Evaluation of the effectiveness of complex homeopathic medicines in treatment bronchial asthma

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Evaluation of the efficiency of complex homeopathic preparations in treatment of bronchial asthma

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SUMMARY

The use of modern homeopathic drugs in the complex treatment of bronchial asthma has made it possible to reliably reduce the daily consumption of short-acting β2-agonists, which is due to the presence of a bronchodilator effect in this group of drugs. The effectiveness of treatment with homeopathic drugs is confirmed by a decrease in the dose of glucocorticosteroid drugs in patients with bronchial asthma while maintaining positive clinical and laboratory dynamics.

Key words: bronchial asthma, homeopathic medicines, β2- short-acting agonists, glucocorticosteroids.

RESUME

The application of modern homeopathic drugs in complex treatment of bronchial asthma has allowed reliably to lower daily consumption of short activity β2-agonists, that is stipulated by broncholytic activity for this class of drugs. The efficiency of treatment by homeopathic drugs proves to be true by a decline of corticosteroids dose for the patients suffering from bronchial asthma.

Keywords: bronchial asthma, homeopathic drugs, β2-agonists, corticosteroids.

INTRODUCTION

Modern healthcare is characterized by the constant development of new diagnostic and treatment technologies, the development of new techniques and medicines. However, the problem of bronchial asthma (BA) therapy in

our days remains quite relevant. Despite the fact that a large number of studies are being carried out to study the etiology, pathogenesis and clinic of this disease, and every day doctors have an increasing arsenal of pharmacological agents, the incidence of bronchial asthma does not decrease, moreover, it continues to grow, especially among the child population.

The introduction of a homeopathic method of treatment into therapy can significantly expand the arsenal of means and possibilities for treating asthma. At the same time, the greatest effect from homeopathic remedies can be achieved by actively including them in the complex of conventional therapeutic measures, and not opposing them to each other, as is often the case.

At the Department of Hospital Therapy, St. acad. I.P. Pavlova, a study was carried out, the purpose of which was to study the effectiveness of modern homeopathic drugs in the treatment of asthma and to compare the effect of using complex therapy, which includes antihomotoxic drugs and standard drugs, with the effect of using only standard asthma treatment regimens, as well as standard regimens plus placebo.

MATERIALS AND RESEARCH METHODS

To solve the assigned tasks in the hospital therapy clinic of St. acad. I.P. Pavlova, 69 patients with asthma were examined. 40 patients made up the main group (1), 14 - comparative (2) and 15 - placebo group (3). Patients of all three groups received basic BA therapy in accordance with the recommendations of the Global Strategy for the Treatment and Prevention of Bronchial Asthma (GINA, 2002, 2008).

Patients included in the placebo group for 6 months also received a homeopathic placebo daily, 5 pills 3 times a day 30 minutes before meals.

Patients of the main group for 6 months received complex homeopathic preparations of the "Heel" company according to the following scheme: Mucose compositum 2.2 ml / m 1 time in 3 days No. 10, Lymphomyosot 10 drops 3 times a day 30 minutes before meals in during the first 1.5 months, Engystol 1 tablet 3 times a day 1 hour after a meal for the next 1.5 months, Luffel spray into the nose, 2 injections into each nasal passage 3 times a day for the first 3 months, Luffel-spray 2 injections into each nasal passage 2 times a day for the next 3 months, or Luffel tablets 1 tablet 3 times a day 30 minutes before meals for the first 3 months, Luffel tablets 1 tablet 2 times a day 30 minutes before food for the next 3 months.

An analysis of the age and gender of the patients participating in the study showed that in all three groups, female patients predominated; the average age of the groups ranged from 35.5 to 40.5 years.

