
Analytical study of complete repertory in homoeopathic management of chronic Bronchial Asthma.

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Abstract –

Bronchial asthma is a chronic respiratory disorder that affects individuals across all age groups. It is a heterogeneous condition characterized by chronic inflammation of the airways, resulting in episodic breathlessness, chest tightness, coughing, and wheezing. These symptoms are typically caused by airway narrowing due to muscle spasms, mucosal swelling, and thick bronchial secretions. Despite numerous therapeutic advances, the prevalence and severity of asthma continue to rise globally and in India. Homeopathy offers a promising approach in managing chronic bronchial asthma by considering the individualistic symptom picture and selecting a suitable remedy based on holistic principles.

Although several studies have demonstrated the role of homeopathy in asthma, there is limited literature on the practical utility of Complete Repertory in such cases. Complete Repertory, a comprehensive and evolving tool in homeopathy, offers a wide range of rubrics and updated remedy relationships that help in individualizing treatment. This review aims to bridge the gap by highlighting the clinical utility of Complete Repertory in bronchial asthma and its role in improving patient outcomes. It also explores the importance of repertorization, individualized remedy selection, and symptom analysis in reducing the frequency and intensity of asthmatic episodes.

Keywords –

Bronchial Asthma, Complete Repertory, Asthma Control Test Scale, Homoeopathic management of case.

Introduction –

Bronchial Asthma is a chronic airways disorder which can affect people of all age group. ⁽¹⁾ Asthma is a Heterogeneous disease, usually characterized by chronic airway inflammation. ⁽²⁾ Asthma is characterized by paroxysms of Breathlessness, Chest Tightness and Wheezing, resulting from narrowing of the airways by a combination of factors such as muscle spasm, mucosal swelling and viscid bronchial secretion ⁽³⁾.

Bronchial asthma is a chronic, inflammatory airway disease affecting millions worldwide. According to the Global Initiative for Asthma (GINA), it manifests as variable respiratory symptoms and airflow obstruction, often worsening at night or early morning. India alone accounts for over 12.9% of the global asthma burden. ⁽⁴⁾ Prevalence of Asthma is increasing despite the recent advantages in its management. It is a major cause of impaired quality of life with impact on work as well as physical activities and emotions. Asthma is the only treatable condition that is increasing in frequency and severity. The condition cannot yet be cured but in most patient it can be controlled with a combination of relieving and preventing therapies

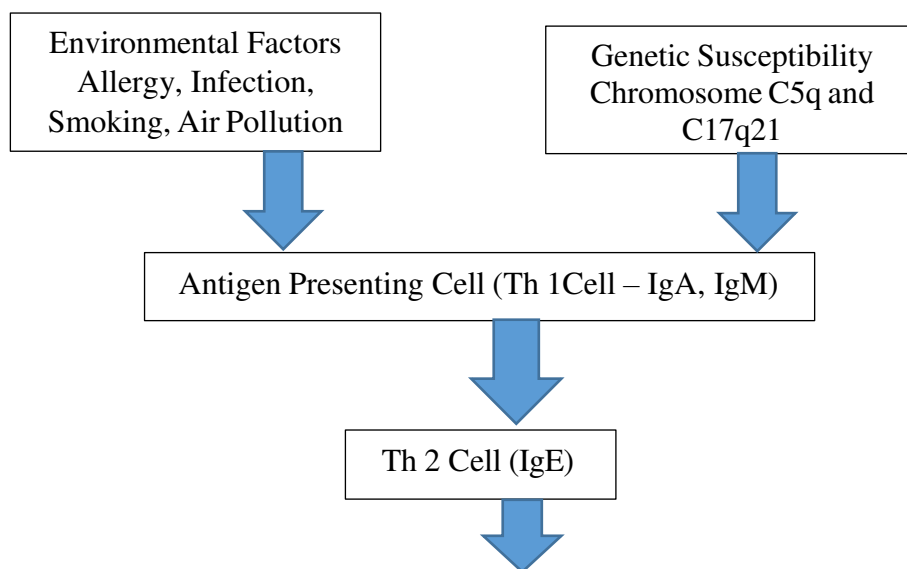
Pathogenesis and Risk Factors–^(1,2,6)

