Asthma and the Naturopathic Practice

The Disease Process and Therapy from a Holistic Viewpoint

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A new look at respiratory diseases

Orthodox medicine continues to tend to subdivide the human organism into various functional subunits. Thus, for the heart, there is the cardiologist, the urologist for the kidneys, and the dermatologist's jurisdiction is the skin. The respiratory tract even has two subdivisions of its own: the specialist for the upper part and the lung specialist for the lower respiratory tract.

The realization is growing that diseases befall the whole person and not just a particular organ, therefore this article will concern itself with the holistic aspects of respiratory tract diseases.

Embryological aspects

In order to better understand the connections, let us look into the fourth week of pregnancy. That is the point in time at which, at the level of the larynx (which is created later on), a double protuberance known as the „lung bud" is formed from the intestinal tube.

In the further course of events, the trachea is created from this lung bud, plus the bronchia and the two pulmonary lobes. The embryonic germ layer from which the intestinal tube is formed is the endoderm. Thus, the intestines and the lungs are produced from the same germ layer. Actually, the intestines and the lungs even have the same task in the human organism: to take in what the body needs and to eliminate that which it does not need.

To be sure, the division is such that the intestines handle solids and liquids, while the lungs largely deal with gases. Besides taking in oxygen and eliminating carbon dioxide, the lungs also have a role in the water balance, eliminating about a quart of liquid per day. One can easily grasp this by holding a mirror in front of one's mouth while exhaling, which will then cloud over with the exhaled moisture.

Liquid metabolic products and toxic substances, however, should exit the body via the liver/kidneys/bladder, since the lungs are not suitable for this kind of elimination. But if they are misused to do this, the symptoms will not be long in coming; thus, asthma which is already present will be reinforced in its symptomatology, or even triggered in the first place.

Physiological aspects

So, we record the fact that the lungs develop from the intestines - or, in other words: the intestine is the mother of the lungs. Of course, the same applies as well to the nose and the sinuses, which also originate in the intestinal tube, at the level of the oral mucosa. Only the intestinal epithelium is formed from the endoderm; the other layers come from the visceral mesoderm.

This knowledge is of great importance in understanding how respiratory tract infections come about. Besides these embryological facts, we can also note, physiologically, that the mucosa of the digestive tract transition directly into those of the respiratory passages and, from the pharynx to the larynx, even share a common passage.

Thus, a patient with a pulmonary infection can infect the intestines with bacteria fungal spores by swallowing after a cough - or, in the case of a gastrointestinal tract infection, convey it to the lungs by belching and then inhaling.

A drastic example of this is tuberculosis: a high percentage of the patients with this finding develops a secondary tuberculosis of the stomach-intestinal tract, precisely because the coughed-up pathogens are then swallowed.

Pathological aspects

Therefore, it is imperative that any therapy for respiratory tract infections include therapizing the intestines if it is to have any promise of success. By the way, this connection becomes clear in the case of constipated patients, whose symptoms immediately recede as soon as digestion normalizes. Later on, we will see how constipation and asthma have similar backgrounds psychosomatically as well.

But one can also often observe that asthma appears as a secondary disease. In this context, hay fever - along with whooping cough and sinusitis - is certainly in place. Not infrequently, untreated or wrongly treated hay fever works its way down to the lungs to become asthma. Here, it also becomes especially clear how much the respiratory tract organs are interconnected, how little the upper and lower tracts can be separated. Curiously, ailments - and once again including skin diseases - treated with antibiotics and/or cortisone are yet another

basis for the origin of asthma.

The reason for this is easy to see, if one knows that an organism, when it is no longer capable of detoxifying itself via lymph, liver, kidneys and intestines, then contrives to accomplish this via the skin. If one then only treats the resulting rashes symptomatically with antibiotics, or (worse yet) with cortisone, then one deprives the body of this emergency eliminatory option - puts a lid on it, as it were - and the metabolites and toxins are driven back into the body. Here, they come up against the weakest link, and if that happens to be the lungs, then the corresponding symptoms will manifest themselves.