Also, in each of the three groups, patients suffering from allergic asthma predominated. So, in the main group there were 25 people (62.5%), in the comparative group - 9 people (64.3%), in the placebo group - 8 people (53.3%). There were 15 (37.5%), 5 (35.7%) and 7 (46.7%) people with mixed BA, respectively. The average severity of the disease was 28 people (70%) in the main group, 11 (78.6%) - in the comparative group and 11 (73.3%) - in the placebo group. With light

the severity of the disease was 12 (30%), 3 (21.4%) and 4 (26.7%) people, respectively. It is noteworthy that among the examined patients there were no patients with a severe course of the disease. The duration of the underlying disease in all three groups averaged 5 to 10 years.

In all three groups, there were patients with household (100% in groups 1, 2, 3), epidermal (80% in group 1, 78.6% in group 2 and 46.7% in group 3) and pollen (42.5%, 64.3% and 40%, respectively) sensitization, as well as their combination. Food (35%, 14.3%, 33.3%, respectively) and drug (20%, 21%, 26.7%, respectively) sensitization occurred in a smaller number of patients. The number of patients with concomitant chronic diseases was 60% in the study group, 71.4% in the comparative group and 73.3% in the placebo group. Of these, the most common were chronic bronchitis (35%, 35.7% and 46.7%, respectively) and diseases of the cardiovascular system (32.5%, 35.7% and 26.7%, respectively).

All patients twice underwent a full range of examinations before and after treatment, that is, 6 months after the start of treatment, including clinical examination of patients in dynamics, clinical blood test, cytological examination of sputum, immunological blood test, determination of the level of cortisol in blood plasma, X-ray organs of the chest and paranasal sinuses, electrocardiogram, consultation with an ENT doctor. Clinical examination and study of the function of external respiration were carried out before treatment, 6 months after the start of treatment and one year after the start of treatment.

The clinical trial protocols were approved by the ethics committee of St. acad. I.P. Pavlova. All patients gave written consent to participate in the study.

To assess the effectiveness of complex treatment with the use of modern homeopathic medicines and to identify its relationship with the studied parameters, five degrees of effectiveness were introduced, according to which grade 1 corresponded to negative dynamics, grade 2 - no dynamics of the patient's condition, grade 3 - low effectiveness, grade 4 - average effectiveness. and 5th degree - high efficiency of treatment. The main criteria for clinical efficacy were changes in the phase of the disease (or duration of remission) and clinical symptoms (frequency of asthma attacks, auscultatory data) during repeated examinations, the number of inhaled short-acting β2-agonists taken and the dose of glucocorticoid drugs. Laboratory effectiveness was assessed by the dynamics of blood and sputum eosinophilia, as well as the level of total IgE in the blood of patients. Functional efficiency was determined by the dynamics of volumetric (VC, FEV_1) and high-speed (POSVyd., MOS_{50}, MOS_{75}) indicators of FVD and was distributed respectively by 3 degrees: negative dynamics, no dynamics, positive dynamics. The clinical and functional efficacy of the treatment was assessed immediately after the end and 6 months after the end of the course of complex therapy. Laboratory effectiveness was assessed only after the end of complex treatment. At the same time, clinical, laboratory and functional indicators were evaluated in comparison with the same indicators.

during the initial examination.

RESULTS AND DISCUSSION

At the beginning of the study, 21 patients (52.5%) of the main group, 7 patients (50%) of the comparative group and 9 (60%) of the placebo group were in the phase of exacerbation of the underlying disease. A fading exacerbation of asthma was found in 16 (40%) patients in the main group, in 4 (28.6%) in the comparative group and in 4 (26.7%) in the placebo group. In the remission phase, there were 3 (7.5%), 3 (21.4%) and 4 (26.7%) people, respectively. During the initial hospitalization, during which the basic BA therapy was examined and corrected, and the treatment with complex homeopathic preparations or homeopathic placebo was started, all patients achieved BA remission. At the second examination, which took place 6 months after the initial examination, BA remission was maintained in 30 patients (75%) of the main group, 11 (78.6%) in the comparative group, and 12 patients (80%) in the placebo group. At the same time, the number of patients in the BA exacerbation phase significantly ($p < 0.05$) decreased compared to the first examination in all three groups: 1 person (2.5%) in the main group, 1 person (7.1%) in the comparative and the absence of those in the placebo group. The number of patients in the phase of subsiding exacerbation also significantly decreased (9 people (22.5%) in the main group, 2 (14.3%) in the comparative group and 3 (20%) in the placebo group).

