

Treatment and prevention of acute respiratory diseases and most often complications encountered

L.V. Kosmodemyanskiy

(Moscow Institute of Homeopathy, Moscow Homeopathic Center, Russian homeopathic society)

Acute respiratory disease (acute respiratory infections; syn. Catarrh of the respiratory tract acute) -the general name for a number of clinically similar acute infectious diseases caused mainly by viruses (adenoviruses, reoviruses, enteroviruses, etc.), transmitted by airborne droplets; are reported as sporadic cases and epidemic outbreaks; characterized by two obligatory syndromes: general infectious intoxication of varying severity and inflammation of the mucous membrane of the respiratory tract and the mucous membrane of the eyes [2, 3].

The possibility of using homeopathy for the treatment of acute respiratory diseases and the most typical complications for them has been known for a long time, but nowadays it is little used in practical health care. In this regard, there remains a need to develop methods of treating acute respiratory infections with the use of homeopathic medicines. The solution to this problem is most relevant in outpatient practice both for general practitioners, pediatricians (general practitioners), and for specialized specialists, which will reduce the unjustifiably frequent use of antibacterial therapy, sulfa drugs, antipyretics, etc., which will significantly reduce the risk of side effects of conventional drug therapy.

Having studied the medicinal compositions of the registered complex homeopathic preparations, in the recommendations for the use of which there are indications corresponding to the complaints observed in the course of acute respiratory infections, we identified a number of significant shortcomings.

The developers of the well-known complex homeopathic remedies did not take into account the typical dynamics of the course and development of acute respiratory diseases and their complications. Known complex homeopathic remedies cannot be combined with each other, since they contain many common components, in some cases in identical dilutions, which can cause signs of overdose with combined use. It is also impractical to use such compositions sequentially, since they contain many common components, which reduces their effectiveness in the case of insufficient therapeutic effect from the use of the first composition.

For example, if we consider a group of drugs developed by the firm "Alkoy" (Russia, Moscow), in the indications of which we find a description of acute respiratory diseases and their complications, it immediately becomes clear that the developers of these drugs did not take into account the typical dynamics of the course and development of this disease and its complications. The drugs are difficult to combine with each other, since with the development of a typical complication such as bronchitis, we cannot combine the composition called Acogrippin with Bronchostat, since both drugs contain the same components, which, of course, can cause an overdose. In addition, a component such as Aconite napellus is used in the same dilution (D12) in different formulations.

We observe the same when comparing Tonsilar with Acogrippin, where, in particular, Lachesis mutus is used in both preparations in the same dilution (D12), as well as Belladonna - D6. Along with this, in our opinion, a significant drawback is the lack of the possibility of not only combined, but also consistent use of these compositions. For example: if as a result of taking Acogrippin we did not receive

a positive therapeutic effect in the initial stage of ARI development and we observe the further development of the disease, leading to such a complication as acute tonsillitis, then the use of the Tonsilar composition sequentially or additionally, in the indications for the use of which we find acute tonsillitis, will most likely be ineffective. Since Tonsilar mainly contains the components included in Acogrippin, and differs from it only in the presence of one single monopreparation *Phytolacca Americana*.

Along with the above, a significant drawback, in our opinion, is the absence of a given manufacturer of compositions that take into account other most frequently observed complications, such as: eustachitis, otitis media, various forms of sinusitis (frontal sinusitis, sinusitis, etc.), as well as conjunctivitis etc., which does not allow the complex to implement the solution to the problem.

Having studied the indications and compositions, registered in Russia complex homeopathic remedies, we chose those that have the corresponding syndromes observed in the development of acute respiratory infections in the indications for use. [1]

The analysis of the studied formulations showed the lack of a unified concept in the development of registered formulations, which complicates their combined and consistent use for the prevention and treatment of acute respiratory infections. The complex homeopathic mixtures developed by us and the methodology of their application allow us to solve the problem of preventing and treating acute respiratory infections and typical complications in general, taking into account all types and forms. In the formation of these formulations, modern computer technologies were used, which made it possible, according to the available ideas about the typical symptomatic and syndromic manifestations of acute respiratory infections and the most common clinical complications, to create the main group of homeopathic medicines. This was achieved through a phased analytical repertory of selected symptoms and syndromes.

To form this group and subgroups of drugs, an analysis of a database was used, which includes more than 3500 homeopathic monopreparations and more than 100000 headings of symptoms and syndromes, using modern computer programs for homeopathy (RADAR, EH, CARA, Homeopathic DAR software, Macrepertory, etc.). This work has been carried out over the past 10 years.

