“EFFICACY OF LM POTENCY IN THE TREATEMENT OF BRONCHIAL ASTHMA”

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IN

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SUBMITTED TO

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2023

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ABSTRACT

One of the major medical conditions affecting millions of people worldwide is bronchial asthma. Observation shows that in recent years, allergic illnesses have become a significant public health issue. This is one among the major issues in children as well as old adults. Asthma mostly affects women and children. The totality of the symptoms were obtained in the patients with Bronchial asthma. It helped to get the suitable similimum for each cases. This study is to know about the efficacy of LM potency in treating cases of Bronchial asthma, to know about the common causative factors of asthma and to study about the commonly prescribed medicines for asthma and also to verify the incidence of Bronchial asthma in relation to age, sex, occupation, remedy, potency and repetition in managing the cases of Bronchial asthma.

Purposive selection of 30 cases of patients with Bronchial asthma was taken and analyzed and the totality was framed which is followed by remedy prescription. The LM potency is selected for all cases. The symptom score was recorded using the Australian scale for Bronchial asthma and the changes in the subsequent follow up was recorded and the statistical analysis was carried out.

The result of the study obtained that complete improvement on 1 case, 24 cases showed marked improvement, remaining 5 cases showed moderate improvement. The improvement was up to 83.33% showing that the LM potency was effective in the treatment of Bronchial asthma. It was verified that Bronchial asthma was more affecting 61-70 (20%- 6 cases) age groups, females are more affected (73.33%- 22 cases), regarding the occupation, housewives are more affected (50% - 15 cases), it was mainly due to exposure to cold air (53.33%- 16 cases), the more number of cases were treated with Arsenicum album(46.67% - 14 cases) and the Ascending potency is used more in cases (36.67%-11 cases) and most cases are repeated with daily one dose (53.33%- 16 cases). So the result of the study drawn that the LM potency is effective in the treatment of Bronchial asthma

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LIST OF ABBREVIATIONS USED

SL.NO	ABBREVIATIONS	EXPLANATION
1	-	Negative
2	%	Percentage
3	+	Positive
4	<	Aggravation, More than
5	>	Amelioration, Less than
6	A/F	Ailments from
7	Agg.	Aggravation
8	Aph,	Aphorism
9	F	Female
10	M	Male
11	F/H	Family history
12	H/O	History of
13	FMP	First Menstrual Period
14	LMP	Last Menstrual Period
15	Lab. Investigation	Laboratory Investigation
16	NAD	No abnormality detected
17	O/E	On examination
18	PL	Placebo
19	SD	Standard deviation
20	SL	Saccharum lactis
21	OPD	Out Patient Department
22	IPD	In Patient Department

1.1. INTRODUCTION:

Bronchial asthma is one among the major health problems which affect millions of people around the world. Each living being are in need for breathing. Many systemic diseases cause difficulty in breathing, like Bronchial asthma. Hike in the population and industrial increase makes the respiratory system exposed to infection. Observation reveals allergic diseases has been a major public health problem in the past few years. There is a dramatic increase in total annual costs of Asthma care.(1)

Asthma is distinguished by chronic airway inflammation and increase in airway hyper-responsiveness that leads to symptoms like wheeze, cough, chest tightness and dyspnea. It is functionally characterized by the involvement of obstruction in air flow which varies with short span or it can be reversed with treatment.(2)

Asthma is one among the chronic diseases world wide and recently affects approximately 300 million population. Over the 30 years, the prevalence of asthma have risen. Now the value seems to be stable with an approximate esteem of 10-12% affection in adults and 15% affection in the children. Increase in urbanization shows increase in disease prevalence. Many patients with Asthma in opulent countries are atopic, with hypersensitive to house dust mite and other allergens in the environment.(3)

A strong genetic component is there as more than 100 genes have been involved in asthma susceptibility and pathogenesis. Chromosome 17q21 is important in asthma susceptibility locus. A study identifies ADAM-33, a metalloprotein that can have a role in inflammatory response to smooth muscle hypertrophy or hypersensitivity. In children and young adults, exercise induced bronchoconstriction is a problem. In such cases provocation of bronchoconstriction by cold inspired air is possible. In certain cases, an exercise of 4-5 minutes at a peak of 10-15 minutes occurs which resolve in just an hour. In many others, dyspnea sets in few hours after exercise.(4)

Unfortunately the modern conventional system of medicine has no option rather than helping the patients with steroidal temporary drugs.(5)

Homoeopathy have a holistic approach in treatment of individual cases. So such cases could be treated with Homoeopathy with individual holistic approach. Since the roots of this are found through generations. Homoeopathy is not under the limitation of symptomatic treatment. The aim of Homoeopathy is to cure the whole being and restore the health.

LM potency proves to be much effective in the treatment of systemic illness. Physicians are not in a habit of using this potencies but recent studies shows the usage of LM potencies.[6] They are very gentle potencies with no violent aggravations on using them, and are also very helpful in deep pathological cases. Duration of treatment can be half or even shorter with this. Selection of potency and repetition is easy here.[7]

Cases with symptoms of Bronchial asthma are taken from the OPD, IPD and rural centers of Sarada Krishna Homoeopathic medical college and Hospital for my study and are taken in detail to form the totality. LM potency is prescribed in all cases with indication.

1.2. NEED FOR THE STUDY:

Asthma is a common condition and its prevalence is quite increasing. Studies suggest that approximately 7% of the adults and about 15% of children in UK have asthma. The wide variability in the geographical prevalence of asthma is observed in New Zealand, Australia and UK and in also in lowest countries such as China and Malaysia[2]

Asthma is classified into extrinsic and intrinsic types. In extrinsic asthma, allergens like pet dander or pollens triggering the infection are obtained. Extrinsic asthma tends to be seasonal, as allergies are also seasonal. Common stimuli that precipitates the extrinsic asthma includes allergens like house dust, pollens, fungi, animal hairs, insect scales, industrial fumes, foods and drugs which are consumed in daily life. The onset of age in intrinsic asthma is probably after 30 years. Raised antibody levels are not evident as precipitating causes.[4]

The usage of steroids lessens the immune system power and also the medications adopted by systemic modern medicine have much impact upon

the family. So the study of Efficacy of Homoeopathy in treatment of Bronchial asthma is necessary in the current scenario in order to prove that homoeopathy can aid in healthy breathing and helps to lead a healthy life with enhanced power.

Therefore the purpose of the study is to understand and manage patients with Bronchial asthma with the help of Homoeopathic remedies on LM potency.

1.3. SCOPE OF THE STUDY:

- Can understand about the efficacy of LM potency in treating cases with Bronchial asthma.
- Can be able to find the distribution of Bronchial asthma in relation to sex.
- Can verify the incidence of Bronchial asthma in different age group.
- Can understand the occupational varieties contributing to Bronchial asthma.
- Can analyse the common triggering factors for Bronchial asthma.
- Can study about the common modalities and the associating symptoms in cases of Bronchial asthma.
- Can study about the common remedies indicated in the treatment of bronchial asthma.
- Can find out the potency (LM) in which the cases of Bronchial asthma acts. It helps to know about the type of prescription- ascending or descending.
- Can understand about the repetition of remedies in cases of Bronchial asthma.

1.4. STATEMENT OF THE PROBLEM:

BRONCHIAL ASTHMA:

Bronchial asthma is a chronic inflammatory disorder of the airway with airway obstruction and hyperresponsiveness, airway limitation and respiratory symptoms like recurrent wheezing episodes, dyspnoea, chest tightness and cough.

LM POTENCY:

LM potency is the finer and latest scale of potency that is introduced in the 6th edition of Organon of Medicine. It is prepared in the ratio 1;50,000. Its preparation, preservation and administration were mentioned in the 6th edition. They are named as Fifty millesimal potencies due to the fact that the material part of the medicine was decreased by 50,000 times for each degree of dynamization. The physicians are not usually in the habit of using this scale but in recent times some physicians are using it.

CLINICAL STUDY:

Clinical study is taken place at the OPD or at bedside of the IPD of the hospital about the bronchial asthma and the nature of the disease is taken in the case record format based on the individuality of the patient. Thus the LM potency is chosen for each case taken for the study.

2.1.AIMS AND OBJECTIVES:

1. To assess the efficacy of LM potency in the management of patients with Bronchial asthma.
2. To understand the commonly prescribed medicines in the treatment of Bronchial asthma.
3. To know about the common causative factors of Bronchial asthma.

3.REVIEW OF LITERATURE:

3.1. THE LUNGS:

The lungs are the vital respiratory organs in charge of carbon dioxide excretion and oxygen absorption from ambient air. Air inhaled through the nose travels through the pharynx and larynx before entering the trachea. The trachea enters the thorax through its superior aperture after travelling down the lower section of the neck. The trachea splits into right and left main bronchi, which enter their respective lungs and further split into narrow bronchioles, inside the thorax.[8]

3.2. HISTOLOGY:

The lungs and the airways that carry air to them make up the respiratory system. The nasal cavities, pharynx, trachea, bronchi, and their intrapulmonary extensions are examples of these passages. The nose portion serves just respiratory purposes, but the oral and laryngeal portions are more closely related to the digestive system.[10]

3.2.1. Respiratory Mucosa:

These cells are found in addition to the main ciliated columnar cell.

The mucosa is kept moist by serous fluid secreted by non-ciliated columnar cells with microvilli on the free surface; basal cells close to the basal lamina are likely to give rise to ciliated cells to replace these lost cells.[10]

The mucosa has a layer of fibrous tissue that extends deep to the basal lamina, providing a strong connection between the mucosa and the periosteum or perichondrium below. Numerous lymphocytes may be present in the fibrous tissue. Additionally, it has serous and mucous glands that protrude onto the mucosal surface. Amylase is likely secreted by some serous cells with basophilic granules, while lysozyme is produced by cells with eosinphilic granules.[10]

3.2.2. Intrapulmonary Passage:

The primary bronchus on the lung separates into secondary or lobar bronchi. Tertiary or segmental bronchi split into each lobar bronchus. The segmental bronchi split into smaller bronchi, and these smaller bronchi eventually culminate in bronchioles. Each of the countless lobules that make up the lung material has its own lobular bronchiole. It emits several terminal bronchioles. It is the conducting passage's furthest point. Each terminal bronchiole divides into respiratory bronchioles at its conclusion. It splits into free alveolar ducts at the end. Each alveolar duct terminates in an atrium, a passageway that connects to several rounded alveolar sacs. Numerous air sacs called alveoli are scattered across each alveolar sac. The alveoli are sacs that have thin blind walls, passes oxygen to alveolar sacs.[10]

3.3. ANATOMY:

The vital components of breathing are the lungs. Except for its attachment to the heart and trachea at the hilum and pulmonary ligament, each lung is free in the pleural cavity. It is quite elastic and retracts when taken out of the thorax. Its surface is shining, smooth, and divided into countless small polyhedral domains by several finer lines that show where its most periphery lobules and pleural surface come into contact.[11]

As people age, the granules of inhaled carbonaceous material that are deposited in loose connective tissue near the surface of the lungs turn from the pink color they are at birth to a dark grey color that is patchily mottled. This darkening is frequently more pronounced in men than in women, as well as in people who have lived in industrial areas or who smoke.[11]

3.3.1. Features:

- Two surfaces, medial and costal.
- An apex at the upper end.
- A base lying on the diaphragm.
- Three boundaries, anterior, posterior, and inferior.[12]

3.3.2. LOBE AND FISSURES OF LUNGS:

Upper, middle, and lower lobes of the right lung are divided by oblique and horizontal fissures. Upper and lower lobes of the left lung are divided by an oblique fissure.[13]

1. Oblique fissure- This fissure runs along the posterior border of each lung, 2.5 cm lateral to the junction of the T3 and T4 spines, starting from the mediastinal surface above and beyond the hilum. When it reaches the 6th costo-chondral junction, which is 7.5 cm lateral to the middle line, it cuts the inferior border of the lung. It then runs downward and forward along the costal surface, coinciding with the 5th intercostals space in the midaxillary line. The left lung's oblique fissure is more vertical.[13]
2. Horizontal fissure- Only the right lung contains the horizontal fissure, which runs horizontally from the oblique fissure at the mid-axillary line to the fourth costal cartilage.[13]
3. Azygos lobes of lung: Upper azygos lobes, lower azygos lobes, and lobes of the azygos vein are the three different types of azygos lobes that may be present. The upper and lower azygos lobes are described in relation to the hilum, although the former two forms have little practical value.[13]

3.3.4. NERVE SUPPLY OF LUNGS:

The anterior and posterior pulmonary plexuses carry sympathetic and parasympathetic autonomic nerves to the lungs. Both efferent and afferent fibres are present. Bronchoconstriction is a result of parasympathetic nerves, while dialation is a result of sympathetic nerves.[10]

The parasympathetic nervous system carries the majority of sensory fibres from the lungs. They function as stretch receptors (j- receptors) near the alveoli and are focused on the reflex regulation of breathing (Hering- Breuer reflex). The cough reflex is brought on by irritation of bronchial mucous membrane endings.[10]

3.4. PHYSIOLOGY:

Respiration is the term used to describe the exchange of gases between an organism and its surroundings. The blood in the lungs absorbs oxygen for transmission to tissue cells, where carbon is converted to CO2 and H2O. The blood carries the CO2 to the lungs where it is expelled in the exhaled air. "The internal respiration" refers to the exchange of gases between cells and

the extracellular bodily fluids that make up the environment. "External respiration" refers to the exchange of O2 and CO2 between the blood in the pulmonary capillaries and the air in the lung.[14]

3.4.1. FUNCTIONS OF THE RESPIRATORY TRACT:

1. FILTERING EFFECT:

The hairs at the nostrils catch large dust particles.

