

**“ A HOMOEOPATHIC MANAGEMENT OF BRONCHIAL ASTHMA
BASED ON RICHARD HUGHES’ PHILOSOPHY ”**

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
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AND
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ABSTRACT

BACKGROUND

Bronchial asthma is a heterogeneous multifactorial chronic inflammatory disease of the respiratory tract which is characterized by airway inflammation, increased airway responsiveness and respiratory obstruction. It is one among the most common chronic conditions that affects both children and adults. The global burden of Asthma is increasing day-by-day and according to studies, about 300 million people worldwide is currently affected by it. The incidence, prevalence and severity depends on the interplay between genetic and environmental factors as its exact etiology is unknown. The prevailing conventional treatment of Bronchial asthma includes administration of corticosteroids, bronchodilators, biologics especially the anti-cytokine monoclonal antibodies, etc but most of these fail to cure Bronchial Asthma to a whole extent.

Richard Hughes' philosophy deals with erecting the totality based on generic, specific and individual similarity between the drug and disease symptoms and selection of the suitable similimum that covers the whole picture of the case. While this homoeopathic philosophy differs from others, it upholds the fundamentals of homoeopathy within its purview.

METHODS

30 cases diagnosed with Bronchial asthma were selected from the OPD, IPD and Rural health centers of Sarada Krishna Homoeopathic Medical College and Hospital, Kulashekharan. The case details were entered in the standardized pre-structured case format. Cases were analyzed and totality was erected according to Richard Hughes' philosophy and suitable similimum was prescribed. Follow ups were taken every two weeks with assessment of the patient's condition using Improving score chart on Bronchial asthma.

RESULTS

All the 30 cases showed significant improvement and the results were based on statistical analysis of before and after treatment scores.

CONCLUSION

The result of this study shows that Homoeopathic treatment using Richard Hughes' philosophy is effective in managing Bronchial asthma.

KEYWORDS: Bronchial asthma, Homoeopathy, Richard Hughes.

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LIST OF ABBREVIATIONS

SL NO.	ABBREVIATION	EXPANSION
1.	OPD	Out patient Department
2.	IPD	In Patient Department
3.	>	Amelioration
4.	<	Aggravation
5.	A/F	Ailments from
6.	O/E	On Examination
7.	BMI	Body Mass Index
8.	Kg	Kilogram
9.	m ²	Square meter
10.	Hg	Mercury
11.	BP	Blood Pressure
12.	SL	Saccharum Lactis
13.	D	Dose
14.	°F	Fahrenheit
15.	No.	Number
16.	FMP	First Menstrual Period
17.	Alt	Alternate
18.	TDS	Thrice a day
19.	BD	Twice a day
20.	HS	Bed time
21.	M	Morning
22.	&	And

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INTRODUCTION

1.1 INTRODUCTION

Bronchial asthma has been recognized as an entity that has affected mankind since the time of Hippocrates (460-375 B.CE). The term "asthma" is derived from the Greek word "ασθμαινω" which means "to pant heavily" and the meaning evolved over time to "spasms of bronchial tubes." ⁽¹⁾

Bronchial asthma can be defined as the chronic inflammatory disease of the respiratory tract characterized by inflammation, reversible obstruction and hyperresponsiveness of the airways. ⁽²⁾ It comes under the classification of J45. 998 in ICD-10.

According to studies, about 300 million people worldwide is affected by bronchial asthma currently. ⁽³⁾ The global burden is increasing day-by-day and the overall burden of asthma in India is estimated at more than 15 million patients.

Bronchial asthma is a chronic disorder with heterogenous and multifactorial background whose exact etiology is still unknown. Its incidence, prevalence and severity depends on the interplay between several epigenetic and environmental factors. ⁽⁴⁾ These triggering epigenetic risk factors along with the environmental factors add up the disease burden in the global population. ⁽³⁾

Bronchial asthma can be phenotypically classified broadly into three - atopic, non-atopic and mixed. Patients affected with Bronchial asthma usually presents with a history of episodic wheezing, reversible airflow obstruction and characteristic pathological changes in bronchial mucosa. The underlying triad of mechanism comprises of bronchial inflammation, hyper responsiveness and bronchial wall remodelling. ⁽⁵⁾

The airway mucosa when infiltrated with activated eosinophils and T-lymphocytes activates the mast cells. As a result, thickening of the basement membrane occurs (due to sub-epithelial collagen deposition), which leads to shedding of epithelium with reduced attachment to the airway wall and an increased number of epithelial cells in the lumen, which leads to narrowing of the lumen and thereby out-bursting an attack of asthma. ⁽⁶⁾

The clinical features of bronchial asthma may include:

- Wheezing
- Cough
- Shortness of breath
- Tightness of chest

- Diurnal pattern of appearance of symptoms (early morning or at night)

The symptom presentation may vary and fluctuate during the course of the day or from day to day or from month to month. When the occurrence of symptoms are so severe such that if the attack prolong for longer period time with frequent remissions, the condition is called Status asthmaticus. ⁽⁷⁾

The diagnosis of asthma predominantly depends upon the clinical presentation of symptoms. Supportive evidence is provided by the demonstration of variable airflow obstruction and the lung functioning by spirometry.

The prevailing conventional treatment of Bronchial asthma includes administration of corticosteroids, bronchodilators, biologics especially the anti-cytokine monoclonal antibodies, etc but most of these fail to cure Bronchial Asthma to a whole extent. ⁽⁸⁾ Being a divine system of medicine based on holistic approach, Homoeopathy can surely aid in treating the cases of Bronchial Asthma.

Richard Hughes' philosophy deals with erecting the totality based on generic, specific and individual similarity between the drug and disease symptoms and selection of the suitable similimum that covers the whole picture of the case. ⁽⁹⁾ While this homoeopathic philosophy differs from others, it upholds the fundamentals of homoeopathy within its purview. Recognizing that it is a less-trodden area in homoeopathic research but still an effective approach for treating cases of Bronchial asthma, it is necessary to conduct more research on the topic.

1.2 NEED FOR STUDY

- Approximately 300 million people around the globe are affected by Bronchial asthma currently.
- It is estimated that the incidence rate may increase to another 100 million by the end of 2025.
- The quality of life of the affected people is vigorously affected around the globe lowering the Physical Quality of Life Index (PQLI).
- Despite significant decline in the asthma-related deaths globally over the past years (due to conventional treatment), there is currently no exact treatment for asthma aiding perfect cure in a whole extent.
- Richard Hughes Philosophy is an effective yet less travelled pathway when comparing other existing treatment strategies in Homoeopathy.

1.3 SCOPE OF THE STUDY

- Being a holistic approach, homoeopathy ensures that cases of Bronchial asthma will be effectively managed to the fullest extent possible.
- To study about the application of Richard Hughes' philosophy on managing cases of Bronchial asthma.
- To study about the most effective homoeopathic medicine which is used to manage cases of Bronchial asthma using Richard Hughes' philosophy.
- To study about the most commonly prescribed potency and dose in managing cases of Bronchial asthma using Richard Hughes' philosophy.

1.4 STATEMENT OF THE PROBLEM

CLINICAL STUDY

Sarada Krishna Homoeopathic Medical College's OPD, IPD, and rural health centers were used to perform this observational clinical trial. This study is based on observational data obtained from patients with Bronchial asthma.

1.5 EFFECTIVENESS

The intended outcome and substantial improvement after this study is a reduction in and intensity of symptoms, as well as general patient improvement after employing homoeopathic similimum based on Richard Hughes' philosophy.

AIMS
AND
OBJECTIVES

2. AIMS AND OBJECTIVES

- To understand the application of Richard Hughes philosophy and find out similimum in cases of Bronchial Asthma.
- To understand the remedy, potency and its repetition while managing the cases of Bronchial Asthma.

REVIEW
OF
LITERATURE

3. REVIEW OF LITERATURE

Bronchial asthma can be defined as the chronic heterogenous inflammatory disease of the respiratory tract characterized by inflammation, reversible obstruction and hyperresponsiveness of the airways which presents as wheezing, shortness of breath, cough and chest tightness. The underlying chronic airway inflammation greatly contributes to the hyperresponsiveness of the airways, the restriction of airflow, the occurrence of respiratory symptoms, and the protracted nature of the disease. ⁽¹⁰⁾

The prevalence of this multifactorial complicated disease has increased over the course of the last several decades. ⁽¹¹⁾ Since it has diverse manifestations which can range from transient concerns to lifelong remissions, each patient will have a unique experience with it.

Bronchial asthma can be phenotypically classified into three. They are

1. Atopic / Allergic / Extrinsic
2. Non-atopic / Non-allergic / Intrinsic
3. Mixed pattern

A precise aetiology is not yet identified as it is a complex disease whose incidence is heavily influenced by the interplay between epigenetic and environmental factors. The known risk factors of bronchial asthma include prenatal risk factors (maternal smoking, stress, antibiotic use during pregnancy), low socio-economic status, occupational exposures, family history, recurrent viral infections, overuse of antibiotics, frequent allergic sensitization, smoking, use of psychotropic drugs etc. ⁽¹²⁾

Bronchial airflow decreases physiologically as bronchoprovocation with methacholine or histamine occurs resulting in bronchial hyperresponsiveness. But in atopic conditions, an allergen-induced bronchial provocation results in an immediate early phase IgE mediated response and thereby bronchial airflow decreases.

Cold air, exercise, viral upper respiratory infections, cigarette smoke, etc add up the condition and result in airway obstruction. This condition is followed by release of interleukine especially the IL-4, IL-5, IL-13 which ends up in release of histamine, leukotrienes and other mediators who perpetuate airway inflammation. This is gradually followed by repair but the frequent repetition in this process results in permanent remodelling of the airways. ⁽¹¹⁾

Despite the fact that there have been a significant decline in the number of asthma-related deaths globally over the past years, there is currently no treatment for

asthma aiding perfect cure in a whole extent and its burden will continue to rise as its prevalence rises.

According to Richard Hughes, the similarity of the disease and the drug action can be classified as generic, specific and individual. To make a case a simile of drug-action, a person must be ill and the remedy which has been selected must be capable of causing illness in the healthy person as well. The more seriously ill he is, the more potent should be the poison with which he is treated. Specific similarity denotes the existence of species. Seat of the action, kind of the action, causative modification, character of the sensation and concomitants - these are the main elements of specific similarity that brings us to a 'Pathological simile'. Individual similarity comprises of patients' constitution and temperament, his mental and emotional state, conditions that aggravate or ameliorate his sufferings, the side of the body affected and the time at which his complaints are more pronounced.

As per Hughesian philosophy, when all three of these considerations are taken into account, giving each one equal weight, and an appropriate similimum is selected that covers the assembled totality of symptoms in a wholesome manner, cure will take place. ⁽⁹⁾

3.1 PREVIOUS RESEARCHES

1. STUDY OF 413 CASES OF BRONCHIAL ASTHMA TREATED WITH HOMOEOPATHIC SYSTEM OF MEDICINE

Bronchial Asthma is one of the principal clinical research projects given to the Regional Research Institute for Homoeopathy, New Delhi. Determining the effectiveness of homoeopathic treatment in patients of bronchial asthma was the main goal of this project. The current investigation includes 413 patients that have been documented as bronchial asthma cases at this institute since April 1980. These patients' constitutions, personal and family histories of allergic illnesses, as well as numerous aetiological factors, have all been researched in this study along with various facts about asthma that have been observed. The treatment in homoeopathy is individual-based rather than disease-based, hence there was specific medicines for bronchial asthma which was prescribed in this study. Bronchial asthma was thereby treated as a whole. The sole objective of the study is to determine the homoeopathic medicines that are effective in managing the cases of Bronchial asthma. ⁽¹³⁾

2. A CLINICAL STUDY ON HOMOEOPATHIC MANAGEMENT OF BRONCHIAL ASTHMA CONSIDERING BOENNINGHAUSEN'S

TOTALITY OF SYMPTOMS

Boenninghausen's idea of the whole states that the sum of the symptoms must always correspond and that one symptom can never be considered a sufficient indicator to determine the similimum. He lists seven key concepts to adequately understand the condition: Quis, Quid, Ubi, Quibus auxiliis, Cur, Quomodo, and Quando. Thirty cases of bronchial asthma patients were selected for this study from the OPD, IPD, and Rural Health Center of Sarada Krishna Homoeopathic Medical College Hospital. The details were documented using Sarada Krishna Homoeopathic Medical College and Hospital's standardised pre-structured case record format. After analysis, the totality of symptoms was constructed and an appropriate remedy was chosen using Boenninghausen's philosophy. The score was recorded using the symptom score chart, changes in the subsequent follow-up were noted, and statistical analysis was carried out. According to statistical analysis, out of thirty cases of bronchial asthma, twenty two cases exhibited mild improvement and eight cases showed moderate improvement. According to the study's findings, bronchial asthma can be effectively treated by choosing medications based on Boenninghausen's approach. ⁽¹⁴⁾

3. A PROSPECTIVE CASE STUDY ON BRONCHIAL ASTHMA IN CHILDREN & ITS HOMOEOPATHIC MANAGEMENT BY LM AND CENTESIMAL POTENCIES

Children affected with Bronchial asthma face spells of sleep disruption, activity limitations, school absences, and learning impairments, which has a myriad of repercussions. The right administration of individualised homoeopathic medicine can help in reducing bronchial asthma attacks in children and enhancing their quality of life. The purpose of this paper is to compare LM and centesimal potencies in the treatment of bronchial asthma in an effort to examine the efficacy of individualised homoeopathic medicine. This study, which involved 60 children of pediatric age group, focused on the superiority of 50 millesimal potency by contrasting them to the use of centesimal potencies in treating bronchial asthma. ⁽¹⁵⁾

