



# Pilot study on the efficacy of intercurrent remedies in bronchial asthma, unlocking deeper healing: insights from dr. Stuart close & act assessment

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## **Introduction:** Understanding Bronchial Asthma: A Global and Indian Perspective

Bronchial asthma is a significant global noncommunicable disease (NCD), affecting 4-5% of the world's population and over 15 million people in India (approximately 2% prevalence). It causes recurrent breathlessness, wheezing, chest tightness, and a persistent cough, severely impacting quality of life.

Conventional treatments like steroids and inhalers provide symptomatic relief but often lead to side effects and dependency, highlighting the need for alternative, holistic strategies.

Homoeopathy offers a holistic and individualized approach. It uses a "similimum"—a remedy chosen based on a patient's unique symptoms and constitution, given in minimal doses. For chronic conditions like asthma, "intercurrent remedies" (such as anti-miasmatic and nosode remedies) are used when treatment plateaus. These remedies aim to address underlying disease predispositions, leading to deeper and more sustainable improvements in health.

## **Aim & Objectives:**

"To ascertain the effectiveness of intercurrent remedies in cases of bronchial asthma"

- Evaluate the role of intercurrent remedies in homoeopathic management.
- Study the practical application of Dr. Stuart Close's principles.
- Improve patient quality of life, measured by the Asthma Control Test (ACT).

## **Inclusion Criteria:**

- Pre-diagnosed bronchial asthma
- Patients with uncontrolled asthma on conventional treatment want to switch to homeopathy.
- Age: Patients must be between 15 and 45 years old.
- Sex: Both male and female patients are included.

**Exclusion Criteria:**

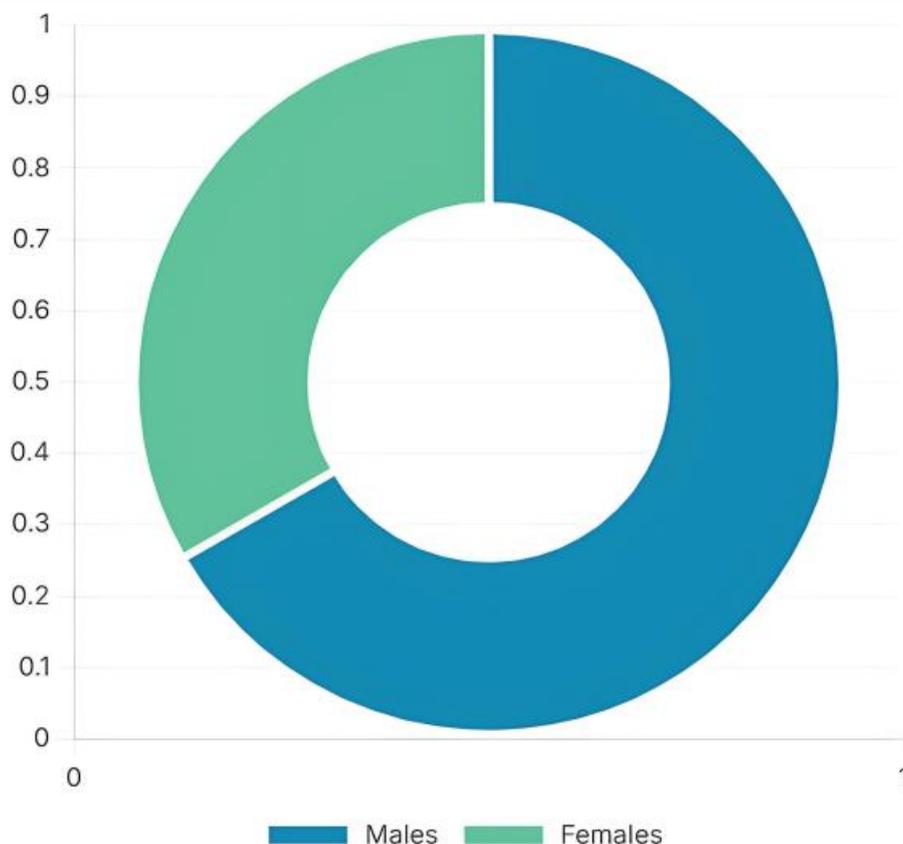
- Severe asthma requiring oxygen & urgent care.
- Malignancy: Patients with any co-existing cancer.
- Steroid therapy: No recent oral/injectable steroids.
- Cardiac complications affecting asthma
- Pregnant women (Ethical/physiological reasons)

