Centre for Integrative Medical Training
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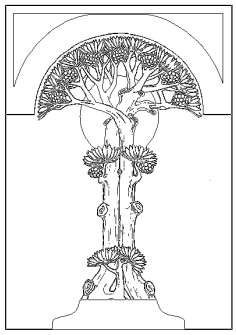

Intermediate Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

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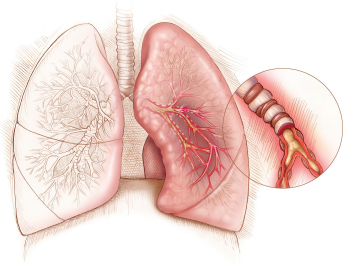
Unit 37

Materia Medica Studies and Therapeutic Pointers for Week 5

Prescribing Strategies in Asthma



Introduction

Embarking on the homeopathic treatment of an asthmatic patient is a considerable undertaking. You will require the resources of time to consider the case in detail and a means of providing interim support. This usually requires flexible review arrangements. Your patient should ideally be provided with a peak flow meter, so that both objective and subjective assessments of remedy response can be made.

Effective therapy requires familiarity with all of the treatment options and a need for incisive decisions in respect of the overall strategy. The successful management of acute events is likely to have a considerable bearing on the overall success of medium and long term outcomes. The practitioner should be prepared to monitor the patients' progress closely and respond quickly to changes in the his/her wellbeing, using conventional treatment as appropriate.

Most asthma patients who present for homoeopathic treatment are already on an array of conventional drugs which reduce bronchial lability. Unfortunately, both the inhaled and the oral drugs commonly prescribed for asthma, can undermine the patients' response to homeopathy.

https://youtu.be/L97Dup4hx6E

Archive recording of RLHH course presentation on the Homeopathic Treatment of Asthma (Russell Malcolm)

A pragmatic and measured approach to management is essential in these cases. Most physicians agree that it is important to avoid modifying the patients' conventional prescribing until such time as you have objective evidence that he/she is responding to homeopathic treatment. Even then, the dovetailing of pharmaceutical treatment and homeotherapeutics requires care.
Close communication with the GP or chest physician who has instigated the patient's drug therapy, is essential.

https://rms.kernowccg.nhs.uk/primary_care_clinical_referral_criteriaprimary_care_clinical_referral_criteria/respiratory/asthma

If these pre-requisites are not in place you should seriously consider whether you are in a position to provide a safe and effective service for asthmatic patients. In light of this, most medical homeopaths would argue that non-medically qualified practitioners should not undertake to treat asthma, except under close medical supervision.

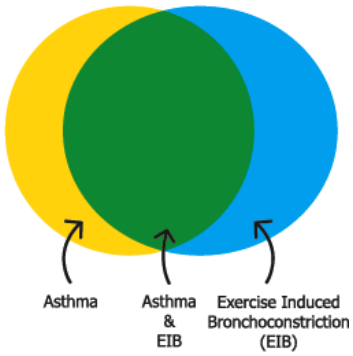
The difficulty with asthma

Few experienced medical homeopaths have reservations about the effectiveness of homeopathy in asthma. The clinical trials undertaken by Reilly et al, in Glasgow, suggest that this view is not misplaced. Achieving consistently useful outcomes can prove a challenge to the inexperienced prescriber, however. This is partly due to the large number of remedies associated with asthma and the difficulty of making the best choice at every juncture.

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(94)90407-3/fulltext

Atopic asthma (like eczema and hayfever) is associated with a particularly broad array of remedies each with its own implied rationale. For example, some remedies are thought to act by altering beta adrenergic receptor sensitivities (eg homeopathic adrenaline), some may act to alter autonomic activity (homeopathic methacholine), some may act to stabilise IgE mediated responses (isopathic remedies) and some materials appear to reduce tissue sensitivities to vasoactive materials (homeopathic histamine).

Altered stress responses, arising from a combination of homeostatic disturbances and the chronic use of steroids, can be stabilised using homeopathic cortesol or cortesone. Some practitioners routinely initiate treatment with tautopathic beclomethasone for unstable asthmatics, on steroid inhalers, especially in those patients who experience exacerbations with emotional stress. Nosodes are extremely important not only for their ability to reorientate tissue responses after infection, but also in respect of miasmatic patterning. Acute treatment often involves the choice of a similimum based on trigger factors (eg aconitum napellus) or on the pathophysiology of the reaction (eg cuprum aceticum).



In order to select a treatment strategy that will yield results, the physician must therefore be in a position to make informed judgements on which factors predominate in that individual patient. This requires a working knowledge of the pathophysiology of asthma, and an ability to balance the arguments for one or other of these treatment strategies.