• On the wall of the smaller bronchioles, particles between 1 and 5 µm in diameter participate, causing a fibrotic reaction.[15]

2. SNEEZE REFLEX:

The lungs are filled with a lot of air, and the uvula is depressed to let most of the exhaled air flow via the nose and some through the mouth.[15]

3. COUGH REFLEX:

The defensive reaction known as "cough" keeps the respiratory tract free of foreign objects.[15]

4. AIR CONDITIONING EFFECT:

Before being allowed to enter the deeper air channels, the inspired air is brought reflexively to a temperature that is close to that of the body and is humidified.[15]

3.5. BRONCHIAL ASTHMA:

3.5.1. DEFINITION:

Asthma is a long-term inflammatory condition of the airways that frequently results in episodes of coughing, chest tightness, wheezing, and dyspnea, especially at night and/or in the early morning. The disease's hallmarks include reversible and intermittent airway blockage, persistent eosinophilic bronchial inflammation, bronchial smooth muscle cell enlargement, and increased mucus output. 1 Status asthmaticus, a severe and persistent form of the illness, can be fatal.[16]

3.5.2. EPIDEMIOLOGY:

Over 300 million people globally suffer from asthma. By 2025, an additional 100 million people could be given an asthma diagnosis. Bronchial asthma is one of the most prevalent chronic diseases in the world. Asthma and its consequences are said to be responsible for 2,500 yearly deaths. According to the Indian Council of Medical Research (ICMR), 2.38% of adults have bronchial asthma. According to the World Health Organization (WHO), asthma is responsible for 15 million fewer years of life with a handicap (DALY).[4]

The rapid increase in prevalence suggests that environmental variables play a key role in the development and presentation of the disease, even while genetic determinants influence the course and manifestation of the disease as well as the responsiveness to treatment.[2]

The prevalence of asthma varies greatly between and within nations. It is more common in industrialized nations than in developing ones, affects children more often (15%) than adults (10% to 12%), and is more common in urban than rural areas. It affects 8% to 10% of the entire population. Most surveys conducted in India have revealed that the prevalence of asthma is around 7%. However, it has been noted that in various study populations, the prevalence ranges from 2% to 17%. Although the condition can strike at any age, for the majority of cases, it does so before the age of 10. Boys are twice as likely to experience it as girls, although in adulthood, the ratio of men to women is typically equal.[17]

3.5.3. ETIOLOGY:

3.5.3.1. PREDISPOSING FACTORS:

i. **Age:** There are no exceptions based on age, but the majority of instances occur before the age of 25.[(18)]
ii. **Hereditary:** Asthma frequently runs in families and has a hereditary propensity similar to hysteria, migraine, or epilepsy.[18]
iii. **Climate:** Betterment is elicited in dry climate.

iv. **Reflexes from the nose and nasopharynx:** Turbinate swelling, nasal polyp, adenoids, and enlarged tonsils all contribute to aberrant refluxes that increase the risk of developing asthma or that can trigger paroxysms.[18]

v. **Infections:** Haemolytic streptococci may act similarly to other illnesses including chronic bronchitis and lung TB, which frequently lead to asthma.[18]

vi. **Exciting factors:** A deciding factor may be the sensation of animal fur, such as that of cats and horses, or other animal emanations. A paroxysmal attack may be triggered by dust from materials like corn, rice, or even specific household dust. This condition is known as allergic asthma. Hay or pollen grains may behave similarly during a specific season.[18]

3.5.3.2. RISK FACTORS AND TRIGGERS INVOLVED:

Endogenous Factors

- Genetic predisposition.
- Airway hyper responsiveness.
- Gender.
- Obesity.
- Early viral infection.[19]

Environmental Factors

- Indoor allergens.
- Outdoor allergens.
- Passive Smoking.
- Respiratory infection. [19]

Triggers

- Cold air .[19]
- Tobacco smoke .[19]
- Atmospheric pollution.[20]
- Hyper ventilation.[19]
- Respiratory viral infection.[19]
- Emotional stress.[19]
- Bacteria .[20]

- Exercise.[28]
- Virus infection.[3]
- Aspirin, beta-blockers.[22]
- Occupational sensitizers.[22]
- Hormonal[3]
- Gastroesophageal reflux.[3]

3.5.4. PATHOPHYSIOLOGY:

Several factors can cause airway inflammation. The bronchial wall was invaded by eosinophils, T- lymphocytes (CD4+), macrophages, and mast cells. The ciliated cell is desquamated, and the epithelium is vacuolated. Numerous cellular components are involved in the inflammatory process. Bradykinins, substance P, and tension A are neuropeptides that cause bronchial constriction and excessive mucus secretion.[4]

When exposed to allergens, extreme osmotic fluctuations, or a shift in temperature, mast cells begin to respond. Cytokines, which are either bronchodilators or bronco constrictors, are produced by macrophages. Eosinophils are present in the inflammatory exudate, which is an asthmatic symptom. Blood streams are where eosinophils are found. Eosinophils' primary basic and cationic proteins cause the mucosal surface to be destroyed. Inflammation is modified by the cytokines IL3, IL4, IL5, and GM-CSF produced by T lymphocytes, particularly CD4+.[4]

Mast cells express more TNF, an inflammatory cytokine, than other cells. The level of TNA in the broncho alveolar secretion was greater. It's possible that humeral factor generated from platelets also modifies the inflammation. Airway inflammation lasts for a long time. Its seniority is correlated with asthma's seniority. Autonomic neural mechanisms make inflamed airways more hyperresponsive.[4]

Small and medium sized airways become blocked as a result of bronchial constriction, sticky mucus, and mucosal oedema.[4]

3.5.5. TYPES OF ASTHMA:

1. ATOPIC ASTHMA:

This kind of asthma is the most prevalent, starts at childhood, and is a prime illustration of a type 1 IgE-mediated hypersensitivity reaction. Atopy and/or asthma are common, and allergic rhinitis, urticaria, or eczema are frequently present before an asthma attack. Environmental antigens, such as dust, pollen, animal dander, and foods, are what cause the condition. Atopic asthma can also be brought on by infections.[23]

2. NON ATOPIC ASTHMA:

Skin tests typically yield negative results in patients with non-atopic forms of asthma since there is no indication of allergen sensitivity in these patients. Inhaled air pollutants such as sulphur dioxide, ozone, and nitrogen dioxide as well as viral respiratory illnesses (such as the rhinovirus and para influenza virus) are frequent triggers. It is believed that virus-induced respiratory mucosal inflammation reduces the subepithelial vagal receptors' irritating threshold.[23]

3. DRUG INDUCED ASTHMA:

Aspirin is one of many pharmaceuticals that can cause asthma, and it is by far the most notable. Aspirin sensitivity patients frequently have recurrent rhinitis, nasal polyps, urticaria, and bronchospasm. Aspirin is ought to inhibit the cyclo oxygenase pathways of arachidonic acid metabolism without impacting the lipoxygenase route, tipping the production balance in favour of leukotrienes that produce bronchial spasm. The precise mechanism is uncertain.[23]

4. OCCUPATIONAL ASTHMA:

This type of asthma is triggered by gases (toluene), dusts (wood, cotton, platinum), fumes (epoxy resins, plastics), and other substances. Attacks of asthma typically start after being exposed to the triggering antigens repeatedly.[23]

5. ALLERGIC BRONCHO PULMONARY ASPERGILLOSIS:

Inhalation of the fungus Aspergillum fumigates results in allergic bronchopulmonary aspergillosis, which induces asthma and includes type 1 immediate and type 3 delayed immune complex hypersensitivity reactions.[24]

3.5.6. CLASSIFICATION:

Extrinsic asthma-definite external cause

Intrinsic asthma- no cause detected

3.5.6.1.EXTRINSIC TYPE:

The majority of the time, this happens in atopic people who exhibit positive skin-prick reactions to typical inhalant allergens such mite, animal dander, pollen, and fungi. 90% of children and 70% of adults with persistent asthma exhibit positive skin-prick tests to inhalant allergens. Eczema and asthma in children frequently coexist. Sensitization to chemicals or biological products at work is a common cause of late-onset asthma in adults.[22]

3.5.6.2. INTRINSIC TYPE:

Typically, this begins in middle age (late onset). However, many individuals with adult-onset asthma have allergic skin tests that are positive and, when pressed, reveal a history of respiratory symptoms that are consistent with those of childhood asthma.[22]

3.5.6.3. MIXED TYPE:

Many patients have traits from both of the aforementioned groups but do not clearly fit into any of them. Early-life asthma patients have a significant allergic component, but individuals who get the condition later likely to be non-allergic.[22]

3.5.7. CLINICAL FEATURES:

Recurrent episodes of dyspnea (often even at rest), expiratory wheezing, cough, and chest tightness are typical symptoms of asthma and typically start suddenly. When exposed to allergens, coughing or sneezing frequently triggers asthmatic symptoms. Asthma has a diurnal rhythm, with symptoms

being worse and PEF occurring in the morning. Attacks may happen periodically or year-round.[4]

Because of the cough and wheeze, it could cause sleep disruption. There is an increase in the formation of thick, mucoid mucus that is challenging to expectorate. The diagnosis of bronchial asthma depends on the patient's history of recurrent asthma attacks brought on by one or more trigger events. However, patients typically have no symptoms in between bouts.[20]

Insufficient symptom management Severe asthmatic exacerbations are caused by a variety of factors, including smoking, allergic rhinitis, chronic sinusitis, psychological issues, improper medication, upper respiratory tract viral infections, gastro-oesophageal reflux, occupational factors, climatic changes, and disturbed sleep, among others.[4]

3.5.8. INVESTIGATION:

Blood examination: Patients typically have an eosinophil count between 5% and 15% or an absolute eosinophil level of 400 or higher. In bronchial asthma, both total and specific serum IgE levels are high.[17]

Sputum induction: The extent of airway inflammation can be determined by doing a sputum examination. Induced sputum from asthma patients contains more eosinphils than normal.[17]

Airway hyper responsiveness: When the patient is in remission and has normal lung function, this test is helpful in the diagnosis of asthma.[17]

Chest radiograph: A patient with asthma may have hyperinflation seen on a chest radiograph. Additionally, it could show signs of severe asthma consequences such rib fracture, pneumothorax, and pneumo-mediastinum.[17]

Oximetry: Pulse oximetry is a helpful method for determining the severity of acute severe asthma. In severe asthma, it can identify hypoxaemia. Oxygen saturation should typically be greater than 90%.[17]

Lung Volumes and Diffusing Capacity

Spirometry

Arterial blood gas analysis: Monitoring patients with acute asthma benefits from routine assessment of arterial blood gases. The examination of arterial blood gases provides fundamental data on pH, oxygen partial pressure, carbon dioxide partial pressure, and bicarbonate partial pressure. PaO2 declines but PaCO2 remains normal in severe asthma.[17]

3.5.9. COMPLICATIONS:

Even while fatality rates are rare, severe asthma can cause respiratory collapse and death under the most unforeseeable circumstances. Numerous respiratory infections, lung obstruction brought on by viscid secretions, pneumothorax, mediastinal emphysema, and cough fractures are further problems. Growth retardation in children with bronchial asthma is possible, particularly if they get long-term treatment with systemic corticosteroids. Emphysema and chronic cor pulmonale may develop as a result of long-term bronchial asthma that is frequently punctuated by respiratory infections. Airway remodeling, also known as irreversible structural alterations, result from ongoing airway inflammation. A chronic cough and permanently diminished lung function may result from these alterations. Other problems include allergic bronchopulmonary aspergillosis and bronchiectasis.[4]

3.5.10. PROGNOSIS:

In general, the prognosis for asthma is favourable, particularly in young patients with moderate illness. Over the past few decades, mortality has dropped as a result of improved care and better detection. In 2010, there were 170 deaths per million men and 90 deaths per million women. Rates are 100 times different amongst nations. After ten years, half of cases of asthma diagnosed as children will no longer have the diagnosis.[49]

Despite instances of patients with asthma experiencing lasting impairments in lung function, these patients frequently have concomitant stressors, such as smoking, which may explain these findings. People with asthma do not gradually progress from moderate to severe illnesses even when untreated. Some studies suggest that spontaneous remission occurs in about 20% of people who develop the disease as adults and that an additional 40% or so

can be expected to experience frequent and severe attacks as they age, as opposed to the clinical cause, which is characterized by exacerbation and emission.[3]

3.5.11. MANAGEMENT OF ASTHMA:

LIFE STYLE MODIFICATION:

The key to increasing control and preventing attacks is to avoid triggers. Allergens, smoking (tobacco and other), air pollution, non-selective beta-blockers, and foods high in sulphites are some of the most prevalent triggers.

While utilising mite-resistant bedding and replacing carpets with floor boards might reduce exposure to house dust mites, many patients have developed sensitivity to a variety of common aeroallergens, rendering avoidance tactics essentially impractical. In some cases, it may be necessary to take steps to prevent cockroach infestations and easy fungal exposure. Asthma drugs that are known to cause or aggravate the condition should also be avoided. Quitting smoking is especially crucial.[2]

3.6. 50 MILLESIMAL SCALE OR LM POTENCY:

3.6.1. INTRODUCTION:

This is the most recent and refined scale of potency that was established in the sixth edition of the Organon of Medicine. It was made in a ratio of 1:50,000, and its preparation, storage, and administration were all thoroughly described. In actuality, Dr. Pierre Schmidt of Geneva, not Dr. Hahnemann, was the one who came up with this moniker. This novel approach was dubbed "Renewed dynamization" by Hahnemann himself.[6]

This method's specifics were included in his sixth edition of Organon. Dr. Pierre Schmidt referred to the potencies created using this procedure as "fiftymillesimal potencies" since the material component of the medication was allegedly reduced by 50,000 times for each degree of dynamization. Although physicians don't typically use this scale, some have started doing so recently.[6]

3.6.2. NEW ALTERED BUT PERFECTED METHOD:

Aphorism 246 FOOTNOTE: ‘What I said in the fifth edition of the Organon, in a long note to this paragraph in order to prevent these undesirable reactions of the vital energy, was all that the experience I then justified. But during the last four or five years, however all the difficulties are wholly solved by by new altered but perfect method. The same carefully selected medicine may now be given daily for months, if necessary in this way, namely, after the lower degree of potency has been used for one or two weeks in the treatment of the chronic disease, advance is made in the same way to higher degrees, (beginning according to the new dynamization method, taught the here with use of the lowest degrees).[26]

3.6.3. CONCEPT OF 50 MILLESIMAL POTENCY:

The chronic degenerative patients were the most difficult for Dr. Hahnemann to treat because of how resistant they were. In weak instances with severe tissue pathology, medium potencies were not recommended due to the serious life-threatening aggravations they might bring on. So, using a 50 millesimal scale, Dr. Hahnemann developed a whole new approach of posology.[6]

Dr. Hahnemann completed experimental study for this goal through clinical trials and arrived at a minimal dose with maximum results. His 4 to 5 year-long hard research has made it possible to introduce the "New Dynamisation Method," Dr. Hahnemann found that the 50-Millesimal scale had different advantages to the centisemal scale, which caused him to name it "new altered but perfect method" rather than "so near to perfection".[6]

3.6.4. DESIGNATION:

It is referred to in India as 0/1, 0/2, 0/3, 0/4, etc. It is referred to in Bangladesh as M/1, M/2, M/3, M/4, etc. In contrast to the drop of medicine used in the centesimal scale, the numerator "0" represents symbolically the poppy-sized globule used in each dynamisation.[6]

They have incredibly mild potencies. By utilising them, we do not uncover violent aggravations, and they are highly beneficial in severe pathological conditions. The length of the treatment is cut in half or even less. Here, choosing a potency is not at all challenging. With our sterile, dogmatic, and biassed mindset, which has no place in the homoeopathic profession—neither in practise nor in theory—we cannot overlook this scale of pot ency.[28]