For example, only for one of the symptoms of acute respiratory infections - a rise in temperature (fever), an analysis was carried out between 511 single-component homeopathic remedies for 1017 rubrics of the corresponding symptoms, accompanying and manifested when the temperature rises in various stages of the course of acute respiratory infections.

It turned out that more than eighty one-component (mono-) drugs have the greatest compliance with typical indications. They were divided into groups corresponding to the following indications:

1. Indications for use: acute respiratory infections, accompanied by a syndrome of general intoxicationorganism, manifested by a nonspecific protective reaction with a rise in temperature, the development of pain syndrome, vomiting, diarrhea, increased sweating, etc. Composition: *Aconitum napellus*, *Arnica montana*, *Belladonna*, *Bryonia alba*, *China officinalis*, *Eupatorium perfoliatum*, *Ipecacuanha*, *Mercurius solubilis*, *Nux vomica*, *Rhus toxicodendron*, *Secale cornutum*.

2. Indications for use: acute respiratory infections, complicated by the development of acute or exacerbationchronic inflammation of the nasal mucosa and paranasal sinuses - rhinosinusitis (rhinitis, frontal sinusitis, etc.) Ingredients: *Allium sulfur*, *Arsenicum album*, *Dulcamara*, *Gelsemium sempervirens*, *Hydrastis canadensis*, *Kalium bichromicum*, *Pulsatilla*, *Sabadilla*, *Sticta pulmonaria*.

No. 3. Indications for use: acute respiratory infections complicated by the development of acute inflammation (tonsillitis)or exacerbation of chronic tonsillitis, pharyngitis, otitis media, lymphadenitis, stomatitis, gingivitis, periodontal disease. Composition: *Apis mellifica*, *Barium carbonicum*, *Eucalyptus globulus*, *Hepar sulfur*, *Lachesis mutus*, *Lycopodium clavatum*, *Phytolacca decandra*.

No. 4. Indications for use: acute respiratory infections, complicated by the development of acute or exacerbationchronic inflammation of the hearing organs (otitis media, eustachitis). Ingredients: Capsicum annuum, Chamomilla recutita, Ferrum phosphoricum, Manganum aceticum, Petroleum, Plantago major, Tellurium metallicum.

No. 5. Indications for use: acute respiratory infections, complicated by the development of acute or exacerbationchronic laryngitis, tracheitis, bronchitis, pneumonia. Ingredients: Ambra grisea, Antimonium tartaricum, Bromium, Causticum, Drosera, Hyoscyamus niger, Phosphorus, Rumex crispus, Sanguinaria canadensis, Spongia tosta

No. 6. Indications for use: acute respiratory infections, complicated by the development of acute and exacerbationchronic conjunctivitis of various etiologies. Composition: Agaricus muscarius, Argentum nitricum, Arundo mauritanica, Clematis erecta, Euphrasia officinalis, Natrium muriaticum, Ranunculus bulbosus.

No. 7. Indications for use: acute respiratory infections, complicated by the development of acute and chronicinflammation of the pharyngeal (nasopharyngeal) tonsil, contributing to hyperplasia and hypertrophy of adenoid vegetations (adenoids, adenoiditis), against the background of chronic forms of sinusitis (frontal sinusitis, ethmoiditis, sinusitis, etc.). Composition: Arum triphyllum, Aurum metallicum, Baryta muriatica, Calcareo phosphorica, Mezereum, Silicea terra, Spigelia anthelmia, Staphysagria, Teucrium marum verum, Thuja occidentalis.

No. 8. Indications for use: ARI in patients with chronic formstonsillitis. Ingredients: Arsenicum jodatum, Baptisia tinctoria, Chenopodium anthelminticum, Kalium muriaticum, Mercurius corrosivus, Nitricum acidum, Vipera berus.

No. 9. Indications for use: acute respiratory infections, accompanied by the development of paroxysmalspastic cough (whooping cough, acute stenosing laryngotracheobronchitis, bronchospasm). Ingredients: Carbo vegetabilis, Cina maritime, Cuprum metallicum, Dioscorea villosa, Ledum palustre, Mephitis putoris, Sambucus nigra, Stramonium.

