



MANAGEMENT OF AIRWAY HYPERREACTIVITY WITH HOMOEOPATHY – A CASE REPORT

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ABSTRACT: Hyperreactive Airway Disease (HRAD) in children is marked by recurrent respiratory symptoms and sensitivity to environmental and dietary triggers, often managed with frequent antibiotics and steroids. This is a case of a 6-year-old girl with a 2-year history of recurrent cough, cold, and food-triggered respiratory distress requiring antibiotics biweekly. Despite hospitalization and conventional treatment, symptoms persisted. Individualized homeopathic care led to reduced food sensitivity, elimination of antibiotic use, and improved overall well-being over 8 months. This case suggests that homeopathy may offer a safe, effective, and holistic alternative for managing pediatric HRAD, reducing dependence on conventional drugs and enhancing quality of life.



INTRODUCTION

Hyperreactive Airway Disease (HRAD) is a term commonly used to describe airway hypersensitivity characterized by recurrent episodes of cough, wheezing, and respiratory distress, particularly in response to allergens or environmental triggers ^{[1], [3]}. It is clinically similar to asthma and allergic rhinitis and is frequently seen in children. The ICD-11 code for Airway Hyperreactivity (also called Bronchial Hyperresponsiveness or Airway Hyperresponsiveness) typically falls under PB44 - Other disorders of airway hyperresponsiveness. This code is used when there is an abnormal or exaggerated bronchoconstrictor response to stimuli (such as allergens, exercise, or irritants) without a definitive diagnosis of asthma. HRAD is often associated with heightened airway responsiveness, inflammation, and mucus overproduction, making the airways particularly reactive to physical, chemical, or immunologic stimuli ^{[2], [4]}. Children with HRAD often experience symptom exacerbation due to dietary triggers such as milk, cold items, sweets, or environmental allergens like dust and pollen ^[5]. These children frequently require repeated courses of antibiotics or bronchodilators, and in some cases, corticosteroids. While these interventions can provide symptomatic relief, prolonged use—especially of antibiotics and steroids—raises concerns about antimicrobial resistance, adverse effects, and long-term safety in pediatric populations ^[6]. Management of HRAD typically involves allergen avoidance, pharmacotherapy, and supportive care. However, due to the chronic nature of the condition and the side effects of conventional treatments, there is growing interest in complementary and integrative medicine, including individualized approaches such as homeopathy ^[6].

CASE PROFILE

A 6-year-old girl had been struggling with frequent respiratory issues for the past two years. She experienced recurrent cold, cough, and respiratory distress, with symptoms appearing every now and then. These issues were so persistent that she required antibiotics almost every 15 days to manage the symptoms. Additionally, she was highly sensitive to milk, chocolates, and sweets, which would trigger her cough and cold, further limiting her diet and causing distress.

As her condition worsened, she was eventually admitted to the hospital. During her hospitalization, she was placed on a combination of inhalers, nebulizers, IV fluids, and even oxygen support. Along with these interventions, she was prescribed steroidal syrups and tablets to manage her symptoms.



Yet, despite all the medical treatments and hospital support, the young girl continued to face the same recurrent cold and cough issues

As she began homeopathic treatment, in the first few months, her sensitivity to milk, chocolates, and other previously triggering foods started to lessen. She was able to consume these items without triggering a cough or cold, something that had been impossible before. Over the course of the treatment, her dependence on antibiotics diminished. After 8 months of consistent homeopathic care, she no longer required antibiotics for her respiratory issues, and her symptoms significantly reduced in frequency and intensity.

In addition to her physical improvement, the child's overall well-being flourished. She regained a sense of happiness and confidence, free from the restrictions imposed by her condition.

PAST HISTORY

The patient has a history of multiple hospitalizations due to recurrent respiratory issues, including episodes of severe cough, cold, and breathlessness.

