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## CASE REPORT

### HOMOEOPATHIC APPROACH IN THE TREATMENT OF ATOPIC BRONCHIAL ASTHMA IN CHILDREN- CASE STUDY

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#### Abstract

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**Key Word-** Atopic  
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Atopic bronchial asthma is very common chronic inflammatory disease of airways in pediatric age group. Up to 80% of children with asthma develop symptoms of chest tightness & recurring coughing spells before age of five. For this reason, the proper diagnosis of childhood asthma relies heavily on parent's observations about their child's symptoms. Modern medicine treats superficially with steroidal inhalers. But With proper homoeopathic treatment (antimiasmatic), management, & monitoring, individuals with asthma can be cured.

#### INTRODUCTION

Asthma is a chronic inflammatory condition of lung airways resulting in episodic airflow obstruction which causes dyspnoea & wheeze. The diffuse obstruction to the airflows is reversible in large majority of cases either spontaneously or in response to treatment.

Bronchial reactivity i.e. airways hyper responsiveness (AHR) is necessary component of bronchial asthma. **Atopic bronchial asthma-** Chronic asthma associated with allergy that persists into later childhood & often adulthood.

Trigger factors are pollens, tobacco smoke, sulphur dioxide, wood or coal

smoke, dust, perfumes, occupational exposure, cold or dry air etc.

**Risk Factors:** Parental asthma, Atopic dermatitis, Allergic rhinitis, Food allergy, Inhalant allergen sensitization, Pneumonia, Low birth weight, Environmental tobacco smokes.

### Asthma Predictive Index For Children

#### ❑ MAJOR CRITERIA

- ✓ Parent asthma
- ✓ Eczema
- ✓ Inhalant allergen sensitisation

#### ❑ MINOR CRITERIA

- ✓ Allergic rhinitis
- ✓ Wheezing apart from cold
- ✓ Eosinophil > 4%
- ✓ Food allergen sensitisation

❑ Preschool-age children with frequent wheezing in past 1yr....

1 major criteria or 2 minor criteria- high specificity 97% & predictive value 77% for persistent childhood asthma into later.

### CLINICAL FEATURES

#### ❑ SYMPTOMS:-

- Intermittent dry cough and or expiratory wheeze, most common chronic symptom, in young children.
- Allergic manifestation of upper respiratory tract, eye, skin.
- Older children - shortness of breath & wheeze.
  - Chest tightness.
  - Intermittent non focal chest pain.

SIGN: On auscultation -

- Breath sound: vesicular, may be feeble.
  - Adverse sound: expiratory rhonchi.
- If the rhonchi/wheeze gradually disappear, it an ominous sign of disease, it indicates the air ways to much obstructed, again reappearance of wheeze after treatment, is a good sign.

### History Of Asthma/Atopy In Family Of Children With Atopic & Nonatopic Asthma:

History of asthma/atopy	Atopic asthma	Nonatopic asthma
Father	61%	38%
Mother	63%	37%
Brother	43%	7%
Sister	22%	11%

Above statistics show that atopic variety is more common.

### DIAGNOSIS

Diagnosis is made only upon clinical features.

- A prolonged whistling sound heard at mouth during expiration called wheeze. Recurrent attack of wheezing indicates bronchial asthma.

- Asking previous experience with asthma, medications (bronchodilator) may provide a symptomatic improvement with treatment that supports the diagnosis of asthma.
- ❑ Helps in diagnosis of doubtful cases & in monitoring the response of the treatment .
- ❑ LUNG FUNCTION TEST (SPIROMETRY):
  - FEV1, FVC, PEFV – all are decreased in asthma.
  - FEV1 is commonly used parameter for documentation of severity of asthma.
  - $FVE1/FVC = < 0.8$ , Indicates obstruction .
- ❑ RADIOLOGY:-
  - Chest x-ray
- ❑ BLOOD:- CBC,
  - Eosinophil count : helps in differentiation between atopic & nonatopic type
    - Eosinophil ++ &  $FEV1/FCV = < 0.8$  ,along with C/F indicates atopic asthma.
    - Count may decreased in steroid medicated asthma case.
  - Serum IgE
  - SKIN TEST (SAT) : Identify sensitivity to different sensitisation to inhaled allergen that helps in management of the case.

## TREATMENT

### ❑ OBJECTIVES :

1. Identification or elimination of exacerbating factors if present i.e. elimination of exciting & or maintaining cause.
2. Intervention.
3. Education of patient & parent.

