

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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Received 11 May 2004; revised 3 November 2005; accepted 6 January 2006

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).

Table 1 Summary of results in 147 cases of respiratory allergy with long-term follow-up

Grade	ENT adult	ENT child	Pulm adult	Pulm child	Total adult	Total child
Worse	0	0	1	1	1	1
Unchanged	1	0	2	1	3	1
Improved with reduction of conventional treatment	3	0	2	1	5	1
Improved, conventional treatment stopped	14	6	4	7	18	13
Complete control, but continuing homeopathic treatment required	61	11	6	8	67	19
No symptoms, no treatment	5	1	5	4	10	5

Homeopathic medicines prescribed used

Polychrests

ENT allergies in adults

It comes as no surprise that we find most of the polychrests familiar to all homeopathic practitioners: *Arsenicum album* (three cases), *Arsenicum iodatum* (8), *Calcarea carbonica* (9), *Causticum* (1), *Natrium carbonicum* (2), *Natrium muriaticum* (10), *Nux vomica* (10), *Pulsatilla* (20), *Sepia* (7), *Sulphur* (11) and *Sulphur iodatum* (13). Less frequently: *Alumina*, *Conium*, *Magnesia muriatica*, *Magnesia carbonica* and *Magnesia sulphurica* as well as *Medorrhinum* and *Niccolum* (once each).

ENT allergies in children

The following were prescribed: *Alumina* (1), *Arsenicum iodatum* (2), *Calcarea carbonica* (1), *Calcarea sulfurica* (1), *Lycopodium* (five cases), *Natrium muriaticum* (5), *Pulsatilla* (8 cases), *Sepia* (2), *Sulphur iodatum* (2) and *Sulphur* (1).

Pulmonary allergies in adults

The following were prescribed: *Alumina* (1), *Ammonium muriaticum* (1), *Arsenicum album* (three cases) and *iodatum* (4), *Calcarea carbonica* (2), *Causticum* (1), *Lachesis* (1), *Lithium carbonicum* (1), *Lycopodium* (1), *Magnesia carbonica* (1), *Magnesia muriatica* (two cases), *Magnesia sulphurica* (1), *Medorrhinum* (one case), *Natrium muriaticum* (3) and *Natrium sulphuricum* (1), *Pulsatilla* (3), *Sepia* (3), *Silicea* (2) and *Sulphur* (2).

Pulmonary allergies in children

The following were prescribed: *Alumina* (2), *Alumina silicata* (2), *Arsenicum album* (2), *Arsenicum iodatum* (1), *Baryta carbonica* (1), *Calcarea carbonica* (3), *Calcarea phosphorica* (3), *Ferrum metallicum* (1), *Graphites* (1), *Magnesia muriatica* (3), *Natrium sulphuricum* (1), *Lycopodium* (7), *Natrium muriaticum* (1), *Phosphorus* (2), *Pulsatilla* (8), *Silicea* (3), *Sulphur iodatum* (2), *Tuberculinum* (1) and *Zincum* (1).

All the medicines were prescribed weekly or twice-weekly in 15 CH then 30 CH dilutions if there is no result with the 15 CH. For almost all ENT cases one or two polychrests are prescribed; for most asthma cases I prescribe two or three (the problems of asthma patients are usually much more complex than those of patients

suffering from ENT allergies only). For three cases (an adult and two children with a pulmonary allergy) I have not been able so far to find a suitable polychrest(s) despite several years of follow-up (Table 2).

Specific remedies

The following specific symptomatic medicines were prescribed for ENT allergies: *Allium cepa*, *Arundo donax*, *Arsenicum iodatum*, *Badiaga*, *Euphrasia*, *Naphthalinum*, *Phleum pratense*, *Sabadilla*, *Sticta pulomaria*, *Teucrium marum* for ENT allergies. For pulmonary allergies *Antimonium tartaricum*, *Ipeca*, *Lobelia*, *Aralia racemosa*, *Arsenicum album*, *Arsenicum iodatum*, *Naphthalinum*, *Sambucus*, *Lachesis* were prescribed (note there is some overlap with polychrests here). These were prescribed according to case from 5 CH to 15 CH, and posology varies from once every 15 min to once a day.