FAMILY HISTORY

Nothing specific

PHYSICAL GENERALS

The patient follows a mixed diet with a normal appetite and a desire for sweets, while there's no particular aversion to any food. Thermal preference leans toward hot, and thirst is less. Bowel movements, urination, and perspiration are normal. Sleep is disrupted due to nasal blockage, and there's nothing specific or noteworthy in their dreams.

MENTAL GENERALS

The child lives in a nuclear family with her father, mother, and herself. Both parents are actively working professionals with no significant family stress reported. The home environment is supportive and loving, with both parents sharing responsibilities in her upbringing. There are no siblings. The child has been raised in a nurturing environment with equal influence from both parents. No major difficulties or traumatic experiences have been reported during her upbringing. School life has been generally positive, although she occasionally faced minor health-related challenges that sometimes-made participation in activities difficult. There have been no major stressful periods related



to schooling or home. Academically, the child performs adequately for her age. She has many friends and enjoys group play. She brings friends home frequently and is sociable and friendly. The child is generally cheerful and active but displays emotional sensitivity in certain situations. She tends to get irritated if her wishes are not fulfilled and may cry or become upset when denied things she desires. She enjoys playing with friends and is outgoing in social settings.

The child occasionally becomes irritable, especially when frustrated by restrictions, such as dietary limitations or inability to participate in activities due to illness. She expresses anger mainly through crying and verbal protests. An example includes crying persistently when denied sweets or chocolates. She is emotionally sensitive to changes in routine, illness episodes. Feelings of sadness arise when unable to eat favorite foods or participate fully in social events like parties.

EXAMINATION

The patient appeared well-nourished and active for her age, with no signs of acute distress at the time of examination. Vital signs were within normal limits, with a temperature of 36.8°C, pulse at 90 beats per minute (regular), respiratory rate of 20 breaths per minute, and oxygen saturation (SpO₂) of 98% on room air. Inspection of the respiratory system revealed no use of accessory muscles or chest deformities, with normal chest expansion on palpation. Percussion was resonant across both lung fields, and auscultation revealed clear breath sounds bilaterally, without any wheezes, crackles, rhonchi, or prolongation of expiration. Cardiovascular examination was normal, with heart sounds S1 and S2 present and no murmurs, gallops, or rubs. The skin and mucous membranes were free from cyanosis or pallor; there was a mild residual hypopigmentation around the vaginal area with no active lesions, and previously noted papular eruptions on the finger webs had resolved. Abdominal examination was soft, non-tender, with no organomegaly, and the neurological assessment revealed that the patient was alert, oriented, with normal muscle tone and reflexes for her age.

SELECTION OF REMEDY

- **Pulsatilla 200C:** Chosen as the constitutional remedy for the child's emotional sensitivity, changeable cough, and aggravation from cold foods.



- **Drosera 200C (SOS):** Prescribed for acute, spasmodic dry cough episodes.

OBSERVATIONS AND RESULTS

MONTH	PROGRESS SUMMARY	PRESCRIPTION
1st month	Mumps better; cold improved; dry cough persists	Pulsatilla nigricans 200C, 1 dose/week
2nd month	Chest clear; cough intensity much less; skin eruptions noted (possible scabies)	Pulsatilla nigricans 200C, 1 dose/week
3rd month	Better but cough triggered by cold things and chocolates, less intense; itching in urine area	Pulsatilla nigricans 200C, 1 dose/week Drosera roduntifolia 200C (SOS): for acute, spasmodic dry cough episodes.
4th month	No cough with milk; overall improvement	Pulsatilla nigricans 200C, 1 dose/week
5th month	No cough with milk or chocolates; itching persists	Pulsatilla nigricans 200C, 1 dose/week
6th month	Vaginal itching; whitish skin discoloration noted	Pulsatilla nigricans 200C, 1 dose/week
7th month	Viral fever, cough, and cold	Pulsatilla nigricans 200C, 1 dose/week
8th month	Vaginal infection better; can tolerate chocolates, cakes, milk without cold	Pulsatilla nigricans 200C, 1 dose/week
9th month	Chest clear; no diet restrictions; weight increased	Pulsatilla nigricans 200C, 1 dose/week
10th month	Viral infections occasionally	Pulsatilla nigricans 200C, 1 dose/week
11th month	Better; no allergies or recurrent cold	Pulsatilla nigricans 200C, 1 dose/week
12th month	Overall well; no cough triggered by foods; no need for antibiotics for 8 months	Pulsatilla nigricans 200C, 1 dose/week