No. 10. Indications for use: frequent, recurrent acute respiratory infections in persons with reduced immune response. Ingredients: Ailanthus glandulosa, Calcareo carbonica Hahnemanni, Cicuta virosa, Echinacea angustifolia, Sabina, Sarsaparilla officinalis, Sulfur.

The formulations developed were used in the following homeopathic dosages (dilutions, potencies):

Composition No. 1: Aconitum napellus 5C, 7C, Arnica montana 3C, Belladonna 5C, 7C, Bryonia alba 5C, 7C, China officinalis 3C, Eupatorium perfoliatum 3D, Ipecacuanha 5C, Mercurius solubilis 6C, Nux vomica 5C, 7C, 9Cut 4Cut Rhus, toxicode 3C.

Composition No. 2: Allium sulfur 6D, Arsenicum album 6C, Dulcamara 3C, Gelsemium sempervirens 3C, 6C, Hydrastis Canadensis 4D, 4C, Kalium bichromicum 3C, Pulsatilla 3C, 6C, Sabadilla 3C, Sticta pulmonaria 3C.

Composition No. 3: Apis mellifica 6C, Barium carbonicum 5C, 7C, Eucalyptus globulus 3D, 4C, Hepar sulfur 5C, 9C, 15C, Lachesis mutus 6C, 8C, Lycopodium clavatum 3C, 5C, Phytolacca decandra 3C.

Composition No. 4: Capsicum annuum 3C, Chamomilla recutita 5C, 7C, 9C, Ferrum phosphoricum 6C, Kalium muriaticum 6C, Manganum aceticum 4C, Petroleum 5C, Plantago major 3D.

Composition No. 5: Ambra grisea 4C, Antimonium tartaricum 6C, Bromium 4C, 6C, Causticum 5C, Drosera 3C, Hyoscyamus niger 5C, 7C, 9C, Phosphorus 7C, Rumex crispus 3C, Sanguinaria canadensis 3C, Spongia tosta 3C.

Composition No. 6: Agaricus muscarius 3C, Argentum nitricum 5C, Arundo mauritanica 3C, Clematis erecta 3C, 6C, Euphrasia officinalis 3D, 4C, 5C, Natrium muriaticum 6C, 8C, Ranunculus bulbosus 2C.

Composition No. 7: Arum triphyllum 3C, Aurum metallicum 5C, Baryta carbonica 5C, 7C, Calcareo phosphorica 9C, Mezereum 6C, Silicea terra 8C, Spigelia anthelmia 3C, Staphysagria 6C, Teucrium marum verum 5C, Thuja occidentalis 3C, 5C, 7C.

Composition No. 8: Arsenicum iodatum 7C, Baptisia tinctoria 4C, Chenopodium anthelminticum 3C,

Kalium muriaticum 5C, Mercurius corrosivus 6C, Nitricum acidum 3C, 5C, 7C, Vipera berus 8C.

Composition No. 9: Carbo vegetabilis 6C, Cina maritime 5C, Cuprum metallicum 7C, Dioscorea villosa 2C, Ledum palustre 4C, Mephitis putoris 3C, Sambucus nigra 4D, Stramonium 6C, 12C.

Composition No. 10: Ailanthus glandulosa 3D, 3C, Calcareo carbonica Hahnemanni 4C, 8C, 12C, Cicutia virosa 6C, Echinacea angustifolia 3C, Sabina 5C, Sarsaparilla officinalis 3C, 6C, Sulfur 9C, 11C.

Application methodology

Preparations based on the developed formulations are prescribed in low and medium homeopathic dilutions in accordance with the degree of toxicity of the starting material. These formulations can be prescribed separately and / or mixed immediately before taking, taking into account the main indications of their constituent components, both during monotherapy and in combination treatment.

Basic rules for receiving and storing

Method of administration and dosage

General admission rules:

Shake well before use! Do not combine with food! Do not consume alcohol, coffee, spices, etc. while taking the medicine! Increase the intake interval as you feel better!

Do not take more than 6–8 times on the first day, if you feel better, increase the intake interval!

Individual single dose

An individual single dose is determined by the individual reactivity of the body, the stage of the pathological process and the general condition of the patient and corresponds to the number of granules, drops or the quantitative ratio of another dosage form that causes a positive response of the body to the drug taken.

In most cases, the minimum age dose corresponds to the individual dose of the composition taken.

Selection of an individual single dose

An individual single dose is determined by taking the minimum age-specific single dose (see table 1) with an interval of 15 minutes until a positive therapeutic effect occurs, after which the total number of granules or drops is summed up.

