

Immune Deficiency and Respiratory Disorders

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Dagmar Bolling, M.D.

Environmental toxins in the air we breathe are constantly coming in contact with the respiratory system. A functioning, responsive immune system is essential in order to eliminate these toxins. When patients have respiratory ailments it is important to choose probiotic therapies which support the body's natural balance. Homeopathy and homotoxicology can be an integral part of re-establishing this balance.

This article is a direct transcript of a lecture delivered by Dr. Bolling at the 5th HEEL U.S. Symposium in San Francisco in October 1989.

The process of breathing is of critically vital significance for the human being and the open biological system which it represents. Ancient languages and early Christian mythology demonstrated the intimate interrelationships among breath, soul, and life. Breath is life: this applies on all levels of being. Man is dependent on the continuous supply of oxygen for maintenance of his life. The organ system of the respiratory passages — consisting of mouth, nasal passages, pharyngeal cavity, trachea, bronchial system, and alveolar space — is therefore intimately linked with our environment by the process of respiration.

Since, however, the air we breathe also introduces toxins, a properly functioning system of defense — for sufficient resistance against intoxication via the respiratory passages — is a critical prerequisite for maintenance of good health.

Non-specific defense functions are initially provided by alveolar macrophages, or dust cells. They are practically omnivorous and therefore serve for general defense against pathogenic agents as well as against malignant cells. In addition, however, they are also capable of providing specific immune responses via T and B cells.

Following inflammation of the alveolar wall, macrophages perform further functions associated with healing of wounds. If, however, excessive quantities of foreign and toxic substances confront the organism, and if this assault overwhelms the ingestion capacity of the macrophages, they can burst and can themselves result in chronic inflammation.

Residual foreign substances can also be eliminated via the lymphatic drainage system.

The following types of defense mechanisms normally function in the respiratory tract:

- Unspecific
- Specific
- Humoral
- Cellular

A further prerequisite for an effectively functioning respiratory defense system is an intact surfactant system which coats the entire surface of the lung, sufficiently reduces the alveolar surface tension, and prevents atelectasis. The surfactant system is also critically important for ensuring bronchial clearance, especially with regard to proper secretion transport.

As the consequence of defense weakness, the various stages of respiratory disorders are accompanied by characteristic morphological alterations. Insights into these interrelationships are important if the physician is to be successful in administering the proper biotherapeutic, antihomotoxic therapy for the respective stage of disease.

Human defense processes take place in accordance with two-phase interrelationships. These biorhythmic processes of the healthy organism are subject to autonomous control.

Perger and *Selye* have developed their alarm reaction curve as a model for these processes. This curve illustrates the following two phases:

- Initially, the so-called shock phase, under the control of the sympathetic nervous system.
- Subsequently, the countershock phase, under guidance of the parasympathetic nervous system.

Through observations made on the chronically ill, researchers have determined characteristic deviations from the progress of healthy biorhythmic alarm reactions:

- Arrest in the shock phase in conjunction with chronic exudative disorders.
- Arrest in the countershock phase as a reliable explanation for proliferative inflammatory processes.

With development toward complete loss of this bi-phase reaction — i.e., in case of complete lack of reaction — autoimmune disorders as well as destructive, neoplastic processes become evident.

It was determined at the same time that lowering of the reaction capability of the defense system is also associated with a reduction in the threshold value for a total reaction. An already chronically ill patient can therefore no longer react only locally to even slight stimuli, and must mobilize the entire organism at an increasingly earlier stage as the illness further develops. This vicious circle can lead to complete incapacitation of the defense system.

The symptoms of exudative inflammation manifest themselves in case of acute bronchitis:

- Increased mucus production
- Intensified bronchial clearance
- Increased surfactant activity
- Heightened macrophage activity.

After elimination of the initiating noxa, complete resynthesis of the bronchial system normally takes place. The alarm reaction curve would follow a normal course. In Hans Heinrich Reckeweg's humoral-cellular Table of Homotoxicosis, this development would be a sign of a successfully concluded excretion phase.

Unfavorable conditions such as the following can, however, prevail:

- Weakening of defense capability
- Overwhelming by noxae, etc.

Under such conditions, acute bronchitis can develop into the chronic form. The following characterize chronic bronchitis:

- Excessive secretion
- Bronchial irritation

The organism becomes arrested in a shock phase; resynthesis of the inflamed mucosae is no longer possible, and the patient's disorder has moved to a deposition phase according to Reckeweg's table.

Further worsening of the patient's condition can be brought about by increased intake of noxae — a prime example is tobacco smoke. Bronchitis under such circumstances can develop as follows:

- Greater burdens are placed on macrophages, and critical defense capabilities are blocked.
- Chronic exudative bronchitis then develops into chronic proliferative bronchitis.

- In addition to excessive secretion and irritation, progressive fibrosis now becomes apparent.

Such proliferation of connective-tissue fibers leads to shrinkage and progressive reduction in the patency of the bronchi, and to loss of elasticity.