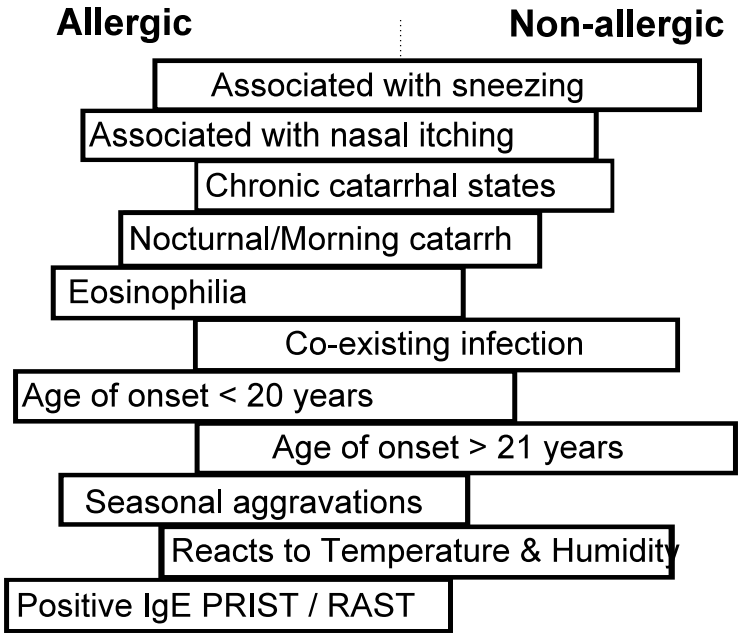
The case history

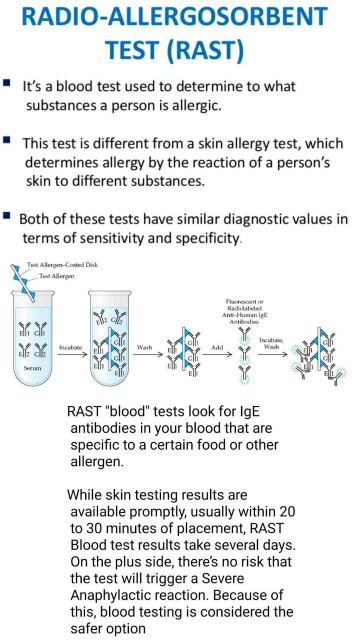
It can be difficult to determine whether, on balance, the condition is predominantly allergic or non-allergic. Certain factors tend to support one or other interpretation.

https://www.annallergy.org/article/S1081-1206(10)60220-7/fulltext

If the history supports a strongly allergic component and this is supported by allergy testing, you might elect to start treatment with isopathic preparations of the main allergen. If there are multiple positive reactions many homeopaths will apply a miasmatic disease model. Please see Unit 37 Principles and Practice , and the description of 'Tuberculinism' in the Units that follow

Your treatment strategy may be partly based on objective





results of allergy testing. Particularly if you wish to differentiate between atopic and non-atopic patients, or are considering isopathy as your main avenue of approach. The table overleaf is a summary guide to the interpretation of allergy tests.

Interpreting allergy tests

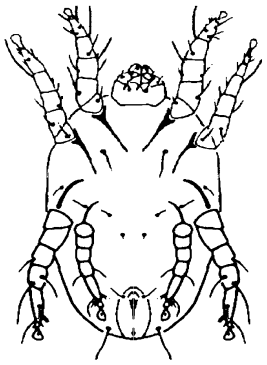
RAST Classes	Total IgE		
	LOW (<25 kU/l)	MODERATE (25-100 kU/l)	HIGH (>100 kU/l)
0U Class 0 undetectable	Not atopic	Atopy unlikely	Atopy not excluded ? False negative RAST Consider retesting.
0.35U Class 1 low	? False positive RAST Consider retesting	Questionable significance. Consider repeat test	Not diagnostic for atopy, but suggestive. Consider repeat test.
0.7U Class 2 moderate	? single sensitivity. Not diagnostic of atopy.	Equivocal significance Possibly atopic Consider repeat test	Probably atopic. Probability considered on basis of case history
3.5U Class 3 high	Probable single sensitivity. Not diagnostic for atopy		**Atopy very likely**
17.5U Class 4 very high	Probable single sensitivity ? History of anaphyllaxis		**Definitely atopic**

Among the most important allergens are the various species of house dust mite (dermatophagoides). Various parts of the mites' body are allergenic, as well as its faeces.

