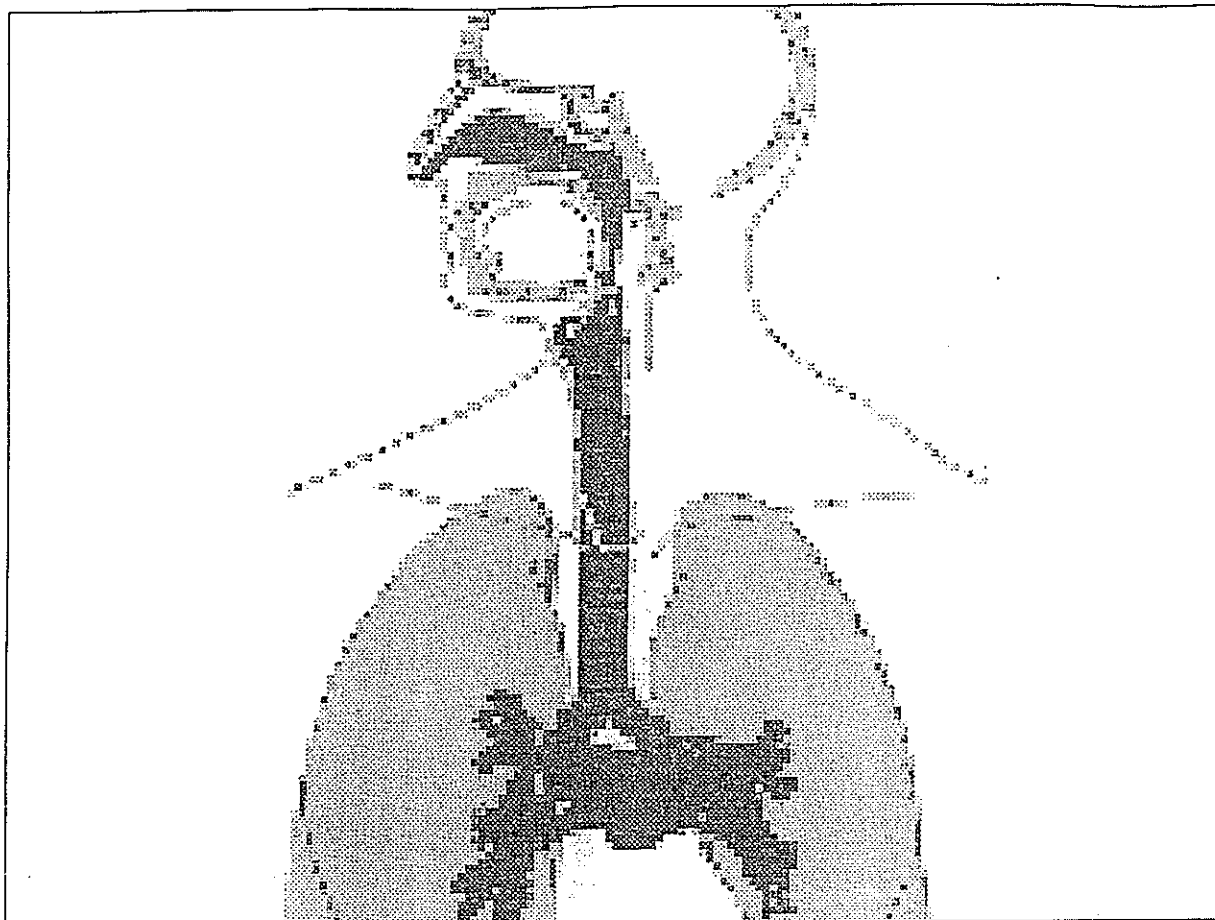
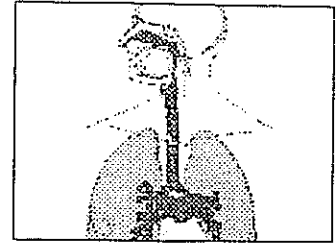


Affections of the Respiratory Tract and their Treatment with Antihomotoxic Biotherapeutics



