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Asthma: Control with the Homeopathy

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ABSTRACT

Asthma is a common chronic disease with underlying inflammation of the airway. Advances in science have led to increase understanding of the heterogeneous nature of asthma and its complex mechanism. Traditionally, asthma-practice guidelines have focused on optimizing lung function. The FDA has required increase in lung function and reduction of exacerbation as primary outcomes in clinical trials under new asthma therapeutics. Improved lung function is a critical indicator of bronchodilator therapy, but the importance of long-term asthma control while maintaining on controller medication is increasingly emphasized. The NIH asthma guidelines suggest the use the patients-reported outcomes, including health-related quality-of-life measures, to assess asthma control. Clinical practices and research studies concerning asthma can benefit from harmonizing the major outcome measures so that comparison across studies can be made. In this article, we review common asthma outcome measures with a focus on recent efforts to harmonize outcomes for therapeutic clinical trials in asthma. Identifying relevant short-term and long-term outcome measures is critical for the management of asthma and evaluating the efficacy and effectiveness of therapeutic interventions. The criteria used to assess asthma outcomes have varied widely from study to study. When asthma is poorly controlled, the patient's activities tend to be restricted, their role function is limited and their work productivity is reduced. In addition, they may require unscheduled, urgent use of healthcare. Hence, patient-reported outcomes, including health-related quality of life, are important indicators of asthma control.

Key words: Asthma,exercise

Introduction

Asthma is a chronic disease involving the airways in the lungs. These airways, or bronchial tubes, allow air to come in and out of the lungs. If you have asthma your airways are always inflamed. They become even more swollen and the muscles around the airways can tighten when something triggers your symptoms. This makes it difficult for air to move in and out of the lungs, causing symptoms such as coughing, wheezing, shortness of breath and/or chest tightness.

What is Asthma

Asthma (AZ-ma) is a chronic (long-term) lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath, and coughing. The coughing often occurs at night or early in the morning.. Asthma affects people of all ages, but it most often starts during childhood. For many asthma sufferers, timing of these symptoms is closely related to physical activity. And, some otherwise healthy people can develop asthma symptoms only when exercising. This is called exercise-induced bronchoconstriction, or exercise-induced asthma. Keep active is an important way to stay healthy, so asthma shouldn't affect you on the sidelines. Your physician can develop a management plan to keep your symptoms under control before, during and after physical activity. People with a family history of allergies or asthma are more prone to developing asthma. Many people with asthma also have allergies. This is called allergic asthma. Occupational asthma is caused by inhaling fumes, gases, dust or other potentially harmful substances while on the job. Childhood impacts millions of children and their families. In fact, the majority of children who develop

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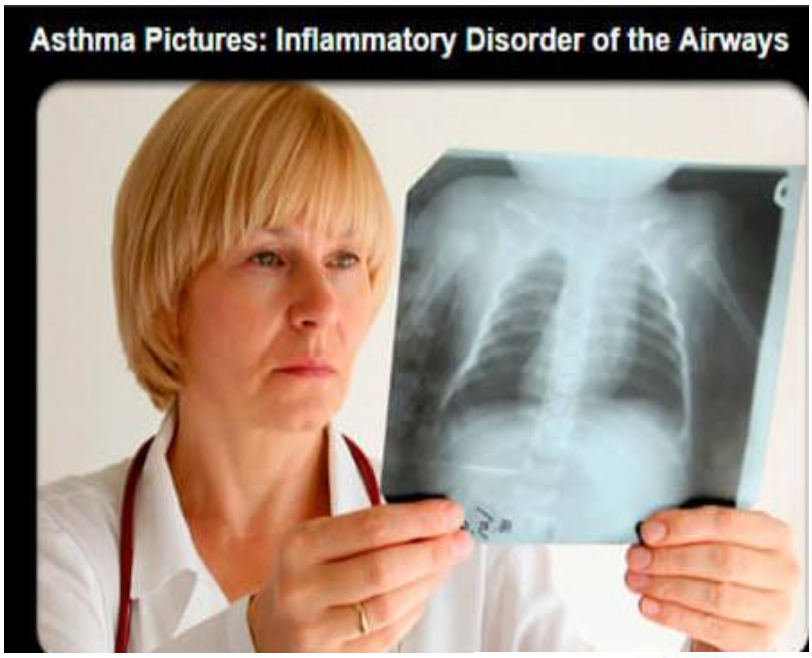
asthma do so before the age of five. There is no cure for asthma, but once it is properly diagnosed and a treatment plan is in place you will be able to manage your condition, and your quality of life will improve. Asthma is a disease affecting the airways that carry air to and from your lungs. People who suffer from this chronic condition (long-lasting or recurrent) are said to be asthmatic. The inside walls of an asthmatic's airways are swollen or inflamed. This swelling or inflammation makes the airways extremely sensitive to irritations and increases your susceptibility to an allergic reaction. As inflammation causes the airways to become narrower, less air can pass through them, both to and from the lungs. Symptoms of the narrowing include wheezing (a hissing sound while breathing), chest tightness, breathing problems, and coughing. Asthmatics usually experience these symptoms most frequently during the night and the early morning. [1,2]