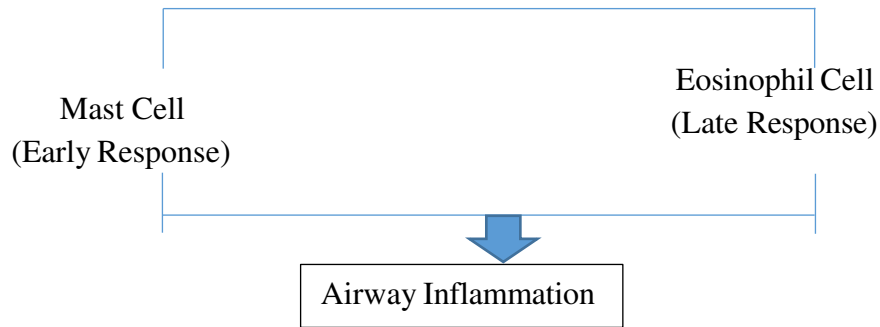
Etiological factors of Asthma are divided into two groups, inducing factors and trigger factors ⁽¹⁾

Whereas inducing Factors which renders the susceptibility of asthma and trigger factors provoke symptoms in susceptible subjects⁽¹⁾

ENDOGENOUS FACTORS	ENVIRONMENTAL FACTORS	TRIGGERS
Genetic predisposition	Indoor allergens	Allergens
Atopy	Outdoor allergens	Upper respiratory tract viral infection
Airway Hyperresponsiveness	Occupational Sensitizer	Exercise and hyperventilation
Gender	Passive smoking	Cold Air
Ethnicity	Respiratory infection	Sulphur Dioxide and irritant gases
Obesity	Diet	Stress
Early Viral Infection	Acetaminophen (Paracetamol)	Drugs Beta blockers, aspirin

Asthma is a heterogeneous disease, usually characterized by chronic airway inflammation⁽¹⁾. Asthma is usually characterized by hyper responsiveness and airways inflammation⁽²⁾. Asthma is generally a cause of complex interaction of genetic susceptibility and environmental Factor. Whereas, initially exposure to allergen cause sensitization of Helper T cells which causes the release of IgE and cytokines⁽¹⁾. These IgE activates the subsequent mast cells, which activates other inflammatory cells and mediators to result into inflammatory response in airways.





Clinical Presentation and Diagnosis - (7, 1)

Symptoms include wheezing, shortness of breath, coughing, and chest tightness, often aggravated at night. Diagnosis is made clinically, supplemented by spirometry, and scored using tools like the Asthma Control Test (ACT). Asthma is classified based on frequency and severity of symptoms into intermittent, mild, moderate, and severe persistent types.

Classification of Bronchial Asthma-

Intermittent	Mild persistent	Moderate persistent	Severe persistent
Symptoms < once a week	Symptoms > once a week but < once a day	Symptoms daily	Symptoms daily
Brief exacerbations	Exacerbations may affect activity and sleep	Symptoms daily	Frequent exacerbations
Nocturnal symptoms not > twice a month	Nocturnal symptoms > twice a month	Nocturnal symptoms > once a week	Frequent nocturnal asthma symptoms
• FEV1 or PEF ≥ 80% Predicted	FEV1 or PEF ≥ 80% predicted	Daily use inhaled short acting β2-agonist	Limitation of physical activities
• PEF or FEV1 variability < 20%	PEF or FEV1 Variability < 20-30%	FEV1 or PEF 60-80% predicted	FEV1 or PEF ≤ 60% predicted
		PEF or FEV1 Variability > 30%	PEF or FEV1 Variability > 30%

Homoeopathic Approach-

In most of the Asthma cases when patient in on an inhaler or steroids, patient become drug dependent; in such cases it becomes very difficult to get clear picture of the case here the artificial chronic disease is superimposed on the original natural disease (aphorism 91)⁽¹¹⁾. Therefore many times the symptoms suppressed or contaminated and it becomes difficult to get the clear picture. Hence medicine such as, e.g., Blatta, Aralia, Cassia Sophera, Eriodictyon can be prescribed on few available symptoms (aph 173,178)^(11,12)

