“Practical Tips“ Series
SANUM Meridian Therapy

Bronchial Asthma

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Definition / Etiology

Bronchial asthma is a disease of the lungs in which an obstructive ventilation disturbance of the respiratory passages evokes a feeling of shortness of breath. The cause is a sharply elevated resistance to air-flow in the airways. Despite its most strenuous efforts, the respiratory musculature is unable to provide sufficient gas exchange. The result is a characteristic asthma attack, with spasms of the bronchial musculature, edematous swelling of the bronchial wall and increased mucus secretion. In the initial stage, the patient can be totally symptom-free for long periods of time in the intervals between the attacks. As the disease progresses, increased mucus is secreted between attacks as well, which in part builds up in the airways and can then lead to secondary bacterial infections.

There are two forms of bronchial asthma from a genesis point of view:

- Non-allergic asthma (intrinsic asthma)
- Allergic asthma (extrinsic asthma)

Common to them both is a hypersensitivity of the bronchial system. However, in most cases, the two forms of asthma are coupled with each other.

A prerequisite for non-allergic bronchial asthma is a genetic predisposition. Non-specific stimuli such as cigarette smoke, air pollution, medications, emotional factors such as shock, career or family problems, disturbed parent-child relationships - but also viral, bacterial or fungal infections - can trigger asthma attacks. The attack can last from a few minutes to several hours; in the life-threatening *Status asthmaticus*, it can persist for days. In these cases, immediate hospitalization is essential.

The pathogenesis of non-allergic asthma proceeds via the reflex secretion of acetylcholine. This causes the release histamine from the mast cells of the bronchial wall. This results in immediate contraction of the smooth bronchial musculature along with overproduction of mucus. Here, the atopically inclined person reacts to environmental allergens with immediate production of antibodies.

10-20% of all people suffer from exogenous/allergic asthma. They react, for example, to pollen or dust mites with severe overproduction of immunoglobulins (IgE reaction). Simplifying somewhat, the following reaction pattern unfolds: the allergen induces a massive production of IgE antibodies. These bind to the surface of the mast cells in the bronchial mucous membrane and thereby effect the release of histamine, which then results in an immediate contraction of the bronchial musculature.

Besides this immediate histamine induced reaction, other mediators are involved in the so-called inflammatory delayed reaction, which are ultimately responsible for the progressive hyperreactivity of the bronchial system. In the disease's advanced stage, the victim reacts not only to the specific original allergen: non-specific stimuli or infections suffice to provoke asthmatic symptoms.

If not adequately treated, pulmonary emphysema not infrequently develops from bronchial asthma, characterized by pneumoectasis with irreparable structural changes in the smallest broncheoles. Because to the perpetual hyperdistention of the lungs and the extra work involved in breathing, these victims are recognizable by their rigid barrel-shaped thorax and pronounced hunchback.

