

A 42-Year-Old Man with Bronchiectasis

Richard Moskowitz, MD, DHT

Abstract: A case of bronchiectasis is presented. Based upon the character of his phlegm – thick yellow, stringy and sweet – as well as his fastidiousness and other cancerinic miasmatic traits, Dr. Moskowitz prescribed *Kali bichromicum* with impressive results.

Keywords: bronchiectasis; *Kali bichromicum*

Naturally, we homeopaths love to present cases cured of serious organic pathology with our remedies, and, in my opinion, we should not be blamed for omitting the numerous cases where our learned prescriptions *fail*, since such “anecdotal evidence” demonstrating efficacy, held in low repute throughout the rest of the profession, is almost the only way that we can teach (and learn) what our remedies are really like, as well as almost everything else that we know. That is because we do not treat “diseases,” of which the patient is but a specimen, but *illnesses*, which are unique expressions of the individuality of the patient, and the remedies have to match or at least approximate that uniqueness as closely as possible.

This is not simply a case of bronchiectasis, but that of a 42-year-old man who *has* bronchiectasis, among other things. I should also preface it by saying that his is no “cured” case by any means, nor is he likely to be, and that in addition to bronchiectasis his various diagnoses and complaints include asthma, allergies, GERD, and a cough of several years’ duration, with considerable quantities of sputum, from which two species of atypical mycobacteria were recently cultured, namely, *M. kansasii* and *M. szulgai*.

His story really began with a prolonged episode of osteomyelitis of the lumbar spine in 2002, which improved substantially after seven weeks of intensive antibiotic treatment, but required changing the formula several times because of abnormal liver enzymes, fever, nausea, and vomiting after dicloxacillin, vancomycin, and ciprofloxain. Even so, the osteomyelitis did not subside completely until the cough, in effect, *replaced* it several months later. At first rather mild, without any other signs of illness, in November of 2003 it developed into a severe bronchopneumonia in both lungs that left

him with bronchiectasis and an increased susceptibility to other infections, both of which have continued ever since.

By then, although less severe than it had been at its height, the cough still sounded wet, and produced quantities of thick, greenish-yellow phlegm, often stringy or globular, and with a sweetish taste. Especially productive after breakfast, and to some extent after other meals and from taking a deep breath, it was often accompanied by hawking of the same kind of sputum from the throat, and flu-ish feelings of malaise, especially during and after his frequent colds and acute flare-ups, when all of his symptoms were exacerbated.

In the course of his conventional treatment, serial CT scans revealed a number of diffuse, migratory lung infiltrates, and pulmonary function tests indicated a moderate degree of asthma and chronic obstructive pulmonary disease, for which he took Serevent 50 mcg. and QVAR 40 mcg. b.i.d., all year round. One month before seeing me, atypical mycobacteria were identified in his sputum, and he was offered a 12- to 18-month course of antituberculous treatment. But in view of its substantial risk of side effects, with no guarantee of benefit, and the likelihood of recurrence in any case, he became intrigued by what he read about homeopathy and decided to give it a try.

His eventful medical history also included a major car accident at age seven, in which he sustained fractures of the pelvis and both legs; a severe case of chickenpox at sixteen; migraine headaches with visual aura ever since puberty, which had not bothered him much lately; and intermittent signs and symptoms of GERD for the past several years. These consisted not of heartburn, but a dry, scratchy, and often paroxysmal cough on lying down at night, which was aggravated by drinking beer

and eating chocolate, forced him to sit erect, and ended in gagging or retching. After obtaining some relief from omeprazole, he resolved to heal himself naturally, obtained even better results with vegetable juices and apple cider vinegar, and for some time had not needed the drug at all. His family history was notable for lung cancer, malignant brain tumor, and Hodgkin's disease on his mother's side, and emphysema and cancer of unknown type on his father's.

When I first saw him, in October 2007, he complained of inward pressure on his lungs and chest at times, "like someone standing on top of me," but was not short of breath, and exercised daily, strenuously, and almost obsessively to keep fit. In a hoarse, raspy voice, with frequent clearing of his throat, he described himself as a "worrier," a nervous wreck about tests in school, which he always did well on, and a "neat freak," intolerant of a messy desk and incapable of leaving the dishes unwashed overnight, while his wife was of quite the opposite disposition. From feeling at odds and quarreling with her over these and other matters, their affection for each other had rather dimmed of late, but he loved being a father to his seven-year-old son, and he generally liked his work as senior editor of a mid-sized publishing firm. He preferred eating small meals often, reacted badly to meat, chocolate, beer, and overeating, and wilted in summer and the hot, humid weather.

I did not interrogate him sufficiently to extract any "vital sensation," and found no striking mental or "strange, rare, and peculiar" symptoms or exotic, little-known remedies to "break open" the case. What impressed me were such prosaic things as the quantity and character of the sputum, his strong family history of cancer, and his marked fastidiousness and other traits suggestive of the cancer miasm. I chose *Kali bichromicum* 200, once a week, for up to three weeks if necessary, but with instructions to stop after the first or second dose if he noticed a definite improvement by then.

