The Therapy of Chronic Bronchitis

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Summary:
This presentation summarizes standpoints concerning the etiology, pathology, and therapy of chronic bronchitis as held by conventional medicine. Elaboration follows within the framework of biological medicine, especially from the viewpoint of homotoxicology.

The etiology of chronic bronchitis is extraordinarily intricate, influenced as it is by a host of complicated endogenous and exogenous factors. The pathologic-anatomic alterations involved, which are irreversible in obstructive bronchitis, present the attending physician — even one skilled and experienced in biological medicine — with great difficulties. The therapy of chronic bronchitis proceeds more simply and offers greater prospects of success if the disease is treated in a stage of development on the left side of the biological section of Hans Heinrich Reckeweg's Table of Homotoxicosis. Once bronchitis has developed into a phase on the right side of the biological section, the situation becomes considerably more problematic.

In the therapy of chronic bronchitis, the practitioner of holistic medicine must naturally also direct his or her special attention to the functioning of the patient's other organs. The liver with its detoxifying functions plays an especially important role here. The physician who places insufficient importance on the biological significance of an inflammation of the liver, for example, has only a slight chance of truly successfully treating chronic bronchitis.

In most cases of chronic bronchitis among children, successful therapy is possible very quickly through administration of Tartephydreel, Husteel, and Drosena-Homaccord. Treatment of this disorder among older patients, however, requires more extensive and more complex efforts, since the accompanying alterations in the organism, especially in the vascular system, play an increasingly important role as the patient grows older. In such cases, the above-stated medications Tartephydreel, Husteel, and Drosena-Homaccord can be effectively complemented by administration of the preparations Traumeel, Euphorbium compositum, Naso-Heel, Cruroheel, and Arsurerel.

Effective treatment of spastic bronchitis is possible with Gripp-Heel, Engystol, Hepar sulfuris-Injeel, Tartephydreel, Husteel, and Drosena-Homaccord.

In therapy of cases of chronic spastic bronchitis and bronchial asthma, detoxification of histamines in the impregnation phase is necessary. Galium-Heel, Traumeel, Lympmyosot, and Psorinohelcan can be successfully administered here to initiate the regressive vicarious required in such cases. Other effective possibilities are alternating treatment with Gripp-Heel, Engystol, Baptisia-Injeel, Lachesis-Injeel, and Spongia-Injeel — interspersed with administration of Hepel, Hepar sulfuris-Injeel, and Ubihihon compositum. For elderly patients, Coenzyme compositum has also proved highly reliable.

Although healing is not possible for bronchiectasis or for emphysemic bronchitis, detoxification therapy can provide the patient great relief. In addition, Gripp-Heel and Engystol can favorably influence the course of feverish episodes.

The following preparations can also beneficially affect the course of chronic bronchitis: Traumeel, Arnica-Heel, Glyoxal-Injeel, and Echinacea compositum.

All the preparations stated above are manufactured by the Heel company of Baden-Baden.

Analytical medicine attempts to arrive at pathologic-anatomic differentiation and classification of the various mor-
ologic forms of chronic bronchitis. The beginning of the
order is designated as uncomplicated chronic catarrhal bron-
chitis with intensified secretion from the serous and mucous
acinar cells. This stage provides the basis for development
of intramural bronchitis, with exudation and edematous
membrane swelling, accompanied by ulceration and
inflammation. The following are especially evident in this stage:
allergies, as well as basophils and eosinophil cells with
histamine enrichment. At this phase of the disease, there is
a great tendency for bacterial development in the bronchi. If the chronic inflammation of the bronchi wall
does not subside, it may further lead to destruction and loss
of elasticity in the large and medium-sized bronchi.

The next stage of chronic bronchitis entails fibrosis and
proliferation. The further course of chronic bronchitis involves pulmonary emphysema, as well as the possibility
development of bronchiectasis. Previous illnesses (such a pneumonia) can also develop into chronic bronchitis or emphysemous bronchitis. Secondary bronchitis is especially peril-icious, exacerbated as it may be by sinusitis (sino-bronchial
syndrome).

Collagen diseases such as Wegener's granulomatosis, lupus
erythematosus, scleroderma, and often parieteritis nodosa
all frequently lead to fibrotic alveolitis. In addition, tuber-
iliosis, silicosis, and sarcoidosis can bring about disseminated
breses, with subsequent tendency to chronic bronchitis.

