

BIOLOGICAL THERAPY

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reprinted from *Biological Therapy*, Vol. V, No. 3, June 1987, pp. 49-54, 67-70

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When I set up my own practice as an ENT specialist around 10 years ago, after what I considered sufficiently long clinical training, I had absolutely no idea of biological healing methods. It was typical of my ignorance that I could only smile at the idea of homeopathy, for example. Backed by private beds in a hospital and well-informed on modern antibiotics and chemotherapy, I felt fully able to cope with the therapeutic demands of my practice. It did not make me suspicious when a case of tonsillitis or otitis treated with penicillin recurred at short intervals. I was entirely unaware of the "suppression" phenomenon. It was customary to recommend a tonsillectomy by the fourth bout of tonsillitis at the latest. How was I to know that this was only treating one symptom in a body which was already suffering from a weakened defence system? I had never heard of the terms symbiosis and dysbiosis. Nor did it ever occur to me that by administering antibiotics I might be planting a biological time bomb.

I can still hear the words of a pharmaceutical consultant who introduced a new antibiotic with the words "Here you have a drug which will create sterile conditions in the entire respiratory tract within hours". But at what price? The high price of a blocked mesenchyma, the high price of a dysbiosis of all mucous membranes resulting in chronic ill health; who could have convinced me at that point?

Only a tragic event in my hospital department during the first year of my own practice forced me to reconsider my standpoint and to look out for bloodless healing methods where possible. The experience concerned the thymus death

of a five-year-old boy, who simply stopped breathing after anaesthesia had been induced and before the planned tonsillectomy had been carried out. Reanimation attempts were unsuccessful. The pathological examination revealed that the thymus gland overlapped the entire pericardium. The fact that I was also to blame for this death weighed heavily upon me. I now consider only the very rare cases of peritonsillar abscess to be a valid indication for a tonsillectomy in children. In such cases an abscess tonsillectomy is a sure method of preventing possible tonsillogenic complications.

I certainly do not object to surgical treatment when necessary, but I should like to point out in this article how safely and elegantly the following illnesses in the ENT sector may be treated with the biotherapeutics-antihomotoxica of the Heel company, for example.

Diseases of the oral cavity

I shall confine these remarks to those diseases of the oral cavity which most frequently occur in my practice.

Diseases of the Tongue

Glossitis

Pure glossitis is relatively rare and may occur for instance after an injury, or due to a diseased tooth. After the cause has been treated, it responds well to treatment with Traumeel and Mercurius-Heel.

The tongue is, in principle, closely related to the entire intestinal system. Consider here topography of the tongue

where again treatment of the intestine or the major digestive glands should have priority. Depending on the findings, one should consider Gastricumeel for a white coating of the tongue, Nux vomica Homaccord for a dark brown coated, moist tongue or Veratrum-Homaccord in the case of a red stripe down the centre of the tongue.

A commonly expressed symptom is a burning sensation of the tongue. Horneel (4 x 10 drops daily) is almost certain to be effective here. If symptoms improve but do not disappear, I also prescribe Vitamin B preparation twice a week. Gelsemium-Homaccord has also proved effective in cases of burning sensations of the tongue. Capsicum-Injeel should also be considered as monotherapy.

Dry Tongue

The dry tongue symptom or dry mucous membranes of the mouth has a variety of causes. It may be a central disorder, a result of suppression, part of a physiological aging process or an indication of diabetes. After questioning the patient, I have often found the cause to be the taking of tranquilizers, or a dysbiosis of the mucous membranes due to disinfectant gargle mixtures or mouthwashes, or the taking of antibiotic pastilles, in ineffectual small doses. Blocked secretion could often be reactivated with the aid of Galium-Heel. This tendency can be backed up by intravenous injections of Engystol. The nosodé preparation Psorino-Heel should also be considered. As a means of combating dryness of the mucous membranes in the region of the mouth, Belladonna-Homaccord also acts very favourably as a part of the homeopathic reversing effect. Sanguinaria should also be considered as monotherapy.

Taste Disturbances

John reported on taste disturbances, their causes and therapy in *Biologische Medizin*, Journal 3 (June 1980). Here I would only repeat the therapy: Galium-Heel as a "reversing preparation", which is indicated in all chronic diseases, should be administered as basic therapy (3 x 10 drops daily) and 1 ampoule daily at first. Since Mucosa compositum contains among other things homeopathized oral mucous membrane, this preparation should always be taken into consideration when planning the therapy. Mucosa compositum should be administered together with Coenzyme compositum, which optimates vesicular breathing, at one session twice a week, however at separate injection sites.

