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REPORT FROM THE MEDICAL PRACTICE

## Lymphomyosot: The Therapy of Tonsillitis and Prophylaxis against its Recurrence

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### ABSTRACT

In an observation study conducted over two consecutive winters, the effectiveness of long-term therapy with Lymphomyosot was investigated among 50 children suffering from recurring tonsillitis. The children's tolerance to the preparation was good, and no side effects were observed. The results of therapy revealed that Lymphomyosot can be administered to diminish the tendency toward recurrence of tonsillitis among children.

### I. INTRODUCTION

When we speak of "tonsillitis," we generally mean an inflammatory affection of the palatine tonsils. An infection with streptococci is generally the cause; less often, staphylococci, pneumococci, or viruses are the pathogens involved (1).

As a result of their exposed location as sentinels of the respiratory and digestive tracts, the tonsils often represent the initial contact point of the organism with pathogenic agents as they enter the body. This location also explains their particular susceptibility for infectious diseases. At the same time, the palatine tonsils perform important tasks within the immune system of the body. These functions include the production and the critical influencing of lymphocytes, as well as the production and provision of special antibodies in the oral cavity, blood, and lymph system (2).

Cases of tonsillitis generally develop without complications. From the beginning of a case of tonsillitis, however, it can never be entirely discounted that secondary diseases such as endocarditis, rheumatic fever, or nephritis can arise, or that local complications such as peritonsillar abscesses can develop. As a result, conventional therapy of tonsillitis during the acute

stage usually includes antibiotic therapy throughout the course of several days (1). Administration of antibiotics is absolutely necessary in cases of suppurative tonsillitis (3).

Within the context of homotoxicology as developed by Hans Heinrich Reckeweg, additional factors in addition to bacterial pathogens also play a significant role in the development of tonsillitis. Homotoxicology views the palatine tonsils as organs of excretion for toxins. Detoxification processes as well as inflammatory reactions take place to a lesser or greater degree in the tonsils, in the course of which these toxins are converted and excreted in the form of pus and serous exudate (4).

According to Reckeweg, infections can arise only in tissues damaged by homotoxins. In this context, bacteria can even be accorded the role of adjuvant-agents, since they liquify the basic connective tissue substance by their discharge of hyaluronidase, thereby enhancing the discharge of deposited toxins (4). From the aspect of homotoxicology, many chronic and recurring cases of tonsillitis come about because the acute stage of the inflammation was unnaturally quickly suppressed by powerful pharmaceutical agents, and that the detoxification functions of the inflammation were not allowed to take full and sufficient effect.

This manner of viewing recurring tonsillitis can lead to a completely different therapeutic approach. This standpoint, indeed, does not consider the destruction of the pathogens as the single goal of therapy; instead, it accords equal importance to aiding the discharge of homotoxins from the organism. Homeopathic medications are admirably suited for this purpose. One especially effective preparation is Lymphomyosot, produced by the company Heel of Baden-Baden, Germany.

Lymphomyosot represents a homeopathic combination agent which contains various single constituents such as *Miosotis arvensis*, *Veronica*, *Gentiana lutea*, and further homeopathic agents.

On the basis of its composition, the preparation Lymphomyosot exerts a "channeling" action on the functions of flow in connective tissue (5). Medical literature contains numerous confirmations of therapeutic success with Lymphomyosot in the treatment of tonsillar angina and hypertrophy (6, 7, 8, and 9). Particularly significant for the effective action of this preparation for therapy of tonsillitis and related disorders are its constituents *Calcium phosphoricum* and *Geranium robertianum* (5).