At the control examination, 6 months after the end of treatment and systematic observation, the number of patients in remission of BA remained at a high level in all three groups: in the comparative group - 9 people (64.3%) and in the placebo group - 11 people (73.3%). It should be emphasized that in the main group, compared with the second examination, further positive dynamics of BA was noted, that is, the number of patients with remission of the underlying disease increased (before treatment, BA remission was established in 3 people (7.5%), after treatment - in 30 people (75%), 6 months after the end of treatment - in 35 people (87.5%)).

Positive dynamics during BA was accompanied by a decrease in the number of inhalations of short-acting β2-agonists per day in patients of all three groups. However, in the study and in the placebo group, an improvement in the course of asthma was achieved with a significant decrease ($p < 0.05$) in the daily requirement of patients for inhaled β2-agonists. Thus, in the main group, the average daily dose of inhaled β2-agonists before treatment was 4.2 ± 0.4 breaths, after treatment - 1.5 ± 0.2 breaths, 6 months after the end of treatment - 1.25 ± 0.2 inspiration, and in the placebo group - 4.4 ± 0.6; 2.8 ± 0.5; 2.4 ± 0.4 breaths, respectively. Moreover, after treatment and 6 months after the end of treatment, the number of inhalations of β2-agonists per day in the group of patients receiving homeopathic medicines was significantly lower ($p < 0.05$) than in the comparative (5.7 ± 0.5 breaths with the first examination, 4.2 ± 0,

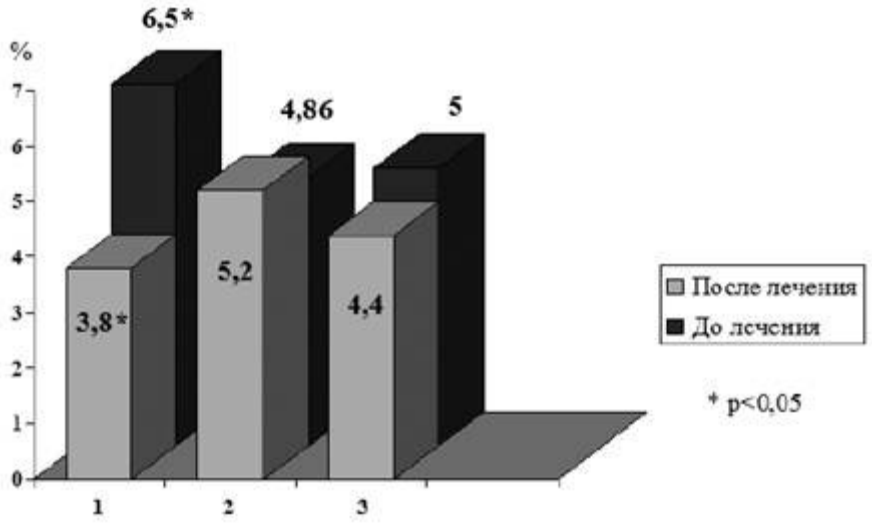
The use of modern homeopathic medicines in the complex therapy of BA made it possible to reduce the number of patients using inhaled glucocorticosteroids as basic therapy (34 people (80%) out of 40 at the beginning and 28 people (75%) out of 40 at the end of the observation), with the average daily

the consumption dose of these drugs also significantly decreased (p <0.05). If during the first examination the average daily dose of corticosteroids was 783.3 ± 98.5 μg, then during repeated examinations - 254.2 ± 66.2 (after treatment) and 302.2 ± 75.9 μg (6 months after the end of treatment), respectively. In the comparative (before treatment, the average daily dose of corticosteroids was 900 ± 189.9 μg, with repeated examinations 1029.2 ± 158.65 and 891.7 ± 172.1 μg, respectively) and the placebo group (760 ± 102.4 μg, 690 ± 93.3 and 510 ± 126 μg, respectively), no reliable dynamics of this indicator was revealed.

