your consent.

Address and telephone number of the investigator and co-investigator/guide:

INVESTIGATOR:

DR.S.SARADHIPRIYADHARSHINI,

DEPARTMENT OF REPERTORY,

SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE,

KULASEKHARAM, KANNIYAKUMARI DISTRICT,

TAMIL NADU-629161, PHONE NO:6369214559

GUIDE:

Dr. SUMAN SANKAR A.S., M.D(HOM)

PROFESSOR, DEPT OF REPERTORY

SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL,
KULASEKHARAM, KANNIYAKUMARI(DIST) TAMILNADU – 629 161

Phone: 9443500675

The patient information sheet must be duly signed by the investigator:

Yes, will be duly signed by the investigator with date and time.

CONSENT FORM

PART 2 of 2- Participant consent form

Participant's name:

Address:

Title of the project:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunityto ask questions. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that willnormally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s).I have been given an information sheet giving details of the study. I fully consent to participate in the above study.

Signature of the participant: Date:_____

Signature of the witness: Date:_____

Signature of the investigator: Date:_____

CONSENT FORM
(For participants less than18 years of age)

PART 2 of 2- Parent/Legally accepted representative (LAR)

Participant's name: Address:

Parent/LAR' s name:

Title of the project: "A CLINICAL STUDY ON BRONCHIAL ASTHMA USING AUGMENTED CLINICAL SYNTHESIS"

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my child/ward's participation in the study is voluntary andthat I am free to withdraw my child/ward at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrictthe use of any data or results that arise from this study provided such a use is only for scientific purpose(s).I have been given an information sheet giving details of the study. I fully consent for the participation of my child/ward in the above study.

Assent of child/ward obtained (for participants 7 to 18 years of age)

Signature of the parent/ LAR Date:

Signature of the witness: Date:

Signature of the investigator: Date:

APPENDIX-V

"Case records are our valuable asset"

SARADA KRISHNA
HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
KULASEKHARAM, KANYAKUMARI DIST, TAMIL NADU- 629161

CHRONIC CASE RECORD

O.P. No: 10785/22

UNIT: IV B Date: 06-10-2022

Name: Mrs.M.N

Age:29

Sex:Female

Religion:Hindu

Nationality:Indian

Nameof father/Spouse/Guardian/Son/Daughter:

Marital status: married

Occupation:

House wife

Family

size:Nuclear

Diet:Non-Veg

Address:padavadvilai,

Unnamalakadi

Phone No (Mobile): 9488365912

FINAL DIAGNOSIS:

Homoeopathic	**CHRONIC MIASMATIC DISEASE – PSORA SYCOTIC**
Disease	**BRONCHIAL ASTHMA**

RESULT:	Cured	Relieved	Referred	Otherwise	Expired

1. INITIAL PRESENTATION OF ILLNESS

PATIENT'S NARRATION (in the very expressions used by him /her)	PHYSICIAN'S INTERROGATION (details regarding symptom narrated)	PHYSICIAN'S OBSERVATION
Patient narrated that she is having Breathing difficulty since 1 year. Heaviness of chest. cough with scanty whitish expectoration occasionally. Dry Cough <early morning <night. wheezing present on both sides. Intolerance to cold.	since when the complaint Started? since childhood she has this . complaint and aggravated occassionally. When your complaints aggravate? <walking <ascending stairs <night Any other complaints do you have? she is also having frequent tendency to pass urine.	on examination wheezing present On both sides

PRESENTING COMPLAINTS:

LOCATION (Tissues,Organs,Systems Extensions & Duration Direction & Frequency)	SENSATION & PATHOLOGY	MODALITY (>,<) & A/F (=)	CONCOMITANTS IF ANY
Respiratory system Since childhood (6-7 years of age) most of the day in a week since 2-3 years.	Breathing difficulty. Wheezing on both sides Dry Cough .	<walking <ascending stairs <night <earlymorning <night	Restlessness

HISTORY OF PRESENTING ILLNESS:

The complaint started since child hood ,6-7 years of age as breathing difficulty.it comes occasionally. On that time she used ayurvedic medicines and allopathy .from 2-3 year back onwards breathing difficulty attack on most of the day in a week. Took allopathic medication and inhalers. Got only temporary relief. Now she comes for homoeopathic medication.

HISTORY OF PREVIOUS ILLNESS

No	**Age/Year**	**Ilness, trauma, fright, burns, drug allergy(ies), operation(s), exposure(s), innnoculation, vaccination(s), serum, steroids, hormone therapy, antibiotics, analgesics, etc.**	**Treatment Adopted**	**Outcome**
1	**54 year**	Fracture of femur from a fall	Allopathy	**Relieved**

HISTORY OF FAMILY ILLNESS

Nothing relevant

PERSONAL HISTORY

A. LIFE SITUATION

Place of birth:kanniyakumari

Caste: Hindu

Socio- economic

status: middle class family

Nutritional status: Well nourishsed

Dwelling: Customs:

Nature of Work:

Father:died

Mother:died

Siblings: 1 Younger sister

Children:2,one male ,one female

B. HABITS & HOBBIES

Food: Non vegetarian

Addictions:Noaddictions

Sleep: Good

Artistic:

Games/Sports:

C.DOMESTIC RELATIONS

With family members: good

With other relatives: good

With neighbors/friends/colleagues: good

D.SEXUAL RELATIONS:

Pre-Marital: Marital: Extra Marital: Others:

LIFE SPACE INVESTIGATION

The patient was born in a middle-class family. Her child hood was good.She was not that much interested in studies.so she discontinued the study . On her age 25, she did marriage. She is leading a happy family life with her husband. During any anxiety and during any diseases she feel mentally restles.she is in confused state always.

GENERAL SYMPTOMS:

A. PHYSICALS

I.FUNCTIONAL

1. Appetite : Normal
2. Thirst : Normal(1.2 -2 L/day)
3. Sleep :disturbed during asthma attacks
4. Dreams:nothing particular

II. ELIMINATIONS

1. Stool : sensation of not passing completely ,want to go again.
2. Urine : normal, frequency increased at night
3. Sweat :Normal
4. Breath:normal
5. Discharges:nothing particular

III. **REACTIONS TO**

REACTIONS TO	**Aversions**	**Desire**	**Intolerance/ Sensitive to**	**Aggravation**	**Amelioration**
Time					
Thermal					
Season		Cold climate			
Meterological					
Moon Phase					
Places					
Air/Fanning					
Clothing/Covering					

Bathing/Washing					
Food/Drinks			Milk,pulses,fruites increases respiratory symptom.		
Undigested Food					
Touch/Pressure					
Posture					
Motion					
Sleep					
Sex					
Special. Senses					
Eliminations					
Menses					

IV. CONSTITUTIONAL

Physical Makeup	**Temperament**	**Thermal**	**Side Affinity**	**Sensation/Tendencies**
Moderatel y built, oxygenoid constitution	Nervous temparament	amphithermal		

B. MENTAL GENERAL

1) **Will & Emotions including motivations** (Love, hate, anger, sadness, fear, fright,anxiety, suspicious, cause, modalities, state, aversion and cravings (excluding food & drinks,) etc.
2) Mental restlessness
3) **Understanding and Intellect** (perception, thinking, consciousness, decision,confidence, speech, motivation, cause, mental state)
4) **Memory** (Effect on Behavior&functions)

PHYSICAL EXAMINATION

A. GENERAL

- Conscious : Consious
- General appearance: Fair Complexion
- General built and nutrition: moderately built
- Height:154 cm
- Weight:64 kg
- Anaemia: No pallor
- Jaundice:No icterus
- Clubbing: nil
- Cyanosis: nil
- Oedema : nil
- Nails: Normal
- Gait: Normal
- Lymphadenopathy:Absent
- Pulse rate: 80/minResp rate:20/min
- B.P: 120/80 mm of hg
- Temp 98.6^0 F
- Others

B. SYSTEMIC EXAMINATION

1. Respiratory system: wheezing on both sides
2. Cardiovascular system: NAD

3. Gastro Intestinal system:NAD
4. Urogenital system:NAD
5. Skin and glands: NAD
6. Musculoskeletal system: NAD7.Central Nervous system: NAD
7. Endocrine: NAD 9.Eye and ENT: NAD10.Others:

LABORATORY FINDINGS

DIAGNOSIS

- Provisional Diagnosis : bronchial asthma
- Differential Diagnosis: chronic bronchitis
- Final Diagnosis (Disease): bronchial asthma

DATA PROCESSING :

A. ANALYSIS OF CASE

COMMON	UNCOMMON
Breathing difficulty <walking <ascending stairs <night Wheezing on both sides. Cough <early morning <night. Frequent urination at night Disturbed sleep	Mental restlessness Intolerance to Milk,pulses,fruites

