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Bronchial Asthma And Aspidosperma- A Study In 50 Patients

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Abstract

Bronchial asthma is a very common respiratory disorder which is commonly found in present scenario, mainly affects in childhood & middle age group people due to exposure to allergens, pollution, genetic factors, life style changes - eating habits, high living, stress, overcrowding, and usually lack of physical activity has increased the prevalence of bronchial asthma. **Methods:** 50 patients were taken up for this study after diagnosed, to be having Bronchial asthma with the help of complete history taking, clinical examination of the patients, investigations and managed with homoeopathic medicine i.e. Aspidosperma. **Result:** Out of 50 patients of Bronchial asthma, Aspidosperma were prescribed in which 26 (52%) patients showed marked improvement in their symptoms, 12 (24%) patients showed moderate improvement, 8 (16%) patients showed mild improvement and remaining 4 (8%) didn't respond to the medicine i.e. status quo. **Conclusion:** Aspidosperma is found to be effective in cases of Bronchial asthma.

Key word- Bronchial asthma, Aspidosperma, Elizabeth Juniper's Asthma Control Questionnaire (ACQ) Score, PFT.

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INTRODUCTION

Bronchial Asthma is characterized by information of Airways and hyper responsiveness to certain stumuli mainly of allergic in nature limiting reverse air flow as exhibited by shortness of breath, cough and wheezing.

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The symptoms from individual to individual and with time modality in the same person. Typical Bronchial Asthma patient have almost all the symptoms whereas. Few others have breathlessness and cough. It impares quality of life and affect the work and recreational and physical activities and individual emotions. Bronchial asthma is worldwide public health issue about 300 million people are affected with Bronchial Asthma, Worldwide the estimate about Asthma affected people in India is as under[1]

Estimated 15-20 million Adults 10 % Children 15 % Like other allergic disorders asthma patients increasing overtime. It is estimated that by 2025, 100 million asthma patients will be increased worldwide. Worldwide Bronchial Asthma increased significantly between 1960s – 2015 primarily in countries like India with it being recognized major health problem since the 1970s [2,3].

Precipitating Factors of asthma -

1. Cold Air
2. Extreme Emotions
3. Sedentary life with lack of physical exercise.
4. Allopathic drugs like asprin and NSAID'S Beta blockers.
5. Other indoor Allergens, housemate dusts, old carpet the furniture, animal hairs and pet denders.
6. Outdoor Allergens – Pollen and molds smoking habit working in the chemical factories, polluted air.
7. Shifting from rural to urban areas change in habits, life styles, eating patterns, living in the air conditioners houses and work places due to its decrease temperature, stress and overcrowded offices and spaces like theatres, these are few factors which have increase the sensitivity susceptibility of the individuals which restricts development of natural immunity to the allergens[4].

Since the asthma decreases the health of the individuals which ultimately decreases the progress of the nation. Therefore people suffering from asthma know the allergic trigerrs also must learn how to prevent Reoccurrence of symptom. Asthma is difficult to control patient must understand about bronchiospasm and inflammation and asthma is more complex than these two. The first line conventional treatment are by the administration of anti allergic drugs and bronchodilators also corticosteroids either oral or as inhalers are given in very beginning of the

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symptom but these are very harmful drugs though they estimate respiratory apparatus and the heart but cause weakness of lungs and heart apart from drug dependency and ultimately decrease the immunity and develop drug dependently. These are just like palliation owing to its holistic approach homoeopathy has vital role since it stimulates auto defense mechanism that is the vital force of the individual and subsequently frequency and severity of asthmatic attacks are decreased after exposure to allergens without making the patient drug dependent[5]. This has no side effects with the use of homoeopathic medicine firstly asthma attacks are observed less severe with decrease frequency in due course. They stop completely with the medicine selected wisely as per Hahnemamain method of similia similibus curentur and herinigs law of cure.