In addition to this basic therapy of ageusia, hypogeusia, parageusia and other taste disturbances, the following combination preparations should also be administered:

<i>pasty taste</i>	Gastricumeel or Nux vomica-Homaccord
<i>sour taste</i>	Duodenoheel
<i>bitter taste</i>	Chelidonium-Homaccord
<i>rancid taste</i>	Ypsiloheel
<i>foul taste</i>	Nervoheel

The last two combination preparations mentioned are indicated particularly if a psychosomatic (secondary) component must be assumed in cases of taste disturbances.

In the case of certain taste disturbances the following homeopathic monotherapy preparations (Injeel) should also be considered, for instance:

<i>bitter, in the oesophagus and pharynx, coming from the stomach</i>	Zincum Natrium sulfuricum
<i>bitter, metallic or pasty</i>	Argentum nitricum
<i>bitter, foul, sour</i>	Kalium carbonicum Sulfur, Sepia
<i>bitter/sweet</i>	Acidum nitricum
<i>bitter, stale, in the morning on waking</i>	Pulsatilla, Colocynthis
<i>bitter, in liver and gall-bladder complaints</i>	Carduus marianus Magnesium muriaticum
<i>disgusting, foul, particularly in the morning</i>	Nux vomica, Sepia
<i>sour</i>	Magnesium carbonicum Acidum sulfuricum Natrium phosphoricum Robinia pseudacacia
<i>sweet</i>	Stannum
<i>sweet, metallic</i>	Kalium bichromicum
<i>fatty, with burning sensation in the mouth and gullet</i>	Asafoetida
<i>earthy, saliva sticky</i>	Gentiana lutea
<i>rancid</i>	Carbo vegetabilis Asafoetida
<i>pasty, like sulphur like garlic</i>	Pulsatilla, Moschus Petroleum

Aphthae

I treat aphthae either with Acidum sulfuricum as monotherapy in D4 or D6 or in the case of a real stomatitis aphthosa with Mercurius-Heel. In addition I have the patient chew carbon granules and rinse his mouth with a camomile extract. I further try to detoxify via the intestines by means of Epsom salts or tea made from black alder bark.

Acute tonsillitis

Acute tonsillitis in children responds well to treatment. The children receive Mercurius-Heel tablets and Viburcol suppositories every three hours. The children are soon again back on their feet.

With this therapy I have experienced one case of articular rheumatism in an 11-year-old girl (among hundreds of cases). Without notifying me, the mother took this patient to her general practitioner. He prescribed penicillin, without success. A fortnight later, I saw the mother and asked about the child. In response she reproachfully told me about the

articular rheumatism. I asked her to bring the child to the surgery. An injection of Impletol® (Procaine - H Cl + caffeine, Bayer) at the tonsillar pole caused the rheumatism to disappear abruptly. A few days later the girl developed an itching eczema on the chest, stomach and back. I prescribed Schwef-Heel. The eczema disappeared after a few days. This case also demonstrated that therapy must be in the hands of one doctor, because biological therapy means total therapy. In no way am I against referring patients to specialists, but there is only one therapy and I should like to know that this takes a natural form.

The tonsils are related to the liver, gall ducts and gall bladder. For this reason, tonsil preparations are simultaneously those indicated for liver therapy, such as Lycopodium, Sulfur, Belladonna, Lachesis, Mercurius solubilis Hahnemanni etc.

Just as the sinusitis and otitis children with permanent running noses devour vast quantities of sweets, so do the children with recurring tonsillitis, as exact enquiries in my surgery have shown. The gas-distended stomachs tell their own tale. If one demonstrates percussion of the distended stomachs to the parents, they are usually more willing to restrict the consumption of sweets.

Good results are also achieved in treatment of tonsillitis in adults, even though they are not quite as good as those in children. But in such cases Mercurius-Heel and Belladonna compositum have also proved useful. I like to give a cocktail of Mercurius sublimatus corrosivus and Hepar sulfuris and Phytolacca i.v. and, according to the local findings, an injection of Impletol (Bayer) at the tonsillar poles. I recommend the patient fast, taking plenty of fluids and purgative measures.

With this therapy I determined that tonsillectomy could be entirely avoided in children and in a large percentage of adults. However this was only the case if both the children and adult patients gave me the opportunity at the same time to treat non-specific colds and influenza, bronchitis or diarrhea, or skin rashes biologically. Total biological therapy, and I will state this guardedly in order to avoid confrontation with therapists of a different opinion, mobilizes the body's own defence mechanisms and at the same time opens up the secretory passages, and thus conflicts with a therapy which does not take into account these trains of thought or reasoning processes.

I will not conceal that suppurative tonsillitis in a number of patients does require an antibiotic if it does not respond to homeopathic therapy, where previous chemotherapy has blocked the mesenchyma to such an extent that it is insensitive to stimulation by an agent in a homeopathic potency.

