



A CLINICAL STUDY ON BRONCHIAL ASTHMA USING AUGMENTED CLINICAL SYNTHESIS

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Abstract: One of the significant allergy manifestations we encounter nowadays is bronchial asthma. There are various reasons why the incidence has significantly increased in recent years. Bronchial asthma has been reported to respond quite well to homoeopathic treatment. As the medication is chosen based on the patient's uniqueness, the homoeopathic medical system not only cures disease symptoms but also improves quality of life in chronic diseases. The main goal of my research is to determine the practical applicability of Dr. Frederik Schroyens' Augmented Clinical Synthesis. A sample of 30 patients with bronchial asthma who visited SKHMC's OPD, IPD, and rural centres was chosen. The case was examined both before and after. A case study was conducted, and a remedy was chosen using homoeopathic principles from the Augmented Clinical Synthesis. Based on this study, Out of 30 cases , Arsenicum album was indicated for 11 patients (36.6%), Sulphur was indicated for 4 patients (13.3%) ,Anti tart was indicated for 2 patients(6.66%), Cal.carb was indicated for 2 patients (6.66%),Nux vomica was indicated for 3 patients(10%) and the following remedies are prescribed for one patient : Bacillinum (3.33%), Ignatia(3.33%),Ars Iod(3.33%),Lach(3.33%) ,Sili(3.33%),Kalicarb(3.33%) MercSol(3.33%) Bryonia(3.33%), Phos(3.33%).With this study, we would understand the efficacy of homoeopathic medicine selection using Augmented clinical synthesis repertory for the treatment of patients with bronchial asthma.

Key words - Bronchial asthma, Augmented Clinical Synthesis, rubrics, sub rubric.

I. INTRODUCTION

Asthma is a chronic inflammatory disorder of the airways that involves numerous cells and cellular elements. Chronic inflammation is linked to airway hyper responsiveness, which causes frequent attacks of wheezing, shortness of breath and coughing [1]. These occurrences are frequently repairable, either instantaneously or with cure, and are typically characterised by pervasive but changeable airflow obstruction within the lung. There is no known cause for asthma. It might be the result of a genetic and environmental Factors[1]. According to the World Health Organization, asthma is a serious health issue. Although asthma can influence people of any age, it most frequently affects children and young adults. Both sexes are almost equally affected, despite some minor differences in prevalence between males and females. Even though asthma cannot be "cured," with the right management, diagnostic occurrences can be greatly decreased and controlled. Augmented clinical synthesis is based on Kent's Repertory's sixth American edition and includes all of its rubrics and remedies. As a result, this repertory upholds Kent's philosophy, such as the concept of individualization through symptom evaluation, symptom evaluation using deductive logic, gradation of

medicine and its basis, cross references, and so on. This repertory is the best example of Kent's Repertory's expanded version from 1916 to the present. Because it retains the hierarchical structure, there is no need to learn a new format. Through my research, I hope to discover the clinical utility of Dr. Frederik Schroyens' Augmented Clinical Synthesis in indicating the correct treatment in cases of bronchial asthma.

MATERIALS AND METHODS

STUDY SETTING : A sample of 30 cases diagnosed to have bronchial asthma visiting the OPD, IPD and Rural centres of Sarada Krishna Homoeopathic Medical college.

SELECTION OF SAMPLES:

- Sample Size – 30 samples.
- Sampling Technique – Random Sampling

INCLUSION CRITERIA:

- Subjects of 15-50 years of age group.
 - Patients of both sexes.
 - Patients suffering from persistent acute and chronic bronchial asthma.
- Evaluate respiratory condition Monitoring therapeutic interventions.

EXCLUSION CRITERIA:

- Patients suffering from other severe systemic diseases.

STUDY DESIGN:

- Interventional study. (Case study, Physical Examination, Investigation (if necessary)).
- Single group as per eligibility criteria observed before and after intervention and assessed after study duration without a control group.
- The study was carried out at Sarada Krishna Homoeopathic medical college & hospital and rural centers of Sarada Krishna Homoeopathic medical college.
- Data was collected according to pre-structured SKHMC case format.
- Case taking along with physical examination was done.
- Prescription was made based on symptom similarity of the patient from Augmented Clinical Synthesis Repertory.
- Cases were followed and assessment was done on monthly basis or whenever required. Study was followed every 14 days to observe further changes and the case was followed for 6 months to know recurrence.

