

Y.R. Agrawal

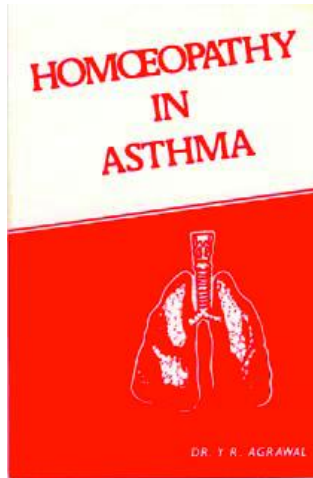
Homoeopathy in Asthma

Extrait du livre

[Homoeopathy in Asthma](#)

de [Y.R. Agrawal](#)

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What is Asthma ?

The term asthma (Greek asthma=panting) means 'gasping for breath'. It is an affection of the lungs characterised by hyper-responsiveness of the trachea, bronchi and narrowing of airways resulting in difficulty of breathing, occurring in paroxysms, attended with suffocation, constriction sensation across the chest, cough and wheezing. Each paroxysm terminates by expectoration of more or less quantity of mucus.

The patient usually sits or stands, his arms elevated so as to lift upward and outward the walls of the chest. He often wants the window and doors to be opened and makes frequent efforts to expel something from the air passages by hawking or coughing. His face has an anxious expression, the extremities are generally cold and there is often cold perspiration on the forehead, face or chest. There is frequent palpitation of the heart or arteries. The pulse is irregular, quick or intermittent and expectoration does not afford relief. The breathing is short but fast with difficulty in expiration.

Asthma is either dry or humid. The attacks of dry asthma are much more sudden, violent and of short duration, the cough is slight and expectoration scanty. In moist or humid asthma the attacks are slow but more protracted, cough being more severe, expectoration commences early and when it becomes copious usually affords relief.

Asthma usually sets in suddenly and generally at night. In children, however, its onset is almost always as sudden as spasmodic croup*. The patient is compelled to sit up in

Croup is the disease of childhood, commonest at the age of 2 and 3, made evident by harsh, hoarse, croaking-croupy-cough and laboured breathing. The voice box (larynx) is usually swollen or inflamed or tightened up or covered with a 'false membrane' that partially blocks the entrance of air. Spasmodic croup usually comes on suddenly at night and is not accompanied by fever. The emergency treatment for this is warm moist air. One way or the other the child should be placed in a well steamed atmosphere.

bed in order to get his breath. There is no cough nor much, if any, expectoration. The breathing is wheezing, rasping, whistling in character. It is usually rendered some what easier by bending forward with shoulder elevated, patient grasping at his knees. The attack of asthma may last for one hour, a half dozen hours or two or three days depending upon its severity. As the paroxysm subsides there is more or less cough and expectoration. The sputum consists of round tenacious masses. In some cases there is frothy sputum that is more or less ropy. It is hardly found mixed with blood. The patient is exhausted at the end of an attack, whether it has lasted only a few minutes or continued for some hours. The length of the intervals between attacks varies in different individuals. Some patients enjoy good health in the intervals, others show signs of bronchitis.

General Symptoms—A chronic asthmatic patient tends to develop a 'barrel chest', with raised ribs, high shoulder, prominent anterior neck muscles, and an increased dorsal kyphosis. The face may have an anxious look. The chest may lose much of its mobility, and respiration may be shallow, the patient breathing almost entirely in the upper part of his chest. The lower part remains fully expanded and move very little. The diaphragm is used only to a very slight extent, if at all.

Sex—Males are more often affected than females.

Pathology—During an attack there is spasm of the muscles of the bronchioles, and swelling of the mucous membrane, which increases secretion. In chronic cases the chest loses its mobility and may become fixed in a position of inspiration, the muscles of forced inspiration being shortened.

Sputum—The sputum contains certain angular elongated octahedral crystals. They may be colourless or of slight bluish taint. The crystals are insoluble in cold water and alcohol; they will be dissolved in alkali mineral waters and warm water and acetic acid water. They are identical with crystals discerned in the semen, in the blood, and in case of leukemia.