Table 1

Minimum single age dose

Возраст	Минимальная разовая возрастная доза
от 0 месяцев до 2 лет	1 капля (гранула) растворить на 1 ч.л. (5 мл) питьевой воды
от 2 лет до 7 лет и престарелым	2 капли (гранулы) растворить на 1 ч.л. (5 мл) питьевой воды
от 7 лет до 14 лет и пожилым	До 3 капель (гранул) растворить на 1 д.л. (10 мл) питьевой воды
от 14 лет до 21 года	До 4 капель (гранул) растворить на 1 ст.л. (15 мл) питьевой воды
взрослым	до 10–12 капель (гранул) (из расчета 1 кап. (1 гран.) на 10 кг веса) растворить на 1 ст.л. (15 мл) питьевой воды

Subsequent medications, during the onset or intensification of complaints corresponding to the indications of the homeopathic composition, can begin with an individual single dose. An individual single dose can also be selected taking into account the absence of the desired therapeutic effect from taking the minimum dose, by gradual

increasing the amount of the drug per dose until the desired therapeutic effect is achieved from a single dose of the drug. In case of an increase in the body's defense reaction (development of a homeopathic exacerbation) or the appearance of other complaints (development of the pathogenesis of the incoming components), it is necessary to take a break in taking medications and, with subsequent prescriptions, reduce the amount of the drug taken.

Recommendations for the prevention of acute respiratory infections and typical complications: one timeage dose once a week for a month. Repeat no more than once every 2-3 months.

Recommendations for the treatment of a subacute condition or chronic diseases in an exacerbation stage: take one single age dose 2–4 times a day until improvement, followed by a decrease in the frequency of administration.

Recommendations for the treatment of an acute condition: dissolve a single age-related oral individual dose of 250 ml of drinking water and take 1 teaspoon or tablespoon (depending on age) with a gradual increase in the interval by 15–30 minutes until you feel better, after which the interval of intake is increased to 1–4 hours. The frequency of admission on the first day is no more than 5–8 times and no more than 4–5 times on the second day.

Contraindications: in case of adverse reactions (homeopathic exacerbation, pathogenesis of the drug) or lack of therapeutic effect, you should interrupt the admission and consult your doctor.

A warning

In the treatment of chronic diseases, the degree and scale of dilution, dose and frequency of administration are determined by the attending physician.

For hypersensitive patients, the dose and frequency of administration is determined individually!

Children under 2 years old, pregnant and lactating women take medications under the supervision of a doctor!

Storage conditions

It is necessary to store at a temperature not exceeding 25 ° C in a place protected from light and strong electromagnetic fields in a tightly closed individual package.

Keep out of the reach of children!

Dosage forms

Alcohol drops are recommended for longer storage and for patients with diabetes mellitus.

Water drops are recommended for washing the mucous membranes of the eyes, nose and for babies, have the shortest shelf life. If sediment appears, it must be replaced. Rubbing (Opodeldok) is recommended for topical application with the integrity of the skin to enhance the effect of the action by increasing the local blood supply.

Exclude contact with mucous membranes.

Granules are recommended as the most convenient form of use, contraindicated in patients with diabetes mellitus.

Ointment / Oil is recommended for a long-term method of local exposure and for the formation of a protective film on the surface of the skin or mucous membranes.

Suppositories are recommended in cases of difficult sublingual intake of the indicated drug (infants, elderly patients).

Recommendations for prophylactic admission

Example:

Individual list of appointments for rarely ill with acute respiratory infections[1]—

День недели и время приема/ Номер состава	Пн	Вт	Ср	Чт	Пт	Сб	Вс
№1	Утро						
№2		Утро					
№3			Утро				
№4				Утро			
№5					Утро		
Состав по дополнительным показаниям ¹						Утро	

Course 4 weeks

Recommendations for the treatment of chronic diseases in remissionIndividual prescription list for people with acute respiratory infections

День недели и время приема/ Номер состава	Пн	Вт	Ср	Чт	Пт	Сб	Вс
№1	Утро		Утро		Утро		
№2		Утро		Утро		Утро	
№3	День		День		День		
№4		День		День		День	
№5	Вечер		Вечер		Вечер		
Состав по дополнительным показаниям ¹		Вечер		Вечер		Вечер	

Course 2 weeks reception, 2 weeks off.

The duration of admission is determined by the achievement of a stable therapeutic effect.

