

Homöopathie wirkungslos?

Zum Referat „Homöopathie wirkungslos“ (Allergo J 2002; 11: 139) und zum Beitrag „Komplementärmethoden oder so genannte Alternativmethoden in der Allergologie“ von W. Dorsch et al. (Allergo J 2002; 11: 163–70) kommen kritische Kommentare aus Würzburg.

Der Beitrag „Homöopathie wirkungslos“ sagt zumindest nichts darüber aus, ob die homöopathische Behandlung bei Asthmapatienten wirkungslos ist oder nicht. Das was beschrieben wird, ist allerdings nicht Homöopathie, sondern vielmehr eine potenzierte Form von Isopathie. Mittlerweile gibt es Richtlinien für die ärztliche Weiterbildung in der Homöopathie, die von den Landesärztekammern anerkannt sind. Das, was im Beitrag beschrieben wird, gehört jedenfalls nicht

zum Weiterbildungsinhalt in der Homöopathie.

Auch das was im Beitrag „Komplementärmethoden ...“ zum Thema Homöopathie geschrieben wird, entspricht nicht dem aktuellen Stand. Es gibt keine „organotrope Homöopathie“ und es macht allein vom Verständnis der Homöopathie her keinen Sinn, einen Wirkstoff wie Galphimia glauca potenziert allen Pollenallergikern zu verabreichen. Das nämlich ist nichts anderes als potenzierte Allopathie.

An allergic's career

Specific immunotherapy is a safe and effective way to deal with pollen allergy. A reader from Warsaw, Poland, describes in the following case report a successful hyposensitization despite of some medical mistakes and unexpected side effects.

A 31-year-old lawyer was first seen in the middle of the pollen season, when he suffered from severe nausea, vomiting, and vertigo forcing him to stay in bed for 2 days. His family doctor treated him with bacteriocidal and spasmolytic drugs regarding his complaints as "indigestion" following the consumption of various alcoholic beverages. All his complaints rapidly disappeared after an administration of metoclopramide and loratadine. History taking revealed that for the last 4 years he had suffered from rhinitis and conjunctivitis during spring and summer. He never had cough, dyspnea, skin eruptions or itching, and he never had any vertigo or hearing troubles. Skin prick tests gave strongly positive reactions to pollen of grasses and mugwort and also to Alternaria. The next 3 sea-

sons he lived in another town and, without care by a specialist, he used cetirizine tablets feeling reasonably well.

After his return to Warsaw nasal and ocular symptoms became worse the next year, and preseasonal specific immunotherapy was advised (grass pollen extract Allergovit®, Allergopharma). Immediately after the first s. c. injection of 100 TE (therapeutic units) he reported slight dizziness, which resolved after 1–2 minutes. Similar symptoms appeared 8 days later, after 200 TE. On both occasions no local reactions were observed. The next injections, the dose of 400 TE, had to be repeated (8 and 20 days later) because of large local reactions and rhinitis. The next 2 injections (600 and 800 TE) were uneventful, and he decided to attend his local clinic for the continuation of treatment. There,



Foto: Berger

Globuli statt Glukokortikoid?

Im übrigen wäre es begrüßenswert, die Diskussion zu versachlichen. Natürlich müssen sich homöopathisch arbeitende Ärzte in ihrer Arbeit und in ihren Ergebnissen um Reproduzierbarkeit bemühen und sich am Standard der universitären Medizin messen lassen. Viele tun dies im Übrigen bereits, offensichtlich unbemerkt

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5,000 TE instead of the correct dose of 1,500 TE were injected. Feeling perfectly well, he left the clinic about 15 minutes after the injection and drove home – alone. But on his way suddenly dizziness, weakness, headache, and palpitation started. Both ears buzzed and vertigo grew rapidly. He also became short of breath without any cough. He turned to the verge, stopped the car and was semiconscious for a few minutes. Gradually he recovered and drove home safely. He felt quite normal 1 hour after the injection, but a local reaction – painful swelling of the arm – persisted for the next 2 days. The last injection ten days later (1,500 TE) was uneventful.

This year the pollen count in Warsaw was higher than average, but his symptoms were much less distinct than in the previous years. This case deserves attention, not only as a warning to perform hyposensitization properly, but also as an exceptional description of the labyrinth as a shock organ.

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