Clinical cases

Adult with ENT allergy

H, 25 year-old, suffered from conjunctivitis every spring for 10 years. She presently takes *Pulsatilla* 15 CH one dose every fortnight, *Psorinum* 15 CH one dose every fortnight and a daily dose of *Histaminum* 15 CH. She has followed this treatment plan from February to June every year for 3 years. Now she does not suffer from severe attacks and copes very well with a few doses of *Pulsatilla* 15 CH for occasional acute attacks of conjunctivitis.

Child with ENT allergy

L, was born in 1979 and followed regularly since 1981. He suffers from intermittent rhinitis and presently takes the following treatment from March until June: *Natrium muriaticum* 30 CH one dose every fortnight, a monthly dose of *Psorinum* 30 CH and of *Tuberculinum* 30 CH, and a daily dose of *Lung histamine* 15 CH. He no longer suffers acute attacks and copes well with the few attacks he has with one or two doses of *Allium cepa* 9 CH. This is not as effective when the basic treatment is not followed.

Adult with pulmonary allergy

P, was born in 1957 and followed since 1978: she has a spasmodic rhinitis and asthma attacks due to an allergy to acaridae (complicated by psychological factors). She takes weekly doses of *Sepia* and *Sulphur*

Table 2 Medicines prescribed by condition

Medicine	Adults ENT	Adults pulm	Children ENT	Children pulm
Alumina	1	1	1	2
Alumina sil.	2	0	0	0
Ammonium mur.				
Ars. album	3	3	0	2
Ars. iod.	8	3	2	1
Baryta carb	0	0	0	0
Calcarea carb	9	2	1	3
Calcarea phos	0	0	0	3
Calcarea sulph	0	0	1	0
Causticum	1	2	0	0
Conium	1	0	0	0
Ferrum met.	0	0	0	1
Graphites	0	0	0	0
Lachesis	0	1	0	0
Lithium carb	0	1	0	0
Lycopodium	0	1	5	7
Magnesia carb.	1	0	2	0
Magnesia mur	1	1	0	0
Magnesia sulph	1	1	0	0
Medorrhinum	1	1	0	0
Natrum carb	2	0	0	0
Natrum mur	10	3	5	1
Natrum sulph	0	0	1	1
Niccolum	1	0	0	0
Pulsatilla	20	3	8	8
Sepia	7	3	2	0
Silicea	0	2	0	3
Sulphur	11	2	1	0
Sulphur iod	13	0	2	2
Tuberculinum	0	0	0	1
Zincum	0	0	0	1

15 CH, when required and *Naphtalinum* and *Arsenicum iodatum* 9 CH for acute attacks. It is many years since she last took conventional treatment or isopathic remedy. Her attacks now last less than half a day.

Child with pulmonary allergy

A is the third of a family of six children: she suffered regularly from rhinitis and asthma due to an allergy to acaridae; she was born in 1997 and followed since 1999. She received several homeopathic treatments without good results, but a spectacular improvement followed *Alumina silicica* 30 CH, after a consultation with a psychiatrist. Her main problem was a confusion about her place in her family, which is the theme of *Alumina silicica*, according to Jan Scholten. She currently takes a dose of this medicine every 2 or 3 months as required. She now does not need to take medicines for her rhinitis, and takes only a few doses of *Lobelia* 9 CH on rare occasions when she suffers from asthma.

Patients consulted once only

I noted 31 patients over the years 1996–1999, eight asthma cases and 23 cases of ENT allergies who consulted me only once.

Patients who do not attend again may do so for a variety of reasons: they did not follow the treatment, they expected instant results, the rapport between

patient and doctor was poor, or the treatment was not a success. In a few cases I was pleasantly surprised to see these patients again several years later: in some cases they had renewed or continued treatment by themselves, finding it effective and came back to seek advice for something totally different after several years without trouble. The different reasons make it useless to try and set up statistics for these cases.

