Homoeopathic management of bronchiectasis: A case study

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Abstract
On 15th March 2024, a 65-year-old female, Mrs A, came to the OP of Govt. Homoeopathic Medical College & Hospital Thiruvananthapuram, with complaints of difficulty in breathing, palpitation and cough with white sputum. She was unable to stand or walk. All complaints aggravated during movement, exertion, walking, night and lying down. Also she had weakness of body and oedema of both legs. She had recurrent attacks of these symptoms for last five years. Last month, she had fever with the respiratory complaints and diagnosed as bronchiectasis. Here, she was managed with Ars alb 30 and Ant.tart 30 along with oxygen administration and discharged on 26/03/2024.

Keywords: Bronchiectasis, homoeopathy, pleural effusion

Introduction
Bronchiectasis is characterized radiologically by persistent bronchial dilatation and clinically by a syndrome of cough, sputum production and recurrent respiratory infections. In the past, it was considered as a neglected disease, but in recent years there has been a resurgence of interest in the disease, leading to clinical research and the development of new treatments [1]. This non-cystic fibrosis bronchiectasis increases the morbidity and reduces the quality of life. Several diseases can cause bronchiectasis. Idiopathic bronchiectasis was present in 40% of patients, followed by a post-infectious cause in 20%, chronic obstructive pulmonary disease (COPD) in 15%, connective tissue disease (CTD) in 10%, immunodeficiency in 5.8% and asthma in 3.3% [2].

A commonly used classification system distinguishes cylindrical, varicose, and saccular or cystic bronchiectasis. Although comprehensive, this classification has no clinical or therapeutic use. The modern clinical definition includes daily mucosal mucus and chest imaging showing dilated and thickened airways [3]. In case of clinical suspicion, a thin-section computed tomography (CT) scan helps to confirm the diagnosis of bronchiectasis [4]. Radiological bronchitis is diagnosed by high-resolution computed tomography of the chest when the diameter of the bronchus exceeds the diameter of the adjacent blood vessel (broncho-arterial ratio > 1). However, age can affect the ratio of bronchial arteries, with studies showing that 40% of the healthy population over 65 years of age have an abnormally high ratio. Therefore, the term "clinically significant bronchiectasis" is used when the radiological diagnosis is relevant to the study [1].

Treatment aims to reduce exacerbations, improve quality of life and prevent the progression of the disease. This is achieved by the treatment of bronchitis, supporting the effectiveness of airway techniques, medicines, and mucolytic agents (eg. inhaled isotonic or hypertonic saline) in some patients. Bronchiectasis is a disabling disease that is increasing in prevalence and can affect people of all ages. A major challenge is to apply new methods of phenotyping and endotyping to identify patient populations that would benefit most from a particular treatment. The goal is to better target existing and new treatment methods and achieve better results [5].

Case study
A 65-year-old female, Mrs A, came to the OP of Govt. Homoeopathic Medical College & Hospital Thiruvananthapuram on 15/03/2024 with complaints of difficulty in breathing, palpitation and cough with white sputum. She can’t stand or walk. She was diagnosed having Bronchiectasis, admitted and managed with Ars.alb 30 and Ant.tart 30 along with oxygen administration and was discharged on 26/03/2024.
Presenting complaints

- Cough with white sputum, palpitation and difficulty in breathing. < lying down
- Oedema of whole body with pain in joints which was aggravated by motion, exertion and night

History of presenting complaints

Last month she had fever, cough with whitish expectoration and breathing difficulty. Admitted at General hospital and diagnosed having bronchiectasis, congestive cardiac failure and vitamin D deficiency.

Figure 1: Pedal oedema

Figure 2: Discharge Summary
History of previous illness
Complaint started five years back as recurrent attacks of cough, breathing difficulty and palpitation. Often, she took tablets from nearby medical shop, which temporally relieved the symptoms.

Family history
Not relevant

Personal history
- Patient is illiterate, obese, economically and socially good.
- Married at the age of 17 years and has 2 children.
- She has non vegetarian diet with poor appetite and thirst for warm water. Prefer 4/5 cups of tea daily.
- Stool and Urine - irregular stool. Urine nothing particular
- Sweat - Increased and has sleep is disturbed due to cough.
- She has aversion for covering, desires fanning.
- Desire for sweets and spicy food
- Thermally hot patient
- She had menarche at the age of 13 years and menopause at 50 years.
- She conceived 4 times and had 2 death.

Mind
Aversion to company. Doesn’t like to speak.