Glandular fever

Infectious mononucleosis or glandular fever is treated with Mercurius-Heel, Engystol, Traumeel, Lymphomyosot and Apis-Homaccord. Diphtherinum-Injeel may be used as a nosode preparation. Strict bed rest, fasting and drinking plenty of weak, unsweetened herbal tea assist the healing

process—as does patience! Unfortunately success is not achieved so quickly with this illness.

Weakened resistance to infection

I treat the so-called weakened resistance to infection with Echinacea compositum or Echinacea purpurea D2 with the patient's own blood. I do this once a week for a total of five times. Treatment of retronasal angina, pharyngitis and lateral pharyngitis is more or less the same.

Laryngitis

Laryngitis responds well to Arnica and Phosphor and Arum triphyllum in the relevant Injeel preparations. I do, however, administer neural therapy in addition in such cases, namely to the tonsillar poles and at the laryngeal point on the conception vessel in the jugular.

Croup

Nash recommends first Aconitum then Spongia for croup, in potencies of D 30 or D 200.

I was able to experience in practice that Cuprum is very effective as monotherapy for croup. Preventive treatment is albeit very important; the children should be kept indoors during appropriate weather conditions, particularly from the afternoon onwards.

Thyroid disorders

Diseases of the thyroid with regulatory disorders in the sense of over/under activity are treated with neural-therapeutic injections in both lobes of the thyroid. I prescribe Strumeel as long-term therapy. Thyroidea compositum should also be administered once per week.

Globe sensation

At this opportunity I should also like to mention globe sensation. The patients complain of pressure in the throat, the feeling of a foreign body in the throat, "there is something there which will go neither up nor down". Globe sensation is regarded as an organic neurosis, caused by fear and, frequently, difficulties in personal relationships. Also a fear of cancer—in particular cancer of the larynx—is expressed. A thorough examination of the larynx and hypopharynx (in special cases also of the oesophagus) is required and the person's fears concerning cancer must be allayed by means of the examination. The patient's personal problems may be touched on in the surgery, but can hardly be resolved. In cases of globe sensation, I administer Ypsiloheel and Nervoheel and give a neural-therapeutic injection in both thyroid lobes as well as an injection at vegetatively compensating acupuncture points.

Acute common cold

Treatment of the acute common cold is with Nas-Heel—there is no better means of cold treatment—and have the patient take it hourly, depending on the current

symptoms. When someone returns to the surgery and tells me that Naso-Heel did not help him, then it is either because he did not take it regularly or he also took nose drops to reduce swelling at the same time as Naso-Heel as this did not have an immediate action, and thus cancelled the effect of Naso-Heel. I occasionally hear that after taking Naso-Heel the secretion from the nose really started and most patients accept my explanation that only then does everything really come out of the body.

Acute sinusitis

Treatment of acute sinusitis (maxillaris-ethmoidalis-frontalis-sphenoidalis) is with Euphorbium compositum drops. Depending on the current symptoms I inject the preparation daily or every two days and also combine it with Heapr sulfuris Injeel and Mercurius-Injeel. The patient does not normally require analgesics; the patient reports that the mucus loosens, then there is a creamy secretion enabling the acute sinusitis to heal up within days.

Chronic sinusitis

The treatment of chronic sinusitis is considerably more difficult. Why? The patients, whether young or old, do not come as "virgins," but have usually started treatment elsewhere, usually with a completely spoiled basis for biological methods of treatment. A typical example of this would be: the patient normally goes to his doctor with an acute cold. A secretion-blocking preparation is usually prescribed. The patient is at first delighted as the choked up nose is clear for a few hours at least. And then the following happens: either the cold remains, as it was suppressed and the mucus could not be secreted, or the patient gets diffuse headaches or just as often headaches at the root of the nose or via one of the accessory nasal cavities. In such cases I often administer Sulfur either alone or together with Euphorbium compositum and, in this way, start the nose running again.

Evidence from X-rays differs greatly in cases of chronic sinusitis. Sometimes one can see markedly homogenous opacities in one or several accessory cavities or polypous "cushion-like" swellings of the mucous membrane, sometimes not even a slight shadow can be detected—and still the patient has sinusitis.

A marked conchal hyperplasia can usually be found in the nose, which can also be caused by the reserpine content in hypertension drugs, simulating sinusitis or chronic cold. After these drugs have been discontinued the mucous membranes return to normal. This type of conchal hyperplasia can be excellently treated with Naso-Heel.

In the ENT clinic we treated conchal hyperplasia with electro-coagulation or cauterization and thus achieved clear nasal air passages because the mucous membranes scarred and contracted. This never lasted long, then the patient had to take nose drops again until the next cauterization or indeed until the conchae were surgically removed. It was thus a purely symptomatic therapy without treating or even recognizing the origin.