4. A HOMOEOPATHIC MANAGEMENT OF LUMBAR SPONDYLOSIS BASED ON RICHARD HUGHES PHILOSOPHY

Both older and younger generations are impacted by back pain due to lumbar spondylosis, but it is most prevalent in family women, office employees, computer users, drivers, lifters, and people who work long hours. Selecting a similar remedy for

patients suffering from lumbar spondylosis is made easier by using Richard Hughes' philosophy in its entirety. This study aims to confirm the prevalence of lumbar spondylosis in connection to age, sex, occupation, and other characteristics as well as the efficacy of applying Richard Hughes' philosophy in the treatment of lumbar spondylosis cases. 30 cases of patients with lumbar spondylosis were purposively selected and analyzed. The totality was erected and an apt similimum was selected for each case. Using the symptom score chart, the score was recorded, changes in the future follow-up were documented, and statistical analysis was done. The study's findings revealed marked improvements in 28 cases, mild improvements in 2 cases and marked improvements in up to 93.33% of the cases signifies the efficacy of Richard Hughes' Philosophy in finding the similimum.⁽¹⁶⁾

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

In this study, the efficiency of anti-miasmatic management of patients with bronchial asthma is examined, as well as the miasmatic characteristics of individual patients, the recommended remedies, dose and potency and its suitable repetition while managing Bronchial asthma were studied. 30 cases of Bronchial asthma were purposively selected as sample and studied. The case was thoroughly reviewed using the Sarada Krishna Homoeopathic Medical College and Hospital's pre-structured case record format. Analysis was completed, the totality was framed, the miasmatic character of each patient was examined, and an appropriate anti-miasmatic treatment was delivered. The ACT score chart is used to record the symptom score, and statistical analysis was done after investigating changes in the subsequent follow-up. The findings of the study, which include an improvement of up to 84%, demonstrate the benefit of the anti-miasmatic strategy in the treatment of Bronchial asthma. Purposive selection of 30 cases of patients suffering with Bronchial Asthma was taken for the study. The cases were taken in detail in the pre structured case record of format of Sarada Krishna Homoeopathic Medical College and Hospital, analysis was done, totality was framed, miasmatic character of each patient was sought, and a suitable Anti-miasmatic remedy was prescribed. The symptom score is recorded using the ACT score chart and changes in the subsequent follow up is recorded and the statistical analysis is carried out. The result of the study is obtained as the improvement is up to 84% showing that the Anti-Miasmatic approach is effective in managing Bronchial Asthma condition. 200 potency as well as 50 millesimal potency

is found to be very useful and effective. CALCAREA CARB is indicated in majority of the cases. The result of the study is drawn that the management of Bronchial asthma with the Anti-miasmatic approach with the correct selection of potency and repetition is very effective. Both the 200 and 50 millesimal potencies were found to be quite beneficial and efficient. The majority of cases call for CALCAREA CARB. According to the findings of the study, treating Bronchial asthma using an anti-miasmatic approach and using the right potency and repetition of the homeopathic similimum was quite beneficial.⁽¹⁷⁾

6. HOMOEOPATHY FOR PERENNIAL ASTHMA IN ADOLESCENTS: PILOT FEASIBILITY STUDY TESTING-A RANDOMISED WITHDRAWAL DESIGN

The main purpose of this article was to investigate the feasibility of the randomized withdrawal design as a strategy to assess the effectiveness of a standardized clinical– pharmaceutical homeopathic protocol on perennial asthma in adolescents. Randomised withdrawal, double-blind, parallel, placebo-controlled, 12 weeks study. Patients: 12 to 17 years old adolescents, with the diagnosis of perennial asthma, using inhalators become the one (plus fenoterol for wheezing episodes), who achieved 3 months of well-controlled asthma, after a variable period of individualised homeopathic treatment according to Organon of medicine. Nineteen patients were randomised to continue treatment with homeopathy and 21 with placebo. Effectiveness measures for the homeopathy and placebo groups respectively were median number of days of good clinical control: 84 versus 30 ($p = 0.18$); median number of days of fenoterol use per patient: 3 versus 5 ($p = 0.41$); visits to an emergency room: 1 versus 6 ($p = 0.35$); percentage of exclusion due to partly controlled asthma: 36.8 % versus 71.4% ($p = 0.05$). Few adverse events were reported.⁽¹⁸⁾

7. SOCIAL, ENVIRONMENTAL AND BEHAVIOURAL DETERMINANTS OF ASTHMA SYMPTOMS IN BRAZILIAN MIDDLE SCHOOL STUDENTS-A NATIONAL SCHOOL HEALTH SURVEY (PENSE 2012)

The prevalence of Bronchial asthma around the globe greatly depends upon biological and psychosocial factors. Even though the relationship between psychosocial factors and asthma in low and middle income countries is not investigated and studied under the domain, this study is aimed to determine the effect of socioeconomic factors, psycho-social factors, environmental factors, lifestyle and

familial factors upon the incidence of Bronchial asthma in Brazilian adolescents. This cross-sectional study utilizes the data taken from 2012 PeNSE survey (n=109,104) and the variables were analyzed. The risk factors like socioeconomic factors, demographic criterias, lifestyle, familial factors, psycho-social indicators, smoking, and exposure to violence were studied in association with incidence of Bronchial asthma in Brazialian children under adolescent age group.⁽¹⁹⁾

8. INDIVIDUALIZED HOMEOPATHY IN A GROUP OF EGYPTIAN ASTHMATIC CHILDREN

This research examined homoeopathy as an adjunctive intervention for childhood Bronchial asthma. In this prospective observational longitudinal research, 30 children with asthma received individualised homoeopathic medications as a supplement to conventional medication. Frequency of episodes, medication use, night awakenings, and spirometry at baseline were the primary end measures. In those assessing severity, there were clinically pertinent and statistically significant changes that showed relative improvements after 3 months and absolute improvements after 6 months of homoeopathic treatment. This study offers assurance that homoeopathic medications, when provided by trained and qualified homoeopaths, lessen the severity of asthma in children.⁽²⁰⁾

9. EVOLUTION OF 26 CASES OF BRONCHIAL ASTHMA WITH HOMŒOPATHIC TREATMENT

In order to assess the effectiveness of their homoeopathic treatment and the prognostic factors to consider, this study was conducted on a group of asthmatic patients. With a follow up ranging from 18 months to 11 years, data from 26 patients with Bronchial asthma are evaluated. Consideration has been given to their progress as well as occurrence of any conditions that appear to help or hinder the pathway to cure in accordance with homoeopathic principles. It is verified that the homoeopathic treatment is effective (57% of patients were treated) and a connection between Bronchial Asthma and exanthemata suppressive medicines and immunisations was found.⁽²¹⁾

10. HOMEOPATHIC MEDICAL PRACTICE: LONG-TERM RESULTS OF A COHORT STUDY WITH 3981 PATIENTS

In this prospective, multivariate cohort study, which included 103 primary care clinics in Germany and Switzerland which additionally specialised in homoeopathy, data from all patients having Bronchial asthma (age > 1 year) approaching a doctor for the

first time were tracked. The primary outcome measures were assessment of quality of life at baseline and patient and physician assessments using numeric rating scales from 0 to 10 in 3, 12, and 24 months. 3,981 patients in total were analyzed, comprising 1,130 children (52% boys, 6.5 3.9 years; 48% girls, 7.0 4.3 years) and 2,851 adults (29% men, mean age 42.5 13.1 years; 71% women, 39.9 12.4 years). 97 percent of cases had a chronicity in their complaints and lasted an average of 8.8 years. Men with allergic rhinitis, women with headaches, and kids with atopic dermatitis had the frequent diagnoses. Between baseline and 24 months, the disease's severity significantly (p value less than 0.001) decreased (in adults, from 6.2 to 1.7 to 3.0 to 2.2; in children, from 6.1 to 1.8 to 2.2 to 1.9).

Similar conclusions emerged from physician evaluations. Significant improvements in quality of life were seen in adults and young children, but not in teenagers. More severe disease at baseline and younger age were predictors of higher treatment effectiveness. As per this research, using homoeopathic medical therapy over the long term may be beneficial for treating people with chronic diseases. ⁽²²⁾

11. HOMOEOPATHIC TREATMENT OF BRONCHIAL ASTHMA

Bronchial asthma was treated with homoeopathy for 62 patients, and a retrospective study of the data revealed a very significant statistical improvement in the disease. After randomly selecting cases from our archives, strict inclusion and exclusion criteria were used. To account for the high occurrence of spontaneous remission in children, the data were assessed in terms of the general population and according to age at treatment initiation. With reference to the dispensing of medications, the homoeopath's clinical approach is discussed. ⁽²³⁾

12. THE FEASIBILITY OF A PRAGMATIC RANDOMISED CONTROLLED TRIAL TO COMPARE USUAL CARE WITH USUAL CARE PLUS INDIVIDUALISED HOMEOPATHY, IN CHILDREN REQUIRING SECONDARY CARE FOR ASTHMA

In a parallel group randomised controlled trial (RCT) design, according to British Thoracic Society Asthma Guidelines (BTG), a group of children were randomised to receive standard therapy alone or standard care with a five-visit package of homoeopathic treatment (HC). The Juniper Asthma Control Questionnaire, a quality-of-life questionnaire, and a resource use questionnaire were used as outcome measures. To learn more about their families' perspectives and those of health professionals, qualitative interviews were conducted. Hospital clinics and associated

patient records were used to identify 226 kids. 67 children expressed interest in taking part. 39 children were randomly assigned, 18 to homoeopathic treatment and 21 to standard care. There was insufficient evidence to endorse the use of adjunctive homoeopathy.

Analysis reveals that despite the cheaper cost of homoeopathic treatments and the lesser use of primary care by children in the homoeopathic group, the cost of additional visits was not lowered. Insights into the many viewpoints of families and healthcare professionals during the research process came from qualitative data. Further research on a potential role for homoeopathy in the management of asthma cannot be done using this design; instead, it would be more beneficial to work with young patients who have less severe asthma in primary care. ⁽²⁴⁾

13. USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE IN CHILDREN WITH ASTHMA

Children who visited the Asthma Center at The Montreal Children's Hospital (Montreal, Quebec) between 1999 and 2007 were the subject of a cross-sectional survey. Parents filled out a questionnaire about their use of complementary and alternating medicine during the initial visit. Information on the characteristics and condition of patients was available via computerised health records. The interquartile range of the 2027 children polled was 3.3 to 10.5 years; 58% of the children were male; and 59% of the children had persistent asthma.

It was estimated that 13% of the total used complementary and alternating medicine (95% CI: 12% to 15%). The most often reported system of medicine were extra vitamins (24%), homoeopathy (18%), and acupuncture (11%). The link between complementary and alternative medicine usage and age under six years (95% CI 1.20 to 2.96), Asian ethnicity (95% CI 1.01 to 3.52), episodic asthma (95% CI 1.08 to 3.28) and poor asthma control (95% CI 1.80 to 3.31) was confirmed by multivariable logistic regression analysis. Only 13% of Quebec children with asthma reported using complementary and alternating medicine, with vitamins, homoeopathy, and acupuncture being the most common treatments. Results suggest that Preschool age, Asian ethnicity, episodic asthma, and inadequate asthma control were all linked to use of complementary and alternating medicine. ⁽²⁵⁾

14. EFFECTS OF BLATTA ORIENTALIS ON TREATMENT OF BRONCHIAL ASTHMA: A PROSPECTIVE, NON-RANDOMISED, OPEN-LABEL, OBSERVATIONAL STUDY

At the Dr. MPK Homoeopathic Medical College, Hospital & Research Center, Jaipur, Rajasthan, from 2015 to 2016, a prospective, non-randomized, open-label, observational study was carried out. Patients with dyspnea, a cough that produces expectoration and wheezing between the ages of 5 and 80 were examined. After 120 patients met the inclusion and exclusion requirements of the trial, the convenience sample technique was employed to enrol them. For six months, potentized *Blatta orientalis* was used to treat the bronchial asthma patients. Elizabeth Junipers used the results of spirometry along with the ACQ Score to diagnose and evaluate the patients. The dosage of *Blatta orientalis* was increased starting at 30C and was given to every patient. To determine the study's statistical significance, the paired t-test was used. 100 patients out of 120 had finished the study and had a six-month follow-up. The study's results are reassuring enough to warrant the prescription of *Blatta orientalis* in potency in bronchial asthma sufferers. Additional methodical replication is necessary. carried out as randomised controlled studies with extensive follow-ups for conclusive results. (26)

15. EVALUATING THE EFFECT ON ASTHMA QUALITY OF LIFE OF ADDED REFLEXOLOGY OR HOMEOPATHY TO CONVENTIONAL ASTHMA MANAGEMENT – AN INVESTIGATOR-BLINDED, RANDOMISED, CONTROLLED PARALLEL GROUP STUDY

The purpose of this study was to assess the effectiveness of homoeopathy and reflexology as supplemental treatments for asthma. 86 asthma patients were included in this single centre, blinded, randomised, controlled research. One of the three study groups was given to them (conventional treatment alone or conventional treatment with addition of either homoeopathy or reflexology). While participating in the trial, every patient received their regular general practitioner visits and asthma medication. Investigators who made the clinical assessment of asthma control were not aware of the trial assignment group of specific patients. The change in scores on the Asthma Quality of Life Questionnaire (AQLQ) after 26 weeks was the main result. Additional results included the asthma control questionnaire, the EuroQol, the forced expiratory volume in 1 second, the morning and evening peak expiratory flow, the symptoms of asthma, the usage of rescue medications, and the overall medication score. All three groups showed a slight improvement in their AQLQ scores. However, there were no statistically significant differences in AQLQ values between or between groups. The groups did not differ in the secondary outcomes either. (27)

16. AN OBSERVATIONAL RETROSPECTIVE STUDY ON THE PREVALENCE OF CHILDHOOD ASTHMA IN RURAL AREAS OF KANYAKUMARI

Asthma, which affects children more frequently than any other chronic illness, is a significant contributor to lost school days, sleep problems, and activity restrictions. It poses a serious health threat in emerging nations like India. In India's rural areas, there is still a shortage of data on the prevalence of childhood asthma. As a result, the goal of this retrospective study is to examine trends in the prevalence of childhood bronchial asthma in Kanyakumari District, Tamil Nadu, and to identify the homoeopathic treatment for asthma that is most frequently prescribed. On 44 childhood asthma cases collected from the Sarada Krishna Homoeopathic Medical College's Out-Patient Department between January and December 2021, a retrospective observational analysis was conducted. According to the results of this study, children over the age of 10 are more likely to acquire bronchial asthma, and arsenicum album with the potency 0/6 is the most frequently prescribed medication.

