

ORIGINAL PAPER

Homeopathy and respiratory allergies: a series of 147 cases

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Allergies, especially respiratory allergies, are one of the indications for which homeopathic treatment is most frequently sought. The progress of 147 cases of respiratory allergy since in private homeopathic practice is reported here. Only two cases of ear, nose and throat (ENT) allergies out of a total of 105 showed no improvement, no patients deteriorated. Two cases with worsening and three without improvement were noted out of 42 cases of pulmonary allergies. The constitutional homeopathic remedies varied, *Lycopodium*, *Pulsatilla* and *Sulphur* were most frequently prescribed for ENT allergies, there was no predominantly prescribed remedy in the pulmonary allergy group.

Thirty one cases of respiratory allergies consulted only once. The reasons for such a state have been reviewed. If all these cases were therapeutic failures, the success rate of the homeopathic treatment is 87.6%. *Homeopathy* (2006) 95, 68–72.

Keywords: allergy; hay fever; asthma; pluralism; outcomes

Introduction

Respiratory allergies are one of the most frequent indications for which homeopathic treatment is sought. I collected cases followed regularly among my patients to try first to evaluate the effectiveness of the therapy. My prescribing methods stems from traditional pluralist homeopathic teaching with some modifications arising from daily practice. I also attempted to determine which are the most frequently used homeopathic drugs and to identify criticisms and suggestions for the future investigation.

During 2002 I listed all the cases of respiratory allergies followed regularly for 2 years at least; noted the symptoms, the therapy used and evaluated the results of treatment. I also noted the cases of respiratory allergies who attended my practice once only in order to study the profile of those patients and approach the problems of therapeutic failure thus arising.

Patients seeking homeopathic treatment for respiratory allergy are relatively few among my patients: 1.82% of over 2000 cases seen between 1995–1998¹ and 2.5 of children and 1.7% of adults in 4557 patients seen in 2000–2001.

Method

All the cases presented here were followed for 2 years at least. I divided them into four sub-groups: children with an ear, nose or throat (ENT) allergy, adults with an ENT allergy, children with a pulmonary allergy with or without an ENT allergy, and adults with or without ENT allergy. Pollinoses account for roughly 80% of ENT allergies, the other cases being allergies caused by acaridae. Pulmonary allergies are mostly due to acaridae and fungi in this study.

Results were rated from minus one to four, where four means a total disappearance of signs without further treatment; three means a total disappearance of signs with symptoms recurring when the treatment is stopped and disappearing on resumption of treatment; two means a substantial improvement allowing the conventional treatment to be stopped; one means an improvement allowing the conventional treatment to be reduced without being

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stopped; zero means no effect from the treatment and minus a deterioration.

Grade	Description
-1	Worse
0	Unchanged
1	Improvement with reduction of conventional treatment
2	Improved and conventional treatment stopped
3	Complete improvement but continuing homeopathic treatment required
4	Disappearance of symptoms, no treatment

Principles of the treatment

Patients seeking advice for respiratory allergies call on a homeopathic doctor for different reasons: including curiosity (the phrase 'I would like to try' used during initial appointments), a wish to stop an allopathic treatment badly tolerated or causing adverse-effects, a wish for an alternative to suboptimal conventional treatment, or the desire to use a 'natural' therapy with all the ambiguous undertones the word 'natural' can include.

I use the homeopathic pluralist method, for several reasons including: my training, the fact that allergy illness derives from several factors (hereditary, psychological, iatrogenic, environmental, etc) which I believe I cannot cover in all cases by prescribing one single homeopathic medicine, even when it may occasionally cover all of these factors—for instance a patient whose pollinosis problem was solved by *Lycopodium* although he had forgotten to mention it at previous visits.

Twenty five years practising homeopathy have led me to establish a fairly complex procedure for treatment: I look for a polychrest, or polychrests or a homeopathic treatment with general effect suited to the patient; the field in question (psora, sycosis or psoro-sycotic); and the possibility of using histaminum or lung histamine as well as an isotherapeutic remedy. An intermittent rhinitis caused by pollinosis may be psoric (alternating with eczema or asthma) or psoro-sycotic (worsening due to a vaccination or heavy use of corticosteroids for example).

Results

ENT allergies in adults

Eighty seven cases: Five persons were cured (+4), 61 were much improved (+3), 14 improved (+2). Three patients were improved though the classic treatment could not be stopped (+1), one case did not improve (0), and none worsened (-1).

ENT allergies in children

Eighteen cases: One was cured, 11 were much improved, six improved. None scored +1 or less. Almost all these patients were using topical corticosteroids for treatment.

Pulmonary allergies in adults

Twenty cases: Five cases of complete recovery (total absence of asthma attacks without any treatment); six cases were much improved (absence of any asthma attack, but the homeopathic treatment had to continue to avoid a relapse); four cases were improved (conventional treatment could be stopped, the attacks were less frequent and treated with purely homeopathic treatment); two cases improved (the conventional treatment could be reduced but not stopped); two cases showed no improvement, and one case worsened.

Pulmonary allergies in children

Twenty two cases: Four cured; eight much improved; seven cases improved; one case had some improvement (conventional treatment reduced and attacks less frequent); one unchanged, and one worsened.

In asthma I never stop conventional treatments at the beginning. I ask the patient to try to reduce the frequency of inhaled corticosteroids about 1 month after starting homeopathic treatment, stopping altogether 2–4 weeks later depending on how severe or long-running the symptoms are. Homeopathic treatments for attacks are suggested from the start, while making clear to the patient that the basic treatment is important and not incompatible with conventional treatment in the case of an acute attack (inhaled bronchodilators).

Regrettably conventional chest specialists were uncooperative and for this reason I cannot present respiratory function data. Nevertheless, I included these cases to show that homeopathic treatment allowed conventional treatment to be stopped in three out of four cases for adults and in 86% of children, in this study.

The importance of positive results must be put in context: only two out of 105 in the ENT allergy groups showed no improvement or deterioration. But these are cases followed on a regular basis and thus *a priori* patients who are satisfied with the treatment. Patients who attended once only are discussed at the end of the article.

The adult who deteriorated (followed for more than 20 years) sustained a series of psychological traumas (divorce, family problems and the death of an only son), which seem to be an important factor for this worsening. In the child, the worsening seemed to be due to sensitivity to centesimal dilutions, the parents asked for homeopathic treatment to be stopped. In similar cases the use of Korkasovian dilutions has sometimes been successful (Table 1).

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