According to what I have observed in my practice, chronic sinusitis is caused by disturbances in the secretion of toxins via the intestines and kidneys. The maxillar sinus is thus closely related to the stomach and the first section of the duodenum. In all chronic gastritis patients a chronic sinusitis can be found which need give rise to no subjective complaints. This interrelationship is utilized in therapy insofar as the stomach and partner organs spleen/pancreas must also be treated in cases of chronic maxillar sinusitis.

The frontal sinus interacts energetically with the urogenital organs. The ethmoidal air cells interrelate closely with the colon. Acute infection of the ethmoidal air cells can also affect the function of the colon.

The sphenoid bone hollow interacts closely with the rectum, in females also with the parametrium and in males with the seminal vesicle and prostate, as well as with functions of the liver, the gall ducts and gall bladder.

- If, therefore, there is no success in treating chronic sinusitis with Euphorbium compositum, Mercurius-Heel or monotherapy Injeel preparations, even with the additional use of nosode preparations (such as Sinusitis-Nosode-Injeel, Grippe-Nosode-Injeel, Coxsackie-Virus-Injeel, Herpes simplex-Nosode-Injeel, Herpes zoster-Nosode-Injeel, Bacterium coli-Injeel, Bacterium proteus-Injeel and many others), one should concentrate more on the intestines while maintaining all other therapeutic efforts. By means of well-aimed symbiotic guidance, dysbiosis in the intestinal tract is challenged and a milieu created in which efficient symbiotic flora can flourish, thus enabling normal toxin excretion via the intestines.

A few penicillin tablets are all that is required to create a dysbiosis in the intestine, and hardly anyone prescribing penicillin has any idea of the biological time bomb he is planting in his patients.

Please do not misunderstand me and think that I condemn antibiotics: in vital indications I should not like to have to do without them and it is a blessing that medicine has such remedies at its disposal.

At this point I should like to mention a personal experience which happened in my surgery in 1973. At that time I had just taken part in my first course in homeopathy in Heidelberg, led by Stubler and was, somewhat skeptically, tentatively approaching homeopathic monotherapeutic remedies. A female patient of about 45 had been treated with various antibiotics by me to no avail. I syringed the maxillar sinuses on both sides at least 10 times, bringing forth a large quantity of thick, yellowish-green stinking pus. The patient had already applied for a course of treatment at a health resort, and intended to start this treatment a few days later. I advised against this. As I had brought a pack of Sulfur D 12 with me from Heidelberg, I thought I might as well inject it: even if it did no good, it could certainly do no harm. No sooner said than done! The next day the patient returned, delighted and said that she had absolutely no pain. I could not quite believe this and so I syringed both sinuses thoroughly. And what did I find? A suppurating sinusitis had disappeared overnight with

the aid of one ampoule of Sulfur D12. Three days later the patient came to the surgery, both sinuses full of pus. What had happened? As I was an ENT specialist the patient had not informed me that she got very severe diarrhea. As she saw it, this was not my department. She went to her GP, who gave her an antibiotic or sulphonamide acting on the intestines. This brought the diarrhea to an immediate standstill—and in the accessory nasal cavities everything started again from scratch.

This case taught me a great deal. I have learned to understand Reckeweg, how an entodermal (mucodermal) reaction phase is reversed to secretion processes. These secretory processes were suppressed in the above case and so the organism was forced to eliminate toxins via the mucous membranes of the accessory nasal cavities.

This personal experience unfortunately only counts as a *pars pro toto*. Because in practice, the average patient with sinusitis, tonsillitis or otitis usually visits his GP first (which he is perfectly entitled to do) and possibly asks him to suppress the illness (with the customary cold blockers, cough suppressants, influenza blockers) as he wants to get well soon, since he begrudges his organism the time to recuperate. These patients finally turn up at the corresponding specialist surgery stating that they have had this therapy-resistant cough, chronic cold, chronic hoarseness, permanent headache, or disturbances in the sense of smell and taste since they suffered from a bout of flu, which was treated accordingly.

If only doctors or these patients were familiar with Gripp-Heel or Traumeel or Engystol (or all three in a combined injection form)! This combination helps here so definitely and reduces the sick leave, cuts costs and shortens the duration of the illness. The patients recover within days; I know of no delayed convalescence with this therapy.

I was extremely happy when the headmaster of a primary school in my home town told me that the staff treated by me had but a fraction of the sick periods of the other members. This praise was certainly also due to the excellent preparations of the Heel company.

Rhinitis sicca

I treat rhinitis sicca with a combination injection of Traumeel + Euphorbium compositum + Mucosa compositum + Luffa Injeel two to three times a week. The nosodes Bacterium coli-Injeel, Bacterium proteus-Injeel, Klebsiella pneumoniae-Injeel, Bacterium pyocyaneus-Injeel, Coxsackie Virus 9-Injeel and Sinusitis-Nosode-Injeel should also be taken into account. The patients must also take Naso-Heel over a long period. Disturbances in the sense of smell and taste are normally a sinus problem and primarily an intestinal problem.