Causes behind Asthma

The exact cause of asthma isn't known so far. Researchers think some genetic and environmental factors interact to cause asthma, most often early in life. These factors include:

- An inherited tendency to develop allergies, called atopy
- Parents who have asthma
- Certain respiratory infections during childhood
- Contact with some airborne allergens or exposure to some viral infections in infancy or in early childhood when the immune system is developing Suppression of skin diseases by any local or oral medicines.

If asthma or atopy runs in your family, exposure to irritants (for example, tobacco smoke) may make your airways more reactive to substances in the air. Some factors may be more likely to cause asthma in some people than in others. Researchers continue to explore what causes asthma.

The "Hygiene Hypothesis "One theory researchers have for what causes asthma is the "hygiene hypothesis." They believe that our Western lifestyle—with its emphasis on hygiene and sanitation has resulted changes in our living conditions and an overall decline in infections in early childhood.

Many young children no longer have the same types of environmental exposures and infections as children did in the past. This affects the way that young children's immune systems develop during very early childhood, and it may increase their risk for atopy and asthma. This is especially true for children who have close family members with one or both of these conditions.

To understand asthma, it helps to know how the airways work. The airways are tubes that carry air into and out of lungs. People who have asthma have inflamed airways. The inflammation makes the airways swollen and very sensitive. The airways tend to react strongly to certain inhaled substances.

When the airways react, the muscles around them tighten. This narrows the airways, causing less air to flow into the lungs. The swelling also can worsen, making the airways even narrower. Cells in the airways might make more mucus than usual. Mucus is a sticky, thick liquid that can further narrow the airways. This chain reaction can result in asthma symptoms. Symptoms can happen each time the airways are inflamed. For information on the different causes of asthma (allergy, colds, stress, exercise, etc)

Asthma is an incurable illness. However, with good treatment and management there is no reason why a person with asthma cannot live a normal and active life. Common signs and symptoms of asthma include:

- Coughing. Coughing from asthma often is worse at night or early in the morning, making it hard to sleep.
- Wheezing. Wheezing is a whistling or squeaky sound that occurs when you breathe.
- Chest tightness. This may feel like something is squeezing or sitting on your chest.
- Shortness of breath. Some people who have asthma say they can't catch their breath or they feel out of breath. You may feel like you can't get air out of your lungs.

Not all people who have asthma have these symptoms. Likewise, having these symptoms doesn't always mean that you have asthma. The best way to diagnose asthma for certain is to use a **Lung function test**.

