

Preliminary communication

Mixed modality outcome study of adult and pediatric asthma

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INTRODUCTION

MANY STUDIES ATTEST to the effectiveness of naturopathic agents in the management of bronchial asthma. Modalities studied thus far have included vitamin supplements(1-4) medicinal plants(5,6) and nutrition.(7) This study attempted to determine on a clinical level the effectiveness of homeopathic and botanical treatments for asthma. These traditional naturopathic modalities were employed both individually and in combination.

The patients participating in this study were outpatients examined at my office during 1989 with a chief complaint of asthma; either previously diagnosed, or showing the classic symptoms of the condition.

The treatment consisted of:

1. Homeopathic medication(s), both individually and in combination, prescribed in response to unique symptom characteristics, in accordance with the theoretical basis of homeopathy.
2. Phytotherapy components were bromelain, an *Ephedra* compound and a compound herbal cough elixir.

As the protocol varied from patient to patient, and was not controlled, it would be difficult to comment on the effectiveness of each individual modality at this point. However, the results of this study support the further investigation of phytotherapy and homeopathic treatment in the management of asthma, both separately and combined against controls. I can report that 86.2% of the total number of subjects remaining under treatment (29 of 51; 56.8%) reported positive results defined as probable or possible improvement.

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CLASSIFICATION	CRITERIA
<i>Probable improvement</i>	Subject has not presented the classic symptoms for at least three months.
	Patient has been able to discontinue allopathic and naturopathic medications without remission of symptoms.
<i>Possible improvement</i>	All or the majority of symptoms improved with regard to intensity and frequency but did not disappear completely.
	The improvement was maintained by two or more visits.
<i>No improvement</i>	Allopathic medications were decreased or discontinued with out symptom aggravation. Naturopathic medications were continued.
	After two followup visits, the symptoms did not resolve or minimize according to subjective and objective information obtained from the patient.
	The subject was referred out due to continued deterioration.

TABLE 1. Classification criteria for clinical results obtained in a non-controlled outcome assessment of combined homeopathic and phytotherapeutic management of bronchial asthma.

METHODS

Fifty one (51) subjects participated in the study. They were split into two groups; those under 21 years of age (n=27) and those 21 or older (n=24). The patients in this study were treated in my office during the year 1989. In order to determine their clinical results the classification criteria detailed in *Table 1* was employed. The chief complaint of all the subjects at the onset of this study was bronchial asthma, characterized by classical symptoms or the use of allopathic bronchodilators. The most commonly employed homeopathic remedies were *Pulsatilla nigricans*, *Arsenicum album*

DESCRIPTION	Total	Discontinued (%)	Remaining	Improved (%)	Not Improved (%)
Total number of subjects in study	51	22 (43.1)	29	25 (86.2)	4 (13.8)
Subjects under 21 years of age	27	10 (37)	17	16 (94)	1 (6)
Subjects 21 years of age or older	24	12 (50)	12	9 (75)	3 (20)

Table 2. Outcome of naturopathic modalities employed in 51 subjects with a chief complaint of bronchial asthma.

and *Kali carbonicum*. Phytotherapy components consisted of *Double Strength Bromelain* 250 mg 2 t.i.d. (Thorne Research, Sandpoint, ID), *Ephedra Plus* 1 q.i.d. (Phytopharmica, Green Bay, WS) and *Compound Herbal Elixir* (Eclectic Institute, Portland, OR)* 10 gtt q.i.d. or 30 gtt q.i.d. Adults received both bromelain and *Ephedra*, pediatric cases received the compound elixir.

RESULTS AND DISCUSSION

The results of this study are summarized in Table 2. Of 51 subjects treated via naturopathic methods, 22 (43%) discontinued the treatment. Of the remaining 29 subjects, 25 (86.2%) reported results characterized as "probable" or "possible" improvement. Four patients (13.8%) reported no improvement.

Data was separated into two groups: patients under 21 years of age (n=17) and patients 21 years or older (n=12). Sixteen (94%) of the younger group reported improvement, contrasted with 9 (75%) of the older group. The older group also showed a higher rate of discontinuing the treatment (50%) compared to the younger group (37.0%).

There is considerable justification for the use of the phytotherapy components of this treatment. Bromelain, a proteolytic enzyme fraction derived from pineapple, has documented mucolytic and anti-prostaglandin effects.(8) *Ephedra* is a bronchodilator with a history of traditional use in the management of mild to moderate asthma.(9) The results of these preliminary observations indicate that this treatment, a combination of phytotherapy and homeopathy, is effective in the management of asthma.

*Compound herbal elixir (Eclectic Institute, Portland OR) contains the following: Poplar buds, *Elecampagne*, Licorice, Horehound, *Trifolium* tops, *Grindelia*, Wild cherry (*Prunus*) bark, *Lobelia inflata*, *Lomatia dissectum*., Oil of Bitter Orange, Honey, Glycerine, Alcohol 10%.

Further evaluation is now necessary to to determine:

1. If specific elements of protocol were of benefit, or their combination.
2. Which type of asthma (extrinsic or intrinsic) can be most benefited by this treatment.
3. What mode of action these agents are employing.
4. Why the treatment is apparently more effective in younger patients.
5. Reasons for discontinuing treatment.

Double blind studies will now be necessary to sufficiently validate this initial outcome study.

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