

SPOTLIGHT ON

Respiratory system

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The respiratory tract is the primary location for many illnesses

Problems with the respiratory tract are the most common reason for patients visiting their GPs. This is because our system of airways is a very vulnerable interface with our environment. Consequently it is a way in for viruses, bacteria, potential allergens, pollutants and irritants and it is the primary location for the many illnesses associated with these triggers.

Mammals have evolved many defence mechanisms to address these airborne challenges. Our surface immunity is a very complex entity which involves: agents that we secrete into the surface mucus; agents carried in the lymphatic ducts, and agents borne by the blood supply. The various specialised cells, antibodies and enzymes involved in these processes also require a number of balancing mechanisms including our ability to:

- invoke a fever on demand;
- generate a protective catarrh;
- preserve the physical movement of air and secretions;
- dynamically alter the balance between the regional perfusion of blood and the air flow into the alveolar sacs.

Fortunately, most respiratory problems throughout life resolve themselves. Most viral colds and coughs are best left untreated in the healthy person, because there is simply very little that can be done to improve the "systems intelligence" that we have evolved.

Viral infections

Sometimes a viral respiratory illness can linger on uncomfortably. The symptoms are often a reflection of the virus itself, since different respiratory viruses preferentially involve different tissues in the respiratory tract. For example, the rhinovirus causes symptoms mainly in the nose and sinuses, while the

respiratory syncytial virus causes symptoms in the nasopharynx and smallest branches of the airways, penultimate to the alveoli in the lungs.

Patients who are overzealous with their symptomatic drugs, who suppress their fever, or who are otherwise compromised by a slow immune response, can develop problems with their defence mechanisms. The more delayed or protracted the response is, the more they are likely to get swollen lymph glands and persistent catarrh.

A "distracted" immune system will also fail to deal with changes in the bacterial flora. This can result in secondary growths of streptococcus, pneumococcus, haemophilus influenzae and other organisms. These germs colonise the tonsils, middle ear and bronchi where they can cause considerable local inflammation.

Those infections which provoke a tender swelling of the cervical neck glands, often require acute remedies like *Phytolacca decandra*. After a well-chosen remedy, the lymph glands become much more efficient and the patient can usually then eradicate the primary infection without further treatment.

Very few upper respiratory infections require antibiotics, even those that are bacterial in origin, if they are quickly and expertly prescribed for homeopathically. The first task is to provide the remedy which most closely reflects the current physiological state and for this you will need to consult a qualified practitioner. Depending on the response, the primary treatment will be followed by a secondary simillimum, or a potency of the infecting organism itself (nosode) – but only once the primary acute symptoms are subsiding. The timing of prescriptions is very important and depends on the "acuteness" of the presentation, the "reactiveness" of the symptoms, the age of the patient and

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the type of remedy used. Most acute illnesses require treatment with plant remedies.

The timing of the remedy sequence depends on the illness stage. Most viral illnesses progress through inflammatory, secretory, virus shedding and resolution stages. Each stage may indicate a change of prescription, particularly if there is a hitch in the patient's natural process of adaptation. Your homeopathic doctor will select remedies on the basis of the prevailing symptoms, which tend to reflect inefficiencies in the body's efforts to compensate. The following is a simple example of sequenced acute prescribing in viral croup.

Viral croup is a common condition in infancy. The renowned nineteenth century homeopath, Clemens von Boenninghausen realised the phasic nature of the condition and the prescribing implications of each stage in the natural disease process. Boenninghausen's croup powders comprising *Aconitum napellus*, *Hepar*

sulph calc and *Spongia tosta* were given sequentially to effect the fastest recovery for each stage.

Influenza

There are several good studies available on the homeopathic treatment of influenza. Some of these are rather overdue for updating and really should be distributed to the homeopathic community at large (in time for the next global pandemic).

Patients should be wary of taking paracetamol-based drugs for the symptoms of flu as suppressing a fever can sometimes lead to further complications.

In Europe and the United States *Oscillocochinum* is a popular homeopathic medicine which can be bought over the counter for the prevention and treatment of colds and flu. This product is not licensed in the UK, but might be obtained with a doctor's prescription. *Oscillocochinum* is derived from the hearts and livers of wild ducks and was employed in the

treatment of influenza, long before it was known that wild fowl are the main reservoir and carriers for influenza pandemics. There are good quality studies demonstrating the effectiveness of *Oscillocochinum* in the treatment of flu. The identification of the acute homeopathic simillimum is, nevertheless, of paramount importance.

