

AN OPEN LABEL PROSPECTIVE STUDY TO EXPLORE THE EFFICACY OF IPECACUANHA IN CASES OF BRONCHIAL ASTHMA- CASE REPORT

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ABSTRACT

Bronchial Asthma is a chronic inflammatory disorder characterized by episodes of breathlessness, wheezing, cough, chest tightness etc. caused due to bronchial hyper-responsiveness and variable air flow obstruction which is reversible spontaneously or with treatment. Homeopathic management of bronchial asthma shows promise as a complementary approach, particularly when integrated with conventional therapies. While preliminary evidence supports its potential benefits, further research is necessary to establish definitive clinical guidelines and validate the effectiveness of homeopathic treatments in asthma care. In India, about 15-20 million were estimated to be asthmatic. In India, its prevalence is about 2 percent. It is one of the causes of impaired quality of life with decreased ability to complete daily activities (85%), physical activity limitation (69%), loss in productivity at work (73%) or study (64%), and limits in leisure and lifestyle (78%). Homeopathy is a science based on laws of similar, which means it treats the disease with medicines producing similar symptoms when given in healthy individuals. Homeopathy treats the person as a whole. There are medicines given to treat the acute attacks of asthma as well as to prevent the recurrence of it, also to treat the allergies which may trigger the attack of asthma.

Introduction:

One of the most prevalent illnesses is bronchial asthma. Every year, its population grows. The patient undergoes an alternative course of treatment that causes anxiety in both the patient and the healer. However, the patient benefits most from the holistic approach to treatment. The bronchioles are hypersensitive to stimuli, which causes them to constrict, spasm, or clog, restricting the airways. It represents man's inability to accept and cope with his circumstances and surroundings, including dust, smoke, pollen, foods like chocolate, wheat, and chana, allergies like animal fur, and even emotional elements like rejection or reprimands.^[1]

It frequently results in spells of coughing, chest tightness, wheezing, and dyspnea, especially at night. The triad of intermittent and reversible airway obstruction, persistent bronchial inflammation with

eosinophils, and bronchial smooth muscle cell enlargement and hyperactivity are induced by repeated acute hypersensitivity and late phase reactions in the lung.^[2]

Asthma is classified as a true natural chronic disease produced by chronic miasm in Hahnemann's disease classification. Additionally, it is influenced by genetic family history and a variety of precipitating and sustaining events. Because asthma recurs frequently in certain patients, it can be seen as an intermittent illness. Similar to how they occasionally alternate with skin conditions, it can be thought of as an alternating sickness.^[3]

Psora, syphilis, sycosis, or a combination of these conditions can induce asthma. Master Hahnemann states in his 80th aphorism that "the monstrous internal chronic miasm – the psora, the real fundamental cause and producer of all other

numerous diseases including asthma and lung ulceration, etc.^[4]

Materials:

Source of collection of data: The subjects required for conducting the study on Bronchial Asthma Will be selected from the below mentioned centers of Rajkot Homoeopathic Medical College (affiliated to Parul University), Rajkot, Gujarat.

- a. Sainath Homoeopathic Hospital, OPD, Rajkot.”
- b. Peripheral Regular camps carried out by Sainath Homoeopathic Hospital, Rajkot.

Materials to be used during the research: -

Central Council for Research in Homoeopathy had designed chronic case proforma as well as acute case proforma which has been used for this study. Sample case had been also given with discussion.

IPECACUANHA remedy will be used in various potencies from seal packed bottles from reputed pharmaceutical company. (according to guidelines given by Master Hahnemann in organon of medicine aphorism 246-272)

Number of cases: A total number of 50 cases have been screened after fulfilling the inclusion as well as exclusion criteria.

Duration of study: follow up of the cases will be followed from 1st JULY 2019 – 30th JUNE 2021.

Criteria for the diagnosis of disease: The diagnosis made on the basis of strong clinical presentation, examination findings as well as investigations.

Selection of Samples: Randomized sampling. Sample size will be determined by using the following formula.

Sample size, $S=(Z^2 \times P \times (1-P)) / e^2$

Where Z = Z score = 1.96 considering confidence level is 95%,

P = Prevalence rate,

$e = \text{margin of error} = 5\% \text{ so, } e = 5/100 = 0.05,$

Inclusion Criteria: Criteria for selection of the patient for intended work.

- Diagnostic criteria were mainly based on clinical history, presentation and examination findings.
- Diagnosed case under treatment not controlled, want to shift to Homoeopathy.
- Already taken other treatment but not cured or having relapses again.
- Age – Between 15 - 45 years.
- Sex-Both the sexes
- Patients of all the socio-economic status

Exclusion Criteria:

- Patients with complications of Bronchial Asthma and who required hospitalization.
- Age- <15 and >45 years.
- Patient with malignant condition and deep pathological changes

Methodology:

Type of Study: - Open Label Prospective Study was conducted.

