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**Dr. Archana B Dahat**  
MD Part –I, Organon of  
Medicine, Guru Mishri  
Homoeopathic Medical  
College, Shelgaon, Jalna,  
Maharashtra, India

## An overview of asthma and its miasmatic classification

**Dr. Archana B Dahat**

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### Abstract

Asthma is the most common respiratory disorder. Despite significant improvement in the diagnosis and management of the disorder, the majority patients with asthma remain poorly controlled. In most patients, however, control can be achieved through use of avoidance measures and appropriate pharmacological interventions. The most prevalent type of asthma is characterized by eosinophil-dominated inflammation. Homoeopathic management of the same can lay an excellent ground for the treatment of asthma as an allergic disorder. This article provides a review of current literature (taken up from standardized medical text books) and guidelines for the appropriate diagnosis and management of asthma.

**Keywords:** Asthma, miasmatic classification, poorly controlled

### Introduction

A condition in which a person's airways become inflamed, narrow and swell produce extra mucus, which makes it difficult to breathe (NCBI website). Asthma can be minor or it can interfere with daily activities. In some cases, it may lead to a life threatening attack. (asthma, online). Asthma is one of the major public health problems for the developed and developing countries. Worldwide, it is estimated that 300 million people are affected with bronchial asthma. India has an estimated 15-20 million asthmatics with a prevalence of about 10% and 15% in 5-11 year old children (Science report). Subbarao *et al.* (2009) studied asthma epidemiology, etiology and risk factors.

### Literature review

The word 'asthma' is derived from the Greek meaning 'panting' or 'labored breathing'. Asthma is a condition characterized by a paroxysmal wheezing respiration dyspnoea (difficulty in breathing), mainly expiratory.

### Asthma – Causes

According to the etiology, bronchial asthma is divided in the following groups:

1. Allergic (extrinsic/ atopic) Asthma – This type of asthma usually starts in childhood and is often preceded by eczema. But most of the young adults (<35 yrs) developing asthma also fall in this category. Genetic factors also play a significant role in this. In this type of asthma the allergen leads to production of excessive (IgE) immunoglobulins.
2. Infective or Intrinsic Asthma – This is not hereditary or allergic, but may be caused by, or at least associated with upper respiratory tract or bronchial infection which is usually viral.
3. Emotional Asthma – Psychological factors (like anxiety, emotional stress etc) are often considered to be the sole cause of some asthmatic attacks, but it is still not certain whether it can be the sole cause or is only a precipitating factor.
4. Occupational asthma – This can occur in certain industries in which there is exposure to metallic dusts (esp. platinum salts), biological detergents, toluene diisocyanate, polyurethane, flour and dust from grains etc. India has an estimated 15-20 million asthmatics with a prevalence of about 10% and 15% in 5-11 year old children <sup>[1]</sup>. (Sharma *et al.*, 2016).

Whatever may be the cause, it ultimately leads to paroxysms of bronchial obstruction produced by widespread bronchial spasm accentuated by plugging of the bronchi with excessive mucus.

### Asthma – signs and symptoms

Recurrent episode of paroxysmal dyspnoea (difficulty in breathing)

**Corresponding Author:**  
**Dr. Archana B Dahat**  
MD Part –I, Organon of  
Medicine, Guru Mishri  
Homoeopathic Medical  
College, Shelgaon, Jalna,  
Maharashtra, India

The breathing is laboured, with a wheezing sound, mainly on expiration.

Asthma attacks often occur in the early hours of morning (when there is no immediate precipitating cause). During the attack patients often prefer to sit then lie down.

#### **Asthma – Diagnosis**

Diagnosis can usually be made clinically by a competent doctor. Allergen sensitivity tests, X-ray, spirometry, sputum and blood tests etc may be of use in finding the cause and severity of the condition.

#### **Asthma – Differential Diagnosis**

Bronchitis

Cardiac asthma

Renal asthma

Isolated attacks of non-paroxysmal dyspnoea.

#### **Asthma – Complications**

Apart from chronicity, usually no complications.

Pneumothorax, emphysema, or areas of consolidation or pulmonary collapse may occur in very advanced cases.