As shown by the above summary, the etiology of chronic
bronchitis is exceedingly complex and is influenced by en-
genous and, to an even greater degree, by an extremely great
number of exogenous factors. One very frequent complica-
tion involves cases triggered by allergy which later develop
into spastic bronchitis and bronchial asthma. The disease can
come considerably more complex, the longer the symptom
picture is allowed to remain, with frequent development
ward cases in which the pathologic-anatomic syndrome
characterizes irreversible alterations which lead to further
complications demonstrating respiratory and cardiac insuffi-
ciency in the clinical picture.

The World Health Organization defines the chronic-
obstructive syndrome as an incurable, irreversible, and
progressively worsening disease. It will not be possible within
this context, however, to elaborate on the most important
stages involved here.

This extremely brief summary was necessary to indicate the
therapeutic measures available to conventional medicine. Causal therapy of course plays a major role here,
in such efforts as the encouragement of smokers who suffer
from bronchitis to discard their habit. In cases of congestive
bronchitis, in addition, cardiac therapy is also often pursued.

Now as before, however, conventional medicine primarily
avoids the use of antibiotics for the therapy of chronic bron-
chitis, with long-term administration very frequently extend-
ng over years. In Germany, catecholamines have traditionally
enjoyed widespread use for the treatment of secretion congestion.
Therapy in such cases is therefore symptomatic in nature
whereby the long-term use of antibiotics promotes chronic
lingering of the disease, with uncontrollable iatrogenic
damage.

I have attempted to sketch out the background for one of
the fundamental paradoxes in modern medicine: by means of
antibiotic therapy, as well as many other conventionally ad-
ministered measures, it is in fact not possible to provide causal
therapy of diseases such as chronic bronchitis. Traditional
pathology, as it views and describes the illness being con-
sidered here, cannot properly recognize the purposes of
inflammation as the point of departure for chronic bronchitis.
It cannot therefore properly provide the therapy necessary to
aid the patient in passing through this illness.

A completely different assessment results from the con-
sideration of chronic bronchitis from the standpoint of
homotoxology.

Let us go back to the early stage of uncomplicated chronic
catarrhal bronchitis, characterized as it is by intensified secre-
tion from the serous and mucous glandular cells. This early
situation, of course, further develops toward the typical pic-
ture of inflammation, with formation of leukocytic cells. I
would like to begin my consideration from the homotox-
icological viewpoint by pointing out the effectively beneficial
aspects of the inflammatory process.

As a result of the effects of histamine, and in conjunction
with permeability dysfunctions, blood plasma with antigens
extravasates from blood vessels. Connecting tissue, which lies
between the blood vessels and parenchyma, subsequently pro-
duces a tissue gel in response to the following processes which
act on it: the enrichment of acids and the diminution of oxy-
gen which occur here, the production of hyaluronidase
among the bacteria present, and the presence of toxic products
of metabolism (so-called homotoxins). In this phase of inflam-
mation, leukocytic cells are produced in the manner which
has been very impressively demonstrated in the well-known
experiment by Busse-Gratzl. Now, at this point, the toxic
products of metabolism can, together with the pus formed,
be properly eliminated from the organism, in the sense of a
biologically effective detoxification reaction. Any measure
taken to impede this process of detoxification signifies a cor-
responding hindrance of the process of healing.

The cause and the beginning of chronic bronchitis is to be
found at this point. All other influences, such as environmen-
tal factors with their exogenous noxae, are of secondary
significance. The therapeutic consequence of such a standpoint
is simply thus: that beneficial treatment of the illness can lie
only in promotion of inflammation as a highly effective pro-
cess of detoxification, and in enhancement and acceleration
of the healing of the organism by mobilization of the patient's
resistance in what Reckeweg calls the Greater Defensive
System. In the implementation of homotoxology, this means
supporting the organism in moving from the reaction phase
into the excretion phase of illness.

The physician who does not understand or properly con-
sider the effective biological function of inflammation cannot
take therapeutic steps which properly enable his or her patient to speedily return to a state of good health. This is indeed the most critical insight toward comprehending the etiology of chronic bronchitis, an insight which could well prevent the occurrence of many cases of iatrogenic damage, and could consequently prevent the development of many cases of chronic bronchitis. I therefore would like to emphasize again as strongly as possible: inflammation, including inflammation as encountered in bronchitis, is a biologically effective process of detoxification.