-Heel

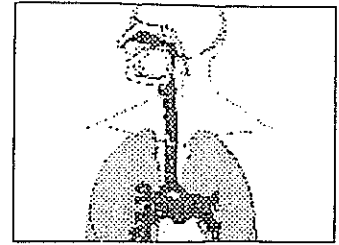
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The lung is the principal port of entry of all inhalational substances into the body. While the enormous alveolar surface-area of approximately 70 m² serves to supply adequate gaseous interchange, it also provides corporal access to potentially toxic substances. As the body's blood is pumped through the lungs for the purpose of oxygen uptake, all the chemicals and toxins present in the circulatory system must also pass through these organs. Every day in our practices, we are confronted with diseases of the respiratory tract. These range from minor common-cold symptoms such as sinusitis, to tracheobronchitis which sweeps the population several times annually in epidemic-like manner, to putrid bronchitis, pneumonia, and pleurisy. We encounter the various forms of asthmatic illness, and finally there are the primary and secondary lung tumors. Differentiation is made between affections of an acute nature, and those which are chronic.

To support us in our therapeutic efforts, we have, on the one hand, the allopathic school of medicine. Here, pathogens which are excessively numerous, virulent or toxic are countered with antibiotics and chemotherapy. A deficit of vitamins, enzymes, or hormones is opposed with substitution, and over-reaction is combated by means of inhibition or even suppression. This therapeutic form of external interference will always endeavor to modify the body's own disease-control mechanisms in the event the body's methods become jeopardizing, with the intention of forcing a life-saving change. In order to do so, an „anti-program“ will always be required. An antitoxin, an antibiotic, an anti-allergic agent, antipyretic drug, antitussive, antiphlogistic, etc. This „anti-agent“ must always be administered in relatively high dosage, for it requires enough strength to suppress and/or overlay the body's own reactions. The task of selecting precisely the correct dosage for each individual is invariably a difficult one. This explains the high rate of undesirable side-effects. Every patient, every case, therefore, requires the physician to reach a fundamental decision of whether the given situation compels the use of an „anti-agent“ (whereby benefit and damage must always be weighed against one another), or whether it would be possible and more prudent in the case at hand to activate and support the body's intrinsic mechanisms of defense. For on the other hand - the biological hand, as it were - a great number of possibilities are at the physician's disposal, ranging from strengthening of non-specific resistance, to physiotherapy and phytotherapy, to highly specific stimulation (e.g. active immunizing etc.).

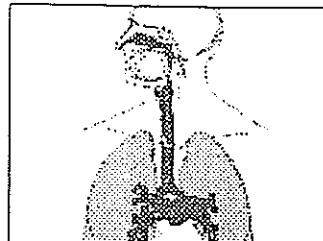
Homotoxicology deals with the in-body effects of substances which are poisonous to mankind (these agents are termed „homotoxins“ / = „human-poisons“). These homotoxins are either introduced exogenically, or they may develop endogenically, in which case they are known as „autotoxins“, an example of these



being incompletely or pathologically-catabolized metabolic products. In homotoxicology, therefore, poison constitutes the focus of attention. All pathological manifestations may be traced back to the effects of toxins. Diseases are purposeful processes of defense against these toxins and constitute the body's attempt to compensate for the damage it has sustained through them. A human organism capable of reaction recognizes, disables, and expels homotoxins. These are natural processes, which serve to combat and eliminate poisons. We have the means of aiding the body through prescribing a specific biotherapeutic preparation which provides the affected organism with additional impetus. In a process similar to that of active immunization, this additional homeopathic stimulus activates all self-healing and self-defensive capabilities still present within the organism. Conventional medicine views disease as a symptom; not the symptom as an expression of disease. Biological therapy with antihomotoxic preparations means activation and/or induction of antitoxic-specific enzymes which are directed against the causative homotoxins and which bring these to expulsion. Without detoxification there can be no cure.

Acute or chronic inflammation within the region of the respiratory passages arises from inflammation of the mucous membranes. Hence this is an example of homotoxic terrain; the organism is endeavoring to eject the homotoxins by creating the required state of inflammation, ensuing which healing will occur. Inflammation begins with increased secretion of the serous and mucous glandular-cells, while the effects of histamine give rise to hyperemia of the submucous membrane. This in turn leads to leukocytic and plasmocytic infiltration into the connective tissue. With the mucous and pus serving as a vehicle, the leukocytic cells are now in a position to evacuate the toxic material, in the sense of biologically purposeful detoxification. Once the detoxifying process is complete, spontaneous healing ensues.

