

Original Research Article

Volume 15 Issue 04

April 2026

**ALLERGIC BRONCHIAL ASTHMA MANAGED WITH HOMEOPATHY  
CORRELATION OF CLINICAL OUTCOMES WITH IGE LEVELS – A CASE REPORT**

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**Abstract**

**Background:** Allergic Bronchial Asthma is a chronic inflammatory airway disorder characterized by bronchial hyper reactivity, wheezing, and recurrent paroxysms of breathlessness, often associated with allergic diathesis. Long-term dependence on allopathic medications such as Montelukast and Levocetirizine provides temporary relief but does not modify the underlying tendency. Homoeopathy, based on the law of similars, offers individualized treatment targeting both acute symptoms and constitutional predisposition

**Case Summary:** A 27-year-old female from Jaipur presented with recurrent episodes of dyspnoea, spasmodic cough, wheezing, nasal discharge, and suffocative attacks, particularly at midnight, for the last five years. She was dependent on daily Montelukast + Levocetirizine. Case-taking revealed marked anxieties, fear of death during suffocation, chilly thermal state,

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constipation with ineffectual urging, and profuse perspiration. Detailed analysis pointed towards remedies from the Kali group, with subsequent prescriptions of *Kali carbonicum*, *Kali muriaticum*, *Aralia Racemosa*, and *Pothos Foetidus* at different stages. Gradual improvement was observed with complete cessation of allopathic medications and a significant drop in serum IgE levels from 1925 IU/mL to 357.60 IU/mL

**Keywords:** Allergic bronchial asthma, Homoeopathy, Kali carbonicum, Kali muriaticum, Aralia Racemosa, Pothos Foetidus, Serum IgE

## Introduction

Bronchial allergic asthma is a chronic inflammatory disease of the airways characterized by variable and recurring symptoms, reversible airflow obstruction, and bronchospasm triggered by allergens such as dust mites, pollen, animal dander, and molds. The prevalence of asthma is increasing globally and impacts both children and adults, often leading to significant morbidity and healthcare costs<sup>1-2</sup>. Homoeopathy offers an individualized and holistic approach, addressing both acute manifestations and constitutional tendencies. Remedies such as *Kali carbonicum*, *Kali muriaticum*, and *Aralia Racemosa* are known for their effectiveness in respiratory hypersensitivity and asthmatic diathesis. This report presents a case of Allergic Bronchial Asthma successfully managed with individualized Homoeopathic treatment, showing both subjective relief and objective reduction in serum IgE levels.

## Etiology

The etiology of bronchial allergic asthma is multifactorial, involving both genetic predisposition and environmental factors. Genetic susceptibility (atopy), exposure to aeroallergens (dust mites, pollen), respiratory infections, occupational pollutants, and tobacco smoke are key contributors to disease onset. Mutations in multiple genes and family history of asthma further elevate the risk<sup>3-4-5</sup>

## Classification

Asthma can be classified based on clinical and etiological features

- **Allergic (extrinsic) asthma** - triggered by definite allergens and associated with atopy.
- **Non-allergic (intrinsic) asthma** - without identifiable allergens, often adult-onset.

- **Mild, moderate, or severe persistent asthma** - stratified by symptom frequency, intensity, and response to therapy<sup>6</sup>

### **Pathogenesis**

The pathogenesis centers on chronic airway inflammation and remodeling. Allergen exposure triggers a Th2 lymphocyte-mediated immune response, leading to IgE production, mast cell activation, and the release of mediators such as histamine and leukotriene's. These events cause airway hyperreactivity, bronchospasm, mucous hyper secretion, and eventual structural changes in the bronchial walls<sup>7-8</sup>

### **Risk Factors**

Key risk factors for bronchial allergic asthma include:

- Family history of asthma or atopy
- Presence of other allergies (atopic dermatitis, allergic rhinitis)
- Obesity
- Tobacco smoke exposure
- Occupational exposure to chemicals
- Air pollution (indoor/outdoor)
- Respiratory infections and chronic stress<sup>6-9</sup>

### **Complications**

Asthma, especially if uncontrolled, may lead to:

- Airway remodeling and permanent narrowing of bronchial tubes
- Frequent hospitalizations and emergency visits
- Decreased quality of life, missed work/school days
- Complications such as bronchiectasis, pulmonary fibrosis, and severe allergic broncho-pulmonary aspergillosis<sup>10</sup>

