

# Approach & Methodology In Drug Dependant Asthma

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## Methodology

### Approach – a: contaminated drug dependent cases: cases without clarity of symptoms:

- i) In drug dependent asthma cases, when the patient is on an inhaler and/or steroids; in such cases it is very difficult to get a clear picture of the case. The artificial chronic disease is superimposed on the original natural disease (Aphorsim 91), therefore symptoms are contaminated or suppressed and the patient cannot give a clear picture e.g., modalities, etc. In such cases, homoeopathic bronchodilators e.g., *Aralia Racemosa*, *Blatta Orientalis*, *Aspidosperma*, *Cassia Sophera*, *Eriodictyon*, *Pothos Foetidus* etc., can be prescribed on the basis of few available symptoms (according to §173--§178, Ref. Organon of Medicine) and gradually the conventional allopathic bronchodilator is withdrawn [Subrata asks the patient to sip the homoeopathic bronchodilator medicine prescribed on the basis of few available symptoms in those *drug-dependant asthma cases*, therefore considering the partial symptomatic similarity in accordance with §173--§178. *So when the patient is out of breath and in need of conventional bronchodilator, patient takes the homoeopathic medicine and tries to defer the conventional medicine as much as s/he can. In this way, a steroid dependent patient who used to take steroid/inhaler 8 hourly; can, with the help of homoeopathic medicine now defer the steroids to 12 hourly, then 24 hourly and so on. In this way the conventional medication/inhaler etc is gradually weaned off*].

In the same way, for pain killer dependent Migraine cases, the artificial chronic disease is superimposed on the original natural disease, therefore symptoms are contaminated or suppressed and the patient cannot give a clear picture for a constitutional medicine as well as the modalities of the pain are masked. Therefore, the following medicines can be selected on the basis of few available symptoms, e.g., *Acetanilidum*, *Anagyris*, *Bromium*, *Chionanthus Virginica*, *Epiphegus*, *Ferrum Pyro-Phosphoricum*, *Indium*, *Iris Versicolor*, *Kalmia Latifolia*, *Lac Defloratum*, *Melilotus*, *Menispermum*, *Menyanthes*, *Oleum Animale*, *Onosmodium*, *Saponin*, *Usnea Barbata*, *Yucca Filamentosa*. Accordingly the conventional allopathic pain killer is gradually withdrawn and after approximately 50% weaning off of the conventional medicine, suppressed symptoms surface and now the patient can give much clearer modalities. This will lead to making a change in the plan of treatment and on the basis of 'MTEK' a constitutional prescription can now be made.

Similar example for Drug Dependent Hypertensive cases where the following medicines (*Allium Sativa*, *Crataegus Oxyacantha*, *Eel Serum*, *Ergotinum*, *Lycopus Virginicus*, *Rauwolfia Serpentina*, *Spartium Scoparium*, *Strophanthus Hispidus*) are capable of gradually weaning off the conventional medication.

- ii) Generally experience shows after approximately 50% weaning off of the conventional medicine, suppressed symptoms surface and now the patient can give much clearer modalities. This will lead to making a change in the plan of treatment and on the basis of 'MTEK' a constitutional prescription can now be made. Through this approach, not only does the patient gain immediate confidence that homoeopathy works, but can also wean off the conventional medication to certain extent.

Therefore in this way the conventional medicine is gradually weaned-off and I give full control in the hand of the patient (as the patient is also aware of the side effects of the chemicals of the conventional medicine and wants to wean-off them). Giving the "weaning off power" in the hand of the patient, makes him/her feel that s/he is taking control of what s/he is taking and therefore patients will power of weaning-off the conventional medicine work as well towards raising of patient's energy level. I do not advice exactly how much to wean-off because that should be guided by the G.P. But as I give the control in the hand of the patient, therefore, get a disclaimer sign by the patient, as below:

(Homoeopathic Consultation with Dr. Subrata K. Banerjea)

I understand that Homoeopathy is a safe complementary system of medicine and it works gently to stimulate the body's own healing power.

I understand that there is no recommendation by the Homoeopath to stop, vary, reduce or change any medication prescribed by my G.P. and/or Consultant and if I intend to do so, that will be at my own choice and my concerned Homoeopath will not be liable for any consequences thereof.

### **Eight homoeopathic broncho-dialators: to wean-off conventional medication**

- 1) **AMYL. NITROSUM:** (i) Asthmatic dyspnoea with angina.  
(ii) Chest:- (a) Oppression,(b) Fullness, (c) Suffocation.  
(iii) Anxiety : must have fresh air.  
(iv) Cough:-(a) Spasmodic, (b) Suffocative, (c) Paroxysmal.  
(v) Constriction:- (a) Throat, (b) Chest, (c) Larynx.  
(vi) Manifestation:- (a) Pulsation, (b) Oppression, (c) Constriction.  
**Miasmatics:** Psora (++)-Sycotic(+)- Syphilis (+)- Tubercular (+)

**Potency of Choice:** Q, 6 C.

2) **ARALIA RACEMOSA:**

- A = Asthma with wheezing. R = Right lung : affected  
A = Agg. at 2 A.M. L = Lying agg.  
I = Inspiration is difficult A = A f.b. (foreign-body) sensation.

