

Treatment of Hay Fever with a Homeopathic Combination

An In-Practice Study

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***In the USA marketed as "BHI Hayfever Nasal Spray"**

Summary

During an in-practice study, 50 hay fever patients (32 patients allergic to early blooming plants, 18 patients allergic to grasses) were treated with the homeopathic antihomotoxic drugs Luffa comp.-Heel Nasal Spray plus Luffa compositum Heel tablets.

According to the degree of the allergy and of the pollen count respectively, the time of treatment ranged between 2 and 6 weeks. Complete freedom from symptoms was achieved in 34 patients. There were no therapeutic failures. Tolerance to both drugs was very good.

1. Introduction

Allergic disorders are gaining ground. Pediatricians are now diagnosing an atopic disease in every 3rd child (hay fever = allergic rhinitis; atopic dermatitis = neurodermatitis; allergic asthma bronchiale = extrinsic asthma). During the last decade, the prevalence of hay fever has almost doubled.

Allergic rhinitis often leads to severe symptoms where the cold

- often persists for a very long time,
- is highly irritating and stubborn,
- often results in inability to work and
- induces the development of pollen asthmas in 30-40%

(stage change: rhinitis/sinusitis -> bronchitis/asthma).

The most frequent cause of hay fever is the early-flowering plants (eg. birch, alder and hazel) which, as a general rule, cause the majority of symptoms from February to April. From May to June, the various grasses (eg. cereal) are responsible for the allergic symptoms (hay fever symptoms). Hay fever symptoms are often mistaken for those of a cold. This is particularly true of birch allergy, which frequently leads to asthmatic bronchitis. An allergy and infection can also occur at the same time (the symptoms overlap). We know, from an immunological aspect, that the histamine which is released for a type I allergy (eg. hay fever) is one of the most effective inhibitory substances of cellular resistance (induced by T-cells). Thus, an infection or susceptibility to infection can be understood as being a consequence of an allergic disorder.

2. Possible hay fever treatments and the sequence of inflammatory reactions in the body

2.1. Traditional medicine's approaches to treatment

- Allergen-abstinence (avoidance of contact with allergens -> rarely practicable)

- Hypo-sensitization (becoming accustomed to normal environmental allergen concentrations -> no guarantee of success)

- Prophylactic anti-inflammatory topical treatment (mast cell stabilization eg. by cromoglycic acid, blocking of mediator substances)

- Systemic treatment with

- anti-histamines
- preparations containing cortisone
- sympathomimetics

2.2. Immunopathology of type I allergy

The allergen is absorbed by the antigen presenting cell (APC) and stimulates the sub-type 2 of the T helper lymphocytes. These release interleukin-4 - a signal for the B-lymphocytes to produce IgE. IgE molecules then occupy specific type I receptors on the mast cells. Renewed allergen contact results in mast cell degranulation and hence in histamine secretion and the appearance of early symptoms (acute rhinoconjunctivitis, acute bronchial obstruction, urticaria and anaphylaxis). On the other hand, the TH2 helper cells with interleukin-5 release a growth factor for eosinophilic leucocytes, which in turn secrete mediators. These are responsible for the late symptoms, i.e. the chronic inflammatory symptoms and hypersensitivity (Fig. 1).