Chemotherapeutic measures taken to suppress the inflammatory process impede this cleansing function and trigger processes of damage to the enzymatic system. These processes subsequently produce allergic syndromes in cases of bronchitis.

The physician should, furthermore, not allow himself to be deceived if symptoms of chronic bronchitis quickly disappear after antibiotic therapy. They will reliably reappear later, once the organism again attempts to eliminate the responsible homotoxins, in many cases, through a different symptom picture.

The causal interrelationships of such phenomena become quite clear when biological homeopathic therapy is employed to initiate the process of desired regressive vicariation. In such a process, earlier (usually suppressed or otherwise not properly experienced) symptom pictures will appear and be repeated. One prime example here, often experienced in the practice of homotoxicology, is the suppression of tonsillar angina by antibiotics, with subsequent development of bronchitis. If another, homeopathically oriented physician properly treats the bronchitis, the angina will reappear. If the revived angina is biologically and effectively treated the second time, the patient can experience genuine healing.

In accordance with homotoxicology, therefore, the antibiotic treatment of tonsillar angina results in harmful consequences for the patient. The same applies to the common cold and even to pneumonia.

It has become disturbingly apparent that chronic bronchitis now widely afflicts young patients, whereas its victims in past generations typically first encountered this disease in their forties. One reason for this development may lie in the fact that severe obstructive bronchitis syndromes appear in hospitals at a point in time later than we, outside in private practices, encounter them. And it may well be that iatrogenic damage occurs now at an increasingly earlier age, now often in childhood, owing to the widespread administration of antibiotics.

There are, of course, better prospects for therapeutic success among the younger victims of chronic bronchitis than among older patients. The therapy of chronic bronchitis proceeds more simply and offers greater prospects of success if the disease is treated in a stage of development on the left side of the biological section of Hans Heinrich Reckeweg's Table of Homotoxicosis. Once bronchitis has developed into a phase on the right side of the biological section, the situation becomes considerably more problematic. The pathologic-anatomic alterations involved, which are irreversible in obstructive bronchitis, present the attending physician, even one skilled and experienced in biological medicine, with great difficulties.

Nowadays, we unfortunately encounter illnesses more and more frequently among young patients whose disorders are already in the cellular phases of the Table of Homotoxicosis. As a result, the overall homotoxic situation, along with the duration of the disease, becomes increasingly unfavorable and requires the therapy of more and more secondary damages.

In any case, the physician employing biotherapeutic/antihomotoxic treatment will attempt to promote the self-cleansing processes of the organism and to stimulate its elimination functions. In addition, the physician practicing holistic medicine will, in our example of chronic bronchitis, pay special attention to the functions of all other organs. Among these, the liver with its detoxification functions plays an especially important role.

Unfortunately, older patients with chronic bronchitis are long-term patients. Nevertheless, differentiated and concerted homeopathic therapy will enable subjective improvement, even if the patient's expectoratory function is not entirely successful. Continuous and long-term therapeutic measures of detoxification also relieve other organs, with subsequent enhancement of their functioning.

If the patient experiences fever during therapy, the physician should rightly view this process as the attempt by the organism to compensate for toxin damage which it has suffered. Successful biotherapeutic/antihomotoxic treatment is in fact intentionally associated with bouts of fever, which enable the organism to move from degeneration phases, via regressive vicariation, back to reaction phases.

Some of the very most successful therapeutic results of antihomotoxic therapy have been achieved among children who have been harmed by previous antibiotic treatment. "Harm" in this sense signifies blocking, or suppression, of the original disease. Once, in the course of biotherapeutic/antihomotoxic treatment, the organism makes another attempt to eliminate the homotoxins originally responsible, the earlier-repressed disorder will resurface. The following is a typical example:

A mother reported how her ten-year-old daughter was treated antibiotically for pneumonia five years earlier. The fever soon subsided, and the symptoms of pneumonia disappeared. The girl seemed to have been cured. Soon thereafter, the girl developed bronchitis, however, and was plagued regularly by bouts of varying intensity. My therapy was administration of Tartephe, Hustee, and Drosera-Homaccord, with dosage of ten drops each taken five times a day. I instructed the patient to allow the drops to remain in her mouth for 30 to 60 seconds before swallowing. At first, the bronchitis became more severe. She experienced slight fever, and expectoration increased. After eight days, however, these symptoms began to gradually subside, and after three weeks the child was entirely free of complaints.
In most cases, this therapy will very quickly heal chronic bronchitis among children. After the child is free of symptoms, however, I continue the above-stated therapy 6 to 8 weeks longer, in order to enhance the patient's powers of resistance.