I reviewed all the files with a critical eye and noted the following facts: First, for two thirds of the cases, another prescription seemed possible, another polychrest in 10 cases, a complement of the prescription by *Psorinum* or *Lung histamine* or *Histaminum* in 12 cases. In all cases other dilutions would have been possible. Homeopathic medicines prescribed in these cases are practically always the same: *Pulsatilla*, *Lycopodium*, *Natrum muriaticum*, *Sepia*, *Sulphur* and *Calcarea carbonica*. We can suggest a few observations for this observation: some patients are 'masked' and present an aspect which is not theirs, or that we, do not know how to interpret. It may be that the method of prescribing one of several broad spectrum homeopathic medicines (polychrests) in a high dilution is not sufficient in every case, and in those cases one may suggest that another prescribing strategy might proved more effective (for instance lower dilutions, drainage, or unicist prescription).

One can hardly speak of unsuccessful therapy in such cases, at most an unsuccessful therapeutic relationship relating to patient and therapist factors. In the worst case, assuming all cases were unsuccessful, the percentage of such 'failures' would still be low compared to the number of cases with positive results (31 patients over a period of 4 years). Projecting these results we would have 15 or 16 failures per year to add during the 2 years of the survey, in addition to the five unsuccessful cases noted giving a total of 21 unsuccessful cases out of a total of 163 cases.

Discussion

This study was not done, and could not have been done, blind against placebo. The positive result of this study clearly shows that homeopathic treatment is effective for allergic complaints. I use the phrase 'homeopathic treatment and not 'homeopathic medicine' as I am aware that the efficacy of the homeopathic medicine cannot be dissociated from the context in which it is prescribed. This context includes factors dependent on the patient (will to be cured, expectations from the remedy and the therapist), on the practitioner (his personality, his skills, his expectations as regards the patient and the homeopathic medicine), and on the specific action of the homeopathic medicine. We must point out that these factors apply to both homeopathy and conventional medicine. The differences are found on the practitioner-patient level, often much more personalised in homeopathy, and the mode of action of the homeopathic medicine.

A re-examination of the cases shows that the effect of the treatment is usually fast, with positive results in under a month and not weakening with time. A lack of positive results indicates the need for a revised treatment, either in terms of dilution or the medicine, for basic treatment or an emergency homeopathic medicine in the event of a crisis.

Finally, this study shows that the use of a pluralist method combining the use of an isotherapeutic remedy, one or more polychrests, and techniques aiming at alleviating psoric or sycotic barriers, although it may not be mainstream on the level of homeopathic 'doctrine', is effective. It might explain the inconsistency of the results of double blind clinical trials against placebo in the isolated use of isotherapy.²⁻⁵ An isotherapy is a homeopathic dilution of an allergen, not a basic homeopathic treatment taking into consideration the somato-psychic whole of the patient.

The effectiveness of the homeopathic treatment seems conditioned by all these factors and the failure of the treatment is often due to the neglect of one or more of these factors. For example, the systematic use of *Thuja* in cases of corticosteroid treatment or of aggravation following vaccination increases effectiveness in my experience: this was noted after analysing several cases in which an apparently suitable treatment had failed, but became effective after prescribing an anti-psoric or anti-sycotic homeopathic medicine, the anti-psoric or anti-sycotic had to be continued for the treatment to continue to work. The prescription may sound complex but can easily be simplified to one or two daily doses, improving compliance. This method may seem questionable in so far as it puts more emphasis on the search for a simile rather than a simillimum, however, I prefer a pragmatic method to one that is based on dogmas whose universality is questionable.^{6,7}

In my practice it seems obvious that the isolated prescription of an isotherapeutic remedy is not sufficient to treat respiratory allergies. This may explain the inconsistency of positive results in the studies in double blind testing against a placebo as regards isotherapeutic remedies. This is in agreement with Bernard Poitevin's

analysis: 'the use of high dilutions of allergens as remedies intervenes as a complement to the foundation homeopathic treatment'.⁸

Conclusion

Homeopathic treatment of allergic respiratory ailments seems to be effective if one associates a polychrest, an isopathic remedy, adding an anti-sycotic or anti-psoric remedy if necessary. This study should be repeated by others to confirm or deny the findings.

Acknowledgements

Thanks to Bernard Poitevin for his encouragement and to MS Bonnet for the English translation.

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