**Methodology: A Rigorous Approach to Clinical Investigation:**

- **Study Type:** Prospective Experimental Study
- **Sampling:** Random Sampling for Representative Data
- **Sample Size:** 12 Patients Selected
- **Therapeutic Intervention:** Similimum & Intercurrent Remedies
- **Initial Assessment:** Utilizing Asthma Control Test (ACT) for Baseline
- **Follow-up Schedule:** Every 15 Days (with Flexibility)
- **Data Analysis & Conclusion:** Rigorous Evaluation of Outcomes

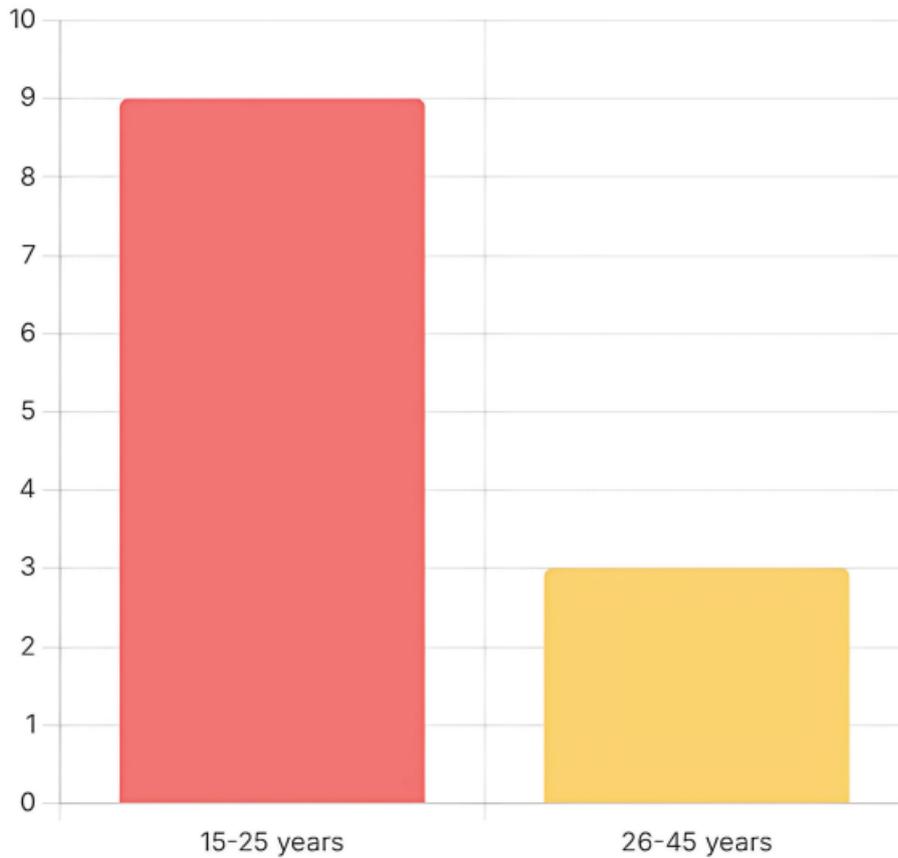
**Patient Gender Distribution:**

- The study cohort comprised a majority of male participants, influencing the demographic representation.
- Out of 12 participants: 8 Males (66.6%) | 4 Females (33.3%)