3.6.5. ADVANTAGES:

There is less aggravation and easier control of it. LM moves more quickly and deeply. No jump treatment begins at level LM and progresses to level LM2, LM3, and so forth. If there is any aggravation in LM potencies, it often goes away once the medication is stopped within a few hours to two days at the most. LM potencies may not only provide pain relief but occasionally even a cure in situations that seem hopeless. Using this scale, long-term chronic patients can be healed more quickly. By being repeated frequently, it speeds up the healing process. Usually, the effectiveness of the chosen therapy can be assessed in two to four days.[42]

LM heals smoothly in cases of mental sickness, which might be made worse by even a low centesimal potency. Long-term suppression cases are where LM excels. Excellent at reducing the symptoms of terminal illnesses without increasing their severity, LM. The patient does not have to stop taking their prescribed medication. Corticosteroids and other medications can be overcome by LM potencies. A homoeopath just has to purchase LM1 because he can simply create LM2, LM3, and so on from LM1.[42]

3.6.6. Dr.C.M.F. VON BOENINGHOUSEN'S VIEW ON 50 MILLESIMAL POTENCY:

The new, more straightforward method for potentizing the medicines will be considered in the new edition of Organon, which Hahnemann himself improved and finished. This method has a significant advantage over the previous one and produces a preparation whose efficacy I can fully attest to from personal experience.[43]

3.6.7. DR. SAMUEL HAHNEMANN'S VIEWS ON 50 MILLESIMAL SCALE OF POTENCY:

'What I said in the 5th edition of organon, in long foot note of this paragraph in order to prevent the undesirable reaction of the vital energy of all that experience I then had justified? But during last four or five years, however, all the difficulties are wholly solved by my new altered but perfect method.[26]

3.7. PREVIOUS STUDIES:

EVOLUTION OF 26 CASES OF BRONCHIAL ASTHMA WITH HOMŒOPATHIC TREATMENT: With a follow-up ranging from 18 months to 11 years, data from 26 patients with bronchial asthma (BA) are evaluated. Consideration has been given to their progress as well as any unique situations or ailments that appear to help or hinder the cure in accordance with homoeopathic principles. A correlation between BA and immunisations, exanthemata suppressive treatments, and the homopathic treatment (57% of patients were healed) was found.[50]

VITAMIN D And BRONCHIAL ASTHMA: An overview of Data from the Past 5 years: According to several studies, asthmatic patients with low serum vitamin D levels had a higher risk of exacerbation, increased airway inflammation, impaired lung function, and a worse prognosis. Several defining characteristics of asthma may be improved by vitamin D supplementation, according to findings from in vitro and in vivo investigations in animals and humans. Clinical research results are debatable and do not conclusively prove that vitamin D is helpful in treating asthma. Interventional trials on children, pregnant women, and adults generally found little to no benefit from vitamin D supplementation in terms of bettering asthma symptoms, illness development, or progression.[48]

4. MATERIALS AND METHODS

4.1. STUDY SETTING:

A sample of 30 cases of patients with Bronchial asthma from the OPD, IPD and Rural centres of Sarada Krishna Homoeopathic Medical college Hospital will be assigned purposively in the study.

4.2. SELECTION OF SAMPLES:

Sample size: 30 cases

Sampling technique: Purposive sampling

4.2.1 METHODOLOGY:

1. 30 patients with bronchial asthma were selected on purpose from the OPD, IPD, and rural centres of Sarada Krishna Homoeopathic Medical College. The case information will be documented in the Sarada Krishna Homoeopathic Medical College's standardised and pre-structured case format, assessed, and a final totality will be constructed.
2. After the symptoms are assessed, the totality of the symptoms is created for individualization. The case will then be repertorized (if necessary), and a cure will be suggested.
3. According to homoeopathic philosophy to determine the potency and dosage repetition. Every two weeks, an assessment is conducted, and any changes are noted.

4.3. INCLUSION CRITERIA:

1. Patients having symptomatology of bronchial asthma.
2. Age: 3- 70 years of age.
3. Both sexes.

4.4. EXCLUSION CRITERIA:

1. Patients suffering from other severe systemic diseases.
2. Cases in which surgical intervention becomes necessary.
3. Pregnant women.

4.5. STUDY DESIGN:

- A clinical investigation of LM potency in the treatment of bronchial asthma in patients.
- The clinical management of bronchial asthma and its treatment based on LM potency will be improved by a clinical trial.
- The study will be conducted at the Sarada Krishna Homoeopathic Medical College's OPD, IPD, and rural centres.
- Cases collected based on case taking procedure.
- The prescription will be based on the patient as a whole.
- Every two weeks, a follow-up on each case will be conducted.
- Clinic study – Informal before and after study without control.

4.6. INTERVENTION:

1. A similimum based on susceptibility will be determined after a thorough case taking process for repertorization (if necessary).
2. The study's intervention is based on the patient's absence of symptoms both before and after receiving homoeopathic care.
3. Duration of intervention: 14 days.

4.7. SELECTION OF TOOLS:

1. Pre-structured Sarada Krishna Homoeopathic Medical college & Hospital case format.
2. Severity scale of Asthma
3. Repertory

4.8. BRIEF OF PROCEDURE:

1. Case taking and recording of problems in standardized case record format. A sample of 30 cases will be selected for the study.
2. Analysis and evaluation of symptoms. Investigations if needed.
3. Totality of symptoms, repertorisation (if needed), medicine and potency selection.

4.9. OUTCOME ASSESSMENT

1. Changes in the case of bronchial asthma will be noted accordingly.
2. Improvement of Bronchial asthma.

3. Disappearance of symptoms of the patient.

4.10. DATA COLLECTION:

1. By interrogation of individual case (Case taking).
2. By physical examination.
3. Investigation done whenever necessary.
4. Recording will be done in pre-structured case record format.

4.11. STATISTICAL TECHNIQUES AND DATA ANALYSIS:

1. Statistical analysis is done by using in paired ‘t’ test.
2. Data presentation including charts, diagrams and tables.
3. Pretest and posttest assessment.

5.1. OBSERVATION AND RESULTS:

5.1.1. DISTRIBUTION ACCORDING TO AGE

AGE	NUMBER OF CASES	PERCENTAGE
3-18	5	16%
19-30	5	16%
31-40	5	16%
41-50	4	13.33%
51-60	5	16%
61-70	6	20%

TABLE NO 1

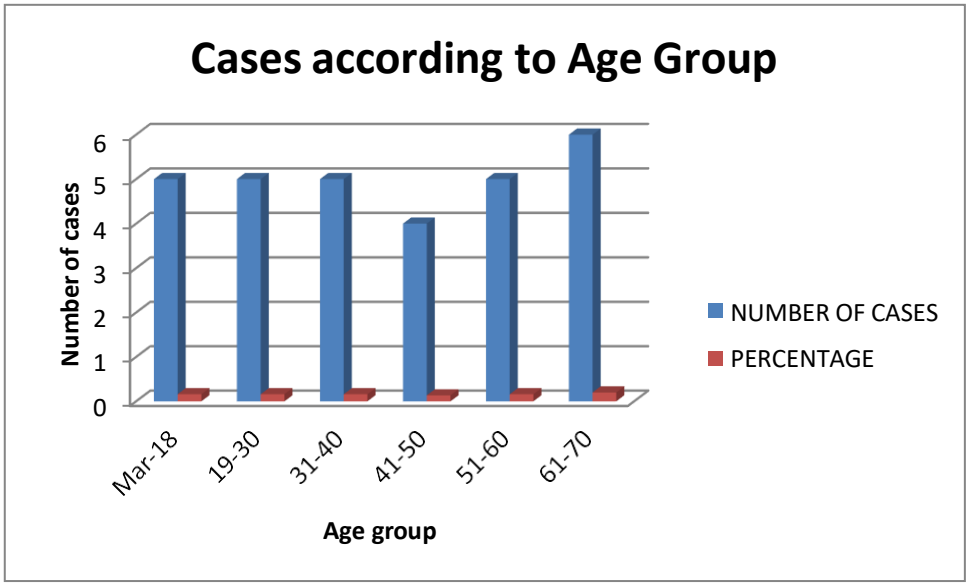

CHART NO 1

FINDINGS: According to this study, 5 cases (16%) fall under the age group of 3 to 18, 5 cases under 19 to 30, 5 cases under 31-40, 5 cases under 51 to 60, 4 cases(13.33%) comes under 41 to 50, 6 cases (20%) comes under 61-70 age groups.

5.1.2. DISTRIBUTION ACCODING TO SEX

SEX	NUMBER OF CASES	PERCENTAGE
MALE	8	26.67%
FEMALE	22	73.33%

TABLE NO 2

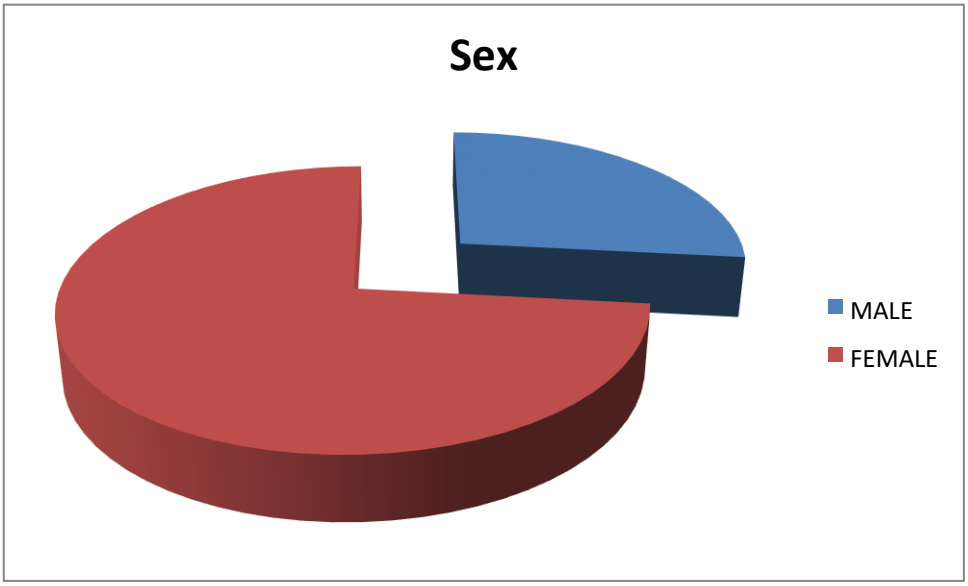

CHART NO 2

FINDINGS: According to this study, 22 cases (73.33%) of the cases are females and 8 cases (26.67%) of the cases are males.

5.1.3. DISTRIBUTION OF CASES ACCORDING TO THE OCCUPATION:

OCCUPATION	NUMBER OF CASES	PERCENTAGE
Teacher	2	6.67%
Student	9	30%
Tailor	2	6.67%
Housewife	15	50%
Rubber tapping	1	3.33%
Unemployed	1	3.33%

TABLE NO 3

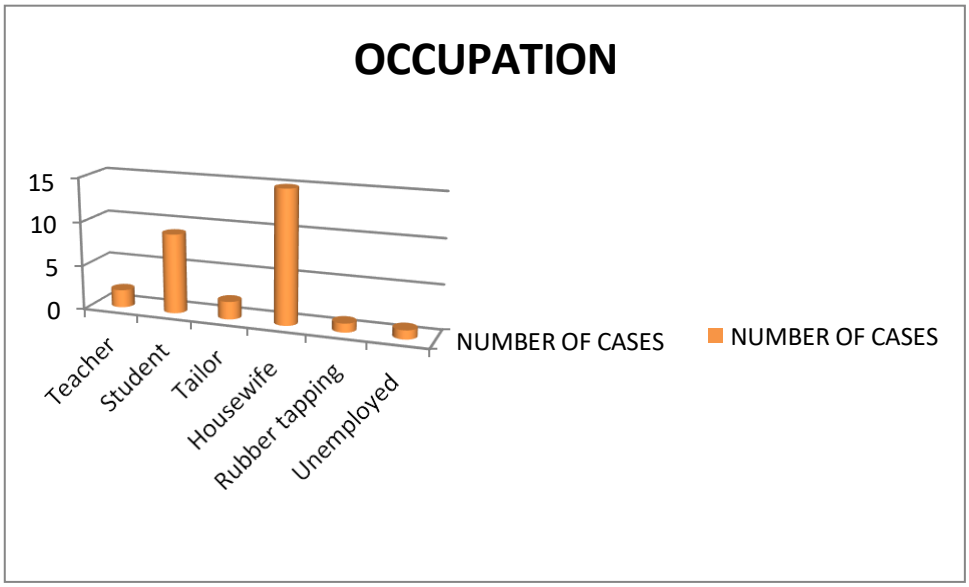

CHART NO 3

FINDINGS: According to the study 15 cases (50%) of the affected persons are housewives, 9 cases (30%) are students, 2 cases (6.67%) are teachers and 2 cases are tailors, 1 case (3.33%) of them have an occupation of Rubber tapping.

5.1.4. DISTRIBUTION ACCORDING TO CAUSATIVE FACTOR

CAUSATIVE FACTOR	NUMBER OF CASES	PERCENTAGE
Change of climate-Winter	5	16%
Cold air exposure	16	53.33%
Bathing in cold water	4	13.33%
Drinking cold water	1	3.33%
Dust exposure	2	6.67%
Sleeping under AC	1	3.33%
Rainy climate	1	3.33%

TABLE NO 4

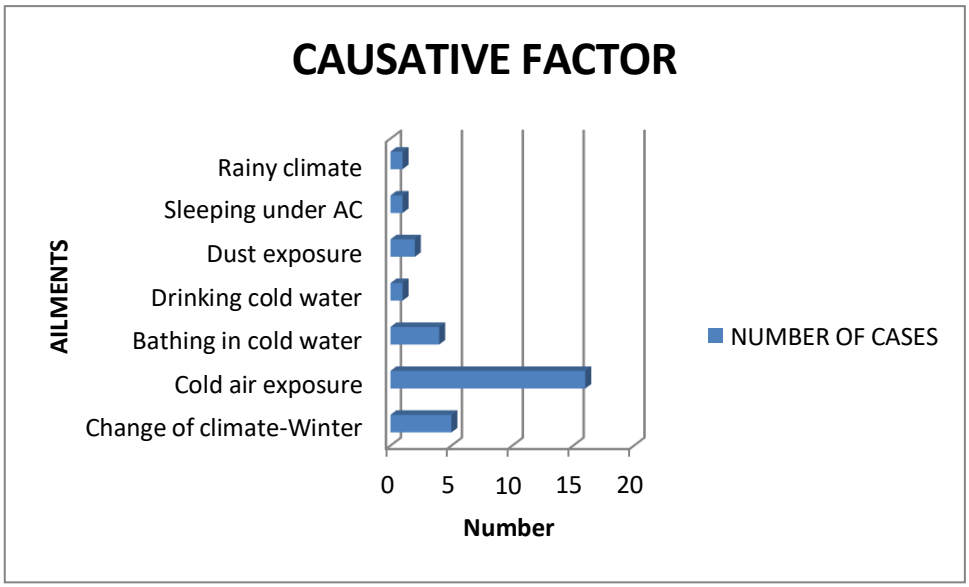

CHART NO 4

FINDINGS: According to the study 16 (53.33%) of the cases are provoked by cold air exposure, 5 cases (16%) are provoked by Change of climate to winter, 4 (13.33%) of the cases are caused due to bathing in cold water, 2 (6.67%) cases are caused due to dust exposure and the rest one per each case is provoked by Sleeping under Air conditioner, Rainy season, Drinking cold water.