INTERVENTION:

- Case taking and medicine selection and administration according to homoeopathic principles.
- Pre and post treatment analysis.

SELECTION OF TOOLS

- Augmented Clinical Synthesis Repertory.
- Pre structured SKHMC case format • Asthma Symptom Utility Index (ASUI).

DATA COLLECTION:

- Interview technique including case taking based on the directions given in Organon of medicine in pre structured SKHMC case format. Case study, application of the tool and Physical Examination.

STATISTICAL TECHNIQUES & DATA ANALYSIS:

- Paired 't' – test
- Data presentation including charts, diagrams, and table.

Ethical approval Institutional ethical committee - Ref.no.SKHMCH/IEC/328/2021

OUTCOME ASSESSMENT:

- Findings on whether Augmented Clinical Synthesis Repertory is useful indicating correct remedy in cases of bronchial asthma.
- Finding the rubrics which is useful from Augmented Clinical Synthesis Repertory in cases of bronchial asthma.

OBSERVATION AND RESULTS

These are the observations gathered from 30 patients with bronchial asthma who sought treatment at Sarada Krishna Homoeopathic Medical College and Peripheral OPD. The information gathered from these patients was analysed and presented in the form of tables, diagrams, and charts.

table 1: distribution of cases according to age

SL.NO	AGE GROUP	NO. OF PATIENTS	PERCENTAGE
1.	15-24	4	13.3%
2.	25-34	6	20%
3.	35-44	3	10%
4.	45-54	17	56.6%

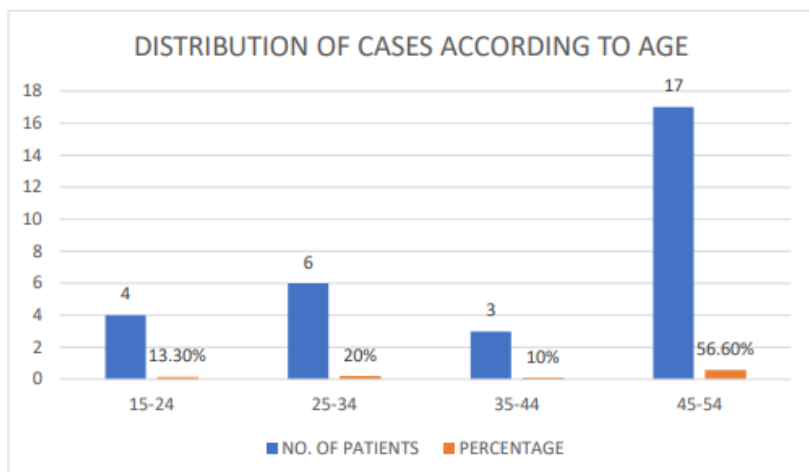


fig : distribution of cases according to age

Among the 30 cases, the age ranges between 15-50. Out of these, 4 cases (13.3%) fall under the age group of 15-24 Years, 6 cases (20%) fall under the age group 25-34years, 3 cases (10%) fall under the age group of 35-44, 17 cases (56.6%) fall under the age group of 45-54, most of the patient come under the age group of 45-54.

table 2: distribution of cases according to gender

SL.NO	SEX	NO. OF PATIENTS	PERCENTAGE
1.	Male	10	33.3%
2.	Female	20	66.6%

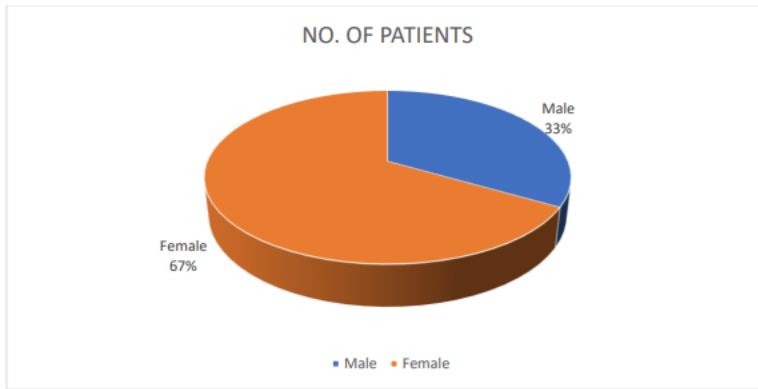


fig 2: number of patients

Among the 30 cases studied, there were 10 male cases showing a Percentage of 33.3% and 20 female cases showing the percentage of 66.6%.