Recommendations for the management of acute conditions

Mix composition No. 1 and / or No. 2 and / or No. 3 and / or No. 4 and / or No. 5 depending on the complaints. Dissolve a single age dose in 250 ml of drinking water and take 1 teaspoon or tablespoon (depending on age) with a gradual increase in the interval by 15–30 minutes until you feel better, after which the interval of intake is increased to 1–4 hours.

The frequency of admission on the first day is no more than 6-8 times and no more than 4-6 times on the second day. The use of these formulations according to the developed technique made it possible to achieve a rapid normalization of well-being in the acute period of acute respiratory infections, a decrease in the incidence of acute respiratory infections and a stable remission in the presence of foci of chronic inflammation (tonsillitis, sinusitis, chronic bronchitis, etc.).

The advantage of using these formulations can also be attributed to the fact that they can be manufactured by any pharmacy that has a production homeopathic department, since only registered one-component homeopathic medicines are used in their manufacture, and the manufacturing method complies with the generally accepted regulations for the manufacture of complex homeopathic preparations of intra-pharmaceutical production.

Example # 1

Patient N. with Down syndrome at the age of 12 years. The guardian complained of frequent acute respiratory diseases in a child with a complicated course - pneumonia, sore throat, otitis media. The patient was ill every 2 weeks. As a result of repeated antibiotic therapy, severe hair loss was noted, leading to baldness of the head, loss of eyebrows.

Concomitant diagnoses: grade 4 adenoids, convulsive readiness, strabismus, cystitis.

History of the disease: pneumonia, indomitable vomiting during the rise in temperature, cystitis.

At the time of treatment, the patient had difficulty nasal breathing, forcing her to breathe with her mouth open. Persistent yellow-green mucopurulent rhinitis. Cough in the morning with little expectoration, paroxysmal in the evening, spasmodic, when going to bed.

Increased fatigue, drowsiness, irritability, decreased appetite. Two months after the course of homeopathic treatment, which included the sequential intake of the developed formulations (see table 2), the patient's well-being improved significantly. The runny nose and cough are gone. During the course of treatment, the patient experienced a period of aggravation of complaints at 3-4 weeks of the course, during which there was a slight increase in the main complaints (runny nose, cough) without a rise in temperature, followed by a pronounced positive dynamics of improvement in well-being.

table 2

День недели и время приема/ Номер состава	Понедельник	Вторник	Среда	Четверг	Пятница	Суббота	Воскресение
№1	Утро		Утро		Утро		
№2		Утро		Утро		Утро	
№3	День		День		День		
№4		День		День		День	
№5	Вечер		Вечер		Вечер		
№7		Вечер		Вечер		Вечер	
№8							Вечер
№10							Утром
№9	На ночь до улучшения и во время приступов спастического кашля.						

During this period, there were no repeated acute respiratory infections, hair loss stopped. Convulsive shudders persisted when falling asleep. After the treatment, a break in taking medications was made for one week.

Recommendations are given on the subsequent drug intake regimen.

After 4 months from the start of treatment, the appearance of new hair growth was noted, there were no convulsive phenomena.

During this period, the patient suffered from acute respiratory infections, which, against the background of prophylactic intake of the developed complex homeopathic medicines, proceeded much easier, without complications and did not require additional treatment.

Over the next two years, there was a seasonal course of acute respiratory infections 1-2 times a year with a pronounced positive dynamics against the background of treatment with the use of developed complex homeopathic preparations. Over the next 2 years, the patient practically did not get sick, she took the developed course for the purpose of prevention. The patient is under observation until now.

The peculiarity of this case is that the patient herself cannot express

their complaints, therefore, it was not possible to carry out treatment according to the classical canons of homeopathy. Therefore, for the first time, a course of treatment of acute respiratory infections and existing complications was applied and worked out, based only on clinical data from laboratory studies and additional diagnostic methods used by modern standardized medicine.

Subsequently, the described treatment regimen and the formulations developed were also used in other patients with frequent acute respiratory infections with positive dynamics of treatment. In each case, the dose and frequency of administration were individually determined, depending on the severity of the condition, the presence of typical forms of complications and the dynamics of the course.

Example No. 2

Patient E., 16 years old, complained of a runny nose, a feeling of perspiration and painful rawness in the larynx, aggravated by swallowing, puffiness and burning of the eyes. Complaints arose after being in a cold wind, in the spring at the beginning of May. Was diagnosed with acute respiratory inflammation of the airways and acute catarrhal conjunctivitis. Assigned: Composition No. 1, Composition No. 2, Composition No. 6.