At a medical convention in Freudenstadt, Germany, in the autumn of 1975, I reported in detail on numerous additional cases in which I employed this therapy for children. I cited many examples of complete cure as a result of this treatment.

In May of this year, a 41-year-old woman patient from Bad Ems, Germany, came to me and reported suffering from spasitic bronchitis for years. X-rays provided no helpful information. I recommended the following therapy to her general practitioner:

- Intravenous injection twice a week of one ampule of Gripp-Heel and one ampule of Engystol
- Intramuscular injection twice a week of one ampule of Hepar compositum
- Oral administration of Taraxephedrel, Hustanol, and Dros- eras-Homaccord, with dosage of ten drops taken five times a day.

Not long ago, on a visit to my office with her son, the woman reported that she had had a terrible reaction to the above-stated therapy. Coughing and expectoration were so massive that she became fearful. Since she was convinced that the therapy would not harm her, however, she faithfully continued the prescribed dosages. After about two weeks she experienced no more symptoms, and signs of spasitic bronchitis have not returned.

Although healing is not possible for bronchiectasis or for emphysemic bronchitis, detoxification therapy can provide the patient great relief. In addition, Gripp-Heel and Engystol can favorably influence the course of feverish episodes.

The following preparations can also beneficially affect the course of chronic bronchitis to such an extent that antibiotic therapy is not necessary: Traumeel, Arnica-Heel, Glyoxal- Injeel, and Echinacea compositum.

At this point I would like to emphasize once again that antibiotics suppress the biologically effective processes of detoxification which are associated with inflammation. Antibiotic therapy initiates the pathological process of progressive vasculation in which chronic bronchitis develops. Biological therapy with homeopathic medication, on the other hand, involves the activation or induction of antitoxin-specific enzymes which act against the original causal homotoxins, and which bring about their elimination from the organism. The administration of homeopathic medication introduces a similar toxin in attenuated and potentized form, as a result of which an additional toxin-defense mechanism is mobilized.

In therapy of cases of chronic spasitic bronchitis and bronchial asthma, detoxification of histamines in the impregnation phase is necessary. Gammam-Heel, Traumeel, Lymphomysos, and Psorinohel can be successfully administered here orally, to initiate the regressive vasculation required in such cases. Other effective possibilities include alternating treatment with Gripp-Heel, Engystol, Baptisia-Injeel, Lachesis Injeel, and Spongia-Injeel (intravenously), interspersed with administration of various combination preparations such as Hepar compositum and Ubichinon compositum. For elderly patients, Coenzyme compositum has also proved highly reliable.

In the therapy of chronic bronchitis with simultaneous occurrence of sinusitis, the physician can well consider the bronchitis to be of secondary nature, with initial emphasis placed on treatment of the sinusitis. In such cases, I prescribe Traumeel, Euphorbium compositum, Naso-Heel, Cruroheel, and Arsuraheel.

Treatment of chronic bronchitis among older patients, however, requires more extensive and more complex efforts, since the accompanying alterations in the organism, especially in the vascular system, play an increasingly important role as the patient grows older, and since cor pulmonale also develops as a terminal stage in cases of obstructive bronchitis. Cardiac therapy should therefore begin as soon as possible: Cralonin is one outstanding cardiovascular medication which may be applied here. Therapy with vitamin E is also important: alpha tocopherol plays an important role in lipometabolism disturbances. Recent research has determined relationships between alpha tocopherol and metabolic activities at the vascular wall. For pulmonary emphysema patients, I have for many years now regularly prescribed Rovigon (made by La Roche), which contains vitamins A and E, and which in all likelihood retards the progress of the disease.

In conclusion, I would like to make a very brief summary of the concept of illness as it is advocated by homotoxology, and as it provides the basis of therapy for chronic bronchitis set forth in this presentation. The phenomena which we term "illness" represent biologically wise and effective defense measures taken by the organism against endogenous and exogenous homotoxins. Through the functions of disease, the organism attempts to compensate for homotoxin damages. As a highly effective mechanism for initiating and supporting the detoxification of homotoxins, the process of inflammation is of great significance for convalescence and maintenance of human health.

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