### **Investigations Indicated**

Essential investigations for diagnosis and monitoring:

- Pulmonary function tests (spirometry: pre- and post-bronchodilator reversibility)

- Peak expiratory flow measurement
- Allergy testing (skin prick, specific IgE)
- Chest X-ray and High-Resolution CT scan (to rule out complications or anatomical anomalies)
- Blood eosinophil count, serum IgE levels
- Sputum analysis for eosinophil's and infectious agents<sup>11-12</sup>

## **Case Report**

### **Patient Profile:**

- Age: 27 years
- Gender: Female
- Marital Status: Single
- Occupation: Student (preparing for government exams)
- Address: Jaipur, Rajasthan
- Nationality: Indian
- Religion: Hindu
- Socioeconomic status: Middle class

### **Presenting Complaints:**

- Recurrent paroxysmal episodes of breathing difficulty
- Spasmodic cough, especially at night/early morning
- Wheezing and chest tightness, worse in dust, cold, and damp weather
- Suffocative attacks around midnight, compelling her to sit upright
- Associated sneezing, nasal discharge, watery eyes, and throat itching
- Symptoms interfering with studies and daily routine

### **History of presenting complaints**

The patient had recurrent colds, nasal discharge, and sneezing for five years, which gradually progressed to nocturnal dyspnoea and suffocative attacks. She experienced marked

aggravation in cold and damp weather. She was on Montelukast + Levocetirizine daily for five years, with recurrence of complaints when skipping doses. Dissatisfied with allopathy, she sought homoeopathic treatment

**Past History:**

- Pneumonia at 10 years of age; never well since
- Recurrent allergic rhinitis
- Occasional abnormal PV discharge

**Family History:**

- Mother: Asthma
- Father: Healthy
- Brother: Healthy
- No family history of TB, DM, or hypertension

**Personal History:**

- Vegetarian diet
- No addictions
- Urinary incontinence occasionally
- Menses: Regular since menarche
- Vaccinated, no adverse effects

**Mental Generals:**

- Anxiety about health, especially during sleep
- Fear of death during suffocative attacks
- Fear of being alone and of impending disease
- Restlessness during attacks
- Emotional dependence on family
- Lack of self-confidence
- Dullness and sluggishness in comprehension

### **Physical Generals:**

- Thermal: Chilly, sensitive to cold
- Appetite: Diminished, nausea after eating
- Thirst: Moderate, medium quantity at intervals
- Aversion: Cold food, spices, fried food
- Stool: Constipation with ineffectual urging
- Urine: Occasional incontinence
- Perspiration: Profuse on face, head, and chest
- Sleep: Disturbed by midnight suffocative attacks

### **General Examination:**

- Built: Average
- Nutrition: Moderate
- Pulse: 92/min
- Respiratory rate: 22/min (↑ during attack)
- BP: 118/78 mmHg
- Temperature: 98.6°F
- SpO<sub>2</sub>: 96%
- BMI: 21.6

### **Systemic Examination (Respiratory):**

- Inspection: Use of accessory muscles during attacks
- Percussion: Resonant; hyper-resonant during attack
- Auscultation: Prolonged expiration with bilateral wheeze


### **Clinical Diagnosis & Assessment**

Through before and after treatment images of serum IgE levels and pre and post assessment of asthma control test questionnaire score


**Before homoeopathic treatment -**

- Serum IgE: 1925 IU/mL
- Asthma control test questionnaire pre score was - 7 out of 25

**Serum IgE Antibodies levels**



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**Laboratory Test Report**

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Patient Name : Miss.LALITA CHOUDHARY Age/Gender : 26 Y / F Visit No : SD240827041 Ref By : SDPL AK Ref By Doctor :	Collected : 27/08/2024 15:24 Received : Reported : 27/08/2024 18:46 Status : Final Panel Name : Barcode : SD240827041
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**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Interval
TOTAL IGE Serum Method: ECLIA	1925	IU/mL	0-175