Attack of asthma occurring independently of other diseases is rarely fatal. The danger lies in frequent repetitions

Bronchial Asthma

This is the term for the true primary classical asthma. Clinically and pathologically this disorder is of two types, viz.— (1) Acute or Episodal Bronchial Asthma and (2) Chronic Bronchial Asthma.

Acute or Episodal Bronchial Asthma

This condition generally occurs in children and early adults. In this each paroxysm of the episode begins suddenly and subsides suddenly. In most of the cases, the whole episode runs only a few years and disappears spontaneously without leaving any remnant of structural changes even without any treatment. Basically the disorder is a hypersensitivity to any form of stimuli—exogenous* and or endogenous.** All the clinical manifestations are purely functional in the form of spasm, oedematous swelling and excessive secretion of the bronchial mucosa; a temporary increase of eosinophilic leucocytes. None of these manifestations remain after the paroxysm is over. All these represent the basic characteristics of psora. If we trace the basic etiological factors we will find evidence of psoric skin eruptions (more or less dry vesicular or scaly eruptions with frantic or voluptuous itching, burning, redness etc.), various nervous manifestations of psoric origin (neurosis, neurasthania, hysteria etc.), and various other forms of functional disorder with little evidence of the activities of any other fundamental miasm. To treat it miasmatically we are required to refer our antipsoric medicines like Sulphur, Psorinum, Graphites, Ammon carb, Kali carb etc.

Exogenous— It represents multitudinal forms of irritants or allergens.

Endogenous— It means psychic factors and various forms of reflexes— conditioned or unconditioned.

Chronic Bronchial Asthma

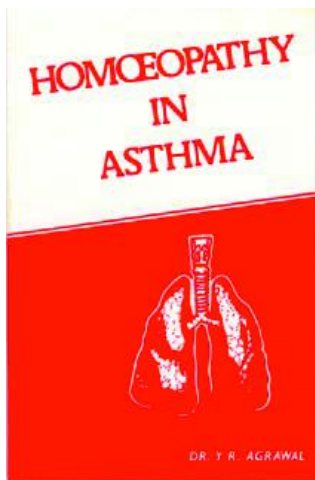
In chronic bronchial asthma a low grade wheeze, dyspnoea on slight exertion is more or less constant, with occasional paroxysmal exacerbations. Cough with mucoid sputum and recurrent attacks of actual bronchitis at slightest cause are persistent features. The chest tends to take a barrel type shape due to steadily increasing emphysematous changes. The patient has a typical asthmatic look due to accessory muscles of respiration are to be brought into play frequently and later on perpetually.

Pathologically there is thickening of bronchial mucosa due to permanent oedematous swelling, excess of eosinophils mixed with lymphocytes and plasma cell, and the characteristic hyalinized thickening of the basement membrane. All these changes gradually lead to extensive atelectatic and emphysematous changes owing to hypertrophy of bronchial muscles. Later on there occurs obstruction in the pulmonary circulation leading to pulmonary hypertension and right ventricular hypertrophy e.g., the condition as that of Cor Pulmonale.

The onset is sudden without any warning symptoms. In some there may be premonitory symptoms like restlessness, irritation or itching in the nose, nasal catarrh, sneezing and polyuria. The intensity of an attack may vary from a feeling of a mild discomfort in the chest to a feeling of severe dyspnoea or suffocation. In a severe attack the patient is miserable, gasping and struggling for breath. The patient is in distress, anxious, apprehensive and perspiring profusely. Cough may or may not be present. It may be a very troublesome symptom in adult and children. Cough with expectorations is an indication of an associated respiratory Infection. The duration may vary from a few hours to few days and even few weeks. In long standing asthmatics where the disease has persisted for many years, a common wheeze may be present permanently, without much discomfort to the patient.

HOMOEOPATHIC THERAPEUTICS

Aconite Nap:—Aconite is full of disturbances of respiration, dyspnoea from contraction of the smaller bronchial tubes



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