5.1.5. DISTRIBUTION ACCORDING TO THE MEDICINE SELECTED

MEDICINE SELECTED	NUMBER OF CASES	PERCENTAGE
Arsenicum album	14	46.67%
Sepia officinalis	2	6.67%
Kalium carbonicum	3	10%
Calcarea carbonicum	1	3.33%
Pulsatilla nigricans	2	6.67%
Carbo vegetalis	2	6.67%
Lycopodium clavatum	2	6.67%
Natrum muriaticum	2	6.67%
Natrum sulphuricum	2	6.67%
Silicea terra	1	3.33%
Phosphorus	1	3.33%
Sulphur	2	6.67%
Nux vomica	1	3.33%

TABLE NO 5

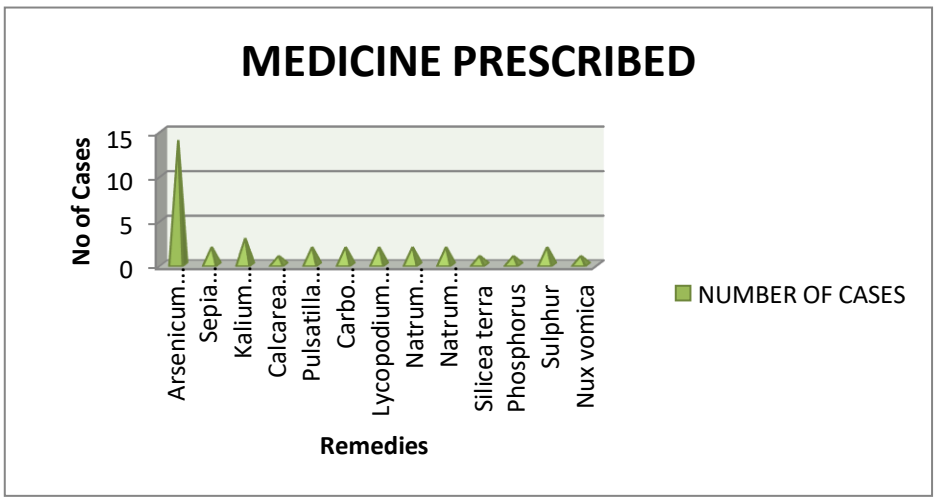

CHART NO 5

FINDINGS: According to the study, Arsenicum album is prescribed for 14 cases (46.67%), Kalium carbonicum for 3 cases (10 %), Sepia, Carbovegetalis, Natrum muriaticum, Natrum sulphuricum, Pulsatilla, Sulphur, Lycopodium clavatum are prescribed for 2 cases (6.67%) each, Calcarea carbonicum, Nux vomica, Phosphorus, Silicea terra are prescribed for 1 cases (3.33%) each.

5.1.6. DISTRIBUTION ACCORDING TO THE POTENCY SELECTION

POTENCY	NUMBER OF CASES	PERCENTAGE
Ascending potency-0/1,0/3,0.6,0/7,0/8,0/9,0/12	11	36.67%
0/1	2	6.67%
0/3	6	20%
0/6	4	13.33%
0/1, 0/3	2	6.67%
0/3, 0/6	3	10%
0/1, 0/6	1	3.33%

TABLE NO 6:

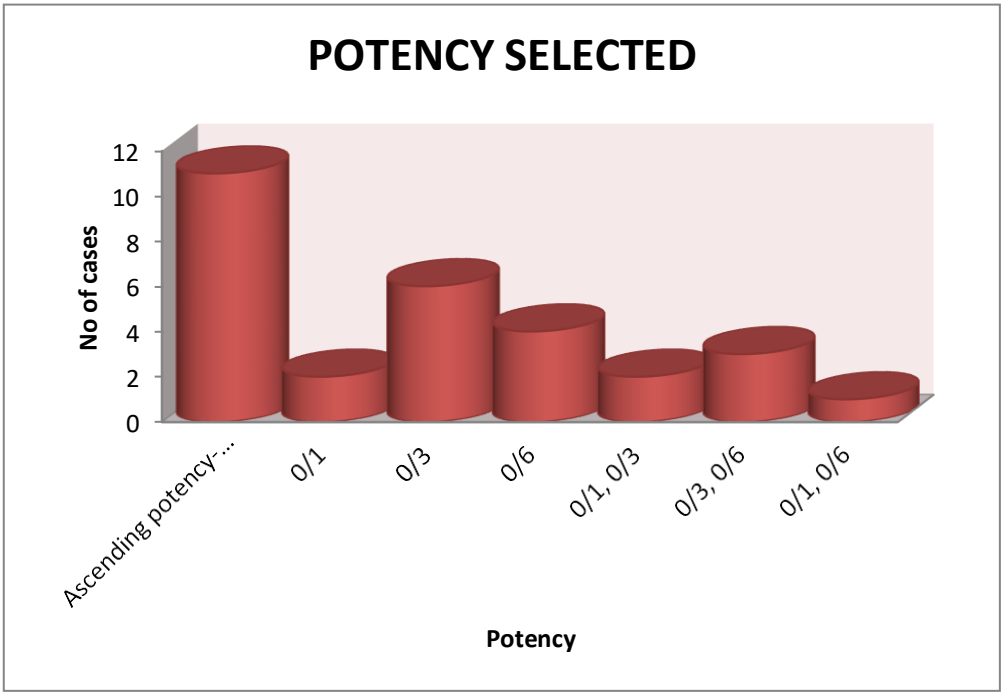

CHART NO 6:

FINDINGS: According to the study, Ascending potency is used to 11 cases (36.67%), 0/3 is used for 6 cases (13.33%), 0/3 & 0/6 are used for 3 cases (10%), 0/1 & 0/3 for 2 cases (6.67%), 0/1 for 2 cases (6.67%), 0/1 & 0/6 for 1 case (3.33%) are used.

5.1.7. DISTRIBUTION ACCORDING TO REPETITION:

REPETITION	NUMBER OF CASES	PERCENTAGE
Daily one dose	16	53.33%
Weekly one dose	13	43.33%
Alternate days	1	3.33%

TABLE NO 7

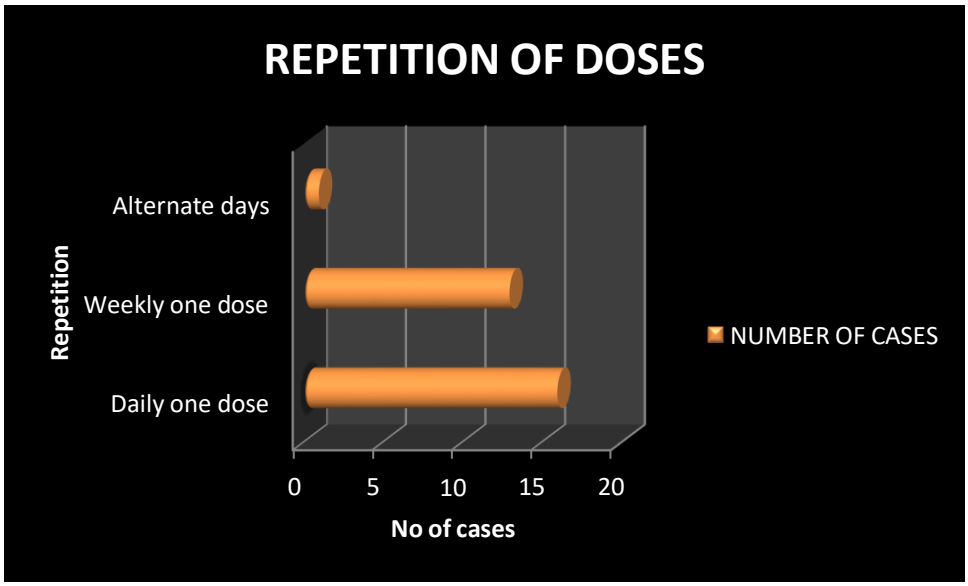

CHART NO 7

FINDINGS: According to the study, 16 cases (53.33%) used Daily one dose, 13 cases(43.33%) used Weekly one dose repetition, one case (3.33%) is given repetition on Alternate days.

5.1.8. DISTRIBUTION ACCORDING TO DURATION OF TREATMENT

DURATION OF TREATMENT	NUMBER OF CASES	PERCENTAGE
1-2 months	7	23.33%
2-3 months	11	36.67%
3-4 months	8	26.67%
4-5 months	1	3.33%
5-6 months	2	6.67%
6- months	1	3.33%

TABLE NO 8

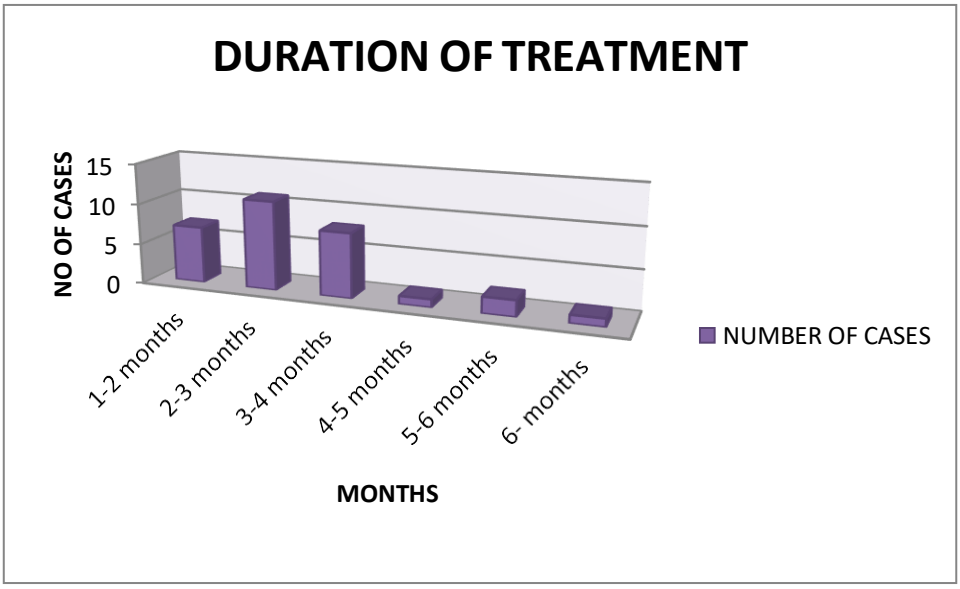

CHART NO 8

FINDINGS: According to the study, 11 cases (36.67%) have 2-3 months duration, 8 cases (26.67%) cases have 3-4 months duration, 7 cases (23.33%) have 1-2 months duration of treatment, 2 cases (6.67%) have 5-6 months duration, one case (3.33%) have 4-5 months duration, one case (3.33%) have six months duration of treatment

5.1.9. DISTRIBUTION OF BEFORE & AFTER TREATMENT SCORE

CASE NUMBER	BEFORE SCORE	AFTER SCORE
1	9	22
2	10	20
3	13	23
4	10	21
5	8	20
6	9	20
7	10	21
8	8	20
9	6	21
10	10	20
11	7	23
12	8	20
13	8	22
14	9	25
15	8	20
16	10	21
17	9	22
18	7	21
19	9	21
20	8	21
21	10	21
22	8	20
23	6	21
24	8	20
25	6	21
26	8	21
27	9	22
28	8	20
29	10	20
30	10	20

TABLE NO 9

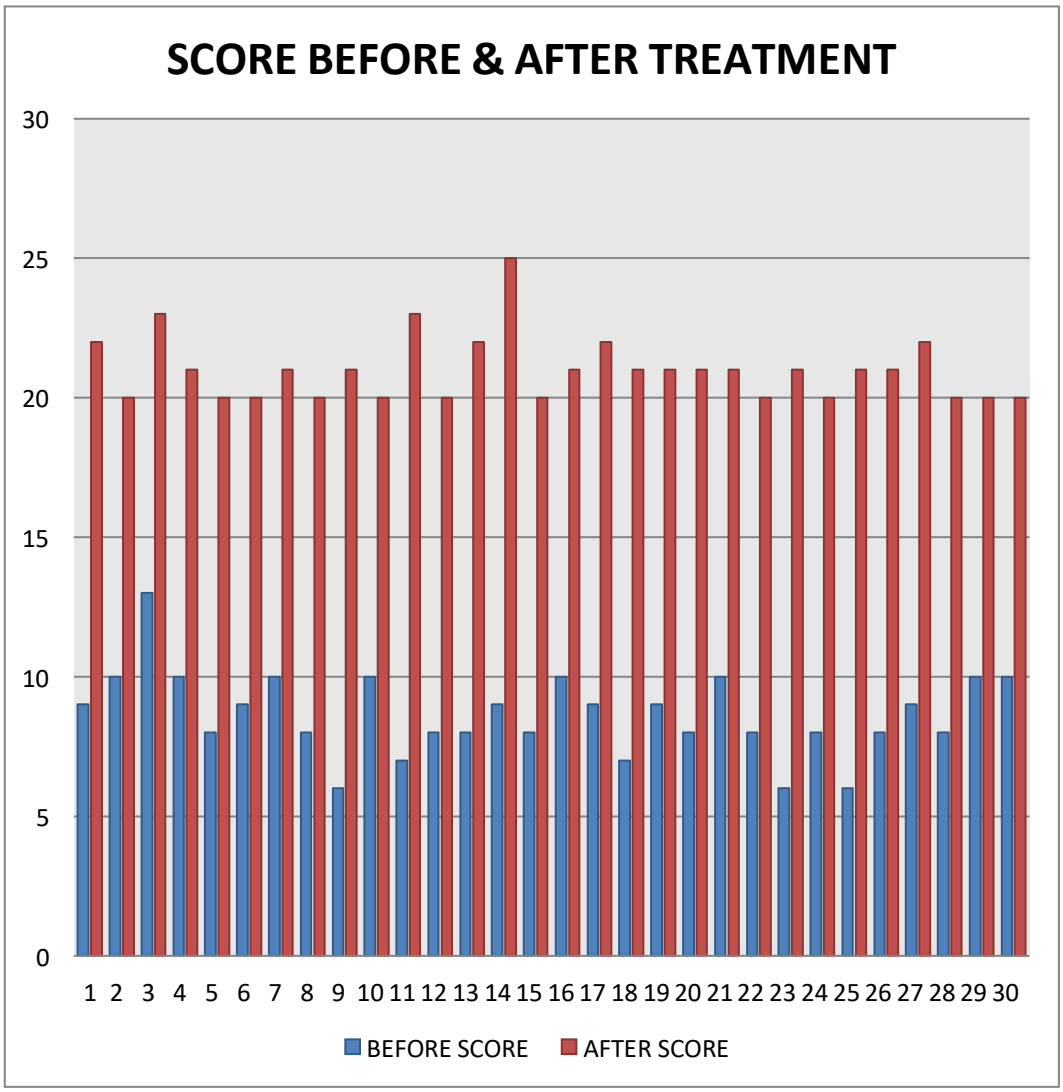

CHART NO 9

FINDINGS: According to the study, Most minimum score of the cases was 6 before treatment and it was raised to 21 after treatment. The maximum mark obtained after treatment was 25 and the score before treatment was 9 in that case.

