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HOMOEOPATHIC MANAGEMENT OF CHILDHOOD BRONCHIAL ASTHMA WITH RECURRENT RESPIRATORY TRACT INFECTIONS AND ADENOID HYPERTROPHY: A LONG-TERM CASE REPORT

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ABSTRACT

Background: Bronchial asthma is one of the most common chronic respiratory disorders in children and is characterized by recurrent wheezing, cough, airway inflammation, and variable airflow obstruction. Frequent respiratory tract infections, allergic predisposition, and environmental triggers significantly impair quality of life and often necessitate repeated use of inhalers, antibiotics, and corticosteroids. Individualized homoeopathic treatment aims to reduce susceptibility by addressing the patient's constitutional characteristics rather than merely suppressing acute symptoms. **Case Summary:** A 4-year-old female presented with bronchial asthma since infancy, associated with recurrent cough, cold, wheezing, fever, nasal blockage, adenoid hypertrophy, snoring, and poor immunity. She had been dependent on inhaled bronchodilators, nebulization, and repeated allopathic medications. Constitutional case analysis revealed a hyperactive, talkative, irritable child with marked attachment to her father, desire for sweets, chilly thermal state, recurrent respiratory infections, and strong hereditary predisposition. Individualized homoeopathic treatment with Tuberculinum as the constitutional remedy, supported by acute and intercurrent prescriptions, was administered. **Outcome:** During approximately three years of follow-up, the child demonstrated marked reduction in frequency and severity of asthma attacks, wheezing, recurrent respiratory infections, fever, nasal obstruction, and snoring. Dependence on emergency respiratory medications progressively decreased, immunity improved, and overall quality of life was significantly enhanced. **Conclusion:** This case demonstrates the potential role of individualized homoeopathic treatment in reducing disease susceptibility and improving long-term clinical outcomes in childhood bronchial asthma with recurrent respiratory infections.

Keywords: Bronchial asthma, recurrent respiratory tract infection, adenoid hypertrophy, individualized homoeopathy, Tuberculinum, pediatric asthma.

INTRODUCTION

Bronchial asthma is a chronic inflammatory disease of the airways characterized by recurrent episodes of wheezing, cough, breathlessness, and variable airflow limitation. It represents one of the leading chronic illnesses among children worldwide and contributes substantially to school absenteeism, healthcare utilization, and impaired quality of life. Recurrent viral respiratory infections, allergic sensitization, environmental pollution, and hereditary predisposition are recognized contributors to disease persistence and exacerbations.

Children with recurrent asthma frequently require repeated courses of bronchodilators, inhaled corticosteroids, antibiotics, and hospitalization. Although conventional therapy effectively controls acute exacerbations, many children continue to experience recurrent respiratory infections and prolonged dependence on medication.

Homoeopathy approaches asthma through individualized constitutional prescribing based on the patient's mental characteristics, physical generals, hereditary tendencies, and characteristic symptomatology. The objective is to reduce susceptibility to recurrent illness, thereby decreasing disease recurrence and improving overall health.

This case describes the long-term successful management of childhood bronchial asthma associated with recurrent respiratory infections, adenoid hypertrophy, and poor immunity using individualized homoeopathic treatment.

CASE PRESENTATION

A 4-year-old female child was brought by her parents with complaints of recurrent episodes of bronchial asthma since infancy.

Each episode was characterized by:

- Recurrent cough
- Running nose
- Wheezing
- Fever
- Difficulty in breathing
- Nasal obstruction
- Snoring
- Poor immunity

Symptoms were aggravated by seasonal changes, exposure to pollution, cold foods, sweets, and ice creams. The child had been living in Delhi during the early years when respiratory symptoms were particularly frequent.

She had required repeated courses of:

- Inhalers

- Nebulization
- Bronchodilators
- Antibiotics
- Antipyretics

The parents reported that despite continuous treatment, respiratory infections recurred frequently and significantly affected her daily activities.

History of Present Illness

The child developed breathing difficulty shortly after birth and was diagnosed with bronchial asthma.

Over the years she experienced:

- Frequent cough and cold
- Recurrent wheezing
- Fever accompanying respiratory infections
- Nasal blockage
- Snoring
- Repeated viral infections
- Poor immunity

Clinical examination consistently revealed wheezing over the lungs during exacerbations.

