

Review Article

Less Frequently Used Homoeopathic Remedies in COPD

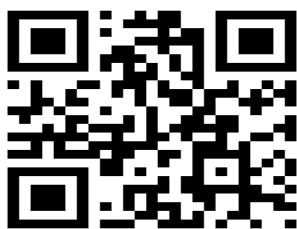
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ABSTRACT

Chronic obstructive pulmonary disease is a growing healthcare which is expected to worsen population health by usage of tobacco products. Cessation of smoking is the only effective means of prevention. During the asymptomatic phase of the disease, lung function continues to decline; therefore, many patients seek medical attention only when they are at a later stage or when they have experienced a serious acute exacerbation. To preserve patients' quality of life and reduce healthcare expenditure related to this disease, doctors need to diagnose the condition accurately and manage patients through the course of their illness.

Keywords: COPD, Bronchial Asthma, Bronchiectasis, Emphysema, Chronic Bronchitis, Small airways disease



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INTRODUCTION

Chronic obstructive pulmonary disease (COPD) is the third leading cause of death worldwide, causing 3.23 million deaths in 2019. Nearly 90% of COPD deaths in people under 70 years of age occur in low and middle-income countries. Tobacco smoking claims 70% of COPD cases in high-income countries. Chronic obstructive pulmonary disease (COPD) is a common lung disease causing restricted airflow and respiratory problems.²

Objective for study

COPD cases require understanding for both curative and management purposes. This study is to search for the lesser-known medicines as seen in our Repertory and Materia Medica. We intend to search for the condition where these medicines find applicability and helping to arrive at complete cure of the disease.

Definition

Chronic obstructive pulmonary disease (COPD) or chronic obstructive airway disease (COAD) are commonly used clinical terms for a group of pathological conditions in which there is chronic, partial or complete, obstruction to the airflow at any level from trachea to the smallest airways resulting in functional disability of the lungs i.e., these are diffuse lung diseases. One etiologic factor which is a common denominator in all forms of COPD is smoking¹.

The following entities are included in COPD:

1. Chronic bronchitis
2. Emphysema
3. Bronchial asthma
4. Bronchiectasis
5. Small airways disease (bronchiolitis)

Chronic bronchitis: Chronic bronchitis is a common condition defined clinically as persistent cough with expectoration on most days for at least three months of the year for

two or more consecutive years⁵.

Emphysema: The WHO has defined pulmonary emphysema as combination of permanent dilatation of air spaces distal to the terminal bronchioles and the destruction of the walls of dilated air spaces.

Bronchial asthma: Asthma is a disease of airways that is characterized by increased responsiveness of the tracheobronchial tree to a variety of stimuli resulting in widespread spasmodic narrowing of the air passages which may be relieved spontaneously or by therapy.

Asthma is an episodic disease manifested clinically by paroxysms of dyspnea, cough and wheezing. However, a severe and unremitting form of the disease termed **status asthmaticus** may prove fatal⁴.

Bronchiectasis: Bronchiectasis is defined as abnormal and irreversible dilatation of the bronchi and bronchioles (greater than 2 mm in diameter) developing secondary to inflammatory weakening of the bronchial walls.

Small airways disease: Bronchiolitis and bronchiolitis obliterans are the inflammatory conditions affecting the small airways occurring predominantly in older pediatric age group and in quite elderly persons.

Causes:

- Tobacco exposure from active smoking or passive i.e., exposure from other smokers
- Occupational exposure to dusts, fumes or chemicals;
- Indoor air pollution: biomass fuel or coal
- Early life events such as poor growth in uterus, prematurity, and frequent or severe respiratory infections in childhood that prevent maximum lung growth;
- Asthma in childhood; and
- A rare genetic condition called alpha-1 antitrypsin deficiency, which can cause COPD at a young age⁶.

Symptoms

The most common symptoms of COPD are difficulty breathing, chronic cough (sometimes with phlegm) and feeling tired.

- Shortness of breath, especially during physical activities
- Wheezing
- Chest tightness

- A chronic cough that may produce mucus (sputum) that may be clear, white, yellow or greenish
- Frequent respiratory infections
- Unintended weight loss (in later stages)
- Swelling in ankles, feet or legs
- Frequent morning headaches or dizziness.
- Fever, especially with cold or flu symptoms.
- Restlessness, confusion, forgetfulness, slurring of speech or irritability.
- Unexplained, extreme fatigue or weakness that lasts for more than a day³.

Diagnostic criteria:

- **Spirometry** : For this test, patient blows air into a tube attached to a machine. It measures the amount of air a patient can breathe out and how fast he can do it.
- **Pulse oximetry:** It measures the oxygen in your blood.
- **Arterial blood gases (ABGs):** These tests check oxygen and carbon dioxide levels in the blood.
- **Electrocardiogram (ECG or EKG)**
- **Chest X-ray or chest CT scan**

Treatment / management

The primary goal is to control symptomatology, improve the quality of life, and reduce mortality rate. The non-pharmacological approach includes smoking cessation and pulmonary rehabilitation.

