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Original Research Article

Volume 15 Issue 06

June 2026

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**CHRONIC OBSTRUCTIVE AIRWAY DISEASE WITH RECURRENT  
BREATHLESSNESS AND RESPIRATORY DISTRESS: A CASE REPORT FROM  
DR BATRA'S HOMEOPATHY CLINIC**

**Dr Sultan Ali Sheikh**

CHC Cum Mentor, Chowpatty Branch

Dr Batra's Positive Health Clinic Pvt. Ltd., Qualification: BHMS

Email id: [chc-chowpatty@drbatras.com](mailto:chc-chowpatty@drbatras.com), Mobile: 97689 38805

**Abstract**

Chronic obstructive airway diseases significantly impair quality of life through recurrent breathlessness, cough, wheezing, sleep disturbances, and reduced functional capacity. This case report presents a 40-year-old male suffering from recurrent breathlessness, suffocation during sleep, dry cough, chest discomfort, throat irritation, and reduced lung capacity. Symptoms were aggravated in closed spaces and associated with occupational stress, sleep deprivation, and prolonged exposure to environmental irritants. Individualized constitutional homeopathic treatment resulted in complete resolution of breathlessness, marked improvement in respiratory function, normalization of spirometry, cessation of recurrent respiratory attacks, and restoration of daily activities. The patient maintained remission for more than six months with significant improvement in quality of life. This case documents a remarkable clinical transformation achieved at Dr Batra's Homeopathy Clinic.

**Keywords:**

COPD, Breathlessness, Chronic Airway Disease, Homeopathy, Constitutional Treatment, Respiratory Disorders

## **Introduction**

Chronic Obstructive Pulmonary Disease (COPD) and chronic obstructive airway disorders are characterized by persistent airflow limitation, breathlessness, chronic cough, chest tightness, and progressive respiratory dysfunction. Environmental pollutants, occupational exposure, smoking, recurrent infections, and chronic stress may contribute to disease progression.

The disease often affects sleep, exercise tolerance, work performance, and emotional well-being. Homeopathic treatment aims at addressing the constitutional susceptibility, emotional stressors, occupational influences, and characteristic symptom patterns unique to the individual.

This report presents successful constitutional homeopathic management of chronic obstructive airway disease with sustained remission and normalization of respiratory function.

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## **Case Profile**

**Age:** 40 Years

**Gender:** Male

**Occupation:** Service Sector Employee

**Additional Occupation:** Priest at a Parsi Community Temple

**Marital Status:** Married

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## **Chief Complaints**

### **Breathlessness Since 3–4 Months**

- Sudden onset
- Daily occurrence
- More during sleep
- Sensation of suffocation
- Unable to take deep breath

- Aggravation in closed spaces
- Increased over previous two weeks

### **Respiratory Complaints**

- Dry cough
  - Chest discomfort during episodes
  - Throat pain
  - Occasional body ache
  - Disturbed sleep
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### **History of Present Illness**

The patient presented with recurrent episodes of breathlessness and suffocation occurring primarily during sleep. Symptoms had been present for approximately three to four months and had progressively worsened during the previous two weeks.

The patient reported difficulty taking a deep breath and often experienced a sensation of inadequate air intake. Breathlessness also occurred during daytime when staying in closed environments.

The respiratory symptoms were associated with:

- Dry cough
- Chest discomfort
- Throat irritation
- Sleep disturbance
- Fatigue

The patient was using over-the-counter respiratory medications including Breathe Free preparations and Fast&Up supplements without satisfactory relief.

A significant occupational factor was prolonged exposure to smoke, fire, and combustion products while serving as a priest in a Parsi temple. He was frequently exposed to fire-related fumes and airborne irritants.

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### **Past History**

No major chronic illness.

No significant childhood respiratory disease.

No history of asthma in family.

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### **Family History**

No significant respiratory illness.

No family history of asthma.

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### **Detailed Mental Generals**

The patient described himself as a mild and accommodating person who often suppressed his emotions.

From childhood he preferred maintaining harmony and avoiding confrontation. Although he became angry internally, he rarely expressed his emotions openly and tended to suppress anger.