(28)

17. ROLE OF HOMOEOPATHY IN THE MANAGEMENT OF BRONCHIAL ASTHMA: AN OPEN-LABEL INTERVENTIONAL UNCONTROLLED STUDY BASED ON SPIROMETRY EVIDENCE

This open-label experimental, uncontrolled, evidence-based study involved 45 patients and was carried out over the course of an entire year and a half at the outpatient clinic of the Homoeopathic University of Jaipur. The main source of information for determining how well homoeopathic treatments worked was a change in FEV1 readings from spirometry tests. Another way to gauge the success of the treatment was to track the number of patients who switched from off-target cases to on-target cases by examining the ACT score. The average changes in the Asthma Control Test following individualised homoeopathic treatment were found to be $p = 0.000$ and Effect size "r" (Cliff's delta) = 0.617, with 100% of patients being off-target prior to treatment and only 40% after treatment, and 0% being on-target prior to treatment and 60% after treatment, respectively. Average FEV1 difference that is statistically significant is 20.11 11.53, with a change in SD from 8.34 prior to therapy to 15.77 following it. A one-way ANOVA results in a p value of 2.77E-11. A strong and persistent effect on the clinical improvement of FEV1 is shown by Cohen's 2 value of 0.459. The Spearman's Rho Coefficient (r), with a value of 0.83, indicates a

favourable association between the FEV1 and the Asthma Control Test Score. Among 45 patients, 27 saw a noticeable improvement in their ACT score and spirometry results. After treatment, life functioning and quality significantly improved. The study highlights the beneficial effects of constitutional medications and concurrent treatments in the treatment of difficult cases of asthma. However, it also highlights the limitations of the study, such as its short duration, location in a rural OPD, and lack of information on the socioeconomic status associated with asthma, more significant treatments with their unique potencies, treatments for acute exacerbations, etc. ⁽²⁹⁾

18. A STUDY ON THE EFFICACY OF A HOMOEOPATHIC SIMILLIMUM REMEDY IN THE TREATMENT OF CHRONIC ASTHMA IN ADULTS

The goal of this study was to determine the effectiveness of homoeopathic simillimum medicines in reducing the frequency and severity of asthmatic symptoms in adult patients with chronic asthma. From June 1 to December 31, 2003, the study was conducted at the TWR health clinic in Doornfontein. In this study, ten participants—eight men and two women, representing all ethnic groups and ranging in age from twenty-one to thirty-one—took part. During a homoeopathic consultation, each participant was questioned. At biweekly follow-up sessions over the course of fourteen weeks, patients received SIMILLIMUM treatments while being monitored. Using the peak flow metre, PEFr measurements during the morning and evening were made. These readings were noted together with any pertinent symptoms and/or bronchodilator medication taken on that particular day. Prior to starting their homoeopathic treatment and for the remaining twelve weeks of the trial, participants were to keep track of the aforementioned information for two weeks. It was demonstrated that homoeopathic simillimum seem to be effective in the treatment of adult chronic asthma. In addition to improving participants' capacities to engage in physical activity and reducing their need for bronchodilating medicine during exercise, homoeopathic remedies frequently help reduce acute asthmatic attacks and nocturnal asthmatic symptoms. ⁽³⁰⁾

3.2 RICHARD HUGHES' VIEW ON BRONCHIAL ASTHMA

In his book “The Principles and Practice of Homoeopathy” Richard Hughes explains that existing knowledge of bronchial asthma describes it as a tonic spasm of the respiratory muscles. It was referred to as a kind of Bronchial Tetanus. According to him Bronchial asthma is the name given to true idiopathic paroxysmal dyspnea which are spasmodic in nature. Therefore the remedies that are prescribed based on

homoeopathic principles should possess an excitant influence on the motor centres of the central nervous system.

The chief ones among the remedies in the Materia Medica that satisfies this criteria are Strychnia, Aconite and Hydrocyanic acid. But these medicines have significantly lower efficacy in effecting homoeopathic cure than expected. After conducting numerous experiments, he discovered that these treatments played a smaller role in controlling the cases. On the other hand, he discovered that a number of other remedies that were closely related to these had a significant impact on keeping the condition under control.

According to him, the chief homoeopathic medicines that manages the condition effectively and obviate the tendency to its recurrence were - **Nux vomica**, **Arsenicum album** and **Sulphur**. The other favourable remedies that can be thought of in cases of Bronchial asthma are **Aconitum napellus**, **Lobelia inflata**, **Ipecacuanha**, **Cuprum metallicum**, **Conium maculatum**, **Chloroform** and **Sambucus nigra**.

He praised the utility of several “Anti-asthmatics” which includes **Blatta orientalis**, **Grindelia robusta**, **Naja tripundans**, **Natrum sulphuricum**, **Quebracho**, and **Aspidosperma** which needed further study and scientific conclusions.

INDICATIONS OF MEDICINES AS PER RICHARD HUGHES:

1. NUX VOMICA:

- Best curative remedy for Spasmodic asthma
- No bronchial lesion with standing reflex excitability of the pneumogastric nerve from, without or through the stomach
- Tongue coated with yellow, thick fur
- Often slight nausea, flatulence and constipation
- Feels that no liberties must be taken, either of diet or exercise
- After paroxysm subsides, it leaves a condition of digestive organs
- Susceptibility to exciting causes are marked

2. ARSENICUM ALBUM:

- Head of our remedies of Asthma
- Attacks towards midnight
- Prostration afterwards
- Asthma presents as a pure neurosis, hereditary and interchangeable with other forms of nervous disorder

3. SULPHUR:

- Gouty inheritance
- Proclivity for some form of cutaneous disease alternating with dyspnea
- Lowest potencies are preferable

4. ACONITUM NAPELLUS:

- Atmospheric exciting causes - fog or dry cold air
- Repeated doses are preferred

5. LOBELIA:

- Exciting cause - stomach has given the provocation
- Preferable potency - second to sixth dilution

6. IPECACUANHA:

- Bronchitic symptoms co-exist
- Preferable potency - Mother tincture to the third decimal trituration

7. CUPRUM METALLICUM:

- When the attack seems purely nervous

8. SAMBUCUS NIGRA:

- The obstruction of breathing is pronounced

9. IODIDES:

- Classic medicine for the treatment of Asthma
- When Asthma persists for long periods
- Chronic instances where the thickening of walls of larger bronchi and enlargement of bronchial glands exist ⁽⁹⁾

MATERIALS
AND
METHODS

4. MATERIALS AND METHODS

It includes data collection, methodology, evaluation and interpretation of data.

4.1. COLLECTION OF DATA

4.1.1. SOURCES OF DATA

Thirty cases diagnosed with Bronchial asthma taken from the OPD, IPD and Rural Health Centers of Sarada Krishna Homoeopathic Medical College and Hospital, Kulasekharam will be treated homeopathically based on Richard Hughes' philosophy.

4.1.2. SELECTION OF SAMPLES

- Sample size – 30 cases.
- Sampling technique – Purposive Sampling.

4.1.3. METHOD OF COLLECTION OF DATA

- ❖ Selection of 30 cases diagnosed with Bronchial Asthma will be selectively taken from the OPD, IPD, Rural health centre of Sarada Krishna Homoeopathic Medical College and Hospital.
- ❖ The case details will be recorded in the standardized pre-structured case format of Sarada Krishna Homoeopathic Medical College and Hospital after thorough case taking.
- ❖ The case is analyzed and according to Richard Hughes' philosophy, a totality is erected to which suitable similimum is prescribed. Selection of potency and repetition of dose is based on homoeopathic principles.
- ❖ On subsequent follow-ups, pre and post assessment is done using improving symptom score chart on Bronchial asthma to evaluate the improvement of the patient every 2 weeks.

4.1.4. INCLUSION CRITERIA

- ❖ Patients having symptomatology of Bronchial Asthma.
- ❖ Age group between 18 and 70 years.
- ❖ Both sexes.
- ❖ All type of socio-economic status.

4.1.5. EXCLUSION CRITERIA

- ❖ Age group below 18 years and above 70 years.
- ❖ Pregnant and lactating women.
- ❖ Patients with acute emergency conditions.

4.2. STUDY DESIGN

- Observational study.

4.3. INTERVENTION

- ❖ 30 cases of Bronchial asthma will be taken in detail and recorded in pre-structured case record format of Sarada Krishna Homoeopathic Medical College.
- ❖ The case is then analyzed, evaluated and totality will be framed. Homoeopathic similimum is prescribed for the totality of symptom on the basis of Richard Hughes' philosophy.
- ❖ Intervention of study is based on disappearance of symptoms in patient before and after Homoeopathic treatment.
- ❖ Pre and post assessment will be done by using scoring criteria.

4.4. SELECTION OF TOOLS:

- ❖ Richard Hughes' philosophy.
- ❖ Standardized case format of Sarada Krishna Homoeopathic Medical College.
- ❖ Improving scoring chart on Bronchial Asthma.

4.5. BRIEF OF PROCEDURE:

1. Thirty cases of Bronchial Asthma is taken in detail and recorded in the pre-structured case format of Sarada Krishna Homoeopathic Medical College and Hospital.
2. The cases are then analyzed and a totality is erected according to Richard Hughes' philosophy and a suitable Homoeopathic similimum is selected accordingly.
3. Selection of potency and repetition of dose is based on homoeopathic principles.
4. The symptomatic relief of the patient is assessed and analyzed before and after treatment on subsequent follow-ups using Improving symptom scoring chart on Bronchial asthma.

4.6. OUTCOME ASSESSMENT:

Evaluation was done on the basis of general and symptomatic improvement of the patient and the improvement was assessed using the Improving symptom scoring chart on Bronchial asthma. Assessment was done and the changes were recorded. Before and after treatment scores were analyzed by using paired 't' test.

4.7. INTERPRETATION OF DATA:

The data were interpreted related to age, sex, occupation, remedy selected, potency, repetition of doses, disease intensity score and improvement. The results are represented in tables and figures. The paired 't' test was used to determine the investigation's level of significance.

**OBSERVATION
AND
RESULTS**

5.1. OBSERVATIONS AND RESULT

This section contains tables, charts and statistical analysis of 30 cases of Bronchial asthma managed with homoeopathic medicines that were selected according to Richard Hughes' philosophy.

5.1.1. DISTRIBUTION OF CASES ACCORDING TO AGE

Table No - 1

SL NO.	AGE	NO: OF CASES	PERCENTAGE
1.	18-30	12	40%
2.	31-40	7	23%
3.	41-50	2	7%
4.	51-60	2	7%
5.	61-70	7	23%

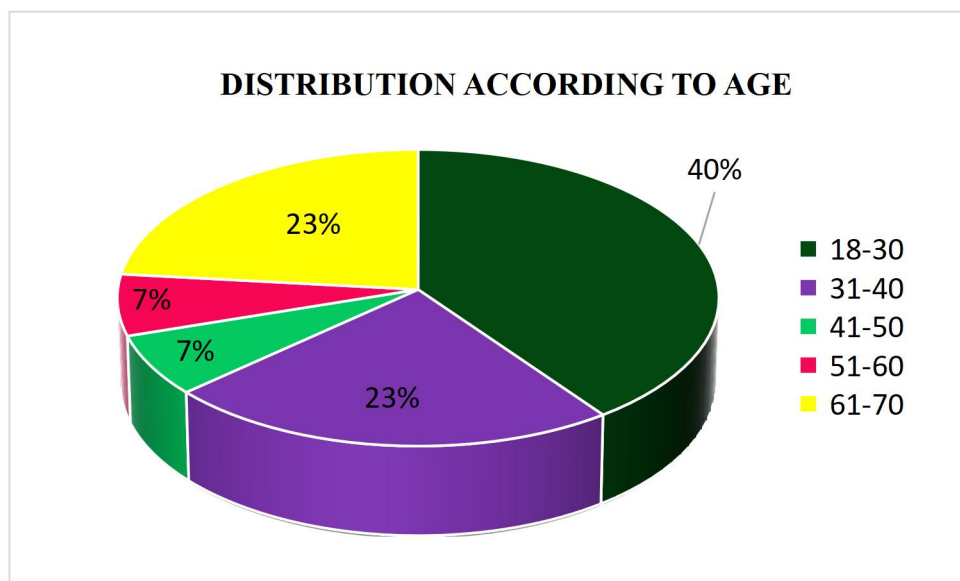


Chart No - 1

On analyzing thirty cases, maximum of 12 patients (40%) were between the ages of 18 to 30 years, 7 patients (23%) were between the age group ranging from 31 to 40, 7 patients (23%) were between the age group ranging from 61 to 70, 2 patients (7%) were between the age group of 41 to 50 and 2 patients (7%) were between the age group ranging from 51 to 60.