Lung function test:

Medical history (including type and frequency of symptoms), and a physical exam: The types of asthma symptoms have, how often they occur, and how severe they are may vary over time. Sometimes your symptoms may just annoy you. Other times, they may be troublesome enough to limit your daily routine. Severe symptoms can be fatal. It's important to treat symptoms when you first notice them so they don't become severe. With proper treatment, most people who have asthma can expect to have few, if any, symptoms either during the day or at night. Many things can trigger or worsen asthma symptoms. Doctor will help you find out which things (sometimes called triggers) may cause your asthma to flare up if you come in contact with them. Triggers may include:

- Allergens from dust, animal fur, cockroaches, mold, and pollens from trees, grasses, and flowers
- Irritants such as cigarette smoke, air pollution, chemicals or dust in the workplace, compounds in home décor products, and sprays
- Medicines such as aspirin or other no steroidal anti-inflammatory drugs and nonselective beta-blockers
- Sulfites in foods and drinks
- Viral upper respiratory infections, such as colds
- Physical activity, including exercise

Other health conditions can make asthma harder to manage. Examples of these conditions include a runny nose, sinus infections, reflux disease, psychological

stress, and sleep apnea. These conditions need treatment as part of an overall asthma care plan.
Asthma is different for each person. Some of the triggers listed above may not affect you. Other triggers that do affect you may not be on the list. *Talk with your doctor about the things that seem to make your asthma worse.*

What happens during an asthma attack?

- The muscles around your airways tighten up, narrowing the airway.
- Less air is able to flow through the airway.
- Inflammation of the airways increases, further narrowing the airway.

More mucus is produced in the airways, undermining the flow of air even more[3,4]

In some asthma attacks, the airways are blocked such that oxygen fails to enter the lungs.
This also prevents oxygen from entering the blood stream and traveling to the body's vital organs.
Asthma attacks of this type can be fatal, and the patient may require urgent hospitalization.
Asthma attacks can be mild, moderate, severe and very severe. At onset, an asthma attack does allow enough air to get into the lungs, but it does not let the carbon dioxide leave the lungs at a fast enough rate.
Carbon dioxide - poisonous if not expelled - can build up in the lungs during a prolonged attack, lowering the amount of oxygen getting into bloodstream Menstrual Cycle Affects Asthma Severity.
A woman's respiratory symptoms, including those of asthma, tend to worsen between days 10 to 22 of her menstrual cycle,
The authors added that wheezing symptom severity dipped during ovulation (days 14 to 16).
Patients with asthma, regular smokers and those with a BMI (body mass index) of more than 23 tend to experience more coughs immediately after ovulation
To understand asthma, it helps to know how the airways work.

The airways are tubes that carry air into and out of lungs. People who have asthma have inflamed airways. The inflammation makes the airways swollen and very sensitive. The airways tend to react strongly to certain inhaled substances. When the airways react, the muscles around them tighten. This narrows the airways, causing less air to flow into the lungs. The swelling also can worsen, making the airways even narrower. Cells in the airways might make more mucus than usual. Mucus is a sticky, thick liquid that can further narrow the airways.
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than usual. Mucus is a sticky, thick liquid that can further narrow the airways. This chain reaction can result in asthma symptoms. Symptoms can happen each time the airways are inflamed. Asthma prevention study suggests vitamin D supplementation in pregnant women Might affect specific immune responses in offspring

For Immediate Release:

Links to Other Information about Asthma

NHLBI Resources **WHAT**: Providing extra vitamin D to women during pregnancy raised their vitamin D levels without changing recurrent wheezing rates in their offspring by age 3 years, National Institutes of Health-supported research found. However, in these children, who are at high risk for developing

asthma, blood tests showed lower levels of specific antibodies related to allergy development, if their mothers took extra vitamin D, according to results appearing in the Journal of the American Medical Association.

While the study showed a small decrease in the rates of recurrent wheezing in children up to the age of 3 years, the difference was not considered to be statistically significant. The NIH's National Heart, Lung, and Blood Institute (NHLBI) is continuing to fund the study to follow these children up to the age of 6 years to see to see how many develop asthma, and to determine possible effects of vitamin D on lung function.