He took time to become comfortable with new people but eventually developed close relationships. He had many friends and was socially accepted.

A characteristic feature was his inability to refuse requests. He frequently accepted additional responsibilities and work assignments despite personal inconvenience.

The patient was emotionally attached to his mother. Her death in 2017 had a deep emotional impact that continued to affect him.

Work-related stress was significant because he managed two jobs simultaneously. One of these involved night shifts in a BPO, leading to chronic sleep deprivation and physical exhaustion.

### **Characteristic Mental Symptoms**

- Suppressed anger
- Mild disposition
- Sympathetic nature

- Cannot refuse requests
- Desire for company
- Emotional attachment
- Work stress
- Grief from mother's death

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## Personal History

Parameter	Findings
Appetite	Normal
Desire	Sweets
Thirst	Decreased
Stools	Satisfactory
Sleep	Reduced (5–6 hours)
Perspiration	Scanty
Thermal State	Ambithermal tending to hot
Preference	Open air
Season	Likes winter

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## Clinical Examination

### Baseline

- Breathlessness during sleep
- Suffocation in closed spaces
- Dry cough
- Chest discomfort
- Throat pain

- Reduced respiratory capacity
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## **Diagnosis**

### **Chronic Obstructive Pulmonary Disease / Chronic Obstructive Airway Disease**

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## **Differential Diagnosis**

1. COPD
  2. Bronchial Asthma
  3. Allergic Airway Disease
  4. Sleep-related Breathing Disorder
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## **Homeopathic Analysis**

### **Mental Generals**

- Suppressed anger
- Grief after mother's death
- Sympathetic nature
- Cannot say no
- Work-related stress
- Desire for company

### **Physical Generals**

- Desire for sweets
- Better in open air
- Decreased thirst
- Scanty perspiration
- Less sleep

### **Particular Symptoms**

- Breathlessness during sleep

- Suffocation
- Dry cough
- Worse in closed rooms
- Difficulty taking deep breaths

### Totality of Symptoms

1. Mind – Suppressed anger
2. Mind – Grief from loss of mother
3. Mind – Mild disposition
4. Mind – Cannot refuse requests
5. Generalities – Desire sweets
6. Generalities – Better open air
7. Generalities – Decreased thirst
8. Respiration – Breathlessness
9. Respiration – Suffocation during sleep
10. Respiration – Worse closed room
11. Cough – Dry cough

Remedies	staph.	lyc.	sulph.	ign.	sil.	lach.	caust.	elaps	nat-m.	nux-v.	puls.	acon.	ars.	aur-m-n.	calc.	gels.	kali-c.	sep.	graph.	ip.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	5	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3
Intensity	8	8	8	7	7	6	5	5	5	5	9	6	6	6	6	6	6	6	5	5
Result	5/8	4/8	4/8	4/7	4/7	4/6	4/5	4/5	4/5	4/5	3/9	3/6	3/6	3/6	3/6	3/6	3/6	3/6	3/5	3/5
Clipboard 1																				
GENERALS -																				
FOOD and DRINKS	2	3	3	1	1	1	1	2	1	1	2		1	2	2		2	2	2	2
- sweets - desire																				
PERSPIRATION -																				
SCANTY SWEAT	1			1	1	1	1	1	1	1		1					1	1	1	2
MIND - AILMENTS																				
FROM - death of																				
loved ones	3	1	1	3		3	1	1	1	1		3	3	2	1	1				
MIND - SERVILE	1	1	1		1						3					2				
MIND - TIMIDITY	1	3	3	2	4	1	2	1	2	2	4	2	2	2	3	3	3	3	2	1

## **Remedy Selection**

### **Constitutional Remedy**

#### **Pulsatilla Nigricans**

Selected because of:

- Mild temperament
- Sympathetic nature
- Emotional dependency
- Suppressed emotions
- Desire for company
- Open-air amelioration
- Sweet craving

The constitutional picture corresponded strongly with Pulsatilla.

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### **Acute Remedy**

#### **Antimonium Tartaricum**

Prescribed during active respiratory episodes with cough and breathlessness.

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### **Intercurrent Remedy**

#### **Medorrhinum**

Used as anti-miasmatic support to address chronic susceptibility and recurrent respiratory tendency.