All three formulations were dissolved together in a volume of 250 ml of drinking water, 5 drops each. The patient took this solution every 15 minutes, taking a small sip for one hour, until he felt a clear improvement, then the interval gradually increased from half an hour to two hours.

The next day of admission, the patient's well-being improved significantly. Recommendations were given on the scheme of further intake: Composition No. 1 - 3 times a day, Composition No. 2 - 4 times a day, Composition No. 6 in the form of water drops topically, instilled on the mucous membrane of the eyes 3 times a day. On the third day of the treatment, a persistent picture of clinical improvement was noted. Recommendations for further intake are given: Composition No. 1 - 2 times a day, Composition No. 2 - 2 times a day, Composition No. 6 - 2 times a day - for three days.

Example No. 3

Patient L., 39 years old, came in November on the second day of the development of the disease with complaints of increasing temperature rise, headache, runny nose, dry cough with sore throat when swallowing. On examination of the pharynx, severe edema and hyperemia of 2-3 degrees of the pharyngeal tonsils were noted. Body temperature by the evening at the time of treatment is 38.9 ° C.

Diagnosis: acute respiratory infections, bilateral catarrhal tonsillitis.

Assigned: Composition No. 1 and Composition No. 3. Reception of these formulations was prescribed according to the acute scheme - 8 drops of each composition were dissolved in 250 ml of drinking water and taken every 10-15 minutes until improvement, 1 tablespoon, preliminarily vigorously shaking before use 2-3 times. Improvement came within an hour - the temperature dropped to 38.5 ° C, coughing stopped, headache decreased, painful sensations when swallowing decreased. Then, after 30 minutes, an additional single dose of each composition was given, diluted together in one tablespoon of drinking water (15 ml). Subsequently, the patient took a single age dose 4 times a day (see table 1) and additionally in solution with increased complaints.

On the third day of the treatment, the patient noted a significant improvement in overall well-being, and insignificant soreness in the larynx persisted during meals. The morning temperature was normal (36.5 ° C), the evening temperature was 37.5 ° C.

On examination of the pharynx, slight hyperemia of the palatine was noted. darlings. Hypertrophied pharyngeal tonsils of the 2nd degree without pronounced swelling, dark red in color.

It was prescribed three times a day: Composition No. 1, Composition No. 3, Composition No. 8, dissolved together in the volume of one tablespoon of drinking water in a single age dose each. At

a follow-up examination five days later showed a persistent positive trend. No complaints. The mucous membrane of the pharynx and tonsils is pale pink. The pharyngeal tonsils are slightly hypertrophied - 1 degree.

Individual appointment sheet:

День недели и время приема/ Номер состава	Пн	Вт	Ср	Чт	Пт	Сб	Вс
№1	Утро			Утро			
№2		Утро			Утро		
№8			Утро			Утро	

The course of treatment is 2 weeks, followed by repetition once every 2 months.

Condition monitoring after six months.

At the follow-up examination: no complaints, during the last six months the patient once had acute respiratory infections in a mild form and took Composition No. 1 on her own according to the acute regimen, gradually switching to the subacute regimen. Examination of the pharynx revealed no pathological changes.

Example No. 4

The parents of patient O., age 3.5 years, complained of frequent (every 2 weeks) recurrent respiratory inflammatory diseases complicated by the development of grade 3 adenoids, chronic tonsillitis.

On examination, there was an abundant smudging of yellow-green mucopurulent discharge from the nose, difficulty in nasal breathing, forcing the child to breathe through the mouth. On examination of the pharynx: the pharyngeal tonsils are not hyperemic, loose, hypertrophied - 2-3 degrees. According to the conclusion of the ENT doctor, the diagnosis was made: chr. tonsillitis, adenoids 3 tbsp., frequent acute respiratory infections.

She had a history of right-sided catarrhal otitis media at the age of one year, and received antibiotic therapy. At the age of 2.5, when the child began to attend a preschool institution, the frequency of acute respiratory infections increased sharply, which were treated in a polyclinic at the place of residence using conventional medicine. At the age of 3, he suffered bilateral lacunar sore throat.

All vaccinations were performed according to age without complications.