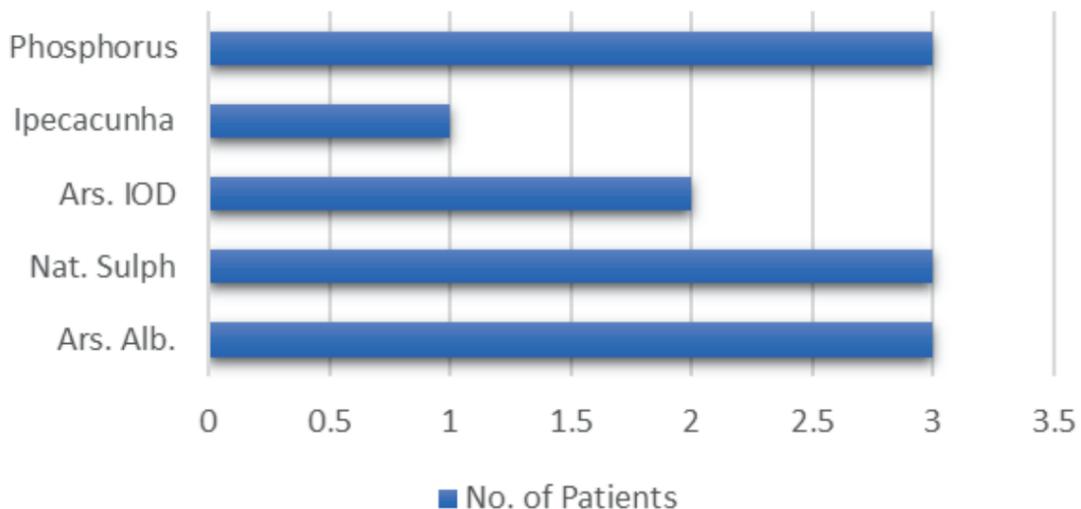
### Patient Age Distribution

- The majority of participants fell within the younger age bracket, indicating a focus on a specific demographic.
- Age Group Distribution: 15-25 years: 9 | 26-45 years: 3



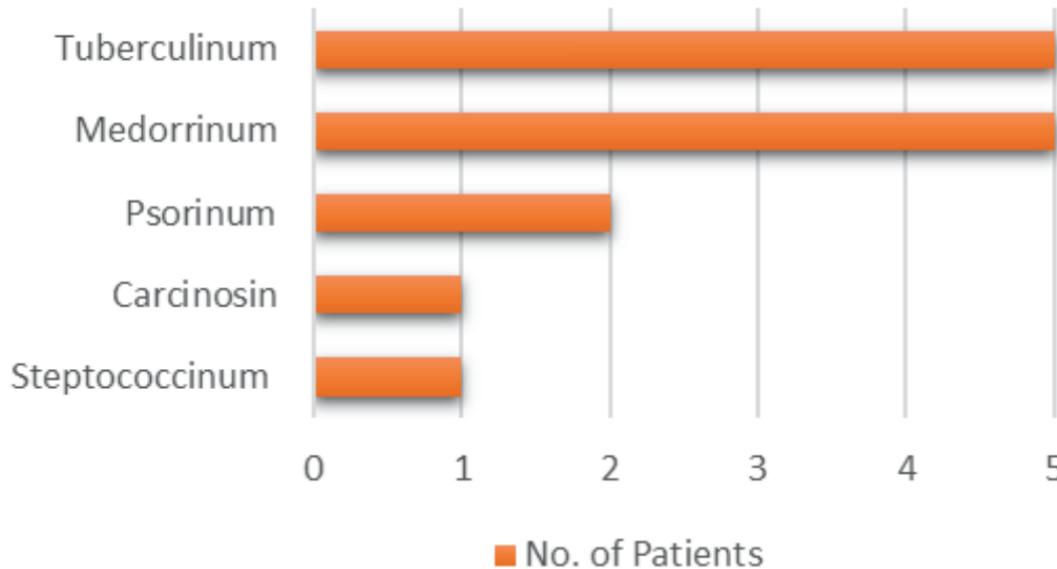
### Therapeutic Interventions: Prescribed Remedies