Any hindrance of this detoxification process means prevention of healing. Herein, therefore, lies the cause (as well as point of onset) of every chronic illness: interruption of the physiological course of inflammation. Overly hasty and non-discerning application of inhibitory substances (antibiotics, antiphlogistics, antipyretics) prohibits acute, reaction-phase sinusitis or bronchitis from assuming redirection into their natural excretion phases. Such blockage of enzymatic function triggers biologically-dangerous progressive vicariation, with chronic diseases developing as a result. Biological therapy induces regressive vicariation, characterized by rehabilitating disturbed enzymatic function. This prompts the body to renew its efforts to rid itself of toxins through generating increased reactions and transporting the poisons into



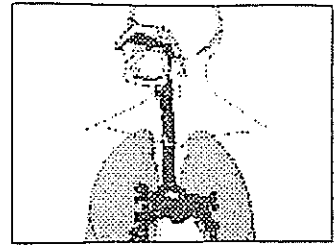
an excretion phase. In order to expedite detoxification and induce rapid healing, the inflammatory processes require the support of the Greater Defense System. Mobilization of this system, which is imperative, simultaneously promotes the organism's defenses of immunity.

Let us consider at this point the particular situation of our younger patients. Instead of supporting their youthful, still-incomplete defense-systems in their struggle against invading homotoxins (thereby strengthening them), brute force is hastily used to interfere with the processes which nature has so ingeniously developed. The necessary reactions of the organism are suppressed by massive application of chemical drugs. It is conspicuous how precisely those children who have previously undergone frequent treatment with anti-agents tend to develop recurrent illnesses; they never had an opportunity to build up an immune system. Progressive vicariation then leads to reiterant disorders; occasionally even to completely new affections as a result of blastodermic displacement.

Prior to every therapy, we must first determine an exact diagnosis. In the case of respiratory diseases, we will, of course, auscultate and percuss, perform pulmonary-function tests, as well as order laboratory analyses and examinations through specialists. Once diagnosis has been established, we must decide which therapeutic form to apply. In cases of putrid bronchitis, pneumonia or pleurisy we may possibly have no other choice than to provide the patient with antibiotic coverage. In severe cases of pulmonary emphysema or the various forms of bronchial asthma, we shall also be unable to avoid employing theophylline, beta-2-sympathomimetics, metered-dosage aerosols, or even cortisone. The cardinal objective of every therapy must be to cure the patient of his disease. For the majority of the patients who are chronically ill, those afflicted with emphysema and particularly those with asthma, however, this principle remains an illusion. One must always consider the possibility of causal therapy first, before commencing treatment which is purely symptomatic in character.

To the biologically-oriented physician, compilation of each patient's case history is a matter of decisive importance. We must inquire as to familial factors, previous illnesses (even the most minor), prior therapies as possible iatrogenic causes, atopic equivalents, exogenic and endogenic irritation, fields of disturbance, modalities, and constitution.

Differential diagnoses must also be considered, as treatment of the primary disease must remain the most significant aspect. The clinical picture of chronic or acute bronchitis may include the



following affections: left-ventricular insufficiency, decompensated hypertension, heart disease, myocarditis, pulmonary TB, fibrosis, collagenosis, embolisms, general toxic damage, renal insufficiency, hemopathy, and malignant tumors.

Therapeutic Recommendations

I treat minor influenzal infection with bothersome general symptoms such as cough, runny nose, hoarseness, headache, fatigue, and pain in the limbs, with a combined hypodermic injection containing Gripp-Heel[®], Engystol[®] N, Traumeel[®] S, and Lymphomyosot[®]. In this manner, the defense-situation of the patient is promoted to its maximum. Ensuing a possible phase of initial worsening with a slight increase of fever - of which the patient must be informed - rapid improvement of all symptoms follows. This therapy may be continued orally, employing Gripp-Heel[®] tablets and Lymphomyosot[®] drops, with Traumeel[®] S given in cases of pain within the limbs and bones, and Engystol[®] N administered for viral infections.