The commonly used medications in COPD include bronchodilators (beta2-agonists, antimuscarinics, methylxanthines), inhaled corticosteroids (ICS), systemic glucocorticoids, phosphodiesterase-4 (PDE4) inhibitors, and antibiotics⁴.

Homoeopathic approach

In organon of medicine, Dr. Hahnemann has explained about the homoeopathic approach of chronic diseases having acute exacerbations in the aphorism 72 and 73.

With respect to the first point, the following will serve as a general preliminary view. The disease to which man is liable are either rapid morbid processes of the abnormally deranged vital force, which have a tendency to finish their course more or less quickly, but always in a moderate time - these are termed acute diseases; - or they are diseases of such a character that, with small, often imperceptible

beginnings, dynamically derange the living organism, each in its own peculiar manner, and cause it gradually to deviate from the healthy condition, in such a way that the automatic life energy, called vital force, whose office is to preserve the health, only opposes to them at the commencement and during their progress imperfect, unsuitable, useless resistance, but is unable of itself to extinguish them, but must helplessly suffer (them to spread and) itself to be ever more and more abnormally deranged, until at length the organism is destroyed; these are termed chronic diseases. They are caused by infection with a chronic miasm.

As regards acute diseases, they are either of such a kind as attack human beings individually, the exciting cause being injurious influences to which they were particularly exposed. Excesses in food, or an insufficient supply of it, severe physical impression, chills, over heatings, dissipation, strains, etc., or physical irritations, mental emotions, and the like, are exciting causes of such acute febrile affections; in reality, however, they are generally only a transient explosion of latent psora, which spontaneously returns to its dormant state if the acute diseases were not of too violent a character and were soon quelled. Or they are of such a kind as attack several persons at the same time, here and there (sporadically), by means of meteoric or telluric influences and injurious agents, the susceptibility for being morbidly affected by which is possessed by only a few persons at one time. Allied to these are those diseases in which many persons are attacked with very similar sufferings from the same cause (epidemically); these diseases generally become infectious (contagious) when they prevail among thickly congregated masses of human beings. Thence arise fevers¹, in each instance of a peculiar nature, and, because the cases of disease have an identical origin, they set up in all those they affect an identical morbid process, which when left to itself terminates in a moderate period of time in death or recovery. The calamities of war, inundations and famine are not infrequently their exciting causes and producers - sometimes they are peculiar acute miasms which recur in the same manner

(hence known by some traditional name), which either attack persons but once in a lifetime, as the smallpox, measles, whooping-cough, the ancient, smooth, bright red scarlet fever² of Sydenham, the mumps, etc., or such as recur frequently in pretty much the same manner, the plague of the Levant, the yellow fever of the sea-coast, the Asiatic cholera, etc.

Less frequently used homoeopathic remedies in COPD

There are various medicines in homeopathy for COPD and used in accordance with the symptom similarity. The selection of medicine varies from patient to patient through the process of individualization. Efficacy of some of the following lesser remedies are acknowledged and prescribed by using the totality of symptoms or on the partial indication. These rare medicines were introduced in Homoeopathy which can be effectively used in such conditions. Some remedies are frequently ignored and used less due to various reasons such as improper clinical proving, lack of knowledge, frequent usage of known remedies etc. These remedies have their sphere of action on respiratory system which act towards cure with proper selection of similimum according to the similar symptoms. Some of those remedies are

GRINDELIA

- Wheezing and oppression of chest in bronchitic patients.
- The sibilant rales are disseminated with foamy mucus, very difficult to detach.
- Asthma, with profuse tenacious expectoration, which ameliorates
- Stops breathing when falling asleep; wakes with a start, and gasps for breath.
- Must sit up to breathe.
- Cannot breathe when lying down

ARALIA RACEMOSA

- Asthma with cough <lying down
- Dry cough comes up after first sleep
- Sensation of foreign body in throat
- Extremely sensitive to draught
- Least current of air causes sneezing, copious excoriating watery discharge from nostrils with salty acid taste

ZINGIBER

- It may be used in asthma of gastric origin.

- The attack comes on in the night towards morning. The patient has to sit up to breathe, but despite the severity of the paroxysm, there seems to be no anxiety.