B. EVALUATION OF SYMPTOMS

Mental restlessness

Intolerance to Milk,pulses,fruites

Disturbed sleep

Breathing difficulty

<walking

<ascending stairs

<night

Cough

<early morning <night

Frequent urination at night

MIASMATIC ANALYSIS:

	PSORA	SYCOSIS	SYPHILIS
Family History			
Past History			
Mind	Mental restlessness		
Body		Breathing difficulty	Frequent urination <night

Miasmatic Diagnosis: Psora Sycotic

TOTALITY OF SYMPTOMS

- Mental restlessness

Intolerance to Milk, pulses, fruits

Disturbed sleep Breathing difficulty

<walking

<ascending stairs

<night

Dry cough

Frequent urination at night

SELECTION OF MEDICINE

C. Repertorial Approach

b) Repertorial Totality: (Selection of appropriate Repertory, Selection of symptoms for repertorisation, conversion of symptoms into corresponding rubrics for repertorisation)

b) **Repertorial result**

Respiration-Difficult,
Respiration-difficult-walking agg,
Respiration-difficult-ascending stairs agg ,Respiration-difficult-night,
Chest-Oppression,
Cough-Dry,
Cough-DRY-Morning-early-morning,
Cough-DRY- night,
Respiration-wheezing

PDF if any

SELECTION OF POTENCY AND DOSE

A. Potency 200 according to susceptibility of the patient

B. Dose 1d according to homoeopathic law of similimum

PRESCRIPTION Bacillinum0/3/1d
10 ml aqua 5 gtt x 3 hrly
for one week.

ASUI SCORE:9

GENERAL MANAGEMENT INCLUDING AUXILLARY MEASURES

General/Surgical/Accessory: avoiover exertion

Avoid cold exposureDrink warm water

Restrictions (Diet, Regimen etc.):

Disease	Medicinal
Avoid cold foods and drinks	Avoid taking coffee

PROGRESS & FOLLOW UP

06-10-2022	Breathing difficulty better,cough slightly better	Improving	Bacillinum0/3/1d 10 ml aqua 5 gtt x 3 hrly for one week.
12-10-2022	Breathing difficulty better,cough better.mental restlessness slightly better	Improving	Bacillinum 0/3/1 dose for oneWeek
19-11-2022	Breathing difficulty better.	Improving	Bacillinum0/3/4d for one month

APPENDIX VI
CASE SUMMARY

CASE 1

The patient X1 presented with the complaints of Breathing difficulty aggravated by walking fast, ascending stairs, night. Heaviness of chest. He is also having cough with scanty whitish expectoration occasionally. Dry Cough which is aggravated early morning and night. Recurrent attacks of acute respiratory infection. Intolerance to cold. Pain in back and hip joint on and off. Pain in lower extremity which is aggravated by cold climate and during menses.On examination, wheezing present on both sides. He is also having tendency of passing urine frequently. Intolerance to milk, pulses, fruits which brings on respiratory symptom. Mental restlessness present. By using Augmented clinical synthesis by Dr.Frederik Schroyens ,the respiratory symptoms are repertorised. The following rubrics are considered Respiration-Difficult,Respiration-difficult-walkingagg,Respiration-difficult-ascending stairs agg ,Respiration-difficult-night,Chest-Oppression,Cough-Dry,Cough-DRY-Morning-early-morning,Cough-DRY- night,Respiration-wheezing.,The following medicines arsenicum album, Bacillinum and carbo veg are indicated. Finally Bacillinum0/3/2d is selected as indicted remedy by using Materia medica.The following changes are noted Wheezing not present, Breathing difficulty not present,<walking better,<ascending stairbetter,<night better.

CASE 2

The patient X2 is presenting with breathing difficulty during cough. Cough with whitish scanty expectoration. Sensation as if mucous present in throat which is aggravated during cold season and after eating. On examination, wheeze heard over right and left upper lobe. The sleep disturbed due to breathing difficulty. by using Augmented clinical

synthesis by Dr.Frederik Schroyens, the respiratory symptoms are repertorised ,the following rubrics are considered Respiration-DIFFICULT,Respiration-WHEEZING,Expectoration-WHITE,Expectoration-SCANTY, Throat- MUCUS., The following medicines are indicated Antimonium tartaricum, arsenicum album and sulphur . Finally antimonium tartaricum 200/3d selected based on Materia medica. Breathing difficulty feels better. saccharum latis is given. Next follow up shows breathing difficulty is better.

CASE 3

The patient X3 presented with the complaints of Difficulty in breathing which is aggravated on ascending stairs and ameliorated by lying down. She is thirstless. Desire hot climate.Desire cold food, spicy food, fruits. Desire Covering. Aversion Fanning. During examination there is Wheezing both side. Sleep disturbed due to complaints. The case is repertorised by using Augmented clinical synthesis by Dr.Frederik Schroyens. The following rubrics are considered.Respiration-DIFFICULT, Respiration-WHEEZING, Respiration-DIFFICULT-ascending-stairs,Respiration-DIFFICULT-lying-amel.,Ars alb,Nux vom and Sul are indicated remedies. From that Nux vom 200 /2d is selected based on Materia medica reference. Wheezing absent on examination, Difficulty in breathing is better.

CASE 4

The patient X4 presented with the complaints of cough with or without whitish expectoration. Sneezing with watery coryza which is aggravated by dust exposure. Breathing difficulty aggravated by dust from, evening, night and ameliorated by expectoration.On examination Wheezing present on both sides. The patient having suffocative cough with coryza (nasal discharge and sneezing). by using Augmented clinical synthesis by

Dr.Frederik Schroyens. the respiratory symptomsare repertorised.The important rubrics noted are Cough-Dry,Expectoration-WHITE,Nose-SNEEZING,Nose-CORYZA-watery,Respiration-DIFFICULT-dust,as from, Respiration-DIFFICULT-evening,Respiration-DIFFICULT-Night,Respiration-DIFFICULT-expectoration-amel, Respiration- WHEEZING., Arsenicum Iodatum ,Ipecac, and Nux vomica are indicated . from this , Arsenicum Iodatum 0/6/7d is given with the help of Materia medica.Breathing difficulty on evening improved, on dust exposure improved, No Wheezing,Cough improved, No Coryza .

CASE 5

The patient X5 presented with the complaints of Breathing difficulty Aggravated by dust from, cold taking, by perspiration on scalp, ascending stairs. On examination Wheezing present on right side. The patient also having pain in both knee joint and hip joint. The respiratory symptom of the patient is repertorised by using Augmented clinical synthesis by Dr.Frederik Schroyens. The following rubrics are considered Respiration-DIFFICULT,Respiration-DIFFICULT-dust as from, Respiration-DIFFICUL T-cold-drinks-agg,Respiration-DIFFICULT-ascending-stairs., Arsenicum album, Ipecac, Silicea are indicated . From that Silicea1M/1d is selected by referring Materia medica. The following results get on follow up Breathing difficulty better, Wheezing absent.

CASE 6

The patient X6 presented with the complaint of Breathing difficulty aggravated by damp Weather, head sweating, walking, heat of sun, lying, night, ameliorated by expectoration. Sleep disturbed due to complaints. Patient also having great weakness of body and Cough with expectoration with watery coryza.Nose block < cold exposure,<morning < evening. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised. The important rubrics considered

are Respiration-DIFFICULT, Respiration-DIFFICULT-weather-damp,Respiration-DIFFICULT-perspiration, Respiration-DIFFICULT-walking-agg,Respiration-DIFFICULT-Lying-agg, Respiration-DIFFICULT-Night-agg,Respiration-difficult-expectoration- amel, Cough-LOOSE, Nose-CORYZA,Nose-OBSTRUCTION- Cold-air-agg.,Arsenicum album, Mercurius solubilis and Sulphur are mainly indicated.By referring Materia medica, Mercurius solubilis 200/3D is given. The follow up shows Breathing difficulty better, Cough better, Sleep improved.

CASE 7

Patient X7 presenting with the complaints of Breathing difficulty aggravated by walking and upstairs and is ameliorated by rest. Sneezing with coryza which is aggravated getting from bed, morning. Patient also having Severe weakness and Dryness of mouth. on examination,Wheezing present on both sides. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised.The following rubrics are considered. Respiration-DIFFICULT, Respiration-DIFFICULT-Walking,Respiration-DIFFICULT-ascending, Respiration-wheezing,Nose-SNEEZING- Coryza with, Nose-SNEEZING-Morning.Arsenicum album,Sulphur,Ipecac are indicated. Then by referring Materia medica Arsenicum album 30/3d is given. Respiratory complaints becomebetter, and a new skin complaint appeared. The following improvements are seen Breathing difficulty better, wheezing better.