Adenoid hypertrophy was also noted during follow-up, contributing to nasal obstruction and snoring.

Past History

- COVID-19 infection
- Recurrent nebulization since infancy
- Long-term inhaler use
- Previous allopathic treatment
- No history of surgery

Family History

- Grandfather with bronchial asthma
- Paternal aunt with bronchial asthma
- Family history suggestive of hereditary allergic predisposition

Physical Generals

- Appetite: Good
- Desire: Sweets, chocolates, chicken, eggs

- Aversion: Cakes
- Thirst: Approximately 1 litre/day
- Thermal: Chilly
- Perspiration: Profuse over scalp with offensive odour
- Sleep: Disturbed during illness
- Urine: Normal
- Stool: Normal

Mental Generals

The child was:

- Very talkative
- Hyperactive
- Energetic
- Friendly with everyone
- Strongly attached to her father
- Easily irritable
- Easily cried when scolded
- Expressed emotions openly
- Did not remain seated in one place
- Enjoyed indoor games
- Desired chocolates and sweets
- Intelligent and socially interactive

Clinical Examination

General Examination

- Temperature: 96.3°F (during consultation)
- Wheezing heard on auscultation
- Bilateral air entry present
- Mild respiratory distress during acute attacks
- Adenoid enlargement noted
- Nasal obstruction present during exacerbations

Diagnosis

Bronchial Asthma with Recurrent Respiratory Tract Infections and Adenoid Hypertrophy

Differential Diagnosis

- Viral induced wheeze
- Allergic bronchitis
- Allergic rhinitis
- Recurrent lower respiratory tract infection

Case Analysis

The child presented with a longstanding history of bronchial asthma beginning in infancy, accompanied by recurrent respiratory tract infections and poor immunity. Despite prolonged conventional treatment with inhalers, nebulization, and repeated medications, respiratory episodes continued to recur.

Characteristic features that guided constitutional analysis included:

Mental Characteristics

- Hyperactivity
- Talkative nature
- Irritability
- Strong paternal attachment
- Friendly disposition
- Open emotional expression

Physical Characteristics

- Chilly constitution
- Desire for sweets
- Profuse scalp perspiration
- Recurrent respiratory infections
- Wheezing
- Hereditary allergic predisposition
- Adenoid hypertrophy

These characteristic mental, physical, and hereditary features formed the basis for individualized homoeopathic prescription aimed at reducing the child's constitutional susceptibility to recurrent respiratory illness.

Totality of Symptoms

Mental Generals

- Very talkative and extroverted
- Hyperactive child

- Irritable when contradicted
- Easily cries
- Openly expresses feelings
- Strong attachment to father
- Friendly and energetic
- Loves indoor games
- Desires chocolates and sweets

Physical Generals

- Chilly patient
- Profuse perspiration over scalp
- Offensive sweat
- Desire for sweets, chicken and eggs
- Aversion to cakes
- Low water intake (≈ 1 L/day)
- Sleep disturbed during illness
- Wheezing on examination
- Family history of asthma

Particular Symptoms

- Bronchial asthma since infancy
- Recurrent cough and cold
- Recurrent wheezing
- Running nose
- Adenoid hypertrophy with nasal obstruction
- Snoring
- Frequent fever during exacerbations
- Long-term inhaler dependence
- Symptoms aggravated in polluted environment

Repertorial Analysis

Rubrics Considered

- Respiration – Asthmatic respiration
- Chest – Wheezing
- Nose – Coryza recurrent

- Nose – Adenoids enlarged
- Mind – Restlessness
- Mind – Talkative
- Mind – Irritability
- Generalities – Recurrent respiratory infections
- Generalities – Chilly patient
- Food – Desire for sweets

Leading Remedies

- Tuberculinum
- Bryonia
- Pothos foetidus
- Arsenicum album
- Calcarea carbonica

Remedy Differentiation

Tuberculinum (Constitutional)

Selected because of:

- Asthmatic tendency since birth
- Strong hereditary predisposition
- Recurrent respiratory infections
- Hyperactive, restless temperament
- Frequent recurrent illness despite conventional treatment
- Constitutional susceptibility to recurrent airway disease

Pothos foetidus (Acute)

Selected for:

- Dust allergy
- Wheezing
- Recurrent cough
- Bronchial irritation
- Allergic respiratory symptoms

Bryonia (Intercurrent)

Given during acute inflammatory episodes with fever and persistent cough.