Appointed:

День недели и время приема/ Номер состава	Пн	Вт	Ср	Чт	Пт	Сб	Вс
№1	Утро		Утро		Утро		
№2		Утро		Утро		Утро	
№3	День		День		День		
№4		День		День		День	
№7	Вечер		Вечер		Вечер		
№8		Вечер		Вечер		Вечер	
№10							Утро

A single dose of taking each composition is 2 drops, diluted in one dessert spoon of drinking water. The course of treatment is 2 weeks.

Control examination after 2 weeks.

On re-examination, no pronounced positive dynamics was noted, nasal discharge decreased slightly, while maintaining the same color and consistency. The dose and the duration of the subsequent administration were adjusted. Prescribed to continue taking medications at a dose of 4 drops, diluted in one dessert spoon of drinking water.

Duration of the course is 4 weeks, 2 weeks off.

Recommendations for the treatment of acute respiratory disease are given.

Control examination after 6 weeks.

At the control examination: according to the parents, after increasing the dose of taking the prescribed formulations, a significant improvement was noted with a decrease in nasal discharge.

Within a month, the child did not fall ill with acute respiratory infections, difficulty in nasal breathing persisted, aggravated in the supine position and accompanied by characteristic snoring and mouth breathing.

After the end of the prescribed course of treatment, 5-6 days later, by the evening, the temperature rose sharply to 39 ° C. There were no other complaints. According to the earlier recommendations, the parents began to give Composition No. 1 in an individual dose of 4 drops, diluted in 250 ml of drinking water according to the acute case scheme. Gradually, within an hour, they noted a decrease in temperature to 38.5 ° C and the appearance of profuse sweating. The parents noticed that during the rise in temperature, the baby's nasal breathing improved significantly. During the night, the child woke up repeatedly, but after taking the solution with Composition No. 1, he calmed down and fell asleep. The next day, the morning temperature was 37.8 ° C. In the afternoon, there was a profuse light, mucous discharge from the nose. Added to the received solution with Composition No. 1 Composition No. 2. In the evening, the temperature was 38.2 ° C, and a runny nose persisted. At night, the child woke up twice, I fell asleep after taking the diluted drugs. On the third day of the development of the disease, the morning temperature is 37.2 ° C, the general state of health is satisfactory, the runny nose is insignificant, the child asked for food. During the day, the child played actively, the medicine was given 4 times a day. The evening temperature is normal (36.8 ° C). In the following days, the child's state of health was satisfactory, the temperature was normal, in the evening, in the supine position, nasal breathing worsened. The medicine continued to be given 2 times a day - in the morning and in the evening. In the following days, the child's state of health was satisfactory, the temperature was normal, in the evening, in the supine position, nasal breathing worsened. The medicine continued to be given 2 times a day - in the morning and in the evening. In the following days, the child's state of health was satisfactory, the temperature was normal, in the evening, in the supine position, nasal breathing worsened. The medicine continued to be given 2 times a day - in the morning and in the evening.

At the reception during the examination, there was a slight mucous discharge along the posterior wall of the nasopharynx, hypertrophy of the tonsils of the 2nd degree, loose, the lacunae were enlarged, in some cases caseous secretion was noted.

Recommendations were given to continue the course of treatment according to the previously prescribed scheme, but to take the drugs for 6 weeks, followed by a break of one week. Repeat this regimen, provided there are no additional complaints, three times. After completing the course, get an ENT doctor's opinion and come to an appointment.

Patients came after about 6.5 months with the conclusion of the ENT doctor: 3 tbsp adenoids.

Over the past period, the child practically did not suffer from acute respiratory infections, during the period of cessation of medication, the appearance of a runny nose was noted, which quickly passed when taking Composition No. 2 according to the treatment regimen for a subacute case.

On examination, the pharynx of the tonsils of 1-2 degrees are not hyperemic, the lacunae are not dilated, the palatine dusters are pale pink in color. Recommendations were given for further medication intake: to reduce the duration of administration to 4 weeks, to increase the break interval to 2 weeks, to increase the dose to 5 drops.

On the days of taking Composition No. 7, additionally instill 2-3 drops of an oily solution of Composition No. 7 before daytime and nighttime sleep. Control examination one year after the conclusion of the ENT doctor.

At the follow-up examination a year later, a persistent improvement was noted, for a year the child suffered from acute respiratory infections twice to a mild degree and quickly recovered while taking Compositions No. 1 and No. 2, once suffered from acute respiratory infections, complicated by the development of acute right-sided catarrhal otitis media, which was treated with the intake of Compositions No. 1, No. 2 and No. 4 according to the acute case scheme. Improvement was noted within the first hour, complete recovery came on the fourth day.

