



Case Study

AN OPEN LABEL PROSPECTIVE STUDY TO EXPLORE EFFICACY OF IPECACUANHA IN CASES OF BRONCHIAL ASTHMA

Hitarth Mehta^{1*}, Munjal Thakar²

¹PhD Scholar, Professor, Faculty of Homoeopathy, Parul University, Gujarat, India.

²PhD. Supervisor, Professor, Faculty of Homoeopathy, Parul University, Gujarat, India.

Article info

Article History:

Received: 15-01-2025

Accepted: 21-02-2025

Published: 20-03-2025

KEYWORDS:

Bronchial Asthma,
Homoeopathy,
Allergens,
Ipecacuanha.

ABSTRACT

Bronchial hyper responsiveness and variable air flow obstruction is the primary causes of episodes of breathlessness, coughing, wheezing, tightness in the chest, among other symptoms of bronchial asthma, a chronic inflammatory disease that may be treated or resolved on its own. When combined with traditional treatments, homeopathic treatment of bronchial asthma shows promise as a supplemental strategy. Although early data points to its possible advantages, more study is required to develop firm clinical recommendations and confirm the efficacy of homeopathic remedies in the management of asthma. An estimated 15–20 million people in India suffer from asthma. About 2% of people in India have it. It contributes to a lower quality of life by limiting physical activity (69%), making it harder to accomplish everyday tasks (85%), and decreasing productivity at work (73%), study (64%), and limits in leisure and lifestyle (78%). Since Homeopathy is founded on the laws of similar, it treats illnesses by using medications that, when administered to healthy people, cause symptoms that are similar. A person is treated holistically with homeopathy. There are medications available to treat acute asthma attacks, stop them from happening again, and address allergens that can cause an asthma attack.


INTRODUCTION

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. There is 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.^[1]

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.^[2]

According to Hahnemann's disease classification, asthma is classified as a true natural chronic illness brought on by a chronic miasm. It is also influenced by genetic family history and a variety of triggering and sustaining events. Because it recurs frequently in certain patients, asthma might be categorized as an intermittent condition. Since they occasionally alternate with skin conditions, it can also be thought of as an alternating disease.^[3]

Asthma can be caused by psora, syphilis, sycosis or the combinations of these. In

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ayushdhara.v12i1.1976
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

80th aphorism, Hahnemann says 'the monstrous internal chronic miasm - the psora, the real fundamental cause and producer of all other numerous diseases including asthma and ulceration of lungs 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.

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

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

P = Prevalence rate,

e = margin of error = 5% 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 repertories 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 expiratory 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 and 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

Presenting Complaints

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

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

Family History

Father: Allergic bronchitis

Patient as a Person

Physical Characteristics

Appearance: 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
8. Lips - NAD

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

Digestion

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

Elimination

Stool

- 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 Detail

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

- Frequency: 2/1 D/N
- Consistency: Rice watery
- Odor: Foul

Urine

- Frequency: 3-4/0 d/n
- Colour: black
- Urging: normal

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

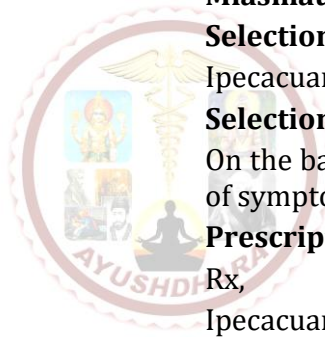
On the basis of susceptibility of patient and intensity of symptoms - 200

Prescription

Rx,

Ipecacuanha 200-1 dose STAT Orally

SAC LAC 5 pills T.D.S. for 7 days.



Follow Up

Table 1

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

(n=43; 100%), cough (n=40; 93.02%), restlessness (n=35; 81.40%), pyrexia (n=30; 69.77%).

In the present study, presenting complaints are weakness (n=30; 69.77%), breathlessness

Table 2

S.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.

REFERENCES

1. Chaurasia B.D. Human Anatomy Upper Limb & Thorax. 8TH Editio. Garg K, editor. Vol. 1, CBS Publishers & Distributors Pvt Ltd New. CBS Publishers & Distributors Pvt Ltd; 2020. 354 p.
2. Snell R. Clinical Anatomy by Regions. 9th ed. Philadelphia: Lippincott Williams & Wilkins; 2012. 70 p.
3. Samuel Christian Hahnemann Organon of Medicine 5th ed. B Jain Publishers Pvt Ltd
4. Singh I. Textbook Of Anatomy. 5th Editio. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2011.
5. Das K. Textbook of Medicine. 5th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2008. 917 p.
6. Punia V. The Definitive Review of Medicine for USMLE. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2009.
7. Ferri, Fred F. Ferri's Clinical Advisor 2016. Philadelphia: ELSEVIER; 2016. 152 p.
8. Kasper D, Fauci A, Hauser S, Longo D, Jameson L, Loscalzo J, editors. Harrison's Principles Of Internal Medicine. 20th ed. McGraw-Hill Education Books;

9. Parthasarathy A, editor. IAP Textbook of Pediatrics. 4th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2009. 596 p.
10. Ravishankar K. API Textbook of Medicine. 9th ed. Munjal YP, editor. Vol. 53, Persepsi Masyarakat Terhadap Perawatan Ortodontik Yang Dilakukan Oleh Pihak Non Profesional. The Association of Physicians of India; 2012. 1707 p.
11. Thomas M, Kay S, Pike J, Williams A, Carranza Rosenzweig JR, Hillyer E V., et al. The Asthma Control Test™ (ACT) as a predictor of GINA guideline-defined asthma control: Analysis of a multinational cross-sectional survey. Prim Care Respir J. 2009; 18(1): 41–9.
12. Schatz M, Kosinski M, Yarlak AS, Hanlon J, Watson ME, Jhingran P. The minimally important difference of the Asthma Control Test. J Allergy Clin Immunol [Internet]. 2009; 124(4): 719-723.e1. Available from: <http://dx.doi.org/10.1016/j.jaci.2009.06.053>
13. Asthma Quality of Life Questionnaire (AQLQ) [Internet]. Available from: <http://www.qoltech.co.uk/aqlq.html> Epidemiology and costs of chronic obstruction pulmonary disease. Available Partridge MR, Dockrell M, Smith NM. The use of complementary medicines by those with asthma. Respir Med 2003; 97(4): 436-8.
14. WHO | Bronchial asthma [Internet]. WHO. [cited 2019 Apr 20]. Available from: <https://www.who.int/mediacentre/factsheets/fs206/en/>
15. Rossi E, Crudeli L, Endrizzi C, Garibaldi D. Cost-benefit evaluation of homeopathic versus conventional therapy in respiratory diseases. Homeopathy. 2009 Jan; 98(1): 2–10.

Cite this article as:

Hitarth Mehta, Munjal Thakar. An Open Label Prospective Study to Explore Efficacy of Ipecacuanha in Cases of Bronchial Asthma. AYUSHDHARA, 2025;12(1):358-363.

<https://doi.org/10.47070/ayushdhara.v12i1.1976>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Hitarth Mehta

PhD Scholar, Professor,
Faculty of Homoeopathy,
Parul University, Gujarat.
Email:

Hitarth.mehtarhmc@paruluniversity.ac.in

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.