### Measure Should Be Taken For Elimination Of Causa Occasionalis

- Bed room of children should be kept clean & as free from dust as possible.
- Wet mopping of the floor, because dry dusting increases exposure of children to house dust.
- Curtains of child's room should be made of light plain cloth sheet, heavy tapestry attracts dust.
- Carpets, stuffed furniture, loose clothing, wall hanging, calendars, & books attract lot of dust, clean periodically.
- Avoid caressing of animal pets .
- Generally is not necessary to restrict their diet, bronchial asthma due to food allergy unusual.
- Avoid strong or pungent odour such as wet paint, disinfectant etc.

### Intervention:

- ❑ PSEUDOCHRONIC VARIETY: as per §77
  - Only elimination of the maintaining cause is sufficient in

this Variety, no medication is required.

- ❑ Artificial Variety (Asthma+Drug Induced Symp.): as per § 75 & 76.
- Most deplorable, most incurable variety. But if has not much weakened by such mischievous acts, can devote several years to this huge operation undisturbed.
- ❑ True Natural Variety: Most of the cases under this variety. Fundamental (miasm) cause is culprit here. So antimiasmatic treatment is required for cure.

### CASE STUDY

Master AB, a 7 years old male child, came to me with the complaints of recurrent breathing difficulty & wheezing with allergic skin eruption for 11 months. Allergic eruption came first & breathing difficulty afterwards. Complaints < in winter. Child also having undescended testis (rt.) and occasional bed wetting

### History Of Present Complaints:

Previous treatment was taken - cortico steroid drugs.

### Past History:

Measles at 6<sup>th</sup> month of age.

### Family History:

- **Paternal side-** diabetes mellitus, chronic urticaria, bronchial asthma.
- **Maternal side-** allergic rhinitis.

### Physical General:

- Appetite- loss
- Thirst- moderate.
- Desire- sweet, cold water and food.
- Aversion- no such
- Intolerance-no such.
- Sweat-profuse.
- Stool- regular, semisolid.
- Urine- normal.
- Thermal relation- chilly patient.
- Car sickness.

### Mental General:

Very irritable, obstinate.

### Totality Of Symptoms:

- Child very irritable & obstinate.
- Desire for sweet & cold water and food.
- Profuse sweat.
- Chilly patient.
- Recurrent attack of breathing difficulty & wheeze < at winter.
- Allergic skin eruption.
- Nocturnal Enuresis

### Repertorisation:

me (493821490)

This analysis contains 759 remedies and 9 symptoms. Intensity is considered

		sil. psor. aur. ars. bell.				
		1	2	3	4	5
Sum of symptoms (sort:deg)		9 19	9 17	9 15	8 21	8 19
01. MIND - OBSTINATE	1 142	■	■	■	■	■
02. MIND - IRRITABILITY	1 570	■	■	■	■	■
03. GENERALS - FOOD and DRINKS - sweets - desire	1 198	■	■	■	■	■
04. PERSPIRATION - PROFUSE	1 225	■	■	■	■	■
05. GENERALS - SEASONS - winter; in - agg.	1 87	■	■	■	■	■
06. MALE GENITALIA/SEX - CRYPTORCHISM	1 8	■	■	■	-	-
07. GENERALS - FOOD and DRINKS - cold drink, cold water - desire	1 227	■	■	■	■	■
08. BLADDER - URINATION - involuntary - night	1 146	■	■	■	■	■
09. RESPIRATION - ASTHMATIC	1 316	■	■	■	■	■

**Prescription:** Silicea 0/1 to 0/6 given during 9 months of treatment.

**Improvement:**

- Only one attack was found but in low intensity at 4<sup>th</sup> month of treatment.
- No allergic skin eruption.
- Tendency to catches cold is reduced.
- Patient was better even in winter season.
- Overall much better

**CONCLUSION**

In homoeopathy we have to find out more striking, singular, uncommon, and peculiar(characteristic) signs & symptoms(§153) by thorough analysis of signs & symptoms i.e. by making complete symptom(location, sensation, modalities & concomitant) for individualization. So during case taking, making complete symptoms of present illness and along with history regarding previous treatment, past illness, intrauterine, family, all are equally important for sketching the portrait of disease. This helps us in individualization and subsequently for curing the patient.

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