CASE 8

The patient X8 presenting with the complaint of Breathing difficulty aggravated by dust exposure,5 a.m, cold exposure. On examination,mild wheeze heard over left upper lobe. The sleep is Disturbed during complaint. Thirst is decreased.The patient is also having Cough with little whitish expectoration which is aggravated on waking up. By using

Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised. the following rubrics are considered. Respiration-DIFFICULT-dust, as from,Respiration-DIFFICULT-cold-air-agg,Respiration-WHEEZING,Cough-COUGH in general, Expectoration- WHITE, Cough-waking-on.,Arsenicum album,Ipecac,Sulphur are indicated. By referring Materia medica Arsenicum album 0/6 is given. All respiratory complaints improved, and a new skin symptom appeared, the same medicine is repeated. the following improvement is observed Breathing difficulty better, Wheezing absent ,Sleepdisturbance better, Cough occasionally, Sneezing better, skin complaint better.

CASE 9

The patient X9 presented with the complaints of Breathing difficulty aggravated by dust exposure and is ameliorated by warm water drinking. The patient is also having Cough without expectoration. On examination Wheezingpresent on both sides. Patient also having lumbar region pain. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised.the following rubrics are considered.Respiration-DIFFICULT,Respiration-DIFFICULT-dust,as from,Respiration-WHEEZING,Cough-DRY.Arsenicum album,Kali-carbonicum, Sulphur are indicated remedies.By referring Materia medica ,Sulphur 200/2d is given.The main improvement noted are Breathing difficulty Better, Wheezing better.

CASE 10

Case X10 presented with the complaints of Breathing difficulty aggravated by cold exposure, after mid night.Pain in sternum aggravated during breathing difficulty. Sleep is Disturbed due to breathing difficulty. Cough with scanty expectoration. On examination, wheeze sounds heard on both side of the chest. Rhonchi heard all over the lung field. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the

respiratory symptoms are repertorised.the following rubrics are considered.Respiration-DIFFICULT,Respiration-DIFFICULT-Cold-air-agg,Respiration-DIFFICULT-midnight-after, Cough- COUGH,in general,Expectoration-SCANTY,Respiration-WHEEZING. Arsenicum album, Sambucus and Sulphur are mostly indicated remedies. From this with the help Materia medica Arsenicum album 30 is selected and given to the patient.

CASE 11

The patient X 11 presented with the complaints of Breathing difficulty aggravated by ascending and descending stairs and sitting and ameliorated by rest.Patient also having dry Cough occasionally, Sleep disturbed due to complaint. Stool is constipated. Patient also having vertigo. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised.The following rubrics are considered.Respiration-DIFFICULT,Respiration-DIFFICULT-ascendingRespiration-SITTING-agg,Respiration-REST-amel,Cough-DRY. Arsenicum album,Ipecac and Sulphur are more indicated. from this Sulphur 200/2d is selected with reference to Materia medica and given to patient. Following changes noted Breathing difficulty better, Sleep improved.

CASE 12

The patient X 12 presenting with the complaints of Breathing difficulty aggravated by ascending stairs and exertion. Patient also have Cough with whitish expectoration. On examination Wheezing on bothsides present. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised.The following rubrics areconsidered.Respiration-DIFFICULT,Respiration-DIFFICULT-ascending, Respiration-DIFFICULT-exertion,Cough-COUGH,in general, Expectoration-WHITE, Respiration-WHEEZING are considered as important rubrics. Arsenicum album, Calcarea

carbonicum, Pulsatilla are indicated remedies. By referring Materia medica , Calcarea carbonicum 200is given to patient.

CASE 13

The patient X13 presented with the complaints of Breathing difficulty aggravated by night, lying down,cold food and drinks. Cough with whitish expectoration, expectoration difficult .sleep disturbed,patient also have pain in lumbar region and head pain . By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised.The following rubrics are considered. Respiration-DIFFICULT,Respiration-DIFFICULT-night,Respiration-DIFFICULT-lying down,agg,Respiration-DIFFICULT-Cold-drinks-agg, Respiration-DIFFICULT-Cold-food|agg, Cough- COUGH , in general, Expectoration- WHITE Expectoration-DIFFICULT.Ars,Phos,Sul,Ant-t are the most indicated remedy .from this with the help of Materia medica Antim tart 200 is selected. The following changes noted. Breathing difficulty< is better, Cough better, sleep improved.

CASE 14

The patient X14 presented with the complaints of Breathing difficulty aggravated at night and cold air. Cough without expectoration. Aggravation at night.on examination Wheezing present. Sleep very much disturbed. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised.The following rubrics are considered.Respiration-DIFFICULT, Respiration-DIFFICULT-night,Respiration-DIFFICULT-cold-air-agg,Respiration-WHEEZING.Cough-DRY,Cough-Night., Ars,Sul,Puls are indicated remedy. From this with the help of Materia medica Arsenicum album 30 is selected. Following changes are noted Breathing difficulty better, Cough better, wheezing absent, Sleep improved.

CASE 15

The patient is presented with Breathing difficulty, Difficulty to expiration aggravated by dust.Cough with whitish expectoration. Patient also having abdominal pain. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised.Respiration-DIFFICULT,Respiration-DIFFICULT-expiration, Respiration-DIFFICULT-dustasfrom,Cough-COUGH,ingeneral,Expectoration-WHITE, Ars,Sul,Ip are indicated remedy.By the help of Materia medica ,Sulphur 30 is selected and given to the patient. On next visit Cough with whitish expectoration present. Sulphur 30 is repeated. Then Breathing difficulty better, Cough dry occasionally. Saccharum lattis200 is given. On next follow up Breathing difficulty better, Cough better.

CASE 16

The patient X16 presented with the complaints of Cough preceded by breathing difficulty, whitish expectoration with. Breathing difficulty aggravated by cold weather, dust, after eating, night-lying, after exertion. Chest pain on inspiration if breathing difficulty last long time. Sleep is disturbed. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised.The following important rubrics are considered.Respiration-DIFFICULT,Cough-COUGH -in general, Expectoration- WHITE, Respiration-DIFFICULT-dust as from, Respiration-DIFFICULT-eating-after|agg,Respiration-DIFFICULT-night,Respiration-DIFFICULT- lying-agg, Respiration-DIFFICULT-exertion after, Chest-pain-inspiration- agg. Ars,Sulp,Phos,Puls are indicated. With reference to Materia medica Sulphur 1m is selected. The following changes are observed Cough better, breathing difficulty better, Chest in pain on inspiration slightly better, sleep improved. After that Saccharum lattis 200 is given.

CASE 17

The patient X17 presenting with the complaints of Breathing difficulty aggravated by lying down, dust, cold exposure,walking, exertion. Sleep is disturbed. Patient also presented with knee joint pain. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised. The following important rubrics are considered. Respiration-DIFFICULT,Respiration-DIFFICULT-dust as from, Respiration-DIFFICULT-lying-agg,Respiration-DIFFICULT-cold-air-agg, Respiration-DIFFICULT-walking-agg,Respiration-DIFFICULT-exertion-after|agg,Ars,Sul,hep,kali carb are indicated. with the help of Materia medica Arsenicum album 200 is selected. The following changes are noted, breathing difficulty better, Sleep improved.

CASE 18

Patient X18 presented with the complaints of Breathing difficulty aggravated at night, inspiration, sadness after, sitting. Ameliorated by bending forward. Patient also having Pain over sternum, palpitation with. Sleep is disturbed, patient also having head pain. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised.The following important rubrics are considered. Respiration-DIFFICULT,Respiration-DIFFICULT-night,Respiration-DIFFICULT-inspiration,Respiration-DIFFICULT-sitting-agg,Respiration-DIFFICULT-palpitation during,Respiration-DIFFICULT-bending-forward-amel,Chest-pain-sternum.Ars,Sul,Ip,Ign are indicated remedy. With the help of Materia medica Ignatia 0/3 selected and given to the patient. The following changes are noted. Breathing difficulty improved, Pain over sternum better, Palpitation present, Sleep slightly improved

CASE 19

The patient X19 presented with the complaints of Breathing difficulty aggravated by lying down and is ameliorated after passing stool. Pain in sternum extending to back.the patient also having Cough with whitish expectoration Aggravated at night, morning ameliorated by rest. On examination, wheezing present on both sides.sleep is disturbed. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised. The following important rubrics are considered. Respiration-DIFFICULT,Respiration-DIFFICULT-lying-agg,Respiration-WHEEZING,Cough-COUGH,ingeneral,Expectoration-WHITE,Chest-pain-sternum. Ars,Puls,Sul are indicated remedy. With the help of Materia medica, Arsenicum album 0/3 is selected and given to the patient, following changes arenoted. breathing difficulty better, Wheezing absent, Sleep improved, Pain in chest improved.