Thus the intestines should be cleared, treated gently and trained according to Mayr's methods. Remedy the dysbiosis and administer Euphorbium compositum and perhaps nosodes which are, or could be, intestinal nosodes.

Epistaxis

Epistaxis can have various causes and should be treated according to the cause. In children, nosebleeds are usually connected to a severely chafed nasal membrane in the case of acute or chronic colds. Here Naso-Heel heals up the situation. Where there is rupturing of a congested vessel at the Kiesselbachii due to minor mechanical influences on the cartilaginous nose or in cases of rhinitis sicca anterior or nose picking, I like to treat the condition with Millefolium.

I will not deal with injuries or tumours here as the origin of epistaxis. Arterial nosebleeds accompanying hypertension mean that the underlying disease must be treated, but I additionally prescribe Millefolium or Natrium nitricum D4 (Injeel forte). In conjunction with epistaxis, Reckeweg talks of the hemodermal reaction phase and recommends Cinnamomum-Homaccord and Crotalus-Injeel.

Maxillar sinus and ethmoid polyps

Maxillar sinus and ethmoid polyps are a cross in the ENT surgery. Operative treatment can seldom be avoided. I have observed that they reverted under long-term therapy with Luffa D4 in several patients (X-ray verification is available), and this within three months. I am well aware that these cases have no scientific significance. Reckeweg refers to the mucodermal reaction phase and recommends Psorinoheel and Barijodeel.

The cause of polyp formation and polypous sinusitis can often be traced back to functional disorders in the intestine so that therapy must be commenced here immediately.

Tube—middle ear catarrh

Tube or middle ear catarrh is treated no differently from sinusitis since it also concerns a disease which proceeds along the tube or middle ear area.

This brings me to the therapy of

Diseases of the external, middle and inner ear

But first please allow me to make a few remarks on the symptom of "fever."

I am always dismayed at the helplessness with which relatives in particular confront a child with high temperature.

When parents come to the surgery with their feverish child, it has in most cases already been treated with anti-pyretic suppositories. The temperature has often been present for days despite the suppositories and sometimes even antibiotic therapy. I should like to illustrate the senselessness of such therapy with the example of a 3-year-old child with measles who recently came to my surgery and is only to be regarded as a *pars pro toto*.

The child's temperature had been almost 42° for two days. The worried parents brought me a plastic bag containing all the medicine with which they had "raped" this little body. First there were the aforesaid anti-pyretic suppositories, there were nose drops with which they had sup-

pressed the welcome running nose, there were throat pastilles containing antibiotic and disinfectant substances because the child also had a sore throat, there were ear drops (which was absolute nonsense) because the child had tonsillogenic or pharyngogenic otalgia and finally there was also a sulphonamide syrup. I gave the parents the plastic bag back with the contents and tried to explain to them that my therapy was different and that they would have to decide on one or the other. If they decided on my therapy, they would have to part with the plastic bag right there in the surgery.

My fever therapy for children is quite simple: I prescribe Viburcol suppositories and have these administered every three hours. I recommend that the child be given nothing at all to eat for one or two days, for if the instincts are functioning at all adequately a child with a high temperature is not hungry. I have the parents apply cold compresses around the calves and ask them to offer the patient plenty of unsweetened fluids. I also make it very plain to the parents to "Give you child the chance to fever!" Albeit under the supervision of a doctor, as I should not like to overlook appendicitis, meningitis, pneumonia or any similar disease.

The great majority of relatives understand, if one explains the purpose of fever, if one makes it clear that it is very important, that it is a sign that the body is combating germs which have invaded it and that the patient will recover much faster after the fever. I then ask them to phone me the next day and inform me of the progress. As the restlessness of a feverish child is often transmitted to the parents or next-of-kin, it is important to give them the feeling that they can contact me at any time, even if only for a word of comfort.

In the above case of the child with measles, the temperature had dropped to 38° the next day, and 36.8° the day after that. The sense of well-being progressed at the same rate as the convalescence.

Parents often express anxiety about fever cramps. With my therapy I have never yet experienced them, but should they occur, I would prescribe Spascupreel additionally.

Otitis media

Otitis media responds well to a treatment which gives promising results both in children and adults. I must admit that with this acute clinical picture—for which classical medicine permits only antibiotics, analgesics, ear drops and nose drops—and which in the case of a possible failure threatens forensic consequences, it is not exactly a pleasant prospect to dare to treat such illnesses with homeopathic remedies, whether with monotherapy or complex means.