table 2: distribution of case according to remedies prescribed

REMEDY PRESCRIBED	TOTAL NO OF CASES	PERCENTAGE
Arsenicum album	11	36.6%
Sulphur	4	13.3%
Phosphorus	1	3.33%
Lachesis	1	3.33%
Silicea	1	3.33%
Ignatia amara	1	3.33%
Anti Tart	2	6.66%
Ars Iod	1	3.33%
Nux vomica	3	10%
Kalium carbonicum	1	3.33%
Bacillinum	1	3.33%
Calcarea carbonica	2	6.66%
Merc sol	1	3.33%

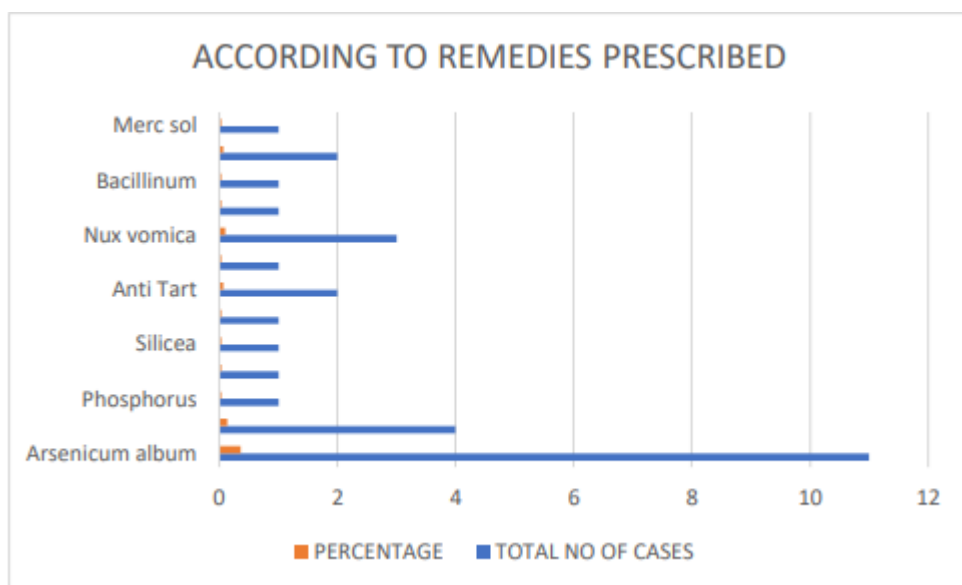


fig 3: according to remedies prescribed

Out of 30 cases , Arsenicum album was indicated for 11 patients (36.6%), Sulphur was indicated for 4 patients (13.3%) ,Anti tart was indicated for 2 patients(6.66%),Cal.carb was indicated for patients (6.66%),Nux vomica was indicated for 3 patients(10%) and the following remedies are prescribed for one patient :Bacillinum (3.33%), Ignatia(3.33%),Ars Iod(3.33%),Lach(3.33%) ,Sili(3.33%),Kalicarb(3.33%) MercSol(3.33%) Bryonia(3.33%), Phos(3.33%).