The Vitamin D Antenatal Asthma Reduction Trial (VDAART) looked at 881 pregnant women considered to be at high risk for having children who develop asthma during childhood. Half of the participants received a supplement containing 4,000 international units (IUs) of vitamin D and the other half was given a placebo pill that contained no active ingredients. All participants were also given a standard prenatal vitamin that contained 400 IUs of vitamin D. The study found that 75 percent of women taking supplemental vitamin D were at or above their target range versus 34 percent of women in the other group.

Vitamin D deficiency is considered a global problem, and pregnant women are at increased risk for such a deficiency. One national study found nearly 70 percent of pregnant women had insufficient levels of vitamin D. Researchers believe the vitamin may play a role in the development of the pulmonary and the immune system.

During the study, 806 children were born, and 218 of these developed a noisy pattern of breathing, called wheezing, which is associated with asthma. From the group of women receiving supplemental vitamin D, 98 children were found to wheeze, compared to 120 children born to women in the group that did not receive additional vitamin D.

VDAART is the first trial, in the United States, to look at interventions in pregnant women as a way to prevent asthma in their children. Asthma is considered one of the most common childhood chronic diseases, with an estimated one in 11 U.S. children having the condition. The study (Clinical Trial number NCT00920621) is led by researchers at the Brigham and Women's Hospital, Boston, Mass. The study was funded through NHLBI grant number R01HL108818.

Clinical Trials

The National Heart, Lung, and Blood Institute (NHLBI) is strongly committed to supporting research aimed at preventing and treating heart, lung, and blood diseases and conditions and sleep disorders.

NHLBI-supported research has led to many advances in medical knowledge and care. For example, this research has uncovered some of the causes of chronic lung diseases, as well as ways to prevent and treat these diseases.

Many more questions remain about chronic lung diseases, including asthma. The NHLBI supports research to help improve the control of asthma and quality of life for people who have the disease. For example, the Asthma Net is a clinical research network with ongoing studies of different asthma treatments in children and adults.

Much of this research depends on the willingness of volunteers to take part in clinical trials. Clinical trials test new ways to prevent, diagnose, or treat various diseases and conditions.

For example, new treatments for a disease or condition (such as medicines, medical devices, surgeries, or procedures) are tested in volunteers who have the illness. Testing shows whether a treatment is safe and effective in humans before it is made available for widespread use.

By taking part in a clinical trial, you may gain access to new treatments before they're widely available. You also will have the support of a team of health care providers, who will likely monitor your health closely. Even if you don't directly benefit from the results of a clinical trial, the information gathered can help others and add to scientific knowledge.

If you volunteer for a clinical trial, the research will be explained to you in detail. You'll learn about treatments and tests you may receive, and the benefits and risks they may pose. You'll also be given a chance to ask questions about the research. This process is called informed consent.

If you agree to take part in the trial, you'll be asked to sign an informed consent form. This form is not a contract. You have the right to withdraw from a study

at any time, for any reason. Also, you have the right to learn about new risks or findings that emerge during the trial.

For more information about clinical trials related to asthma, talk with doctor.

Living with Asthma

If you have asthma, you'll need long-term care. Successful asthma treatment requires that you take an active role in your care and follow your asthma action plan.

Learn How to Manage Your Asthma

Partner with your doctor to develop an asthma action plan. This plan will help you know when and how to take your medicines. The plan also will help you identify your asthma triggers and manage your disease if asthma symptoms worsen.

Children aged 10 or older—and younger children who can handle it—should be involved in creating and following their asthma action plans. For a sample plan, go to the National Heart, Lung, and Blood Institute's "Asthma Action Plan."

Most people who have asthma can successfully manage their symptoms by following their asthma action plans and having regular checkups. However, knowing when to seek emergency medical care is important.

Learn how to use your medicines correctly. If you take inhaled medicines, you should practice using your inhaler at your doctor's office. If you take long-term control medicines, take them daily as your doctor prescribes.

Record your asthma symptoms as a way to track how well your asthma is controlled. Also, your doctor may advise you to use a peak flow meter to measure and record how well your lungs are working.