CASE 20

The patient X20 presented with the complaints of Breathing difficulty aggravated by talking, night, lying down, morning, dust. Patient also having palpitation And sleep disturbance. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised. The following important rubrics are considered.Respiration-DIFFICULT,Respiration-DIFFICULT-morning,Respiration-DIFFICULT-night ,Respiration-DIFFICULT-talking-agg,Respiration-DIFFICULT-lying-agg,Respiration-DIFFICULT-dust,asfrom,Respiration-DIFFICULT-palpitation during. Ars,Lach,.Plus are indicated .With the help of Materia medica, Lachesis 0/3 given to the patient. The following changes are noted, Breathing difficulty better, Palpitation better, Sleep improved.

CASE 21

The patient X21 presented with Cough with whitish expectoration aggravated by cold season, drinking cold water, smoke and is ameliorated by warm water drinking. Patient having Breathing difficulty aggravated by cold season, cold drinks, sun exposure, dust, cough and ameliorated by warm water. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised. The following important rubrics are considered.Cough-COUGH,in general,Expectoration-WHITE, Respiration-DIFFICULT,Respiration-DIFFICULT-Weather-wet|agg,Respiration-DIFFICULT-cold-drinks-agg, Respiration- DIFFICULT-dust as from, Respiration-DIFFICULT-cough during|agg,Cough-WARM-drinks-amel. Ars,Sul,Calc,Phos are indicated remedy. With the help of Materia medica ,Arsenicum Album 200 is selected. Following changes are noted. Cough with whitish expectoration better, Breathing difficulty better, Sneezing and coryza persist

CASE 22

The patient X22 presented with the complaints of Breathing difficulty aggravated by ascending stairs, inspiration, travelling air, walking,cold climate,night,10-11 pm.Sleep is disturbed. On examination ,Wheezing on right side. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised.The following important rubrics are considered. Respiration-DIFFICULT,Respiration-DIFFICULT-ascending,Respiration-Difficult-night,Respiration-DIFFICULT-walking-agg,Respiration-DIFFICULT-weather-wet|agg,Respiration-DIFFICULT-inspiration,Respiration-WHEEZING. Calc,Ars,Sul are indicated remedy. By referring Materia medica, Calcareacarb 0/3 is selected and given to the patient. The following changes are noted better, Sleep improved, Wheezing absent.

CASE 23

The patient X23 presented with the complaints of Breathing difficulty aggravated by walking, lying on right side and ameliorated by lying on left side. Patient also have Cough with whitish expectoration aggravated by walking, lying down ameliorated by expectoration, lying on left side. Sleep is disturbed.By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised.The following rubrics are considered.Respiration-DIFFICULT,Respiration-DIFFICULT-walking-agg, Cough-cough in general,Expectoration-THICK, Cough-lying agg, cough-lying-side right agg.Ars,stann ,puls are indicated remedy. From this, Arsenicum album 200 is selected with reference to Materia medica. The following changes are noted. But no improvement in symptoms Breathing difficulty present but better, With wheezing, Cough present whitish expectoration slightly present. Sleep is disturbed.

CASE 24

The patient X24 presented with the complaints of Cough with scanty expectoration, Pale yellow colour. Aggravated by walking, talking, night and ameliorated by warm water. Breathing difficulty aggravated by walking, morning, dust, night. Sleep is disturbed. Patient having Pain in knee joint. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised. The following rubrics are considered.Expectoration-SCANTY,Expectoration-YELLOW,Cough-TALKING-agg,Cough-WALKING-agg,COUGH-PAIN-Chest, Respiration-DIFFICULT-morning ,Respiration-DIFFICULT,Respiration-DIFFICULT-walking,Respiration -DIFFICULT -dust as from, Respiration-DIFFICULT-night. Phos,stann,Puls,Nux-vom are indicated remedy. With the helpof materia medica Nux Vomica 200 is selected and given to patient. Cough better, breathing difficulty better, Sleep improved.

CASE 25

The patient X25 presented with the complaints of Cough with difficult expectoration, mucus like expectoration aggravated by cold drinks and food, sour food, perspiration of head. The patient also has Sneezing aggravated by early morning on rising,Itching of both eyes. Patient have Cough leading to breathing difficulty aggravated by cold intake, dust,cold air. Sensation of mucus in the chest. Watery nasal discharge andWeakness of whole body. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised. The following rubricsareconsidered.Cough-COUGH,ingeneral,Expectoration-DIFFICULT,Expectoration-MUCOUS,Cough-COLD-drinks-agg,Cough-COLD-food|agg,Cough-SOURFOODagg,Cough-PERSPIRATION-after|agg,Nose-SNEEZING-rising-after,Respiration-DIFFICULT-cold-drinks-agg,Respiration-DIFFICULT-cough-during|agg,Respiration-DIFFICULT-dust as from,Respiration-DIFFICULT- cold-air agg.Ars,phos and Calc are come as indicated. From this with the help of Materia medica arsenicum album 0/6 is selected and given to patient. The changes noted are cough better, wheezing absent, itching of both eyes persist but better, Watery nasal discharge better, Sensation of mucus in the chest better, Weakness of whole body better.

CASE 26

The patient X26 presented with the complaints of Cough with whitish expectoration aggravated by cold drinks and food, ameliorated by warm water. Breathing difficulty with cough agravated by lying down, ameliorated by sitting. Patient also have Weakness on chest, Hoarseness of voice. On examination Wheezing present. The Sleep is disturbed. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised.The following important rubrics are considered. Cough-COUGH,in general, Expectoration-WHITE,Cough-COLD-drinks-agg, Cough-COLD-food|agg,Cough-WARM-drinks-agg, Respiration-DIFFICULT- cough during,

Respiration-DIFFICULT-lying, Respiration-WHEEZING, Respiration-DIFFICULT-sitting-amel,Chest - WEAKNESS, Larynx and trachea-VOICE-horseness.Phos,sul,puls are come. With the help of Materia medica Phosphorus 30 is given to the patient. The following changes are noted Cough with whitish expectoration better, breathing difficulty with cough better, Weakness on chest better, No Wheezing, Sleep better.

CASE 27

The patient X27 presented with the complaints of Cough, expectoration difficult< aggravation on morning. Breathing difficulty aggravated by early morning, night,dust,cold air.patient also have Sneezing with coryza aggravated on early morning, pain in vertex of head, pain in lower extremities. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised. The following rubrics are considered. Cough-COUGH in general, Expectoration-DIFFICULT, Cough-MORNING, Respiration-DIFFICULT-night, Respiration-DIFFICULT-dust as from, Respiration-DIFFICULT-cold-air agg, Respiration -DIFFICULT -morning,NOSE-SNEEZING. Ars,Nux-v,Puls,phos,Lach are most indicated remedies. With the help of Materia medica ,Nux vomica 30 is given. On next follow upCough persist, Breathing difficulty, Sneezing with coryza better. Lachesis 0/3 is given. Cough better, Breathingdifficulty <early morning better but persist, Sneezing with coryza present.

CASE 28

The patient X28 presented with Cough with whitish expectoration aggravated by cold exposure and night. Breathing difficulty aggravated by dust exposure, cold air, walking,ascending stairs, night. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the rspiratory symptoms are repertorised. The following rubrics are considered. Cough-COUGH in general, Expectoration-WHITE, Cough-COLD-air-agg,Cough-NIGHT, Respiration-DIFFICULT, Respiration-DIFFICULT- dust asfrom,

Respiration-DIFFICULT-cold-air-agg,Respiration-DIFFICULT-walking-agg, Respiration- DIFFICULT -ascending, Respiration -DIFFICULT -night. Ars,Sul,puls are come as indication.by referring Materia medica bryonia 200 is given. On next follow up Coughwith whitish expectoration better, Breathing difficulty absent. Saccharum latis 200 is given. On next follow up breathing difficulty attack come with cough. Then Arsenicum album 200 is given. After that Breathing difficulty improved, Cough occasionally, Sleep improved.

CASE 29

The patient X29 presented with the complaints of Breathing difficulty aggravated by talking, night,ascending stairs, ameliorated by drinking warm water. During breathing difficulty cough present. Breathing difficulty ameliorated by expectoration. Patient also having Skin-itching all over the body except face. Scratching until it become ulcer. Sleep disturbed. on examination ,Wheezing on both sides present. The patient also have cervical pain. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised. The following rubrics are considered. Respiration-DIFFICULT, Respiration-WHEEZING, Respiration-DIFFICULT-talking-agg,Respiration-DIFFICULT - night, Respiration- DIFFICULT-ascending,Respiration-DIFFICULT-cough.Respiration-DIFFICULT-warm-drinks-amel.Ars,Kali-c,Puls are indicated remedy. With the help of Materia medica, arsenicum album 30 is selected and given to the patient. The following changes are seen Breathing difficulty better, Wheezing absent. During breathing difficulty cough present mildly, Skin-itching all over the body except face better but persist. Disturbed sleep improved

CASE 30

The patient X30 presented with the complaints of Breathing difficulty aggravated by lying down, morning, talking,walking ameliorated by bending forward .patient also

having Cough with thread like expectoration aggravated during breathing difficulty .sleep is Disturbed .On examination, Wheezing is present. By using Augmented clinical synthesis by Dr.Frederik Schroyens,the respiratory symptoms are repertorised. The following important rubrics are considered. Respiration-DIFFICULT,Respiration-DIFFICULT-lying,Respiration-DIFFICULT-morning, Respiration-DIFFICULT-talking-agg,Respiration-DIFFICULT-walking-agg,Respiration-DIFFICULT- bending -forward -amel, Cough-COUGH, in general, Respiration-DIFFICULT-cough during. Respiration-WHEEZING.Ars,Kali-c.,Sul are come as indicating remedies.By referring Materia medica ,Kali carb 200 is selected. During second follow up, No breathing difficulty, Cough present ,no wheezing, Sleep improved. Saccharum

lattis 200 is given.On third follow up symptoms reappeared. Again Kali carb 200 is given. On next follow up No breathing difficulty, Cough better ,no wheezing, Sleep improved.