Prescription**Constitutional**

Tuberculinum 200C

Acute

Pothos foetidus

Intercurrent

Bryonia

Supportive Advice

- Continue breathing exercises
- Avoid identified dietary allergens
- Reduce excessive sweets
- Improve hydration
- Avoid smoke, dust and pollution exposure
- Regular follow-up

Follow-up

Follow-up	Clinical Progress
Baseline	Recurrent asthma attacks since infancy, frequent cough, cold, wheezing, inhaler dependence, enlarged adenoids, recurrent fever.
June 2024	No cough or fever for nearly three months. Immunity improved. Travel to cold regions without respiratory relapse.
July–September 2024	No recurrent respiratory infections. Wheezing absent. Snoring reduced. Nasal blockage improved.
October–December 2024	Mild viral episodes managed without significant exacerbation. Overall respiratory health improved compared to baseline.
January 2025	Occasional cough following dietary indiscretion; symptoms milder than before treatment.
April–June 2025	One brief viral episode resolved rapidly. No persistent wheezing. Immunity markedly improved.
Late 2025	Two consecutive months without asthma attacks. No snoring. No significant breathing difficulty.
Early 2026	Only occasional mild respiratory symptoms. Fever frequency significantly reduced.
February–June 2026	Stable condition with no major asthma exacerbations, no recurrent fever, and marked reduction in cough and cold episodes.

Outcome

Following long-term individualized homoeopathic management:

- Marked reduction in frequency of asthma attacks.
- Significant decrease in recurrent cough and cold episodes.
- Wheezing greatly reduced.
- Snoring and nasal obstruction improved.
- Reduced dependence on emergency medications during exacerbations.
- Better immunity with fewer viral infections.
- Improved overall physical activity and general health.
- Child tolerated seasonal changes much better than before treatment.

Discussion

Bronchial asthma in children is frequently associated with recurrent respiratory infections, allergic predisposition, and airway hyperresponsiveness. This child had asthma since infancy with repeated wheezing, recurrent cough and cold, adenoid enlargement, and prolonged dependence on inhalers.

Individualized constitutional prescribing based on hereditary susceptibility, recurrent respiratory tendency, and characteristic mental and physical symptoms was combined with dietary regulation and avoidance of triggering allergens. Improvement was observed not only in acute respiratory symptoms but also in the frequency of infections, suggesting a reduction in overall disease susceptibility. During long-term follow-up, the child experienced prolonged symptom-free intervals, fewer febrile illnesses, reduced wheezing, and better tolerance to climatic changes.

Health-Related Quality of Life (HRQL)

Before treatment:

- Frequent asthma attacks.
- Recurrent hospital and physician visits.
- Dependence on inhalers.
- Disturbed sleep due to cough.
- Parents remained anxious about repeated respiratory illnesses.

After treatment:

- Significant reduction in respiratory episodes.
- Better sleep.
- Improved play activity.
- Improved immunity.
- Reduced parental anxiety.
- Better participation in school and daily activities.

Patient (Parent) Perspective

“Earlier our daughter frequently suffered from cough, cold, wheezing, and fever, and we constantly depended on inhalers and medications. Over time, her immunity improved remarkably. She now falls sick much less often, breathes comfortably, sleeps well, and even tolerates weather changes much better. We are very satisfied with her progress.”

Learning Points

- Constitutional homoeopathic treatment may help reduce susceptibility to recurrent respiratory infections in children with bronchial asthma.
- Assessment of hereditary predisposition and individual constitutional characteristics is valuable in remedy selection.
- Long-term follow-up is essential to evaluate reduction in disease recurrence rather than only acute symptom relief.
- Dietary regulation and avoidance of allergens complement individualized treatment.
- Improvement in immunity may lead to fewer respiratory infections, decreased wheezing, and enhanced quality of life.

Conclusion

This case demonstrates successful long-term management of childhood bronchial asthma with recurrent respiratory infections using individualized homoeopathic treatment. Over approximately three years of follow-up, the child showed a substantial reduction in asthma exacerbations, recurrent cough and cold episodes, wheezing, snoring, and fever frequency, with improved immunity, better tolerance to environmental changes, and a significant enhancement in overall quality of life.