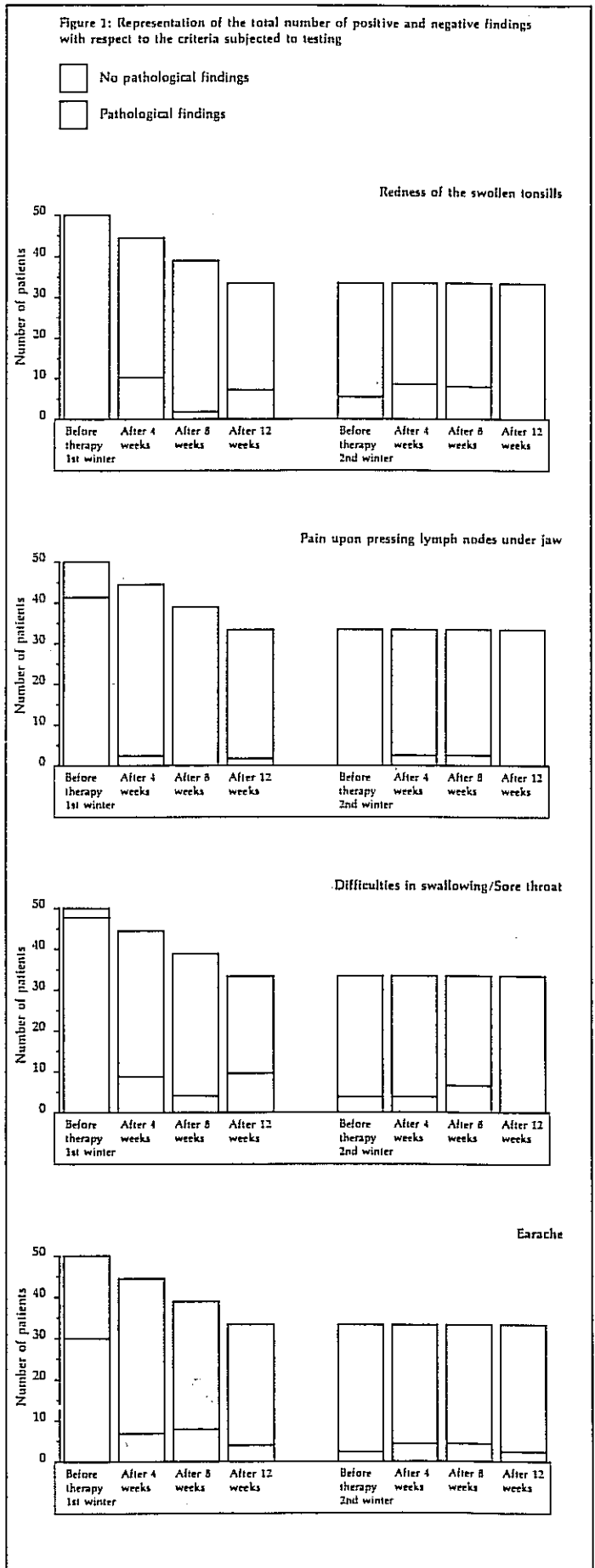
**II. Testing procedure**

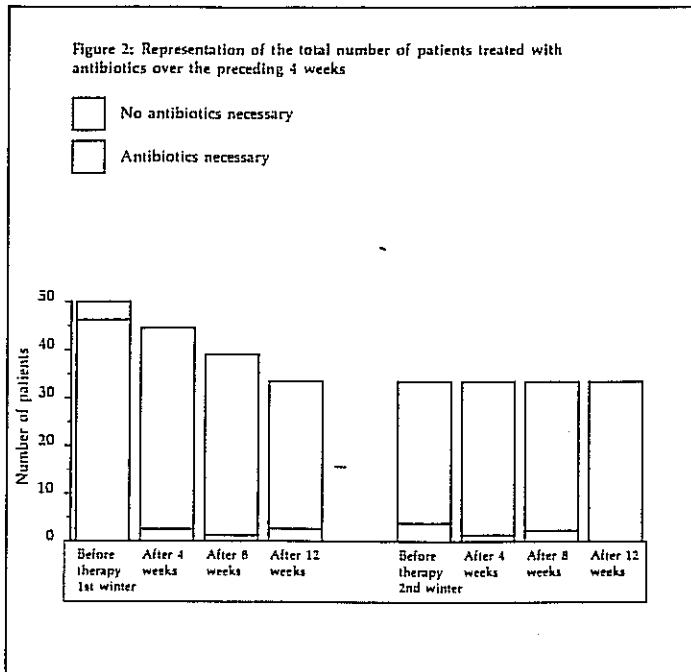
Within the context of an observation study, the effectiveness of long-term treatment with Lymphomyosot (administered as drops) was assessed for treatment of recurring tonsillitis among children. The study covered two observation periods of 12 weeks, each during the winter months of 1985/1986 and 1986/1987. Control examinations were conducted regularly, at intervals of 4 weeks. These exams included assessment of the patients' states of health, especially with respect to the presence or absence of inflammation in the nose/throat/oral-cavity areas.