Conclusion of the ENT doctor: adenoids 1-2 tbsp.

On examination, no pronounced pathological changes were revealed.

Assigned: to continue the reception according to the developed scheme. Duration of admission should be reduced to 2 weeks, the break should be increased to 4 weeks, the dose should be increased to 6 drops.

Control examination: no complaints, according to the conclusion of the ENT doctor: adenoids 1 tbsp. During the year the child 2 times suffered from acute respiratory infections in a mild form, quickly recovered against the background of therapy with Compositions No. 1, No. 2, No. 3.

Recommendations for the prevention of seasonal acute respiratory infections are given:

День недели и время приема/ Номер состава	Пн	Вт	Ср	Чт	Пт	Сб	Вс
№1	Утро						
№2		Утро					
№3			Утро				
№4				Утро			
№7					Утро		
№8						Утро	
№10							Утро

Repeat once every three months. The dose of each medicine is 8 drops.

Example No. 5

Patient O., 28 years old, at the 16th week of pregnancy, complained of general weakness, paroxysmal, dry, unproductive, exhausting cough. During a coughing fit, involuntary urination was noted. Complaints arose four days ago against the background of ARI treatment, proceeding with a rise in temperature to 38.7 ° C. The patient took antipyretic drugs on her own.

At the time of examination, single dry rales are heard in the lungs. Temperature 37.2 ° C. Excessive sweating is noted. From the anamnesis it is known, from the words of the patient, that a year ago she suffered from right-sided pneumonia.

A preliminary diagnosis of acute respiratory infections complicated by acute bronchitis was made. Prescribed: homeopathic composition No. 5 for the treatment and prevention of respiratory inflammatory disease complicated by the development of acute or exacerbation of chronic laryngitis, tracheitis, bronchitis, pneumonia.

A dose of 8 drops per 1 tbsp. a spoonful of water 5 times a day, additionally dissolve in 250 ml in case of a paroxysmal cough. It is recommended to reduce the frequency of administration to 3-4 times a day in case of improvement.

Condition monitoring on the 5th day of medication intake.

The state of health has significantly improved, the cough has decreased by 2-3 days of taking the medicine, the urine leakage has stopped. The temperature returned to normal on the 4th day of taking the medicine, sweating decreased.

On auscultation, the lungs are clear, no wheezing.

It is recommended to continue taking the medicine 1-2 times a day for 7 days. On the 7th day, take a blood test for a clinical study.

Control examination after 10 days: the state of health is satisfactory, no complaints. In the lungs, vesicular breathing, no wheezing.

Clinical blood test without pronounced changes. Recommendations for the prevention of acute respiratory infections are given.

Example No. 6

The mother of patient E., 8 years old, complained of paroxysmal spastic

cough in a child who appeared after a rise in temperature against the background of mild catarrhal manifestations from the upper respiratory tract. Since the patient had previously come to me repeatedly about the treatment of frequent respiratory inflammatory diseases complicated by acute sinusitis, in accordance with the scheme of the acute case, self-treatment began with Compositions No. 1, No. 2, No. 3, No. 7 with positive dynamics of improving well-being. After the temperature returned to normal, the runny nose stopped, and a growing paroxysmal cough began to be noted. Mom began to give the child additional Composition No. 5, but there was no visible improvement.

We canceled the ongoing self-therapy and recommended an immunological study to exclude whooping cough.

The preliminary diagnosis was made: spastic laryngotracheitis. Prescribed: Composition No. 9, 6 drops per 1 dessert spoon, 4 times a day until improvement, followed by a decrease in the frequency of administration.

Additionally, it is recommended to dissolve this composition in a volume of 150 ml for frequent intake in small sips during a coughing attack.

Control examination after 7 days. The state of health significantly improved, the frequency and severity of coughing significantly decreased. Laboratory tests confirmed the diagnosis of whooping cough.

Recommendations were given for the further intake of Composition No. 9.

These complex preparations were made for each patient according to individual prescriptions in homeopathic pharmacies in Moscow.

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[\[1\]](#) The adjunct is determined based on the incidence of the patient's most common complications.

Kosmodemyansky, L.V. Treatment and prevention of acute respiratory diseases and the most common complications / L.V. Kosmodemyanskiy // Traditional medicine. - 2007. - No. 3 (10). - S.18-27.

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