**Interpretation Notes :**  
 Comment  
 Immunoglobulin E (IgE) is the most important trigger molecule for allergic information. The level of IgE is low during the first year of life, gradually increases with age and reaches adult levels after 10 years. Because IgE is a mediator of the allergic response, quantitative measurement of serum IgE, when integrated with other clinical indicators, can provide useful information for the differential clinical diagnosis of atopic and non-atopic disease. Patients with atopic disease, including allergic asthma, allergic rhinitis, and atopic dermatitis commonly have moderately elevated serum IgE levels. However, a serum IgE level which is within the range of normally expected values does not rule out a limited set of IgE-dependent allergies. Total serum IgE levels may also be elevated in the presence of some clinical conditions that are not related to allergy. These clinical conditions, immunodeficiency states, auto immune disease, Hodgkins disease, bronchopulmonary aspergillosis, IgE myeloma, and Sezary syndrome. As IgE is a mediator of allergic response, quantitative measurement can provide useful information for differential diagnosis of atopic and non-atopic disease. Patients with atopic diseases like Allergic asthma, Allergic rhinitis & Atopic dermatitis have moderately elevated IgE levels.

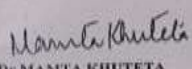
**Interpretation:**  
 \*Allergies are a common and chronic condition that involves the body's immune system. Normally, your immune system works to fight off viruses, bacteria, and other infectious agents. When you have an allergy, your immune system treats a harmless substance, like dust or pollen, as a threat. To fight this perceived threat, your immune system makes antibodies called immunoglobulin E (IgE).  
 \*Substances that cause an allergic reaction are called allergens. Besides dust and pollen, other common allergens include animal dander, foods, including nuts and shellfish, and certain medicines, such as penicillin.  
 \*Allergy symptoms can range from sneezing and a stuffy nose to a life-threatening complication called anaphylactic shock. Allergy blood tests measure the amount of IgE antibodies in the blood. A small amount of IgE antibodies is a larger amount of IgE may mean you have an allergy.

**Note :** The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.


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\*\*\* End Of Report \*\*\*

**B.L.**  
Lab Technician  
Authenticated On: 27/08/2024 16:57



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## Asthma Control Test Questionnaire Pre Score – 7



### Your asthma symptoms may not be as well controlled as they could be

If your score is 15 or less, your asthma may be very poorly controlled. Regardless of your score, continue to talk to your healthcare provider. There may be more you and your healthcare provider could do to help control your asthma symptoms.

### See your answers below

1. During the last 4 weeks, how much of the time has your asthma kept you from getting as much done at work, school or home?

\_\_\_\_\_ **1/5** \_\_\_\_\_

All of the time

2. During the last 4 weeks, how often have you had shortness of breath?

\_\_\_\_\_ **1/5** \_\_\_\_\_

More than once a day

3. During the last 4 weeks, how often have your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) woken you up at night or earlier than usual in the morning?

\_\_\_\_\_ **1/5** \_\_\_\_\_

4 or more nights a week

4. During the last 4 weeks, how often have you used your rescue inhaler or nebuliser medication (such as Salbutamol)?

\_\_\_\_\_ **2/5** \_\_\_\_\_

Once or twice per day


5. How would you rate your asthma control during the last 4 weeks?

\_\_\_\_\_ **2/5** \_\_\_\_\_

Poorly Controlled


### After homeopathic treatment –

- Serum total IgE – 357.60 IU/mL
- Asthma control test treatment after score – 24 out of 25



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**Laboratory Test Report**

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Patient Name	: Miss.LALITA CHOUDHARY
Age/Gender	: 26 Y / F
Visit No	: SD250227042
Ref By	: SDPL AK
Ref By Doctor	:

Collected	: 27/02/2025 15:30
Received	:
Reported	: 27/02/2025 15:50
Status	: Final
Panel Name	:
Barcode	: SD250227042

**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Interval
TOTAL IGE	357.60	IU/mL	Newborns <1.5 IU/ml Infants(less than 1 years old) <15 IU/ml Children (1-5 yearsold) <60 IU/ml Children (6-9 yearsold) <90 IU/ml Children (10-15yearsold) <200 IU/ml Adult <100IU/ml