APPENDIX VII

SL NO:	OP NO:	NAME	AGE /SEX	SYMPTOMS	REPORTORIA LTOTALITY	MEDICIN E POTENC Y DOSE	SCORE		REMARKS	IMPROVEMEN T STATUS
							BEFORE	AFTER		
1.	1078 5 /22	X1	29 /femal e	Breathing difficulty. < walking fast, <ascendin g stairs, night. Heaviness of chest. cough with scanty whitish expectora tion occasiona lly. Dry Cough <early morning <night. wheezing present on both sides.	Respiration-Difficult, Respiration-difficult-walking agg, Respiration-difficult-ascending stairs agg , Respiration-difficult-night, Chest-Oppression, Cough-Dry, Cough-DRY-Morning-early-morning, Cough-DRY- night, Respiration-wheezing	Bacillinum0/3/1d 10 ml aqua 5 gtt x 3 hrly for one week. Bacillinum 0/3/1 dose (sos) for onemonth PL/ 1d in	9	3	**First follow up** Wheezing not present Breathing difficulty <walkingbetter <ascending stair present Cough with whitish expectoration present **Second follow up** Two attack come in between butit is not become that much severe. Wheezing not present Breathing difficulty not present <walking better <ascending stair better Cough with whitish expectoration better <night better **Third follow up**	Marked improvem ent

2.	13695/22	X2	47/ Female	Intolerance to cold. Breathing difficulty during cough. Cough with whitish scanty expectoration. Sensation as if mucous present in throat <during cold season ,<after eating. wheeze heard over right and left upper lobe. The sleep is disturbed due to breathing difficulty	Respiration- DIFFICULT, Respiration- WHEEZING, Expectoration- WHITE, Expectoration- SCANTY, Throat- MUCUS	10mlaqua ½ x tds Antimonium tartaricum 200/2d, 1 d in 10 ml aqua 5gtt x 3 hrly for 2 weeks Antimonium tartaricum 200/2d, 1 d in 10 ml aqua 5gtt x 3 hrly for 2 weeks Saccharum lactis/14 dose 1 dose morning Antimonium tartaricum 200/2d(SOS) Saccharum lactis/14 dose 1 dose morning	10	2	Wheezing not present. Breathing difficulty not present<walking better <ascending stair better Cough with whitish expectoration not present **First follow up** Breathing difficulty betterno wheezing -Cough improved, **second follow up** Breathing difficulty better no cough, occasionally one ortwo cough breathing difficulty improved,no wheezing. 1-2 days,breathing difficulty atnight No disturbance in sleep **3 rd follow up**	Marked Improvement

									breathing difficulty improved cough occasionally,1 night slight breathing difficulty comes. Sound sleep get	

3.	1102 9/22	X3	27/ femal e	Difficulty in breathing <ascending stairs,>by lying down. Thirstless. Desire hot climate. Wheezing onboth side. Sleep disturbed due to complaints.	Respiration-DIFFICULT, Respiration-WHEEZING, Respiration-DIFFICULT-ascending-stairs, Respiration-DIFFICULT-lying-amel	Nux vom 200 /2d One dose in 10 mlaqua 5 gtt x 3 hrly 2 week Nux Vom 200/4 dose 5 gtt x qid for 1month PL/ 1d in 10mlaqua ½ x tds	9	4	**First follow up** Wheezing absent Difficulty in breathing slightly better. Disturbed sleep improved Sleep disturbed in some days **Second follow up** Wheezing on both sides better Difficulty in breathing better Difficulty in breathing after midnight improved **Third follow up** Wheezing absent Difficulty in breathing morningbetter	Marked improvement

4	8259/22	X4	37/ Female	cough with or without whitish expectoration. Sneezing with watery coryza <dust exposure. Breathing difficulty <by dust <from, evening, <night and >by expectoration.Wheezing present on both sides. suffocative cough with coryza (nasal discharge and sneezing).	Cough-Dry, Expectoration-WHITE, Nose-SNEEZING, Nose-CORYZA-watery, Respiration-DIFFICULT-dust,as from, Respiration-DIFFICULT-evening, Respiration-DIFFICULT-Night, Respiration-DIFFICULT-expectoration-amel, Respiration- WHEEZING	Arsenicum Iodatum 0/6/2d 5 gtt x 3hrly two week Arsenicum Iodatum 0/6/4d 5 gtt x 3hrly For one month 1.Saccarum lactis /14 dose 1 dose /alt bid 2. Arsenicum Iodatum 0/6/3d (sos) for 1 month	9	4	**First followup** Breathing difficulty improved. Wheezingpresent Cough present ,slightly betterCoryza improved **Second followup** Breathing difficulty on dustexposure better No Wheezing Cough present No Coryza **third followup** Breathing difficulty on dust exposure improved No Wheezing Cough improved No Coryza	Marked improvement

5.	10587/22	X5	17/ Female	Breathing difficulty < by dust from,< cold taking,< by perspiration on scalp, <ascending stairs. Wheezing present on right side.	Respiration-DIFFICULT, Respiration-DIFFICULT-dust as from, Respiration-DIFFICULT-cold-drinks-agg, Respiration-DIFFICULT-ascending-stairs	1.Silicea1M/1d 1.Silicea 1M/2 dose Weekly once 2.saccharam lactis /14 dose alt morning 1.saccharam lactis /14 dose alt morning	9	4	**First followup** Breathing difficulty better Breathing difficulty<cold takingbetter. Breathing difficulty <perspiration on scalp persist assame Breathing difficulty <ascending stairs Persist as same Wheezing absent **Second followup** Breathing difficulty better Breathing difficulty<cold takingbetter. Breathing difficulty <perspiration on scalp persist assame Breathing difficulty<ascending stairs present Wheezing absent. **Third follow up** Breathing difficulty better Breathing diffity<cold taking better	Marked improvement

6.	5796/22	X6	48/ Female	Breathing difficulty <by damp Weather, <head sweating, <walking, <heat of sun, <lying, <night, >by expectoration. Sleep disturbed due to complaints. Great weakness of body and Cough with expectoration with watery coryza.Nose block < cold exposure,< morning < evening	Respiration-DIFFICULT, Respiration-DIFFICULT-weather-damp, Respiration-DIFFICULT-perspiration, Respiration-DIFFICULT-walking-agg, Respiration-DIFFICULT-Lying-agg, Respiration-DIFFICULT-Night-agg, Respiration-difficult-expectoration- amel, Cough-LOOSE, Nose-CORYZA, Nose-OBSTRUCTION-Cold-air-agg	Mercurius solubilis 200/2D One dose in 10 ml aqua 5 gttx 3 hrly For 2 weeks Mercurius solubilis 200/2D One dose in 10 ml aqua 5 gttx 3 hrly For 2 weeks Mercurius solubilis 200/2D (SOS) Saccharum lactis 200/14 dose (Alt morning)	9	2	**First follow up** Breathing difficulty better <damp Weather slightly better, Sleep disturbed due to complaint weakness of body better Cough with expectoration better **second followup** Breathing difficulty better <damp Weather better, Cough better Sleep improved Weakness improved **Third followup** Breathing difficulty better <damp Weather better , Breathing difficulty Cough better Sleep improved Weakness improved	Moderate improvement

7.	925/22	X7	50/female	Breathing difficulty <by walking <upstairs and >by rest. Sneezing with coryza <getting from bed, <morning. Severe weakness and Dryness of mouth. Wheezing present on both sides.	Respiration-DIFFICULT, Respiration-DIFFICULT-Walking,Respiration-DIFFICULT-ascending, Respiration-wheezing,Nose-SNEEZING- Coryza with, Nose-SNEEZING-Morning	Arsenicum album 0/3/2 dose One dose in 10 ml aqua 5 gtt 3 hrly For 2 weeks . Arsenicum album 0/3/3 dose One dose in 10 ml aqua 5 gtt 3 hrly for 2 weeks Arsenicum album 0/3/3 dose(sos) Saccharum lactis 200/14 dose (Alt morning)	9	4	**First followup** Breathing difficulty slightly better Wheezing slightly present Weakness better **Second follow up** Breathing difficulty slightly better Wheezing better Weakness better Dryness of mouth better **Third follow up** Breathing difficulty better No Wheezing Weakness better No dryness of mouth	Moderate improvement