Dr. K. G.K. Sastry gives us some tips to solve enigma in the Asthma: He enlighten or emphasizes the role of proper and thorough case taking. His experience using of Arsenicum iod in ascending scale from 2006 onwards given once in 15-20 days, in the case of tubercular diathesis can be a subject of research. He gives his observation that in the case of acute Asthma where Merc rol and Hepar Sulph with a sycotic basis go to Natrum Sulph of Sambucus Nigra go to Lachesis or Lycopodium of Carbo Veg to Kali carb. The author cites some asthmatic case in support of his observations. First one is the Carbo Veg. as an acute and and Kali carb as a chronic one. The second case was given many remedies like. Arsenic, Carbo veg., grindelia, Lachesis, Hepar sulph etc. which failed and finally the case yielded to sambucus Nigra. Their followed by Natrum Mur and Patient was relieved of his asthmatic attacks. **Atul Kr. Singh** writes in his journal clinical observatio and investigaton with homeopathic management estimated 300 million peopel worldwide suffer form asthma with 250,000 annual death. In his clinic he observe that breath less cough, wheeze and chest tightness especially at night or in early morning. He explain allergic trigger factors are house dust mite, pollen, fungal spore and pets. NOn allergic trigger factors are food drinks, Drugs viral infection, air pollution, smoking, climate variation etc. He try to manage asthma with there medicines Arsenic Album, Antimonium tarticum, Ipecaecuanha[6], Lobelia inflata, Nux vomica,Kali Bichsromicum, Natrum Sulfruricum, Blatta Orientalis Moschus, Hepar Sulph, Kali carbonicum, Medorrhinum, thuja, Bromium,

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Aspidosperma Justicia, Aralia, Drosera, Rumex, Sticta, Mephitis, Zingiber. **Dr. Hari Singh** and Savita Katara concluded that Bronchial Asthma cases showed marked improvement in frequency, intensity and duration of subsequent attacks after homoeopathic treatment. Out of 413 cases of asthma, 273 (66%) cases were of Extrinsic asthma and 140 (34 %) that of Intrinsic asthma. These constitute 217 male and 196 female patients. All these cases were residing in Delhi. It has been observed from 413 cases of asthma that Arsenicum album, Kali carbonicum, Pulsatilla, Carbo vegetabilis, Nux vomica. Natrum sulphuricum, Hepar sulphuricum, Spongia, Blatta Orientalis, were needed most and also controlled effectively the acute paroxysms of asthma[7,8].

Allergic Asthma- Commonly and typical develops during childhood. Ailments of skin eyes and nose are usually present in such type of patients. Such patients from IGE antibodies when they come in contact with common allergens. Approximately 50% of asthmatic patients older that 30 years of age are concomitantly allergic[9].

Non Allergic- This type usually starts at adult age. A minority of asthmatic patients (approximately 10%) have negative skin tests to common in halant allergens serum IGE levels are normal. In such patients family history of allergic disease is uncommon. This type is also known as late onset or idiopathic or cryptogenic Asthma[10].

Clinical features: The classic symptoms of asthma are intermittent, reversible attacks of

- Wheezing
- Breathlessness
- Cough - usually non productive and is followed by wheeze
- Tightness in the chest.

Signs :-

- Cyanosis
- Restless, agitated, anxious , sweating
- Breathing through pursed lips
- Orthopnoeic, tachypnoeic
- Prolonged expiration
- Wheezing may be audible
- Using accessory muscles of respiration

Investigations:-

Blood & Sputum Eosinopuilia - Blood eosinophilia greater than 4% or 300 - 400 $\mu\mu$l supports the diagnosis of asthma, but an absence of this finding is not exclusinonary eosinophil counts greeter than 8% may be observed in patients with concomitant atopic dermatitis.

Arterial Blood Gases - Respiratory Alkalosis, hypocarbia, hypercapnia, respirotory acidosis severe hypoxia.