Avoiding formulaic treatments

There is a tendency for some people to prescribe *Belladonna* for every fever, when in fact the patient really needs *Datura stramonium* or *Duboisinum*, or *Solanum dulcamara*, or *Baptisia tinctoria*, or *China officinalis*, or *Ferrum phosphoricum*. Inadequate differentiation by the prescriber, or the unfocused use of homeopathy simultaneously with symptomatic drugs and antibiotics, are common causes of failure in homeopathy.

One of the most obvious abuses is the overuse of *Bryonia alba* for coughs. *Bryonia* is a highly complex remedy with very clear guiding respiratory symptoms.



Photo: Ian Hooton/Science Photo Library

Only a very small number of patients with persistent cough actually respond properly to this remedy (ie those who reflect the Bryonia "state"). Some manufacturers provide Bryonia in a cough linctus. The syrups and linctuses to which it is added can themselves offer some comfort, but I find Bryonia tends actively to block the response to well prescribed remedies, so I would never use it at the same time as expertly chosen remedies.

The issue of over-prescribing

It could be argued that over-prescribing is a modern-day problem for children, who are unable to make informed choices about their own treatment. Many children have never worked through a viral respiratory infection without concurrent exposure to paracetamol, ephedrine or antibiotics. We do not yet know whether drug-mediated alterations of acute physiology or immunology in our child population might be implicated in the markedly increased incidence of childhood asthma and glue ear in recent years. Regardless of whether there are long-term health consequences to pharmacological meddling during acute childhood illnesses, it is possible that millions of pounds are wasted on symptomatic drugs which are needlessly administered for self-limiting conditions.

Respiratory microflora

One of the most important determinants of health in the respiratory tract is the state of our microflora. Our bodies are host to many millions of micro-organisms which are in symbiotic relationships with each other and with us. There has been a tendency in the past to regard our microflora as an irrelevant or incidental group of passengers. Increasingly we are aware that the constituent nature of this microflora is important to our health.

If our passenger organisms belong to groups that don't release toxins or evoke inflammation, their presence can significantly inhibit the growth of those that can. The microflora of the respiratory tract changes during an infection, mainly because their physical and immune environment changes as the sufferer's body tries to inhibit the agent causing the disease. When left to itself the flora will usually revert back to a stable healthy state after the infection has been resolved.

However, when an infection has



An excellent remedy for coughs when people reflect the Bryonia "state"

been prolonged because the patient is debilitated or subjected to the over-prescribing of symptomatic drugs, the microflora can evolve to a less healthy state. Groups of less welcome organisms can overgrow and provoke persistent inflammation and catarrh. Sometimes persistence of the primary pathogen is responsible, and homeopathically this might warrant potencies of whatever nosode is relevant.

However, the residual disturbances in the respiratory microflora are usually made up of various aerobic bacteria. Many of these are generally regarded as harmless by bacteriologists, since they are often isolated from healthy people. When certain subspecies over-colonise, however, they cause problems which can persist long after the primary infection and antibiotic treatments are over. Your practitioner may feel they require a more complex nosode. Sycotic co is one of the most useful homeopathic nosodes for persisting post-infective catarrh in the ears, nose, sinuses or lower airways. Sometimes potencies of Morbillinum (measles) is indicated in children who develop glue ear after measles or measles vaccination.

Chronic bronchitis

Bronchitis is an inflammation of the airways, which is often characterised by having a relapsing or "acute on chronic" pattern. Although each acute flare-up seemingly responds to antibiotics, there is often a progressive change in the microflora. This is often attended by excessive secretions and persisting inflammatory change. Smoking and exposure to environmental irritants often compounds or perpetuates the problem.

When the perpetuating causes are left untreated, patients tend to develop increasingly frequent infections,

attended with low-grade relapsing fevers. Longstanding inflammation can ultimately give rise to more serious cardio-respiratory complications. The cycles of infection can often be broken by using Chininum sulph, Morgan pure, Bacillinum and those remedies which alter the secretory environment. Homeopathic remedies can also be nebulised under medical guidance and this can be a particularly effective mode of remedy administration during acute attacks.

In the medium term, patients should be treated between the acute episodes. This can involve a wide range of remedies depending on the individual circumstances. In chronic cases, there is nothing in homeopathy that can fully redress the effects of smoking. Patients with chronic relapsing respiratory problems must stop smoking completely. The psychological aspects of the tobacco addiction may be amenable to homeopathic treatment early in the withdrawal process.