PASSIFLORA

- Anti-spasmodic
- Asthma
- Insomnia

MEPHITIS

- Suffocation, asthma, spasmodic cough, cough so violent as if each spell would terminate life
- Child must raise up, get blue and difficulty in expiration. Mucous rales through upper part of chest.
- Patient wants to bath in ice cold water
- Few paroxysms during day and more at night
- Asthma as if inhaling Sulphur. < talking, at night

COCA

- Asthma spasmodic
- Want of breath especially in aged athletes and alcoholics
- Amel: wine, riding, fast motion in open air
- Agg: Ascending, high altitudes

HYDROCYANIC ACID

- Noisy and agitated breathing. Dry spasmodic suffocative cough
- Asthma with contraction of throat
- Paralysis of lung, marked cyanosis

NAPHTHALINUM

- Respiration: labored and irregular; asthmatic
- Cough is incessant paroxysms almost arresting breath.
- Night cough preventing sleep.
- Hay asthma.
- Spasmodic asthma; better in open air.
- Emphysema in the aged with asthma.

JUSTICIA ADHATODA

- Acute catarrhal conditions of the respiratory tract
- Dry cough from sternal region all over chest.
- Hoarseness, larynx painful. Paroxysmal cough, with suffocative obstruction of respiration. Cough with sneezing. Severe dyspnea with cough. Tightness across chest
- Asthmatic attacks, cannot endure a close, warm room.

EUCALYPTUS

- Asthma, with great dyspnea and palpitation.
- Expectoration white, thick mucus. Bronchitis in the aged. Bronchorrhea.
- Profuse expectoration of offensive mucus. Irritative cough. Whooping-cough in rachitic children. Fetid form of bronchitis, bronchial dilatation and emphysema.

RUBRICS IN REPERTORY:

SYNTHESIS REPERTORY-

- **Respiration asthmatic:** Ambr, Arg n, Ars, Ars i, Cupr, Ip, Kali c, Kali n, Kali Ar, Lob, Puls, Samb, Sil, Spong, Stram, Sulph
- **Respiration – asthmatic – eruptions, after suppressed:** Ant-C, Apis, Ars, Calc, Carb-V, Cupr, Dulc, Ferr, Graph, Hep, Ip, Mez, Psor, PULS, Rhus-T, Sec, Sulph.

MURPHY'S REPERTORY-

- **Clinical-Asthma:** Ambra, Arg n, Ars, Ars i, Blatta, Carc, Cupr, Ip, Kali ars, Kali c, Kali n, Lob, Nat s, Puls, Samb, Sil, Spong, Stram, Sulph, Visc
- **Allergic hay fever with-** Ars, Carc, Iod, Thuj
- **Clinical- Asthma – children-** ant-t, ars, carc, cham, ip, kali-n, kali-s, med, nat-s. phos, puls, samb, tub.

BOERICKE'S

CLINICAL

REPERTORY-

- **Respiration asthma**
- **Respiration wheezing-** Ant t, Ars, Grind, Hep, Ip, Kali c, Samb, Spong

Other rubrics related to COPD:

Respiration –difficult-bending forward>

- Arg nit, Ars alb, Cenchrus, Kali bich, Kali carb, Lachesis, Spongia
- Coccus cacti & colchicum(1mark)

Respiration-difficult-bending forward

- Spigelia
- Apis, Senega

Respiration-difficult-bending backward

- Bell, Chamomilla, Hepar

Respiration-difficult-bending backward>

- Spongia

Respiration-difficult-bending-rise up & bend head backward must

- Hepar

CONCLUSION

COPD is a significant health related issue which often needs care and health support. Early identification of the disease through primary care screening for the common symptoms in smokers or those exposed to air pollutants or toxins will lead to earlier diagnosis and treatment. Focusing on smoking cessation will reduce the progression of disease. A homoeopathic physician must understand the nature of the fundamental cause and exciting causes of the disease which is usually due to the chronic miasms. It usually has psoric origin and genetic ones have the sycotic base. The acute exacerbations of the chronic state are latent within the constitution and have been brought by exciting factors. Use of rare medicines is required as management during the acute stages as well as in one sided presentation of symptoms in such cases. As H.A.Roberts said, in cases with fewer symptoms, a remedy selected based on similarity concept, even if it covers only few symptoms it still takes the course of disease to cure. In cases of palliation, the same concept of homoeopathicity can be applied.

SUMMARY

Chronic obstructive pulmonary disease (COPD) is characterized by chronic respiratory symptoms and airflow restriction that is often progressive and not completely reversible. Patients with a history of smoking, occupational and environmental risk factors, or a personal or family history of chronic lung disease, this is suspected. Patient presents with shortness of breath, wheeze, cough, and sputum production. Diagnostic tests include pulmonary function tests, chest x-ray, chest computed tomography scan, oximetry, and arterial blood gas analysis. Patients should avoid smoking and occupational exposure. Treatment includes bronchodilators, inhaled corticosteroids, phosphodiesterase-4 inhibitors, antibiotics, and mucolytics. Long-term oxygen therapy improves survival in severe COPD. Pulmonary rehabilitation improves exercise tolerance, dyspnea, and health status in stable patients.

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