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## **Homeopathic Treatment of Upper Respiratory Diseases**

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## Abstract

In the present prospective study, data were compiled on dosages, efficacy, and patient tolerance of Tartephedreel, a homeopathic combination medication prescribed in the treatment of diseases of the upper respiratory tract (including bronchitis and bronchial asthma). The therapeutic results were rated either "very good" or "good" in 88% of the cases treated. In approximately half the cases, Tartephedreel was the only therapy administered. Diagnosis-specific data indicate that acute illnesses (such as bronchitis) responded better and more quickly to this therapy than diseases that are or tend to become chronic, such as bronchial asthma. Patient tolerance of Tartephedreel was rated as either "very good" or "good" in 96% of the cases.

**Keywords:** bronchial asthma, bronchitis, pertussis, Tartephedreel

## Introduction

The antitussive, secretolytic, antiseptic, and anti-inflammatory effects of phytotherapeutic and homeopathic medications make them suitable alternatives to chemical drugs. Clinical studies confirm that plant-based pharmaceuticals are both effective and well tolerated in acute or chronic bronchitis, bronchial asthma, and coughs of various types (1-6). A metastudy has verified that homeopathic medications are significantly more effective than placebo in bronchial asthma (7). Studies show that daily corticoid dosage in chronic bronchial asthma can be significantly reduced under treatment with homeopathic combination medications (8-9).

The plant-derived and inorganic substances used in homeopathic therapy of respiratory disorders in which cough is the primary symptom include *Drosera* (sundew), *Tartarus stibiatus* (tartar emetic), *Belladonna* (nightshade) *Ipecacuanha* (ipecac), *Lobelia inflata* (bladder lobelia), *Kalium carbonicum* (potassium carbonate), and *Arsenum jodatum* (arsenic triiodide). On the basis of the drug pictures of its ingredients, Tartephedreel (a liquid homeopathic combination medication manufactured by Biologische Heilmittel Heel GmbH, Baden-Baden) is especially suited to treating bronchitis (especially asthmatic bronchitis), bronchial asthma, unproductive cough, laryngitis, pertussis, and persistent cough in pediatric lymphatic tuberculosis (Table 1). The purpose of the present prospective study was to compile data (under the conditions of daily practice) on Tartephedreel's therapeutic efficacy and patient tolerance of this medication.

## Methods

With the help of a standardized questionnaire, 75 licensed physicians (general practitioners, pediatricians, otolaryngologists, internists) systematically compiled demographic and anamnestic information and data on prior therapies, the type and symptoms of both the target illness and any associated diseases, dosages, duration of therapy, and any adverse effects. In addition, the physicians rated the overall success of the therapy on a five-point scale (very good, good, satisfactory, no success, and worse) and patient tolerance of the medication on a four-point scale (very good, good, fair, and poor).

## Results

### Patients

Demographic and treatment data were recorded on a total of 634 patients. 56% of the patients were female. The two largest age groups were children under twelve years of age (20%) and adults aged 31-50 years (32%). The most frequent diagnoses were: bronchitis of varying etiology (45%), unproductive cough (16%), bronchial asthma (13%), inflammation of the bronchial mucous membranes, catharral bronchitis (10) and laryngitis (8%). Other diagnoses (consolidated into the category "other diseases") included pertussis, chronic dry cough, and persistent cough in pediatric lymphatic tuberculosis.

The inflammatory, obstructive forms of bronchitis were most prevalent, followed by the asthmatic and spastic forms. Most bronchitides were caused by viral infections or bacterial superinfections. Many occurred in the context of general cold or flu symptoms, but smoking was also frequently listed as a cause or at least as a

contributing factor. Typically, other parts of the upper respiratory tract were involved; i.e., the bronchitis was accompanied by tracheitis, laryngitis, sinusitis, or rhinitis.

Depending on individual diagnosis, the overall severity of the illness at the beginning of therapy was rated "moderate" in 71 to 93% of the cases. Ratings of "mild" and "severe" were approximately equally frequent (7-20% and 10-18%, respectively). Also depending on diagnosis, the most frequent clinical symptoms were cough (either dry or loose), fever, shortness of breath, sore throat, chest pain, and hoarseness. Duration of illness was longest in bronchial asthma (> one year in 75% of the patients) and tended to be shortest in bronchitis and laryngitis (< one week in 70% of the patients). As these data reflect, chronic cases predominated in bronchial asthma while acute ailments were in the majority in all other diagnostic groups. A total of approximately 46% of the patients had received other treatment prior to Tartephedreel therapy, although considerable diagnosis-specific differences (bronchial asthma 86%, bronchitis 36%) were apparent in this regard. Pharmaceuticals such as antitussives/expectorants, bronchial antispasmodics, antibiotics, corticosteroids, and antihistamines/decongestants were the most commonly prescribed form of prior therapy.