Children receive 1 Viburcol suppository every three hours and 5 - 7 drops of Traumeel on the tongue every hour. I ask to be phoned the next day and in 90% of the cases am told that there is an improvement, the pain has lessened and the high temperature vanished. The day after this, the patients return to the surgery and I determine in the same percentage of cases that the eardrum has returned to normal. On examining again after a week, the ear has normally completely recovered.

Of course I cannot deny that I practice polypragmatism; in older children and adults I set a small blister at point 3E 23, the so-called master point of the ear in acupuncture, and insert a small deposit of neural therapeutic (preferably Impletol) at the tip of the mastoid process, corresponding to point 3E 17 in acupuncture. These are small aids which immediately alleviate the pain.

Adults receive only injections of Traumeel. Where possible of course also neural therapy at the affected ear and the neural therapeutic, where appropriate, together with Traumeel injected into the cubital vein of the affected side. Heat is also applied locally in the form of microwaves. The success rate in treating otitis media is just as high for adults as for children.

What therefore caused the therapy failures? I experienced failure to respond to therapy in about 5 to 10% of all cases and on questioning the patients, the cause appears to be quite simple:

1. The medicines were not taken regularly, or not given to the children regularly
2. Some kind of allopathic additional therapy was maintained without informing me, whether in the form of antipyretic suppositories or antibiotics from the colleague who had treated the patient previously, or from grandmothers, aunts, neighbors who knew better or at least had no faith in my slightly different therapy
3. In my view the most frequent cause for therapy failure, when the biological "terrain" was not only disturbed but was in part destroyed, after weeks, months or even years of allopathic therapy. A brief example of this: three-year-old Jan-Henning came with his mother, who had a diploma in education, to my surgery on someone's recommendation. The reason: recurrent infections of the middle ear. I treated this in the manner described above. I did not see the mother with this small pale child again until a few weeks later. What had happened? I had not been able to produce an immediate success with my therapy and so she had returned to the pediatrician, who had previously always been able to help her with antibiotics. They always had some antibiotic syrup at home, so that even minor non-specific infections with a slightly raised temperature had been made short work of, in a really ruthless manner, without consulting the pediatrician. The child was suffering from indigestion, was restless, slept badly, was pale, had a permanently running nose and was in general ailing.

The digestive problems were certainly not only a dysbiotic problem as a result of the antibiotics, but also due to a highly inappropriate diet. Since the mother was also working, the lack of attention was compensated for in the form of sweets. The little chap had thoroughly understood when I had vigorously pointed out that he should avoid sweets. "Isn't that right, Mum," I heard in a further discussion in the surgery, "we won't tell the doctor how many sweets I've eaten." Here there was certainly a lack of comprehension on the part of the

mother, who accompanied all my explanations and admonitions only with the knowledge of a professional education graduate.

4. And no less frequently, the many sweets and quite unrealistic ideas with regard to the tolerable amounts are a reason for failures in biological therapy. Patients state for example that the child gets almost no sweets. "Almost no sweets" means at least 5 or 6 sweets a day or "at the most" two bars of chocolate a week. Cakes and biscuits are not included. Also excluded are usually the sweets that the children receive from aunts, grandmothers, neighbors. The remark that healthy primitive races do not know the excesses of our civilization's diet occasionally makes the parents stop and think, but one can only convince those who have a certain understanding in the first place. The sweets cause fermentation processes in the small intestine, which often show inflamed sections and manage to function only inadequately. Even children already have marked inflamed gas/feces distended stomachs with the corresponding posture anomalies of the skeletal system.

The relationship between small intestine and ear is well-known in pediatrics, as after a bout of enteritis, infants frequently suffer from otitis media, which in certain circumstances may lead to meningitic inflammations. Thus the ear is treated via the small intestine according to Reinhold Voll's experience with electro-acupuncture therapy.

And so I have dealt with therapy of otitis media in this chapter and its definite response to antihomotoxic biotherapeutics and have further expressed my views concerning the reasons for failure to respond to this therapy.

Chronic otitis media

Unfortunately the therapeutic successes in chronic otitis media by no means achieve the success rate of the therapy of acute otitis media. It must first be differentiated between chronic mesotympanal otitis with central perforation and suppuration of the mucous membrane, and chronic epitympanal otitis with peripheral perforation and bone suppuration. The former may be surgically treated, the latter must be. A hole in the eardrum means a permanent entrance for diverse germs. I have often been able to dry up secreting ears with Mercurius-Heel tablets. I have also come to appreciate the very high efficacy of the monotherapy Injeel preparations Mercurius solubilis Hahnemanni, Mercurius sublimatus corrosivus, Hepar sulfuris, Silicea and Calcium sulfuricum.