This assessment was conducted with the aid of pre-planned criteria and was documented by means of a standard test form. In addition, the success of therapy was separately assessed by physician and parents, at the end of each of the two observation periods. A total of 50 children, from 1 week to 13 years old (mean age: 4 3/4 years), were included in the study. Of these 50, it was possible to observe 37 of these children until the end of the planned period. The remaining 13 could not be monitored until the end of the study because their families changed residence or doctors, or because their parents did not comply with the requests of the study sponsors.

With the exception of the week-old child, all the children had already had several episodes of tonsillitis. According to information provided by the parents, the number of recurring episodes was between 2 and 10, with an average of 4.3. The average time interval between recurring episodes was 6.4 months.

At the time of initial examination and entry into the study, all the patients exhibited the symptoms of tonsillitis to a lesser or greater degree: redness of the swollen tonsills, difficulties in swallowing, sore throat, fever, etc. As a result, antibiotic medication was initially necessary in the acute stage — with adjuvant therapy in some cases in the form of antipyretic or bronchodilatory medication. At the same time, the physicians in charge also administered Lymphomyosot drops in individually determined dosage, according to the age of the child and the particular characteristics of their disorder. Dosage lay in the range of 10 to 25 drops, three times a day. Figure 1 shows the improvement in the health of the patients with administration of Lymphomyosot, as assessed by the documented symptoms of disease.





### III. Evaluation of test findings

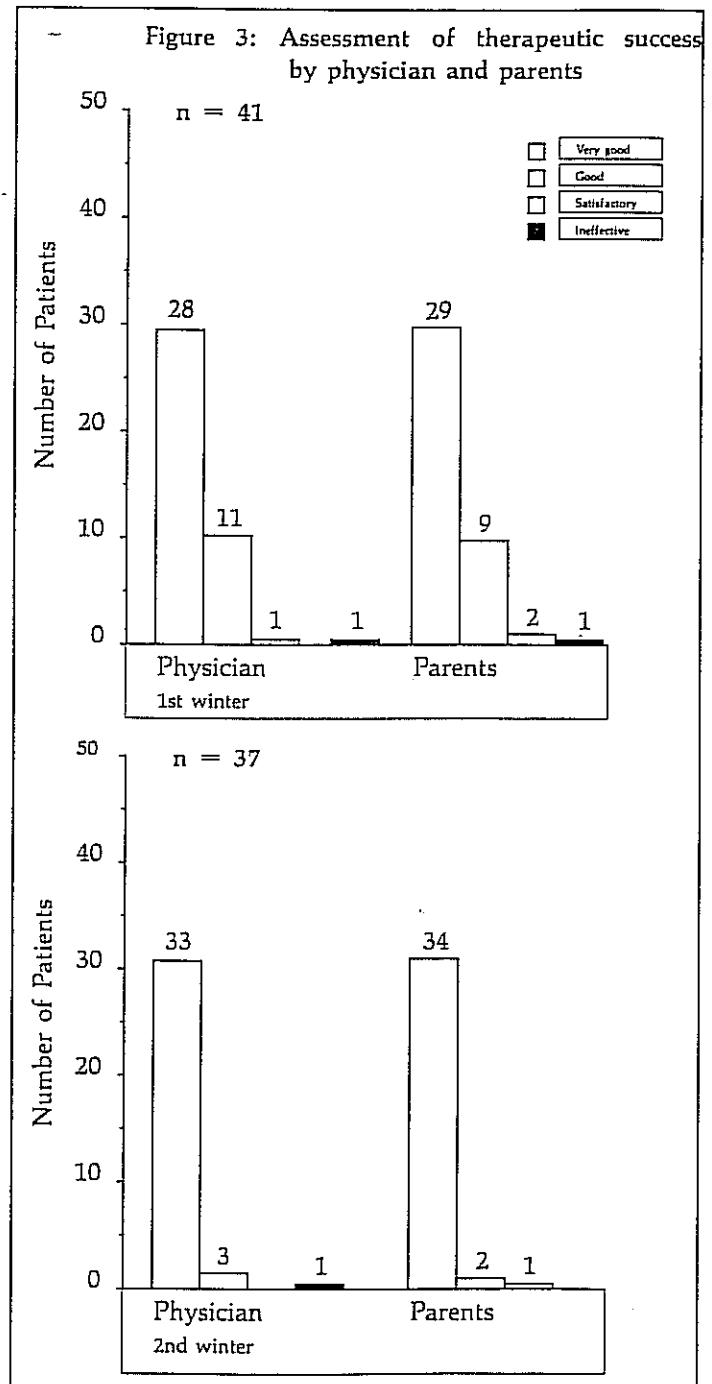
The frequency of recurring tonsillitis episodes, as indicated by the information provided by parents, before the beginning of test therapy with Lymphomyosot, was compared with the frequency of such recurrence after administration of this preparation during the study. It is clear that the episodes of tonsillitis became less frequent and less severe after administration of Lymphomyosot.