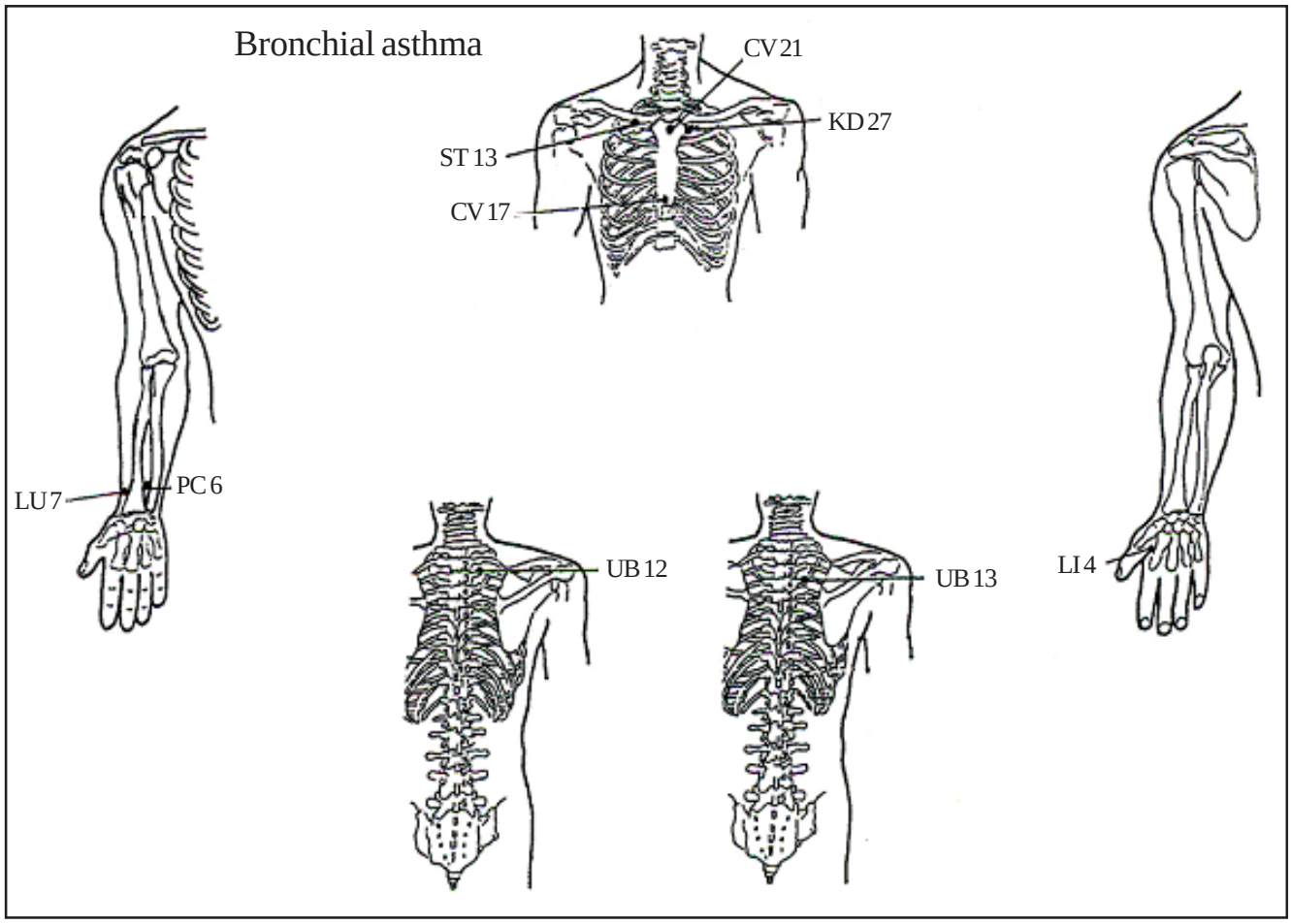
Symptoms

Typical of bronchial asthma is acute shortness of breath, coughing, viscous and phlegmy sputum and difficulty exhaling. Harbingers of an attack can include sweating, sneezing, tickling in the throat and agitation. In the case of allergic asthma, there is also frequently itching around the eyes, headaches and a sensation of constriction.

A. Injections in the following SANUM acupunture points with 1 amp. MUCOKEHL 5X + 1 amp. NIGERSAN + 1.0 ml Procaine 1%.

Abbreviation	Designation	Localization
KD 27	Shu Fu, Shu Mansion	On lower edge of the clavicle, 2 cun lateral of the medians
LI 4	He Gu, Union Valley	Dorsal between 1st & 2nd metacarpal bones, in the middle of the 2nd metacarpal
LU 7	Lie Que, Broken Sequence	At the radial styloid process, 1.5 cun above the wrist crease
UB 12	Feng Men, Wind Gate	On lower edge of the clavicle, 2 cun lateral of the medians
UB 13	Fei Shu, Lung Shu	Beneath the 3rd thoracic spinal process, 1 .5 cun lateral
CV 17	Dan Zhong, Chest Center	In the middle between the nipples, at the level of the 4th intercostal space
CV 21	Xuan Ji, Jade Pivot	In the middle, level of the base of the 1st rib
ST 13	Qi Hu, Qi Door	At the cranial edge of the clavicle on the mamillary line
PC 6	Nei Guan, Inner Pass	2 cun proximal of midpoint of the carpal transverse fold between the two tendons of the M. flexor carpi radialis and M. Longus

Suggested therapy - twice weekly per point: slowly inject 0.2 to 0.5 ml IC. Injections can be performed either at a selection or at all of the recommended points. However, the main points (KD 27, LI 4, LU 7, UB 13) should always be seen to.



B. Autologous Blood Treatment
Day 1:
0.3 ml autologous blood i.c. or s.c.
Day 6:
0.5 ml autologous blood s.c.
Day 11:
0.6 ml autologous blood s.c.
Day 16:
0.7 ml autologous blood s.c.
Day 21:
1.0 ml autologous blood i.m.
Day 31:
1.0 ml autologous blood + 0.3 ml RUBERKEHL 5X amp. i.m.
Day 36:
1.0 ml autologous blood + 0.4 ml RUBERKEHL 5X amp. i.m.
Day 41:
1.0 ml autologous blood + 0.5 ml RUBERKEHL 5X amp. i.m.
Day 46:
1.0 ml autologous blood + 0.6 ml RUBERKEHL 5X amp. i.m.

After that, **every 14 days** (2-3 times): 1.0 ml autologous blood + 1.0 ml RUBERKEHL 5X amp. i.m.

Then **every three weeks** as above: 1.0 ml autologous blood + 1.5 ml RUBERKEHL 5X amp. i.m.

Then **every four weeks** as above: 1.0 ml autologous blood + 2.0 ml RUBERKEHL 5X amp. i.m.

If, at the beginning of autologous blood treatment, the patient retrogresses - i.e. if his condition temporarily deteriorates - this shows that he is reacting positively to the treatment. If additional side-effects appear, then the rate of increase of the amount of autologous blond must be matched to the patient's condition.

C. Medicinal Adjuvant Therapy
Intestinal cleansing with FORTAKEHL 5X: 1 tablet daily; later every other day.

Every 3rd day in alternation: UTILIN 6X and LATENSIN 6X, 1 capsule. After 5 weeks switch to 4X; later UTILIN "S" 4X.

NIGERSAN 5X drops: sniff up 10 drops daily into the nose.

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