

HOMEOPATHIC TREATMENT OF RESPIRATORY AILMENTS

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ABSTRACT

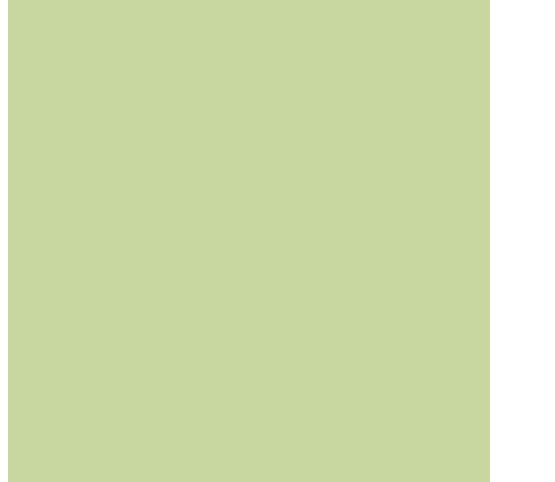
TARTEPHEDREEL is a homeopathic preparation used for the treatment of upper respiratory conditions (bronchitis, bronchial asthma, etc.). This is a practical multicentric study with 634 patients. The object of this study is to determine the efficacy and tolerability of Tartephedreel. Acute conditions such as bronchitis seemed to respond better and more rapidly to exclusive treatment with Tartephedreel compared to chronic conditions like bronchial asthma. Overall, in 96% of cases, tolerability was "very good" or "good."

Respiratory infections can be relieved by phytotherapeutic or homeopathic remedies with mucolytic, antiseptic, and anti-inflammatory properties; these can treat respiratory irritation just as well as prescription drugs. Several studies have revealed that plant-based medicine can treat chronic and acute respiratory ailments such as coughs, asthma, and bronchitis(1-6). One study confirms that homeopathic medicine was more effective than a placebo in the treatment of bronchial asthma (7). Many studies have clearly shown that the administration of steroids can be greatly reduced when treating bronchial asthma with homeopathic composites(8-9).

Respiratory affliction with associated coughs can be treated with several homeopathic remedies of botanical or mineral origin, for example, Drosera, Tartarus stibiatus, Belladonna, Ipecacuanha, Lobelia, Kalium carbonicum, and Arsenum iodatum.

Tartephedreel (manufactured by Heel GmbH, Baden-Baden) is a homeopathic composite available in liquid form (drops). This preparation contains remedies that treat bronchitis, bronchial asthma, cough with difficult expectoration, persistent cough (including in children), bronchial and laryngeal catarrh, as well as dry cough (Table 1).

The objective of this study is to investigate the efficacy and the tolerability of Tartephedreel in daily practice.



Tartephedreel® to treat upper respiratory conditions.

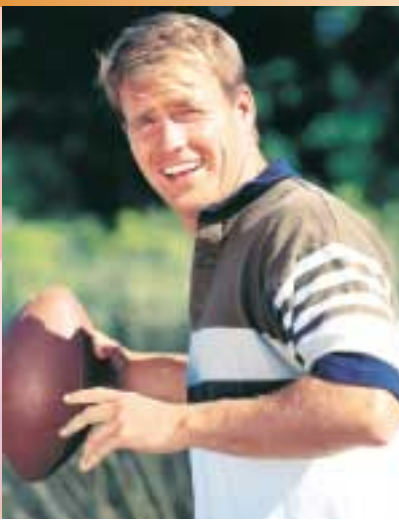


TABLE 1

COMPOSITION AND INDICATIONS OF THE HOMEOPATHIC COMPONENTS OF TARTEPHEDREEL®

HOMEOPATHIC COMPONENT	POTENCY (DILUTION) PER /100g	INDICATION
Anisum stellatum	D3, 5mg	Bronchitis
Arsenum jodatam	D6, 10mg	Rhinitis, bronchitis
Belladonna	D4, 10mg	Tonsillitis, inflammation of respiratory passages with fever
Betonica	D2, 5mg	Cough with catarrh, asthma
Blatta orientalis	D6, 5mg	Bronchitis, asthma
Ephedra vulgaris	D3, 5mg	Spasmodic cough, dyspnea, pulmonary emphysema
Hepatica triloba	D3, 10mg	Pharyngeal catarrh
Ipecacuanha	D4, 5mg	Bronchitis, bronchial asthma, whooping cough
Lobelia inflata	D4, 5mg	Allergic rhinitis, bronchial asthma
Medorrhinum	D8, 5mg	Inflammation of the respiratory passages (with dry painful cough, spasm and bronchial asthma)
Naphthalinum	D6, 5mg	Inflammation of respiratory passages, bronchial asthma, whooping and dry cough (with viscous mucus), pulmonary emphysema
Natrium sulfuricum	D4, 10mg	Bronchial asthma
Quebracho	D5, 10mg	Chronic respiratory afflictions with dyspnea
Tartarus stibiatus	D4, 10mg	Inflammation of lower respiratory passages with circulatory stasis

