

DISEASES OF THE RESPIRATORY TRACT AND THEIR ANTIHOMOTOXICAL THERAPY

Acute and chronical diseases of the respiratory tract have reached a level of more than 30 % of all illnesses in the Federal Republic of Germany, and have become the number one sickness. They have even exceeded coronary ailments. Chronical diseases of the respiratory tract are one of the most common reasons for early retirement and disability.

The reasons for such increases are both endogenous and exogenous. Exogenous factors include rising air pollution, allergies, infections, on-job strains and smoking. Statistics collected on chronical bronchitis and resulting diseases have helped to document such an extremely unfavourable prognosis. It has, therefore, become most important for us to draw conclusions for an advance diagnosis and early treatment. The common therapeutical resignation, together with the assumption that a chronical bronchitis is a fateful, are hardly justified in view of present diagnostical and therapeutical possibilities. If the disease is diagnosed in its early stages with our modern methods of diagnosis, and a therapy properly applied, then the sick person does not have to cope with a long, chronical and incurable state.

The expanded, irreversible emphysema of the lungs in connection with the cor pulmonary, which can also hardly be influenced therapeutically, reduces life expectancy, and unfortunately, still occurs quite frequently. Exogenous factors cannot always be influenced. Obviously, the patient must refrain from any kind of smoking. His job situation should be examined. In some cases a respiratory mask may be sufficient. In other cases a change in the work-place may have to be taken into consideration. The patient should be allowed to avoid inhalative allergies, meaning that he should take pollenation warnings into consideration, and remain at home during such risky periods. Eliminating air pollution is everybody's responsibility including especially our politicians.

Let us now look at the endogenous factors in the development of respiratory diseases. Our bronchial system produces about 50 to 100 milligrams of a glassy, watery secrete every day. This bronchial mucous covers the surfaces of the bronchial tube and the bronchi in the form of a closed film. Together with the vibrating epithelium, which moves in the direction of the oral at a frequency of approximately 800 per minute, it forms a highly effective cleaning system. It helps to transport foreign particles and entering micro-organisms in the direction of the mouth like an assembly-line system, at a transport speed of 1 to 2 cm per minute. In the end the trachea is finally cleared by clearing the throat. The mucoucilliary cleaning capacity of the lungs depends on two factors:

1. the undamaged and functioning vibrating epithelium
2. the mucous film

In general the mucous film consists of four parts:

1. the glycoproteins
2. free proteins
3. lipids
4. desoxyribonuklein acid (DNS)

Glycoproteins are formed from the mucouserous glandular cells of the bronchial mucous membrane. They can form either neutral or acidious mucous according to their composition. They are highly viscuous. Glycoproteins form approximately 65 % of the vibrio secretion. The free proteins originate mainly from the respectable glands of the bronchial walls. The main components of the lipids are phospholipids. They have surface-active qualities, and reach the bronchial secretion mainly with the help of secretional activities of the alveolar epithelium.

Under certain morbid conditions, the number and function of the secretorally active cells change. The amount of secretion will differ from normal secretion in quality and quantity. A more or less considerable disruption of the mucocilliary function together with the formation of secretive stenoses, will take place together with damage to the vibrating epithelium and/or reaction of pathological secretion on the vibrational activities. These will affect the mechanical ventilation and will lead to dysphonia and also to intrapulmonary hypoxaemy. If this exists for a longer period, it may lead to a primary obstructive emphysema of the lungs.

On the other hand effectiveness of bronchial cleaning by coughing will depend on the physical properties of the secrete. Medication which helps to clear the throat and release secretion will accelerate and increase physiological expectoration.

Before I come to the therapy of respiratory diseases by means of homeopathical medication, I should like to give some basics information.

Hans-Heinrich RECKEWEG has given us the scientific basis of homeopathy. The term "disease" is of prime importance. According to the science of homotoxicology all processes, conditions and images, which we call "diseases" show us that the body is fighting toxins. Processes which we call "diseases" are always biological, meaning natural and purposeful processes which resist and remove toxins. The body will try to recompensate any toxic damage.