8.	4772/22	X8	21/ Female	Breathing difficulty <by dust exposure,< cold exposure. Mild wheeze heard over left upper lobe. The sleep is Disturbed d. Thirst is decreased. Cough with little whitish expectoration < on waking up.	Respiration-DIFFICULT-dust, as from, Respiration-DIFFICULT-cold-air-agg, Respiration-WHEEZING, Cough-COUGH in general, Expectoration-WHITE, Cough-waking-on	Arsenicum album 200/2dose one dose in 10 ml aqua 5 gtt x 3 Hrly for 2 weeks Arsenicum album 200/4dose one dose in 10 ml aqua 5 gtt x qid for1 month Arsenicum album 200/4 dose one dose in 10 ml aqua 5 gtt x qid for1 month Saccharum latis 200/15 dose (alt morning)	9	3	**First follow up** Breathing difficulty betterWheezing absent Sleep disturbance better Cough with whitish expectoration better **Second follow up** Breathing difficulty betterWheezing absent Sleep disturbance better Cough occassionally **Third follow up** Breathing difficulty betterWheezing absent sleep disturbance better Cough occasionally.	Marked improvement

9.	7677/18	X9	47/ Female	Breathing difficulty <by dust exposure and > by warm water drinking. Cough without expectoration.Wheezing present on both sides.	Respiration-DIFFICULT, Respiration-DIFFICULT-dust,as from ,Respiration-WHEEZING, Cough-DRY	Sulphur 200/2d, one dose in 10 ml aqua 5 gtt x 3 hrly for 2 weeks Sulphur 200/2d, one dose in 10 ml aqua 5 gtt x 3 hrly for 2 weeks Saccharum latis 200/7 dose (alt morning)	6	3	**First follow up** Breathing difficultyBetter Wheezing better Cough better **Second follow up** Breathing difficulty better Wheezing on left side better Cough better **Third follow up** Breathing difficultyBetter Wheezing better Cough better	Moderate improvement

10.	1565/09	X10	49/ male	Breathing difficulty < by cold exposure,< after mid night.Pain in sternum <during breathing difficulty. Sleep is Disturbed due to breathing difficulty. Cough with scanty expectoration.Wheeze sounds on both side of the chest. Rhonchi heard all over the lung field.	Respiration-DIFFICULT, Respiration-DIFFICULT-Cold-air-agg, Respiration-DIFFICULT-midnight-after, Cough- COUGH,in general, Expectoration-SCANTY, Respiration-WHEEZING	Arsenicum album 0/3/2 dose One dose in 10 ml aqua 5 gtt 3 hrly For 2 weeks . Arsenicum album0/3/3 dose One dose in 10 ml aqua 5 gtt 3 hrly for 2 weeks Arsenicum album 0/3/3 dose(sos) Saccharum lactis 200/14 dose (Alt morning)	6	2	**First follow up** Breathing difficulty persist assame Pain in sternum<breathing difficulty persist as same Disturbed sleep due to breathingdifficulty **Second follow up** Breathing difficulty slightlybetter Pain in sternum<breathing difficulty persist slightly better Disturbed sleep slightly better **Third follow up** Breathing difficulty slightlybetter Pain in sternum<breathing difficulty persist slightly better Disturbed sleep slightly better	Mild improvement

11.	1176/16	X11	49/ Female	Breathing difficulty <by ascending and descending stairs and <sitting and > by rest. Dry Cough occasionally, Sleep disturbed due to complaint. Stool is constipated.	Respiration-DIFFICULT, Respiration-DIFFICULT-ascending Respiration-SITTING-agg, Respiration-REST-amel, Cough-DRY	Sulphur 200/2d (weekly once) For 2 weeks Sulphur 200/2d (weekly once) For 2 weeks Sulphur 200/2d (SOS) Saccharum lactis 200/14 dose (Alt morning)	7	2	**<u>First followup</u>** Breathing difficulty slightly better <ascending stairs persist butimproved Cough-dryPersist **<u>Second followup</u>** Breathing difficulty better <ascending stairs persist butimproved Cough -dryBetter Sleep improved **<u>Third followup</u>** Breathing difficulty better <ascending stairs persist butimproved Cough -dryBetter Sleep improved	Moderate improvement

12	8553/16	X12	50/ Female	Breathing difficulty <by ascending stairs,<exertion. Cough with whitish expectoration. Wheezing on both sides present.	Respiration-DIFFICULT, Respiration-DIFFICULT-ascending, Respiration-DIFFICULT-exertion, Cough-COUGH,in general, Expectoration-WHITE, Respiration-WHEEZING	Calcarea Carb 200/2D, one dose in 10 mlaqua 5gtt x 3 hrly 2 weeks Calcarea Carb 200/3 dose, one dose in 10 mlaqua 5gtt x qid One month Calcarea Carb 200/3 dose, one dose in 10 mlaqua 5gtt x qid One month Saccharum lactis 200/14 dose (Alt morning)	9	3	**First follow up** Breathing difficulty better <ascending stairs persist Cough with whitish expectorations lightly better Slight wheezing on both sides **Second follow up** Breathing difficulty better <ascending stairs persist Cough with whitish expectorationslightly betterNo wheezing **Third follow up** Breathing difficulty better <ascending stairs persist Cough with whitish expectorationslightly better No wheezing Sleep improved	Mild improvement

13	4420/16	X13	50/ Female	Breathing difficulty <by night, <lying down,<cold food and drinks. Cough with whitish expectoration, expectoration difficult .sleep disturbed.	Respiration-DIFFICULT, Respiration-DIFFICULT-night, Respiration-DIFFICULT-lying down,agg, Respiration-DIFFICULT-Cold-drinks-agg, Respiration-DIFFICULT-Cold-food|agg, Cough- COUGH , in general, Expectoration- WHITE Expectoration-DIFFICULT	Anti tart200/3dose One dose in 10 ml aqua 5 gtt x 3hrly Anti tart200/3 doseOne dose in 10 ml aqua 5 gtt xqid Antim tart200/3 doseOne dose in 10 ml aqua 5 gtt xqid Saccharum lactis 200/14 dose (Alt morning)	9	3	**First followup** Breathing difficulty <night, lying down persist Cough better sleep disturbed **second followup** Breathing difficulty <night, lying down better Cough better sleep improved **third followup** Breathing difficulty <night, lying down better Cough better sleep improved	Moderate Improvement

14	4034/22	X14	16/ Female	Breathing difficulty <at night <cold air. Cough without expectoration. <at night.Wheezing present. Sleep very much disturbed.	Respiration-DIFFICULT, Respiration-DIFFICULT-night, Respiration-DIFFICULT-cold-air-agg, Respiration-WHEEZING. Cough-DRY, Cough-Night.	Arsenicum album 30/3 dose one dose in 10 ml aqua 5 gtt x 3 hrly Arsenicum album 30/3 dose one dose in 10 ml aqua 5 gtt x qid Arsenicum album 30/3 dose one dose in 10 ml aqua 5 gtt x qid Saccharum lactis 200/14 dose (Alt morning)	**9**	**3**	**<u>First followup</u>** Breathing difficulty slightly better <night present Cough without expectorationpresent Wheezing absent Sleep disturbed **Second follow up** Breathing difficulty better <night better Cough dry Wheezing absent Sleep improved **<u>Third followup</u>** Breathing difficulty better <night better Cough better Wheezing absent Sleep improved	Mild improvement

15.	4942/22	X15	45/ Male	Breathing difficulty, Difficulty to expiration <by dust.Cough with whitish expectoration.	Respiration-DIFFICULT, Respiration-DIFFICULT-expiration, Respiration-DIFFICULT-dustasfrom, Cough-COUGH,ingeneral, Expectoration-WHITE	Sulphur 30/4 dose Alt morning Sulphur 30/4 dose Alt morning Saccharam lactis200/14 dose	6	2	**First follow up** Breathing difficulty present Cough with whitish expectoration **Second follow up** Breathing difficulty better Cough with whitish expectoration slightly better **Third follow up** Breathing difficulty better Cough dry occasinally.	Marked improvement
16	4164/22	X16	40/F	Cough preceded by breathing difficulty, whitish expectoration with. Breathing difficulty <by cold weather, <dust,< after eating, <night,<lying, < after exertion. Chest pain on inspiration if	Respiration-DIFFICULT, Cough-COUGH -in general, Expectoration-WHITE, Respiration-DIFFICULT-dust as from, Respiration-DIFFICULT-eating-after|agg, Respiration-DIFFICULT-night, Respiration-DIFFICULT- lying-agg, Respiration-	Sulphur 1m/4 dose Weekly morning. Saccharam lactis 200/7dose(alt morning) Sulphur 1m/4 dose Weekly morning Saccharam lactis 200/7 dose(alt morning)	4	2	**First follow-up** Cough slightly better With whitish expectoration Breathing difficulty better < night-lying after same asbefore, Chest in pain on inspirationslightly better **second follow-up** Cough better With whitish expectoration during breathing difficulty better Breathing difficulty better < night-lying better but present, Chest in pain on inspiration slightly better sleep improved	Mild improvement

				breathing difficulty last long time. Sleep is disturbed	DIFFICULT- exertion after, Chest-pain- inspiration- agg.	Saccharam lactis 200/7 dose(alt morning)			**third follow-up** Cough better Dry cough occasionally Breathing difficulty better < night-lying better but present, Chest in pain on inspirationbetter sleep improved	

