



Individualised Homeopathy in Bronchial Asthma: Immunological Evidence, and Integrative Review

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Abstract

Background:

Bronchial asthma is a chronic, immune-mediated respiratory disorder marked by Th2-driven inflammation and airway hyperresponsiveness. Despite widespread use of inhaled corticosteroids (ICS) and bronchodilators, concerns remain about long-term safety and immunological gaps in asthma control. This systematic review evaluates the clinical and immunological evidence of individualised homeopathy in asthma, integrates safety/regulatory concerns, and proposes a framework for future research within an integrative medicine context.

Methods:

Databases including PubMed, Scopus, Web of Science, Cochrane Library, and AYUSH portals were searched for studies between 1980 and 2023 using terms like "homeopathy AND asthma" and "homeopathy AND eosinophils". Inclusion criteria: human studies assessing individualised homeopathy in asthma with clinical/immunological endpoints. Data extraction included trial design, sample size, remedy, asthma control, lung function, drug use, and biomarkers.

Results:

Of 58 screened studies, 17 met inclusion: 6 RCTs, 4 observational, 3 systematic reviews, and 4 pilot/immunological studies. Common remedies: *Arsenicum album*, *Nux vomica*, *Sulphur*, *Pulsatilla*, *Silicea*. Five studies reported reductions in eosinophils, IgE, or cytokines (e.g., IL-13). Observational data (>2000 patients) suggested improved symptom control and reduced medication dependency. However, methodological limitations included poor blinding, small samples, and non-standardised immune markers.

Conclusion:

Preliminary findings support individualised homeopathy as a complementary asthma therapy. However, current evidence is inconclusive due to weak methodology. Homeopathy should be used under professional supervision alongside conventional treatment. Future research must employ stratified designs, biomarker profiling, and transdisciplinary collaboration.

Keywords: Asthma, Homeopathy, Th2 Cytokines, Immunomodulation, Safety, Integrative Medicine

1. Introduction

Asthma involves chronic airway inflammation, mucus hypersecretion, and bronchoconstriction driven by Th2-type cytokines (IL-4, IL-5, IL-13), eosinophilic infiltration, and elevated IgE. Though ICS and bronchodilators remain effective, they do not alter the immune landscape and pose side effects. Homeopathy, based on *similia similibus curentur*, has been widely applied in asthma but remains under-evaluated in terms of immune outcomes.

This review critically evaluates individualised homeopathy in asthma, explores its immunological underpinnings, regulatory safety, and integrative role within a modern evidence-based framework.

2. Methodology

2.1 Search Strategy

Databases searched (1980–2023): PubMed, Scopus, Web of Science, Cochrane Library, AYUSH portal. Keywords included: "homeopathy AND asthma", "individualised homeopathy AND Th2 cytokines", "eosinophilic asthma AND homeopathy".

2.2 Inclusion Criteria

- Human clinical studies (RCTs, observational, reviews)
- Individualised homeopathy
- Clinical and/or immunological outcomes (symptoms, lung function, biomarkers)

2.3 Exclusion Criteria

- Non-human studies
- Editorials, case reports
- Non-English publications

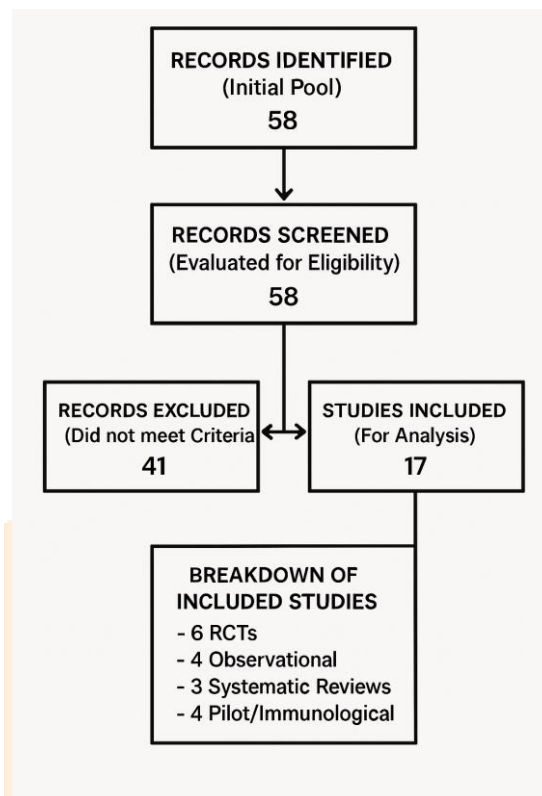
2.4 Data Analysis

Data on remedy, asthma control, drug reduction, lung function, and biomarkers (ECP, IgE, IL-13) were tabulated. Risk of bias tools were applied.

3. Results

3.1 Study Selection

PRISMA Flowchart (Figure 1)



- Records identified: 58
- Records screened: 58
- Records excluded: 41
- Studies included: 17
 - 6 RCTs
 - 4 Observational
 - 3 Systematic Reviews
 - 4 Pilot/Immunological Studies

3.2 Summary of Evidence (Table 1)

Study Type	Remedy Used	Immune Markers	Outcome Highlights
6 RCTs	Arsenicum, Nux, Sulphur, Pulsatilla, Silicea	ECP, IgE, IL-13	↓ Symptoms, ICS/Bronchodilators ↓
4 Obs.	Mixed	None reported	↑ ACT scores, ↓ Drug use
3 Sys. Rev.	Mixed trials	Few markers	Mild benefit, methodological flaws
4 Pilot	Pulsatilla, Nux, Sulphur	IL-13, Eosinophils	Immune modulation

3.3 Immunological Outcomes

- Reduced ECP and eosinophils (3 studies)
- Lowered IgE (2 studies)
- One pilot showed IL-13 reduction

4. Discussion

4.1 Clinical Implications

Improvements in attack frequency and ACT scores align with long-standing clinical claims. Remedies were selected based on constitution and symptom totality.

4.2 Immunological Insights

Though limited, immune modulation via Th2 suppression is possible. More consistent biomarker tracking is needed.

4.3 Safety and Regulatory Considerations

- High dilution = high safety margin
- Risks: Delayed ICS use, poor supervision
- FDA/NHMRC: Not approved as monotherapy; advise adjunctive use

4.4 Integration with Conventional Medicine

Homeopathy may complement ICS use, reduce drug load, and improve QoL. Requires supervised, integrated care plans.

4.5 Future Research Framework (Table 2)

Focus Area	Recommendations
Biomarkers	IL-4, IL-5, IL-13, FeNO, periostin
Clinical Tools	ACT, GINA, spirometry
Design	Double-blind, placebo, stratified asthma phenotypes
Systems Biology	Transcriptomics, metabolomics
Multidisciplinary	Homeopathy + Pulmonology + Immunology

5. Conclusion

Individualised homeopathy demonstrates potential in asthma as an adjunctive therapy. While clinical improvements and some immunomodulatory effects are reported, rigorous, well-powered trials with modern immune profiling are essential to validate its role.

Homeopathy should never replace conventional treatment but may integrate meaningfully into a multidisciplinary, evidence-based asthma care framework.

Conflict of Interest

None declared.

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