5.1.2. DISTRIBUTION CASES ACCORDING TO GENDER

Table No - 2

SL NO.	GENDER	NO: OF CASES	PERCENTAGE
1.	MALE	12	40%
2.	FEMALE	18	60%

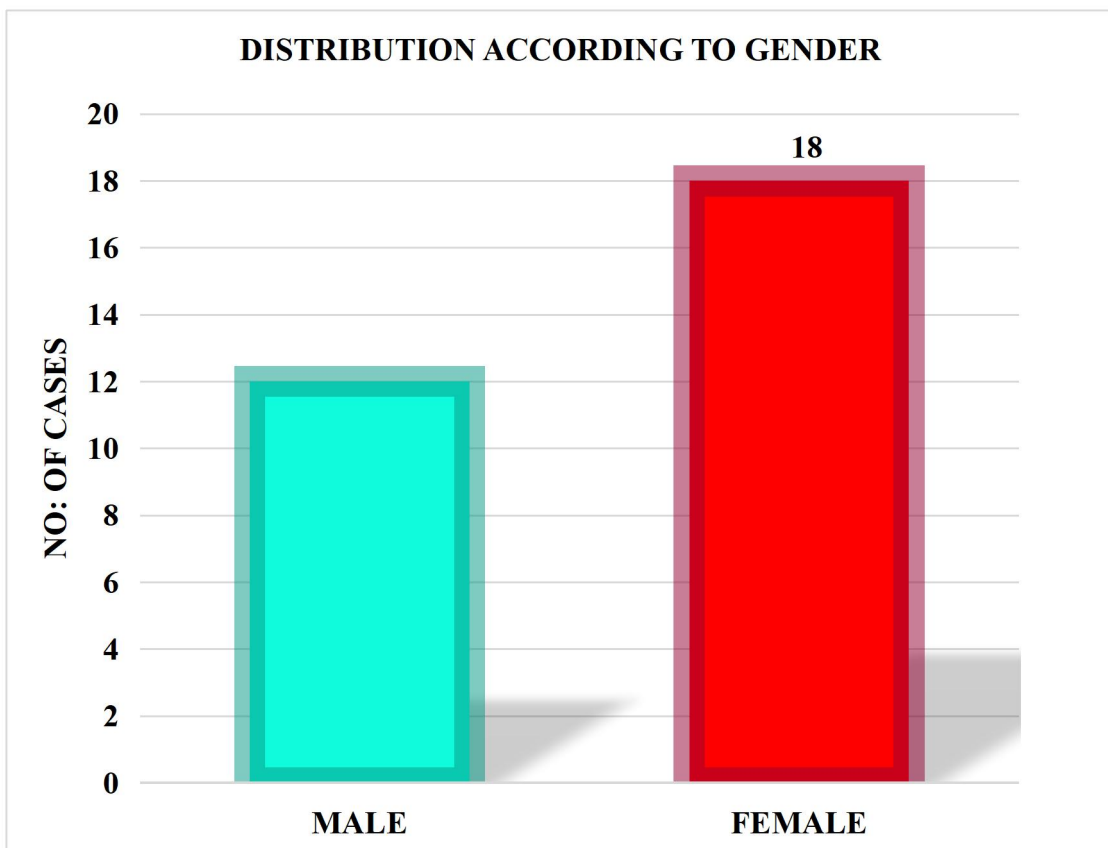


Chart No - 2

Out of thirty cases, 18 patients (60%) were females and 12 patients (40%) were males. According to the observations, females were more affected with Bronchial asthma than males.

5.1.3. DISTRIBUTION ACCORDING TO TYPE OF BRONCHIAL ASTHMA

Table No - 3

SL NO.	TYPE OF BRONCHIAL ASTHMA	NO: OF CASES
1	MIXED	16
2	NON ATOPIC	6
3	ATOPIC	8

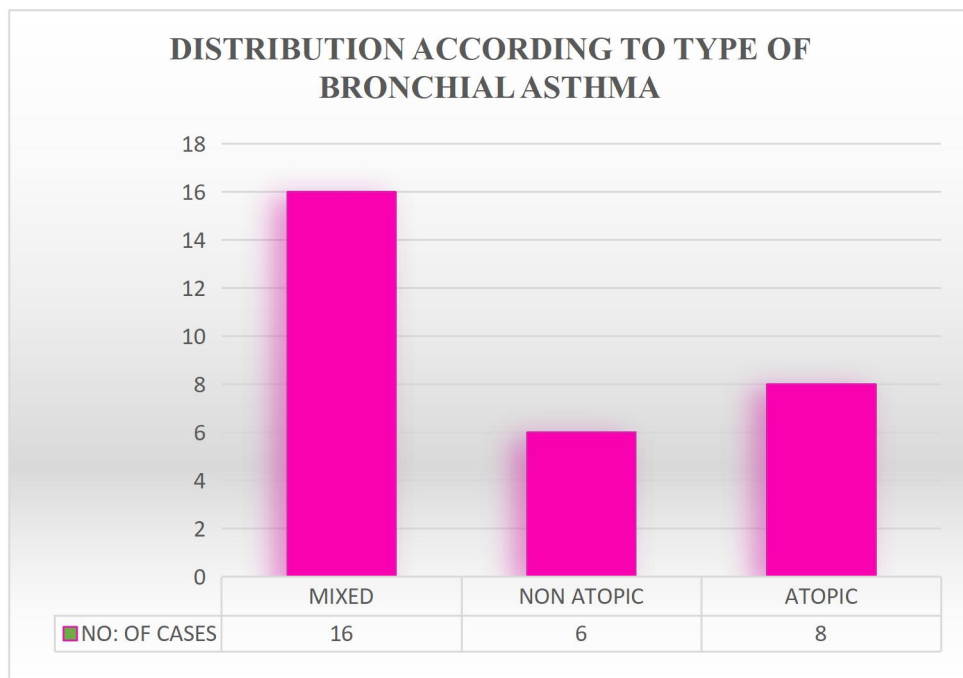


Chart No - 3

Out of thirty cases, 16 patients were affected by Mixed type of Bronchial asthma, 8 patients were affected by Atopic Bronchial asthma and 6 patients were affected by Non-atopic Bronchial asthma. It can be concluded that Mixed type of Bronchial asthma is the most frequently occurring classification of Bronchial asthma.

5.1.4. DISTRIBUTION ACCORDING TO MEDICINES

Table No - 4

SL NO.	MEDICINES	NO. OF CASES
1	SULPHUR	9
2	ARSENICUM ALBUM	7
3	CARBO VEGETABILIS	3
4	PULSATILLA NIGRICANS	5
5	NUX VOMICA	3
6	IPECACUANHA	1
7	ANTIMONIUM TARTARICUM	1
8	CONIUM MACULATUM	1

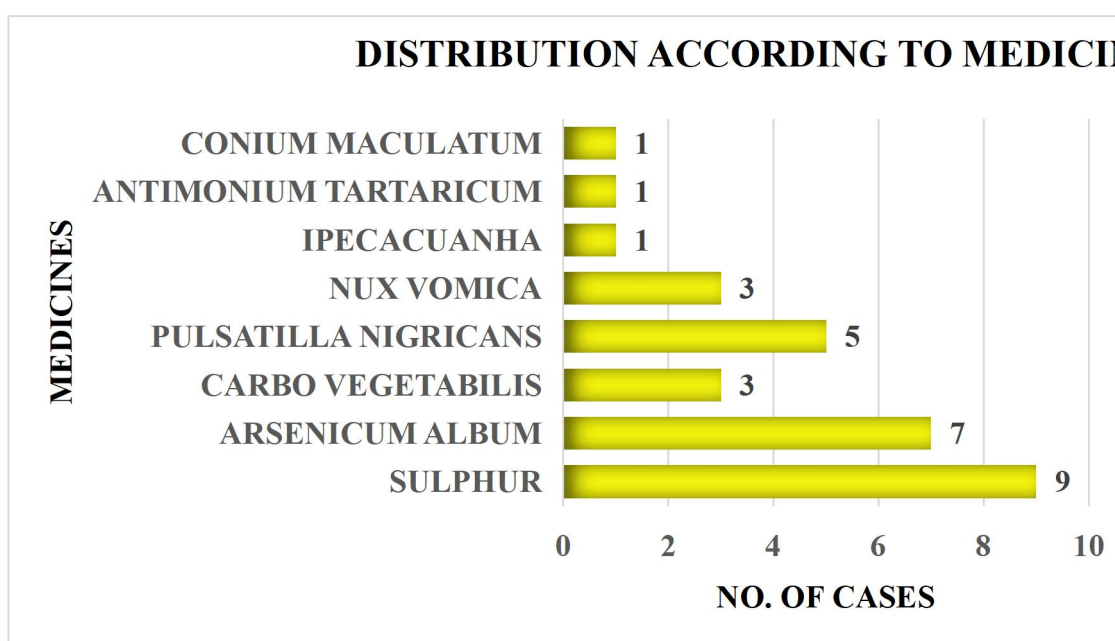


Chart No - 4

After thorough analysis of the cases medicines were selected based upon Richard Hughes' philosophy. Sulphur was prescribed for nine cases (30%), Arsenicum album was prescribed for seven cases (23.33%), Pulsatilla nigricans was prescribed for five cases (16.66%), Carbo vegetabilis was prescribed for three cases (10%), Ipecacuanha was prescribed for one case (3.33%), Conium maculatum was prescribed for one case (3.33%) and Antimonium tartaricum was prescribed for one case (3.33%). The most frequently prescribed medicine was Sulphur.

5.1.5. DISTRIBUTION OF POTENCY

TableNo - 5

SL NO.	POTENCY	NO. OF CASES
1	30	29
2	3X	1

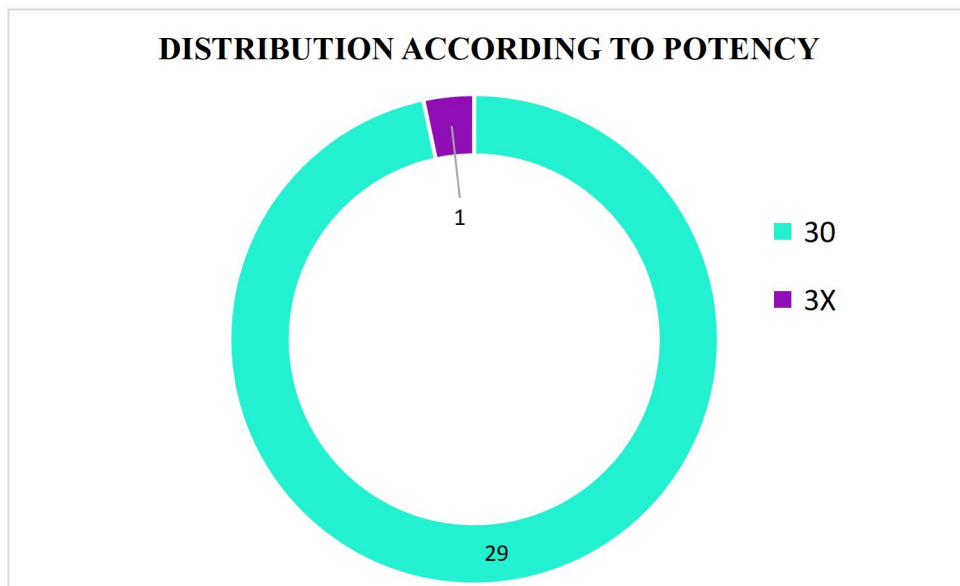


Chart No - 5

According to Richard Hughes' philosophy, low potencies were prescribed for all thirty cases. 30th potency was prescribed for twenty-nine cases (96.66%) whereas 3X potency was prescribed for one case (3.33%). The most preferred potency was 30th potency.

5.1.6. DISTRIBUTION ACCORDING TO REPETITION OF DOSE

Table No - 6

SL NO	REPETITION OF DOSE	NO. OF CASES
1	WEEKLY ONCE	28
2	DAILY ONCE	2

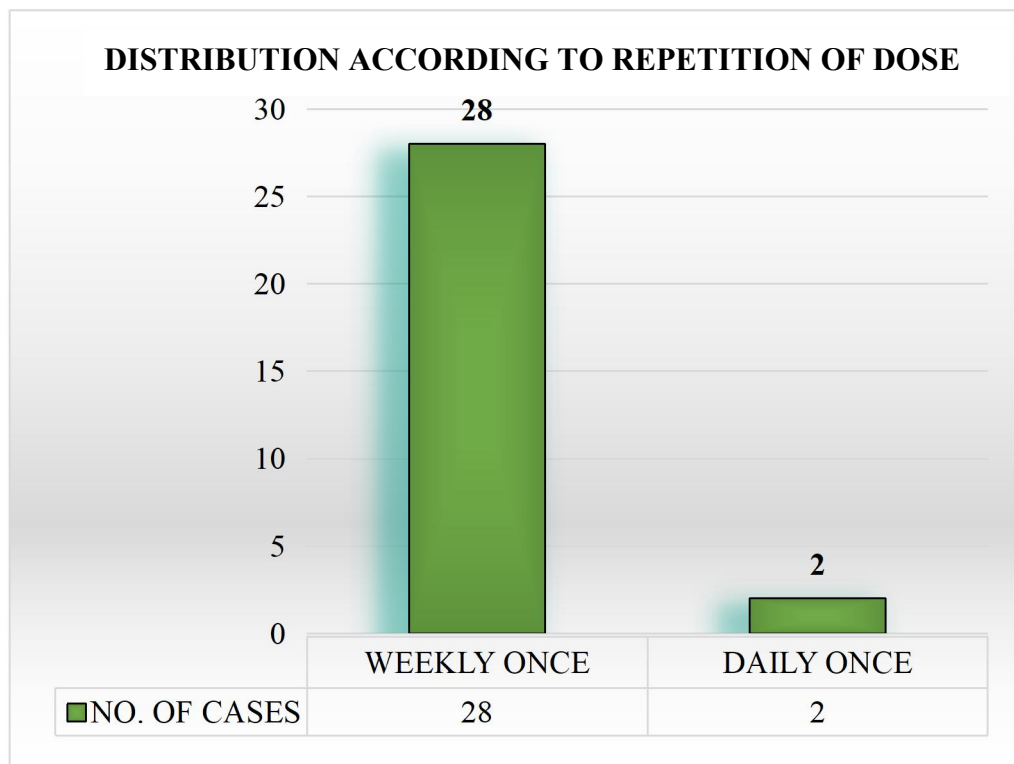


Chart No - 6

According to the repetition of dose in the sample of thirty cases, the medicines were repeated weekly once for twenty-eight cases (93.33%) and daily once for two cases (6.66%).