More than a few colleagues are saying that antibiotics and cortisone can in this manner actually cause diseases up to and including cancer. The latest statistics show that an allergy, for example allergic asthma, in this context represents a kind of early-warning system. The symptoms that appear cause therapy to be begun early on, thus averting a worse situation. In fact, allergic types get cancer less frequently than other patients, and have on average a higher life expectancy. Thus, a susceptibility to skin eruptions can actually be a „gift", since it helps the patient to be aware of deviations from a healthful course.

To be sure, asthma lowers the quality and can lead to irreversible lung damage, so that one needs to act quickly. What this means in detail is presented in the following sections.

Causal therapy for asthma

Anyone who – like the author of this article - has performed the POLYSAN agglutination test for each patient will see that there is no hay-fever or asthma patient who does not have a positive reaction to preparations A, R and (above all) T. All three preparations have a common denominator in tuberculosis, and indicate that, in this area, a weakening of the respiratory passages must already have taken place. What is recorded here is not only the mycobacteria *Typus humanos*, but also *Typus brevis* as well as *bovis*. Whereas the former are human tuberculosis pathogens, the latter occur in cattle.

Regardless of whether this agglutination reaction is due to tuberculosis inoculation, to exposure and infection or to eaten beef or milk products, it seems always to point to a co-causal agent in the affected patients. Even if the conclusion were wrong that everyone who has a positive tuberculosis reaction in the POLYSAN test will also develop a respiratory tract infection, it should still make one stop and think, that every patient that has come to the practice of the author of this article with hay fever and/or asthma has had a positive tuberculosis reaction.

Warning: tuberculosis titer tests performed in orthodox medical laboratories often come out negative, even when the patient has a positive agglutination reaction in the POLYSAN test. This can be explained fact that the venous blood drawn is mixed with anticoagulants (citrates), then has a more or less lengthy journey to the laboratory and thus responds only above certain titer levels. On the other hand, freshly-drawn blood from the finger pad shows a reaction even to very low titers, and thus aids in the early detection of burdens of this kind.

Since tuberculosis can befall not just the respiratory pathways, but also practically any organ as well, and is these days much more widespread than most people realize, there is a really good possibility here of intervening effectively even in other diseases. If, for example, you have a rheumatism patient whose blood exhibits no rheumatism factors (which happens very often in clinical practice), then test with POLYSAN R (R for rheumatism) and be prepared to be surprised at the reaction!

Since asthma responds very well to homeopathic therapy, and since tuberculosis must be regarded as miasma, i.e. as therapy blockage in Hahnemann's sense, the first step is prescribing the appropriate preparation, with the emphasis on BOVISAN. As regards the choice of homeopathic agents, one proceeds depending on the patient's constitution. A chart showing the Repertorium under the heading „Asthma, Asthmatic Respiration" (RADAR synthesis) by itself (without the modalities) lists 167 (!) different homeopathics. A careful patient history helps here in finding the right agent.

If one is dealing with acute asthma, then there's another maneuver that can be applied: as explained

above, one component of asthma is always that the metabolism is misadjusted, especially that metabolic residues are not properly disposed of. Since parenchymal activation of the liver and kidneys, cleansing of the lymph and symbiotic control of the intestines can take some time, it can help - if it works - to shift the internal weakness from the lungs to the skin, i.e. to give the patient a skin rash.

The connection between lungs and skin is well known in homeopathy, and it finds expression in the symptom „asthma alternating with skin rashes“. This makes clear that the toxins simply must be eliminated, that the body will cease creating symptoms in the lungs when it can get some „breathing space“ via the skin.

But how does one create a skin rash? Well, either through spirited administration of diversion agents – and sulfur in the form of Schwef-Heel, 10 drops daily, has proven effective - or, if these or other parenteral measures have no effect, by means of cupping, Baunscheidt's air puncture treatment, rubefacient ointments or cantharides plasters (the latter 1-2 cm^2 large on both acupuncture points Lung 1).

But the classical eliminatory organs must be activated at the same time. The lymph can be therapized with Lymphomyosot (warning: thyroid diseases), the liver and kidneys, for example, with Berberis Homaccord for both together or else individually with Chelidoneum Homaccord and nephrologes.