5.1.10. DISTRIBUTION ACCORDING TO THE IMPROVEMENT

IMPPPROVEMENT	NUMBER OF CASES	PERCENTAGE
Mild improvement	0	0%
Moderate improvement	5	16%
Marked improvement	24	80%
Complete improvement	1	3.33%

TABLE NO 10

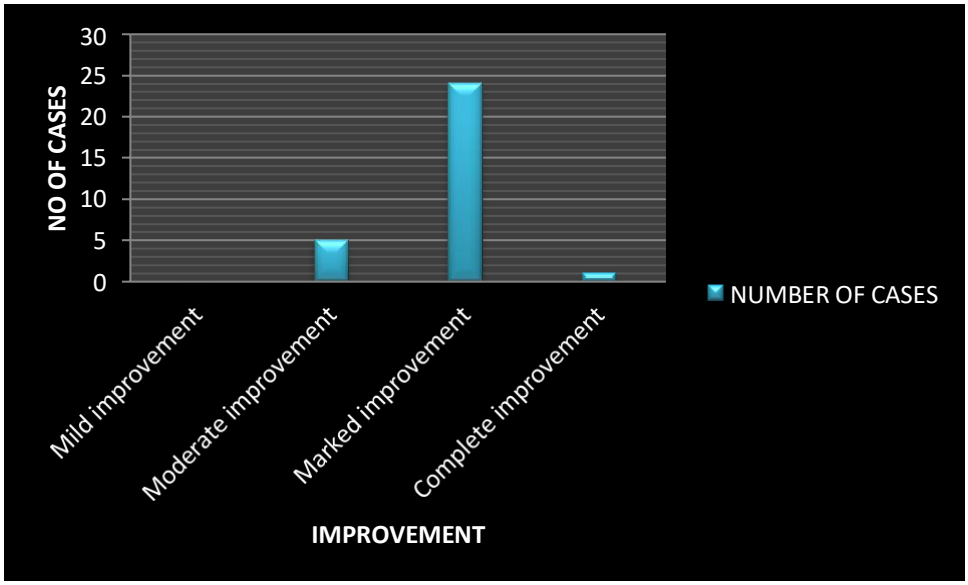

CHART NO 10

FINDINGS: According to the study, no cases obtained mild improvement, in one case (3.33%) there is a complete improvement, moderate improvement obtained in 5 cases (16%) and Marked improvement obtained in 24 cases (80%)

5.2. SUMMARY OF FINDINGS:

1. In this study, Bronchial asthma affects more (20%) between 61-70 years of age.
2. On analysis the prevalence of Bronchial asthma is more (73.33%) common in Females- 22 patients
3. In this study Housewives (50%) are mostly affected by Bronchial asthma- 15 cases.
4. Cold air exposure is the most common cause (53.33%) for Bronchial asthma – 16 patients.
5. According to this study, Arsenicum album is the mostly (46.67%) prescribed medicine- 14 patients
6. In this study Ascending way of LM potency(0/1- 0/12) is most commonly (36.67) used – 11 cases.
7. On analyzing the repetition of doses, most of the cases (53.33%) were preferred daily one dose – 16 patients.
8. In this study, 36.67% of the cases were treated with 2-3 months duration- 11 cases.
9. In this study lowest score before treatment was 6 and highest score after treatment is 25.
10. In this study 80 % cases showed marked improvement – 24 cases. One cases (3.33%) showed complete improvement.

5.3. STATISTICAL ANALYSIS

A. Question to be answered:

Is there any difference between the Australian Scale for Bronchial asthma taken before and after the homoeopathic treatment in Bronchial asthma?

B. Null hypothesis:

There is no difference between the Australian scale for Bronchial asthma taken before and after the homoeopathic treatment in Bronchial asthma.

C. Statistical tool used:

Paired t- test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Before score	8.63	30	1.497	.273
	After score	21.03	30	1.217	.222

Paired Samples Test

	Paired Differences					t	Df
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Before score - After score	-12.40	1.812	.331	-13.077	-11.723	-37.485	29

D. Statistical Significance:

Since P value < 0.05, it indicates that the test is statistically significant and Hence null hypothesis is rejected.

E.Inference:

Thus the Efficacy of LM potency in the treatment of Bronchial asthma is effective.

6.1. DISCUSSION

This study was conducted in OPD, IPD and rural centers of Sarada Krishna Homoeopathic medical college, to know the efficacy of LM potency in patients suffering from Bronchial asthma.

For this study, the total of 30 cases patients were selected according to the inclusion criteria. The case was taken in detailed manner, analysis of the case was done and the totality was framed. The suitable medicine was prescribed based on the Materia medica, repertory. LM potency was selected for each case based on the susceptibility of the patients. The cases were followed for a minimum of 1-2 months. For the assessment of Efficacy of treatment, the score before and after treatment has been used and noted based on the symptoms. Pre test assessment and post test assessment was done and "t" value was calculated and has been applied to study the significance.

The following are the observations taken from the study of 30 cases treated for Bronchial asthma.

LM POTENCY:

In this study all the cases were treated with LM potency. 24 cases showed marked improvement and one case showed complete improvement. So this shows the LM potency is effective in treating Bronchial asthma.

AGE: On analysis it was obtained that the incidence of Bronchial asthma was more to the 61-70 age groups, 6 cases (20%). 16 % 0f the cases fall under 3 to 18 age groups. 5 cases each for 31 to 40 and 41 to 50 age groups. This shows the prevalence of asthma is more to the adults. This diseases affects children as well as adults. The duration of the illness shows that most of the cases have been affect with the disease since childhood. This result is compared with Y.P Munjal's Asthma as Children are mostly affected (15%) adults (12%) are affected.[17]

SEX: According to this study, 22 cases (73.33%) of the females are affected with Bronchial asthma and 8 (26.67%) of the cases are males. Females are

mostly affected with Bronchial asthma due to their exposure to Allergens and etc.

OCCUPATION: On analysing the study 15 cases (50%) of the affected persons are housewives, 9 cases (30%) are students, 2 cases (6.67%) are teachers and 2 cases are tailors, 1 case (3.33%) of them have an occupation of Rubber tapping and another one person is unemployed. The majority of the cases were found to be housewives because of the constant exposure to house dust, animal danders, etc. the next common was to the students who have a constant exposure to the external environment.

CAUSATIVE FACTORS: On analysing the different factors from which the patients are suffering, it is observed that 16 (53.33%) of the cases are provoked by cold air exposure, 5 cases (16%) are provoked by Change of climate to winter, 4 (13.33%) of the cases are caused due to bathing in cold water, 2 (6.67%) cases are caused due to dust exposure and the rest one per each case is provoked by Sleeping under Air conditioner, Rainy season, Drinking cold water. So most of the cases have the causative factor as exposure to cold air, next to that is change of climate to winter.

REMEDY PRESCRIBED: Analysis of the study shows that, ARSENICUM ALBUM is prescribed for 14 cases (46.67%), KALIUM CARBONICUM for 3 cases (10 %), Sepia, Carbovegetalis, Natrum muriaticum, Natrum sulphuricum, Pulsatilla, Sulphur, Lycopodium clavatum are prescribed for 2 cases (6.67%) each, Calcarea carbonicum, Nux vomica, Phosphorus, Silicea terra are prescribed for 1 cases (3.33%) each. The most commonly used medicine is Arsenicum album, next to it is Kalium carbonicum and the next is Carbo vegetalis, Natrum muriaticum, Natrum sulphuricum, Pulsatilla, Sulphur and Lycopodium. NATRUM SULPHURICUM showed a complete improvement in one case.

POTENCY : In this study LM potency was used for all the cases to find the efficacy of the LM potency in treating Bronchial asthma. According to the study, Ascending potency is used to 11 cases (36.67%), 0/3 is used for 6 cases (13.33%), 0/3 & 0/6 are used for 3 cases (10%), 0/1 & 0/3 for 2 cases (6.67%), 0/1 for 2 cases (6.67%), 0/1 & 0/6 for 1 case (3.33%) are used.

Ascending potency is mostly preferred for most of the cases and it produced marked improvement as well. Next to this is 0/3, which also shows marked improvement. In another case with 0/6 potency showed a complete improvement.

REPETITION OF DOSE: The study shows, 16 cases (53.33%) used Daily one dose, 13 cases(43.33%) used Weekly one dose repetition, one case (3.33%) is given repetition on Alternate days. On comparing the repetition, the maximum of the patients were used daily one dose, the weekly one dose is used by few persons.

DURATION OF TRETAMENT: In this study medicines prescribed obtained improvement within the minimum of 1-2 months and to the maximum of up to 6 months. According to the study, 11 cases (36.67%) have 2-3 months duration, 8 cases (26.67%) cases have 3-4 months duration, 7 cases (23.33%) have 1-2 months duration of treatment, 2 cases (6.67%) have 5-6 months duration, one case (3.33%) have 4-5 months duration, one case (3.33%) have six months duration of treatment.

INTENSITY SCORE: In the study, minimum score of the cases obtained was 6 before treatment and it was raised to 21 after treatment. The maximum mark obtained after treatment was 25 and the score before treatment was 9 in that case.

IMPROVEMENT OF THE CASES: In this study, no cases obtained mild improvement, in one case (3.33%) there is a complete improvement, moderate improvement obtained in 5 cases (16%) and Marked improvement obtained in 24 cases (80%). There was a marked improvement in maximum number of cases which shows the efficacy of the LM potency in treating Bronchial asthma.

6.2. LIMITATIONS:

1. There are extremely few samples collected for the investigation. Hence it is important to carefully consider how to generalise the findings and draw conclusions from the research.
2. Due to the discontinuation of medication during the study period, some excellent examples could not be included in our analysis.
3. Due to the fact that many of the situations were uncommon for reporting, case selection was challenging.
4. Due to the short sample size, there was no control group.
5. Sometimes the necessary information may be lacking, which added to the challenge.

6.3. RECOMMENDATIONS:

1. Increased sample size and increase in the duration of research might provide better positive results.
2. Control group in a study is necessary for accessing the effectiveness
3. More specific investigations required for showing scientific results.

6.4. SUGGESTION FOR FUTURE RESEARCH:

1. Study about the pathological changes and its homoeopathic approach in Bronchial asthma.
2. To know about the prevalence of Bronchial asthma in adult females
3. Varied studies of Bronchial asthma in relation with the utility of different potencies in homoeopathy.

7. CONCLUSION

30 patients with bronchial asthma from the OPD, IPD, and rural health centres of Sarada Krishna Homoeopathic Medical College and Hospital were included in the study.

- More common in the age group between 61-70 (20%).
- Females (73.33%) were affected commonly.
- Housewives(50%) are mostly affected.
- Most common causative factor is Cold air exposure(53.33%).
- Arsenicum album (46.67%) is the commonly used remedy for Bronchial asthma.

The scores of the study were statistically evaluated and it is concluded that LM potency is effective in the treatment of Bronchial asthma.

8. SUMMARY

Bronchial asthma cases were analysed and the totality was framed for this study. LM potency was prescribed in all cases. Australia's National Guidelines For Asthma Management was the scale used for the assessment. Breathing difficulty, congestion in the chest, dry cough, wheezing were the most common symptoms.

- Bronchial asthma was more common among the children and adults. Mostly seen in adults of age 61-70 in this study.(20%)
- Females in the survey have shown higher frequency for Bronchial asthma (22) (73.33 percentage)
- In this study, Housewives showed most prominent affection -15 cases (50 percentage)
- 16 from the total cases have a causative factor as cold air exposure (53.33%)
- Arsenicum album was prescribed to 14 cases in the study (46.67%)
- LM potency given in the Ascending way from (0/1-0/12) showed more marked improvement (11 cases) (36.67%)
- The result of the study shows that 30 cases improved, with one patient got complete improvement and marked improvement in 24 cases (80%).
- The assessment based on Australia’s National Guidelines for Asthma shown a considerable improvement.

The outcome of the study is that LM potency was very effective in the treatment of Bronchial asthma.

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APPENDIX I

GLOSSARY

1. **Aggravation:** (Homoeopathic aggravation, symbolized by <): A situation in which the patient feels worse from or symptoms are increased by a remedy.
2. **Amelioration:** An improvement of the patient or decrease in symptoms.
3. **Potentization (dynamization):** The process of preparing a Homoeopathic remedy by repeated dilution with succussions (shaking).
4. **Potency:** The power, Vitality or dynamic which a Homoeopathic remedy possesses, often represented as a number attached to the remedy name, either immediately before or after.
5. **Dose:** Refers to the force of impact of the remedy. The homoeopathic dose means 'that particular preparation of the remedy employed', in particular the amount and or form of that preparation.
6. **One dose :** One dose refers to one medicated globule in 1 grain of sugar of milk. The size of the globules differs upon the potency. In LM potency 1 dose – poppy sized globules. In 30C, 200C one dose is number 30 sized globules.
7. **Placebo:** An inert drug or substance given to satisfy patients, or as the control in a research study. From the Latin, I shall please.
8. **LM potency:** Hahnemann mentioned as new altered but perfected method, it has been said after a countless experiment he settled down for LM potency in order to repeat the medicine and to avoid aggravation.
9. **Symptom:** A physical or mental feature which is regarded as indicating a condition of disease that is apparent to the patient.

APPENDIX II

CHRONIC CASE RECORD FORMAT

'Case Records Are Our Valuable Asset'

SARADA KRISHNA CONFIDENTIAL

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

……..

1. PRESENTING COMPLAINTS:

2.