- (i) Wheezing in throat. Constriction in chest and throat with a sensation of foreign body in the throat.  
(ii) Inspiration is difficult than expiration. (iii) Cough < after lying, < 2 A.M. (iv) Expectoration is salty and hot.

**Miasmatics:** Psora (++)-Sycotic(++)- Syphilis (+)- Tubercular (++)

**Potency of Choice:** Q, 6 C; 1M.

- 3) **ASPIDOSPERMA:** (i) Want of breath during exertion is the guiding symptom. (ii) Useful in Cardiac asthma. (iii) It is the Digitalis of the lungs : broncho-dilatation.

**Miasmatics:** Psoric (++)- Syco(++).

**Potency of Choice:** Q, 30 C ;1M.

- 4) **BLATTA ORIENTALIS:** (i) Doctrine of Signature: Cockroach lives in cracks and crevices; in damp shady places, therefore it is a wonderful medicine for Asthma for people who lives or works in damp basements, cellars, etc. damp dwelling. Aggravation from damp and rainy weather. (ii) Asthma with bronchitis, especially indicated after Arsenic when this is insufficient. (iii) Acts best, in stout, or corpulent persons.Seem to act on patients who have a tendency to obesity. (iv) Much pus like mucus. (v) After the spasm. for the remaining cough use higher, stop with improvement.

**Miasmatics:** Psora (++)-Sycotic(+++).

**Potency of Choice:** Q, 30 C ; 1M.

- 5) **CASSIA SOPHERA:** (i) Skin diseases (like dandruff, eczema, itching, ringworm etc.) are associated with bronchial troubles. (ii) More the cough (in asthmatic patients) and more it is a painful and distressing cough, better it is indicated. (iii) Asthmatic symptoms with rattling of mucus in the throat but not much expulsion. (iv) Aggravates during rainy and winter season, (v) < later part of the evening and past mid-night, towards early morning, better by sitting up. Note:- Cassia sophera is antidoted by smoking or chewing tobacco, so patients, should avoid them during medication.

**Miasmatics:** Psora (++) -Syc(+++) - Syphilitic

**Potency of Choice:** Q, 30 C;1M.

6) **ERIODICTYON GLUTINOSUM**: (i) Bronchitis followed by tubercular cough. (ii) Profuse nocturnal sweat and spasm > by expectoration. (iii) Cough after influenza.

**Miasmatics:** Psora (++)-Sycotic(++)- Syphilis (+)- Tubercular (+++)

**Potency of Choice:** Q, 30 C.

7) **POTHOS FOETIDUS**: (i) For asthmatic complaints, which is caused and are made worse from inhaling any dust. (ii) Difficult, troublesome respiration; oppression with perspiration. Anguish with oppression. (iii) Asthmatic symptoms are better by passing stool. (iv) Deep acting Syco-Psoric remedy

**Miasmatics:** Psora (++)-Sycotic(++)- Tubercular (+)

**Potency of Choice:** Q, 30 C ; 1M ( For Allergic Broncho-spasm).

8) **SOLIDAGO VIRGA**:

(i) Periodical asthma with nightly dysuria. (ii) 15 dps doses promotes expectoration in bronchitis and bronchial asthma, in old people. (iii) Expectoration:- (a) Profuse, (b) Blood stinged.

**Miasmatics:** Psora (++)-Sycotic(++)- Syphilis (+)- Tubercular (+++).

**Potency of Choice:** Q, 30 C.

**Dispensing of the dose of Homoeopathic broncho-dialators:***When the patient is out of breath and in need of conventional bronchodilator, patient can take any of the above homoeopathic medicine (or any other medicine, in accordance with the few symptomatic similarity) and tries to defer the conventional medicine as much as s/he can. In this way, a steroid dependent patient who used to take steroid/inhaler 8 hourly; can, with the help of homoeopathic medicine now defer the steroids to 12 hourly, then 24 hourly and so on. In this way the conventional medication/inhaler etc is gradually weaned off].*

**Flowchart for gradual weaning of conventional Bronchodilators (with homoeopathic medicine)**

Inhaler and/or steroid dependent broncho-spasm

<b><u>Withdraw in order</u></b>	<b>Aim for 10% less in 6 months; long weaning off period; takes time.</b>
<b>1 – Ventolin</b>	<b>If on a constitutional remedy, but inhaler dependent, use tincture to help decrease dependency.</b>
<b>2 – Inhaled Steroids</b>	<b>Use constitutional remedy first, this will cover all the symptoms anyway, tincture will assist as organopathic. Need to withdraw steroids finally, Homoeopathy won't work and make any permanent results, if steroid dependent.</b>
<b>3 – Oral Steroids</b>	
	Tincture - once 50% of allopathic remedy withdrawn, go to 6c, once 80% withdrawn, go to 30c but only if tincture is similimum.