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High resolution computer tomography (HRCT) - Bronchial wall thickening bronchial dilatation, cylindrical & varicose bronchiectasis, reduced airmay luminal area, mucoid impaction of the bronchi, centrilobar opacities, air trapping[11,12].

Pulmonary Function tests - The diagnosis of asthma is usually form the symptoms of variable and intermittent airway obstruction measurements of lung function by spirometry

Diagnosis:- Compatible clinical history plus either/or

- FEV1 > 15% (and 200 ml) increase following administration of a bronchodilator/ Trial of corticosteroids
- 20% diurnal variation on > 3 days in a week for 2 weeks on PEF diary
- FEV1 > 5 % Decrease after 6 mins of exercise

Complications:- Complications of asthma include dehydrations, exehaustion, airway infection, tissue syncope, cor pulmonale etc. It is rarely cause pneumothorax. Acute by Hypercapnoeic and hypocapnoeic respiratory failure may occur in severe stage. Acute attack of asthma may lead to hypoxemia, acidosis and can include emphysema, bronchiectasis and atelectasis.

Management:

Aim of Treatment

1. Restore normal or best possible lung function
2. Abolish symptoms.
3. Enable normal growth to occurs in children
4. Reduce risk of several attacks.
5. Patient education about asthma.
6. Minimize absence from school/ College/Employment/Other work.

Aspidospermine, is an alkaloid form the quebracho. This is a brazilian fever remedy the briliant small white crystals are soluble in alcohol ether and water. It is found effective to relieve dyspnoea in pthisis and pleurisy without effecting fever. In asthma when the face is lived it is found efficacious potency 1X, also the dyspnoea with cynosis is frequently relived by use of quebracho[13-15].

MATERIAL AND METHODS

Study Setting & Duration: The Study was conducted at 1 site. O.P.D/I.P.D of Sri Ganganagar Homoeopathic Medical College Hospital & Research Institute, Sri Ganganagar (Rajasthan)

Study: The Study duration was 1 Year

Selection of Sample: Minimum 50 appropriate cases were Selected, randomly from college, OPD/IPD.

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Inclusion Criteria-

1. Diagnosed and undiagnosed cases of Bronchial Asthma all age group will be included in the study irrespective of their sex, caste, region & Duration of illness cases which came to OPD/IPD.
2. Cases coming to OPD/IPD with complaints of dyspnoea, dry cough with expectoration wheezing and more worse from cold weather, exertion and night were confirmed clinically.
3. The patients who have given their consent and were willing to participate in study with minimum 6 follow ups.

Exclusion Criteria:

1. The Cases which do not fulfill the inclusion criteria.
2. Pregnant or breastfeeding.
3. Immuno-compromised individuals (HIV, AIDS, Immunosuppressive, Drug therapy).
4. Cases with other systemic disorders and complications.
5. The cases showing poor compliance.

Study Design: A Pre - Post studyOne group pretest-posttest design is a quasi-experimental design that is used quite Often in clinical research. It involves one set of measurements taken before and after treatment on one group of subjects. The effect of treatment is determined by comparing pretest and posttest scores.

Intervention: Aspidorperma:- It was prescribed in mother tincture and in increasing potency.

Potency and doses:- Selection of dose & potency was done according to the nature of case following homoeopathic principles.

Form :- Globule Form.

Selection of tool: Subjects were assessed through the following indices i.e. on the basis of Asthma Control Questionnaire (ACQ) by Alizabeth Junipere the ACQ includes the five highest scoring symptoms, one Question about Bronchodilator use another about FEVI (PFT) the latter being completed by the doctor. Patient recall their experiences during the previous days and respond to each question using a 7 point scale. The terms are equally weighted and the ACQ score is the mean of the 7 item and therefore 0 (will controlled) and 6 (Extremely poorly Controlled).

Hypothesis was tested by using 't' table and 't' paired test was used to nullyfy the Null Hypothesis and alternate Hypothesis was established. Alternate Hypothesis was established by analyzing the data with the following graphs: i) Pie ii) Histograph

Data Collection- Data collection was done on the basis of the simple randomized sampling Method.