Since the main group showed a simultaneous improvement in the course of the disease and a decrease in the dose of basic therapy, we can talk about a positive therapeutic effect of complex homeopathic drugs, which was manifested by a decrease in the number of inhalations of short-acting β2-agonists per day, as well as a decrease in the average daily dose of inhaled GCS. Since in patients of the main group, the course of asthma continued to improve after the end of the course of complex treatment, despite the fact that these patients received basic therapy in a significantly smaller volume compared to patients in other groups, we can talk about the presence of a long-term effect of the course of complex therapy, including yourself with modern homeopathic remedies.

As laboratory studies have shown, before treatment, all BA patients had mild blood eosinophilia, moderate and significant sputum eosinophilia, and an increased level of total Ig E.

During treatment, patients in the main group showed a significant decrease (p <0.05) in blood eosinophilia (6.5% before treatment, 3.8% after treatment). In the comparative and placebo group, the percentage of eosinophils in the blood of patients remained practically unchanged: before treatment and immediately after treatment, the average number of eosinophils (%) in the clinical analysis of blood in patients of these groups corresponded to the upper limit of the norm. There were no significant differences in this indicator in the blood of patients of different groups both before and after treatment (Fig. 1).



Rice. 1. Dynamics of the percentage of eosinophils in the blood of patients with different

groups on the background of treatment.

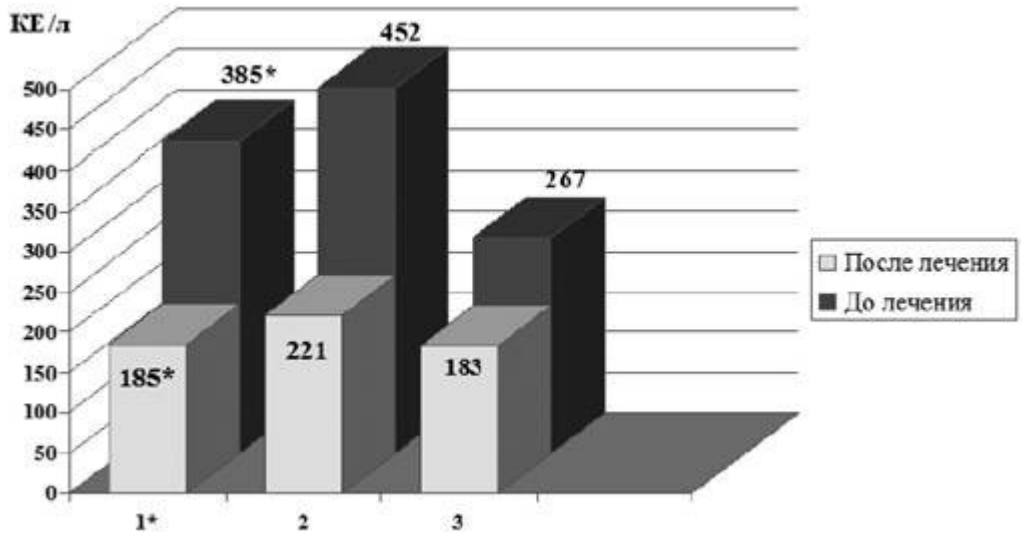
1 - main group, 2 - comparative group, 3 - placebo group.

* - reliability of differences (p <0.05) between the first and second examinations in the main group.

When assessing the dynamics of indicators of cytological examination of sputum before and after treatment, a positive trend towards a decrease in the percentage of eosinophils in the sputum of patients was observed in the main (21.68 ± 2.56% before treatment and 16.1 ± 2.4% after treatment), and in the comparative (13.55 ± 1.79% before treatment and 11.5 ± 1.01% after treatment), and in the placebo group (20.63 ± 3.59% and 17.83 ± 3.32%, respectively). There were no significant differences in this indicator in the sputum of patients of different groups, both before and after treatment.