Those concerned with iris diagnostics are familiar with the so-called "Ear-bladder line" and know that in cases of ear disorders, one must also treat the urinary organs. I have done so, in the form of Populus compositum drops. I cannot say whether or not this therapy achieved significant success, but that it positively assisted my efforts is beyond any doubt in my mind.

Unfortunately one is not in a position to compare one case with another, because the extent to which the mesen-

chyma is blocked varies too much. An organism with a good rate of secretion will hardly need to resort to the "fontanelle effect" of a chronic suppuration of the middle ear.

I was able to supply proof of this in my practice. For example: Mr. G., a 70-year-old retired miner with a typical "wealthy" figure, came to my surgery with the remark that I would probably not be capable of drying out his ear, which had been secreting for decades. I explained that it would all depend on his cooperation, which he was prepared to give. On my advice he dispensed with all pork products, all refined flour products and sweets. He promised to chew every bite thoroughly and to go without an evening meal. I carried out symbiotic guidance to activate toxin evacuation by the bowel. Mercurius-Heel was the only medicine he took. I asked him to come for ear care twice a week; after three weeks the ear was dry without any chemotherapy and still is today, one year later. To skeptics who ask how long such a success can last I answer with conviction that the ear remains dry as long as the excretory organs, kidneys, bowel and skin are functioning properly or are not overtaxed due to a lack of dietary discipline.

Otitis externa

At this point I may move on to the treatment of otitis externa, which can also be treated excellently with Traumeel (Mercurius-Heel, Psorinoheel, Echinacea D2). If the ear passages are closed by swelling or if there is genuine phlegmonous inflammation of the ear passages, I give a mixed injection of Traumeel + Belladonna-Injeel + Apis-Injeel and have had nothing but good results with this therapy.

Erysipelas, erysipeloid

Occasionally patients come to the surgery with erysipeloid or erysipelas of the auricle. A mixed injection of Rhus Tox-Injeel + Belladonna-Injeel + Engystol + Echinacea + Traumeel and the nosode Streptococcus haemolyticus-Injeel have proved very effective in such cases and I inject every day. In addition I administer a neural therapeutic into the fold behind the auricle and fomentations.

Eczema of the auditory meatus and auricle

Eczema of the meatus and auricle can frequently be encountered in an ENT practice and is a definite crux medicorum. As an ectodermal reaction phase the eczema is the expression of an excretory disorder via the liver, kidneys or bowel. Effective treatment fails simply because of the impossibility of giving each patient detailed recommendations as to diet with regard to his excretory weakness, which he will not be able to adhere to anyway, as the whole family would have to go along with this. As kidney therapy, injections with Solidago compositum are suitable and for therapy at home Populus compositum drops and a suitable herbal tea, for liver therapy Hepar compositum and Hepeel and the corresponding tea.

The aim of intestinal therapy must be to establish a healthy symbiosis. This automatically results in a diet where the patient has to forego certain foods—and which average

patient is prepared to do this? It is so much simpler to achieve this target with drops and ointments containing cortisone, which act very impressively, but for how long? When I considered a patient to be well-motivated for my purposes and who cooperated well, I additionally administered *Cutis compositum* and monotherapy Injeels such as *Arsenicum album*, *Graphites* and *Sulfur* with great success. *Petroleum* should also be considered.

Tinnitus

Tinnitus sometimes occurs in young people, but mainly in persons in their fifties, both on one and both sides. The chemical industry offers a wide range of preparations in view of the wide range of possible causes, which only goes to show that the ideal remedy has yet to be found.

Based on experience I feel able to say that the most common causes can be seen in the forms of hypertension with the corresponding changes in the vessel walls, diabetes with the corresponding changes in the blood vessels and aging symptoms of the cervical spinal column. Treatment of the underlying disease is undoubtedly of primary importance. In addition I inject *Secale cornutum*-Injeel i.v., also *Chininum sulfuricum*-Injeel and also *Tabacum*-Injeel or administer the above-mentioned Injeels together as a combination injection, in conjunction with *Impletol* at ear-related acupuncture points and i.v., at first daily and becoming more generous in respect of the intervals between treatment as symptoms improve. At home the patients take *Barijodeel*. I believe I can safely say that the earlier patients with tinnitus come for treatment, the greater the success.

Vertigo

If I am to write about tinnitus, then the symptom vertigo must not be omitted, not least because tinnitus and vertigo are often found together. The cause is often the same, too. And so it is self-evident that the basic disease must be borne in mind during therapy.

Cocculus compositum is an excellent remedy for dizziness.

I have observed that tonsils (or also diseased teeth) exercise a certain disturbing influence on the cervical vertebrae. My therapy for dizziness includes a neural-therapeutic injection at the tonsillar poles and a small intracutaneous deposit of *Discus compositum* or *Impletol* at acupuncture points related to the cervical vertebrae (Lg 13, Bl 10, Gbl 20) as well as a small silver needle at the vertigo point at the ear. The success rate is satisfactory. Arteriosclerotic dizziness responds well to *Arnica*-Injeel, *Kalium jodatum*-Injeel, *Cerebrum compositum* and *Cocculus compositum*.