In this connection I should like to introduce the system of large resistance with the five sub-systems.

These are mechanisms which are of basic importance for normal course of life activities. When judging respiratory diseases, patients and unfortunately quite frequently physicians confuse symptoms with the actual cause of the disease.

We all know that influenza does harm to the body a few days before the first symptoms are felt, and that the first symptoms like fever, coughing, secretion of mucous etc. are a sign for the beginning of body resistance. These are significant measures against toxins which are also called homotoxins. They have entered the body, and are then attacked. By curing the symptoms the resistance mechanism of the body is blocked and the secretion valves are closed.

The physician with a biological, therapeutical philosophy will differ here from commonly held views of classical medicine. For us fever is a friend which should not be treated with antipyretica as long as the temperature does not rise to more than 40 degrees or the body is considerably weakened. Wet compresses around the legs and/or tub baths having a temperature of 37 to 38 degrees have been quite successful in reducing fever.

We promote the formation of mucous. We never block excretion by the use of antitussives. Antibiotica should not be used in the therapy of virus infections.

RECKEWEG sub-divided the effects of various degrees of toxins into six phases in his homotoxin doctrine. In the first three phases detoxication is successful. We call these:

1. excretion phase,
2. reaction phase,
3. depository phase.

These phases are relatively non-malignant illnesses which can be healed. In the next three phases, however, the cells have been increasingly damaged by homotoxins; and they are more or less non-functional. This means that the biological incision has been exceeded. These phases are called:

4. impregnation phase,
5. degeneration phase,
6. neoplasma phase.

If the disease has reached these phases, only a cure of the defect is possible. I should like to describe these phases once more by giving you an example of the development of a disease of the respiratory tract.

During the first phase, the excretion phase, the body will try to remove the entered homotoxin to the outside by a running nose, increased saliva secretion, sweating and coughing. If this is not achieved, the disease will enter the reaction phase. Here we have stomatitis, rhinitis, pharyngitis, laryngitis, sinusitis, pneumonia, bronchitis etc. These are inflammational changes.

A further worsening of the disease, which we call progressive vicariation, then leads to the deposition phase, in which the body will try to deposit the homotoxins in connective tissue structures. In our example this is the chronical sinusitis; the formation of nose polyps, mucous membrane polyps and swelling of the lymph glands. When the disease becomes worse, we enter the impregnation phase and exceed the biological intersection. Here we find the leukoplacy, the asthma.

We call the next phase the degeneration phase. This includes the rhinitis atrophicans, the ozaena and the emphysem of the lungs.

The sixth and most serious phase is the neoplasma phase with the various cancers. By means of RECKEWEG's 6-phase chart we can arrange diseases in accordance with their seriousness and prognosis. Vicariation is the transfer of the disease from one phase to the other. This means that a progressive vicariation means a worsening of the disease. A regressive vicariation is an improvement. This is the aim of our therapy.

We all know the phenomena that an endogenous eczema also becomes visible in a person having asthma. You will certainly also have noticed that the asthma complaints are not the most dominant if the eczema flourishes; or vice versa if there is only little eczema, but the patient gasps for more air. This is the phenomena of vicariation.

In our six-phase chart we will also find the eczema in the reaction phase, which is phase two. Asthma belongs into the impregnation phase - phase 4. This shows us that the eczema has a considerably more favourable prognosis. This means that I consider the eczema to be an attempt of the body to transport a homotoxin, for which the body has no other route, to the outside through the skin. If the mistake of treating such an eczema with a cortisone ointment is made, the passage would automatically close, and a progressive vicariation would result.

Now we come to the biological therapy of some diseases of the respiratory tract.

Our prime principle must be - no anti-treatment meaning no antipyretica, antibiotica, antitussiva, but a supportive treatment of the body in order to help it in its inherent resistance. The banal grippal infection generally requires no special therapy. The patient should rest as much as possible, and see that he has an adequate liquid intake in order to support excretion. The necessary amount of liquid intake is quite frequently not taken into consideration. A woman needs about two liters of liquid per day; a man three. One liter of liquid should be added for each degree of fever. Infants and small children with fever require an enormous amount of liquid which must be replaced.