Analysis of the dynamics of the total IgE content in the blood of patients also revealed a decrease in this indicator in the blood of patients of all three groups. In the group of patients who received only basic BA therapy, the level of total IgE in the blood of patients after treatment decreased by 2 times: before treatment, 452 ± 148.6 IU / L and after treatment, 221 ± 81.6 IU / L. In the placebo group, there was a tendency to a decrease in the level of total IgE in the blood of patients: before treatment - 267.9 ± 51.4 IU / L and after treatment - 183.9 ± 58.8 IU / L. In patients who received homeopathic preparations against the background of basic therapy, a significant decrease (p <0.04) of this indicator was revealed: 385.8 ± 54.2 IU / L - before treatment and 185 ± 33.5 IU / L - after treatment. ... There were no significant differences in the total IgE content in the blood of patients of different groups both before and after treatment (Fig. 2).

The presence of a significant decrease in the percentage of eosinophils and the level of total IgE in the blood of patients of the main group, with a high degree of probability, suggests the influence of homeopathic preparations on these indicators. Taking into account the results obtained and the literature data, in which there is evidence of the effect of complex homeopathic drugs on immunological reactions, one can speak of both a direct antiallergic anti-inflammatory effect of complex homeopathic drugs used in this treatment regimen, and an indirect effect of homeopathic drugs on standard medicinal drugs used in the treatment of ABA.



Rice. 2. Dynamics of the level of content of the generalIgE in the blood of patients of different groups before and after treatment.

1 - main group, 2 - comparative group, 3 - placebo group.

* - reliability of differences (p <0.04) between the first and second examinations in the main group.

In the study of the function of external respiration (FVD) before treatment in the examined BA patients, moderate and significant reversible obstructive disorders were revealed (according to the FEV_1, MOS_{50}, MOS_{75}) and the presence of significant or pronounced bronchospasm (the revealed percentage of change to the initial value for FEV_1 more than 15%, for MOS_{50} and moe_{75} more than 25%). There was no significant difference in the mean values of the indicators of the function of external respiration in patients of different groups. In the study of FVD after treatment in patients of the main group, a positive tendency to an increase in the speed parameters of FEV was revealed.$_1$, MOS_{50}, MOS_{75} both at baseline and after berotek and a significant increase ($p < 0.05$) in POSD (86.17 ± 3.42% - at the first examination, 94.9 ± 3.9% - at the second examination, 98.4 ± 3 , 8% - at the third examination). VC increased significantly ($p < 0.05$) (93.63 ± 2.52% - before treatment, 97.6 ± 2.5% - after treatment and 101.5 ± 2.5% - 6 months after the end of treatment), and also decreased indicators characterizing the severity of bronchospasm (the percentage of change to the initial value of POS, 21.71 ± 3.14% - during the first examination, 16.8 ± 2.4% - during the second examination, 10.8 ± 1 , 9% - at the third examination), MOS_{50} (51.98 ± 6.54%, 36.7 ± 3.8%, 36 ± 4.9%, respectively), MOS_{75} (46.94 ± 6.03%, 30 ± 4% and 27.2 ± 4.8%, respectively). In patients of the comparative and placebo group, there was also a positive trend towards an increase in the rate of FVD and a decrease in their percentage increase after a bronchodilator, however, no significant changes were obtained.

The results of a three-time study of FVD in patients receiving various types of therapy suggest the presence of complex

homeopathic preparations of a bronchodilator effect, the implementation of which is possible both by reducing the inflammatory component of broncho-obstruction, and by directing the effect of homeopathic drugs on the receptor system of the bronchi and a stimulating effect on the action of inhaled bronchodilators.