	<b>MONTH 1</b>	<b>MONTHS 2-6</b>	<b>MONTHS 7-12</b>	<b>MONTHS 13-18</b>	<b>MONTHS 19-24</b>
<b>Allopathic Treatment</b>	<p>Using:</p> <p><b><u>Ventolin (Reliever)</u></b> 2 puffs when required.</p> <p><b><u>Steroid Inhaler (Preventative)</u></b> 2 puffs twice a day</p> <p><b><u>Oral Steroids</u></b> – assumed being taken as a one off course.</p> <p>If not needed, to be gradually reduced. (10% less in 6 mths)</p> <p>Continue all inhalers and steroids as usual.</p>	<p>Reduce (50%),balance with homoeopathic Rx</p> <p><b><u>Ventolin (Reliever)</u></b> 1 puff when required. Need to monitor frequency – use SOS tincture X 4 hourly or when necessary.</p> <p><b><u>Steroid Inhaler (Preventative)</u></b> try to reduce to 2 puffs once a day over the period.</p> <p><b><u>Oral Steroids</u></b> – usually weaned off over a few weeks and then stopped. Aim to reduce frequency of use.</p>	<p>Reduce (75%)</p> <p><b><u>Ventolin</u></b> – can patient now do without?</p> <p>Use SOS tincture when required only, not on a regular basis.</p> <p><b><u>Steroid Inhaler</u></b> – reduce to 1 puff once a day Mths 7-9, 1 puff every other day Mths 10-12.</p> <p><b><u>Oral steroids</u></b> – should have ceased.</p>	<p>Reduce (100%)</p> <p>Use SOS tincture only if and when required</p> <p><b><u>Steroid Inhaler</u></b> – can patient now do without?</p> <p>(Bear in mind this takes 2 weeks to build up in the body)</p>	<p>Reduce (100%)</p> <p>Use SOS tincture only if and when required.</p> <p>Ventolin Inhaler should have ceased.</p> <p>Steroid Inhaler should have ceased.</p> <p>Asthma under control baring exciting cause e.g. colds, virus.</p>
<b>Homoeopathic Treatment</b>	<p>Take Constitutional remedy e.g. Calc Carb 30 – (potency according to patients vitality).</p> <p>Start indicated Homoeopathic Tincture 8 hourly to bolster the lungs e.g. Eriodictyon. Use tincture as SOS</p>	<p>Continue to take Constitutional Remedy, increase potency if necessary or change remedy depending on symptoms.</p> <p>Continue use of tincture as SOS and reduce dose to once a</p>	<p>Use SOS tincture as and when required.</p> <p>Continue Constitutional treatment – deal with any acutes as they arise. Need to get more symptoms, may need to open up case</p>	<p>Continue Constitutional treatment.</p>	<p>Continue Constitutional treatment.</p> <p>Patient may well have ongoing Homoeopathic treatment for some years - takes 25-40% of the time they have</p>

	as well, if necessary.	day, if possible.	with nosode if stuck.		been ill.
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	MONTH 1	MONTHS 2-6	MONTHS 7-12	MONTHS 13-18	MONTHS 19-24
<b>Notes</b>	May need to use LMs if patient is unwell or cannot handle aggravations.	As time goes on – may need to change tincture as asthma symptoms may change.			May be incurable case, may only be able to palliate or reduce allopathic medicine.

**Every** patient is individual, length of time they have been on Asthmatic drugs must be taken into account, severity of asthma is also a key factor. The more severe, the more gradual the reduction has to be. If they are using a nebuliser (ventolin) withdraw very gradually until inhaler only, then gradually withdraw that – need organopathic tincture to boost lungs as outlined above. More difficult to wean off nebuliser, usually very chronic patients, permanent organ damage may have already occurred.

#### **Withdrawing medication in asthma**

Stop inhalers (wean off gradually), then stop oral steroids

#### **Withdraw in order**

Ventolin (reliever)

Inhaled steroids

Internal steroids/Nebuliser

Aim for 10% less in 6 months – long weaning off period, takes time.

If they are put on a constitutional remedy, but they are inhaler dependent, then use Tincture to help them decrease inhaler dependency. If inhaler dependent = "status asthmaticus" – "got to do something" to help breathing as can't do without!

Use the constitutional remedy first – this will cover all the symptoms anyway, the tincture will assist as it is organopathic and helpful to the lungs.