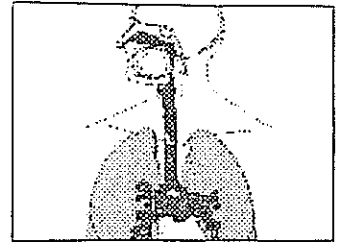
Should extremely high temperature constitute the most significant aspect, reliable treatment may be procured from Belladonna-Homaccord[®] in cases of fever accompanied by perspiration, and Aconitum-Homaccord[®] for dry fevers. Belladonna is also the typical reactive agent for treatment of all affections accompanied by tumor (intumescence), dolor, calor and rubor, as well as the remedy for a barking cough, particularly when in a horizontal position. Aconitum is the correct preparation for all suddenly-onsetting affections in restless, anxious patients with a dry cough causing a stabbing sensation behind the sternum.

For treating infants, Viburcol[®] suppositories are the appropriate choice. These initiate gentle, lytic defervescence and exert a calming effect as well, due to their chamomile content. Viburcol[®] may be safely applied in therapy of infants from the age of one day, as it is free of both side-effects and the danger of iatrogenic damage.

Naso-Heel[®] S drops are appropriate for treating affections of the upper respiratory organs such as acute or chronic rhinitis, both with and without paranasal involvement. This preparation affects the inflammatory symptoms of the nasal mucosae as well as the miserable complaints which accompany them.

A further remedy, particularly beneficial in treatment of acute or chronic sinusitis as well as sinobronchial syndrome, consists of Euphorbium compositum S. This preparation is available as oral drops or as fluid for nasal application in a metered-dosage atomizer.

In cases of affection of the upper respiratory organs due to allergy, I recommend Luffa compositum Heel tablets and Luffa comp.-Heel nasal drops, which can eliminate the agonizing



symptom-complexes of allergic coryza and allergic bronchitis, as well as aid in minimizing their recidivation.

While discussing antihomotoxic treatment of respiratory-tract affections, I would like to differentiate between purely symptom-related therapy, and adjuvant base-therapy. In treating the symptom of the cough, such as occurs in tracheitis, bronchitis, bronchiolitis, spastic bronchitis, asthmatoïd bronchitis, and chronic obstructive lung disease, the following preparations are beneficial:

Husteel for cough due to colds, spastic bronchitis, pleuritis, dry cough and congestive catarrh.

Bronchalis-Heel® for dry cough due to mucosal irritation or cough due to titillation.

Droperteel tablets or Drosera-Homaccord® drops (injection solution) for treatment of congestive bronchitis, convulsive coughing spells such as occur in pulmonary emphysema, whooping cough, bronchial asthma, and pseudo croup.

Tartephedreel drops are indicated in treatment of all catarrhal affections of the air passages with viscid phlegm, bronchitis, asthma, and laryngeal catarrh of various origin.

Bryaconeel for therapy of cough, bronchopneumonia, as well as for all illnesses with painful mucosae.

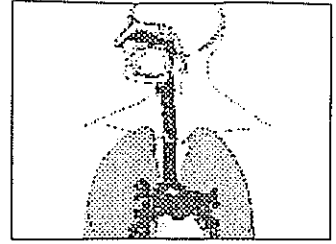
Phosphor-Homaccord® in treating debilitated patients with laryngeal cough, for hoarseness, bronchial asthma, febrile bronchitis with considerable burning pain and sanguinolent sputum.

The following fixed combination has proven to be reliably effective in treating affections of the respiratory organs, particularly bronchitis: Husteel, Tartephedreel, plus Drosera-Homaccord® aa ad 90.0.

For spastic or asthmatoïd bronchitis, senile emphysema, pulmonary emphysema, or asthma: Bryonia-Injeel®, Carbo vegetabilis-Injeel®, Veratrum-Injeel® S, and Sulfur-Injeel® S ana ampules V, 35 % alcohol ad 50 ml, MDS: 10 drops 5 X daily.

For disorders with allergic components affecting the respiratory organs (pollinosis, asthma), the preparation Luffa compositum is the primary choice, however Engystol® N, Acidum formicium-Injeel®, Histamin-Injeel®, and Psorinoheel should also be considered. It is my practice to administer these preparations twice weekly in such cases, as combined injections or within the framework of progressive auto-sanguis therapy.