Regionals
- She complains about occasional headache.
- Has pain in back which is aggravated by walking.
- Pain in both knee joints with oedema.

Physical examination
- Obese and dark in complexion
- Pulse rate - 82/min
- Resp. rate - 20/min
- BP 120/80 mm Hg
- She has no pallor, no jaundice, no clubbing and no lymphadenopathy
- She has marked bilateral pitting pedal oedema.
- O/E chest - crackles present b/l
- SpO2 - 77%

Investigations
- ECG - 09/03/2024
  - Sinus tachycardia, HR - 100; Biphasic T wave V3, V4; T inversion V2.

Blood test 09/03/2024
- Troponin T - 17.89 ng/
- NT Pro BNP - 4336 pg/ml
Fig 4: Blood Report on 08/03/2024

- USG Abdomen - 11/03/2024
- Mild b/l pleural effusion;
- Left kidney increased in cortical echogenisity.

Fig 5: USG Report on 11/03/2024
**09/03/2024 - Blood Test**

**Fig 5:** Blood Report on 09/03/2024

**Fig 6:** Blood Report on 09/03/2024

- T. Cholesterol - 100mg%; LDL - 62mg%
09/12/2023 - Echo Cardiogram

Severe TR, mild MR

Analysis
- Aversion to company, doesn’t like to speak. Anguish.
- Desire for sweets and spicy food
- Pain in both knee joints with oedema
- Cough with white sputum at night
- Palpitation, aggravated by motion and exertion
- Difficulty in breathing. < lying down
- Oedema of whole body.

Provisional Diagnosis
Bronchiectasis, CHF, TR

Repertorization - rubrics
- Respiration - difficult lying while
- Chest - palpitation, heart, exertion
- Stomach - Appetite, diminished
- Stomach - desires sweets
- Rectum - Constipation
- Mind - anguish
- Generality - heat sensation of
- Generality - dropsy, internal

Medicines
- Ars alb - 18/8
- Lyc - 17/7
- Sulph - 17/7
- Cal.carb - 16/7
- Digita - 15/6
- Phos - 14/7
- Sulp - 15/6
- Arg.nit - 14/6

C T Chest - on 13/03/2024
Impression - B/L Bronchiectasis.
Observation and follow up
16/03/24- Difficulty in breathing, palpitation and cough. Can’t sit or stand. Weakness+++ BP 120/80 mm Hg. O2 saturation reduced. Appetite and thirst -reduced; Rx Carbo veg 30/3D (1-1-1)
17/03/24- Difficulty in breathing < exertion; palpitation; cough with expectoration, oedema of Body. BP 120/70 mm Hg. O2 saturation reduced - 81%. Can’t sit or stand. Weakness+++; Appetite and thirst - reduced.
Rx Ant. tart 30/2D (1 0 1)

19/03/24 & 20/3/24 - palpitation >, O2 saturation reduced - 67%. Can’t sit or stand.
Rx repeat + Oxygen administration.

Fig 10: On 19/3/24

Fig 11: On 25/3/24

Ant. Tart 30 / 2d and Kali mur 6x /4d was repeated in the following four days, along with O2 administration. 23/03/24 onwards cough and expectoration had slight relief. She was able to sit and walk with support. On 26/03/24, she was discharged.

Fig 12: Case record showing daily observations

Discussion
Studies conducted on Ars alb says, it increases reactive oxygen species (ROS) levels, decreases the mitochondrial transmembrane potential and triggers caspase-dependent...
apoptosis in human CD4+ and CD8+ T cells. [6]. Important symptoms in Asr.alb are suffocative cough worse on lying, night. Expectoration is there, burning heat all over. Wheezing respiration [7]. Hahnemann in his” Chronic Diseases” says that the original malady that has miasmatic, chronic nature, once advanced and developed to a certain degree it can never be removed by the strength of robust constitution or diet [8]. Aphorism 7 says that the affection of vital force is outwardly reflected as disease and these symptoms determines the appropriate remedy [9].

Conclusion
This 65-year-old female had the chief complaints as difficulty in breathing, palpitation, oedema and cough with white sputum. She was unable to stand or walk and came with the help of wheel chair. On second day onwards the SpO2 frequently began to vary, often reached 55%. Tinctures like Aspidosperma or Grindelia didn’t worked. The 30th potency of Ars.alb and Ant.tart along with oxygen administration relieved her symptoms and was able to stand and walk.

Conflict of Interest
Not available.

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References