Because house dust mite has never been the subject of a formal proving, it does not have a symptom picture as such. The account overleaf relates mainly to the evoked symptomatology from various house dust mite sensitive individuals.

See also section in Foundation Course on Isopathy. for a list of other common allergens and listings in next unit.

House Dust Mite *(Dermatophagoides pterynismus)*



Headaches, typically due to sinus congestion in allergic individuals

Nasal obstruction with post nasal drip
Chronic catarrh, often accumulating overnight
Expectoration in the morning
High incidences of recurrent respiratory infection
Mouth breathing
Snoring
Nasal irritation after sudden exposure to dusty environment
Exacerbation of rhinitis and / or asthma in autumn
(especially after central heating / or convector heating turned on)

Wheezing
Nocturnal cough (common in allergic children)

Loose stools

Angio-oedema
Urticarial eruptions
Eczema

Main clinical indications:

Asthma
Atopic Eczema
Perennial rhinitis
Chronic sinusitis
Congestive headaches and chronic catarrhal states

Periodical references

Hardy J
A double blind, placebo controlled trial of house dust potencies in the treatment of house dust allergy
Mid Homoeopath Res Grp Newsletter 1984 Feb;(11): 75-76

Brostoff J
Low dose desensitisation
dust, hypersensitivity, pollen, allergens, house dust mite, rhinitis
Comm Br Homoeopath Res Grp 1986 Oct;16:21-4

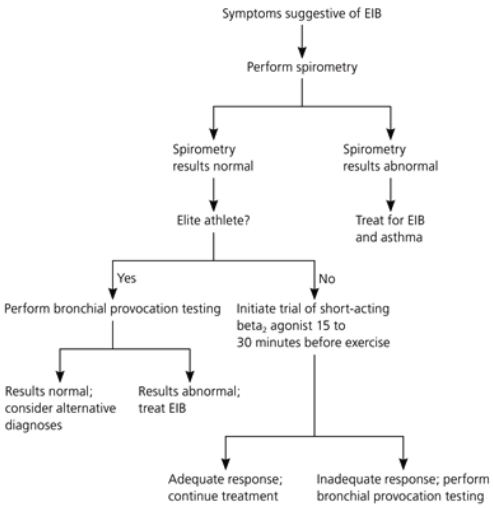
Morris-Owen RM, Datt-Lai K
Observations on the effect of house dust potencies
Br Homoeopath J 1981 Apr;70(2):70-93

Gibson RG, Gibson SL
A new aspect of psora - the recognition and treatment of house dust mite allergy
Br Homoeopath J 1980 Jul;69(3):151-8

Using Keynote Indications

In attempting to determine which prescribing strategy will be most suitable for a patient, the busy doctor might run a kind of mental algoryhthm based on a few keynotes.
Some of the questions he/she might ask include:

- Is there a strong family history of asthma, eczema, or hayfever? (? Miasm)
- Are there obvious circumstances surrounding the onset of the condition?
  eg. Infection (? Nosode)
- Is bronchospasm triggered by intrinsic or extrinsic factors? (?Isopathy)
- Is there a family history of tuberculosis? (? Tuberculinism)
- Are there clear environmental factors? (? Prescribe on the current state, ot trigger factor)
- Does the patient conform to a known typology or constitution which is clearly linked to asthma? (? Constitutional or fundamental remedy)
- Is there clinical entanglement with exercise induced bronchospasm and / underlying cardio-respiratory pathology?



The following table lists a few of the remedies associated with each keynote indication.

Strategy	Main Indications	Exemplar Treatments
Isopathic	Extrinsic asthma, atopic patients	House dust mite/House dust Animal danders Feathers Moulds Pollens Natural / synthetic fibres
Tautopathic	Asthma following pharmacological suppression of acute conditions	Pseudoephedrine Paracetamol
	Asthma aggravated following suppression of skin eruptions	Cortesone Zincum metallicum
	Exercise induced asthma	Adrenaline Cortesol
	Hay asthma, or asthma following suppression of hayfever	Histamine
Nosodes	Asthma first triggered by bronchiolitis	RSV nosode See also viral nosodes
	Evidence of miasmatic predisposition	Tuberculinum Psorinum
	Wheezy bronchitis with expectoration	Bacillinum
Pathological	Rarely indicated as a first line approach in most atopic asthma. The condition is characterised by inappropriate physiological reaction. Tissue changes are few	Cuprum aceticum