5.1.7. COMPARISON OF DISEASE INTENSITY SCORE

Table No - 7

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

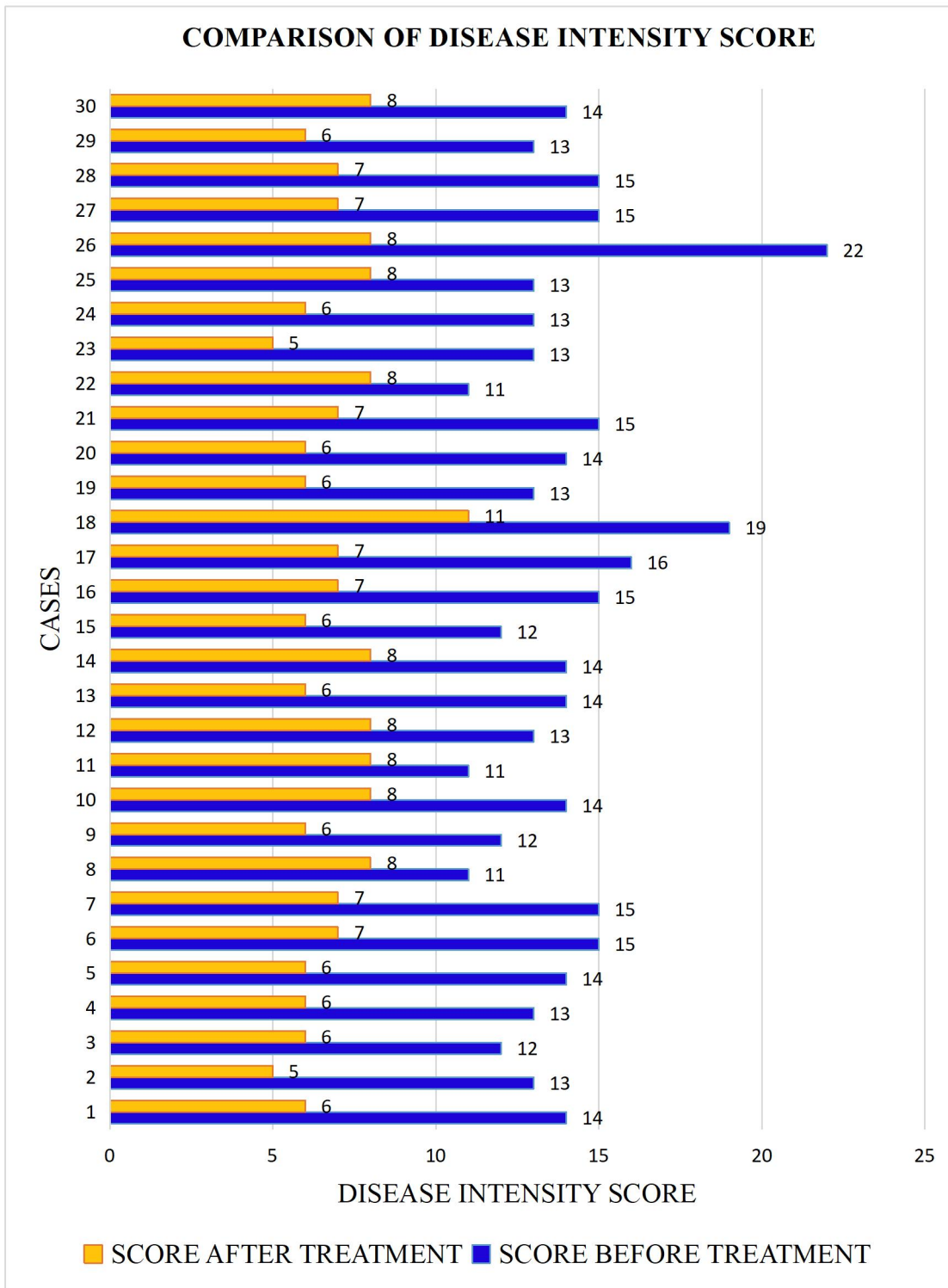


Chart No - 7

According to the observations obtained from the above given thirty cases of Bronchial asthma, it can be concluded that homoeopathic treatment based on Richard Hughes' philosophy reduced the severity of Bronchial asthma to a significant extent. There were two cases which were moderate in severity and twenty-eight cases which were mild in severity. The highest score obtained was 22 and the lowest score was 5.

5.2. SUMMARY OF FINDINGS

The research comprised of thirty samples and the following findings were derived from them:

- Out of the thirty cases, patients with age between 18 and 30 years were found to experience Bronchial asthma more commonly than the other age groups (40%).
- Out of the thirty cases, females (18 patients) were more commonly affected with Bronchial asthma than males (60%).
- The most frequently occurring type of Bronchial asthma was Mixed type (53.3%) which possesses characteristics of both atopic and non-atopic varieties. The less commonly occurring type of Bronchial asthma is Non-atopic type (20%).
- According to the medicines prescribed to the thirty patients on the basis of Richard Hughes' philosophy, Sulphur was the most commonly prescribed remedy which was selected for nine cases (30%).
- Out of the thirty cases, 30th potency was the most commonly prescribed potency (96.66%).
- In this study, medicines were most frequently taken weekly once. It was repeated weekly once in twenty-eight cases (93.33%) and once daily in two cases (6.66%).
- In all thirty cases, the difference in disease intensity scores before and after homoeopathic treatment demonstrated a significant improvement.

5.3. STATISTICAL ANALYSIS

A. Question to be answered:

Is there a distinction in symptom severity scores of Bronchial asthma before and after homoeopathic treatment which was based on Richard Hughes' philosophy?

B. Null Hypothesis:

There is no difference between the score taken before and after the homoeopathic treatment in Bronchial asthma based on Richard Hughes' philosophy.

C. Alternate Hypothesis:

There is difference between the score taken before and after the homoeopathic treatment in Bronchial asthma based on Richard Hughes' philosophy.

Paired Samples Statistics

	Mean	N	Standard Deviation	Standard Error Mean
Treatment Score Before	13.93	30	2.243	.409
Treatment Score After	6.93	30	1.230	.225

Paired Samples Correlations

	N	Correlation	Significance
Treatment Score Before & Treatment Score After	30	.386	.035

Paired Samples Test

	Paired Differences			
	Mean	Standard Deviation	Standard Error Mean	95% Confidence Interval of the Difference Lower
Treatment Score Before- Treatment Score After	7.000	2.101	0.384	6.216

	Paired Differences	t	df	Significance (2-tailed)
	95% Confidence Interval of theDifference			
	Upper			
Treatment Score Before Treatment Score After	7.784	18.250	29	0

D. T test paired two sample means:

Mean value before treatment = $418/30 = 13.93$

Mean value after treatment = $208/30 = 6.93$

E. Comparison with tabled value:

The critical ratio t follows a distribution with n-1 degrees of freedom, the table value at 5% significance level is 2.045 and 1% significance case is 2.756 for 29 degrees of freedom. Since the calculated value is 18.250 is greater than the table value at 5% and 1% significance level. Thus, the null hypothesis is then rejected.

DISCUSSION

6. DISCUSSION

As per the criteria of the study, patients experiencing Bronchial asthma between the ages of 18 and 70 who visited the OPD, IPD, and peripheral health centres at Sarada Krishna Homoeopathic Medical College Hospital were chosen as participants.

After careful case taking, the information from the thirty cases used in the study was documented in the standard case format used by Sarada Krishna Homoeopathic Medical College and Hospital. The examples were carefully analyzed and in accordance with the philosophy of Richard Hughes, the corresponding totality was constructed to which a suitable similimum was suggested. Richard Hughes' suggestions and the homoeopathic principles guided the choice of potency and repetition of dose. On subsequent follow-ups, pre and post assessments were executed using the Improving Symptom Score Chart on Bronchial Asthma to assess the patient's progress every two weeks. To ensure the significance of the data, the 't' value was calculated after the scores had been computed.

On the basis of the examination of thirty cases of Bronchial asthma, the following observations are made.

AGE:

After analyzing thirty cases, it was determined that a maximum of 12 patients (40%) fell within 18 to 30 age group, 7 patients (23%) within 31 to 40 age group, 7 patients (23%) within 61 to 70 age group, 2 patients (7%) within 41 to 50 age group, and 2 patients (7%) within 51 to 60 age group. Therefore it can be concluded that young adults are at risk of developing Bronchial asthma.

SEX:

18 patients out of the 30 cases (60%) who were diagnosed with Bronchial asthma were females. Henceforth it can be concluded that females are more prone to suffer from Bronchial asthma.

TYPE OF BRONCHIAL ASTHMA:

Out of the 30 cases, 16 patients had Mixed type of Bronchial asthma, 8 patients had Atopic Bronchial asthma and 6 patients had Non-Atopic Bronchial asthma. This supports the conclusions drawn from the previous studies that Mixed type of Bronchial asthma is the most frequently encountered variant of Bronchial asthma.

PRESCRIBED MEDICINES:

According to Richard Hughes, *Nux vomica*, *Arsenicum album*, and *Sulphur* are the three main or principal homoeopathic remedies that effectively manages Bronchial asthma and reduce the likelihood of its return. *Aconitum napellus*, *Lobelia inflata*, *Ipecacuanha*, *Cuprum Metallicum*, *Conium maculatum*, *Chloroform*, and *Sambucus nigra* are some effective medicines for Bronchial asthma that might be considered. He pointed out the effectiveness of a number remedies under the context - "Anti-asthmatics" which includes *Blatta orientalis*, *Grindelia robusta*, *Naja tripundans*, *Natrum sulphuricum*, *Quebracho*, and *Aspidosperma*.

According to this study, *Sulphur* was prescribed in 9 cases (30%), *Arsenicum album* in 7 cases (23.33%), *Pulsatilla nigricans* in 5 cases (16.66%), *Carbo vegetabilis* in 3 cases (10%), *Nux Vomica* in 3 cases (10%) *Ipecacuanha* in 1 case (3.33%), *Conium maculatum* in 1 case (3.33%), and *Antimonium tartaricum* in 1 case (3.33%). *Sulphur* was the most frequently given medicine. This confirms Richard Hughes' recommendations for the management of Bronchial asthma scientifically as *Sulphur*, *Nux vomica* and *Arsenicum album* (the three principal remedies that manages Bronchial asthma effectively) covers majority of prescriptions in this study.

SELECTION OF POTENCY:

For all thirty cases, low potencies were prescribed in accordance with Richard Hughes' philosophy. 29 cases (96.66%) received prescriptions for the 30th potency, whereas only one case (3.33%) received a prescription for the 3X potency. The 30th potency was the most frequently prescribed potency that managed the cases (29 cases) effectively.

This demonstrates scientifically that low potencies, like moderate and high potencies, are essential in managing diseases that afflict the mankind through Homoeopathy.

REPETITION OD DOSE:

According to the repetition of dose in the sample of 30 cases, single dose of medicine was administered for every case and the medicines were given once daily for 2 cases (6.66%) and once weekly for 28 cases (93.33%).

This confirms the Homeopathic principles scientifically (Law of Minimum dose and Law of Simplex) which were appreciated by Richard Hughes in his book "The Principles and Practices of Homoeopathy".

DISEASE INTENSITY SCORES BEFORE AND AFTER TREATMENT:

In this study, the disease intensity score drastically decreased in every case that was considered for the study, dropping from an increased pre-treatment score to a comparatively low post-treatment score.

TREATMENT OUTCOME:

All the 30 cases showed marked improvement (with respect to the variation in the disease intensity score). This scientifically illustrates that prescriptions based on Richard Hughes' philosophy is effective in managing Bronchial asthma.

6.1. LIMITATIONS

- Only a small number of studies have been conducted which are based on the application of Richard Hughes' philosophy. As a result, it was difficult to compile an extensive review of the relevant literature.
- This is a time limited research.
- Due to the limited (modest) sample size employed in this study, there was no possibility to compare the findings with a control group.
- Case selection was challenging since many reported cases of Bronchial asthma accompanied other comorbidities, particularly Allergic rhinitis.
- Due to the discontinuation of treatment during the course of the study, some cases were unable to be included.

6.2. RECOMMENDATIONS

- A longer study period would result in accurate findings.
- A larger sample size yields scientifically valid data and increases the scope of comparison using a control group.
- Universally standardized scoring chart for Bronchial asthma may lessen the burden of effective post and pre assessment.

CONCLUSION

7. CONCLUSION

The study included a sample of 30 patients with Bronchial asthma who were managed homoeopathically according to Richard Hughes' philosophy in the OPD, IPD, and rural health centers of Sarada Krishna Homoeopathic Medical College and Hospital.

The following facts are being deduced regarding Bronchial asthma,

- Most usually occur in the age group of 18 to 30 years.
- Most common in females than in males.
- The most common type of Bronchial asthma is the Mixed type and the less common type is Non-Atopic Bronchial asthma.
- The most frequently prescribed medicine was Sulphur which confirms Richard Hughes' recommendations regarding the therapeutics of Bronchial asthma.
- The most frequently opted potency was 30th potency.
- Medicines were more often repeated weekly once.
- All the 30 cases showed significant improvement in a whole aspect with reference to the decline in the pre and post treatment assessment scores.

The decline in the disease intensity scores were statistically analyzed and after relevant calculation, significance of the study was scientifically illustrated. Henceforth, Homoeopathic medicines can effectively manage Bronchial asthma when prescribed according to Richard Hughes' philosophy.

SUMMARY

8. SUMMARY

Thirty cases diagnosed with Bronchial asthma were selected from the OPD, IPD and Rural health centers of Sarada Krishna Homoeopathic Medical College and Hospital, Kulashekharam. The case details were entered in the standardized per-structured case format. Cases were analyzed and totality was erected according to Richard Hughes' philosophy and suitable similimum was prescribed. Follow ups were taken every two weeks with assessment of the patient's condition using Improving score chart on Bronchial asthma.

The age incidence of the study showed that young adults (18 to 30 years) especially the females were mostly affected. The most frequently occurring variant of Bronchial asthma was Mixed type of Bronchial asthma. Sulphur was the frequently prescribed remedy and 30th potency was the most preferred potency. The medicines were repeated often for weekly once. All of the cases showed admirable improvement with respect to the pre and post treatment assessment scores. The results of the study was proved scientifically significant using paired 't' test.

The outcome of the study is that Homoeopathic management of Bronchial asthma using Richard Hughes' philosophy is effective. Thus Homeopathy is a divine system of medicine which treats the patient as whole and brings about aid the suffering mankind in a harmonious way.