**Serum**  
Method: ImmunoTurbidimetric

**Interpretation Notes :**  
 Comment  
 Immunoglobulin E (IgE) is the most important trigger molecule for allergic information. The level of IgE is low during the first year of life, gradually increases with age and reaches adult levels after 10 years. Because IgE is a mediator of the allergic response, quantitative measurement of serum IgE, when integrated with other clinical indicators, can provide useful information for the differential clinical diagnosis of atopic and non-atopic disease. Patients with atopic disease, including allergic asthma, allergic rhinitis, and atopic dermatitis commonly have moderately elevated serum IgE levels. However, a serum IgE level which is within the range of normally expected values does not rule out a limited set of IgE-dependent allergies. Total serum IgE levels may also be elevated in the presence of some clinical conditions that are not related to allergy. These clinical conditions, immunodeficiency states, auto immune disease, Hodgkins disease, bronchopulmonary aspergillosis, IgE myeloma, and Sezary syndrome. As IgE is a mediator of allergic response, quantitative measurement can provide useful information for differential diagnosis of atopic and non-atopic disease. Patients with atopic diseases like Allergic asthma, Allergic rhinitis & Atopic dermatitis have moderately elevated IgE levels.


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 \*Allergies are a common and chronic condition that involves the body's immune system. Normally, your immune system works to fight off viruses, bacteria, and other infectious agents. When you have an allergy, your immune system treats a harmless substance, like dust or pollen, as a threat. To fight this perceived threat, your immune system makes antibodies called immunoglobulin E (IgE).  
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 \*Allergy symptoms can range from sneezing and a stuffy nose to a life-threatening complication called anaphylactic shock. Allergy blood tests measure the amount of IgE antibodies in the blood. A small amount of IgE antibodies is a larger amount of IgE may mean you have an allergy.


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\*\*\* End Of Report \*\*\*

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**Asthma Control Test Questionnaire Pre Score – 24**



**Your Asthma Symptoms may be well controlled**

Your asthma symptoms appear to be well-controlled. Even so, asthma control can change over time so it's important to retest yourself regularly. Regardless of your score, continue to talk to your healthcare provider.

**See your answers below**

1. During the last 4 weeks, how much of the time has your asthma kept you from getting as much done at work, school or home?

5/5

2. During the last 4 weeks, how often have you had shortness of breath?

5/5

Not at all

3. During the last 4 weeks, how often have your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) woken you up at night or earlier than usual in the morning?

5/5

Not at all

4. During the last 4 weeks, how often have you used your rescue inhaler or nebuliser medication (such as Salbutamol)?

5/5

Not at all

5. How would you rate your asthma control during the last 4 weeks?

4/5

Well Controlled

**Follow-Up and Treatment**

- **Initial phase (May 2024):** *Calcarea phosphorica* 30, followed by *Tuberculinum* 200. Partial relief noted

- **June 2024:** *Kali muriaticum* 30 introduced → significant reduction in sneezing, nasal discharge, and breathing difficulty
- **August–September 2024:** *Pothos foetidus* 30 prescribed for acute exacerbation → reduced suffocative attacks
- **November 2024:** *Kali carbonicum* 200 + *Aralia racemosa* 30 → marked relief, no further midnight suffocation
- **December 2024 – March 2025:** Only placebo (*Sac Lac*) and supportive remedies (*Phytum*) required. Allopathy (Montelukast + Levocetirizine) was discontinued
- **February 2025:** Serum IgE dropped to 357.60 IU/mL

## Discussion

This case demonstrates the importance of individualized prescription in allergic asthma, where remedies from the Kali group were repeatedly indicated due to the patient's constitutional and pathological picture

- *Kali carbonicum* was justified by midnight suffocation, stitching chest pains, and anxiety with profuse perspiration
- *Kali muriaticum* corresponded to thick, white mucus and catarrhal involvement
- *Aralia racemosa* was suited for sudden suffocative attacks on lying down at night
- *Pothos foetidus* was effective in acute dust-induced exacerbations

Objective improvement was confirmed by a **drop in IgE from 1925 to 357.6 IU/mL** and complete withdrawal of allopathic medicines alongside subjective relief in quality of life.

## Conclusion

This case highlights the role of individualized homoeopathic management in Allergic Bronchial Asthma. Careful case-taking, reportorial analysis, and remedy selection not only reduced the frequency and severity of attacks but also eliminated dependence on conventional anti-allergic drugs. The marked reduction in IgE levels provides objective evidence of therapeutic benefit. Homoeopathy thus holds promise in modifying the allergic diathesis and improving long-term outcomes in asthma.

## Ethical Consideration

Informed consent was obtained from the patient for publication of this case.

## Conflict of Interest

The authors declare no conflict of interest.

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