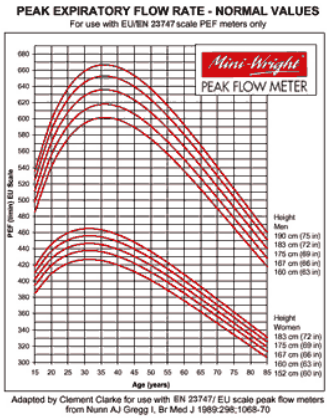
Some homeopaths will prefer to balance the relative influence of several underlying elements as summarised in the diagram overleaf. (Allergic status vs. Clinical pathophysiology)

Clinical present -ation ▽	Allergic status ▷	Low IgE level	Low - Moderate IgE levels		High IgE level
		No positive RASTs	1-2 positive RASTs	< 5 positive RASTs	Many positive RASTs
		Non-allergic	Class 2-4	Class 2-4	Class 3-4
Physiological Hyper-reactivity	endogenous	**METHACHOLINE** **Adrenaline, Coffea, Digitalis** **Amyl-n, Arg-n, Kali-n., Nux-v**		**HISTAMINE** **Apis** **Iodum**	
	general	**Cocaine** (altitude) **Acon. Ars. Ign.**(chill / anxiety / fright)		**Carcinosin** (emotions & multiple allergies)	
	climatic	**Acon. Caust. Hep-s.** (cold & dry) **Lobelia, nux-v** (cold air) **Dulc. Nat-s. Thuja** (humidity)		**Ambrosia** **Sabadilla** (diffuse seasonal allergies)	
	inhaled irritants	**Bromium**(sea)	**DUST MITES** (allergic) **POLLENS** (allergic) **MOULDS** (allergic) **ANIMAL DANDERS** (allergic)		**Constitutional** **Tuberculinum** **Carcinosin** **Psorinum**
		Ammonia **Chlorine**			
		Blatta (dust-irritant)			
		Ipecac. Silica (dusts / foreign inhalants & infections)			
Infection	infective	**Bacill. Ant-t,** **Bry. Dros.** **Phyt. Sil**	**Ipecacuanha** (allergic/infective indications)	**Aspergillus**	
		Chin. Chin-a. Syc-co (intercurrent / recurrent infection)			
	post-infective	**Mycoplasma Influenzinum** **Gelsemium**	**Constitutional**		
Pathological	respiratory	**CUPRUM salts** **Ammonium salts, Bromium, Chlorum** **Strychninum, Stannum**			
	cardio-respiratory	**Kali ars.,Kali bich. Kali brom., Kali chl., Kali -i.,** **Nux vomica** **SPONGIA**			
	cardiac	**Cactus grandiflora, Crotalis horridis, Naja** **Natrum arsenicosum**			

Acute on Chronic Management

Once the underlying treatment strategy is well underway, the patient should experience an improvement in the clinical manifestations. Always seek objective indicators to support patient experiences:

- Increased exercise tolerance.
- Reduced recovery times after exercise.
- Diminished frequency of acute episodes.
- Diminished duration of acute episodes.
- Reduced tendency to bronchospasm with simple upper respiratory infections.
- Reduced requirement for bronchodilators.
- Disappearance of night cough (especially children)
- Reduced accumulation of bronchial, laryngeal and nasal catarrh overnight (especially those desensitised with isopathic remedies)
- Increased tolerance of changes in temperature and humidity.
- Objective increase in peak flow recordings.



Against a background of consistent improvement there are nearly always set-backs. Even optimal improvments achieved with miasmatic and constitutional prescribing cannot guarantee stability in the face of intercurrent events. (for example, accidents, bereavement, severe infections, dental treatment, drug therapy, ill-informed drug use, shocks, immunisations, changes in circumstances or diet etc.)

In these situations a sudden deterioration is often attended by an increase in bronchodilators or courses of oral steroids.
This is particularly likely when appropriate homeopathic treatment is not immediately available to the patient. Always keep patient safety in mind and advise your patients regarding standard prophyllaxis strategies if homeopathic cure is not achieved.

Under these circumstances progress can be set back by many weeks. It is important to stress that the physician at hand should not be undermined in their responsibility for the patient's safety as a result of conflicting advice. If the physician on duty is a non-homeopath, the patient's homeopathic care should never preclude emergency drug therapy.

It is important that the homeopath advises his patient accordingly, and is prepared to take up the threads of the case, once the acute episode has resolved. Ideally the homeopath and the GP are one and the same, or the GP has an awareness of the issues which relate to supportive care of patients under the care of a specialist homeopath.

Ideally acute on chronic prescribing conforms closely to the dynamics of the case. The acute prescription is often selected on the basis of the destabilising event or trigger. A table of trigger factors and their associated remedies is given overleaf.