#### **Asthma – Conventional treatment**

Bronchodilators, anti-allergic drugs, and corticosteroids are commonly used to provide symptomatic relief.

#### **Asthma – Lifestyle and Diet**

Advise for the patient:

Avoid the allergens they are sensitive to.

Do regular light exercise like brisk walking or jogging. Heavy exercise can precipitate an attack of asthma, so always do mild exercise without putting too much strain on your body.

Learn breathing exercises to improve lung capacity of especial use is 'pranayam', a yoga exercise.

Learn some stress relieving exercises, meditation, or yoga to minimize the psychological factors related to disease.

Eat healthy, nourishing and well balanced diet.

#### **Asthma – Homeopathy Treatment & Homeopathic Remedies**

Homeopathy is the second most widely used CAM in healthcare systems according to the World Health Organization. (Jonas *et al.*, 1999) Studies have shown that

homeopathic treatment for respiratory diseases was associated with a significant reduction in the use and costs of conventional drugs (Rossi *et al.*, 2009) Homeopathy has remained one of the most widespread and controversial forms of complementary medicine and is used to treat asthma. The prevalence estimates of complementary therapy use for asthma vary widely, from 6 to 70% [1-3]. However, the clinical evidence remains unconvincing regarding the effectiveness of complementary therapies and homeopathy for asthma [4]. In addition, systematic reviews identified the paucity of high-quality randomized controlled trials in homeopathy [5-13].

**General Approach –** While dealing with a case of asthma, we not only record the symptoms of the disease but also study the medical history, family history, physical and psychological characteristics of a person. This helps to find the cause, the precipitating factors, and the hereditary tendency etc. Of special interest is the history of suppression of skin disease. There is always a tendency or predisposition for a disease – it first manifests on the less vital organs, towards the periphery (like skin). If this manifestation is suppressed then the disease shifts inwards, towards the more vital organs (like lungs, heart, brain etc).

The fact that in children asthma is often preceded by eczema is observed by the allopaths also. They say that children often 'move-out' of eczema and 'move-into' asthma. But they are unable to make a correlation. The suppression of eczema with topical preparations, does not cure the disease/sensitivity of the person, it merely drives it inwards.

**Remedies:**

Some of the common medicines are ars-alb, ipecac, lachesis, pulsatilla, spongia, sulphur, ignatia, antim-tart, hepar-sulph, nat-sulph, tuberculinum etc. The selection of medicine varies from patient to patient.

#### **Miasmatic classification**

It is absolutely necessary for a homoeopath to understand the nature of the exciting causes of bronchial asthma, the allergic triggers as well as the underlying fundamental cause of bronchial asthma which is usually due to the chronic miasms. An acquired usually psoric origin and genetic has the syctic base. The acute exacerbations of the chronic state are latent within the constitution and have been brought by exciting factors.

**Table 1:** Shows symptoms

Symptoms	Psora	Pseudo psora	Sycotic	Syphilitic
Sneezing	+			
Wheezing	+	+		
Cough	+	+		
Expectoration	+	+		
Shortness of breath	+			
Chest pain	+	+		+
Tiredness, Weakness	+			
Cyanosis	+	+		+
Digital Clubbing	+		+	
Telangiectasia	+	+	+	
X ray findings	Normal	Sings of inflammation Lymph node enlargement	Signs of effusion Gaseous effusion	Signs of Haemorrhage

Each of the chronic miasms has their own characteristic signs that are an integral part of the totality of the symptoms. Psora tends to produce irritation, inflammation, and hypersensitivity and Pseudo-psora tends toward suppuration Sycosis tends to produce infiltrations, indurations, and over growth and Syphilis tends toward granulation, degeneration and ulceration.

#### Concussion

Asthma is the most common respiratory disorder which should be suspected in patients with recurrent cough, wheeze, chest tightness and dyspnea, and should be confirmed using objective measures of lung function. Allergy testing is highly recommended to identify its possible triggers. All asthmatics should have regular follow up visits during which criteria for asthma control, adherence to therapy (conventional or homoeopathic) and proper inhaler technique, if in use, should be revived.

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