#### Treatment

The manufacturer's recommended standard dosage of Tartephedreel is 10 drops 3 times a day (or, for acute symptoms, several initial doses of 10 drops every 15 minutes). These recommendations were followed in the majority of cases, regardless of the patient's specific illness and regardless of whether additional therapeutic measures were implemented. Regardless of diagnosis, the duration of treatment was two to four weeks in the majority of cases, with the percentages of cases treated for this interval ranging from 44% for bronchial asthma and catarrhal bronchitis to 89% for pertussis. Longer periods of treatment were typical only of bronchial asthma (33% of cases) and persistent

Ingredient	Potency	Amount per 100 g	Characteristics/Symptoms
Anisum stellatum	3X	5 mg	Bronchitis
Arsenum iodatum	6X	10 mg	Rhinitis, bronchitis
Belladonna	4X	10 mg	High fever associated with inflammation of the tonsils or respiratory organs
Betonica	2X	5 mg	Asthmatoid conditions, inflammation of the mucous membranes due to colds
Blatta orientalis	6X	5 mg	Bronchitis, asthma
Ephedra vulgaris	3X	5 mg	Spasmodic cough, dyspnea, emphysema
Hepatica triloba	3X	10 mg	Pharyngitis
Ipecacuanha	4X	5 mg	Bronchitis, bronchial asthma, pertussis
Lobelia inflata	4X	5 mg	Disorders of the autonomic nervous system, hay fever, bronchial asthma
Medorrhinum	8X	5 mg	Inflammations of the respiratory mucosae (dry, painful cough, especially at night; spasms of the glottis; bronchial asthma)
Naphthalinum	6X	5 mg	Inflammations of the respiratory tract; asthmatic bronchitis; pertussis (with tough, dry mucus); emphysema
Natrium sulfuricum	4X	10 mg	Bronchial asthma
Quebracho	5X	10 mg	Shortness of breath associated with chronic respiratory diseases
Tartarus stibiatus	4X	10 mg	Inflammations of the lower respiratory tract accompanied by weak circulation

Tab. 1: The ingredients of Tartephedreel and their drug pictures.

cough in pediatric lymphatic tuberculosis (30%).

In approximately 50% of all cases treated (ranging from 37% in bronchial asthma to 57% in pertussis), Tartephedreel was prescribed as the only pharmaceutical therapy. In cases of bronchial asthma, catarrhal bronchitis, bronchitis and pertussis, concomitant pharmacotherapeutic measures (including antitussives/expectorants, bronchial antispasmodics/antiasthmatics, antibiotics, homeopathic medications, cold and flu remedies, immunotherapeutic agents, and antihistamines/decongestants) were preferred, while naturopathic concomitant therapies (including steam inhalations and chest compresses) tended to be prescribed in cases of laryngitis and persistent cough in pediatric lymphatic tuberculosis. When additional homeopathic medications were prescribed (among them, Bronchialis-Heel, Droperteel, Drose-ra-Homaccord, Husteel, and Mucosa compositum), they were generally indicated for the same conditions as Tartephedreel.

#### Assessment of Therapy

##### Tolerance

In spite of an episode of adverse effects in one patient (abdominal pain of brief duration after two days of treatment), the physicians rated overall patient tolerance of Tartephedreel as "very good" or "good" in 96% of the cases. There were no obvious differences among the different diagnostic groups in this regard. No interactions with other prescription drugs were observed.

##### Efficacy

According to the physicians' assessment, "very good" or "good" therapeutic results were achieved in 88% of the 634 cases. In individual diagnostic groups, the percentage of positive assessments ranged between 70 and 90%; i.e., positive therapeutic results were achieved in the majority of cases in each group. In approximately 3% of all cases, treatment was not effective at all; in no case was worsening of the illness recorded. The same results apply to the cases in which Tartephedreel was adminis-

Diagnoses	Very Good	Good	Satisfactory	No Success/ n/a
Total (n=634/298)	38/38	50/50	9/9	3/3
Bronchitis (n=283/139)	45/55	46/37	6/5	2/3
Unproductive cough (n=102/44)	41/36	51/57	6/5	2/2
Bronchial asthma (n=81/30)	9/10	68/67	20/20	4/3
Catarrhal bronchitis (n=61/30)	41/53	51/43	8/4	-/-
Laryngitis (n=50/27)	42/37	48/52	4/-	6/11
Pertussis (n=19/11)	47/47	32/32	21/21	-/-
Persistent cough in pediatric lymphatic tuberculosis (n=20/10)	20/30	50/50	30/20	-/-
Other illnesses (n=27/12)	33/33	48/48	4/4	15/15

Tab. 2: Physicians' overall assessment of therapeutic results. (Diagnoses listed for total patient population/patients treated only with Tartephedreel; ratings listed in percentages and rounded off).

tered as the only form of pharmacotherapy (Table 2).

#### CONCLUSIONS

The results of the present prospective study confirm that Tartephedreel is a safe and reliably effective medication (when administered either alone or in combination with other medications) for treating diseases of the upper respiratory tract. In the majority of cases (approximately 90%), the attending physicians rated patient tolerance of the medication as either "very good" or "good," and only a single instance of adverse effects occurred among 634 patients and over 50,000 treatments days. The results of therapy (as a measure of therapeutic efficacy) were rated either "very good" or "good" by the physicians in approximately 90% of the cases of treat-

ment. Administering Tartephedreel proved most effective in patients diagnosed with bronchitis, catarrhal bronchitis and pertussis. As a rule, the onset of efficacy (the point in time when the first improvement in clinical symptoms was noted) occurred either on the first day of treatment or within the first week.

Tartephedreel was the only medication prescribed in approximately 50% of the cases treated. There were notable diagnosis-specific differences in this regard, however, and less severe illnesses were over-represented among the cases treated with Tartephedreel alone. Nevertheless, this homeopathic medication deserves to play an independent role in the treatment of upper respiratory disorders.

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