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

3. H/O PRESENTING ILLNESS:

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

4. HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

5. HISTORY OF FAMILY ILLNESS:

6. PERSONAL HISTORY:

A. LIFE SITUATION:

Place of Birth :

Religion :

Education :

Economic Status :

Social Status :

Nutritional Status :

Occupation :

Marital Status :

B. HABITS AND HOBBIES:

Food :

Addictions :

C. DOMESTIC RELATIONS:

With family members :

With other relatives :

With neighbors/ friends/ colleagues :

7. GENERAL SYMPTOMS:

A. PHYSICAL:

1. FUNCTIONAL:

Appetite :

Thirst :

Sleep :

2. ELIMINATIONS:

Stool :

Urine :

Sweat :

3. REACTIONS TO:
4. CONSTITUTIONAL:

Physical makeup :

Temperament :

Thermal :

Side affinity :

Sensation/ tendencies :

B. MENTAL GENERALS:

8. PHYSICAL EXAMINATION:

CONSCIOUS :

GENERAL APPEARANCE :

INTELLIGENCE & EDUCATION LEVEL :

GENERAL BUILD UP & NUTRITION :

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

A. PHYSICAL FINDINGS

ANEMIA :

JAUNDICE :

CYANOSIS :

OEDEMA :

LYMPHADENOPATHY :

GAIT :

BLOOD PRESSURE : mm of Hg

PULSE :

TEMPERATURE :

RESP.RATE :

B. SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM:

Inspection:

Palpation:

Auscultation:

CARDIOVASCULAR SYSTEM:

Inspection:

Palpation:

Auscultation:

9. LAB INVESTIGATIONS & FINDINGS:

10. PROVISIONAL DIAGNOSIS:

11. DATA PROCESSING:

A. ANALYSIS OF SYMPTOMS

Common	Uncommon

B. EVALUATION OF SYMPTOMS:

Mental generals	Physical generals	Particulars

C. TOTALITY OF SYMPTOMS

Mental generals

Physical generals

Particulars

12. SELECTION OF MEDICINE (REPERTORIAL):

13. MEDICINE SELECTED:

14. BASIS OF SELECTION:

15. FIRST PRESCRIPTION:

16. GENERAL MANAGEMENT AND AUXILARY MEASURES:

17. AUSTRALIA'S NATIONAL GUIDELINES FOR ASTHMA MANAGEMENT

PO IN TS				
1 point	2 points	3 points	4 points	5 points
1. In the past 4 weeks, how much of the time did your asthma keep you fromgetting as much done at work, school or at home?				
All of the time	Most of thetime	Some of thetime	A little of thetime	None of thetime
2. During the past 4 weeks, how often have you had shortness of breath?				
More than once a day	Once a day	3 to 6 times aweek	Once or twicea week	Not at all
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at nightor earlier than usual in the morning?				
4 or more nights a week	2 to 3 nights aweek	Once a week	Less than onceper week	Not at all
4. During the past 4 weeks, how often have you used your blue puffer or reliever medication (such as Ventolin, Asmol, Airomir, Apo-Salbutamol orBricanyl)?				
3 or more times per day	1 or 2 times per day	2 or 3 times per week	Once a week or less	Not at all
5. How would you rate your asthma control during the past 4 weeks?				

Not controlled at home	Poorly controlled	Somewhat controlled	Well controlled	Completely controlled
Score: 20-25		Score: 19 or less		
Your asthma appears to be controlled		Your asthma may not be well controlled. Be sure to talk to your health care professional about your asthma score.		

18. FOLLOW UP:

DATE	FOLLOW UP					PRESCRIPTION
	1	2	3	4	5	
						℞

APPENDIX III

SYMPTOM ASSESSMENT CHART

POINTS				
1 point	2 points	3 points	4 points	5 points
1. In the past 4 weeks, how much of the time did your asthma keep you fromgetting as much done at work, school or at home?				
All of thetime	Most of thetime	Some of thetime	A little of thetime	None of thetime
2. During the past 4 weeks, how often have you had shortness of breath?				
More than once a day	Once a day	3 to 6 times aweek	Once or twicea week	Not at all
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at nightor earlier than usual in the morning?				
4 or more nights a week	2 to 3 nights aweek	Once a week	Less than onceper week	Not at all
4. During the past 4 weeks, how often have you used your blue puffer or reliever medication (such as Ventolin, Asmol, Airomir, Apo-Salbutamol orBricanyl)?				
3 or more times per day	1 or 2 times per Day	2 or 3 times per week	Once a week or less	Not at all
5. How would you rate your asthma control during the past 4 weeks?				
Not controlled at home	Poorly controlled	Somewhat controlled	Well controlled	Completely controlled
Score: 20-25		Score: 19 or less		
Your asthma appears to be controlled		Your asthma may not be well controlled. Be sure to talk to your health care professional about your asthma score.		

APPENDIX – IV

CASE RECORD – 1

TITLE: "EFFICACY OF LM POTENCY IN THE TREATMENT OF BRONCHIAL ASTHMA"

AIMS & OBJECTIVES:

1. To assess the efficacy of LM potency in the management of patients with bronchial asthma.
2. To understand the commonly prescribed medicines in the treatment of Bronchial asthma.
3. To know about the common causative factors of Bronchial Asthma.

PATIENT AS A WHOLE

Name : Mrs. S

Age/Sex : 41 years/ Female

Religion : Christian

Occupation : Homemaker

Address : Mekkamandapam

Date of case taking :23-02-2022

OP NO : 1202/22

PRESENTING COMPLAINTS:

LOCATION & DURATION	SENSATION	MODALITY	CONCOMITANT
LOWER RESPIRATORY SYSTEM CHEST Since 6 years	Breathing difficulty^{+++} Wheezing present^{+++} Pain in the left side of chest and back Congestion in chest	A/F: cold air exposure (Sleeping under AC) < cold food & drinks < lying down < cold climate^{++} < Fan/AC^{++} < dust	Restlessness with discomfort

		exposure^{++} < excessive heat of the body, environment^{++} < walking^{++} < lifting weight^{+} > sitting erect^{+} > hot water drinking	

HISTORY OF PRESENTING ILLNESS:

The patient presented with complaint of breathing difficulty since 6 years. Complaint started as sneezing with watery nasal discharge. Then it turned to breathing difficulty. Complaint starts suddenly and goes gradually. The patient is having a habit of sleeping under AC. Now the complaint is worse from using AC. Dyspnea worse from walking^{+}, cold climate, mental stress^{+}, fanning, cold exposure, excessive body heat.

She is under allopathic medication for bronchial asthma since six years, using nasal spray also. Complaints are ameliorated only with that.

HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

Allergic rhinitis since 12 years- under allopathic medication.

Typhoid fever at 20 years of age. Took allopathic medication.

Known to be suffering from hypothyroidism.

FAMILY HISTORY:

Sister and brother have Bronchial asthma

PERSONAL HISTORY:

A. LIFE SITUATION:

Place of Birth: Mekkamandapam

Religion: Christian

Education: M. Com

Economic status: Middle class Family

Social status: Good

Nutritional status: Good

Occupation: Homemaker

B. DOMESTIC RELATIONS:

With Family Members: Good

With other Relatives: Good

With Neighbors/ Friends/ Colleagues: Good

GENERAL FEATURES:

A. PHYSICALS:

I. FUNCTIONAL:

Appetite: Good

Thirst: Good

Sleep: Sound sleep

II. ELIMINATIONS:

Stool: Once/day. Regular

Urine: 3-4 times/day, Normal

Sweat: Generalized

III. REACTIONS TO:

Desire cold drinks

Aversion spicy food

Desire sweets^{++}

IV. CONSTITUTIONAL:

Physical makeup: Fair, short

Temperament: Phlegmatic

Thermal: Hot

MENTAL GENERALS:

Sympathetic.

Does not like domination of males.

Maintain time punctuality. Stressed if time punctuality is not followed.

Grief due to mother's death^{++}

Weeps while speaking about mother.

Consolation leads to excessive weeping.

MENSTRUAL HISTORY:

FMP: 14 years

LMP: 03-02-2022

Regular, 3 days duration, 30 days cycle

Dark red blood.

Clots: present

Complaints: Pain in the mamme starts 1 week before menses. Pain in left lower limb before menses.

PHYSICAL EXAMINATION:

Consciousness: Conscious

General appearance: Fair complexion.

General build up and Nutrition: Moderate

Ht:151cm Wt: 71.2kg BMI: 27.5kg/m^2(Obese)

PHYSICAL FINDINGS:

Anemia: no pallor

Jaundice: not icteric

Cyanosis: no cyanosis

Edema: no edema

Lymphadenopathy: no lymphadenopathy

Gait: steady

Blood pressure: 133/82 mm Hg

Pulse: 79 beats/min

Temperature: 98.6^{0}F

Respiratory rate: 16 cycles/min

SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM:

Inspection: No scar marks, no visible swellings, stretch marks.

Palpation: No tenderness on pressure or touch

Auscultation: Wheeze heard on left supra and infra scapular regions and left supra mammary regions.

REGIONALS:

Head: Normal

Eyes: Clear vision

Ear: Normal hearing

Nose: Normal olfaction

Face: No abnormalities

Mouth: No odor, no offensive salivation, gums, teeth normal.

Teeth: Normal

Throat: Normal

Neck: Normal

Gastric: Normal

Abdomen: No abnormalities

Rectum/Anus: Normal defecation

Urethra: Normal

External genitalia: Normal

Back: No abnormalities

Extremities: Normal

Nails: No clubbing

Skin: Normal appearance

LAB INVESTIGATION:

Advised to take blood routine and Chest X ray

PROVISIONAL DIAGNOSIS: BRONCHIAL ASTHMA

ANALYSIS OF SYMPTOMS:

Common symptoms	Uncommon symptoms
Breathing difficulty <walking^{++}	Breathing difficulty< heat of the body
<lifting weight^{++}	A/F : cold air exposure (sleeping in AC)
Congestion of chest	Pain in the chest and back <lying down >sitting erect on chair
<mental stress^{++}	Desire cold drinks
<cold exposure	Desire sweets^{++}
<cold climate	Aversion to spicy food.
Itching in eyes, ears, nose, throat.	Intolerance of domination.
Pain in the breast before menses, pain in the lower limbs during menses	Punctuality is must
	Mental stress if punctuality fails.
	Grief due to mother's death.

EVALUATION OF SYMPTOMS:

Mental generals	Physical generals	Particulars
Grief due to mother's death. Sympathetic. Intolerance of domination by males.	Desire cold drinks Desire sweets^{+++} Aversion to spicy food. Thermal: Hot	Breathing difficulty A/F : cold air exposure(sleeping in AC) <cold exposure <cold climate, rainy season <walking <lying down <fanning/AC >sitting erect Cough without expectoration.

MIASMATIC ANALYSIS:

CHRONIC MIASMATIC DISEASE- PSORA

CONSTITUTIONAL TOTALITY OF SYMPTOMS:

Intolerance of domination

Punctual

Desire sweets

Breathing difficulty

< cold climate, cold drinks, cold exposure

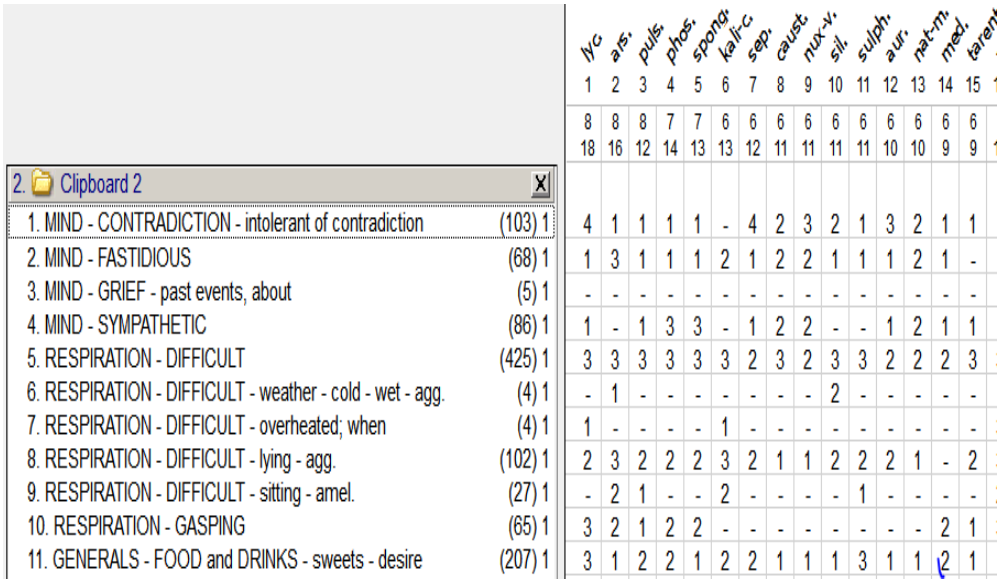
<walking, lying

<fanning/AC

>sitting erect

Cough without expectoration

REPERTORIAL ANALYSIS:



2. Clipboard 2		lyc	ars.	puls.	phos.	spong.	kali-c.	sep.	caust.	nux-v.	sil.	sulph.	aur.	nat-m.	med.	tarent.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		8 18	8 16	8 12	7 14	7 13	6 13	6 12	6 11	6 11	6 11	6 11	6 10	6 10	6 9	6 9
1. MIND - CONTRADICTION - intolerant of contradiction	(103) 1	4	1	1	1	1	-	4	2	3	2	1	3	2	1	1
2. MIND - FASTIDIOUS	(68) 1	1	3	1	1	1	2	1	2	2	1	1	1	2	1	-
3. MIND - GRIEF - past events, about	(5) 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. MIND - SYMPATHETIC	(86) 1	1	-	1	3	3	-	1	2	2	-	-	1	2	1	1
5. RESPIRATION - DIFFICULT	(425) 1	3	3	3	3	3	3	2	3	2	3	3	2	2	2	3
6. RESPIRATION - DIFFICULT - weather - cold - wet - agg.	(4) 1	-	1	-	-	-	-	-	-	-	2	-	-	-	-	-
7. RESPIRATION - DIFFICULT - overheated; when	(4) 1	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-
8. RESPIRATION - DIFFICULT - lying - agg.	(102) 1	2	3	2	2	2	3	2	1	1	2	2	2	1	-	2
9. RESPIRATION - DIFFICULT - sitting - amel.	(27) 1	-	2	1	-	-	2	-	-	-	-	1	-	-	-	-
10. RESPIRATION - GASPING	(65) 1	3	2	1	2	2	-	-	-	-	-	-	-	-	2	1
11. GENERALS - FOOD and DRINKS - sweets - desire	(207) 1	3	1	2	2	1	2	2	1	1	1	3	1	1	2	1

REPERTORIAL RESULT:

ARS ALB – 15/8 LYCO – 15/6

APIS MEL-14/5 AMMONIUM CARB – 11/6

PULS – 12/5 IGNATIA – 10/5

NATRUM MUR-10/6 NUX VOM-10/6

PHOSPHORUS-11/5 SEPIA-10/5

SILICEA- 10/5 AURUM MET-9/5

GRAPHITES- 9/5

MEDICINE SELECTED:

ARSENICUM ALBUM(acute)

SEPIA OFFICINALIS (Constitutional)

MEDICINAL MANAGEMENT:

FIRST PRESCRIPTION:23-02-2022

℞

1. ARSENICUM ALBUM 0/3 – 7 DOSES (Mx7 days) (One 30 sized globule mixed with sugar of milk)
2. B.PILLS 3x TDS
3. B.DISK 1X BD

X 1 week

MODE OF ADMINISTRATION:

Each dose is taken directly at morning in the empty stomach

GENERAL MANAGEMENT:

1. Avoid cold exposure

2. Avoid cold food and drinks, ice cream
3. Do steam inhalation.
4. Drink warm drinks and eat warm food.
5. Take adequate rest.

