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Aetiology of Bronchial Asthma is obscure and the mechanism is uncertain. But the incidence is high, prevalent in all parts of the world, debarring no age and sex.

Among the general aetiological factors it has been observed in this series that the precipitation of bronchial Asthma has a season relationship. It is maximum from the middle of the rainy season to the beginning of the summer season i.e. from August to January. Seasonal relationship in bronchial Asthma is usually attributed to the season of pollens, which may differ from country to country, specially the cold and hot (Fein et al. 1966). According to this theory, view of the season for pollination, the peak of bronchial Asthma should be October and March, i.e. the fall of the rainy season and beginning of summer. But our observation is not confirmity, its incidence has been observed to be equally high at the peak of winter. It supports the view that exposure to the cold increases the release of histamine and other substances responsible to precipitate the disease (Vishwanathan 1938). The attack of intrinsic Asthma are supposed to be maximum in winter. Thus on the basis of seasonal variations in this series it may be inferred that majority of cases in this area suffered from intrinsic Asthma, and their precipitation is guarded by temperature and humidity rather than season of pollination alone.

In our study, total case was 60. 60% were male and 40% were female. Sex incidence is in confirmity was the previous observation
In our society males have more stress and strain as compared to females.

As far as age concern maximum number of cases has been recorded between 20-40 yrs of age. Considering the duration of illness in our series these cases may be considered to have the beginning of bronchial Asthma in their later life. According to the type of Asthma extrinsic Asthma is supposed to be beginning in the early age and on the other hand intrinsic Asthma in later age.

On this parameter as well, a good number of patients in our series seem to have intrinsic type of Asthma.

Relatively in the middle age, one passes through a more stressful life, as one is trying to establish him/herself in the society and has to carry the loads of many types. Bronchial Asthma is also grouped in the list of diseases caused by stress, so it may be contributory factor in precipitation of bronchial Asthma in this group.

In the study of occupation, it has been observed that 33.3% were housewife, 25.7% belonged to service class, 20% were businessmen, 13.3% were students, and 7% were farmers.

Indian kitchens housewife have to work for a longer time in smoke. Probably it may be a precipitating factor of them otherwise, it is equally distributed with all other occupations.

Out of 60 cases, 41 Hindu, 11 Muslim, 8 Christian. It is equally prevalent in all classes of people.

As par diet concern in our study 25 cases were vegetarian and 35
cases were non vegetarian.

The response of the treatment is encouraging in the patient of bronchial asthma, treated with the decoction of A. Lebbeck (Siris) orally in the dose of 100 ml per day in divided doses.

Total case studied in this series are 60. 83.33% cases were fully relieved i.e. they become sign and symptoms free, and laboratory findings came within normal range and they resume their duties. 16.3% cases were unchanged.

Response of the treatment was quick, within a few days after administration of the drug, the sign of improvement were noted, and most of the relieved cases became free from the clinical features of the disease with 15 days of treatment.

In nut-shell, on the basis of clinical trial it may be inferred that A. Lebbeck is a useful drug in the management of Bronchial Asthma.