In six weeks he returned for his first follow-up. "Quite good!" was the verdict, which he announced with no little solemnity. Since his asthma and bronchial symptoms were better after the first dose, he never took a second. By the third week, he had cut his drugs in half, from twice daily to once, and the pressure on his chest continued to lessen. His sinus congestion had actually gotten worse, with snoring, which he'd never done before; fits of sneezing and blowing; and culminating in a nasty sinus headache that made him dizzy. Yet by the time I saw him again, the quantity of phlegm was greatly reduced, the snoring had largely subsided, the cough was all but gone, and his peak flows had already improved quite a bit. Naturally, my prescription was to wait.

At his next visit, two months later, he was proud of

having stopped all medications soon after our previous visit, of his peak flows holding their own and even attaining record levels at times, and of the pressure on his chest having disappeared. Even with a brief and relatively mild episode of shortness of breath during a recent cold snap, he experienced no wheezing, and needed no drugs to relieve it. Meanwhile, his sinus condition had improved dramatically, his wife no longer complained of his snoring, and he felt generally healthier than in a very long time. There was still some thick phlegm, but it was greatly reduced and no longer had any color. Perhaps most interesting of all was how much calmer and more relaxed he felt, as his wife was happy to point out. So we waited some more. Unfortunately, I failed to persuade him to go back to the lung specialist and repeat the tests, after he read online that one CT scan emitted as much radiation as 500 chest X-rays.

That was in January of 2008. I didn't see him again till December, in response to my letter suggesting a return visit. "Great, really," was his qualified assessment this time, citing his clogged sinuses, hawking of thick, whitish phlegm, and frequent, sometimes forceful sneezing, which had bothered him somewhat throughout the fall. Yet he remained drug-free, and his asthma and wheezing were gone. Although he did feel short of breath during spring and fall allergy season, with somewhat lower peak flows, it never happened during exercise. He had had only one cold in all that time, which he attributed to lack of sleep, and with the help of *Kali bichromicum* 12 it subsided much more rapidly than he had expected. The biggest change was the buyout of his firm by a large publishing house, which allowed him to keep his old job, but only by working longer hours, resulting in loss of sleep and the return of some old symptoms from long ago – anxiety at being "rushed" and palpitations in bed at night, both of which were worse from thinking about them. So I gave him a second dose of *Kali bichromicum* 200.

His last visit was in late February 2009, just a month ago, and again he reported a big improvement very soon after taking the remedy. By the next day, the sputum was clear and much reduced, and when I saw him it was "90% better, only a touch from time to time." Although he still snored at times, with some nasal congestion in the daytime, he was able to blow it out easily, with minimal blockage, and his postnasal drip was gone. Still he had had no drugs for over a year, his asthma was gone, and his allergies were "hardly an issue." In spite of having been given a raise, he was still working longer hours, feeling rushed, and in need of more sleep, but his anxiety had lessened considerably, even after a valued colleague was let go. The only dream he could remember was a vivid and scary one in which his car was "speeding out of control." At the end of the visit, he thanked me, saying, "It's amazing

how well this remedy suits me!" I gave him nothing further.

He is far from cured, of course. Bronchiectasis typically involves necrosis, scarring, and thickening of the bronchial wall, while mycobacteria are notoriously difficult to get rid of, and his obstinate refusal to undergo more PFT's makes it almost impossible to know for certain that his improvement extends beyond the symptomatic level. Although certainly improved, even his symptoms are by no means gone. I tell his story mainly because he does have an obstinate infection with atypical mycobacteria, in a setting of advanced and probably irreversible structural pathology, to show the degree of improvement that is possible with familiar

homeopathic remedies prescribed in the old-fashioned way, which is still the way I do it most of the time, notwithstanding all of the valuable improvements of recent years, for which I am also very grateful indeed. In short, we need all the help we can get.

About the Author: Richard Moskowitz, M.D. practices classical homeopathy in Watertown, Massachusetts (Boston area). He is on the editorial staff of the JAIH; he previously served as President of the N.C.H. and is currently on the faculty of the N.C.H. Summer School. He is the author of the books "Homeopathic Medicines for Pregnancy and Childbirth" and "Resonance: The Homeopathic Point of View." AFI

SPENDING TOO MUCH TIME LOOKING FOR THE QUALITY REMEDIES YOU NEED?

- Over 1,700 remedies in stock
- Hand potentized ø through 30C or X
- 200C - CM on our Potentizer
- 6 different pill sizes - you choose
- Dilutions - 20% or 87% alcohol
- Custom manufacturing (nosodes, odd potencies, etc.)
- Open 7 days a week
- Discounts available
- Typically ship within 24 hours
- Comply with all HPUS and GMP standards
- Since 1873 - We know how to do it right!

www.homeopathyworks.com



Washington Homeopathic Products, Inc.
33 Fairfax Street • Berkeley Springs, WV 25411

Call now for a free catalog
800-336-1695