AUSTRALIA'S NATIONAL GUIDELINES FOR ASTHMA MANAGEMENT

POINTS				
1 point	2 points	3 points	4 points	5 points
1. In the past 4 weeks, how much of the time did your asthma keep you fromgetting as much done at work, school or at home?				
All of the time	Most of thetime	Some of thetime	A little of thetime	None of thetime
2. During the past 4 weeks, how often have you had shortness of breath?				
More than once a day	Once a day	3 to 6 times aweek	Once or twicea week	Not at all
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at nightor earlier than usual in the morning?				
4 or more nights a week	2 to 3 nights aweek	Once a week	Less than onceper week	Not at all
4. During the past 4 weeks, how often have you used your blue puffer or reliever medication (such as Ventolin, Asmol, Airomir, Apo-Salbutamol orBricanyl)?				
3 or more times per day	1 or 2 times per day	2 or 3 times per week	Once a week or less	Not at all

5. How would you rate your asthma control during the past 4 weeks?				
Not controlled at home	Poorly controlled	Somewhat controlled	Well controlled	Completely controlled
Score: 20-25		Score: 19 or less		
Your asthma appears to be controlled		Your asthma may not be well controlled. Be sure to talk to your health care professional about your asthma score.		

ON THE FIRST VISIT(AUSTRALIAN ASSESSMENT FOR ASTHMA):

DATE	CONDITION OF THE PATIENT					SCORE
23-02-2022	1	2	3	4	5	9
	2	2	1	2	2	

BASIS OF REMEDY SELECTION:

Intolerance to contradiction especially by males.

Punctuality.

Breathing difficulty

Worse by cold wet weather.

Worse from lying down.

Deep sighing respiration.

Desire sweets.

FOLLOW UP:

DATE	FOLLOW UP					PRESCRIPTION
23-03-2022	1	2	3	4	5	℞
	3	2	2	2	3	1. SEPIA OFFIC INALIS
	Breathing difficulty persists same. <walking <exertion					

	<perspiration >inhaler (Allopathy) Generals: Good ON EXAMINATION OF RS: Auscultation: Mild wheeze heard on left supra and infra scapular regions.	0/3/7DOSES (M) 2. B. PILLS 3xTDS 3. B.DISK 1x BD X 2 WEEKS

DATE	FOLLOW UP					PRESCRIPTION
30-03-2022	1	2	3	4	5	℞ 1. SEPIA OFFICINALIS 0/3/7DOSE(M) 2. B. PILLS 3xTDS 3. B.DISK 1x BD X 1 WEEK
	3	3	3	3	3	
	Breathing difficulty reduced than before but persists <night^{+}. Noseblock at night Congestion present but reduced than before. Cough present occasionally. Generals: Good					

DATE	FOLLOW UP					PRESCRIPTION
06-04-2022	1	2	3	4	5	℞ 1. SEPIA OFFICINALIS 0/6/7 DOSE(M) 2. B. PILLS
	4	4	3	3	3	
	Breathing difficulty is better than before. <morning (waking her) <body heat Congestion in chest is better than before					

	Cough with scanty expectoration. Generals: Good ON EXAMINATION OF RESPIRATORY SYSTEN: Auscultation: Mild Wheezing heard on left supra and infra scapular regions.	3xTDS 3. B.DISK 1x BD X 1 WEEK

DATE	FOLLOW UP					PRESCRIPTION
20-04-2022	1	2	3	4	5	℞
	5	5	4	4	4	1. SEPIA OFFICINALIS 0/7/1 DOSE(M) 2. SAC LAC /6DOSES (HSx6days) 3. B. PILLS 3xTDS 4. B.DISK 1x BD X 1 WEEK
	Breathing difficulty is better by 60% or above. Can perform all kinds of her daily works Noseblock persists Generals: disturbed at night due to noseblock. ON EXAMINATION OF RESPIRATORY SYSTEN: Auscultation: normal vesicular breath sound heard all over lung fields. No added sound.					

AFTER 6 VISITS(AUSTRALIAN ASSESSMENT FOR ASTHMA):

DATE	CONDITION OF THE PATIENT					SCORE
2-04-2022	1	2	3	4	5	22
	5	5	4	4	4	

CASE RECORD - 2

TITLE: "EFFICACY OF LM POTENCY IN THE TREATMENT OF BRONCHIAL ASTHMA"

AIMS & OBJECTIVES:

1. To assess the efficacy of LM potency in the management of patients with bronchial asthma.
2. To understand the commonly prescribed medicines in the treatment of Bronchial asthma.
3. To know about the common causative factors of Bronchial Asthma.

PATIENT AS A WHOLE

Name : Mrs. G

Age/Sex : 28 years/ Female

Religion : Christian

Occupation : PG student

Address : Vizhinjam

Date of case taking :13-04-2022

OP NO : 12740/13

PRESENTING COMPLAINTS:

LOCATION & DURATION	SENSATION	MODALITY	CONCOMITANT
LOWER RESPIRATORY SYSTEM CHEST Since childhood Worse since 2 days	Breathing difficulty Wheezing and rattling Must be fanned Congestion in chest Deep sighing respiration	A/F: drinking cold water < evening <exertion after <cold food and drinks <Lying down <during sleep <walking >fanning > open air	Cough spasmodic in nature without expectoration

HISTORY OF PRESENTING ILLNESS:

The patient presented with complaint of breathing difficulty childhood, worse since 2 days. The complaint now started as dyspnea, then wheezing present. The complaint started from drinking cold water. The complaint of wheezing present since childhood during cold climate, drinking cold food and drinks, during exertion, etc. Now the complaint is worse at evening and better by open air. She is under allopathic medication since childhood. She is using nasal spray regularly (daily) since 14 years of age. No history of sneezing, nasal congestion, etc

HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:

Chickenpox at childhood

Bronchial asthma since childhood

FAMILY HISTORY:

No similar family history

Father- Have diabetes mellitus

PERSONAL HISTORY:

C. LIFE SITUATION:

Place of Birth: Vizhinjam

Religion: Christian

Education: BHMS

Economic status: Middle class Family

Social status: Good

Nutritional status: Good

Occupation: Student

D. DOMESTIC RELATIONS:

With Family Members: Good

With other Relatives: Good

With Neighbors/ Friends/ Colleagues: Good

GENERAL FEATURES:

B. PHYSICALS:

I. FUNCTIONAL:

Appetite: Good

Thirst: Good

Sleep: Sound sleep

II. ELIMINATIONS:

Stool: Once/day. Regular

Urine: 3-4 times/day, Normal

Sweat: Generalized

III. REACTIONS TO:

Desire spicy food

Aversion to milk

IV. CONSTITUTIONAL:

Physical makeup: Short

Temperament: Sanguine

Thermal: Hot

MENTAL GENERALS:

Fearful dreams during sleep

Fear of ghosts

Dominating

Aversion to contradiction

MENSTRUAL HISTORY:

FMP: 12 years

LMP: 03-04-2022

Regular, 3 days duration, 28 days cycle

Bright red blood

Clots: present

Complaints: Tiredness and lower abdominal pain during menses

PHYSICAL EXAMINATION:

Consciousness: Conscious

General appearance: Short

General build up and Nutrition: Moderate

Ht:151cm Wt: 52.2kg BMI: 22.5kg/m^2(Obese)

PHYSICAL FINDINGS:

Anemia: no pallor

Jaundice: not icteric

Cyanosis: no cyanosis

Edema: no edema

Lymphadenopathy: no lymphadenopathy

Gait: steady

Blood pressure: 120/80 mm Hg

Pulse: 69 beats/min

Temperature: 98.6^0F

Respiratory rate: 16 cycles/min

SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM:

Inspection: No scar marks, no visible swellings, stretch marks.

Palpation: No tenderness on pressure or touch

Auscultation: Wheeze heard on left supra and infra mammary and scapular regions

REGIONALS:

Head: Normal

Eyes: Clear vision

Ear: Normal hearing

Nose: Normal olfaction

Face: No abnormalities

Mouth: No odor, no offensive salivation, gums, teeth normal.

Teeth: Normal

Throat: Normal

Neck: Normal

Gastric: Normal

Abdomen: No abnormalities

Rectum/Anus: Normal defecation

Urethra: Normal

External genitalia: Normal

Back: No abnormalities

Extremities: Normal

Nails: No clubbing

Skin: Normal appearance

LAB INVESTIGATION:

Advised to take blood routine and Chest X ray

PROVISIONAL DIAGNOSIS: BRONCHIAL ASTHMA

ANALYSIS OF SYMPTOMS:

Common symptoms	Uncommon symptoms
Breathing difficulty <lying down <evening <after exertion <cold food and drinks <during sleep <walking >open air >fanning Congestion in chest	Fearful dreams during sleep Dominating Aversion to contradiction Fear of ghosts Desire spicy food Aversion to milk Spasmodic cough without expectoration Wheezing and rattling in chest A/F- drinking cold water

EVALUATION OF SYMPTOMS:

Mental generals	Physical generals	Particulars
Fearful dreams during sleep Dominating Aversion to contradiction Fear of ghosts	Desire spicy food Aversion to milk	Breathing difficulty <lying down <evening <after exertion <cold food and drinks <during sleep <walking >open air >fanning Congestion in chest Spasmodic cough without expectoration Wheezing and rattling in chest

MIASMATIC ANALYSIS:

CHRONIC MIASMATIC DISEASE- PSORA

CONSTITUTIONAL TOTALITY OF SYMPTOMS:

Fear of ghosts

Fearful dreams during sleep

Aversion to milk

Breathing difficulty worse at evening, cold drinks and food

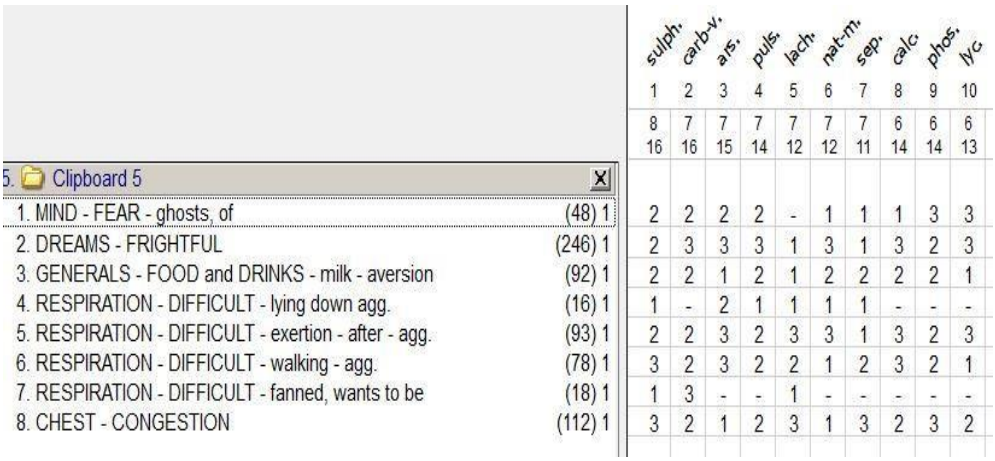
<lying down, after exertion, during sleep, walking

>fanning, open air

Congestion in chest, deep sighing respiration.

Cough without expectoration

REPERTORIAL ANALYSIS:



5. Clipboard 5		sulph.	carb-v.	ars.	puls.	lach.	nat-m.	sep.	calc.	phos.	lyc.
		1	2	3	4	5	6	7	8	9	10
		8 16	7 16	7 15	7 14	7 12	7 12	7 11	6 14	6 14	6 13
1. MIND - FEAR - ghosts, of	(48) 1	2	2	2	2	-	1	1	1	3	3
2. DREAMS - FRIGHTFUL	(246) 1	2	3	3	3	1	3	1	3	2	3
3. GENERALS - FOOD and DRINKS - milk - aversion	(92) 1	2	2	1	2	1	2	2	2	2	1
4. RESPIRATION - DIFFICULT - lying down agg.	(16) 1	1	-	2	1	1	1	1	-	-	-
5. RESPIRATION - DIFFICULT - exertion - after - agg.	(93) 1	2	2	3	2	3	3	1	3	2	3
6. RESPIRATION - DIFFICULT - walking - agg.	(78) 1	3	2	3	2	2	1	2	3	2	1
7. RESPIRATION - DIFFICULT - fanned, wants to be	(18) 1	1	3	-	-	1	-	-	-	-	-
8. CHEST - CONGESTION	(112) 1	3	2	1	2	3	1	3	2	3	2

REPERTORIAL RESULT:

Sulphur – 16/8 Carbo vegetalis – 16/7

Ars alb – 15/7 Pulsatilla – 14/7

Lachesis – 12/7 Natrum muriaticum- 12/7

Sepia – 11/7 Calcarea carbonica- 14/6

Phosphorus- 14/6 Lycopodium – 13/6

MEDICINE SELECTED:

CARBO VEGETALIS – Constitutional medicine

MEDICINAL MANAGEMENT:

FIRST PRESCRIPTION:13-04-2022

℞

1. CARBO VEGETALIS 0/1 – 1 DOSE in 10ml aqua 10gtt x BD
2. B.PILLS 3x TDS
3. SAC LAC- 7 DOSES (7 x HS)

X 1 week

MODE OF ADMINISTRATION:

One dose is taken directly at morning in the empty stomach

GENERAL MANAGEMENT:

1. Avoid cold exposure
2. Avoid cold food and drinks, ice cream
3. Do steam inhalation.
4. Drink warm drinks and eat warm food.
5. Take adequate rest.

AUSTRALIA'S NATIONAL GUIDELINES FOR ASTHMA MANAGEMENT

POINTS				
1 point	2 points	3 points	4 points	5 points
1.In the past 4 weeks, how much of the time did your asthma keep you fromgetting as much done at work, school 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. During the past 4 weeks, how often have you had shortness of breath?				
More than once a day	Once a day	3 to 6 times a week	Once or twice a week	Not at all
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at nightor earlier than usual in the morning?				
4 or more nights a week	2 to 3 nights a week	Once a week	Less than once per week	Not at all
4. During the past 4 weeks, how often have you used your blue puffer or reliever medication (such as Ventolin, Asmol, Airomir, Apo-				

Salbutamol orBricanyl)?				
3 or more times per day	1 or 2 times per day	2 or 3 times per week	Once a week or less	Not at all
5. How would you rate your asthma control during the past 4 weeks?				
Not controlled at home	Poorly controlled	Somewhat controlled	Well controlled	Completely controlled

Score: 20-25	Score: 19 or less
Your asthma appears to becontrolled	Your asthma may not be well controlled. Be sure to talk to your health care professional about your asthma score.