When using the method of systemic reconstructions "COMOD-technology" to determine the relationship between the clinical, laboratory and functional effectiveness of complex therapy, which includes modern homeopathic medicines, with the studied parameters, a significant negative relationship between the clinical effect and the presence of concomitant diseases and drug sensitization in patients was revealed. Thus, among the patients who had concomitant diseases or signs of drug allergy identified by history, there were fewer patients who had a high efficiency of treatment. For example, 24 people (60%) out of 40 had concomitant diseases, of which 5 people had high efficiency, 14 people had average efficiency and 5 people
- low efficiency of the treatment. At the same time, of the 16 examined people who did not have concomitant diseases, 10 had a high efficiency and 6 had an average efficiency of the treatment. Clinical efficacy, determined 6 months after the end of the course of complex therapy, also depended on the presence of concomitant diseases, in particular, pathology of the cardiovascular system in BA patients. In those patients who did not have cardiovascular diseases, the delayed clinical efficacy was higher (out of 27 people, 18 people had high efficacy, in 9 - average efficacy) than in patients with the presence of these diseases (out of 13 people, 5 people - high efficiency and 8 - average efficiency). This allows us to state that that concomitant pathology in BA patients reduces the effectiveness of complex treatment, possibly due to an increase in the drug load on the body, since these patients were constantly taking medications for a chronic concomitant disease and thereby suppressing the regulatory effects of homeopathic medicines. A significant ($p < 0.05$) negative relationship between clinical efficacy and the presence of drug sensitization in patients suggests that the use of complex homeopathic preparations in this category of patients is limited, perhaps in this case, homeopathic monopreparations would be more effective. In addition to concomitant pathology and drug sensitization, the clinical efficacy of the treatment was influenced by the presence of a cellular component of inflammation in specific patients. It revealed, that in patients in whose sputum the number of neutrophils was less than 30%, high efficiency was more often noted than in patients with a large content of neutrophils in the sputum. In this case, this may be a confirmation that the treatment regimen with complex homeopathic medicines has been developed specifically for BA patients and in this regard has its own scope of prescription.

The limitations of the ongoing complex treatment, which includes a significant number of drugs, also confirms the negative relationship between laboratory efficiency and the presence of

drug sensitization patients. The revealed significant ($p < 0.05$) negative relationship between laboratory efficacy indicators and BA duration in the examined patients suggests that the homeopathic method of treatment is most effective in patients in whom BA was diagnosed relatively recently.

Evaluation of the relationship between the positive dynamics of FVD parameters with other studied indicators revealed a significant ($p < 0.05$) negative relationship with the male sex of patients and the content of eosinophils in the clinical blood test. Based on this, we can state the greater effectiveness of complex treatment using homeopathic medicines in female patients, which is possibly associated with biological differences in hormonal regulation, the receptor system, and, in addition, the correct adherence to the regimen of taking medications.

CONCLUSIONS

1. Application of the developed therapy scheme by modern homeopathic preparations as part of the complex treatment of bronchial asthma significantly improves the course of this disease, allows to increase the period of remission in these patients and confirms the possibility of combining the homeopathic method of treatment with the basic therapy of asthma patients.

2. The use of modern homeopathic medicines in a complex the treatment of bronchial asthma has made it possible to reliably reduce the daily consumption of short-acting β2-agonists by patients with this disease, which is due to the presence of bronchodilator action in this group of drugs.

3. The effectiveness of treatment with homeopathic medicines is confirmed a decrease in the maintenance dose of inhaled glucocorticosteroid drugs in patients with bronchial asthma, which is associated with the anti-inflammatory and regulatory effects of complex homeopathic drugs.

4. Indicators of the function of external respiration after treatment and after 6 months after the end of treatment were higher in patients of the main group, which testifies to the duration of the therapeutic effect of homeopathic drugs when used in combination with basic BA therapy.

5. In the group of patients who received bronchial asthma complex homeopathic remedies, a more significant positive dynamics of laboratory parameters was observed - a significant decrease in the level of total IgE and the content of blood eosinophils, which may indirectly indicate the antiallergic and anti-inflammatory mechanism of action of these drugs.

This study is of significant practical importance, since the use of homeopathic remedies has reliably expanded the therapeutic options for treating bronchial asthma, reduced the use of inhaled bronchodilators and glucocorticosteroids for this pathology, and proved the possibility of combining basic BA therapy with modern homeopathic medicines.

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