17.	4540/21	X17	27/ male	Breathing difficulty < by lying down, < cold exposure,< walking,< exertion. Sleep is disturbed.	Respiration-DIFFICULT, Respiration-DIFFICULT-dust as from, Respiration-DIFFICULT-lying-agg, Respiration-DIFFICULT-cold-air-agg, Respiration-DIFFICULT-walking-agg, Respiration-DIFFICULT-exertion-after|agg	Arsenicum album 200/3 dose one dose in 10 ml aqua 5 gtt x 3hrly Arsenicum album 200/3 dose one dose in 10 ml aqua 5 gtt x qid Arsenicum album 200/3 dose one dose in 10 ml aqua 5 gtt x qid Saccharam lactis 200/7 dose(alt morning)	6	2	**First follow up** Breathing difficultyslightly betterSleep disturbed **second follow up** Breathing difficulty betterSleep improved **Third follow up** Breathing difficulty betterSleep improved	Moderate improvement

18	592/22	X18	45/Male	Breathing difficulty < at night, <inspiration, <sadness after, <sitting. > by bending forward. Patient also having Pain over sternum, palpitation with. Sleep is disturbed.	Respiration-DIFFICULT, Respiration-DIFFICULT-night, Respiration-DIFFICULT-inspiration, Respiration-DIFFICULT-sitting-agg, Respiration-DIFFICULT-palpitation during, Respiration-DIFFICULT-bending-forward-amel, Chest-pain-sternum	Ignatia 0/3/4dose Night,morning alt weeks Ignatia 0/3/4dose Night, morning alt weeks Ignatia 0/3/4dose Night, morning alt weeks Saccharam lactis 200/7 dose(alt morning)	**6**	**3**	**<u>First follow-up</u>** Breathing difficulty present<nightpresent <inspiration, better Pain over sternum persist, Palpitation better **<u>Second follow-up</u>** Breathing difficulty improved<night better <inspiration, better Pain over sternum persist, Palpitation present Sleep improved **<u>third follow-up</u>** Breathing difficulty improved<night better <inspiration, better Pain over sternum better	Moderate improvement

19.	925/22	X19	50/female	Breathing difficulty < by lying down and> after passing stool. Pain in sternum extending to back.Cough with whitish expectoration < at night, < morning and > by rest. wheezing present on both sides. sleep is disturbed.	Respiration-DIFFICULT, Respiration-DIFFICULT-lying-agg, Respiration-WHEEZING, Cough-COUGH,ingeneral, Expectoration-WHITE, Chest-pain-sternum	Arsenicum album0/3/3 dose one dose in 10 ml aqua 5 gtt x 3hrly Arsenicum album 0/3/3 dose one dose in 10 ml aqua 5 gtt x qid Arsenicum album 0/3/3 dose one dose in 10 ml aqua 5 gtt x qid PL 10 ml aqua 10gtt x 3hrly	9	3	**First follow up** breathing difficulty better Wheezing absent Sleep slightly improved Pain in chest present Cough better **second follow up** Breathing difficulty better Wheezing present Sleep slightly improved Pain in chest present Cough better **Third follow up** Brething difficulty better Wheezing absent Sleep improved Pain in chest improved Cough occasionally dry	Mild improvement

20	5791/22	X20	34/ Male	Breathing difficulty < by talking,< night, <lying down, <morning, <dust. palpitation And sleep disturbance.	Respiration-DIFFICULT,Respiration-DIFFICULT-morning, Respiration-DIFFICULT-night , Respiration-DIFFICULT-talking-agg, Respiration-DIFFICULT-lying-agg, Respiration-DIFFICULT-dust,asfrom, Respiration-DIFFICULT-palpitation during	Lachesis 0/3/3dose, alt morning Lachesis 0/3/3 dose,altmorning Lachesis 0/3/3 dose,alt morning PL 10 ml aqua 10gtt x 3hrly	6	2	**<u>First followup</u>** Breathing difficulty better <night ,<morning slightly improved with palpitation sleep disturbed **<u>second followup</u>** Breathing difficulty better <night better, <morning improved Palpitation better **<u>third followup</u>** Breathing difficulty better <night better, <morning improved slightlyimproved Palpitation better Sleep improved	Moderate improvement

21.	6162/22	X21	50/female	Cough with whitish expectoration <by cold season, <drinking cold water,< smoke and > by warm water drinking. Breathing difficulty < by cold season, <cold drinks,< sun exposure, <dust,< cough and >by warm water.	Cough-COUGH,in general, Expectoration-WHITE, Respiration-DIFFICULT, Respiration-DIFFICULT-Weather-wet|agg, Respiration-DIFFICULT-cold-drinks-agg, Respiration-DIFFICULT-dust as from, Respiration-DIFFICULT-cough during|agg, Cough-WARM-drinks-amel	Ars alb 200/2dose in 10ml aqua 5 gtt x 3hrly Ars alb 200/3dose , one dose in 10 ml aqua 5 gtt x qid Ars alb 200/3dose, one dose in 10 ml aqua 5 gtt x qid for 1 month Saccharam lactis 200/7 dose(alt morning)	6	2	**First follow up** Cough with whitish expectorationpersist Breathing difficulty better **Second follow up** Cough with whitish expectorationbetter Breathing difficulty better **Third follow up** Cough with whitish expectorationbetter Breathing difficulty better	Moderate improvement

22	6723/22	X22	47/Male	Breathing difficulty < by ascending stairs, <inspiration, <walking,<cold climate,<night. Sleep is disturbed.Wheezing on right side.	Respiration-DIFFICULT, Respiration-DIFFICULT-ascending, Respiration-Difficult-night, Respiration-DIFFICULT-walking-agg, Respiration-DIFFICULT-weather-wet|agg, Respiration-DIFFICULT-inspiration, Respiration-WHEEZING	Calcarean carb 0/3/2dose(weekly once) Calcarean carb 0/3/2dose(Weekly once) Calcarean carb 0/3/4dose(SOS) Saccharam lactis 200/7 dose(alt morning)	6	2	**First follow-up** Breathing difficulty better <ascending stairs present, <night improved Sleep disturbed Wheezing right side **Second follow-up** Breathing difficulty better <ascending stairs better <night slightly improved Sleep disturbed Wheezing absent **Third follow up** Breathing difficulty better <ascending stairs better <night improved Sleep improved Wheezing absent	Moderate improvement

23.	7304/22	X23	19/female	Breathing difficulty <by walking, <lying on right side and > by lying on left side. Cough with whitish expectoration <by walking, <lying down , > by expectoration, >lying on left side. Sleep is disturbed.	Respiration-DIFFICULT, Respiration-DIFFICULT-walking-agg, Cough-cough in general, Expectoration-THICK, Cough-lying agg, cough-lying-side right agg	Arsenicum album 200/3 dose one dose in 10 ml aqua 5 gtt x 3hrly Arsenicum album 200/3 dose one dose in 10ml aqua 5 gtt x qid Arsenicum album 200/3dose one dose in 10 ml aqua 5 gtt x qid Saccharam lactis 200/7 dose(alt morning)	9	7	**First followup** Bretahing difficulty slightlybetter <lying on right side presentCough present Whitish expectoration slightlybetter **Second follow up** Breathing difficulty better <lying on right side presentCough present Whitish expectoration slightlybetter **Third follow up** Bretahing difficulty present butbetter With wheezing <lying on right side presentCough present Whitish expectoration slightlypresent Sleep disturbed	Mild improvement

24.	7556/22	X24	49/ male	Cough with scanty expectoration, Pale yellow colour. <by walking,< talking, <night and > by warm water. Breathing difficulty < by walking, <morning, <dust, <night. Sleep is disturbed.	Expectoration-SCANTY, Expectoration-YELLOW, Cough-TALKING-agg, Cough-WALKING-agg, COUGH-PAIN-Chest, Respiration-DIFFICULT-morning, Respiration-DIFFICULT, Respiration-DIFFICULT-walking, Respiration -DIFFICULT-dust as from, Respiration-DIFFICULT-night	Nux vomica 200/3 dose one dose in 10 ml aqua 5 gtt x 3hrly Nux vomica 200/3 dose one dose in 10 ml aqua 5 gtt x qid Nux vomica 200/3 dose (SOS) Saccharam lactis 200/7 dose(alt morning)	7	3	**First follow up** Cough with scanty expectoration persist as same Breathing difficulty better **Second follow up** Cough better Breathing difficulty better **third follow up** Cough better, Breathing difficulty better Sleep improved	Moderate improvement