Before beginning Lymphomyosot medication, there were an average of 1.9 recurring cases of tonsillitis per child per year (calculated on the basis of data from the parents). After therapy with Lymphomyosot, a total of only 35 cases of sore throat and swallowing difficulty were registered. On the basis of the 37 children who were available for monitoring until the end of the period of study, this amounted to fewer than 1.0 case of recurrence of tonsillitis per child per year.

The tendency to less severe cases of this infection is demonstrated in part by the fact that only 11 children required repeated administration of antibiotics after beginning of therapy with Lymphomyosot (see Figure 2).

There was only one case of serious infection, pneumonia, after therapy with Lymphomyosot. The parents of this child, however, were not able to administer the preparation as regularly as required.

It is particularly worthy of note that 17 patients suffered from no recurrence of tonsillitis at all during the second winter under administration of Lymphomyosot. In addition, 7 patients suffered from no illness whatsoever over the entire period of the study (both first and second winters), after the initially observed tonsillitis had subsided. These highly successful cases by no means represented a particularly favorable selection from the total test population; the 17 children who had no recurrence of illness in the second winter had also



suffered from an average of 1.8 recurrences of tonsillitis per year before therapy with Lymphomyosot began (recall the average of all patients before Lymphomyosot: 1.9 recurrences per year). In the sub-set of 7 patients who later suffered from no symptoms of disease whatsoever, the situation before Lymphomyosot medication was even less favorable: 2.4 cases per year.

These test results represent the comparisons of case history data and the progress of illness as documented by physicians. They clearly show a tendency toward reduction in the frequency of tonsillitis recurrence under medication by Lymphomyosot. This positive assessment of therapy is also clearly expressed by parents and physicians (see Figure 3).

#### IV. Tolerance and compliance

Tolerance of the medication was definitely determined as good to very good. There was absolutely no evidence of side effects or intolerance which might have prompted a physician to interrupt or change the therapy.

At the same time, one must consider the following: it is precisely the conditions of long-term therapy, extending far beyond the acute stage of the illness, which especially make active cooperation on the part of patient and parents absolutely necessary. Regular and punctual administration of such a preparation over longer periods of time is possible only if the patient and/or the parents are sufficiently willing and able to cooperate on a conscientious basis.

Although the parents had been briefed on the safety of Lymphomyosot drops, reluctance on their part led in a number of cases to premature termination of therapy. Some parents were particularly concerned about the alcohol content of the drops, and indicated this fact as a reason for their hesitation. It must be noted here that homeopathic preparations in solution, for administration as drops, must be prepared as alcohol-water mixtures according to the binding stipulations of the German Homeopathic Pharmacopoeia. The amount of alcohol consumed per dose is approximately 0.5 grams for Lymphomyosot. Such small amounts of alcohol are harmless for children, unless cases of liver illness or spasmodic cerebral disorders are involved. The liver will metabolize these small quantities of alcohol, which then pose no further burden on the organism.

If parents are still hesitant to administer Lymphomyosot in alcohol solution, then alcohol-free Lymphomyosot ampules are also available. They are opened and poured into water for drinking. One effective method is administration by

emptying 2 or 3 ampules of Lymphomyosot into a glass of water (best of all is mineral water without carbon dioxide) and to have the child drink this solution in sips, spread throughout the course of the day.

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