Your doctor may ask you to keep records of your symptoms or peak flow results daily for a couple of weeks before an office visit. You'll bring these records with you to the visit. (For more information about using a peak flow meter, go to "How Is Asthma Treated and Controlled?")

These steps will help you keep track of how well you are controlling your asthma over time. This will help you spot problems early and prevent or relieve asthma attacks. Recording your symptoms and peak flow results to share with your doctor also will help him or her decide whether to adjust your treatment.

Ongoing Care

Have regular asthma checkups with your doctor so he or she can assess your level of asthma control and adjust your treatment as needed. Remember, the main goal of asthma treatment is to achieve the best control of your asthma using the least amount of medicine. This may require frequent adjustments to your treatments.

If you find it hard to follow your asthma action plan or the plan isn't working well, let your health care team know right away. They will work with you to adjust your plan to better suit your needs.

Get treatment for any other conditions that can interfere with your asthma management.

Watch for Signs That Your Asthma Is Getting Worse

Your asthma might be getting worse if:

- Your symptoms start to occur more often, are more severe, or bother you at night and cause you to lose sleep.
- You're limiting your normal activities and missing school or work because of your asthma.
- Your peak flow number is low compared to your personal best or varies a lot from day to day.
- Your asthma medicines don't seem to work well anymore.
- You have to use your quick-relief inhaler more often. If you're using quick-relief medicine more than 2 days a week, your asthma isn't well controlled.
- You have to go to the emergency room or doctor because of an asthma attack.

For more details about how to prevent asthma symptoms and attacks, go to "How Is Asthma Treated and Controlled?"

How Is Asthma Diagnosed?

Your primary care doctor will diagnose asthma based on your medical and family histories, a physical exam, and test

Results.

Doctor also will figure out the severity of your asthma—that is, whether it's intermittent, mild, moderate, or severe. The level of severity will determine what treatment If you have any of these signs, see your doctor. He or she might need to change your medicines or take other steps to control your asthma.

Partner with your health care team and take an active role in your care. This can help you better control your asthma so it doesn't interfere with your activities and disrupt your life.

Asthma "How Can Asthma Be Prevented?

You can't prevent asthma. However, you can take steps to control the disease and prevent its symptoms. For example:

- Learn about your asthma and ways to control it.
- Follow your written asthma action plan. (For a sample plan, go to the National Heart, Lung, and Blood Institute's "Asthma Action Plan.")
- Use Homoeopathic medicines as your doctor prescribes.

- Identify and try to avoid things that make your asthma worse (asthma triggers). However, one trigger you should not avoid is physical activity. Physical activity is an important part of a healthy lifestyle. Talk with your doctor about medicines that can help you stay active.
- Keep track of your asthma symptoms and level of control.
- Get regular checkups for your asthma.

You'll start on.

You may need to see an asthma specialist if:

- You need special tests to help diagnose asthma
- You've had a life-threatening asthma attack
- You need not more than one kind of Homoeopathic medicine or higher doses of medicine to control your asthma, or if you have overall problems getting your asthma well controlled
- You're thinking about getting allergy treatments by Homoeopathic medicines.

Medical and Family Histories

Your doctor may ask about your family history of asthma and allergies. He or she also may ask whether you have asthma symptoms and when and how often they occur.

Let your doctor know whether your symptoms seem to happen only during certain times of the year or in certain places, or if they get worse at night. Are the Signs and Symptoms of Asthma?"

Your doctor may ask you about related health conditions that can interfere with asthma management.

. These conditions include a runny nose, sinus infections, reflux disease, psychological stress, and sleep apnea.

Other Tests

Your doctor may recommend other tests if he or she needs more information to make a diagnosis. Other tests may include:

- Allergy testing to find out which allergens affect you, if any.
- A test to measure how sensitive your airways are. This is called a broncho provocation (brong-KO-prav-eh-KA-shun) test. Using spirometry, this test repeatedly measures your lung function during physical activity or after you receive increasing doses of cold air or a special chemical to breathe in.
- A test to show whether you have another condition with the same symptoms as asthma, such as reflux disease, vocal cord dysfunction, or sleep apnea.
- A *chest x ray* or an EKG (electrocardiogram). These tests will help find out whether a foreign object or other disease may be causing your symptoms.