Symbiotic control

As has been said, intestinal therapy is one of the central keys to success in treating asthma. As is the case also with Enderleinian darkfield microscopy - which will be covered below - the main concern here is the milieu, which must be restored. The fact that, in a disturbed milieu, the intestinal flora gets out of numerical balance is an effect and not a cause, and so therapy can hardly just consist of supplying intestinal symbionts.

Quite aside from the fact that there are about 2000 different intestinal bacterial types, of which an artificial supply always supports only a few (and then unusually many of those), we now know that bacteria can double their numbers every 20 minutes. This is more than enough to stabilize the intestinal flora in a very short time if, repeat if, the milieu is restored. But in order to restore it, we have to take a look at who has the say here, which processes in the organism can influence it in what manner.

Enderleinian darkfield microscopy

When one looks at the blood count of an asthmatic in the darkfield, one can usually note a high degree of infestation of pathological stages of Mucor racemosus. This has far-reaching consequences.

The disturbed milieu in the blood leads to the formation of rouleau erythrocytes and Filits, which in turn markedly reduce the blood's viscosity, i.e. its rheological properties. This leads, among other things, to the blockage of portal circulation in the liver and a reduction in bile production. Now, less bile production of course means less bile secretion. But since the secretion of trypsin and chymotrypsin by the pancreas is reflexively stimulated by bile flow, then not only too little bile but also too little pancreatic enzyme winds up getting into the intestines.

This means, in turn, that digestion cannot properly start up, because the digestive enzymes for fats and proteins are not made available in sufficient quantity. The result: fermentation sets in, producing fusel oils and ammonia, gas build-up causes flatulence, physiological bacterial flora are increasingly edged out by pathological bacteria, candida settles in. But the reduced bile flow doesn't just torpedo fat digestion; the fecal column is not so good in a purely mechanical sense, since it is no longer as smooth. The result is constipation. And then in turn more fermentation and more flatulence.

Moreover, the fusel oils then stress the liver even more, which must now dispose of other toxins in parallel; it suffers from poor blood circulation and, increasingly, can no longer fulfill even its most basic functions. The normally healthy metabolic process goes into a tailspin, the milieu is crucially disturbed by the anaerobic fermentative digestion.

Dietary readjustment in the direction of alkaline foods, administering alkaline powders such as ALKALA N, FORTAKEHL and then SANKOMBI for treating the Mucor stages make the

administration of intestinal symbionts superfluous.

Asthma and Aspergillus niger

But reduced blood viscosity of course also means congestion symptoms in the lungs themselves. These, with millions of alveoli and their associated capillaries, are extremely sensitive to changes in the blood.

However, the agent SANKOMBI contains not only the remedy for this, as it therapizes the pathological Mucor stages, but also for Aspergillus niger. Yet one should not rely only on oral administration, but have the preparation inhaled cold as well. The Pari-boy by Lederle is a tried and tested inhaler and vaporizer - which, by the way, is a covered expense when prescribed by a doctor in cases of asthma.

When this device is available to patients, they should absolutely inhale apple cider vinegar as well. Since this can hardly be inhaled at the higher concentrations, since it takes one's breath away, it should always be inhaled as a few drops dissolved in water. The effect of this ancient home remedy is decisive, and is also known to laboratories that evaluate stool samples. Vinegar almost completely eliminates the ability of fungi to attach to the mucosa, allowing them to be eliminated or coughed up.

For this reason, some stool laboratories ask the patients to take some vinegar the day before the stool sample is collected: they know that the fungal nests then leave, and thus that a more reliable statement can be made about the fungal populations. Why it should be that this knowledge concerning the therapy of fungal infestation suddenly gets lost - and then use is made of such toxic medications as Nystatin - is a mystery that the author of this article has not yet been able to solve.

Two teaspoons of apple cider vinegar (biological, Demeter, for example) in a glass of water in addition to inhaling a few drops with the Pari-boy is more effective than many a medication - and without side-effects. And speaking of side-effects…

Cortisone and Cortisol

Most patients who come to the practice with asthma, have previously taken or inhaled cortisone as needed, usually on a regular bases. Besides the damage that cortisone does directly, it is also a very effective blocker of naturopathic agents and therapies. Moreover, long-term effects of up to a year after taking the last dose have been discussed.