A careful homeopath will try to use acute relations to the previous prescription by making reference to the known remedy relationships, in an attempt to avoid unnecessary disruption to their previous remedy responses.

Asthma triggers	Remedies
anger	**Ars, Cham,** nux-v
bathing	borax, psor
cellars	ant-t, nux-m, *sep*, stram
charcoal fumes	acet-ac, acn-c, arn, bell, bor, coff, op
cold air	acon, am-c, ars, bar-c, brom, carb-v, hep, lach, meny, nit-ac, phos, rhus-t, rumex, seneg, spong
cold general	*acon*, ars, *bell, bry*, cham, chin, cycl, **Dulc, Ip**, nux-m, *nux-v*, puls, rhus-t, samb, spong, *staph*
copper fumes	camph, *ip*, lyc, *merc*, nux-v, op, *puls*
damp	ant-t, *bry*, calc, carb-v, dulc, mang, nat-s, nux-m, spong, sulph
dancing	puls, spong,
dry air	alum, ars, bry, carb-v, **Caust, Hep**, *kali-c*, **Nux-v**, sabad, *sep, sil, spong*, staph, sulph, zinc
dust	*ambr, ars, ars-i, bad, blatta, carb-v, dulc, euph,* **Iod,** *kali-i, lach, nat-s, nux-v, op,* pothos, *sabad, sil, sol-n, stict*
emotion	*calc*, calc-a, calc-p, *caust*, gels, ign, kali-br, *kali-p*, kreos, lyc, nat-c, *nat-m*, nit-ac, *nux-v*, phos-ac, *phos*, *psor*, **Puls**, *sep*, **Staph**, *verat, zinc*
eruptions suppressed	*apis, ars, carb-v, dulc, ferr*, hep, *ip, psor,* **Puls**, sec, *sulph.*
exercise	*ars, brom, calc,* ferr, kali-c, lyc, *nat-m,* nux-v, phos, puls, *spong, verat*
fog	bry, *rhod*, rhus-t, sep, *sil*, sulph, verat
foot sweat suppressed	ol-an
fright	acon, bell, ign, rhus-t, samb, stram
grief	arn, asar, *cham*, **Ign**, ph-ac, phos
hay asthma	ail, all-c, ars, ars-i, arum-t, arund, brom, carb-v, cycl, dulc, euph, gels, iod, kali-bi, kali-i, kali-p, naja, Nat-m, nux-v, Psor, puls, ran-b, Sabad, sang, sil, sin-n, stict, teucr, wye
heart disease organic	lycopus, naja, spongia
heat general	acon, ant-c, brom, bry, carb-v, caust, coc-c, dig, iod, kali-c, mag-c, nux-m, **Puls**, rhus-t, sil, thuj, zinc
indoors	arg-n, brom, bry, croc, laur, mag-c, mag-m, nat-c, nat-m, puls, spig, spong
sea wind	cupr, mag-m
spring	ambr, *cina*, *gels*, kreos, lac-ac, *verat*
tobacco smoke	*acon*, agar, atro, brom, cocc-c, *coloc*, *dros, euphr, ign*, iod, lach, **Nux-v**, puls, spong, staphys, sul-ac, tarent, thuj
vaccination	**Thuj**
viral infection after	cham, *dros*, dulc, eup-per, hyos, ign, ip, kali-bi, **Pertussin,** *puls*, sang, scill, stict

weather, change of	*ars*, chel, dulc, *sil*, spong, verat, verb
weather, cold & damp	**Dulc**, *med, nat-s*
weather cold & dry	acon, caust, hep
winter	acon, *cocc-c*, dulc, eupi, *kreos, nit-ac*, plan, *psor, rumx, stann,* staph

Journals & Periodicals

Kanjilal JN
The asthmatic patient: his relation to tuberculinic or sycotic miasm
J Am Inst Homeopath 1979 Mar;72(1): 8-12

Hubbard EW
Asthma in a child of four
ipecacuanha, cuprum
J Am Inst Homeopath 1979 Mar;72(1): 26

Wilson JJ
Asthma and homeopathy
J Am Inst Homeopath 1979 Dec;72(4): 205-206

Gutman J
Homeopathic research
beryllium, cadmium metallicum, natrum fluoratum, influenzinum, rauwolfia, serpentina, alloxan, sulphurous acid,
J Am Inst Homeopath 1981 Dec;74(4): 29-43

Bellokossy FK
Case studies using ultra-high potencies
potency, ignatia, graphites
case report, psoriasis, asthma
J Am Inst Homeopath 1974 Jun;67(2): 105-108