Most children who have asthma develop their first symptoms before 5 years of age. However, asthma in young children (aged 0 to 5 years) can be hard to diagnose. Sometimes it's hard to tell whether a child has asthma or another childhood condition. This is because the symptoms of asthma also occur with other conditions. Also, many young children who wheeze when they get colds or respiratory infections don't go on to have asthma after they're 6 years old.

A child may wheeze because he or she has small airways that become even narrower during colds or respiratory infections. The airways grow as the child grows older, so wheezing no longer occurs when the child gets colds.

A young child who has frequent wheezing with colds or respiratory infections is more likely to have asthma if:

- One or both parents have asthma
- The child has signs of allergies, including the allergic skin condition eczema
- The child has allergic reactions to pollens or other airborne allergens
- The child wheezes even when he or she doesn't have a cold or other infection

The most certain way to diagnose asthma is with a lung function test, a medical history, and a physical exam. However, it's hard to do lung function tests in children younger than 5 years. Thus, doctors must rely on children's medical histories, signs and symptoms, and physical exams to make a diagnosis.

Doctors also may use a 4–6 week trial of asthma Homoeopathic medicines to see how well a child responds. Links to Other Information about Asthma

There are lots of medicines in homeopathy for asthma symptoms and it is not possible to list them all here. Some of the common medicines are ars-alb, ipecac, Lachesis, pulsatilla, spongia, sulphur, ignatia, antim-tart, hepar-sulph, nat-sulph, tuberculium. The selection of medicine varies from patient to patient.

Homeopathic treatment to treat asthma

Asthma like any other condition can be treated with homeopathy at various levels. The ideal would be to find the treatments. So what homeopathic medicines are available, which reflects the Similimum just in terms of his symptoms but also in terms of his psyche and the way that he relates to other people and to life generally. This would offer a deeper prospect of healing. However finding the Similimum may not always be possible and there are many remedies which may be given for the symptoms of asthma. There are also remedies that can be given for the causes of allergic asthma (homeopathic preparations of house dust mite, grasses and pollens etc).

Asthma is a condition for which I would highly recommend professional treatment – I would not advocate self-treatment. Here are the outlines of a few remedies, which may be helpful in the treatment of asthma.

Blatta orientalis

This is the large dark Oriental cockroach. As a species, cockroaches are night-active insects and most live in damp places. Interestingly, asthma sufferers who benefit from this remedy may complain that their condition is worse in mouldy, damp environments. There may also be an allergy or sensitivity to moulds, mildew and rotting leaves. These groups of people comment that exertion and ascending tend to aggravate their symptoms although this can be a general finding in asthma. The combination of obesity and asthma indicates that Blatta orientalis is a remedy worth considering.

Ipecacuanha

If asthma is associated with nausea and/or vomiting then Ipecacuanha could be indicated. This remedy is obtained from the dried roots of a creeping shrub, Cephaelis (or Psychotria) ipecacuanha, which is native to Brazil but cultivated in other tropical climates. Emetine, the active principle of Ipecac, is obtained from the bark or the root. It is a powerful poison that produces vomiting and is sometimes prescribed to relieve the stomach of some other poison. Traditionally Ipecac is used as an expectorant in the treatment of bronchitis or croup, stimulating bronchial secretions to make coughing easier. In terms of homeopathy Ipecac patients present with a constant cough with gagging and vomiting. The chest may rattle and the patient complains that the symptoms are worse in warm humid weather and that heat generally makes her feel worse. She therefore may prefer sitting up by an open window to get some air. The hands and feet are cold and perspire profusely. Ipecac is recognized as a remedy for childhood asthmatic crisis. Prompt medical intervention is obviously indicated well before a child reaches this stage of illness.