ON THE FIRST VISIT(AUSTRALIAN ASSESSMENT FOR ASTHMA):

DATE	CONDITION OF THE PATIENT					SCORE
23-02-2022	1	2	3	4	5	6
	2	1	1	1	1	

BASIS OF REMEDY SELECTION:

Fear of ghosts

Aversion to milk

Breathing difficulty worse at lying down, after exertion, evening, walking.

Better by fanning, open air.

Wheezing and rattling in chest.

FOLLOW UP:

DATE	FOLLOW UP					PRESCRIPTION
25-04-2022	1	2	3	4	5	℞
	2	1	1	1	1	1. CARBO VEGETALI
	Breathing difficulty still persists but slightly					

	reduced in intensity. Deep sighing respiration Recurrent attack since childhood. Congestion in chest. Cough without expectoration occasionally Dyspnea <after exertion <cold food and drinks, lying down, during sleep >fanning, open air Generals: Good ON EXAMINATION: Loud, hard respiration (wheeze) which is heard outside with ears. Respiratory system: Auscultation: Wheeze heard all over lung fields.	S 0/1/1 Dose in 10ml aqua 10gtt x BD 2. Sac lac 6 Doses (6 x HS) X 1 WEEK

DATE	FOLLOW UP					PRESCRIPTION
02-05-2022	1	2	3	4	5	℞
	2	2	2	2	2	1. CARBO VEGETALIS 0/3/ 1DOSE in 10ml aqua 10gtt x BD 2. SAC LAC/ 6 DOSES (6 x HS) X 2 WEEKS
	Breathing difficulty persists but slightly reduced in intensity Deep sighing respiration occasionally Dyspnea <night <after exertion <cold food and drinks <lying down <sleep <walking >fanning >open air					

	Cough reduced Congestion of chest persists Generals: Good O/E: RS: Wheeze heard all over lung fields.	

DATE	FOLLOW UP					PRESCRIPTION
20-05-2022	1	2	3	4	5	℞ 1. CARBO VEGETALIS 0/3/1DOSE in 10 ml aqua 10gtt x BD 2. SAC LAC/ 6 DOSES (HS) X 1 WEEK
	2	3	2	2	2	
	Breathing difficulty persists but slightly better <night <lying down <sleep <walking >open air Generals: Good					

DATE	FOLLOW UP					PRESCRIPTION
28-05-2022	1	2	3	4	5	℞ 1. CARBO VEGETALIS 0/6/1DOSE in 10ml aqua 10gtt x 2 hourly x 3 times 2. PILLS 3xTDS 3. B.DISK 1x BD 4. SAC LAC/ 6 DOSES (HS) X 1 WEEK
	3	3	3	3	3	
	Breathing difficulty persists but better than before <walking <lying down <night. Wheezing present Generals: Good					

DATE	FOLLOW UP					PRESCRIPTION
08-06-2022	1	2	3	4	5	℞ 1. CARBO VEGETALIS 0/6/7 DOSE, 1dose in 10ml aqua 10gtt x 2 hourly x 3 times 2. PILLS 3xTDS 3. B.DISK 1x BD X 2 WEEKS
	4	4	3	3	3	
	Breathing difficulty is slightly better than before but persists <walking <lying down <night <talking Wheezing present Generals: Good ON EXAMINATION OF RESPIRATORY SYSTEN: Auscultation: Mild Wheezing heard on left supra and infra scapular regions.					

DATE	FOLLOW UP					PRESCRIPTION
29-06-2022	1	2	3	4	5	℞ 1. CARBO VEGETALIS 0/8/7 DOSES, 1 dose in 10ml aqua 10gtt x 2 hourly x 3 times 2. PILLS 3xTDS 3. B.DISK 1x BD X 1 WEEK
	5	4	4	4	4	
	Breathing difficulty is better than before Can perform exertion and household works Wheezing reduced Sighing respiration reduced Inhaler usage is reduced to once in one or two weeks Generals: Good ON EXAMINATION OF RESPIRATORY SYSTEN: Auscultation: Normal vesicular breath sound heard all over lung fields. No added sound.					

AFTER 6 VISITS(AUSTRALIAN ASSESSMENT FOR ASTHMA):

DATE	CONDITION OF THE PATIENT					SCORE
29-06-2022	1	2	3	4	5	21
	5	4	4	4	4	

APPENDIX - V

MASTER CHART

SL NO	AGE	SEX	OCCUPATION	AILMENTS	DURATION OF COMPLAINT	CHRONIC MEDICINE	POTENCY SELECTED	REPETITION	DURATION OF TREATMENT	BEFORE SCORE	AFTER SCORE
1	41	F	Housewife	Sleeping on AC- cold exposure	6 years	Arsenicum album(Acute) Sepia officinalis	0/3,0/6,0/7	Daily one dose	5 weeks	9	22
2	30	F	Unemployed	Change of climate (Rainy)	30 years	Arsenicum album(Acute) Kalium carbonicum	0/6	One dose 2 hourly weekly once	13 weeks	10	20
3	69	F	Housewife	Stopping allopathic medication	40 years	Carbo vegetalis (Acute) Kalium carbonicum	0/6	One dose weekly once	14 weeks	13	23
4	35	F	Housewife	Change of climate (Winter)	8 years	Calcarea carbonicum	0/1-0/5	Weekly one dose	8 weeks	10	21
5	52	F	Teacher	Change of climate (Winter)	30 years	Arsenicum album	0/3, 0/6	Weekly one dose	9 weeks	8	20
6	65	F	Housewife	Winter	20 years	Pulsatilla	0/1	Weekly one dose	16 weeks	9	20
7	39	F	Housewife	Cold exposure	9 years	Kalium carbonicum	0/1,0/3,0/6,0/9,0/12	Weekly once	8 weeks	10	21

8	43	F	Housewife	Bathing in cold water	10 years	Arsenicum album	0/1, 0/3, 0/6, 0/8, 0/9	Weekly one dose	24 weeks	8	20
9	28	F	PG Student	Drinking cold water	25 years	Carbo vegetalis	0/1,0/3,0/6,0/8	Weekly one dose	8 weeks	6	21
10	56	F	Housewife	Cold air exposure	10 years	Arsenicum album	0/1,0/3,0/6,0/9,0/12	Weekly one dose	9 weeks	10	20
11	67	M	Tailor	Cold climate	15 years	Lycopodium clavatum	0/1,0/3,0/4,0/6	Weekly one dose	14 weeks	7	23
12	62	F	Housewife	Cold air exposure	7 years	Sepia officinalis	0/1,0/3,0/4,0/6,0/7, 0/9	Weekly one dose	11 weeks	8	20
13	45	F	Housewife	Bathing in cold water	10 years	Arsenicum album	0/3	Daily one dose	16 weeks	8	22
14	20	M	Student	Cold air exposure	3 years	Natrum sulphuricum	0/6	Daily one dose	12 weeks	9	25
15	55	F	Housewife	Cold air exposure	2 months	Arsenicum album (Acute) Natrum sulphuricum	0/3	Daily one dose	20 weeks	8	20
16	51	M	Teacher	Cold air exposure	1 month	Silicea terra	0/1, 0/2, 0/6	Daily one dose	12 weeks	10	21
17	14	M	Student	Dust exposure	Since birth	Arsenicum album (Acute) Sulphur	0/1, 0/6	Daily one dose	16 weeks	9	22
18	4	M	Student	Cold exposure	4 years	Arsenicum album	0/3,0/4,0/5,0/6	Weekly one dose	9 weeks	7	21
19	11	F	Student	Cold bathing	11 years	Natrum muriaticum	0/1,0/3	Daily one dose	13 weeks	9	21
20	38	F	Housewife	Cold exposure	8 months	Arsenicum album	0/3, 0/6	Daily one dose	12 weeks	8	21
21	62	M	Rubbing tapping	Cold air exposure	13 years	Arsenicum album	0/3,0/6	Daily one dose	25 weeks	10	21
22	21	F	Student	Cold air	20 years	Natrum	0/1, 0/3	Daily one	24 weeks	8	20

				exposure		muriaticum		dose			
23	49	F	Housewife	Cold climate	15 years	Phosphorus	0/3	Daily one dose	8 weeks	6	21
24	36	F	Tailor	Cold air exposure	4 years	Sulphur	0/1	Alternate days	12 weeks	8	20
25	9	M	Student	Cold water bathing	8 years	Arsenicum album	0/6	Weekly one dose	9 weeks	6	21
26	56	F	Housewife	Cold exposure	6 months	Lycopodium clavatum	0/3	Daily one dose	12 weeks	8	21
27	10	F	Student	Cold air exposure	6 months	Pulsatilla nigricans	0/3	Daily one dose	8 weeks	9	22
28	22	M	Student	Dust exposure	2 years	Arsenicum album	0/1,0/3,0/5,0/6,0/7,0/8,0/9	Daily one dose	14 weeks	8	20
29	61	F	Housewife	Cold exposure	12 years	Arsenicum album	0/3	Daily one dose	6 weeks	10	20
30	32	F	Housewife	Cold air exposure	20 years	Nux vomica	0/3	Daily one dose	9 weeks	10	20

APPENDIX- VI

CONSENT FORM-FORM - 4

PART 1 0F 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 the patient/ test group and control (drug/ procedure/ placebo) should be provided a applicable. While formulating the 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 the project: "EFFICACY OF LM POTENCY IN THE TREATMENT OF BRONCHIAL ASTHMA"

Investigator: DR.POOJA R K, 3/139, Oorambu, Mekke thattu veedu, Choozhal, Adaikkakuzhi post ,Kanniyakumari-629153, Tamil Nadu. Mobile no: 9655991933

Guide: Dr. MURUGAN. M MD (hom.), Professor & Head, Dept Of Organon Of Medicine & Homoeopathic Philosophy, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanniyakumari Dist.

The purpose of the study:

1. To assess the efficacy of LM potency in the management of patients with Bronchial asthma.
2. To understand the commonly prescribed medicines in the treatment of Bronchial asthma.
3. To know about the common causative factors of Bronchial asthma.

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 Medical College. The case details will be recorded in standardized and pre-structured case format of Sarada Krishna Homoeopathic Medical College and will be analyzed and the totality will be erected. Then the symptoms will be evaluated, based on the miasmatic totality of symptoms and of patient analyzed. Then the case will be repertorised (if needed) and a remedy will be prescribed. Selection of LM potency for all the cases. Assessment is done in every 2 weeks and the changes are recorded.

The expected duration of the subject participation: November 2021 to April 2023

The benefits to be expected from the research to the participants or to others and the post trial responsibilities of the investigators: The first step is to improve the patient's inability in performing daily activities without difficulty. Therefore by this study, will help them to overcome all these barriers and psychological effects, interferes with absenteeism from academic and work activity which have addressed especially in teenagers and young adults The participants who take part in this study are contributing towards the care and treatment without any adverse effects who are suffering with Bronchial asthma. Through this the participants get the best quality of homoeopathic treatment for their complaints. Thus study is a benefit not only to the participant but also to the society as a whole.

Any risks expected from the study to the participant: No

Maintenance of confidentiality of records: The records are maintained highly confidential. Only the investigator has the access to the subject's medical records. Participants' identity will never be disclosed at any time, during or after the study period or during publication of the research. Securely store data documents in locked locations and encrypted identifiable computerized data. All information revealed by the patient will be kept as strictly confidential. Free treatment for research related injury is guaranteed. Compensation of the participants not only for disability or death resulting from

such injury but also for unforeseeable risk is provided, in case situation arises. Future uses of the biological material and of data to be used for secondary purposes or will be shared with others only with your consent.

Contact for trial related queries, rights of the subject and in the event of any injury: There will not be any anticipated prorated payment to the subject for participating in the trial. The responsibilities to the participant in the trial are; they must disclose all about their complaints, participants must strictly stick on to the scheduled diet and regimen. The participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the subject is otherwise entitled.

Freedom to withdraw from the study at any time during the study period without the loss of benefits that the participant would otherwise be entitle: Yes

Possible current and future uses of the biological material and of the data to be generated from the research and if the material 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.

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

INVESTIGATOR:

Dr. POOJA R.K

Department of Organon of medicine,

Sarada Krishna Homooepathic medical college and Hospital,

Kulasekharam, kanniyakumari District, Tamil Nadu- 629161

Phone: 9445570949,7558183535

GUIDE:

Dr. M. MURUGAN, M.D (Hom)

Professor and Head

Department of Organon of medicine,

Sarada Krishna Homooepathic medical college and Hospital,

Kulasekharam, kanniyakumari District, Tamil Nadu- 629161

Phone- 9443343707

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

SIGNATURE OF INVESTIGATOR

CONSENT FORM – 4

PART 2 OF 2 - PARTICIPANT CONSENT FORM

Informed Consent form to participate in a clinical trial Study Title: "EFFICACY OF LM POTENCY IN THE TREATMENT OF BRONCHIAL ASTHMA"

Study Number:

Subject's Initials: Subject's Name:

Date of birth/Age: Please initial Box (Subject)

i. I confirm that I have read and understood the information sheet dated [ ] _____for the above study and have had the opportunity to ask question.
ii. I understood that my participation in the study is voluntary and that I am free to withdraw at any time without giving any reason. Without my medical care or legal rights being affected. [ ]
iii. I understand that the sponsor of the clinical trial, others working on the sponsor's behalf the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. [ ]
iv. I agree not to restrict the use of any data or result that arises from this study provided such a use only for scientific purpose(s). [ ]
v. I agree to take part in the above study.[ ]

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

Date_____/_____/_____

Signatory's Name: _____

Signature of the Investigator: _____

Study Investigator's Name: Dr.POOJA R.K

Signature of the Witness_____Date:_____/_____/_____

Signature of the Witness_____Date_____/_____/_____

CONSENT FORM (for participants less than 18 years of age)

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

Participant's name: Address:

Parent/LAR's name:

Title of the project:

"EFFICACY OF LM POTENCY IN THE TREATMENT OF BRONCHIAL ASTHMA"

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 patient's participation in the study is voluntary and that I am free to withdraw my patient 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 for the participation of my patient in the above study.

Assent of child/ward obtained (for participants 3 to 18 years of age)

Signature of the parent/ LAR:_____ Date:_____

Signature of the witness:_____ Date:_____

Signature of the investigator:_____ Date: _____