Dr. Richard Hughes in his book, said that “ I always commence the treatment of asthma with Nux V, Arsenic Alb, Blatta O, Grindelia, Naja T, Natrum Sulp which very soon diminishes the intensity and frequency of attacks of asthma”.⁽²⁴⁾

1. Arsenic Album -The symptoms indicative of use Arsenic Album are suffocative cough, wheezing, and shortness of breath. Asthma that gets worse around midnight is also treated well with this medicine. Another important guiding feature for using Arsenic Album is asthma that alternatives with skin rash or eczema.

2. Spongia Tosta – Spongia Tosta works well for asthma with a dry cough. The cough, in this case, can be deep, barking, hacking type. The cough is attended with extreme dryness of all the air passages. Along with dry cough, whistling from the chest on inspiration is noted. Respiration is also difficult. In most cases, warm drinks bring relief from the cough.

3. Antimonium Tartaricum – Antimonium Tartaricum is an excellent remedy for asthma with an excessive, rattling cough. The cough is loose, rattling and the lungs feel full of mucus. Mucus from the lungs.⁽²⁵⁾

Asthma is the only treatable condition that is increasing in frequency and severity. The condition cannot yet be cured but in most patient it can be controlled with a combination of relieving and preventing therapies⁽¹³⁾ Homoeopathy is certainly better equipped to treat cases of asthma⁽¹⁴⁾ Repertory has been an essential tool to study materia medica and finding similimum⁽¹⁵⁾ The classical approach to the problem is to individualise each person, take complete picture of the diseased person and prescribe the simillimum which we get from ocean of medicine. In this process repertory is a massive help. Polycraest remedies comes up frequently in repertorization, but there are other lesser known remedies which are rich in therapeutic values and respond to specific problem of the case.⁽¹⁶⁾ In all complete repertory it itself is complete, accurate and has coverage of original sources.⁽¹⁷⁾

Complete Repertory has the most complete work on kent repertory, it was constructed by Roger Van Zanvoort in year 1996 in 3 volumes. Initially this repertory came out as database file for use with homoeopathic association, MAC Repertory made for HOMPAT software.⁽¹⁸⁾

Complete repertory by Roger Van Zanvoort is largest among all repertories with all the particulars and has all updated remedies and rubrics which are continuously confirmed⁽¹⁹⁾. The main idea behind the complete repertory is to integrate Boger-Bonninghausen repertory with its rubric containing remedies into Kent's to produce a super repertory.⁽²⁰⁾ Complete repertory is most favorite repertory of modern times and is based on the philosophical

background of general to particular⁽²¹⁾. The method of repertorisation in Kent repertory follows the Kent's method of repertorisation. Cases with generals, characteristics particular or having only characteristic particular can be repertorised by complete repertory. Almost any type of case can be repertories by using complete repertory⁽²²⁾.

Homoeopathy is based on individualisation and remedy is prescribed on that basis, repertory has been a guide and essential tool⁽²³⁾. Complete Repertory is encouraged to use as situation formerly and quit frequently encountered when patient provide clear symptoms which cannot be located in majority of the repertories, including Kent⁽¹⁵⁾

In complete repertory there are many clear rubrics e.g.

- Anxiety asthma, with,
- Coryza general asthma, with
- Chocking constructing asthma, with
- Faintness fainting general, asthma form
- Generalities, asthma attack ailment during, a

There are many symptoms in Respiratory Chapter under asthmatic in complete repertory.

Conclusion –

Asthma remains a prevalent, chronic condition with rising incidence globally. Homeopathy provides an individualized, non-suppressive approach in its management. Complete Repertory serves as an invaluable tool in the hands of homeopaths by enabling precise remedy selection. Its exhaustive nature and continuous updates make it suitable for a wide variety of cases. The use of Complete Repertory in asthma showcases how classical tools can be integrated with modern clinical understanding to achieve better patient outcomes.

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