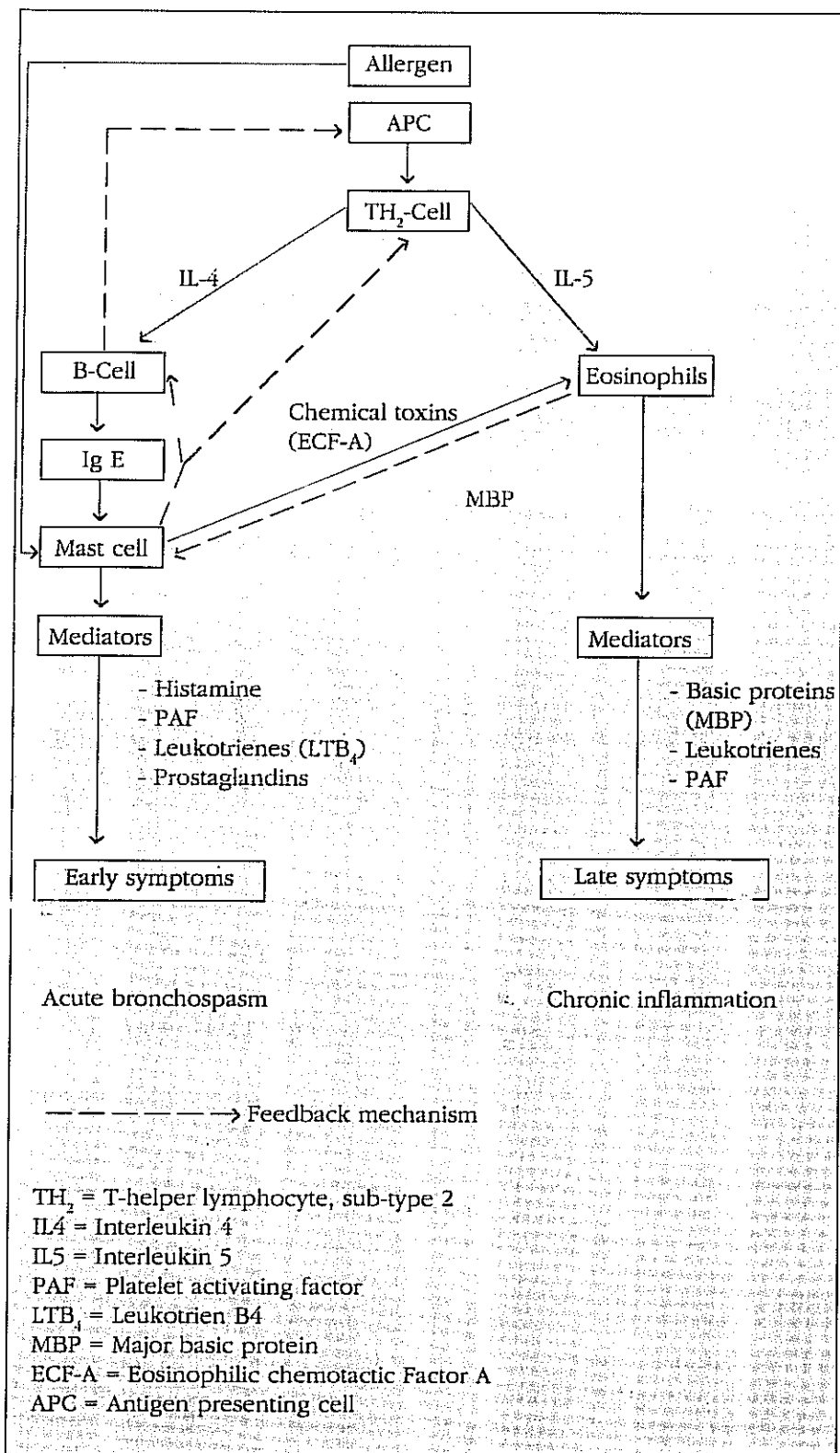


Figure 1: Diagram of the allergic inflammatory reaction.

2.3. Investigations using homeopathic/antihomotoxic therapy preparations

1. Patient population

A total of 50 hay fever patients took part in the practice study. Distribution

according to age and sex can be obtained from Fig. 2. Early flowering plants were diagnosed as the cause of the hay fever in 32 patients and grass pollen in 18 patients. In all 50 patients, the allergy had existed for more than 2

years. Because of these long periods of illness all the patients had already received drug treatment for their allergy in the past. As expected, ophthalmic and antiallergic drugs were the ones primarily used. No patient had received hyposensitization treatment.

2. Treatment concept

Four weeks before the allergy symptoms were expected to appear, treatment was started with *Luffa compositum* Heel tablets at a sublingual dose of 3x1 tablet daily. As the pollen count rose, *Luffa comp.-Heel Nasal Spray* was also administered (4 x 2 sprays per nostril per day). 30 patients who suffered marked allergic conjunctivitis also used *Cromoglycine* eyedrops. The remaining 20 patients were treated with the single drug therapy.

3. Results

Depending on the severity of allergy and the duration of the air-borne pollen, the period of treatment was 2-4 weeks (24 patients) and 4-6 weeks (26 patients). Within the first week of treatment, 34 patients noticed an improvement in their symptoms. After 1-2 weeks treatment, 13 patients indicated an improvement. An improvement set in after only 2-4 weeks in just 3 patients.

On termination of the treatment, a final assessment was made. Evaluation of the data showed that in 34 patients complete freedom from symptoms was achieved, in 13 patients a distinct improvement and in 3 patients a slight improvement in symptoms as a result of using the two antihomotoxic drugs. To summarize, it can be said that there were no treatment failures irrespective of whether the hay fever was triggered off by early flowering plants or grasses (Fig. 3).

As part of this practice study, the use of an accompanying medication was permitted. *Cromoglycine* eyedrops were used in 30 patients. The fact that sole treatment with the homeopathic drugs is sufficient under certain circumstances is supported by the results of the 20 patients receiving monotherapy. In 14 of these patients, complete freedom from symptoms was achieved.