Asthma

There is a tendency to think of asthma as a definitive diagnosis, when in fact it is a spectrum of conditions, in which the principle symptom is transient constriction of the small airways. The reason for this physiological phenomenon can be allergic, infective, physiological and/or psycho-neuro-endocrine. This essentially means that the systems which mediate these unstable reactions in the lungs have a network of causes.

Genetic factors underlie the asthmatic tendency in many cases. An increased incidence of asthma has also been identified in children of mothers who have used paracetamol frequently (most days or every day) in the last

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trimester of pregnancy. Children brought up in very clean environments are also at increased risk. In particular, the early exposure of children to mycobacteria has been shown to lower the incidence of asthma.

Good monitoring is vital in the treatment of asthma. A homeopathic doctor will establish whether the presentation is predominantly allergy-mediated, infective or systemic. Various blood tests and skin-prick allergy testing can be helpful in establishing this. Responses to heat, cold, humidity, exercise, stress, menstrual cycles, drugs, inhalants, sleep/waking cycles and seasons all have significance, both in determining the category of asthma and in terms of the treatment programme.

Homeopathic treatment can be highly successful for asthmatic patients. Nevertheless, no one should forget that a severe acute attack can be fatal. There is no room for complacency. Both the monitoring and treatment process has to dovetail in a responsible and consistent way with established orthodox guidelines for good practice.

Those asthmatics who are affected in September, as the weather gets colder, often have a demonstrable allergy to house dust mite. As heating devices are turned up in the autumn, much more house dust is borne by the resulting air convection, to be inhaled by the sufferer. This allergic challenge can be compounded by viral challenges that prevail at this time of the year. Regular doses of homeopathic house dust mite in August, in combination with household measures to reduce exposure, can help to prevent autumn aggravations.

Pneumonia

One of the most common misapprehensions concerning homeopathy relates to its potential in serious illness. Many people mistakenly assume that this gentle therapy is only effective in mild conditions. Before the advent of antibiotics, the Royal London

Homoeopathic Hospital received patients suffering from severe infections, on transfer from other hospitals in the city where there was no possibility for active treatment.

Case records from the beginning of the 20th century make interesting reading. They contain details of patients who recovered, under homeopathic treatment, from pneumonias and other severe infections. It is important to remember, however, that, among the successes, there are also a number of patients treated at the beginning of the 20th century, who died and who would probably have survived with modern intensive care.

The converse irony is that today, after years of over-prescribing, increasing numbers of our antibiotics are becoming ineffective, with the emergence of resistant bacterial strains. We can only



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hope that prejudice will not prevent the medical community from tapping into a long neglected homeopathic knowledge base, for the sake of these patients.

In severe acute cases a doctor's primary responsibility is to the safety of the patient. Miss S presented acutely with a severe chest infection and bronchospasm on a Friday afternoon. She was severely breathless at rest and virtually unable to speak. This patient did not want hospital admission. We insisted, however, that she demonstrate an unequivocal remedy response within 30 minutes, or emergency hospital admission would be arranged for her. Her air entry began to improve rapidly following homeopathic *Squilla maritima*

and she returned home with a remedy sequence and strict instructions to call for help if the improvement was not maintained. By the time of her review, on the following Monday, she was markedly improved. She was completely free of respiratory signs and symptoms by the end of that week.

An integrated approach to respiratory medicine

Today's medical homeopaths have access to many investigative technologies that were unknown to their predecessors and these can profoundly influence the homeopathic approach. These investigations allow the homeopathic physician to select the correct nosode, for example, or a remedy with the best known affinities for the tissue or organ involved.

Mr S had aspergillus, a fungal mass in his right lung which caused chronic suppuration. In this condition there is both an infective component and an allergic component, since the fungus produces spores which generate an allergic response resulting in "asthmatic spasm" of the airways and the trapping of infected secretions. In Mr S the homeopathic treatment was completely dependant on the accuracy of his diagnosis. Three doses of homeopathic *Aspergillus 30c*, caused a very rapid dilatation of his bronchioles and the release of enormous quantities of infected material, pus and dead tissue. The respiratory physicians, who shared his care, were astounded by the changes in his X-ray appearance and lung-function tests.

There is a great potential for the increasing integration of homeopathy in the management of respiratory illness. Much of this potential is gradually becoming realised in our educational programmes, where a pragmatic approach to the teaching of therapeutics will increasingly enable doctors to treat acute cases responsibly and homeopathically and thus prevent a great deal of chronic illness.

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