"The Microbe Least of all, the Milieu Most..." (Inflammatory Processes and treatment Alternatives)

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Inflammatory Diseases

A great number of infectious diseases exhibit a characteristic spectrum of microorganisms. Knowledge of this spectrum allows greater insights in the origins of diseases and their development. In many cases, an incomplete knowledge of the micro-organism spectrum will prompt a physician to begin a therapeutic program of antibiotics before verifying of the presence of microorganisms and therefore, before an antibiotic spectrum is adequately assessed.

The spectrum of micro-organisms are as diverse as the alphabet: from A for anaerobes, D for Diplococcus pneumonia, H for Haemophilus influenzae, and S for Staphylococcus and Streptococcus - to Z for zymosis. Statistics from the United States, moreover, has provided impressive evidence of the propagation of multi-resistant micro-organisms. For example, between the years of 1986 and 1992, the number of methicillin-resistant strains of Staphylococcus aureus increased from 8 to 40%.¹

A prospective study which compared the effects of tetracycline to those of a placebo verified the fact that not every patient profits from the administration of an antibiotic. The study revealed that after a week of Tetracycline therapy, no difference was apparent between the antibiotic and the placebo groups with respect to clinical and functional parameters.²

Another group of micro-organisms which do not respond to antibiotic treatment are viruses. Even the biologically oriented physician will not refuse to use antibiotics such as; Cefaceor and Azithromycin, in cases of serious respiratory infections such as bronchitis and pneumonia. But they know, along with Pasteur, that:

"...the microbe least of all, the milieu most..."

In other words, it is precisely the beneficial change of the milieu which the physician hopes to achieve with or through specific complementary therapy.

The System of Ground Regulation

Each cell, including those contributing to immune functions, is fundamentally influenced by the presence of a ground substance in the form of an extracellular matrix. This extracellular matrix can be understood as a type of molecular sieve consisting of proteoglycans and glycosaminoglycans (PG - GAGs). Structural elements such as collagen, elastin, network-forming glycoproteins, fibronectin, etc., are integrated into the sieve. Since the PG - GAGs are negatively charged, they release heat when they are captured; likewise, mechanical forces are viscoelastically arrested under conditions of the production of heat. In a process of annular flow, the PG - GAGs create short-lived tunnels - so called guest-hosts - which are capable of performing complex functions. In this manner, lipophilic substances can be bound to the exterior tunnel walls. These processes facilitate the metabolic transport of lipophilic and hydrophilic products.

Fibroblasts, macrophages, and myocytes take part in the formation of PG - GAGs and thereby serve to ensure the proper interplay between sol and gel. Any burden which the organism is subjected to, induces a modification in the network of the ground substance. Burdening factors cause changes in, or activation of, downstream organ parenchymal cells as well as, patrolling defense cells. Bronchus-associated lymphoid tissue (BALT) is found in the upper areas of the respiratory tract and this tissue is analogous to the lymphatic tissue found in the small intestine in the form of Peyer's patches.

Inhibition of the blood circulation through the capillaries leading into this base system can take place at a reduced rate of between 10 and 12 ml per 100 g/min which is 80% less than the normal rate of 50 ml per 100 g/min. The primary effect of this development is the interruption of the ion pump at the nerve site leading to the overacidification of connective tissues. The outcome is metabolic insufficiency and ultimately, an inflammatory reaction.³

Therapy of Inflammation Processes

A fundamental prerequisite for the successful therapy of inflammatory processes is the realization that they are not of themselves a negative phenomena. Rather, such processes represent an attempt by the organism to eliminate toxic agents which have gained entry to purify the ground system. In cases where such

elimination is no longer possible through the nominal physiological channels because of the base system being overwhelmed, the organism is forced to augment its defensive reactions in such a way that detoxification of the base system can again sufficiently functions. Such an increase is only possible in conjunction with the increase of connective tissue cell activity in the form of an inflammatory response.

In the field of anti-homotoxic therapy, Traumeel (liquid, tablets or ampules) is the remedy of choice for treating inflammatory processes.

Traumeel contains the following ingredients:

- Belladonna 4X
- Aconitum napellus 3X
- Hepar sulfuris calcareum 8X
- Chamomilla 3X
- Symphitum officinale 8X
- Arnica montana 3X
- Calendula officinalis 2X

The formulation of Traumeel has been formulated in such a manner so as not only to have an anti-inflammatory effect but also serve as a regenerative stimuli. Recent research has revealed that Chamomilla has a stimulating effect on the formation of interferons.

A double-blind study conducted in Poland with cortisone-dependent patients suffering from bronchial asthma revealed that, Traumeel injected subcutaeneous once a week over a period of 20 weeks, was capable of reducing the average cortisone dose to these patients from 4.6 to 2.6 mg/day. The serological tests conducted in conjunction with this study disclosed a definite decrease in IgE, accompanied by a simultaneous increase in IgA. The application of Traumeel obviously inhibited the release of mediators to a significant degree.⁴

A clinical study from Italy confirmed that Traumeel exerts considerable effects on the neurotransmitter substance P.⁵

In another study from Essen, Germany, patients with lumbar-spine syndrome, who had suffered for six months or more from symptoms resistant to therapy, received Traumeel while being monitored during administration by computer tomography. The therapy involved injection of Traumeel into the vertebral joints of the lumbar spine. Results were assessed in comparison with patients who received Triamcinolone. The study revealed that Traumeel gave as much relief from symptoms as Triamcinolone. However, long-term monitoring of therapeutic results showed that the rate of recurrence for patients treated with Triamcinolone was substantially greater than with Traumeel.⁶

Traumeel has accordingly proved to be effective in its anti-inflammatory effects when administered for treatment of a wide variety of inflammatory disorders. Drug monitoring studies conducted with extensive patient populations have likewise confirmed these findings.

Lymphomyosot, a lymphatic system drainage remedy, has proven to be effective in treating chronic inflammatory disorders when used in combination with Traumeel. These two remedies stimulate detoxification processes in the base system.

References

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