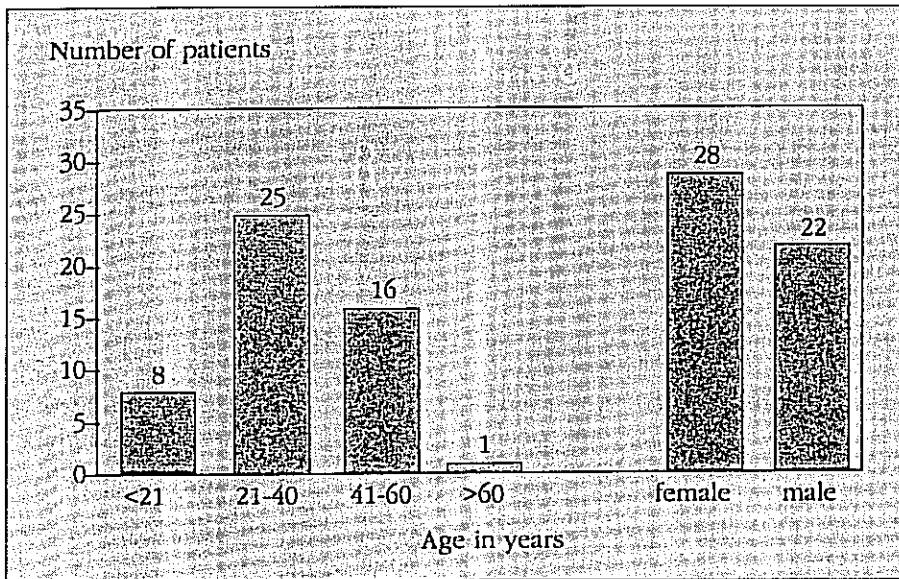


Figure 2: Distribution of age and sex (n=50)

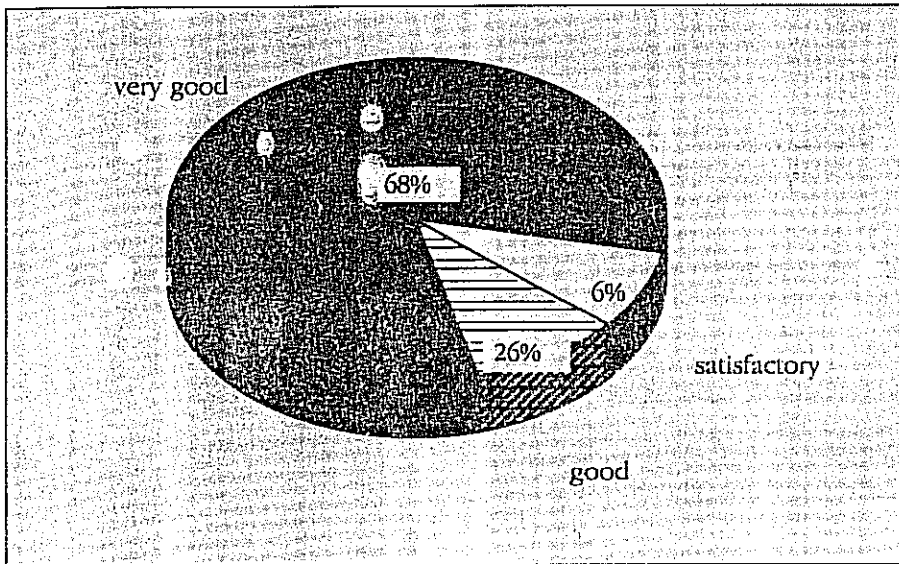


Figure 3: Therapy results (n=50)

The tolerance to Luffa comp.-Heel Nasal Spray and Luffa compositum Heel tablets was very good. Undesirable drug effects were not reported in any case.

4. Discussion

The following question is raised first of all: "Do we need any homeopathic treatment for hay fever in the first place?" The known therapeutic preparations provided by traditional medicine can cause side effects and can occasionally disappoint us in their efficacy. Because of the highly interwoven immunological mechanisms depicted, it is understandable why by applying a drug

which attaches itself to a single immune cell, the immunological control mechanisms can often be only inadequately affected. The next stage is then often to resort to the "nonspecific broad-band immunosuppressive drug," cortisone.

In a homeopathic/antihomotoxic allergy treatment, we are carrying out a regulatory therapy which stimulates the body's own immune system, thereby compensating for false immunological (allergic) regulation. This generally occurs with few side effects. For these reasons, a homeopathic/antihomotoxic treatment should be used first in the case of a type I allergy.

In the present practice study, the efficacy and tolerance of Luffa comp.-Heel Nasal Spray plus Luffa compositum Heel tablets was examined in a total of 50 hay fever patients. If we summarize the therapy results obtained, then 34 patients achieved complete freedom from symptoms.

From the results of the study, it may be recommended that in the case of a type I allergy (pollinosis, hay fever), the homeopathic combination of Luffa comp.-Heel Nasal Spray and Luffa compositum Heel tablets should be used first of all by themselves. Treatment with this combination has the following advantages:

- It regulates the immune system
- there are few side effects
- treatment costs are low
- it can also be used during periods of air-borne pollen.

The low-risk, well tolerated and cost-effective treatment should be used as an immunoregulatory measure before any intervention therapy. It would be sensible to start taking the Luffa compositum Heel tablets 4 weeks before the anticipated air-borne pollen and then, to start taking Luffa comp.-Heel Nasal Spray in addition, when the allergic symptoms appear.

References available from Menaco upon request.

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