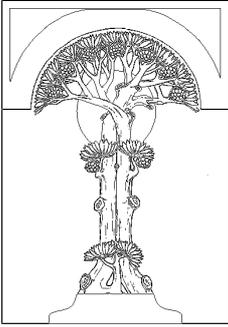


Centre for Integrative Medical Training  
In Association with London Integrated Medical Health Education



# Intermediate Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

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## Unit 32

Materia Medica Studies and Therapeutic Pointers for Week 12

## Introduction to Homeopathic Prescribing for Respiratory Conditions

The respiratory tract is the most common focus for prescribing in General Medical Practice. This is because our system of airways is a very vulnerable interface with our environment. Consequently it is a point of entry 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 airbourne challenges. Our surface and humoral immune systems are complex entities which, in order to function optimally, require a host of balancing mechanisms in the host; including our ability to (a) invoke a fever on demand, (b) generate a protective catarrh and (c) preserve the physical movement of air and secretions, (d) dynamically alter the balance between the regional perfusion (of blood) and the air flow into the alveolar sacs.

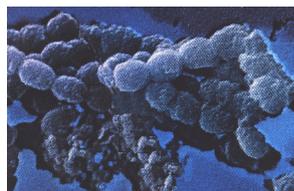
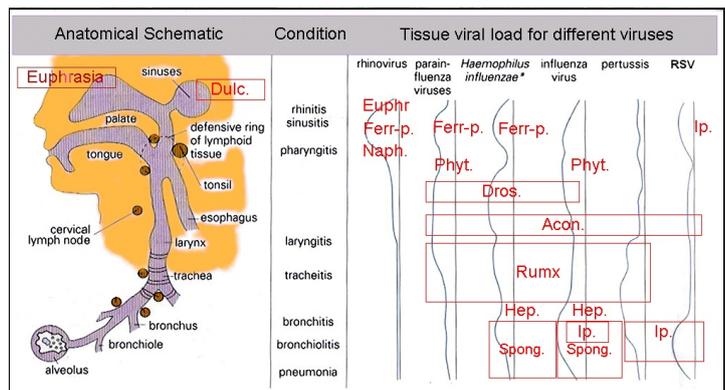
Fortunately, most respiratory challenges throughout life resolve themselves. Most viral colds and coughs are best left untreated in the healthy person, because there is simply very little that can be done to improve the 'systems intelligence' that we have evolved. (Although a vast amount of money is made spuriously by drug manufacturers whose symptomatic drugs have no impact on our immune response and sometimes even prolong overall recovery.)

### Viral Respiratory 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. The graph below shows the relative viral load for different viruses and demonstrates why, 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.

The diagram also shows the homoeopathic remedies which most closely reflect the symptom pictures for the different viruses.

Patient's 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.



An immune system 'distracted' 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 are adapted to colonise certain tissues (tonsils, middle ear, bronchi etc.) where they can cause considerable local inflammation.

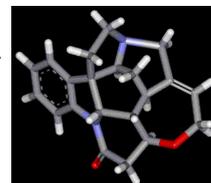
Those infections which provoke a marked lymphatic response, with tender swelling of the cervical neck glands, often require acute remedies like *Phytolacca decandra*. After a well chosen remedy, the lymph bourne defences become much more efficient and the host can usually then eradicate the primary infection for itself. Mumps infection often involves secretory glands including the parotid salivary glands and *Trillium pendulum* can be helpful in shortening and ameliorating the symptoms.



The homeopathic leading symptoms are dependant on 1. the organism, 2. the primary site of the infection and 3. the host's physiological response. 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. Depending on the response, the primary treatment will be followed by a secondary *similimum*, 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 the type of remedy used. (Most acute illnesses require treatment with plant remedies. The symptom pictures of the plants are strongly influenced by their dominant alkaloids and the characteristic physiological reactions associated with these.)



The timing of the remedy sequence depends on the illness stage: Viral illnesses progress through (a) prodromal (b) inflammatory, (c) secretory / virus shedding and (d) resolution stages. Each stage may indicate a change of prescription, particularly if there is a hitch in the host's natural process of adaptation. Remedies should be selected on the basis of the prevailing symptoms, which tend to reflect inefficiencies in the host'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.



### The Genus Epidemicus

Many people see individualisation as a central tenet in homeopathy, but it is probably truer to say that accurate pattern matching (between reactive symptoms and remedy) is the most important determinant of success. This is particularly true in acute prescribing for infectious illnesses, where a given virus can evoke a broadly similar reaction in many different people. *Genus epidemicus* is the term given to the combination of signs and symptoms consistently experienced by infected people during an outbreak of infectious illness. The term is also used to denote the remedies of choice for the duration of that outbreak.

Notwithstanding the dangers of an over-formulaic approach to treatment (which are discussed below), *Ailanthus glandosa* is remarkably reliable in treatment of Glandular Fever (*Epstein-Barr virus*). This remedy can almost be considered the *genus epidemicus* for those clusters of cases that occur in the teenage population. Similarly this author has found *Ipecachuana* (pictured) very reliable in infant bronchiolitis caused by the *respiratory syncytial virus*.



With modern networked communications it is now potentially possible for information on successful prescriptions to be disseminated the homeopathic community during an epidemic, so that the *genus epidemicus* can be established early, to the benefit of the greatest number.