The study has been performed by following ways:

Case taking: The data will be collected from patients by interviewing them and from clinical examination according to guidelines given by Dr. Samuel Hahnemann in Organon of Medicine- 5th edition (Aphorism from 83-104).^[3]

Once the data will be recorded, it will be processed as per the guidelines adapted in the specialized case record which is designed according to the norms of CCRH.

The Characteristics symptoms, PQRS symptoms, general symptoms and particular symptoms of the patient will be recorded.

IPECACUANHA will be dispensed for each case after referring Homoeopathic Materia Medica, Therapeutics and various repertoires according to the availability and presentation of symptoms.

Measurement of Susceptibility and Selection of Potency: - Susceptibility will be measured on the basis of age of patient, pace & type of asthma, personality of patient, etc. and henceforth potency selection will be depending upon miasmatic analysis & susceptibility of patient.

Cases will be analyzed and evaluated in a systemic manner and in accordance with totality of symptoms a constitutional medicine can be prescribed but since therapeutically IPECACUANHA has been a well-known and well used remedy for the above cases the remedy IPECACUANHA will be used in the different potencies and doses as per need. ^{[6][8]}

Assessment of Effectiveness: After following up the cases weekly or fortnightly, assessment of the effectiveness of the treatment will be done based on the following criteria:

Clinical assessment will be based on disappearance or relief of symptoms like dyspnea, mucous secretion, wheezing, breathlessness and associated symptoms like alteration of taste, fatigue etc. as well as assessing the improvement in the physical generals such as thirst, sleep, diet etc. Along with the above parameters Peak exploratory flow rate, and frequency of use of Bronchodilator drugs will be taken into consideration to assess the effectiveness. ^{[12][13]}

For an effective evaluation and assessment of disease, intensity of symptoms & findings will be graded in every patient based on their presentation observed during case taking. After completion of the study, the post treatment disease scores will be compared with the pre-treatment disease scores and statistically evaluated.

Responses are been divided into following criteria:

1. Significant improvement: Disappearance of presentation with general wellbeing of patient without relapse.
2. Improved: Recovery in present complaints
3. Status quo: Not improved
4. Worse: worsening of the present complaints
5. Drop out: Improved or not improved, eventually left the treatment.

Ethical issue:

- Only proved Homoeopathic medicine IPECACUANHA in different potencies will be used.
- Ethical clearance for the study had been taken from the Institutional Ethical Committee prior to conducting the study.
- Informed consent will be obtained from every recruited patient including adequacy of the information will be provided to the subjects.
- All the evaluation forms, reports and other records related to the study will be kept confidential.

Case Report:

Personal Detail:

- **Name:** - Xyz
- **Age/Sex:** - 37 Year/Male
- **Education:** - B.Com.
- **Marital Status:** - Married
- **Religion:** - Hindu
- **Occupation:** - It Sector
- **Address:** - Rajkot.
- **Date:** - 02/03/2021

Presenting Complaints: -

Table 1

Location	Sensation	Modality	Concomitant
Respiratory system -Since last 1 year	-Wheezing respiration with constant cough and frothy-scanty expectoration -sensation of constriction in chest -whistling sound due to constriction of trachea -sputum is scanty and offensive	< by heat	-Thirsty -Weakness

Associated Complaints: -

Table 2

Location	Sensation	Modality	Concomitants
GIT Since last 6 months	-Nausea and vomiting	< eating & drinking	Weakness

- **Family History:** -

 - Father: Allergic bronchitis

- **Patient As A Person:** -

- 8. Lips - NAD
- 9. Eye - NAD
- 10. Ear - NAD
- 11. Oedema -
- 12. Perspiration- Cold sweat

Physical Characteristics

A] Apperence: - Weak, pale & exhausted

- 1. Weight – 50 kg.
- 2. Skin - Dirty
- 3. Hair - Grey
- 4. Nail - NAD
- 5. Mouth - Ulcer
- 6. Gums - Bleeding
- 7. Teeth - NAD

B] Digestion: -

- 1. Appetite – 3 meal/day
- 2. Hunger -normal
- 3. Craving – Ice cold water
- 4. Aversion – Sweets

C] Elimination: -

- 1. Stool
- Frequency: 2/1 D/N

- Consistency: Rice watery
- Odor: Foul
- 2. Urine
- Frequency: 3-4/0 d/n
- Colour: black
- Urging: normal

D] Sleep-Concomitants

- Talking/Teeth grinding/Salivation/Startle
- Sleeps with hands over head.
- Awakened by pain, nausea and vomiting.

