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Belladonna — Childhood Diseases with Particular Reference to Bronchitic Inflammations

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Belladonna is one of the best and most frequently used remedies for childhood diseases, as established by symptomatology. We know that the symptoms of a clinical picture are the expression of the defense mechanism against toxins, or as we say homotoxins. Symptomatology is of decisive significance when choosing the specific remedy. It must be pointed out explicitly here that we are not treating the symptoms, but rather the cause of the pathological process which gives rise to these typical symptoms.

I repeat at this point the definition of the concept of disease: disease is the expression of biologically expedient defense against toxins within the fluid system man.

In general practice it is, as a rule, particularly easy for us to appraise the symptomatology of the syndrome in the case of childhood diseases. Most cases are on the left of the biological average, which we describe as humoral homotoxin diseases of disposition. Most cases are diseases in the reaction phase, which detoxify via an inflammation and heal quickly. I shall go into further detail with regard to this in the case reports.

In the context of homotoxicology reference should always be made to the significance of the inflammation, and I would like to add this because all acute illnesses, particularly in the case of children, but also with adults, go hand in hand with inflammation processes, for which reason we must assist the physiological course of the inflammation. It would, therefore, be wrong to restrict or block this process.

In his book "Homotoxicology", Reckeweg phrases it as follows: "Inflammations are the expression of a cleansing of

homotoxins from the connecting tissue". The organism requires a valve in order to be able to detoxify. This takes place in the reaction phases, whereby the original toxins are eliminated in the course of the inflammation, and the connecting tissue is freed from them. This detoxification process is blocked or impeded if antibiotics are given. It has also been shown that antibiotics weaken the immunological system, thus reducing the capacity to form antibodies to combat antigens.

One example: A mother reports: "my daughter went through pneumonia two years ago, which cleared up quickly after antibiotic treatment. Since then however she's suffered repeatedly from bronchitis. Treatment with cough mixtures didn't improve things, and symptomatic treatment didn't help things". A disease treated in this manner moves in progressive vicariation into the deposition phase, and then finally into the impregnation phase.

The doctor treating biologically aims to achieve a regressive vicariation, whereby a natural therapy leads to detoxification and elimination of toxic injury, together with a return into the excretion phase.

I now return to symptomatology, which indicates the use of Belladonna, and I would like to give a few examples from general practice.

Case 1

A 10-year-old schoolboy was suffering from acute throat pains, pains in the limbs, and a high fever running to 40°C during the afternoon. That morning he had been to school,

and had shown no symptoms. On examination the pharynx and tongue were severely inflamed, as were the tonsils, which were also enlarged. The patient's head was hot and rather red; the patient was also oversensitive to touch. Belladonna was administered. The fever subsided spontaneously. This was followed by a cold, which disappeared a few days later without having been treated. This is a case of a clinical picture in the reaction phase typical for Belladonna, which developed spontaneously and was cured spontaneously after administration of Belladonna. No sequelae were observed.

Belladonna is the remedy to be selected in the case of acute inflammation.

I have already reported on the treatment of children suffering from acute and chronic bronchitis at an earlier date, and I would now like to cite a few more cases which belong in the overall picture of Belladonna.

Case 2

The anamnesis is given by the mother of a 14-year-old boy as follows: the boy had been suffering from bronchitis for 10 years. Antibiotics were prescribed repeatedly, but this did not bring any lasting improvement. He was particularly susceptible during the cold season. His tonsils had been removed 4 years previously. This did not improve the chronic bronchitis either. Biological treatment was initiated in the form of Husteel and Drosera-Homaccord, 10 drops of each preparation being taken 5 times daily. On the third day of treatment a severe clinical picture developed with high fever, sore throat, earache and headache. Since the temperature did not abate after a further three days, the mother ran to her family doctor in fear. The latter informed me by telephone as to the situation, so that I was able to continue the treatment further. The following day the patient developed facial erysipelas. I prescribed in addition Belladonna-Homaccord and Apis-Homaccord, and reduced the dose of the first two drugs to 5 drops three times per day. Three days later, all signs of inflammation had disappeared, the temperatures were normal and the child was free from symptoms.

This was a case of impairment of the immunological system, which meant that detoxification did not take place. Only through biological therapy could the defense system be brought back into operation, which then went on to provoke a massive inflammation, which could then cleanse the homeotoxic terrain. The chronic disease was taken in regressive vicariation into an acute reaction phase, which then enabled detoxification to take place in the excretory phase, thus effecting a cure. The beneficial fever was not suppressed, since it was necessary for the healing process and the recreation of the health of the patient.

