
REPORT FROM THE MEDICAL PRACTICE

The Therapy of Chronic Disorders with Lymphomyosot Drops

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In general medical practice, the physician often encounters illnesses which have become chronic in nature and which represent a significant impairment of the patient's well being. In many cases, the neglect of such disorders, or the lack of their proper therapy, leads to permanent functional or organic damage. Every physician is well acquainted with patients who visit his or her practice with complaints which have plagued them for considerable lengths of time, or which abate and return again and again.

If these disorders are chronic infections, there are various effective therapeutic means to bring about their abatement. We can employ antibiotic or chemotherapeutic measures, for example, to retard the proliferation of pathogenic agents, or to reduce their number. The physician, however, should carefully and critically consider the prudence of administering such remedies, since they may well inhibit development of the organism's own powers of resistance if applied at an early stage of an illness (2).

Other well-known problems are also associated with antibiotic therapy: these include development of resistance to drugs, change of infection, as well as superinfection. Furthermore, the normal bacterial flora are damaged along with the pathogenic agents, with the resulting creation of a physiological imbalance.

An alternative possibility of therapeutically handling infections is the mobilization and strengthening of the organism's own powers of resistance (1). For many years, attempts have been undertaken to positively influence the physiological defense system. Medication intended for stimulation therapy and irritation therapy has been employed since the turn of the century (3). After an immune response (e.g., in the form of antibodies and phagocytosing cells) to noxae has taken place, the removal of toxins and other products of metabolism from the area of the focal disorder plays an important role in the recovery of the patient.

For my patients with chronically recurring complaints, I prescribe a preparation which has proved highly effective since the early 1960's: Lymphomyosot, made by the Heel company. The results have been quite successful. The "channeling"

action of Lymphomyosot, in the sense of lymph drainage, is very important, especially in the treatment of edemas and in the elimination of toxins from the organism.

The success achieved with Lymphomyosot is not immediate, however; long-term therapy is necessary in every case (4). At the same time, nevertheless, no iatrogenic damage of any kind has been observed in long-term therapy with Lymphomyosot. The table below gives a few examples of my therapeutic experience with Lymphomyosot, in the form of case-report summaries.

The preparation Lymphomyosot was very well tolerated by all patients, even the two youngest (3 and 7 years old). Indeed, Lymphomyosot has been successfully used in pediatrics for many years now (5). In the case of the 27-year-old woman patient with chronic tonsillar angina, I was not able to make a final assessment of the therapy, since the woman came to me for only one month. She had suffered for many years from purulent angina, with episodes occurring approximately four times a year. Therapy with penicillin had not been successful. In two cases with chronic tonsillitis and bronchitis (with the patients 7 and 10, respectively), I was, after therapy of five months, unfortunately not able to achieve conclusive freedom from all symptoms. These patients did, however, obtain partial relief from their symptoms.

Case no. 2 in the table deserves some elaboration. The patient, a 43-year-old man, had suffered for two years from allergic rhinitis (house dust allergy), with recurring bouts of sinusitis. After four months of treatment with Lymphomyosot, he obtained complete relief.

Case no. 8 was a patient with a similar complaint: recurring sinusitis. After unsuccessful therapy with tetracycline for half a year, he was healed by Lymphomyosot therapy after four months.

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| Case | Sex | Age | Dosage | Diagnosis/symptom complex | Improvement after | No symptoms after | Adjuvant therapy |
|------|-----|-----|--|--|---|---|---|
| 1 | M | 38 | 10 drops, 3 times a day, of Lymphomyosot | Susceptibility to infections; tonsillitis; fatigue | 3 months | Almost complete recovery after 5 months | — |
| 2 | M | 43 | 10 drops, 3 times a day, of Lymphomyosot | Chronic sinusitis frontalis; head cold for 2 years | 2 months | 4 months | Zatiden capsules |
| 3 | F | 28 | 10 drops, 3 times a day, of Lymphomyosot | Lymphadenitis of angle of lower jaw, on both sides | 1 month | 3 months | — |
| 4 | M | 7 | 8 drops, 3 times a day, of Lymphomyosot | Hypertrophy of tonsils; repeated suffering from infectious diseases | 2 months | After 2 months, no new occurrence of infections | — |
| 5 | F | 43 | 10 drops, 3 times a day, of Lymphomyosot | Chronic tonsillitis; great fatigue and inflammation of the tonsillar ring | 2 months | 3 months | — |
| 6 | F | 27 | 10 drops, 3 times a day, of Lymphomyosot | Recurring tonsillar angina; frequent sore throat | 1 month, then did not return for consultation | — | — |
| 7 | M | 64 | 10 drops, 3 times a day, of Lymphomyosot | Chronic bronchitis; cough; excessive expectoration | 4 months | Not yet free of symptoms after 5 months | Lanitop tablets; Briserin tablets; Bisolvon tablets |
| 8 | M | 41 | 10 drops, 3 times a day, of Lymphomyosot | Chronic sinusitis maxillaris; head cold with purulent discharge; toothache | 2 weeks | 4 months | Sinupret tablets for 1 week to start; red light |
| 9 | F | 26 | 10 drops, 3 times a day, of Lymphomyosot | Lymphadenitis; swelling of lymph nodes in groin on right side | 2 weeks | 1.5 months | — |
| 10 | F | 24 | 10 drops, 3 times a day, of Lymphomyosot | Chronic tonsillitis; sore throat; inflamed tonsillar ring | 6 weeks | Not yet completely well after 5 months | — |
| 11 | M | 4 | 8 drops, 3 times a day, of Lymphomyosot | Cough; head cold; frequent flu and colds | 1 month | 3 months | As needed: Cibalen suppositories for infants |

References

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