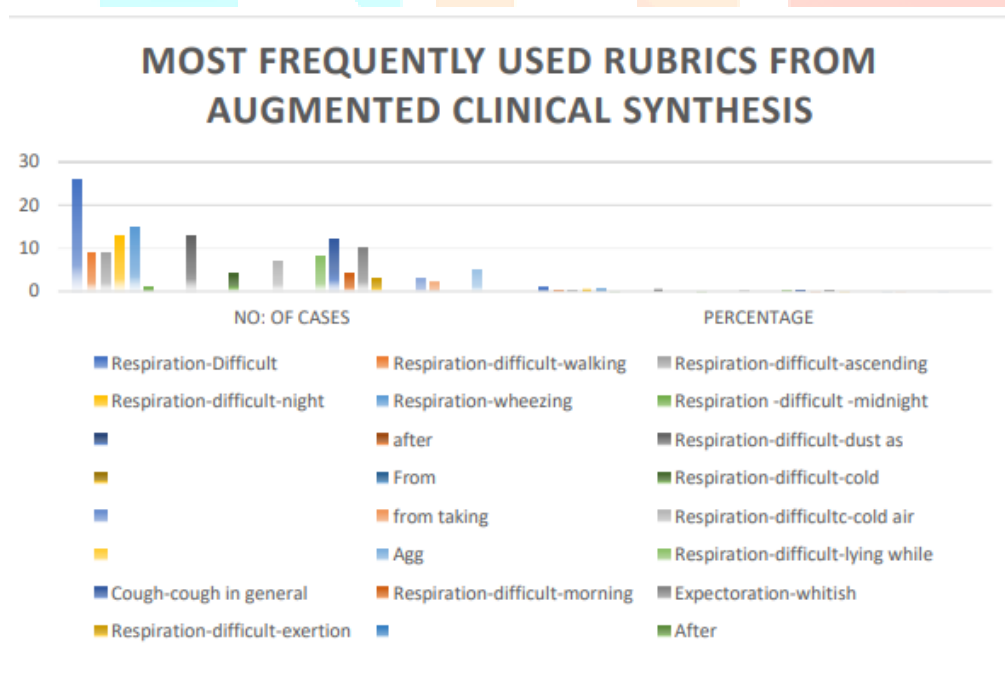


fig: most frequently used rubrics from augmented clinical synthesis

Table 4: distribution of cases according to most frequently used rubrics from augmented clinical synthesis

SLNO	MOST FREQUENTLY USED RUBRICS FROM AUGMENTED CLINICAL SYNTHESIS	NO: OF CASES	PERCENTAGE
1.	Respiration-Difficult	26	86.6%
2.	Respiration-difficult-walking	9	30%
3.	Respiration-difficult-ascending	9	30%
4.	Respiration-difficult-night	13	43.3%
5.	Respiration-wheezing	15	50%
6.	Respiration -difficult -midnight After	1	3.33%
7.	Respiration-difficult-dust as From	13	43.3%
8.	Respiration-difficult-cold from taking	4	13.3%
9.	Respiration-difficult-cold air Agg	7	23.3%
10.	Respiration-difficult-lying while	8	26.6%
11.	Cough-cough in general	12	40%
12.	Respiration-difficult-morning	4	13.3%
13.	Expectoration-whitish	10	33.3%
14.	Respiration-difficult-exertion After	3	10%
15.	Respiration-difficult-talking	3	10%
16.	Respiration-difficult-wet weather in	2	6.6%
17.	Respiration-difficult-cough During	5	16.6%

Among 30 cases, most frequently used rubrics selected from Augmented clinical synthesis were Respiration-difficult in 26 cases(86.6%),Respiration- difficult- walking in 9 cases(30%), Respiration-difficult-ascending in 9 cases(30%), Respiration- difficult-night in 13 cases(43.3%), Respiration-wheezing in 15 cases(50%) and Respiration-difficult- dust as from are in 13 cases(43.3%) , Respiration - difficult -midnight after are in 1 case (3.33%),Respirationdifficult-exertion after is in 3 cases(10%), Respiration- difficult -cold from taking are in 4 cases(13.3%), Respiration-difficult- cold air agg are in 7 cases(23.3%) , Respiration-difficultcough during are in 5 cases (16.6%), Respiration-difficult-lying while are in 8 cases(26.6%),Expectoration-whitish are in 10 cases (33.3%), Cough-cough in general in 12 cases(40%), Respiration-difficult -morning are in 4 cases(13.3%) , Respiration-difficulttalking in 3 cases (10%)and Respiration-difficult-wet weather in is in 2 cases(16.6%).

CONCLUSION:

From this study out of 30 cases, the main indicated rubrics relating to bronchial asthma from Augmented clinical synthesis by Frederik Schroyens such as Respiration-difficult, Respiration-difficult-walking, Respiration-difficult-ascending, Respiration-difficult-night, Respiration-wheezing and Respiration-difficult-dust as from, Respiration-difficult-midnight after, Respiration-difficult-exertion after, Respiration-difficult-cold from taking, Respiration-difficult-cold air agg, Respiration-difficult-cough during, Respiration-difficult-lying, Expectoration-whitish, Cough-cough in general, Respiration-difficult-morning, Respiration-difficult-talking and Respiration-difficult wet weather.

The cases were followed up on and post assessments were performed after 4 to 6 months of prescription, with 9 cases showing marked improvement, 14 cases showing moderate improvement, and 7 cases showing mild improvement. Following that, a statistical analysis was performed using the pre and post asthma symptom utility index (ASUI) scores. The homeopathic remedy chosen from the rubric by Augmented clinical synthesis for bronchial asthma was found to have a positive effect on quality of life in bronchial asthma patients. As per statistical data, Augmented clinical synthesis is indicating Similimum in bronchial asthma cases.

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