Case 3

A 7-year-old boy had been suffering from chronic bronchitis for three years. He had received penicillin repeatedly during this period, which always brought about a quick improvement. It was not long however before the coughing returned. When treated with Husteel and Drosera-Homaccord, the patient's symptoms disappeared quickly. After about three months the boy came down with fever and ear-

ache. Under treatment with Belladonna-Homaccord, all symptoms disappeared within the course of one week.

Case 4

In Spring 1975 the parents of a 12-year-old boy brought him to my surgery. He had had scarlet fever 8 years previously, had received antibiotic treatment, and had been suffering since then from spastic, asthmoid bronchitis. He had been under constant medical treatment. An attempt at desensitization after carrying out allergy tests had also been unsuccessful. When I saw the boy for the first time, a radiological examination showed pneumonia of the left lower lobe. In view of this severe clinical picture and the long case history I suggested to the parents that the boy be admitted for treatment. They had however been made aware of the more effective biological therapy by another party, and therefore requested that the boy receive outpatient treatment. In this case too I prescribed the three drugs Belladonna-Homaccord, Husteel and Drosera-Homaccord, as a result of which the pneumonia subsided, and the bronchial asthma disappeared. Husteel is indicated particularly where the cough is violent and dry and the pharynx is severely inflamed. Drosera, the sundew, is effective where the cough is spastic, and in the case of coughing paroxysms or whooping cough. This triple combination has proved to be excellent both for acute and chronic forms of bronchitis, to the extent that this therapy can be recommended as a standard treatment. I would like to illustrate this with a few more examples:

Case 5

The patient is the twin brother of the above. He had also been suffering from spastic bronchitis, which had been treated unsuccessfully for six years. It is interesting to note that he developed pneumonia of the lower left lobe at almost the same time as his brother, which when treated in the same manner, in the sense of the biologically expedient regressive vicariation, was cured within a few days. The spastic bronchitis and coughing also disappeared here.

Case 6

A 4-year-old boy suffering from chronic bronchitis was referred by the pediatrician. For more than two years he had been suffering from coughing paroxysms, particularly at night. Cough mixtures and penicillin could not cure the chronic condition. In later weeks the coughing became worse. X-rays showed the hilar image to be dense and diffuse, and the parahilar, flecked image indicated a non-specific irritation. The pharynx was normal, both tonsils considerably enlarged.

The therapy with Belladonna-Homaccord, Husteel and Drosera-Homaccord was first begun with 5 drops hourly each, and later the drugs were administered at longer intervals. The symptoms subsided without any particularly striking reactions. Treatment was continued for a longer period. A follow-up examination of the boy six weeks later resulted in findings which were completely normal. His appetite had improved, and his general well-being was also indicated by his increase in weight and healthy appearance.

The chronic cases of bronchitis related above were, in the cases of these children, conditions resulting from antibiotic treatment, which become problem cases when attempts to initiate regressive vicariation by natural therapy are unsuccessful. These stages of chronic bronchitis can be avoided if an appropriate therapy is initiated at the acute infection stage, which is the starting point for all cases of chronic bronchitis. The task of my discussion has been to indicate which therapeutic means are at our disposal to effect cures of childhood diseases. The youthful child organism is particularly positively responsive to natural treatment, since detoxification is both faster and easier than diseases to the right of the biological average.

In conclusion I would like to discuss in greater detail an example which occurs frequently in pediatric practice.

This example is quinsy, which shows detoxification of homotoxins as lymphodermal reaction phase. This syndrome involves an excretion process or an excretion function with an inflammation reaction in the tonsils. No mistake should be made when dealing with this acute process. We are not permitted to see the toxic source and aim at a tonsillectomy, but we must ascertain that a detoxification process is taking place, which can be led to excretion by means of the correct therapy.

By this means a causal cure can be effected within a few days even where the infection is septic. Fears regarding the growth of bacteria in cases of quinsy, which still lead many therapists today to regard the failure to treat with antibiotics as malpractice, are unjustified.

The biologically expedient course of the disease process must be recognized and the therapy controlled within this process. Belladonna works splendidly with all acute childhood inflammations. It will thus also be used in cases of quinsy, particularly on the right. We know that diseases with symptoms similar to those which indicate the drug Belladonna can be cured with Belladonna. It is evident that it is the major drug to be used during the initial stage of all localized inflammations. The homotoxicosis table shows us at which point it is correctly and successfully employed. Belladonna can also bring about sudden relief for children teething or crying with earache. It is the remedy to be used where symptoms appear suddenly, and where they disappear just as quickly when this therapy is used.

There are numerous remedial preparations containing Belladonna, the therapeutic scope of which includes above all the mobilization of the immunological system, and which accelerate the detoxification process.

Belladonna conceals a huge potential resource of cures. By using Belladonna we can cure almost all acute childhood diseases.

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