### Influenza

There are several good monographs 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). Anyone who wants to understand the potential dangers of suppressing the primary fever in viral illnesses, only needs to read Thomas Sydenham [? graphic] who watched the effects of antipyretics (or their absence) on the fate of hundreds of people during the great viral haemorrhagic fevers of the seventeenth century. Patients should not take paracetamol-based drugs for the symptoms of 'flu.

*Oscillococcinum* (*Hepar et cordis barbarae*) is a nosode prepared from the hearts and livers of wild ducks, which was employed in the treatment of influenza, long before it was known that wildfowl are the main reservoir and vector for influenza pandemics. There are good quality studies demonstrating the effectiveness of *Oscillococcinum* in the treatment of 'flu. The identification of the acute homeopathic similimum is, nevertheless, of paramount importance.

### **Avoiding Formulaic Treatments**

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



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. 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 the *Bryonia* tends to actively block the response to well prescribed remedies, so it should never be used 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 secretory otitis media (glue ear) in recent years. The emergence of this prescribing culture and these demographic trends have occurred over the same time-frame. Regardless of whether there are long term health consequences to pharmacological meddling during childhood acutes, there are certainly millions of pounds wasted on symptomatic drugs which are needlessly administered for self-limiting conditions.

### **The respiratory microflora in health and illness**

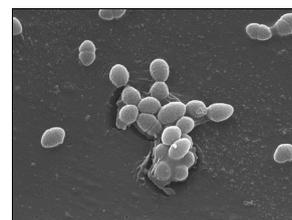
One of the most important determinants of health in the respiratory tract is the state of our microflora. Our bodies are host to many millions of micro-organisms which are in symbiotic relationships, with each other and with us. There has been a tendency in the past, to regard our microflora as an irrelevant 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 host tries to inhibit the primary pathogen. 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 been prolonged because the host is debilitated, or subjected to the over-prescribing of symptomatic drugs, the microflora can evolve to a less healthy state (dysbiosis). 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 eg. *Haemophilus*, *Mycoplasma*, *Micrococcus*, *Streptococcus* or whatever nosode is aetiologically 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. These often 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.



### **Dysbiosis and relapsing conditions of the airways**

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 acutes.

### **Treating Chronic Bronchitis**

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. Frequently indicated are the *Kali* salts, *Ammonium* salts, *Antimonium* salts, *Chininum* salts, *Stannum* salts, *Sulphur*, *Pulsatilla*, *Sambucus nigra*, *Spongia tosta*, *Lobelia inflata* (etc)

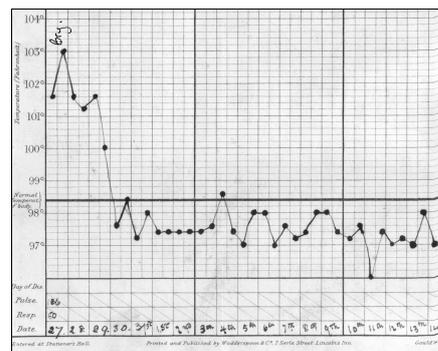
In chronic cases, there is nothing in homeopathy that can fully redress the effects of smoking. Patients with chronic relapsing respiratory problems must stop smoking ... **completely**. The psychological aspects of the tobacco addiction may be amenable to homeopathic treatment early in the withdrawal process.



### **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. *Pneumonias* by Douglas Borland is a treatise on the homeopathic treatment of pneumonia which (although it is now in need of some updating) is a concise therapeutic guide, written directly from clinical experience.

Case records from the beginning of the twentieth century make interesting reading. They contain details of patients who recovered, under homeopathic treatment, from pneumonias and other severe infections. This picture shows the dramatic change in a patient's temperature chart following administration of a homeopathic remedy.



It is important to remember that, among the successes, there are also a number of patients treated at the beginning of the twentieth 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. Once again we are faced with the prospect that orthodox medicine will be unable to offer active treatment in some severely ill patients. We can only hope that prejudice will not prevent the medical community from tapping into a long neglected homeopathic knowledge base, for the sake of these patients.

### An Integrated Approach to Respiratory Medicine

Today's medical homeopaths have access to many investigative technologies that were unknown to their predecessors. The measurement of: viral titres in a patients blood; throat swabs; sputum cultures; X-rays; bronchoscopic samples/biopsies; and modern medical imaging, can all profoundly influence the homeopathic approach. These investigations allow the homeopathic physician to select the correct aetiological nosode, for example, or a remedy with the best known affinities for the tissue or organ involved.

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 acutes responsibly and homeopathically and thus prevent a great deal of chronic illness.

Multidiscip Respir Med. 2016; 11: 12.  
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PMCID: PMC4800767  
PMID: 27004125

### Does homeopathic medicine have a preventive effect on respiratory tract infections?

A real life observational study  
Gianfranco Maria Beghicorresponding author and Antonio Maria Morselli-Labate



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4800767/>

HRI homeopathyresearch

### Dr Peter Fisher - Tackling multimorbidity and resistance to antibiotics

Director of research at the Royal London Hospital for Integrated Medicine explains the value of homeopathy in patients with multiple medical conditions and the battle against anti-microbial resistance



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