- **Frequency of Baseline Homoeopathic Drugs**
  - **Arsenicum album & Phosphorus:** Each prescribed to 3 patients, indicating their strong symptom-matching in this cohort.
  - **Natrum sulph:** Also used for 3 patients, reflecting its relevance in specific asthmatic presentations.
  - **Ars iod:** Prescribed for 2 patients, suggesting its utility in particular nuanced cases.
  - **Ipecacunha:** Used for 1 patient, indicating a less frequent but still relevant remedy.



**● Frequency of Intercurrent Remedies Prescribed**

- **Tuberculinum:** Most frequently used for 5 patients, emphasizing its role in addressing tubercular miasmatic influences.
- **Medorrinum:** Prescribed for 3 patients, targeting sycotic miasmatic background.
- **Psorinum:** Used for 2 patients, indicating its application for psoric miasmatic blocks.
- **Steptococcinum & Carcinosisin:** Each used for 1 patient, demonstrating a tailored approach to specific miasmatic challenge



**Study Outcomes: Assessing Efficacy and Patient Progress:**

- **ACT Score:** The effectiveness of the homoeopathic intervention was rigorously assessed through overall patient outcomes and the standardized Asthma Control Test (ACT) scores. This section presents a detailed analysis of these key indicators, reflecting the study's impact on patient health.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?

All of the time	①	Most of the time	②	Some of the time	③	A little of the time	④	None of the time	⑤
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2. During the past 4 weeks, how often have you had shortness of breath?

More than once a day	①	Once a day	②	3 to 6 times a week	③	Once or twice a week	④	Not at all	⑤
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3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

4 or more nights a week	①	2 or 3 nights a week	②	Once a week	③	Once or twice	④	Not at all	⑤
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4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

3 or more times per day	①	1 or 2 times per day	②	2 or 3 times per week	③	Once a week or less	④	Not at all	⑤
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5. How would you rate your asthma control during the past 4 weeks?

Not controlled at all	①	Poorly controlled	②	Somewhat controlled	③	Well controlled	④	Completely controlled	⑤
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**SCORE**

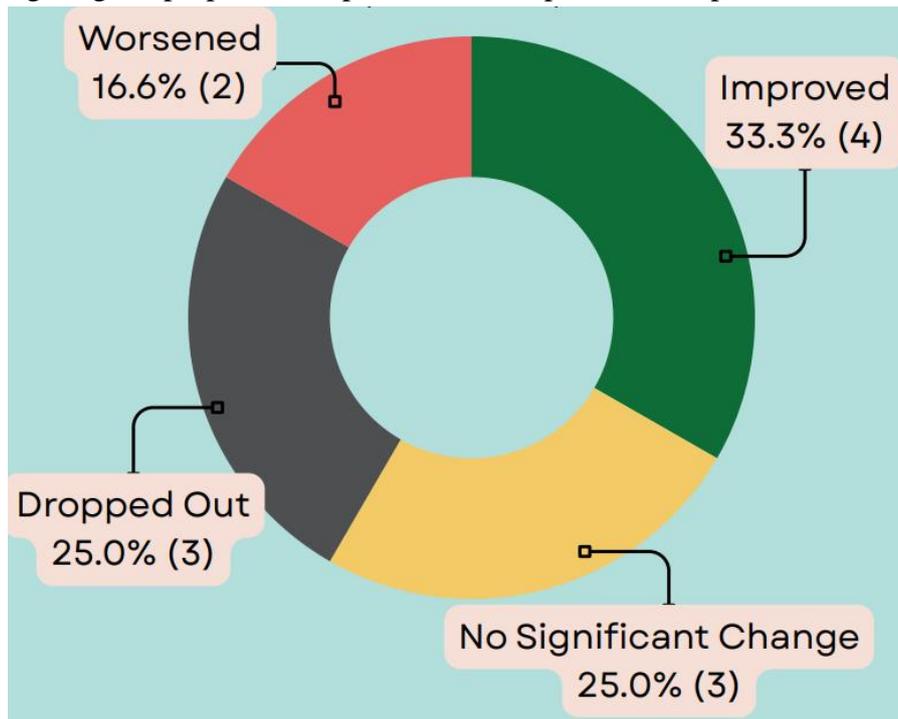
  
  
  
