ASTHMA, Asthmatic Bronchitis

1. Asthma is an inflammatory disease where inflammation of the bronchial tree restricts air flow out of the lungs. In most cases air will be sequestered in the lung, making it harder to get rid of air, than it is to bring air in. Most asthma is air retained in the lungs.

2. The primary cause of this inflammation in the bronchial tree is that of inflammation and swelling of tissues provoked by allergies.

3. Infections in the lungs can also cause swelling in the tissues. Susceptibility to both the inflammation and infections from allergies are contributed by nutritional problems such as calcium deficiency (200 mg/day), pantothenic acid deficiency (use 300 to 500 mg/day), fatty acid deficiency, B₆ (100 mg/day), magnesium (50 mg/day), niacin deficiencies (50 mg/day), vitamin C (1000 mg/day) and other nutrailion disturbances.

4. *ASTHMA helps the tissues to diminish their inflammation. Combine *LUNG LIQUESCENCE to help supply needed nutrients, minerals, and sarcodal support to help healthy lung tissue to develop (ref. Asthma Study).

5. Behavioral programs such as exercise, meditation and relaxation techniques are also suggested to help reduce asthma.

TRACHEA (Wind pipe)

(Bronchial Tree)

(INflammation restricts air flow)

LUNGS (Alveoli exchange blood gas)
The patient should imagine that there is a mouth at the base of the neck as in the following diagram. They should imagine that the air is flowing in and out thru this opening. This produces a relaxation in the bronchial tree inflation. Next the patient should put their arms around their chest and crush out as much air as possible while exhaling violently three times to each one inhale. This is to empty the bad air from the lungs. Do the empty lungs technique once every ten min. while using the imagining technique. Relax and take the above indicated nutrients, the spasm should relax in 30 min. if the allergy is removed.

Points for asthma

1. M-HN-22 (Waiyuye)
2. M-HN-24 (Panglianquan)
3. M-HN-21 (Shanglianquan)
4. M-HN-22 (Waijinjin)
5. M-HN-23 (Hongyang)

Visualize air coming in and out from this place
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Visualize air coming in and out from this place.
Title:

HOMEOPATHIC AND BEHAVIORAL TREATMENT OF COUGH AND ASTHMATIC CONDITIONS

Chief Editor:

Judith Nagy, M.D.; Independent Medical Editor; Budapest, Hungary

Edited and Validated By:

Istvan Bandics, M.D.; Budapest, Hungary
Gylila Panszki, M.D.; Budapest, Hungary
Illya Brenner, M.D.; Institute of Oncology, Kiev, Ukraine
Peter Smith, LCH; Cornwall, England
Dima Sakharov, Ph.D.; Kiev, Ukraine
Tony Hughes, D.A.c.; Dublin, Ireland
Peter Bartlett, D.O.; London, England

Consultant:

Dr. Simon Gutl, M.D.; Hanover, Germany

Developed By:

The staff of Maitreya; Limerick, Ireland
Abstract:

This article is a review of a homeopathic and behavioral therapy used to treat asthma. In this paper we discuss the case note reflections of medical practices in the United States, Ireland and Hungary, where asthmatic patients were treated with a simple combination homeopathic product, and behavioral medicine techniques used to relax the inflammation spasms of the bronchial tree.

The philosophy of this clinical practice is holistic in nature. Patients were treated with a variety of therapeutic modalities in natural, behavioral and homeopathic medicine. The clinical, experimental and philosophical ramifications of this are discussed in this article.

Key Words:

Asthma, bronchitis, Asthma homeopathic, Cough Syrup, emotional sensitivity, Lung Liquescence, Pantothenic Acid, calcium, Adrenal Liquescence, Opsin I, Opsin II

Introduction:

The Merck Manual defines bronchial asthma as a reversible, obstructive lung disorder characterized by an increased responsiveness of the airways (Books: 13). We must realize that bronchial asthma is an inflammation in the bronchial tree that disturbs the flow of air. It mostly disturbs the flow of air outward rather than inward, as air becomes trapped in the lungs.

Bronchial asthma is a secondary reaction to sensitivities which can be emotional, allergic, toxic, infectious, diet-deficient, or congenital. Other causes can include metabolic imbalance and disturbances of the adrenergic and cholinergic balance within the body. Further complications can include viral infections, exercise, emotions, stress, changes in barometric pressure and changes in temperature; as well as inhalant irritants such as cigarette smoke,
noxious odors, fresh paint, and others. Allergic asthma is known as *extrinsic* asthma. Non-allergic asthma is known as *intrinsic* asthma.