Lobelia inflate

Lobelia inflata (Indian tobacco) derives from a common American plant, which has small blue flowers and inflated capsules. The "inflation" of the capsules could serve as a symbol of the type of asthma that this remedy helps. Asthma can be a frightening experience especially when you feel that you are not getting enough air into your lungs. As with many other conditions, this can lead to hysteria and panic. Panic can lead to working unnecessarily hard to breathe and this can result in "over-inflation" of the lungs. With this type of asthma, the shortness of breath is far out of proportion to the wheeze and therefore the amount of narrowing of the airways that there actually is. The patients who need Lobelia can feel a sensation of constriction or a lump in the chest. It can also be helpful when an asthma attack occurs during labour. Drafts and cold or damp tend to make the asthma worse while slow deep breathing make it better. Strangely, rapid walking also improves things.

Antimonium tartaricum

This, like Ipecac, was used traditionally in medicine as an emetic. It was also used as an expectorant helping the production of catarrh from the chest. It was used in the treatment of several diseases, but because the side-effects were frequent and toxic this eventually limited

its use. Fortunately, the doses that are used in homeopathy are infinitesimally small so it can be administered with some benefit. This remedy can be useful in children and in the elderly, especially where the asthma is associated with infection and a lot of mucus. The mucus causes a coarse, wet sounding rattling noise both on breathing in and out. The patient may say that he feels generally better when he is fanned but he also might be rather irritable and wish to be left alone. There are also some other symptoms such as breathlessness, which is worse from heat and lying, but these are not really very specific.

Sambucus nigra

this can be helpful particularly in childhood asthma. The elder is one of the most mysterious plants in British folk tradition. Traditionally feelings about the elder were ambivalent – some considered it the friend of witches and were extremely superstitious about even bringing the wood into the house. However, the elder was also used for its protective and curative effects – protection against witches, for warding off flies and curing warts. The remedy Sambucus nigra is prepared from a tincture of the leaves and flowers. There was a legend that if you fell asleep under elder flowers, the scent would poison you and you would never wake up. Perhaps there is some truth in this if homeopathy will cure what it will cause. The patient who might benefit from Sambucus wakes up in the night with a frightening sensation of suffocation and may even have cyanosis (blueness of the face). There can be severe spasms of the respiratory airways so it is very frightening. These patients are worse at midnight or from midnight to 3am. The asthmatic attack may be associated with marked perspiration, especially on waking.

Natrum sulphuricum

This is a very useful remedy for asthma in both children and adults. The asthma may stop at puberty and reappear later from the 30s onwards. The asthma may even appear in association with a period of grief. It tends to be worse at 4am or between 4 and 5am. Damp weather – be it cold or warm – makes it worse, as does fog and storms. It may also be worse before menstruation. At times, there can be rattling and greenish mucus.

Medorrhinum

this can be very valuable in the treatment of childhood asthma, particularly where asthma and eczema may also be combined. The shortness of breath is reputed to be better when the child kneels on the bed curled up with the chest touching the knees (knee-chest position). Wet weather makes the asthma worse but being at the seaside improves it.

Tuberculin

this is a useful remedy for asthma sufferers as it helps build up the immune system to try to prevent recurrent colds and chest infections which may precipitate asthma attacks.

"One-liners", which may direct towards a particular remedy, are:

- Wheezing improved by belching: Carbo vegetabilis
- Cough improved by taking cold drinks: Cuprum metallicum
- Asthma symptoms improved at night by lying: Euphrasia
- Cough worse from eating: Kali bichromium
- Marked sneezing that makes asthma attack worse or provokes an attack; coughing causes tears: Sabadilla.

Finally asthma sufferers include many famous people from the past and present day. Beethoven, Charles Dickens, Che Guevara, John F Kennedy, Elizabeth Taylor and Judy Collins number in their ranks. Besides having asthma common, they all led or lead active, full, varied and energetic lives – the ultimate aim for all asthma patients Dr. M. P. Sharma, MD (HOM.) has been practicing homeopathic medicines for since 28 years and also Treat Patient's at **Arav Homeo Care Clinic** privately.[5,6]

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