25.	7608/22	X25	48/ Male	Cough with difficult expectoration, mucus like expectoration < by cold drinks and food,< sour food,< perspiration of head. Sneezing <by early morning on rising.Itching of both eyes. Cough leading to breathing difficulty < by cold intake, <dust,cold air. Sensation of mucus in the chest. Watery nasal discharge andWeakness of whole body	Cough-COUGH,ingeneral, Expectoration-DIFFICULT, Expectoration-MUCOUS, Cough-COLD-drinks-agg, Cough-COLD-food|agg, Cough-SOURFOODagg, Cough-PERSPIRATION-after|agg, Nose-SNEEZING-rising-after, Respiration-DIFFICULT-cold-drinks-agg, Respiration-DIFFICULT-cough-during|agg, Respiration-DIFFICULT-dust as from, Respiration-DIFFICULT-cold-air agg	Arsenicum album 0//6/4 dose One dose in 10 ml aqua 5 gtt x 3hrly Arsenicum album 0//6/4 dose One dose in 10 ml aqua 5 gtt x qid Arsenicum album	6	2	**First followup** Cough with difficult expectoration mucus like expectoration persist assame Sneezing<early morning on risingbetter Itching of both eyes persist No breathing difficulty Watery nasal discharge better Sensation of mucus in the chestbetter Weakness of whole body better **Second followup** Cough with difficult expectoration mucus like expectoration slightly better wheezing present Sneezing<early morning on risingbetter Itching of both eyes persist butbetter Watery nasal discharge better Sensation of mucus in the chestbetter Weakness of whole body better **Third followup** Cough with difficult	Moderate improvement

						0/6/3dose(SOS) Saccharam lactis 200/7 dose(alt morning)			expectoration mucus like expectoration better wheezing absent Sneezing<early morning on risingbetter Itching of both eyes persist butbetter Watery nasal discharge better Sensation of mucus in the chestbetter Weakness of whole body better	

26	2798/22	X26	43/female	Cough with whitish expectoration ,< by cold drinks and food, > by warm water. Breathing difficulty with cough < by lying down, > by sitting. Weakness on chest, Hoarseness of voice. Wheezing present. The Sleep is disturbed.	Cough-COUGH,in general, Expectoration-WHITE, Cough-COLD-drinks-agg, Cough-COLD-food|agg, Cough-WARM-drinks-agg, Respiration-DIFFICULT- cough during, Respiration-DIFFICULT-lying, Respiration-WHEEZING, Respiration-DIFFICULT-sitting-amel, Chest - WEAKNESS, Larynx and trachea-VOICE-horseness	Phosphorus 30/4dose (Alt morning) Phosphorus 30/4dose (Alt morning) Saccaram latis 200/14 dose(alt morning) Phosphorus 30/4dose(sos)	9	3	**<u>First follow up</u>** Cough with whitish expectorationslightly better breathing difficulty with coughpresent Weakness on chest Hoarseness of voice betterWheezing better Sleep disturbed **second follow up** Cough with whitish expectorationbetter breathing difficulty with coughbetter Weakness on chest better Hoarseness of voice betterWheezing better Sleep better **<u>third follow up</u>** Cough with whitish expectorationbetter breathing difficulty with coughbetter Weakness on chest betterNo Wheezing Sleep better	Marked improvement

27.	6656/22	X3	50/ male	Cough, expectoration difficult< on morning. Breathing difficulty < by early morning, <night,<dust, <cold air. Sneezing with coryza < on early morning.	Cough-COUGH in general, Expectoration-DIFFICULT, Cough-MORNING, Respiration-DIFFICULT-night, Respiration-DIFFICULT-dust as from, Respiration-DIFFICULT-cold-airagg, Respiration -DIFFICULT -morning, NOSE-SNEEZING.	Nux vomica 30/3dose One dose in 10 ml aqua 5 gtt x 3hrly Nux vomica 30/3dose One dose in 10 ml aqua 5 gtt x qid Nux vomica 30/3 dose One dose in 10 mlaqua 5 gtt x qid Saccaram latis 200/14 dose(alt morning)	7	2	**First followup** Cough persist Breathing difficulty <early morningpersist <night better Sneezing with coryza better **Second followup** Cough better Breathing difficulty <early morningbetter but persist <night Sneezing with coryza better **Third followup** Cough better Breathing difficulty <early morningbetter but persist <night Sneezing with coryza present	Mild improvement

28.	4943/18	X28	25/female	Cough with whitish expectoration aggravated by cold exposure and night. Breathing difficulty aggravated by dust exposure, cold air, walking,ascending stairs, night.	Cough-COUGH in general, Expectoration-WHITE, Cough-COLD-air-agg, Cough-NIGHT, Respiration-DIFFICULT, Respiration-DIFFICULT-dust asfrom, Respiration-DIFFICULT-cold-air-agg, Respiration-DIFFICULT-walking-agg, Respiration- DIFFICULT-ascending, Respiration -DIFFICULT-night	Bryonia 200/3dose One dose in 10 ml aqua 5 gtt x 3hrly 2 weeks Arsenicum album200//3dose One dose in 10 ml aqua 5 gtt x 3hrly 2 weeks Arsenicum album 200/3dose(SOS) Saccharum lactis 200/15 dose 1 dose alt morning	5	2	**First followup** Cough with whitish expectorationbetter Breathing difficulty absent **Second follow up** Breathing difficulty<dust exposure<cold air<walking<ascending stairs<night >expectoration Cough with whitish expectoration **Third follow up** Breathing difficulty improved Cough occasionally Sleep improved	Marked improvement

29.	7306/18	X29	27/Male	Breathing difficulty < by talking, <night,<ascending stairs, > by drinking warm water. During breathing difficulty cough present. Breathing difficulty > by expectoration. Patient also having Skin-itching all over the body except face. Scratching until it become ulcer. Sleep disturbed. Wheezing on both sides present. The patient also have cervical pain.	Respiration-DIFFICULT, Respiration-WHEEZING, Respiration-DIFFICULT-talking-agg, Respiration-DIFFICULT - night, Respiration-DIFFICULT-ascending, Respiration-DIFFICULT-cough. Respiration-DIFFICULT-warm-drinks-amel	Arsenicum album30/3dose One dose in 10 ml aqua 5 gtt x 3hrly 2 week Arsenicum album30/5dose One dose in 10 ml aqua 5 gtt x 3hrly 2 week Arsenicum album 30/4D (SOS) Saccharum lactis 200/15 dose 1 dose alt morning	9	3	**First followup** Breathing difficulty persist Wheezing absent <,night slightly improved During breathing difficulty coughpresent Breathing difficulty>expectoration Skin-itching all over the body exept face slightly better but prsist Scratching until it become ulcer Breathing difficulty attack most of the days in a week mildly Disturbed sleep **second follow-up** Breathing difficulty better Wheezing absent <, night improved During breathing difficulty coughpresent Skin-itching all over the body except face better but persist Scratching until it become ulcer Disturbed sleep improved **Third follow-up** Breathing difficulty better Wheezing absent <, night improved During breathing difficulty	Moderate improvement

									coughpresent Skin-itching all over the body except face better but persist Scratching until it become ulcer	

30.	9410/13	X30	45/female	Breathing difficulty < by lying down, <morning, <talking,< walking and > by bending forward. Cough with thread like expectoration <during breathing difficulty .sleep is Disturbed. Wheezing is present.	Respiration-DIFFICULT,Respiration-DIFFICULT-lying,Respiration-DIFFICULT-morning, Respiration-DIFFICULT-talking-agg,Respiration-DIFFICULT-walking-agg,Respiration-DIFFICULT- bending -forward -amel, Cough-COUGH, in general, Respiration-DIFFICULT-cough during. Respiration-WHEEZING	Kali carb 200/3dose One dose in 10 ml aqua 5 gtt x 3hrly-14 days Kali carb 200/3dose One dose in 10 ml aqua 5 gtt x qid For one month Saccaram lattis 200/15 dose(alt morning) For one month Kali carb 200/3 dose(SOS)	4	2	**First follow up** No breathing difficulty Cough better no wheezing Sleep improved **second follow up** No breathing difficulty Cough present no wheezing Sleep improved **third follow up** Breathing difficulty <lying down, talking,walking>bending fore ward with support>fanning Cough with white expectoration <breathing difficulty duringDisturbed sleep	Moderate improvement