Patel RP
Luffa operculata in asthma
J Am Inst Homeopath 1973 Dec;66(4): 219-222

Trexler HL
Presentation of an allergy case
case report, homeopathic drugs - ther use, child, asthma
J Am Inst Homeopath 1970 Dec;63(4): 238-240

Junkermann EB
The relationship of homeopathic therapeutics to the field of medicine today
ARTHRITIS, ASTHMA
J Am Inst Homeopath 1968 Apr-Jun;61(4-6): 104-107

Rood MB
Adrenalin, iron and the principle of least action
ASTHMA - DRUG THER
child, case report, homeopathic drugs - ther use
J Am Inst Homeopath 1966 Sep-Oct;59(9-10): 314-315

Gnaiger J
Allergic asthma
asthma, homeopathic drugs, hypersensitivity
Br Homoeopath J 1990 Jul;79(3):135-7

Wallace K
Allergies and homeopathy
Homeopathy 1987Feb;37(1):3-9

De Freitas LA, Goldenstein E, Sanna OM

Evaluation de l'efficacite du Blatta orientalis en prophylaxie et dans le traitement de l'asthme chez les enfants
asthma, blatta orientalis
medicinal plants, child, infant
Homeopathie Francaise1990 Jul-Aug;78(4):25-30

Koppikar SP
Answers without questions in acute asthmaticsituations
asthma, homeopathy
ASTHMA - THER, HOMEOPATHY
Hahnemann Homoeopath Sand 1987 Jan;11(1):15-23

Shah J
Asthma and allergic bronchitis
asthma, bronchitis, homeopathy
ASTHMA - THER, LUNG DIS - THER, HOMEOPATHY, IMMUNOLOGIC DIS -THER
Homeopath Int 1988 Jan;2(1):12-3

Vincenzo F
A clinical case: asthma and Staphysagria and homeo-mesotherapy
asthma, acupoints, staphysagria, case-report
ASTHMA - THER, HOMEOPATHY -METHODS, ACUPOINTS
Homeopath Int 1987 Oct;1(2):13,22

Gebhardt KH
Homootherapie der Schleimhautkatarrhe der Kuftwege, Speisewege und Harnwege
hay fever, irritable bowel syndrome, pyelonephritis, homeopathy
ASTHMA , GASTROINTESTINAL DIS, HYPERSENSITIVITY, OTORHINOLARYNGOLOGIC DIS, IMMUNOLOGIC DIS , UROLOGIC DIS
Erfahrungsheilkunde 1988 Apr;37(4):202-4

Cardiac asthma - penicillin
dyspnea paroxysmal, penicillins
RESPIRATION DISORDERS - THER, HEART DIS - THER, HOMEOPATHY
Indian J Homoeopath Med 1987 Jul-Sep;21(3):19

Muller HV
Kindliches Asthma
ASTHMA- THER, CHILD, HOMEOPATHY
Z Klass Homoopath Arzn 1986 Nov-Dec 1986;30(6):251-5

McGuire S
When drugs are not the cure
ASTHMA
homeopathy, otorhinolaryngologic dis. Guardian 1987 Sep 8

Sankaran R

Elliott CK
Homoeopathic immune response in chronic respiratory tract symptomatology
Complement Med 1985 Jul;1:16-8

Elliott CK
Homoeopathic immune response in chronic respiratory tract symptomatology
Homeopathy 1986 Jan-Feb;36(1-2):15-7

Verma L
Homeopathy in bronchial asthma
Hahnemann Homoeopath Sand 1986 Jan;10(1):9-11,19

Johnson CD
Spring fever
influenza, hay fever, asthma, bites
virus dis, nose dis, respiratory tract dis, lung dis, injuries
Homeopathy 1986 Mar-Apr;36(3-4):35-40

Morice A
Adulterated homoeopathic cure for asthma (letter)
prednisolone, betamethasone, dumcap, asthma
ASTHMA , ANTIINFLAMMATORY AGENTS
Lancet 1986 Apr 12;1(8485):862-3

Baudemprez Ch
Tuberculinum
tuberculin, neurodermatitis, tuberculinum
Z Klass Homoopath Arzn 1986 May-Jun;30(3):100-110

Jack RA
Caution learned from experience
appendicitis
DEPRESSIVE DISORDERS, DIGESTIVE SYSTEM DIS, BACTERIAL INFECTIONS, ASTHMA
Homeopathy 1986 Sep-Oct;36(9-10):115-8

Wallace KR
The homoeopathic treatment of asthma and allergies
eczema, pollen, hypersensitivity
Br Homoeopath J 1986 Oct;75(4):218-26