Need to try and withdraw steroids, Homoeopathy won't work if steroid dependent, need to try and withdraw steroids.

Balance Homoeopathy with Bronchodilators with withdrawal. Law of Similiar acting on physiological level. Use tincture if Ventolin dependent and start withdrawal 50-60% = get more symptoms.

As soon as patient is clear of SOS medicine – mental ability to reflect on symptoms is better, need to get more symptoms.

Ventolin/Steroids mask symptoms.

#### **Dosage of Homoeopathic Broncho-dialator:**

6 to 10 drops (according to be Vitality of the patient) X 4 to 6 hourly X in a cup of luke warm water X to sip every 5 – 10 minutes, very slowly X during acute attack of asthma and try to delay the intake / inhaling the

drug. In this way, gradual reduction of the inhaler. If the patient says, homeopathic tincture not acting quickly or sufficiently, even then insist to carry on the tincture as it will and should **gradually** wean-off the allopathic medication.

**Approach-b: non-suppressed cases: cases with clarity of symptoms:**

MTEK is an useful memory aid to arriving at a correct prescription.

- M** = Miasmatic Totality
- T** = Totality of Symptoms
- E** = Essence (should include gestures, postures, behaviours etc)
- K** = Keynotes (which should encompass PQRS symptoms, refer §153 and §209 of Hahnemann's Organon)

When the above criteria are considered and the steps below followed, a correct prescription can be made.

Step-I: Make the miasmatic diagnosis of the case i.e. ascertain the surface miasm.

Step-II: Assess the Totality of Symptoms + Essence + Keynotes and PQRS (if any) of the case and formulate the indicated remedy.

Step-III: Ensure that the indicated remedy covers the surface miasm, as diagnosed in Step I.

Step-IV: Administer the remedy, which encompasses the miasm as well as the Totality of Symptoms.

So in non surface cases with clarity of symptoms or on conventional drug dependent cases with the gradual weaning off technique described above, when approximately 40% - 50% of the drug has been wean off, there are more chances of getting clarity of symptoms including modality, etc. and therefore at that stage a deep acting chronic constitutional anti-miasmatic medicine can be prescribed. In those cases, M-TEK approach can be followed and assess the surface miasm and prescribe the medicine which covers the surface miasm as well.

**Miasmatics of bronchospasm**

- 1) **PSORIC BRONCHOSPASM:** (i) Hyper-sensitiveness of the tracheo-bronchial tree to any allergen is psoric. (ii) **Often associated with F/H or P/H of allergy like rhinitis, eczema, urticaria, even to different kinds of foods.** (iii) **Nasal allergy à sneezing à cough à dyspnoea à expectoration.** (iv) Frequent congestion of throat with accumulation of much mucus/phlegm. (v) Nasal mucosa: dry à then watery mucus à blow à dry (++) again. (vi) **Expectoration is usually mucus, scanty and tasteless.**
- 2) **SYCOTIC BRONCHOSPASM:** (i) **Hereditary bronchial asthmas are generally sycotic.** (ii) Without history of any allergy. (iii) Dyspnoea starts with cough ® then expectoration ® Nonasal allergy or rhinitis. (iv) Starts or aggravates in rainy weather. Prefers open air. (v) Early morning << or late morning < ; > by movement, lying on abdomen (-some author suggests: Asthma > by lying on back: Sycosis). (vi) **Patient is compelled to move, which is a characteristic.** (vii) **Yellowish or greenish-yellow discharge or expectoration.** (viii) Profuse mucus à Nose blocked à Sinusitis
- 3) **SYPHILO-SYCOTIC BRONCHOSPASM:** (i) Starts with dyspnoea (no manifestation of nasal allergy to start with). (ii) < in winter, summer, warmth, midnight, sweat, lying down, before going to bed. (iii) Paroxysmal coughs with tasteless, yellowish, greenish or clean, sticky, thread like discharge. (iv) < midnight, lying down, warmth. (v) Sticky thread like discharge. (vi) Dyspnoea to began with (no cough no allergy)
- 4) **TUBERCULAR OR MIXED MIASMATIC BRONCHOSPASM:** (i) Dyspnoea on ascending stairs. (ii) The chest is often narrow (pigeon chest), lacking not only in width laterally but also in depth : antero-

posteriorly. Sub-clavicular spaces are hollow. One lung is larger than the other is. (iii) Poor-breathers : they have no desire to take a full respiration. (iv) Nasal blockage & thereby mouth breathing. (v) Yellowish expectoration with an odour of old cheese or sulphur smelling. (vi) **Patient cannot fully expand the chest, constant desire to hawk.** (vii) **Teasing cough, expectoration: which is sticky, viscid, pus-like, offensive and tastes sweetish or salty.** (viii) **Always getting colds, despite a desire to be in the open air.**