Diversion is thus urgently necessary, and can be accomplished with the nosode Diazepam comp. by Pascoe. But that is not yet the whole story: cortisone has also interfered with the hormonal balance and, due to the artificial external supply, inhibited the production of endogenous hydrocortisone in the adrenal cortex. Hydrocortisone has the same properties as cortisone, except that it doesn't generate side-effects in the organism because of the amount and its composition.

But since cortisone was continuously supplied from outside, the secretion of ACTH in the pituitary was inhibited, which in turn meant that, after cortisone was discontinued, production of endogenous hydrocortisone in the adrenal cortex was below normal. Endocrine glands thus behave just like muscles that, when they have not been used for a while, for example in a plaster cast, then atrophy and first have to be built up again after the cast is removed.

But that means that our asthma patient, who had previously inhaled high doses of cortisone, now would actually need, after discontinuing the corticoids, increased endogenous production of hydrocortisone to plug this hole; only now, after discontinuance of the corresponding medication, which for its part has weakened the adrenal glands, there is less hydrocortisone available than in a healthy person. This is a problem that can be solved by stimulation of the adrenal cortex. In my practice, the agent Phytohypophyson C by Steierl has proven effective in this regard. Using this, the described deficits can, as a rule, be recompensated.

Finally, it should be mentioned that UTILIN „S", with its tuberculosis component, is an excellent stimulation agent for respiratory-tract ailments; one with which the immune defenses can be directly stimulated as well. Considering also the number of medications needed to attack asthma from as many sides as possible at the same time, the mere two-week administration period of

this agent (IM) is very accommodating. Based on its anti-allergic effect, high doses of vitamin C have also proven very effective.

A final word about cortisone: in an emergency, it can save the life of an asthma patient, and it should always be at hand for the more severe asthma cases. There can of course be no naturopathic objection to its use in emergencies. Unfortunately, cortisone is often viewed as the solution to the problem and administered accordingly; it needs to be said perfectly clearly here: that it is not!

Every disease is a challenge, pointing to a tension in the patient's environment. At least since the publication of the book *Disease as Way* [Krankheit als Weg] by Dethlefsen & Dahlke, it should be clear that this challenge has very specific aspects for each disease, i.e. each disease can be associated with very particular psychological imbalances. When the mind attempts to call attention to such a state of affairs via the psyche and the organism, then symptomatic treatment - especially when carried out with such strong agents as cortisone - is not only not a solution, but in fact can only exacerbate the problem over the longer term. This is exactly what we see in clinical practice, and it eventually leads the patients to realize that things cannot go on this way, and that asthma must now be treated in a different manner: holistically, in fact - and that leads the patient to a naturopathically oriented practice.

Psychological aspects

Every disease has at least one psychosomatic component; this is more evident for asthma than for many other diseases. Reference has been made above to the connections between lungs and intestines. Here, too, one sees commonalities, in that asthma resembles constipation to the extent that both diseases involve holding back metabolites that have become useless to the body. Of course, the asthma sufferer has no problem inhaling, as one might at first think when someone can't get enough air, but rather in trying to exhale. On the organic level, there is an unwillingness to part with the used air, even though this situation carries the penalty of not being able to obtain a new supply of fresh air.

This has its correspondence in the psyche: constipated and/or asthmatic patients have problems with giving, whether of their feelings or material objects. Those desiring to learn more about this can read about it in the aforementioned book *Disease as Way.*

Other psychological factors can include life situations that take the patient's breath away: partners or parents that exert pressure one way or another, high stress (for example at school or on the job), demanding or expecting too much of oneself, as well as environmental factors, of course, and poor workplace and sleeping environments. Risk factors such as smoking, formaldehyde, benzene, wood preservatives, silicates (quartz), raising birds or wood dust must of course be included in the patient history.

Detailed interviews to get the patient history and the follow-up sessions as a rule show quite clearly where the patient's area of tension lies that has triggered the pre-disposition to asthma. In searching for this, it is in fact usually the patient himself who then discovers the causal connections, as long as he is gently guided in that direction during the interview.

Using the naturopathic medications and therapeutic measures described in this article, the symptoms can be alleviated in every case. How far this alleviation then goes is different for each patient. In the case of asthma, genuine healing can only take place when the underlying psychological problems are recognized and resolved.

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