  
  

**TOTAL**

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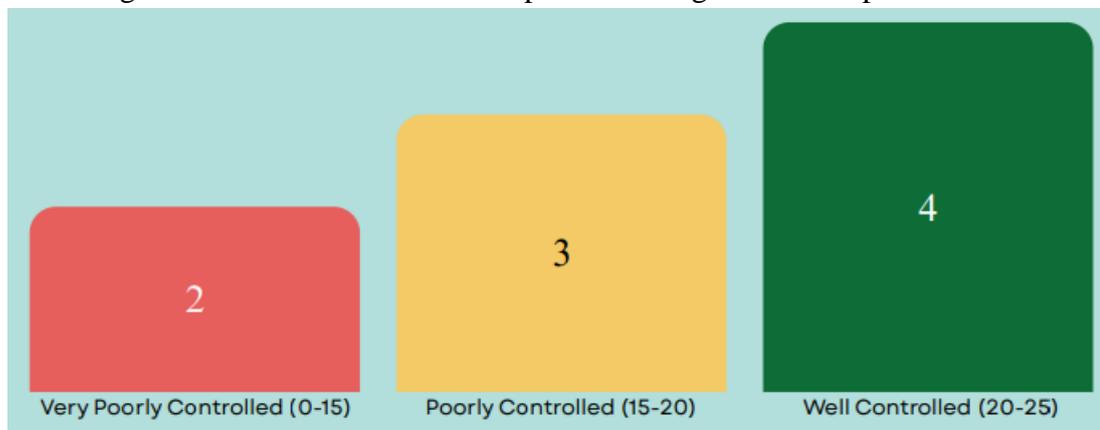
- **Overall Patient Outcome Distribution**

- A comprehensive summary of the primary outcomes following the homoeopathic intervention, highlighting the proportion of patients who experienced improvement.



- **Asthma Control Test (ACT) Score Improvement:**

- The ACT score is a vital tool for objectively assessing asthma control levels. This visualization illustrates the distribution of patients across different control categories post-intervention, indicating a discernible shift towards improved management for a portion of the cohort.



- **Very Poorly Controlled (0-15):** Indicates severe asthma symptoms with substantial impact on daily functioning. In this study, 2 patients remained within this category.
- **Poorly Controlled (15-20):** Suggests moderate asthma symptoms necessitating enhanced management strategies. 3 patients were identified in this group, indicating room for further improvement.
- **Well Controlled (20-25):** Represents optimal symptom control and minimal impact on daily life. A significant positive outcome was observed for 4 patients in the study, showcasing the effectiveness of the intervention for this subgroup.

**Conclusion: Advancing Homoeopathic Efficacy in Asthma Management**

This pilot study offers compelling evidence that the integrated homoeopathic approach—combining a meticulously selected constitutional similimum with the strategic application of intercurrent remedies (such as nosodes)—yields positive therapeutic outcomes in bronchial asthma cases. This methodology, rooted in the profound principles articulated by Dr. Stuart Close, demonstrates a capacity for deeper, more sustained healing beyond symptomatic palliation.

The findings underscore the potential efficacy of this specific homoeopathic intervention in contributing to the comprehensive management of bronchial asthma, addressing not only overt symptoms but also underlying miasmatic predispositions. While promising, these observations necessitate further expanded research, including larger cohorts and randomized controlled trials, to rigorously validate and broaden the applicability of these significant results in the global clinical landscape.

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