Progression of the illness to the status described above involves a defense weakness which can be described as arrest in the countershock phase. Regeneration of tissue cannot take place, and the organism's functions of cleansing and repair go out of control. Reckeweg's six-phase Table of Homotoxicosis shows the disease to have progressed into the cellular zone, from which point tendencies toward spontaneous self-healing are no longer possible. Without critically required therapeutic support, the disease will now develop into chronic bronchitis marked by fibrous degeneration and by alteration in mucosae.

Mucosal alteration here is followed by extensive reduction in production of secretion: a process which represents severe impairment of bronchial clearance. This state of bronchitis can definitely be designated as precancerous, since development of bronchial carcinoma is often only a question of time. Once the organism's defense system is arrested and complete lack of reaction results, Hans Heinrich Reckeweg describes the development as transition from a degeneration phase into the neoplastic phase.

In case of catarrhal bronchitis, physicians traditionally administer the following in line with classical medicine:

- Secretolytics
- Antitussives
- Antibiotics

This therapy is of course highly effective in alleviation of the patient's troublesome symptoms. With the administration of antipyretics, antiphlogistics, and antibiotics, however, the initial phase of defense reaction — the shock phase — is blocked, inflammatory exudation is suppressed, and the organism is prevented from achieving resynthesis of diseased tissue within the countershock phase.

True healing, on the other hand, can take place only through support of natural defense processes, and not through blockade.

The following "flu cocktail" has proved especially effective in the homeopathic/antihomoxic treatment of simple catarrhal bronchitis, accompanied as it usually is by polysinusitis:

- **Gripp-Heel**
For support of the organism's defense against colds and flu.
- **Traumeel**
For control of inflammation.
- **Lymphomyosot**
For activation of the mesenchyme, and promotion of elimination of toxins.
- **Engystol**
For enhancement of defense functions, especially for virus infections, as well as for support during the shock phase.

This cocktail may be administered in the form of a mixed intravenous injection — or, effectively, by intramuscular means, as part of progressive auto-sanguis therapy, a technique using isotherapy with the patient's own blood. Three to five injections are given. Sublingual administration is also recommended.

Effective adjuvant therapy here can include the following:

- In beginning stages, *Aconitum-Homaccord*
- Later, *Belladonna-Homaccord* and/or *Tartepheerel* or *Drosera-Homaccord*.

In cases of chronic exudative bronchitis, especially among children, the blocked shock phase must first be reactivated, in order that a countershock phase can ensue. In such cases, the following is added to the above-described cocktail:

- *Echinacea compositum*
Defense stimulation, and for support of the shock phase.

As medication for exudative diathesis, the following can be additionally injected 1-3 times:

- *Tuberculinum-Injeel*
- *Calcium carbonicum-Injeel*

These last two medications should be injected at a frequency of 2 to 3 times a week, in the form of progressive auto-sanguis therapy.

Simultaneously, suitable symptomatic complex therapy (orally administered) can take place for regulation of the reaction intensity (N.B.: overshooting reactions).

The physician should by no means neglect attention to proper nutrition, which is especially critical for children with chronic exudative bronchitis. Symbiosis control of intestinal flora is often urgently necessary. These therapeutic measures can prove highly effective in activating a reaction phase, toward the goal of guiding the organism out of the deposition phase.

Chronic proliferative bronchitis, as an expression of a cellular phase, is therapeutically more difficult to handle, since the organism remains arrested in the countershock phase and repair mechanisms may have already gone out of control, with destructive results. Lengthy therapy with the following is generally required here:

- *Echinacea compositum*
- *Lymphomyosot*
- *Traumeel*
- *Engystol*
- *Mucosa compositum*

For enhancement of defense functions, specifically with respect to the mucosae.

- *Bronchus suis-injeel*

For organ-specific enhancement of defense functions

- *Grippe-Nosode-Injeel*:

For eliciting specific defense functions, by administration of the originally initiating toxins, in highly potentized form.

The above medications should be administered as mixed injections, 2 to 3 times a week, in the form of progressive auto-sanguis therapy. It has also proved effective to inject *Medorrhinum-Injeel* at the same time.

Therapeutic success can be accelerated and stabilized by extensively avoiding additional intoxication via food intake and respiration.

If there are signs that the defense system has been incapacitated, with the associated alteration in tissue, comprehensive biological cancer therapy is urgently indicated. At the same time, it can prove highly successful to administer the following antihomotoxic therapy:

- *Echinacea compositum*
- *Lymphomyosot*
- *Coenzyme compositum*

For stimulation of blocked enzyme systems.

- *Ubichinon compositum*
For stimulation of cellular toxin defense mechanisms.

- *c-AMP Injeel*
For stimulation of cell respiration.

- *Mucosa compositum*
- *Bronchus suis-Injeel*

It is also highly recommended to administer the nosode medication *Luesinum-Injeel*, as a mixed injection.

The patient should naturally control his nutrition and life style in accordance with the severity of a neoplastic disorder.

In conclusion, a note on our great — perhaps the greatest of all — therapeutic challenge, not only for respiratory diseases: the restoration of our heavily polluted planet Earth and its atmosphere. Indeed, it is precisely in the field of respiratory disorders that the long-term success of our therapeutic efforts is critically dependent on the conditions of our environment.

Address of the author: Dagmar Bolling, M.D.
Specialist for Internal Medicine
Wiesenweg 6
D-6232 Bad Soden/Taunus
West Germany