The adjuvant basic therapy I recommend in cases of chronic respiratory-organ affections includes combination-preparations, suis organ-medications, and nosode remedies. Combination-



preparations are mixtures of individual homeopathic medicines with suis-organ and nosode preparations:

Echinacea compositum S for antitoxic stimulation of the defense system;

Mucosa compositum on the grounds of its positive effects on the mucosae;

Tonsilla compositum ampules for constitution therapy of emphysema, asthma, and susceptibility to infection;

Hepar compositum and Solidago compositum S for activating bodily detoxification;

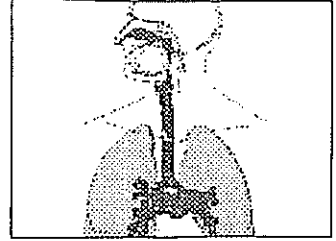
Coenzyme compositum, and Ubichinon compositum, which stimulate enzymatic functions.

Suis organ-preparations are homeopathic organ-preparations. Here, homologous materials extracted from the organs of swine and subsequently prepared in homeopathic manner are employed in treatment of the corresponding affected human organ.

Examples of these are Bronchus suis, Pulmo suis and Mucosa nasalis suis, to be administered individually or combination, i.m., subcutaneously, paravertebrally, or at the acupuncture sites.

**Progressive Auto-Sanguis
Therapy according to
Reckeweg**

All ampule preparations show improved action and greater efficacy when applied within the framework of progressive auto-sanguis therapy, a fact particularly evident in regard to chronic illnesses. This therapeutic technique effects desensitization to homotoxins as well as auto-aggressive processes, which are generally recognized as the causative factors of numerous chronic affections. As it is the body's medium of transport, the blood also contains multifarious homotoxins. Attenuations of a patient's own blood, therefore, provides excellent material through which extremely effective antihomotoxic action may be achieved. Apparently the antigen-antibody reaction is substantially increased by this process. Not only does the injected drop of patient's blood contain the circulating antibodies (and perhaps auto-antibodies), but it also carries other important serum-factors as well. With the blood's increasing attenuation, additional, homeopathic effects also take place, including inverse effects against auto-antibodies in particular and against antigen-antibody reactions in general. In this manner, the body's intrinsic defense systems are prompted to increase detoxification, and the healing process is promoted. In accordance with Bürgi's Principle, the addition of appropriate homeopathic injection-preparations intensifies efficacy of the potentized auto-sanguis blood to an even higher degree. Each session of progressive auto-sanguis therapy is to be completed in a single sitting. One drop of the patient's blood, obtained through pricking the finger-tip or venous puncture, is aspirated into a hypodermic syringe and subsequently shaken.



Stage 1: In stage one of progressive auto-sanguis therapy, the syringe (prepared as described above) is employed to withdraw an indicated injeel, suis organ preparation, homeopathically-prepared allopathic drug, combination preparation, etc. (At stage one I generally recommend Engystol® for activation of the non-specific defenses and Lymphomyosot® to effect mesenchymal cleansing). Then the syringe is briskly agitated approximately 10 times in the sense of homeopathic potentizing. The so-obtained solution is subsequently injected either subcutaneously or intramuscularly, and perhaps additionally at acupuncture sites or neurotherapeutic points.

Stage 2: Traces of the first injection-solution now remain in the cone of the syringe. In stage two, one or several ampules of appropriate preparations are once again drawn into this same syringe and agitated. This mixture is also injected intramuscularly, subcutaneously, segmentally, intracutaneously, or at trigger points.

The 3rd, 4th, and possibly 5th stages are carried out in the same manner.

In stages 1 and 2, therefore, it is advisable to utilize purely symptom-related preparations, while combination preparations are recommended for stages 3 or 4. Suis organ-preparations are most suitable for the stage thereafter, with nosode preparations possibly used at the final stage.

Progressive auto-sanguis therapy is to be repeated every 8 to 10 days. In extremely severe cases, treatment may be repeated every 3 to 4 days until improvement is established. Any initially-occurring adverse effects or reactions must, however, be allowed to subside prior to renewed application.