The Merck Manual includes a severity rating for the staging of an acute asthma attack. Stage 1 is the mild stage, where there is mild dyspnea, diffuse wheezes, and adequate air exchange. In this stage the patient sometimes may not even be aware of the oncoming spasm of the bronchial tree. In Stage 2, the moderate stage, there is respiratory distress, even at rest, and hyperpnea. The patient must use various accessory muscles in order to take air in, and the intake of air starts to become a struggle. In stage 3, severe, there is marked respiratory distress, cyanosis, dramatic use of accessory muscles, marked wheezing, and an acceleration of cardiovascular activity resulting from the patient's increased struggle to exchange oxygen. In stage 4 there is severe respiratory distress, extreme lethargy in the patient, confusion, and prominent pulsus paradox (30 to 50 millimeters hg). All the symptoms of hypoxia are also present in stage 3 and accelerated in stage 4.

The usual patient presenting in a medical office will usually have experienced the third, tertiary level before the need of a medical visit is necessary. Patients who experience stage 4 are often in such a panic that steroids are too frequently utilized, and the patient thereby becomes steroid-dependent. Deficiency of steroids is not the cause of asthma, but the utilization of the allopathic philosophy creates a dependence on steroids which, being oil-soluble, are very difficult for the body to rid itself of.

The dramatic increase in environmental pollution has led to problems of asthma and bronchial sensitivity. In our medical practice we have been able to deal with asthma quite successfully with some of the techniques we are about to discuss. If a child or adult went through steroid therapy, then the therapy for asthma was very difficult; the steroids dramatically decreased reactivity of the body to natural items. In every case of asthma we have treated (and there have been over one hundred), all who hadn't taken steroids were cured. This happened within a month to three months.

There are many factors of asthma that must be dealt with. Asthma is mostly an inflammatory condition of the bronchial tree, which produces a disturbance in the flow of air from the lungs. It seems as if the patient can't get air *into* the lungs, but that's because he can't get air *out*. This inflammation condition can result from many factors including stress, toxicity and other things which limit the patient's ability to manufacture his own anti-inflammatories and antihistamines. Stress can interfere with the adrenal gland's performance. In children, emotional sensitivity can provoke asthma. Inflammation can also result from toxins in the air or from allergic sensitivities, which produce a histamine release in the cells, and thus a swelling of the cells that can thus produce the bronchial blockage.

Nutritionally there are several techniques that can help. One key deficiency in treating asthma is calcium. The small cilia of the lungs are powered by the smallest muscle in the body. If the body becomes calcium-deficient, the first place that tetany sets in is on the cilia muscle. Thus this miscellaneous debris that has built up on the bottom of the lungs cannot be properly swept out
by the cilia, and therefore the lung may begin to have difficulty and may produce inflammation.

Pantothenic acid, adrenal substance, and B₆ and magnesium deficiencies can all be associated as well, as they intrude on the development of proper adrenaline. Adrenal Liquescence is an excellent formula that helps to beef up the adrenals, and can be used for one month (it should not be used for a long time, because we want the patient's adrenal glands to perform on their own). Balancing adrenergic versus cholinergic activity in the body is a must in asthma control. The Adrenal Liquescence should be kept on hand, however, and used at the first sign of bronchitis, cold, flu, or asthma conditions for a little extra adrenaline in the body.

The Cough Syrup formula is a very good blend of both standard and traditional treatments for cough, as well as homeopathic, therapeutic agents. This Cough Syrup can be used for cough of course, but also may be used for a wide variety of asthma cases and bronchitis.

Allersode or antigenic therapy can also be very important in helping the patient to deal with allergy factors. Opsin I for food allergies and Opsin II for inhalant allergies are overall shotgun desensitizers. However, sometimes we must treat with more specific anti-allergy compounds. A review of our study on allergy treatment [Studies: 2] is suggested. Also, the Lung Liquescence can help to rebuild tissues that have been over-stressed.