Facial paralysis

Facial paralysis may be an indication of an otalgic complication and may occur as a result of a cold trauma and indicate a certain tendency to rheumatism. It may occur as a consequence of herpes zoster oticus or be due to tumour-induced suppression or also be iatrogenic in case of a middle ear operation. In the latter case only reconstructive plastic

surgery will help while in the case of a nerve lesion one could consider *Hypericum*-Injeel or *Arnica*-Injeel. If the facial paralysis is due to tumour suppression or an inflammatory middle ear process, the only effective remedy is to treat the underlying diseases, whereby this treatment could well be biological. I have had considerable success in cases of so-called idiopathic facial paresis and in paresis after herpes zoster oticus.

It is understandable that younger patients react better and faster to my therapy than older patients, as there is less blocking of the mesenchyma. But there was also the case of a patient who was over 80 who liked a good laugh—and it seemed really macabre to see her laughing with only one side of her face; the mimic muscles were reinnervated after approximately 8 weeks. I administered *Gelsemium*-Injeel + *Causticum*-Injeel + *Engystol* and sometimes *Cerebrum compositum* as a mixed injection every second day. *Coenzyme compositum* should also be borne in mind. I further apply needles to the corresponding acupuncture points and look for further potential trouble spots. When I consider that while I was at the clinic, we decompressed the nerve operatively in its bony channel in all cases of facial paresis, I am more than happy with my successes with fresh paresis. How much inconvenience I save my patients, merely with regard to the stay in hospital, let alone all the other costs.

Trigeminal neuralgia

I will be brief with regard to trigeminal neuralgia. As I see it, this is a general disturbance problem and as long as the source is not treated, I can see no convincing success. The following monotherapy may be considered: *Spigelia*, *Arnica*, *Colocythis* and *Gelsemium*, which may also be administered as a mixed injection.

Parotitis epidemica

I shall conclude the chapter "Ear" with my experience in treating parotitis epidemica or mumps. Mumps concerns an entodermal reaction phase which can also be excellently treated with *Traumeel* and *Bryaconeel* as well as *Plumbum aceticum*-Injeel. Of course I place great emphasis on remaining in bed and fasting—these patients are not hungry—and drinking plenty of unsweetened well-diluted herbal teas and purgative measures. I have not as yet seen complications in the form of oophoritis in girls or orchitis in boys.

Maxillary joints

Inflammation of the maxillary joint (often due to an irritated tooth)—it is obvious that this must be attended to by a dentist—and some complaints arising from a degenerative process in this much-used joint respond excellently to *Zeel*. I place an intracutaneous blister with a mixture of *Zeel* and *Impletol* and then inject into the joint. Local application of heat and taking 3-5 tablets in the course of the day complete the programme.

I have deliberately placed the topic of the maxillary joint in the section dealing with the ear, as patients often have ear-

ache without the examiner's being able to find any diseases of the ear.

Concluding remarks

I have thoroughly considered the therapy failures and discovered that false nutrition in the widest sense and preliminary treatment which blocks the mesenchyma and spoils the biological terrain as well as the irregular intake of the prescribed medicines or simply a general lack of cooperation are the main reasons for therapy failures.

The therapeutic limits of homeopathic medicine are largely determined by the command of the method, insofar as they are not set by the limits of the self-healing capacity and the body's own regulatory mechanisms.

The homeopathic drug or biotherapeutic antihomotoxicum may in one case be the "unum necessarium", in another a useful supplement, and in yet another it is not at all relevant, namely in cases where the self-regulating processes of the organism are cancelled.

Illness (and this is a truism) is nowadays unfortunately the norm and health is already the exception. Despite all our therapeutic efforts, we can only achieve long-lasting success if we succeed in convincing the patient that he must practice a healthy way of life to avoid the destructive influences of the consumer society, (tobacco, alcohol, too much television

and too little exercise) and to attend to the bowel as our most important central metabolic organ.

The good or ill health of a person (apart from hereditary factors, attacks by dangerous germs and violent effects) is rooted particularly in his way of life and diet.

Basic good health can in no way be achieved passively, for instance simply by taking healing agents. It can only develop as a result of the active cooperation of the person requiring the healing. For without combating damaging habits this aim can never be achieved. Thus the decision is taken at a moral level. And so those who are bent on pleasure-seeking will never find the strength to practice moderation and will never be able to take this path, nor can those who have such a lack of comprehension, or allegedly know better, and yet cannot see the sense in such discipline.

I know these are harsh words, but they reflect my views on global medicinal concepts.

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