The so-called "household remedies" have proved reliable. These can be tea and/or juice treatments, hot forearm or foot baths as well as sweat treatment. Inhalations with a saline solution support secretion. A mixed injection consisting of GRIPP-HEEL, ENGYSTOL, TRAUMEEL and LYMPHOMYOSOT as well as ECHINACEA COMP. (FORTE). can be recommended as a therapy for general symptoms as coughing, a running nose, a hoarse throat and headache, fatigue and pains in the limbs. These can be injected intra-muscular or applied as autosanguis. This will give maximum support to the patient's resistance. A worsening can be observed immediately after the treatment. But this is always the case for homeopathic therapy. This short deterioration is no undesirable side-effect, but it shows the physician that he has struck the body in its supportive action.

Such a therapy can be continued orally with GRIPP-HEEL pills, LYMPHOMYOSOT drops and, if a headache is the prime source, Traumeel pills. The ampul-preparations of the house HEEL can also be used as drink ampuls. I prescribe ENGYSTOL ampuls, which are poured into a glass of water and slowly drank twice a day. If the patient has a very high fever with wet sweat I prescribe BELLADONNA and for a dry fever ACONIT. For infants we have VIBURCHOL suppository available, which does not reduce fever but has a sedative effect, and which is responsible for fevering the feverish child healthy. The child will then have a healthy sleep.

I include EUPHORBIIUM COMP. nose drops in my therapy plan, if a more or less prominent rhinitis or sinusitis is in the foreground.

For coughs I use the preparation HUSTEEL. It is good for a dry cough and all congestion cathars. For convulsive coughing and asthmatic coughing I prescribe the preparation DROSERA HOMACCORD, frequently also in connection with TARDEPHEDREEL, which has a good anti-spasmodic and expectorative effect. I prescribe BRONCHIALIS HEEL for convulsive or smoker cough.

Recurring bronchial infections are frequently the result of a chronical sinusitis leading to a rise in sinu-bronchial syndrome. This illness often takes place if a sinusitis has not been properly cured, and the protective function of the top respiratory tract has been lost for the bottom respiratory tract. The infections drip from the top area to the bottom respiratory tract.

Such a sinu-bronchial syndrome is always a therapy which has to be carried out for a longer period.

First of all the symptoms of the acute bronchitis should be treated anti-homotoxically. Then the inherent body resistance should be improved. The following approach has been successful:

1. Regular inhalations mainly with saline solutions and chamomile steam.
2. Heat applications to the sinuses, infrared and/or microwave radiation.
The Roman-Irish steam bath and/or sauna have been exceptionally successful here, if the humidity of the air is not too low.
3. Regular application of EUPHORBIIUM COMPOSITUM nose spray or also LUFFA nose gutates.
4. Autohemotherapy, which is carried out as an auto-sanguis treatment in stages as follows:
 1. ampul ECHINACEA COMP., 2. ampul LYMPHOMYOSOT,
 3. ampul TONSILLA COMP., 4. ampul MUCOSA NASALIS,
 5. ampul NOSODE in accordance with the disease, as for instance SINUSITIS-NOSODE, TONSILITIS-NOSODE, STREPTOKOKKUS, STAPHYLOKOKKUS etc.

I should like to explain an auto-sanguis-treatment in phases in the following example:

First an ampul of the first homeopathical compound is charged, a vein punctured and a drop of blood taken. This homeopath compound is injected intravenously, and the syringe with cannula removed. An auto-sanguis remnant and the first ampul compound has remained in the cannula. The second cannula is now charged and shaken at least 10 times vertically with the same syringe and the same cannula. This will result in the first auto-sanguis homeopization. This compound is then injected intra-muscularly, and a remnant will again remain in the cannula and syringe. This can then be mixed with the third ampul. The procedure will be continued to stage five.

