



The treatment of chronic obstructive bronchitis in children

**The importance of cleansing the milieu of the
mucous membrane**

**by
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Last year in our practice there was an increase in the number of cases of non-specific chronic lung diseases in children. The young patients mostly had one or several of the following symptoms: chronic or recurrent cough with expectoration, attacks of breathlessness or continual shortage of breath, hacking dry cough after crying or laughing, expiratory stridor with a longer expirium and audible rattling. This form of chronic obstructive bronchitis is extremely common in childhood. Mostly it affects infants and young children up to the age of 3 years. From the pathological point of view it is mostly a matter of obstruction of the small bronchi with noticeable build-up of the secretions and swelling of the bronchial mucous membrane. This basic condition leads to complications in every acute attack of bronchitis, even every cold suffered by the young patient.

Little chance of a cure with conventional courses of therapy

All our patients came to us after long, more or less unsuccessful treatment by paediatricians with the prognosis: Little chance of a cure now, possibly the problem will clear up spontaneously when the child is older. Conventional treatment of chronic obstructive bronchitis consists of prescribing secretolytic and spasmolytic agents, corticoids being used increasingly after the age of 6 months. This form of treatment is often continued for months or years, even when there is no appreciable success. As the mothers were very worried about

their children - particularly when in the acute phases they have a choking cough and shortness of breath - the paediatricians had frequently tried to make the point in their arguments that this form of treatment should under no circumstances be stopped, as otherwise the child might find him/herself in a life-threatening situation. Anyone who has ever experienced an acute bout of choking coughing will understand these mothers' point of view. Nevertheless the fact cannot be denied that this form of treatment is actually merely treatment of the symptoms and an acceptance of the inevitable damage caused by the side-effects of the medicines mentioned above.

Although naturopathic medical practices are shooting up like mushrooms from the ground, it is still mostly not known that inflammations are a form of excretion and detoxification by the body. And so in our young patients we were again and again able to prove that the suppression of the chronic bronchitis, such as can frequently be achieved successfully with corticoids and other steroids, often led to eczema, and thus the body's detoxification process was simply transferred to another organ. All our patients with the symptoms of chronic obstructive bronchitis suffered from repeated relapses until the paediatricians had „explained“ to the mothers that cortisone must continue to be given even during the days and weeks when the child was well.

And in fact, our experience with these patients has shown that the

complete cure of chronic obstructive bronchitis after cortisone or antibiotics have been given over a long period is a very responsible task. Let nobody shrug off as unimportant the fact that we really are talking here about children who are seriously ill and whose mothers are frequently very unsure of themselves and upset. In situations like this it is our job to present SANUM therapy as an outstanding opportunity for the complete cure of chronic bronchial diseases.

The symptoms of the disease

Using iris diagnosis it was noticeable that almost all the patients were blue-eyed, had a lymphatic constitution, mostly had good, easily visible cramp rings and showed white signs of inflammation in the lungs/bronchial region. Other symptoms found in all patients were lack of drive, tiredness and lack of appetite. An understandable phenomenon, which however carries in it the quality of a disease, is the fact that the mothers of these children were very keen to avoid any upset which might lead to crying or screaming. For it frequently happens that cramp-like attacks of coughing develop from crying or screaming. We cannot prove in these cases how much the children were knowingly or unknowingly succeeding in controlling their mothers' reactions, but we can assume certain connections here.

For our therapy it is therefore particularly important to have a conversation in great depth with the mother, in order first to take away her anxiety before there are any



other coughing incidents. To be precise, we were able to ascertain that the less the mother reacted to the symptoms of illness in her child, the easier the course of therapy proved to be. In cases of chronic obstructive bronchitis in young children, it is well worth taking good care of the mothers and possibly also treating them. It is, after all, mostly they who are left to cope with their children's illness alone.

The course of therapy for the young patients

As the foundation remedy we use UTILIN, in children under one year of age UTILIN 6X in drop form to be rubbed in. In children over one year of age we open the capsules and sprinkle the powder into the back of the mouth. The drops are massaged into the skin around the navel once a day, applying light pressure, until the fluid from about 4 to 8 drops is taken up completely by the skin. Once a week, in the evening before the child goes to sleep, we sprinkle the contents of the capsule into the back of the mouth. In the mornings NOTAKEHL 5X is given on an empty stomach before breakfast with 8 drops in some tea. To treat the cough we use RELIVORA Complex with 3 to 4 drops given directly onto the tongue 3 to 4 times a day. We also have each child's intestinal flora investigated and find that FORTAKEHL 3X suppositories (one suppository once a day before the child goes to sleep) are very good. According to the state of the intestinal flora Hylak-Forte N is also prescribed for a few weeks. To prevent the formation of excess mucous the consumption

of milk proteins is strictly limited. The mother of our young patients are treated in parallel with MUCEDOKEHL 4X capsules (2 capsules each morning before breakfast). We were able to show that the mothers who turned trustingly to the SANUM concept became increasingly calmer.

Observations and thoughts after the course of therapy

The result of this whole course of therapy - with small individual variations - was that after a while most children were able to reduce greatly the conventional medication which they had been prescribed. And over the course of time six patients were able to stop the treatment with corticoids, steroids or antibiotics completely. The other patients are managing with a minimum of cortisone or specific inhalations. Here we see once again how the regulation and cleansing of a mucous membrane milieu really does heal and relieve chronically ill patients. Therefore it is important to really understand and classify therapy with SANUM remedies as a completely different way of looking at illness and health. The approach does not only change in that therapy is carried out according to the motto „Instead of chemistry - nature“, but the approach must also change in the way inflammatory disease in childhood is assessed and classified. People who use SANUM remedies only as alternative remedies, but still diagnose diseases according to the same approaches as traditional medicine, risk failure.

If then there are any failures with SANUM therapy, this is frequently because the therapist has the wrong idea about illness and health. It is our job to point out again and again that there is no future if one tries to eradicate „roots and all“ the bacteria and microorganisms which live in, around and with us whilst thinking of them as „the enemy“. We have to learn to live in symbiosis, whilst influencing the milieu of the human mucous membrane so positively that microorganisms do not become pathogenic or work in a pathogenic manner. Furthermore, even if we were to shoot at everything that threatens us in some way, we will not survive this battle. This is also shown by the renewed outbreak of tuberculosis worldwide, with new, dangerously resistant tubercle bacilli. Everyone who treats patients should therefore make him/herself familiar with the thinking of professor Enderlein. Then s/he will always recognise that bacterial forms of life are only pathogenic in higher valencies.

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