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Statistical Techniques Paired T- test is used as a statistical technique.

Data Analysis -The data analysis was done on the basis of symptom score before treatment and after treatment using the Elizabeth Juniper Asthma Control Questionnaire.

Advice Supportive dietary advice, auxiliary measures, meditation and yoga were advised as necessary.

Follow up: The follow ups of the cases were done at an interval of 7-14 days.

RESULT

Bronchial asthma was observed in the age group 21-30 years i.e.12 cases (24%), where as minimum incidence was in the age group 71-80 years i. e. 3 cases (6%). No cases were found above 80 years in my study. Now we were compare the calculated value of test statistics with the tabulated value of test statistics at x = 0.05 and df = n-1 i.e 2.68, we see that the calculated value of test statistics 14.05 is greater than the tabulated values owe were reject null hypothesis i.e. Aspidosperma is effective in cases of Bronchial Asthma. Bronchial asthma were observed in male patients i.e.33 cases (66 %) in comparison to female patients i.e.17 cases (34%). maximum number of patients were observed from middle economical class i.e.33 cases (66%) followed by lower economical class i.e. 11 cases (22%), only 6 cases (12%) were from Higher economical class. Bronchial asthma was observed in student i.e. 13 cases (26%) followed by Service Man i.e. 10 cases (20%), Housewife i.e. 9 cases (18%), Farmers i.e.8 cases (16%), worker i.e. 4 cases (8%), Businessmen and other i.e. 3 cases (6%). Maximum i.e. 40 (80%) cases came by indirect approach & 10 (20%) cases came by direct approach for the treatment. all 50 (100%) cases had Dyspnoea & 50 (100%) cases had Wheezing. 42 (84%) cases had Spasmodic Cough, 10 (20%) cases had Rattling, 6 (12%) had Dry & 6 (12%) cases had Suffocative cough. Maximum patients had Scant y Expectoration with 33 (66%) cases & 8 (16%) cases had Mucoid Expectoration, 7 (14%) had Copious Expectoration and Minimum patients i.e. 2 (4%) cases had Purulent Expectoration as their presenting complaint. out of 50 cases of Bronchial Asthma, Maximum i.e. 12 (24%) cases had Coryza & Minimum i.e. 1(2%) cases had Vertigoas their associated Complaints, 12 (25%) cases had Sneezing, 9 (18%) cases had Headache, 8 (16%) cases had Constipation, 2 (12%) cases had Eczema, 3 (6%) cases had Acidity, 6 (6%) cases each had Arthralgia Leucorrhoea, Hair Fall and Nausea,6 (12%) had Vertigoas associated complaints. out of 50

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cases of Bronchial Asthma, Maximum cases had a past history of Allergic Rhinitis i.e. 14 (24%) while 2 (4%) cases had Sinusitis, 4 (8%) cases each had past history of Pneumonia, Skin diseases and Typhoid fever, 4 (8%) cases had Tuberculosis, 3 (6%) cases each with GERD (Gastroesophageal reflux disease), 2 (4%) cases Malarial fever, 2 (4%) cases each with Nasalpolyp, 2 (4%) cases Otitismedia, 3 (6%) cases PID (Pelvic Inflammatory disease) and 2 (4%) cases Chikangunya Fever, and 1(2%) had past history of Jaundice. Out of 50 cases, 16 (32%) cases had family history of asthma, 18 cases (16%) each had allergic rhinitis and no significant family history, 6 cases (12%) of Hypertension, 4 cases (8%) each of COPD, T Band Diabetes Mellit us, 2 cases (4%) of Nasal Polyp,2 cases (4%) each of arthritis and Skin complaints, and 2 case (4%) of Hypothyroidism were observed. out of 500 cases, before treatment maximum cases were in the ACQ score group 31-36 with 18 (36%) cases, while no case were in the group below 0-6 and 7-12, and 13-18, 16 (32%) cases in score group 37-42, 6 (12%) cases in score group (19-24) after treatment, maximum cases were reported in ACQ score points above 21 (42%) cases were in score group 7-12, 10 (20%) cases in 0-6 group, 8 (16%) case in 13-18, 5 (10%) cases in 19-24 score group, 3 (6%) cases in score group 25-30, 2 (4%) cases in score group 31-36 1 (2%) Cases in score group 37-42. 26 cases (52%) showed marked improvement, 12 cases (24%) showed moderate improvement, 8 cases (16%) showed mild improvement, while 4 cases (8%) were in status quo and 0 case showed worsening of symptoms.