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### **Differential Remedies Considered**

#### **Pulsatilla**

Selected because of emotional sensitivity, mild disposition, desire for company, grief, and open-air amelioration.

## Calcarea Carbonica

Considered due to respiratory complaints and constitutional features but rejected because the emotional profile and modalities were more characteristic of Pulsatilla.

## Miasmatic Assessment

Symptom	Psora Sycosis	
Chronic airway disease	✓	✓
Recurrent respiratory episodes	✓	
Breathlessness	✓	
Chronic tendency		✓
Occupational susceptibility	✓	

## Predominant Miasm

### Psoro-Sycotic

## Follow-Up Summary

Month	Clinical Progress
August 2025	Significant reduction in breathlessness. Deep breathing improved. Energy levels improved.
September 2025	No wheezing. Cough reduced. Approximately 80% overall improvement.
October 2025	No breathlessness. No congestion. Respiratory symptoms largely resolved.
November 2025	No cough. Mild throat irritation due to weather change.
December 2025	No respiratory distress despite family viral illness.

**Month                      Clinical Progress**

January 2026    Lung capacity improved. No wheezing. Rare mild episodes only.

February 2026    No significant breathlessness. Occasional symptoms only after poor sleep.

March 2026        Chest clear. No cough. Sleep deprivation remained the only concern.

April 2026         No asthma-like attacks for six months.

May 2026          Spirometry normal. No breathlessness. No cough. Stable remission maintained.

**Transformation Table**

<b>Parameter</b>	<b>Before Treatment</b>	<b>After Treatment</b>
Breathlessness	Severe Daily	Absent
Suffocation During Sleep	Present	Absent
Dry Cough	Persistent	Absent
Wheezing	Present	Absent
Deep Breathing Capacity	Reduced	Normal
Chest Congestion	Present	Absent
Sleep Quality	Disturbed	Improved
Energy Levels	Reduced	Improved
Spirometry	Abnormal Symptoms	Normal
Asthma-like Episodes	Frequent	None for >6 months
Quality of Life	Significantly Affected	Restored

## Discussion

This case illustrates successful constitutional management of chronic obstructive airway disease presenting with sudden-onset breathlessness, sleep-related suffocation, dry cough, and occupational respiratory exposure. The patient was exposed to smoke and airborne irritants through temple-related activities while simultaneously experiencing chronic sleep deprivation due to dual employment.

The constitutional picture was characterized by suppressed emotions, inability to refuse requests, emotional attachment, grief following maternal loss, desire for company, and amelioration in open air. These features strongly indicated Pulsatilla as the constitutional remedy.

Improvement followed a systematic course. Breathlessness reduced first, followed by improvement in deep breathing capacity, cough, chest discomfort, and sleep quality. Objective improvement was further supported by normalization of spirometry during follow-up.

The absence of respiratory attacks for more than six months and restoration of normal daily functioning suggest deep constitutional improvement rather than temporary symptomatic relief.

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## Conclusion

This case demonstrates successful constitutional homeopathic management of chronic obstructive airway disease in a 40-year-old male. Significant improvement was achieved in breathlessness, cough, respiratory capacity, sleep quality, and overall well-being. Normal spirometry and absence of respiratory attacks for more than six months indicate sustained remission. The case highlights the role of individualized constitutional prescribing and documents a noteworthy clinical transformation achieved at Dr Batra's Homeopathy Clinic.

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## Learning from the Case

- Occupational exposure may act as a maintaining cause in chronic respiratory disease.
- Sleep deprivation can significantly aggravate breathlessness.

- Constitutional prescribing based on mental generals can influence chronic respiratory pathology.
- Open-air amelioration and emotional suppression were key prescribing factors.
- Long-term remission can be achieved when constitutional susceptibility is addressed.

### **HRQL (Health Related Quality of Life)**

Prior to treatment, breathlessness interfered with sleep, work performance, and daily functioning. Following treatment, the patient reported normal breathing, improved energy levels, better sleep, freedom from respiratory attacks, and improved confidence in carrying out occupational responsibilities. The overall quality of life improved substantially.