Methods:

A simple exercise can be prescribed for the asthmatic case. In this mental exercise, we ask the patient to imagine that there is a mouth right at the base of the neck, at the notch under the Adam's apple, which is at the top of the bronchial tree. The patient imagines that the air is going in and out of this mouth, directly to and from the lungs. This simple meditation helps to relax bronchial tree spasms and bring patients out of asthma attacks. Next we teach the patient to wrap his arms around his chest and squeeze as hard as he can. He strongly exhales three times in a row without inhaling, which helps to push the excess air out of the lungs. Then he returns to meditation on relaxing the bronchial tree, reducing the spasm. Once every five minutes he pushes out the air with the three-exhale method. He should be free of his spasm within ten to fifteen minutes.

The Asthma remedy is prescribed at the first sign of an asthma attack. Patients should do the above exercises and take five drops of the remedy every five minutes. Within half an hour, even some of the worst asthma attacks can be brought under control.

It is also known that asthma occurs more frequently in emotionally sensitive children. We believe in behavioral medicine and cognitive psychology, and that behavior and emotional states are the reasons a sensitive child sometimes can develop asthma, which limits his interaction with his peers and environment. Asthma prevents a child from taking part physically in something
that he may not feel confident in doing. We also see that emotional sensitivity can produce a type of anxiety which has long been related to breathing. In fact, anxiety is relieved somewhat by control and regulation of breath.

With this in mind we must realize that many children with asthma must also get some intervention in the emotional sensitivity during an asthmatic spasm. This does not have to be immediate, but should be done within twenty-four hours after any type of spasm, as this can help relieve some deep, emotional causes. This intervention need not be extreme for most children, as simply talking about some of their deep, hidden feelings regarding stresses, trials and turmoil in their lives may be enough for them to handle their emotional sensitivity, which then can also improve the asthmatic condition.

In our medical office we often develop what is called a "poor man's spirometer". This is a piece of paper about eight inches in length and three inches wide that the patient holds at one end, with his arm fully extended straight out from his chest. Normal breathing should produce enough air to bend the paper over. When there is asthmatic spasm, and inappropriate air in and out of the lungs, the patient is unable to blow over the piece of paper. At other times we use a candle at arm's length to see if the flame can be extinguished or moved significantly by the patient's breath.

In the office this type of "spirometer" allows us to demonstrate to the patient just how effective the program can be. When a bronchial spasm occurs in the office, we give the patient ten drops of the Asthma formula, teach him the relaxation exercises and meditation on the bronchial tree, and show him how to do the exhaling exercises (three times vigorously). By doing the exhaling three times every five minutes, and having the patient relax and meditate, we always see a dramatic increase in the breath within fifteen minutes. The patient is often surprised to learn how much he can control his asthma.

We caution the patient that when he gets home, sometimes in the presence of an allergin (such as dust or dog hair) it might be more difficult to control asthma. Sometimes the home is also an emotionally-sensitive area that can induce more disturbances. In these cases it may take twenty minutes to produce the same relaxation. If this doesn't work the first time it is tried, the patient is encouraged to relax and give the exercise a chance to work over the following weeks. Eventually we find that this therapy is very successful. We do find, however, that patients who are taking inhalant steroids will very quickly build up large requirements for those drugs, and may have difficulty stopping those drugs. We find that drugs dealing with symptomatology alone can create extremely disturbing side effects and extreme dependencies in the patient.

Many of the world's best athletes had asthma as children. They used athletic training to dispel the asthma. Thus patience and exercise are also very good formulas to help these cases.

In asthma cases we also suggest proper environment. Surroundings should be free of dog hair, cat hair, house dust, etc., as these complicate the asthmatic condition through subclinical or clinical allergies. If these cannot be removed, then proper allersode desensitization of inhalant allergies is extremely important. Proper air filtration can also be helpful.
Results and Discussion:

In using the above therapies we have easily treated over one hundred cases of asthma. Complex homeopathy and behavioral therapy make it very easy to develop safe, simple-to-learn and -use programs for the doctor to prescribe. The quantum quality control techniques used by New Vistas assure a good blend of product that can be utilized for significant results.

By teaching our patients the use of the "poor man's spirometer", and by teaching them behavioral interventions and simple, safe homeopathic interventions, we have been able to empower them with the knowledge of how they themselves can control the improvement of this disease. This is very powerful in behavioral therapy, as we are trying to increasingly empower our patients against their own diseases, and show them that they can control their own healing processes.

If you learn and recognize the reason behind the various discussions in this paper, you will see how powerful they can be in dealing with a wide variety of asthmatic conditions. Asthma is an increasingly prevalent disease in the world today.
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