Table 1 - Followup



MODIFIED NARANJO CRITERIA FOR HOMOEOPATHY

DOMAINS	YES	NO	NOT SURE OR N/A	SCORE
1. Was there an improvement in the main symptoms or condition for which the homoeopathic medicine was prescribed?	+2	-1	0	+2
2. Did the clinical improvement occur within a plausible timeframe relative to drug intake?	+1	-2	0	+1
3. Was there a homeopathic aggravation of symptoms?	+1	0	0	0
4. Did the effect encompass more than the main symptoms or condition (i.e., where other symptoms not related to the main presenting complaint improved or changed)?	+1	0	0	+1
5. Did overall well-being improve? (Suggest using a validated scale or mention changes in physical, emotional, and behavioral elements)	+1	0	0	+1
6A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0
6B. Direction of cure: did at least one of the following aspects apply to the order of improvement of symptoms: - From organs of more importance to those of less importance? - From deeper to more superficial aspects of the individual? - From the top downwards?	+1	0	0	0
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0	0
8. Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider the known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0	+1
9. Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2	0	0	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1

Table 2 – MONARCH Scoring



Note: Maximum score=13, minimum score = - 6

Table 2.0 The MONARCH score that evaluates the Homoeopathic intervention and the clinical outcome suggests that the patient improvement could be attributed to the homoeopathic treatment delivered. The MONARCH score was 9 in this case.

DISCUSSION

The patient, a 6-year-old child with a history of recurrent respiratory infections and hypersensitivity to common dietary triggers like milk and sweets, showed significant clinical improvement over one year. Initially, the child experienced frequent episodes of cough and cold, requiring antibiotics every few weeks, along with dietary restrictions that impacted her quality of life and social interactions. Gradual reduction in the frequency and severity of respiratory symptoms was observed, alongside an increased tolerance to previously aggravating foods. The intermittent episodes of associated infections, such as skin eruptions and vaginal infections, were also managed successfully over time. Psychosocial factors, including emotional distress related to dietary limitations and peer interactions, were important considerations in the holistic management of the case. This case highlights the importance of individualized, comprehensive care addressing not only physical symptoms but also emotional well-being and lifestyle factors. The positive progression without reliance on frequent antibiotics indicates improved immune resilience and better symptom control. The child's enhanced quality of life, reflected in regained dietary freedom and reduced illness frequency, marks a successful outcome in this chronic, recurrent condition. Continued monitoring is essential to maintain stability and promptly address any new symptoms or complications that may arise.



CONCLUSION

This case highlights the importance of a holistic, individualized approach in managing chronic, recurrent respiratory infections in children with hypersensitivity to common dietary triggers. The marked clinical improvement observed over a year demonstrated by reduced frequency and severity of respiratory symptoms, greater tolerance to previously aggravating foods, and resolution of associated skin and vaginal infections underscores the potential for strengthening the patient's innate resistance and improving their overall well-being without reliance on repeated antibiotic therapy. Furthermore, addressing the psychosocial stressors stemming from dietary restrictions and interpersonal challenges contributed to a more comprehensive care strategy, reflecting the growing recognition of the intertwined nature of physical health, lifestyle factors, and psychological well-being. This case highlights the necessity for continued vigilance and follow-up to sustain these gains and enable the clinician to respond promptly should new symptoms arise, thereby fostering ongoing stability and a higher quality of life for the patient.

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