Table 1. Distribution of 50 cases of Bronchial Asthma according to response to Treatment based on Elizabeth Juniper Asthma Control Questionnaire (ACQ)-

Score Range	Case Before Treatment		Case After Treatment	
	No.	(%)	No.	(%)
0-6	0	0 %	10	20 %
7-12	0	0 %	21	42 %
13-18	0	0 %	8	16 %
19-24	6	12 %	5	10 %
25-30	16	32 %	3	6 %
31-36	18	36 %	2	4 %
37-42	10	20 %	1	2 %
Total	50	100 %	50	100 %
Maximum Score - 42			Minimum Score – 0	

As shown in the above table 1, out of 50 cases, before treatment maximum cases were in the ACQ score group 31-36 with 18 (36%) cases, while no case were in the group below 0-6 and 7-12, and 13-18, 16 (32%) cases in score group 37-42, 6 (12%) cases in score group (19-24) after

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Table 2. Distribution of Result Obtained in 50 Cases of Bronchial Asthma-

Status%	No. of Patients	% of Patients	Result
>70%	26	52	Marked Improvement
40 %-70%	12	24	Moderate Improvement
1%-40%	8	16	Mild Improvement
0 %	4	8	Status quo

As shown in Table -2, 26 cases (52%) showed marked improvement, 12 cases (24%) showed moderate improvement, 8 cases (16%) showed mild improvement, while 4 cases (8%) were in status quo and 0 case showed worsening of symptoms

CONCLUSION

50 cases of Bronchial asthma were prescribed Aspidosperma in increasing potency. The inference drawn from the study is as follows:

Maximum incidence of cases of Bronchial asthma was observed in the age group 31-36 years this may be due to stress, physical as well as mental, they are more exposure to dust & pollution etc. due to outdoor activities and life style changes. Incidence of males were more than in females as males are careless about their health as compared to females because they are busy in their works and outdoor activities. Maximum number of cases was reported from rural area because of smoke pollution (chulha), dust, allergens, animal denders etc they all plays an important role. Middle socio economic group were more prone to asthma or allergy due to their long working hours, stress and environemental pollution in there background. Maximum cases had Dyspnoea in their Presenting complaints than any other complaints. Maximum cases had Coryza and sneezing in their associated complaints than any other complaints. Maximum cases had Allergic Rhinitis in their past history. Maximum cases had found Asthma in their family history. This study provides me a chance to increase my knowledge regarding important facts about Bronchial asthma as well as the Homeopathic medicine i.e. Aspidosperma taken in the study by exploring possible literatures available about the study. It gave me the opportunity

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for application of this rare or (lesser known) medicine on patients of Bronchial asthma that most of us we don't use it frequently. This is a small "sample size study" with "small duration" which proved to be a drawback in achieving precise figures but still the study helped in demonstrating the firm foothold of Homoeopathy in the cases of Bronchial Asthma. Lastly, on the basis of the above study it can be concluded that Homoeopathy definitely opens a ray of hope to the sufferers of Bronchial Asthmatic patients. Homoeopathy besides relieving the symptoms makes a person happy by giving them health. Homoeopathy is the form of treatment that has shown an overwhelming positive response in treating the cases of Bronchial asthma.

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