Twentyman LR
On asthma
Br Homoeopath J 1985 Jul;74(3):149-55

Krishnamurty PS
Homoeopathic therapy in bronchial asthma
Hahnemann Glean 1984 Sep;51(9):355-60

Shah J
Bronchial asthma. Clinical research from homoeopathic standpoint
Indian J Homoeopath Med 1984 Jul-Sep;19(3):121-31

Shah J
Asthma: clinical research from a homoeopathic standpoint
Hahnemann Glean 1984 Aug;51(8):291-300

Hudson PJ
The acute asthmatic attack
Homoeopath 1981 Spring;1(3):7-9

Shah J
Asthma: therapeutic tips
Indian J Homoeopath Med 1988 Jul-Sep;23(3):206

Recca J
The homoeopathic treatment of bronchial asthma
Hahnemann Glean 1985 Jan;52(1):3-9

Sarabhai P
Bronchial asthma: cases
Indian J Homoeopath Med 1988 Jul-Sep;23(3):207-9

Dastur B
Cases: pulmonary disorder
eczema, sulfur, calcarea carbonica, bronchiectasis, tuberculinum bovinum
Indian J Homoeopath Med 1988 Jul-Sep;23(3):210-3

Wadia SR
A case of asthma
bacillinum
Indian J Homoeopath Med 1988 Jul-Sep;23(3):214

Mevawala HB
Bronchial asthma - acid sulphurosum
sulphurosum acidum, air pollutants, case-report
Indian J Homoeopath Med 1988 Jul-Sep;23(3):215

Gunvante SM
Bronchial asthma - rare remedies
asthma,silicea, cannabis sativa, case-report
Indian J Homoeopath Med 1988 Jul-Sep;23(3):216

Farooqui JA
Importance of a dream - a case
ASTHMA , PSYCHOPHYSIOLOGY
Indian J Homoeopath Med 1988 Jul-Sep;23(3):224-5

Senger I
Antihomotoxische Therapie bei Asthmabronchiale
Biol Medizin 1989 Feb;18(1):335-47

Frase W
Die antihomotoxische Therapie des Asthmabronchiale
Biol Medizin 1989 Feb;18(1):347-60

Goel AC, Pal Singh T
Homoeopuncture in bronchial asthma: a research study
Indian J Homoeopath Med 1988 Jul-Sep;23(3):251-2

Illing KH
Asthma bronchiale - Drei Krankengeschichten
natrum muriaticum, kalium carbonicum, sulfur
Allgem Homoopath Zeit 1989 Mar-Apr;234(2):50-3

Diamantidis S, Polychronopulu A, Kivelou P, PapakonstadinuG
The homeopathic treatment of chronic bronchial asthma
Homeopath Int 1989 Oct;3(3):7-9

Mehta NV, Samant SG
The antimiasmatic intercurrents: How? Why?When?
Indian J Homoeopath Med 1989 Apr-Jun;24(2):98-9

Kishore J
Clinical confirmation of Tylophora Indica
Hahnemann Homoeopath Sand 1989 Oct;13(10):225-8

Sastry KG
Asthma an enigma
ASTHMA, HOMEOPATHIC DRUGS
Hahnemann Homoeopath Sand 1990 Mar;14(3):45-51

Delattre M
Un cas d'asthme
Rev Belg Homoeopath 1990 Jun;42(2):37-47

Hoagland GD
Understanding asthma
Hahnemannian 1990 Jul;(10):9-20

Davey R, Tee D
Measurement techniques with special reference to immunology
placebos, potentisation, immunologic factors, research
Mid Homoeopath Res Grp Newsletter 1981 Aug;(6): 7-14

Anon
Little cases - Asthma
kali carbonicum

Homeopathy 1933 Jan;2(1): 24

Blunt HB
The treatment of asthma -1
Homoeopathic World 1929 Jun;64(762): 148-150

Blunt HB
Treatment of asthma - 2
natrum muriaticum
Homoeopathic World 1929 Jul;64(763): 179-182

Blunt HB
The treatment of asthma - 3
Homoeopathic World 1929 Aug;64(764): 211-215

Bellairs RH
Curing one disease with another. Tuberculin versus asthma
Homoeopathic World 1923 Apr;58(4): 102-103

Stephenson RS
Some experiences with the nosodes psorinum
Homoeopathic World 1909 Dec;44(12): 553-555

Gerrard JW, King DS
A double-bind study on the value of low-dose immunotherapy in the treatment of asthma and allergic rhinitis
ASTHMA, RESPIRATORY HYPERSENSITIVITY, IMMUNOTHERAPY
Clin Ecol 1989 6(2): 43-46