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APPENDIX

APPENDIX I

GLOSSARY

1. Aggravation : A situation in which the patient feels worse from or symptoms are increased by a remedy. Denoted by “<”.
2. Amelioration : An improvement of the patient or decrease in the intensity of symptoms. Denoted by “>”.
3. Dose : A dose is the quantity of drug or other therapeutic agent taken at a time or in fractional amounts within a stated period.
4. Potency : The power, Vitality or dynamic which a Homoeopathic remedy possesses, often represented as a number attached to the remedy name, either immediately before or after.
5. Symptoms : The phenomena of disease which lead to complaints on the part of the ill person.
6. Remedy : A medicine, application or therapy that relieves or cures a disease.
7. Placebo : An inert drug or substance given to satisfy patients, or as the control in a research study.

APPENDIX II
CHRONIC CASE RECORD FORMET
‘Case Records Are Our Valuable Asset’
SARADA KRISHNA
HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL
KULASEKHARAM, KANNIYAKUMARI DIST, TAMIL NADU- 629 161

CHRONIC CASE RECORD

Date: Unit: Regn. No:

1. PERSONAL DATA

Name of Patient:

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

Nationality:

Name of Father / Spouse / Guardian / Son / Daughter

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

Occupation: Income per capita:

Family size (members living together):

Diet: Veg. / Non veg. / Mixed

Address:

.....

Phone (Office) Residence

Mobile e-mail

Referred to by:

FINAL DIAGNOSIS:

Homoeopathic	
Disease	

RESULT	Cured	Relieved	Referred	Otherwise	Expired
--------	-------	----------	----------	-----------	---------

Attending Physician

PRESENTING COMPLAINTS:

Location And Duration	Sensation and Pathology	Modalities(<,>) & A/F(=)	Concomitants / Associated symptoms if any
A. Chief complaints			

HISTORY OF PRESENT ILLNESS:

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

HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

SL. NO	Age / Year	Illness, trauma, fright, burn, drug, allergy, operation, exposure, inoculation, vaccination, steroids, antibiotics, analgesics, etc	Treatment	Outcome

HISTORY OF FAMILY ILLNESS:

PERSONAL HISTORY:

A. LIFE SITUATION:

Place of birth :

Religion :

Education :

Economic status :

Social status :

Nutritional status :

Occupation :

Marital status :

B. HABITS AND HOBBIES:

Food :

Addictions :

Sleep :

C. DOMESTIC REALATIONS:

With family members :

With other relatives :

With neighbour/friends/colleagues :

D. SEXUAL RELATONS:

Pre-Marital :

Marital :

Extra Marital :

6. GYNAECOLOGICAL HISTORY:

A. Menses

B. Previous history

C. Climacteric

D. Abnormal vaginal discharges

E. H/O gynaecological surgeries: Yes / No

7. OBSTETRIC HISTORY

A. Previous pregnancies including abortion:

B. Contraceptive method (s) adopted:

C. Present Pregnancy:

D. Physical Examination – Gynaecological / Obstetrical

LIFE SPACE INVESTIGATION

GENERAL SYMPTOMS:

PHYSICAL:

I. FUNCTIONAL:

Appetite :

Thirst :

Sleep :

Dreams :

Sleep position :

II. ELIMINATIONS:

Stool :

Urine :

Sweat :

III. REACTIONS TO:

IV. A. CONSTITUTIONAL:

Physical makeup :

Temperament :

Thermal :

Side affinity :

MENTAL GENERALS:

PHYSICAL EXAMINATION:

CONSCIOUS :

GENERAL APPEARANCE :

GENERAL BUILD UP AND NUTRITION :

Height :

Weight :

BMI :

PHYSICAL FINDINGS:

ANAEMIA :
JAUNDICE :
CYANOSIS :
OEDEMA :
LYMPHADENOPATHY :
GAIT :
BLOOD PRESSURE :
PULSE :
TEMPERATURE :
RESPIRATORY RATE :

GYNAECOLOGICAL HISTORY:

FMP :
LMP :
Cycle/ Regularity :
Duration of menses :
Quantity :
Clots :
Colour :
Stains and acidity :

OBSTETRICAL HISTORY:

Gravida	Para	Abortion	Death	Live

SYSTEMIC EXAMINATION:

i) Respiratory system

ii) Cardiovascular system

iii) Gastro intestinal tract

iv) Urogenital system

v) Skin and Glands

vi) Musculo - skeletal system

vii) Central Nervous System

viii) Endocrine

ix) Eye & ENT

x) Others

REGIONALS:

Head -
Eyes -
Ear -
Nose -
Face -
Mouth -
Teeth -
Throat -
Gastric -
Abdomen -
Rectum/Anus -
Urethra -
Ext. Genitalia -
Chest -
Back -
Extremities -
Nails -
Skin -

LAB INVESTIGATION:

(Urine, stool, blood, sputum, imaging, ECG, and other investigations)

PROVISIONAL DIAGNOSIS:

TOTALITY OF SYMPTOMS (RICHARD HUGHES METHOD):

Generic similarity :

Specific similarity :

Seat of action :

Kind of action :

Causative modification :

Character of pain and other sensation :

Concomitant :

Individual similarity :

Type of person/constitution :

Mental/Moral state of the patient :

Conditions of aggravation & amelioration :

Sides of body affected :

Time modality :

SELECTION OF MEDICINE:

MEDICINE SELECTED:

BASIS OF SELECTION:

REFERENCE:

FIRST PRESCRIPTION:

R_x

GENERAL MANAGEMENT AND AUXILLARY MEASURES:

PROGRESS AND FOLLOW UP

DATE	SYMPTOM(S) CHANGE	PRESCRIPTION

APPENDIX III

DISEASE INTENSITY SCORE

IMPROVING SCORE ON BRONCHIAL ASTHMA - AUSTRALIA'S NATIONAL GUIDELINES FOR ASTHMA MANAGEMENT

POINTS				
5 points	4 points	3 point	2 points	1 point
1. How much of time did your asthma keep you from getting as much done at work or at home?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time
2. How often did you have shortness of breath?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time
3. How often did your wheezing wakes you at night?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time
4. How often did you feel chest pain?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time
5. How often did your cough recur?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time

INTENSITY OF DISEASE	SCORE
Mild	Less than 19
Moderate	19 to 22
Severe	22 to 25

APPENDIX IV

CASE NO: 1

PATIENT AS A WHOLE:

OP.NO : 2045/2022
NAME OF THE PATIENT : Mrs. VVV
AGE : 51 years
SEX : Female
RELIGION : Hindu
OCCUPATION : House wife
ADDRESS : Paruthikattuvilai, Thiruvithancode
DATE OF CASE TAKING : 28/10/2021

PRESENTING COMPLAINTS:

Location And Duration	Sensation and pathology	Modalities(<,>) & A/F(=)	Concomitants / Associated symptoms if any
Respiratory system (Since thirteen years) Increased since two week	Breathing difficulty Cough with whitish expectoration Constriction of chest Burning pain of chest while coughing	< Cold < Morning < Dust exposure	Itching of both eyes

HISTORY OF PRESENT ILLNESS:

The patient's complaint started thirteen years ago as mild difficulty in breathing during the third month of her first pregnancy. The complaint started as sneezing from watery discharge from nose and itching of ears. By sixth month of pregnancy, the symptoms progressed as breathing difficulty whenever the sneezing commences. She took allopathic medication and got temporary relief. The complaint reappeared occasionally and she took allopathic medication upon which she find relief. Thereafter occasionally the complaint reappears to which she take allopathic treatment. She uses bronchodialators (Inhalers) two to three times a day as her physician suggests her.

Now she had stopped taking medicines since three months and is under homoeopathic treatment.

HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

1. Sixteen years ago - Chickenpox - Allopathic medicine - Relieved

HISTORY OF FAMILY ILLNESS:

Mother - Bronchial Asthma

PERSONAL HISTORY:

A. LIFE SITUATION:

Place of birth : Thiruvithancode

Religion : Hindu

Education : 12th standard

Economic status : Moderate

Social status : Moderate

Nutritional status : Moderate

Occupation : Housewife

Marital status : Married

B. HABITS AND HOBBIES:

Food : Non vegetarian

Addictions : Tea two cups / day

Sleep : Sound sleep

C. DOMESTIC REALATIONS:

With family members : Good

With other relatives : Good

With neighbour/friends/colleagues : Good

LIFE SPACE INVESTIGATION

Patient was born as the first child in a poor family. Her father was a coolie and mother was a housewife. She have a sister who is three years younger to her. Despite of financial crisis, patient had a happy childhood. She is very close to her younger sister. She was an average student during her school days and have studied till twelfth standard. Due to financial issues she couldn't continue her studies.

She is very sympathetic towards animals since childhood. She wanted to take care of the dogs that wander in roadside and slums. She gets angry very easily and she doesn't want anyone to console her when she is mentally vulnerable. She had a lot of intimate friends during school days and she always tries to keep in touch with them.

She got married at the age of eighteen and her husband is working as a coolie. She got her first pregnancy by the age of nineteen. During the third month of pregnancy she developed sneezing, watery discharge from the nose and itching of ears. She took no treatment on the commencement of the complaints but as time progressed frequency of her complaint increased. She started developing breathing difficulty whenever the sneezing appeared. So she took allopathic treatment and got temporary relieved from the trouble. Occasionally the complaint reappeared to which she took allopathic treatment. Due to this condition she undertook cesarean section for her first pregnancy under the advice of her gynaecologist. She had a full term healthy male baby with normal milestone developments.

At the age of twenty two, she had her second pregnancy. During that pregnancy too, her complaints appeared and got worse. She had her second male baby on full term with no complications and normal milestone developments. Currently she is taking care of her family as a housewife and lead a happy life.

GENERAL SYMPTOMS:

PHYSICAL:

I. FUNCTIONAL:

Appetite : Good
Thirst : Good
Sleep : Sound sleep
Dreams : Nothing particular
Sleep position : Left side

II. ELIMINATIONS:

Stool : Regular (once in a day)
Urine : Normal
Sweat : Profuse over palms and soles

III. REACTIONS TO:

Thermally hot
Desire warm food
Desire warm drinks
Intolerance to cold drinks
Desire fanning
Aversion to covering
Desire spicy food

Desire sweets

Desire tea

IV. A. CONSTITUTIONAL:

Physical makeup : Short

Temperament : Sanguine

Thermal : Hot

Side affinity : Left

MENTAL GENERALS:

Extrovert

Easily angered

Consolation aggravates

Aversion to be alone

Sympathetic

PHYSICAL EXAMINATION:

CONSCIOUS : Conscious

GENERAL APPEARANCE : Earthy complexion

GENERAL BUILD UP AND NUTRITION : Moderately built

Height : 148 cm

Weight : 50 Kg

BMI : 22.8 Kg/m²

PHYSICAL FINDINGS:

ANAEMIA : No pallor

JAUNDICE : Not icteric

CYANOSIS : No cyanosis

OEDEMA : No edema

LYMPHADENOPATHY : No lymphadenopathy

GAIT : Steady

BLOOD PRESSURE : 110 /80 mm of Hg

PULSE : 76 beats / minute

TEMPERATURE : 98.6⁰ F

RESPIRATORY RATE : 19 / minute

GYNAECOLOGICAL HISTORY:

FMP : 13 years

LMP : 9/11/2021

Cycle/ Regularity : 28 days, Regular
 Duration of menses : 4-5 days
 Quantity : 2-3 pads daily
 Clots : Nil
 Colour : Bright red
 Stains and acidity : Nil

OBSTETRICAL HISTORY:

Gravida	Para	Abortion	Death	Live
2	2	0	0	2

SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM

1. UPPER RESPIRATORY SYSTEM:

Nose : No deviated nasal septum
 No polyp

Sinus: : No tenderness

2. LOWER RESPIRATORY SYSTEM:

Inspection : No scar
 No hypertrophied scar
 Chest movements are bilaterally symmetrical

Palpation : No tenderness
 Trachea central in position
 Tactile vocal fremitus
 Apex beat palpable

Percussion : Resonance all over the lung field

Auscultation : Wheeze heard over upper left chest

REGIONALS:

Head - Normal hair, no falling, no perspiration
 Eyes - Clear vision
 Ear - Normal
 Nose - Normal olfaction
 Face - No abnormalities
 Mouth - Clean tongue

Teeth - Normal
 Throat - Normal
 Gastric - Normal
 Abdomen - No abnormalities
 Rectum/Anus - Normal defecation
 Urethra - Normal
 Ext. Genitalia - Normal
 Chest - Wheeze sound heard over upper left chest
 Back - No abnormalities
 Extremities - No deformity
 Nails - No clubbing
 Skin - No discoloration

LAB INVESTIGATION: (13.11.2021)

BLOOD ROUTINE EXAMINATION:

Haemoglobin : 13.4 gm/dl
 White blood corpuscles : 10.4 K/ul
 Neutrophils : 62%
 Lymphocytes : 32%
 Eosinophils : 02%
 ESR 30 minutes : 8 mm/hr
 ESR 60 minutes : 17 mm/hr

PROVISIONAL DIAGNOSIS: BRONCHIAL ASTHMA

TOTALITY OF SYMPTOMS (RICHARD HUGHES METHOD):

Generic similarity : Breathing difficulty
Specific similarity :
 Seat of action : Chest
 Kind of action : Constriction of chest
 Causative modification : Nil
 Character of pain and other sensation : Cough with whitish expectoration
 Concomitant : Itching of both eyes
Individual similarity :
 Type of person/constitution : Short, earthy complexion
 Mental/Moral state of the patient : Extrovert
 Easily angered

Aversion to be alone
Sympathetic
Consolation aggravates

Conditions of aggravation & amelioration : < Cold
< Dust exposure
Sides of body affected : Left
Time modality : < Morning

SELECTION OF MEDICINE: NON-REPERTORIAL

MEDICINE SELECTED: SULPHUR

BASIS OF SELECTION:

Chronic asthma
Constriction of chest
Cough with whitish expectoration
Itching of eyes
Quick tempered
< Morning

REFERENCE:

1. The principles and practice of Homoeopathy - Richard Hughes - Page No. 550
2. A cyclopedia of drug pathogenesis - Page No. 208, 212, 222
3. Therapeutic Guide - G. H. G Jahr - Page No. 210, 213

FIRST PRESCRIPTION:

R_x

- 1) SULPHUR 30 / 1 DOSE (HS)
- 2) SAC.LAC / 6 DOSES (HS)
- 3) B. DISK (1 X TDS)
- 4) B. PILLS (3 X TDS) / X 2 WEEK

GENERAL MANAGEMENT AND AUXILLARY MEASURES:

Maintain personal hygiene
Take nutritious diet

**IMPROVING SCORE ON BRONCHIAL ASTHMA - AUSTRALIA'S
NATIONAL GUIDELINES FOR ASTHMA MANAGEMENT**

POINTS				
5 points	4 points	3 point	2 points	1 point
2. How much of time did your asthma keep you from getting as much done at work or at home?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time
6. How often did you have shortness of breath?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time
7. How often did your wheezing wakes you at night?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time
8. How often did you feel chest pain?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time
9. How often did your cough recur?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time

Score on First Visit:

1	2	3	4	5	Total
4	1	1	3	4	13

FOLLOW UP:

DATE	FOLLOW UP						PRESCRIPTION
11 / 11 / 2021	1	2	3	4	5	Total	R _x 1. SULPHUR 30 / 1 DOSE (HS) 2. SAC. LAC / 6 DOSES (HS) 3. B. DISK (1 X BD) 4. B. PILLS (3 X TDS)
	3	1	1	3	3	11	
	Breathing difficulty slightly better No shortness of breath Burning pain in chest better but persists Constriction of chest slightly better Cough with whitish expectoration slightly better < Dust exposure < Morning O/E Chest : Wheeze heard over upper left chest <u>Generals</u> : Appetite : Good Thirst : Good Sleep : Sound sleep Stool : Regular Urine : Normal Sweat : Profuse over palm and soles						X 2 WEEKS
25 / 11 / 2021	1	2	3	4	5	Total	R _x 1. SAC. LAC / 7 DOSES (HS) 2. B. DISK (1 X TDS) 3. B. PILLS (3 X TDS)
	3	1	1	2	2	9	
	Breathing difficulty better No shortness of breath Burning pain in chest better Constriction of chest better but persists Cough with scanty transparent expectoration < Cold O/E Chest : Clear <u>Generals</u> : Appetite : Good Thirst : Good						X 2 WEEKS

	Sleep : Sound sleep Stool : Regular Urine : Normal Sweat : Profuse over palms and soles						
02 / 12 / 2021	1	2	3	4	5	Total	R _x
	3	1	1	1	2	8	1. SULPHUR 30/ 1 DOSE (HS) 2. SAC. LAC / 6 DOSES (HS) 3. B. DISK (1 X TDS) 4. B. PILLS (3 X TDS)
	Breathing difficulty better but persists No shortness of breath No burning pain in the chest Constriction of chest better but persists Cough occasionally without expectoration < Morning < Cold O/E Chest : Clear <u>Generals:</u> Appetite : Good Thirst : Good Sleep : Sound sleep Stool : Regular Urine : Normal Sweat : Profuse over palms and soles						X 2 WEEKS
17 / 12 / 2021	1	2	3	4	5	Total	R _x
	2	1	1	1	2	7	1. SULPHUR 30 / 1 DOSE (HS) 2. SAC. LAC / 6 DOSES (HS) 3. B. DISK (1 X TDS) 4. B. PILLS (3 X TDS)
	Breathing difficulty better No shortness of breath No burning pain in chest Constriction in the chest persists Cough without expectoration < Morning O/E Chest : Clear <u>Generals:</u> Appetite : Good Thirst : Good						X 2 WEEKS

	Sleep : Sound sleep Stool : Regular Urine : Normal Sweat : Generalised						
31 / 12 /2021	1	2	3	4	5	Total	R _x 1. SAC.LAC / 7 DOSES (HS) 2. B. DISK (1 X BD) 3. B. PILLS (3 X TDS) <hr/> X 2 WEEKS
	1	1	1	1	2	6	
	Breathing difficulty better No constriction and shortness of breath No chest pain Cough better No expectoration O/E Chest : Clear <u>Generals</u> : Good						
21 / 01 /2022	1	2	3	4	5	Total	R _x 1. SAC. LAC / 7 DOSES (HS) 2. B. DISK (1 X BD) 3. B.PILLS (3 X TDS) <hr/> X 2 WEEKS
	1	1	1	1	1	5	
	Breathing difficulty better No constriction and shortness of breath No chest pain Cough better O/E Chest : Clear <u>Generals:</u> Good						

TREATMENT SCORE	BEFORE - 13 AFTER - 5
NUMBER OF VISITS	7
DURATION OF TREATMENT	2 MONTHS 2 WEEKS
MEDICINE ADMINISTERED	SULPHUR
POTENCY SELECTED	30
NUMBER OF DOSES	8 DOSES

CASE NO: 2

PATIENT AS A WHOLE:

OP.NO : 2101/22
NAME OF THE PATIENT : Mrs. FFF
AGE : 64 years
SEX : Female
RELIGION : Hindu
OCCUPATION : Housewife
ADDRESS : Kadabanam vilai, Kuzhithurai
DATE OF CASE TAKING : 29 /03 /2022

PRESENTING COMPLAINTS:

Location And Duration	Sensation and pathology	Modalities(<,>) & A/F(=)	Concomitants / Associated symptoms if any
Respiratory system (Since twenty five years) Increased since two weeks	Breathing difficulty Cough without expectoration Constriction of chest Heaviness of chest Pain in chest on coughing Weakness of body Sensation as if mucus lodged in chest	< Physical exertion < Early morning < Walking < Cold exposure < Dust exposure < Fanning < Inspiration < While eating > Lying down	Irritation of eyes with sensation of hair before eyes

HISTORY OF PRESENT ILLNESS:

The patient's complaint started twenty five years ago as sneezing with watery coryza which was increased whenever she undertake any type of physical exertion. The complaints spring up during dust exposure. She took allopathic medication with temporary relief. The complaint reappeared on and off whenever she attain dust exposure. With time she developed cough without expectoration, breathing difficulty

and heaviness of chest. She took traditional medicine but no relief. So she took allopathic medication with temporary relief. Now the patient is under homoeopathic treatment.

HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

2. Fifteen years ago - Chickengunya - Allopathic treatment - Relieved

HISTORY OF FAMILY ILLNESS:

Elder brother - Diabetes mellitus, Bronchial Asthma

PERSONAL HISTORY:

A. LIFE SITUATION:

Place of birth : Panachamoodu

Dwelling : Kuzhithurai

Religion : Christian

Education : Illiterate

Economic status : Moderate

Social status : Moderate

Nutritional status : Moderate

Occupation : Housewife

Marital status : Married

B. HABITS AND HOBBIES:

Food : Non-Vegetarian

Addictions : Tea two cups / day

Sleep : Disturbed due to breathing difficulty

C. DOMESTIC REALATIONS:

With family members : Good

With other relatives : Good

With neighbour/friends/colleagues : Good

LIFE SPACE INVESTIGATION

Patient was born as the second child in a poor family with four siblings - three sisters and one brother . Her father was a coolie and mother was a housewife. Her family was struck with poverty during her childhood. So she never went to the school and neither did her siblings. Her mother was very strict and doesn't allow her to go out and play with her friends. Patient despised her mother's strictness. As a result she grew closer to her father to whom she shared everything. She was married at the age of nineteen to a farmer and had four children - three sons and a

daughter (youngest). All of her pregnancies were full term vaginal delivery except the fourth one (cesarean section). 25 years ago, she had a complaint of sneezing and watery coryza due to dust exposure. The complaint got worsened by physical exertion. She took allopathic medication with temporary relief but the complaint spring up on and off whenever she dust exposure or physical exertion. With time she developed cough without expectoration, heaviness of chest and breathing difficulty. She took traditional medicine and allopathic medication however neither of them has permanently alleviated her symptoms.

GENERAL SYMPTOMS:

PHYSICAL:

I. FUNCTIONAL:

Appetite : Decreased
Thirst : Normal
Sleep : Disturbed due to breathing difficulty
Sleep position : No particular position
Dreams : Nothing relevant

II. ELIMINATIONS:

Stool : Regular (once in a day)
Urine : No abnormality
Sweat : Generalized

III. REACTIONS TO:

Desire warm food
Desire warm drinks
Desire cold water bathing
Desire to winter season
Aversion fanning
Aversion covering

IV. A. CONSTITUTIONAL:

Physical makeup : Tall, lean, earthy complexion
Temperament : Sanguine
Thermal : Ambi
Side affinity : Left
Tendencies : Catch cold

MENTAL GENERALS:

Religious

Talkative

Timidity

Aversion to contradiction

Desire company

PHYSICAL EXAMINATION:

CONSCIOUS : Conscious

GENERAL APPEARANCE : Short, lean earthy complexioned

GENERAL BUILD UP AND NUTRITION : Well built

HEIGHT : 142 cm

WEIGHT : 37.5 Kg

BMI : 18.6 Kg/m²

PHYSICAL FINDINGS:

ANAEMIA : No pallor

JAUNDICE : Not icteric

CYANOSIS : No cyanosis

OEDEMA : No edema

LYMPHADENOPATHY : No lymphadenopathy

NAILS : No abnormalities

GAIT : Steady

BLOOD PRESSURE : 110/70 mm of Hg

PULSE : 78 beats / minute

TEMPERATURE : 98.6⁰F

RESPIRATORY RATE : 18 / minute

GYNAECOLOGICAL HISTORY:

FMP : 13 years

Menopause : 50 years

OBSTETRICAL HISTORY:

Gravida	Para	Abortion	Death	Live
4	4	0	0	4

SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM

3. UPPER RESPIRATORY SYSTEM:

Nose : No deviated nasal septum
No nasal polyp

Sinus: : No tenderness

4. LOWER RESPIRATORY SYSTEM:

Inspection : No scar
No chest deformities
Chest movements are bilaterally symmetrical

Palpation : No tenderness
Trachea central in position
Tactile vocal fremitus
Apex beat palpable

Percussion : Resonance all over the lung field

Auscultation : Wheeze heard all over the lung fields of both sides

REGIONALS:

Head - Normal hair, no falling, no perspiration

Eyes - Clear vision

Ear - Normal

Nose - Normal

Face - No abnormalities

Mouth - Clean tongue

Teeth - Normal

Throat - Normal

Neck - Normal

Gastric - Normal

Abdomen - Normal

Rectum/Anus - Normal defecation

Urethra - Normal

Ext. Genitalia - Normal

Chest - Wheeze sound heard all over the lung fields of both sides

Back - No abnormalities

Extremities - No deformity

Nails - Normal
Skin - No discoloration

LAB INVESTIGATION: (30.03.2022)

BLOOD ROUTINE EXAMINATION:

Haemoglobin : 13.9 gm/dl
White blood corpuscles : 9.3 K/ul
Neutrophils : 56%
Lymphocytes : 36%
Eosinophils : 8%
Monocyte : Nil
Basophil : Nil
ESR 30 minutes : 4 mm/hr
ESR 60 minutes : 10 mm/hr

PROVISIONAL DIAGNOSIS: BRONCHIAL ASTHMA

TOTALITY OF SYMPTOMS (RICHARD HUGHES METHOD):

Generic similarity : Breathing difficulty
Specific similarity :
Seat of action : Chest
Kind of action : Constriction of chest
Causative modification : Nil
Character of pain and other sensation : Cough without expectoration
Heaviness of chest
Pain on chest on coughing
Sensation as if mucus lodged in chest
Weakness of body
Concomitant : Irritation of eyes with sensation of hair
before eyes
Individual similarity :
Type of person/constitution : Short, lean, earthy complexion
Mental/Moral state of the patient : Religious
Talkative
Timidity
Aversion to contradiction
Desire company

Conditions of aggravation & amelioration : < Physical exertion

< Walking

< Cold exposure

< Dust exposure

< Fanning

< Inspiration

< While eating

> Lying down

Sides of body affected : Both sides

Time modality : < Early morning

SELECTION OF MEDICINE: NON-REPERTORIAL

MEDICINE SELECTED: ARSENICUM ALBUM

BASIS OF SELECTION:

Chronic cough

Dry cough

Respiration difficult

Hereditary asthma

Weakness of body

Constriction of chest

Irritation of eyes

Poor appetite

Symptoms aggravated by deep inspiration, by dust and close of temperature

< Walking

< Inspiration

< Body Exertion

> Lying down

REFERENCE:

1. The principle and practices of homoeopathy - Richard Hughes - Page No. 550

2. The manual of pharmacodynamics - Richard Hughes - Page No. 119

3. The practice of medicine containing the homoeopathic treatment of diseases -
Pierre Jousset - Page No. 841

4. The Therapeutic Guide - G. H. G. Jahr - Page No. 214

5. The repertory to cyclopedia of drug pathogenesis - Richard Hughes - Page No. 283,
286, 287

6. A cyclopedia of drug pathogenesis, Vol I - Richard Hughes - Page No. 402, 413
7. The treatment of rheumatism, epilepsy, asthma and fever - John Rutherford Russel - Page No. 319

FIRST PRESCRIPTION:

R_x

5) ARSENICUM ALBUM 30 / 1 DOSE (STAT)

6) SAC.LAC / 6 DOSES (HS)

7) B. PILLS (3 X TDS) / X 2 WEEK

GENERAL MANAGEMENT AND AUXILLARY MEASURES:

Avoid dust exposure

Take nutritious diet

**IMPROVING SCORE ON BRONCHIAL ASTHMA - AUSTRALIA'S
NATIONAL GUIDELINES FOR ASTHMA MANAGEMENT**

POINTS				
5 points	4 points	3 point	2 points	1 point
3. How much of time did your asthma keep you from getting as much done at work or at home?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time
10. How often did you have shortness of breath?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time
11. How often did your wheezing wakes you at night?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time
12. How often did you feel chest pain?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time
13. How often did your cough recur?				
All of the time	Most of the time	Some of the time	A little of the time	None of the time

Score on First Visit:

1	2	3	4	5	Total
4	1	4	3	3	15

FOLLOW UP:

DATE	FOLLOW UP						PRESCRIPTIO N
13 / 04 /2022	1	2	3	4	5	Total	R _x 5. ARSENICU M ALBUM 30 / 1 DOSE (STAT) 6. SAC. LAC / 6 DOSES (HS) 7. B. PILLS (3 X TDS)
	4	1	3	3	3	14	
	<p>Breathing difficulty slightly better No shortness of breath Sleep disturbed due to breathing difficulty better but persists Pain on coughing slightly better Constriction of chest slightly better Cough with scanty whitish excretion Itching of throat persists Sensation of mucus lodged in the throat Weakness of body better but persists < Dust exposure < Exertion < Early morning O/E Chest : Wheeze heard all over lung field on both sides <u>Generals</u> : Appetite : Increased Thirst : Decreased Sleep : Disturbed due to breathing difficulty Stool : Constipation but cannot strain due to breathing difficulty Urine : Normal Sweat : Generalized</p>						
27 / 04 /2022	1	2	3	4	5	Total	R _x 4. ARSENICU M ALBUM 30 /
	4	1	3	2	3	13	

	Breathing difficulty increased since 1 day due to dust exposure No shortness of breath Sleep occasionally disturbed due to breathing difficulty Pain on coughing better Constriction of chest better Cough with whitish scanty expectoration persists Itching of eyes better Sensation of mucus in the throat better but persists Heaviness of chest better but persists Weakness of body better but persists < Walking < Early morning O/E Chest : Mild wheeze heard all over lower part of right chest <u>Generals :</u> Appetite : Good Thirst : Decreased Sleep : Occasionally disturbed due to breathing difficulty Stool : Constipated (Once in 3 days) Urine : Normal Sweat : Generalized						1 DOSE (STAT) 5. SAC. LAC / 6 DOSES (HS) 6. B. PILLS (3 X TDS)
							X 2 WEEKS
11 / 05 / 2022	1	2	3	4	5	Total	Rx 5. ARSENICUM ALBUM 30 / 1 DOSE (STAT) 6. SAC. LAC / 6 DOSES (HS)
	3	1	2	2	3	11	
	Breathing difficulty better but persists No shortness of breath No disturbed sleep Chest pain slightly better Constriction of chest slightly better						

	<p>Cough with scanty whitish expectoration persists</p> <p>Itching of eyes relieved</p> <p>Sensation of mucus in throat better</p> <p>Heaviness of chest relieved</p> <p>Weakness of body better</p> <p>< Early morning</p> <p>< Dust exposure</p> <p>O/E Chest : Mild wheeze heard over lower right lung region</p> <p><u>Generals</u> :</p> <p>Appetite : Good</p> <p>Thirst : Good</p> <p>Sleep : Sound sleep</p> <p>Stool : Regular</p> <p>Urine : Normal</p> <p>Sweat : Generalized</p>						7. B. PILLS (3 X TDS)
							X 2 WEEKS
25 / 05 / 2022	1	2	3	4	5	Total	R _x
	3	1	1	2	3	10	2. ARSENICUM ALBUM 30 / 1 DOSE (STAT)
	<p>Breathing difficulty better but persists</p> <p>No shortness of breath</p> <p>No disturbed sleep</p> <p>Chest pain better</p> <p>Constriction of chest slightly better</p> <p>Cough without expectoration</p> <p>Itching of eyes relieved</p> <p>Sensation of mucus in throat better</p> <p>< Cold exposure</p> <p>< Walking</p> <p>O/E Chest : Clear</p> <p>Generals : Good</p>						3. SAC. LAC / 6 DOSES (HS)
							4. B. PILLS (3 X TDS)
							X 2 WEEKS

08 / 06 /2022	1	2	3	4	5	Total	R _x 4. ARSENICU M ALBUM 30 / 1 DOSE (STAT) 5. SAC. LAC / 6 DOSES (HS) 6. B. PILLS (3 X TDS)
	3	1	1	1	3	9	
Breathing difficulty better but persists No shortness of breath No disturbed sleep No chest pain and constriction of chest Cough without expectoration better No itching of eyes Sensation of mucus in throat better but persists < Walking < Early morning < Exertion O/E Chest : Clear Generals : Good							X 2 WEEKS
22 / 06 /2022	1	2	3	4	5	Total	R _x 1. ARSENICU M ALBUM 30 / 1 DOSE (STAT) 2. SAC. LAC / 6 DOSES (HS) 3. B.PILLS (3 X TDS)
	2	1	1	1	2	7	
Breathing difficulty better No constriction and shortness of breath No chest pain Cough better Sensation of mucus in throat better < Exertion O/E Chest : Clear Generals: Good							X 2 WEEKS

TREATMENT SCORE	BEFORE - 15 AFTER - 7
NUMBER OF VISITS	7
DURATION OF TREATMENT	2 MONTHS 3 WEEKS
MEDICINE ADMINISTERED	ARSENICUM ALBUM
POTENCY SELECTED	30
NUMBER OF DOSES	14 DOSES

APPENDIX - V
MASTERCHART

SL NO.	OP NO.	AGE	SEX	TYPE OF BRONCHIAL ASTHMA	DURATION OF COMPLAINT	DURATION OF TREATMENT	MEDICINE	POTENCY	NUMBER OF DOSES	REPETITION OF DOSE	TREAT MENT SCORE		REMARKS
											BEFORE	AFTER	
1.	538/22	19	M	ATOPIC	4 YEARS	3 MONTHS	SULPHUR	30	6	WEEKLY ONCE	14	6	MILD
2.	5183/22	33	F	MIXED	13 YEARS	2 MONTHS 2 WEEKS	SULPHUR	30	8	WEEKLY ONCE	13	5	MILD
3.	198/22	34	F	MIXED	3 YEARS	2 MONTHS 3 WEEKS	ARSENICUM ALBUM	30	16	WEEKLY ONCE	12	6	MILD
4.	712/22	28	F	NON ATOPIC	4 YEARS	4 MONTHS 2 WEEKS	ARSENICUM ALBUM	30	16	WEEKLY ONCE	13	6	MILD
5.	36/22	62	F	ATOPIC	40 YEARS	3 MONTHS 1 WEEK	CARBO VEGETABILIS	30	12	WEEKLY ONCE	14	6	MILD
6.	2101/22	64	F	MIXED	25 YEARS	2 MONTHS 3 WEEKS	ARSENICUM ALBUM	30	14	WEEKLY ONCE	15	7	MILD

7.	5184/21	40	F	MIXED	12 YEARS	3 MONTHS 2 WEEKS	PULSATILLA NIGRICANS	30	8	WEEKLY ONCE	15	7	MILD
8.	1752/22	20	F	MIXED	8 MONTHS	3 MONTHS 4 DAYS	SULPHUR	30	8	WEEKLY ONCE	11	8	MILD
9.	1621/22	34	M	MIXED	3 YEARS	4 MONTHS	ARSENICUM ALBUM	30	14	WEEKLY ONCE	12	6	MILD
10.	4167/22	22	F	MIXED	20 YEARS	3 MONTHS 3 WEEKS	SULPHUR	30	8	WEEKLY ONCE	14	8	MILD
11.	5468/21	49	M	ATOPIC	20 YEARS	2 MONTHS 3 WEEKS	SULPHUR	30	6	WEEKLY ONCE	11	8	MILD
12.	4266/22	22	F	MIXED	21 YERAS	3 MONTHS 3 WEEKS	PULSATILLA NIGRICANS	30	6	WEEKLY ONCE	13	8	MILD
13.	517/22	68	M	ATOPIC	40 YEARS	3 MONTHS 1 WEEK	CARBO VEGETABILIS	30	6	WEEKLY ONCE	14	6	MILD
14.	5919/22	32	M	ATOPIC	24 YEARS	4 MONTHS	NUX VOMICA	30	12	WEEKLY ONCE	14	8	MILD
15.	6115/22	34	F	MIXED	3 YEARS	2 MONTHS 3 WEEKS	ARSENICUM ALBUM	30	14	WEEKLY ONCE	12	6	MILD
16.	5167/22	30	F	MIXED	5 YEARS	3 MONTHS	PULSATILLA NIGRICANS	30	8	WEEKLY ONCE	15	7	MILD

17.	5393/22	63	M	NON ATOPIIC	10 YEARS	2 MONTHS 3 WEEKS	NUX VOMICA	30	14	WEEKLY ONCE	16	7	MILD
18.	4292/22	18	M	NON ATOPIIC	4 YEARS	2 MONTHS 3 WEEKS	IPECACUANHA	3X	42	DAILY ONCE	19	11	MODERATE
19.	67/22	28	F	ATOPIIC	6 YEARS	4 MONTHS 2 WEEKS	ARSENICUM ALBUM	30	16	WEEKLY ONCE	13	6	MILD
20	4844/22	67	F	ATOPIIC	43 YEARS	3 MONTHS 1 WEEK	CARBO VEGETABILIS	30	12	WEEKLY ONCE	14	6	MILD
21.	5393/22	27	F	MIXED	5 YEARS	3 MONTHS 1 DAY	PULSATILLA NIGRICANS	30	8	WEEKLY ONCE	15	7	MILD
22.	1111/22	41	M	ATOPIIC	9 YEARS	3 MONTHS 4 DAYS	SULPHUR	30	6	WEEKLY ONCE	11	8	MILD
23.	2045/22	51	F	MIXED	5 YEARS	2 MONTHS 3 WEEKS	SULPHUR	30	8	WEEKLY ONCE	13	5	MILD
24.	752/22	18	M	MIXED	4 YEARS	3 MONTHS	SULPHUR	30	6	WEEKLY ONCE	13	6	MILD
25.	4265/22	22	F	NON ATOPIIC	10 YEARS	3 MONTHS 3 WEEKS	PULSATILLA NIGRICANS	30	6	WEEKLY ONCE	13	8	MILD
26.	6055/21	20	M	MIXED	19 YEARS	3 MONTHS 1 WEEK	ANTIMONIUM TARTARICUM	30	42	DAILY ONCE	22	8	MODERATE

27.	3882/22	69	M	NON ATOPIIC	32 YEARS	3 MONTHS 3 WEEKS	CONIUM MACULATUM	30	4	WEEKLY ONCE	15	7	MILD
28.	2247/22	66	F	MIXED	25 YEARS	2 MONTHS 3 WEEKS	ARSENICUM ALBUM	30	14	WEEKLY ONCE	15	7	MILD
29.	6112/21	52	F	MIXED	5 YEARS	2 MONTHS 2 WEEKS	SULPHUR	30	8	WEEKLY ONCE	13	6	MILD
30.	4633/22	32	M	NON ATOPIIC	24 YEARS	3 MONTHS 3 WEEKS	NUX VOMICA	30	12	WEEKLY ONCE	14	8	MILD

APPENDIX VI

FORM - 4 : CONSENT

FORM (A) PART 1 OF 2

INFORMATION FOR PARTICIPANTS OF THE STUDY

Instructions-This is the patient information sheet. It should address the participant of this study. Depending upon the nature of the individual project, the details provided to the participant may vary. A separate consent form for the patient/test group and control (drug/procedure or placebo) should be provided as applicable. While formulating this sheet, the investigator must provide the following information as applicable in a simple language in English and Tamil which can be understood by the participant.

- The title of my study is “**A HOMOEOPATHIC MANAGEMENT OF BRONCHIAL ASTHMA BASED ON RICHARD HUGHES’ PHILOSOPHY**”.
- NAME OF THE INVESTIGATOR: **Dr. GOWRI S.**
- NAME OF THE GUIDE: **Dr. MANOJ NARAYAN V., M. D. (HOM.)**
- PURPOSE OF THIS PROJECT/STUDY:
 - ❖ To understand the application of Richard Hughes philosophy and find out similimum in cases of Bronchial Asthma.
 - ❖ To understand the remedy, potency and its repetition while managing the cases of Bronchial Asthma.

1. Procedure/methods of the study:

- Purposive sampling of 30 cases of patients with Bronchial Asthma from the OPD, IPD and rural centers of Sarada Krishna Homoeopathic College. The case details will be recorded in standardized and pre-structured case format of Sarada Krishna Homoeopathic Medical College after thorough case taking.
- Then the symptoms will be analyzed and according to Richard Hughes philosophy, a totality is erected to which suitable similimum is prescribed. Selection of the potency and repetition of the dose is based on homoeopathic principles.
- Assessment is done in every two weeks using Improving symptom score chart on Bronchial Asthma and the changes are recorded.

1. Expected duration of the subject participation: 2022 - 2023.

2. The benefits to be expected from the research to the participant or to others

and the post trial responsibilities of the investigator: General improvement of the patient's condition.

3. **Any risks expected from the study to the participant:** No.
4. **Maintenance of confidentiality of records:** Yes, all data will be confidential.
5. **Provision of free treatment for research related injury:** Yes, treatment period shall be uneventful.
6. **Compensation of the participants not only for disability or death resulting from such injury but also for unforeseeable risks:** Yes, research period shall be eventful; there will not be any disability or death of the patient in this study.
7. **Freedom to withdraw from the study at any time during the study period without the loss of benefits that the participant would otherwise be entitled:** Yes.
8. **Possible current and 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 would be shared with others, this should be mentioned:** Yes, confidentiality of the patient shall be maintained.
9. **Address and telephone number of the investigator and co-investigator/guide:**

INVESTIGATOR:

Dr. GOWRI S.

PG Scholar,

Department of Organon of Medicine and Homoeopathic Philosophy,

Sarada Krishna Homoeopathic Medical College,

Kulasekharam, Kanniyakumari District, Tamil Nadu - 629161.

Phone no: 9746762947.

GUIDE:

Dr. MANOJ NARAYAN V., M. D. (Hom.)

Professor,

Department of Organon of Medicine and Homoeopathic Philosophy,

Sarada Krishna Homoeopathic Medical College,

Kulasekharam, Kanniyakumari District, Tamil Nadu - 629161.

Phone no: 9995114518.

10. **The patient information sheet must be duly signed by the investigator:** Yes, duly signed with date and time.

CONSENT FORM

PART 2 of 2- Participant consent form

Participant's name:

Address:

Title of the project: "A HOMOEOPATHIC MANAGEMENT OF BRONCHIAL ASTHMA BASED ON RICHARD HUGHES' PHILOSOPHY".

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 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 will normally 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: _____