METHODOLOGY

Through a standardized questionnaire, 75 practitioners (general practitioners, pediatricians, otolaryngologists, and internists) systematically compiled the data according to demographics and symptomatology (using data from previous visits of the same patient,

following symptoms of concomitant illnesses to establish a sound basis of information based on the therapy at the time. This brought the indications and the tolerability of the product into focus.) The second part evaluated the medicine on a global scale based on the ther-

apeutic action of the product. This was obtained from a scale (very good, good, satisfactory, no change, exacerbation). The tolerability scale read: excellent, good, satisfactory, bad. The maximum study time per patient was 4 months.

RESULTS

A total of 634 patients were studied. (56% women, 20% children under 12, and 32% adults between 31-50.)

The principal applications of Tartephedreel include bronchitis 45%, cough with difficult expectoration 16%, bronchial asthma 13%, bronchial catarrh 10%, laryngeal catarrh 8%. Other indications include persistent cough in children, whooping cough, and chronic irritation of the upper respiratory tract. Many associated conditions and secondary symptoms of bronchitis are effectively treated with Tartephedreel. Within the symptomatology of bronchitis for example, we must first determine whether the irritation or

cough is caused by catarrhal obstruction, and secondly determine whether it is of an asthmatic nature or of a spasmodic nature. In the majority of cases, bronchitis is the result of a viral or a bacterial infection, such as from secondary reaction to a cold or flu, or from smoking cigarettes. In addition, Tartephedreel can treat irritated regions of the respiratory tract and the consequences of bronchitis such as tracheitis, laryngitis, sinusitis, and associated rhinitis.

Depending on the indication, the treatment was evaluated according to the overall gravity of the condition. 71-93% of cases were general and of medium severity; 7-20% were mild conditions, and 10-18%



of cases were severe. The frequency of symptoms was relatively equal. The dominant symptoms were irritative cough, dry cough, fever, dyspnea, pain in the thorax and chest. Patients had been previously treated with conventional medicine such as expectorants, antitussives, spasmolytics, antibiotics, bronchodilators, steroids, and sinus medications.

TREATMENT

Heel GmbH recommends that Tartephedreel be given at a dose of 10 drops three times per day (for acute infections, start with 10 drops every 15 minutes). In the majority of cases, Tartephedreel was given in this dosage regardless of the individual condition or of the presence of other medication. In general, treatment lasted between 2 - 4 weeks; a percentage variance on this interval occurred in 44% of cases of bronchial asthma and bronchial catarrh, and an 89% variance for persistent cough. Longer treatment was typical of bronchial asthma (33%) and in

children with persistent coughs, whooping cough, and scrofulus (30%).

In 50% of all cases (including 37% of bronchial asthma and 57% of dry cough) Tartephedreel was the sole medication given in therapy. The rest of the cases included conventional medications such as antitussives, expectorants, antispasmodics, anti-asthmatics, antibiotics, other homeopathic preparations, anti-flu medications, immune-stimulants, and sinus medications. Inhalation therapy was used in persistent coughs and

laryngeal catarrh, especially in children with scrofulus. Other homeopathic medications used in conjunction with Tartephedreel included Bronchalis-Heel, Droper-teel, Drosera-Homaccord, Husteel, and Mucosa compositum.

Apart from the one exceptional case of a patient experiencing stomach pain and dizziness 2 days after treatment, the overall tolerability of Tartephedreel was very good and good in 96% of cases. No interaction with other preparations or prescription drugs was noticed.

TOLERABILITY

Within the total group of 634 patients, 88% of cases responded “very good” and “good,” (this evaluation is based on the preparation, Tartephedreel). With respect to the individual groups based on indication (why the product was given), the values oscillated between 70 and 90% for positive therapeutic results. 3% of cases did not respond to treatment (or had no therapeutic value). There were no cases of aggravation or exacerbation of symptoms in the total group. From this data we can affirm that Tartephedreel is a preparation of choice and can be given as sole medicine in the aforementioned cases.

CONCLUSION

The results of this study confirm that Tartephedreel is a safe and effective preparation for conditions of the upper respiratory tract; as much for the sole treatment, as for adjuvant treatment with other preparations, drugs, or therapies. In the majority of cases, tolerability of the product was “very good” or “good.” In 634 patients and 50,000 days of treatment, there was only one case without results (“no change”). 90% of cases proved an efficacy of “very good” or “good.” In general, symptoms subsided the first day of administration or during the first week of treatment.

50% of the documented cases used Tartephedreel exclusively as the treatment of choice. There was no difference in the case indications for using Tartephedreel exclusively or not. As a sole mode of therapy for those symptoms of respiratory conditions listed, Tartephedreel was rated an efficacious treatment.

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