The following sequence in the auto-sanguis stage of the therapy has proved successful: First we give the symptomatum. And secondly we give a medicine which detoxicates the tissues. The third ampul is usually a "composita" preparation, and the fourth a complex compound which promotes the body resistance. In the fifth stage we use the NOSODE, which must no longer be homeopathized. In the third or fourth stage a SUIS organ compound may be used, which is always applied in the therapeutical concept in the treatment of chronical diseases.

Now we come to the treatment of asthma-bronchial. In order to achieve a cure of asthma-bronchial, it is necessary to influence the disease towards a regressive vicariation. This is possible with the help of a therapeutical encirclement of homotoxins and their excretions.

I do not want to detail the various forms of asthma-bronchial here, but would like to show you a possibility of an all-round medical treatment:

We must first be able to find the cause factor of asthma bronchial. Allergic causes may be:

pollen,
domestic animals,
house dust mites,
mould,
food,
certain medication and
on-job allergies.

Non-allergic causes may be:

smoking,
chemicals,
living conditions,
physical stress,
environmental influences,
on-job situations,
physical stress,
infections and
seasonal factors.

In case asthma has allergic causes, the allergy should be avoided first. If this is not possible, a desensibilization treatment can be successful. Such a desensibilization treatment can and must only be carried out if there is no allergicum around, meaning in the winter for the therapy of a pollen allergy. A desensibilization treatment for house-dust mites is, therefore, quite out of the question and even risky. Help can be achieved here by reorganizing the bedroom. A full reconstruction may often be necessary. Biological construction materials should be taken into consideration here. The floors should be of mop-up materials, and wooden parts free of formaldehyde or similar toxic compounds.

Feather-bedding has been unfavourable, but bedding of synthetic fiber has proved useful. The mattress should also be of foamant. All so-called "dust traps" like play and cuddle animals do not belong in the bedroom. Furniture should be limited to the very necessary. Sometimes it may become necessary to do away with a domestic animal; even if this may be painful.

In case of food allergies there is a full possibility of testing by means of electrical acupuncture. Relief may be achieved by doing away with these allergy-causing foods.

A therapy for status asthmaticus, which may often become dangerous to life, will require an immediate intensive therapy with THEOPHILLIN, GLUCOCORTIKOIDES etc. in accordance with classical medicine.

The homeopathical therapy is the therapy of the first choice for continuous and interval treatment. The following procedure has been tested:

1. The gutate compounds HUSTEEL, TARTEPHEDREEL and DROSER HOMACCORD. They are taken three times a day at ten drops each. This treatment is supported by injections of ENGYSTOL, EUPHORBIIUM COMP., TRAUMEEL, DROSER HOMACCORD, MUCOSA COMP. and LYMPHOMYOSOT. These ampuls can also be used as autosanuistherapy. In treating this disease a nosode-therapy can often be decisisve. If the right nosodes can be found, asthma can be completely cured. In discovering the right nosodes, the electro-acupuncture has been completely and extremely successful.

2. I can recommend the combination treatment of one ampul HISTAMIN INJEEL, one ampul UTIKA INJEEL and one ampul PSORINUM INJEEL as the general allergy treatment.

3. The various SUIS organ compounds are exceptionally effective for chronic diseases. For asthma bronchial I should like to recommend SPLEN-SUIS, CUTIS-SUIS, MUCOSA NASALIS-SUIS, PULMO-SUIS AND BRONCHUS-SUIS.

At the end of my lecture I should like to stress once more that I consider smoking in connection with these diseases to be very harmful not only for the active but also for the passive smoker.

According to a report of the US-organisation World-Watch the damage caused to health by tobacco has reached an extremely devastating extent. This report states that "the leading causes of premature deaths among adults for 1985 was not Africa's hunger, war or international terrorism, but cigarette smoking".

This report is based on the assumption that world-wide cigarette smoking is responsible for the deaths of about 2.5 million people annually. Nearly one-fifth of all deaths in the United States and Europe is attributed to nicotine. For instance the life expectancy of a 30 to 35 year old male, who smokes two packets of cigarettes a day is eight to nine years less than a non-smoker of the same age.

This means that we physicians should be a good example to our patients, and in this way, do our share in the prevention of respiratory diseases.