• Mental Symptoms: -

• Emotional:

-Anxiety about illness.

-Easily angered.

• Intellectual:

-Weak memory due to confusion in head.

• Behavioral:

-Extremely weakness and irritable.

-Patient suffers so much that he decides to commit suicide.

-Aversion to meet people.

• Physical Examination: -

Temperature – 97.5* F

Pulse – 80/min

Blood Pressure – 140/90 mm of hg

Respiratory rate – 18/min

• Local Examination: -

-On Auscultation: Rhonchi & wheezing sound heard by Stethoscope.

• Systemic Examination: -

CVS – NAD

CNS - NAD

Analysis & Evaluation of Symptoms: -

- Wheezing respiration with constant cough and frothy-scanty expectoration (Characteristic physical general)

-Sensation of constriction in chest (Physical general)

-Whistling sound due to constriction of trachea (Characteristic physical general)

-Sputum is scanty & offensive (Physical general)

-< by heat (Characteristic modality)

-Chilly patient (Thermal state)

-Fear of death due to illness (Mental general)

-Wants everything neat & clean (Mental general)

-Extremely restlessness & irritable (Mental general)

-Weakness (Physical general)

- **Miasmatic Analysis:** - SYCO-SYPHILITIC
- **Selection Of Medicine:** Non-repertorial

Ipecacuanha

- **Selection Of Potency:**

ON THE BASIS OF SUSCEPTIBILITY
OF PATIENT AND INTENSITY OF
SYMPTOMS - 200

- **Prescription:**

Rx, Ipecacuanha 200-1 dose Stat Orally, Sac Lac 5 pills T.D.S. for 7 days.

Follow Up: -

Table 3

Date	Changes In Symptomatology	Prescription
09/03/2021	Complaint Of Coughing reduced, but wheezing persistent in chest.	Ipecacuanha 200-1 dose Stat Orally Sac Lac 5 pills T.D.S. for 15 days.
25/03/2021	The frequency of dry cough attacks has reduced but wheezing in the chest is still the same.	Ipecacuanha 200-1 dose Stat Orally Sac Lac 5 pills T.D.S. for 15 days.
08/04/2021	Relief in c/o coughing breathlessness, dry cough and wheezing sound also decreased.	Ipecacuanha 200-1 dose Stat Orally Sac Lac 5 pills T.D.S. for 30 days
07/05/2021	Relief in all the complaints.	Sac Lac 5 pills T.D.S. for 30 days

Result: The present research work was a hospital based analytical, Prospective study which was conducted in the Sainath Homoeopathic Hospital, Rajkot. The study period was from June 2019 to July 2021. A total of 50 newly Asthma patients were included in the study. In this open label study, 43 patients were selected. 07 patients were dropped-out due to irregular or missed follow-up. Observations & statistical analysis was done on 43 patients as per protocol.

Distribution of cases as per Presenting Complaints of Asthma:

In the present study, Presenting Complaints are weakness (n=30; 69.77%), Breathlessness (n=43; 100%), Cough (n=40; 93.02%), Restlessness (n=35; 81.40%), Pyrexia (n=30; 69.77%).

Table 4

Sr. No.	RESULT	NUMBER OF CASES
1.	Significant Improvement	19
2.	Improved	12
3.	Status Quo	6
4.	Worse	6
	TOTAL	43

As shown in the above Table, maximum patients showed Significant Improvement (n=19; 44.19%), Improved (n= 12; 27.91%) followed by status quo (n=6; 13.95%) & worse (n=6; 13.95%).

Discussion:

Bronchial asthma is one of the commonly encountered diseases. Its number is increasing year by year. Patient goes through a different line of treatment that brings panic to the sufferer and the healer both alike. But the Holistic line of treatment helps the patient most.^[13]

Bronchial Asthma, the hypersensitivity of the bronchioles to stimuli, leading to narrowing of the air ways through contraction, spasm or plugging of the bronchioles. It denotes man's refusal to accept and deal with his situation and environment whether it is dust, smoke, pollen, foods like chana, wheat, chocolate or allergens like animal fur or even emotional factors like a scolding or rejection.^[14]

It causes recurrent episodes of wheezing, breathlessness, chest tightness and cough particularly at night. This clinical picture is caused by repeated immediate hypersensitivity and late phase reactions in the lung that give rise to the triad of intermittent and reversible airway obstruction, chronic bronchial inflammation with eosinophils, and bronchial smooth muscle cell hypertrophy and hyperactivity.^[15]

Conclusion:

Studies have shown that Homoeopathic 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 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%.

In the above case, it is observed that Bronchial Asthma could be successfully managed with help of Homoeopathy. 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.

Declaration of patient consent

Patient consent was taken for clinical information to be reported in the article.

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Conflicts of Interest

No conflicts

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