Kopp F
Materia medica keynotes - 8
ptelea trifoliata, lobelia inflata, oenothera biennis
asthma, homeopathic drugs
Homoeopathic World 1908 Mar;43(3): 118-121

Tyler ML
Some asthmatic conditions with their remedies
Homeopathy 1935 Aug;4(8): 239-247

Anon
Little cases
pneumonia, natrum sulphuricum, erysipelas, cantharis
ASTHMA, LUNG DIS, INFECTION, BACTERIAL INFECTIONS, FACE
Homeopathy 1935 Aug;4(8): 250-251

Tyler ML
Some unusual asthma remedies
blatta orientalis, mephitis
Homeopathy 1940 Dec;9(12): 333

Bucken D
Pathologie lourde deux cas cliniques
ASTHMA, RECTAL DIS, HEMORRHAGE
Rev Belg Homoeopath 1990 Sep;42(3):9-22

Bucken D
Pathologie lourde: deux cascliniques
case report, child, drug therapy, asthma, colitis ulcerative, intestinal dis
Rev Belg Homoeopath 1990 Sep;42(3):9-22

Barthel M
Juvenile asthma
natrum sulphuricum
Ger J Homeopath 1989;1(2):94-6

Braun A
Pediatric bronchial asthma as a result of missed homeopathic opportunities
natrum sulphuricum
Ger J Homeopath 1989 1(2): 90-94

Boucinhas JC, Medeiros Boucinhas ID
Prophylaxie des crises d'asthme bronchique chez l'enfant par l'usage de poumon histamine 5CH
homeopathic drugs, drug therapy, research
Homeopathie Francaise 1990 Nov-Dec;78(6):35-9

Kent JT
Natrum sulphuricum and sycosis
SKIN DISEASES INFECTIOUS, HOMEOPATHIC DRUGS
drug therapy, asthma, epilepsy, miasms
Ger J Homeopath 1989;1(2):66-72

Reichenberg-Ullman J, Ullman R
A case of pediatric asthma
drug therapy, child, case report
Townsend Lett 1991 May;94:307, 380

Bodman F
Asthma
ipecacuanha, phosphorus, pulsatilla
Hahnemannian Gleanings 1974 Dec;41(12): 533-540, 545

Kanjilal JN
The asthmatic patient: his relation to tuberculinic or sycotic miasm
Hahnemannian Gleanings 1976 Oct;43(10): 468-472

Sims Pounds F
Aconite - unlimited?
asthma, homeopathic drugs
Hahnemannian Gleanings 1978 Jan;45(1): 15-17

Lane DJ
Alternative and complementary medicine for asthma (editorial)
ASTHMA, COMPLEMENTARY MEDICINE, RESEARCH, ATTITUDE
Thorax 1991 46: 787-797

Underhill E
Asthma and its homoeopathic treatment
Homeotherapy 1984 10(6): 161-166

Hubbard EW
Asthma in a child of four
child, homeopathy, case report
Homeotherapy 1984 10(6): 167

Garcia-Trevino E
The treatment of bronchial asthma
Hahnemannian Gleanings 1982 Nov;49(11): 505-513

Male RR
Homoeopathic simmerings under the Southern Cross
ASTHMA
new zealand, homeopathy
Homeopathy 1977 27: 11-15

Anon
Asthma
Homeopathy 1970 Mar;20(3): 25-27

Ross AG
Three contrasting medicines
sumbul, nux moschata, asafoetida
asthma, homeopathic drugs
Homeopathy 1970 Dec;20(12): 132-133

Balfour WL
Homeopathy and asthma
Homeopathy 1968 Oct;18(10): 113-116

Asthma (CN)
Br Homoeopath J 1932 22: 417

Asthma (CN)
Br Homoeopath J 1937 27: 380

Asthma (CN)
Br Homoeopath J 1958 47: 132

Asthma (discussion)
Br Homoeopath J 1957 46: 184

Asthmatic patient (CN)
Br Homoeopath J 1962 51: 108

Blackie MG
Asthma
Br Homoeopath J 1932 22: 179

Bodman FH
Asthma
Br Homoeopath J 1972 61: 153

Bodman FH
Homoeopathic treatment of asthma
Br Homoeopath J 1929 19: 311

Brieger JE
Scylla and Charybdis
Br Homoeopath J 1965 54: 251

Cardiac asthma (CN)
Br Homoeopath J 1916 6: 371

Gnaiger J
Allergic asthma
Br Homoeopath J 1990 79: 135

Neatby TM
Asthma
Br Homoeopath J 1927 17: 253

