

THERAPY ANALYSIS

Pulmological Specialist Practice

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BRONCHITIS STUDY

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INTRODUCTION

In the last few years, the number of respiratory tract illnesses have increased. This tendency has been noticed increasingly in children. This does not only concern bronchitis, but also the obstructive ventilation disorders, whether it is due to an infection or due to an allergic disposition.

PATHOPHYSIOLOGY

Acute Bronchitis:

The acute bronchitis is mostly an infectious inflammation of the central bronchial tree, whereas usually the trachea, and often the larynx and pharynx as well, are included. The majority of the acute infectious bronchitis is primarily caused by viruses. (Approx. 80%)

Chronic Bronchitis:

The chronic bronchitis is characterized through repeated or stagnant phases of bronchial hyper secretion, which are accompanied by coughing and sputum/phlegm. Should these symptoms appear during at least three months of the year within two years in a row, a chronic bronchitis exists.

Bronchial Asthma:

Bronchial asthma is a variable and reversible respiratory tract obstruction due to inflammation and hyper reactivity of the respiratory tracts. Asthma is a multifactorial

STUDY

illness, whose etiology is only partially known.

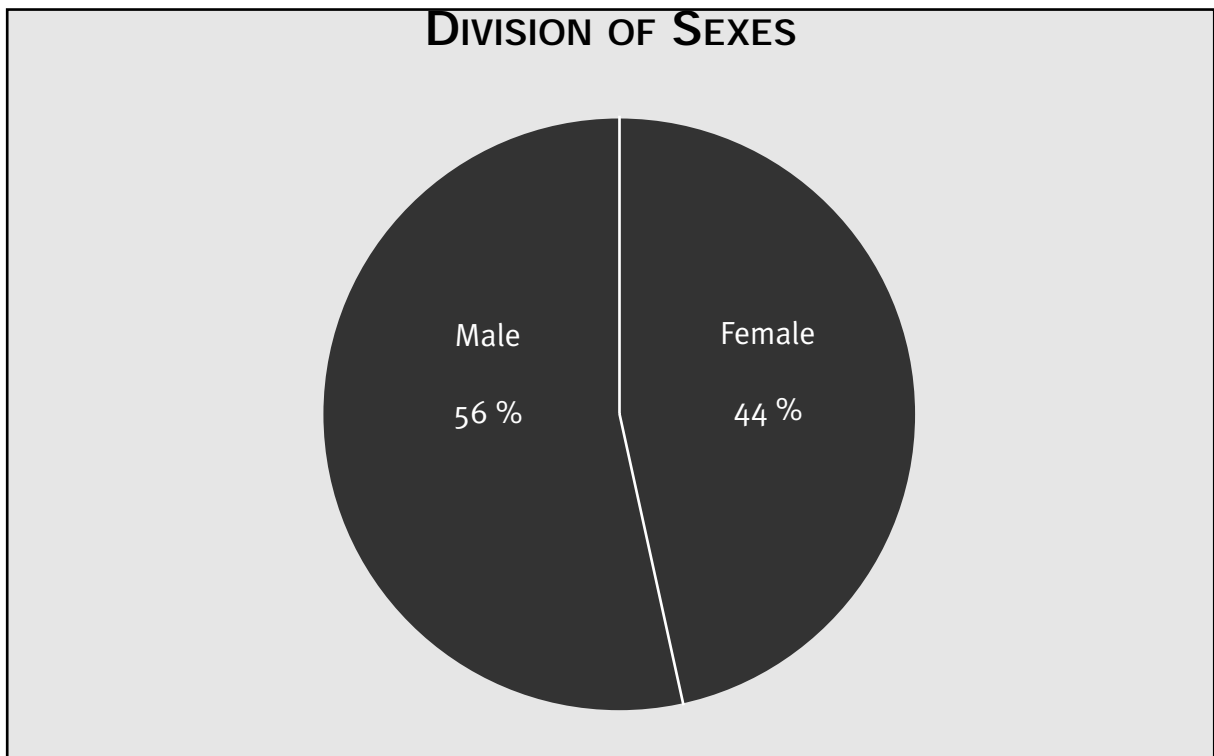
During the study, the attempt was made to relieve the existing bronchial inflammation and to reduce the consumption of medicine with color puncture. The color puncture therapies were implemented along with the school medicinal treatments or – if medically justifiable – as sole therapies.

The patients primarily suffered from pure bronchitis, some also suffered from asthma exacerbated through infection.



Age Groups

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
1-3 years	1.00	9	18.0	18.0	18.0
4-5 years	2.00	17	34.0	34.0	52.0
6-10 years	3.00	9	18.0	18.0	70.0
11-15 years	4.00	3	6.0	6.0	76.0
older than 15	5.00	12	24.0	24.0	100.0
	Total	50	100.0	100.0	
Valid cases	50	Missing cases	0		



There are 44 % female and 56 % male experimentees, which meets the balanced division for the acceptance criteria according to the principle of chance.

Sex

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
female	1.00	22	44.0	44.0	44.0
male	2.00	28	56.0	56.0	100.0
	Total	50	100.0	100.0	
Valid cases	50	Missing cases		0	

In our practice, we endeavor to selectively use antibiotics and, therefore, we do not only carry out bacteriological sputum and smear examinations, but also serological proofs. We prescribe antibiotics after an appropriate antibiogram of problem germs. It is also worth mentioning that our patients are pre-selected in that they have already consulted their family doctor or their internist/pediatrician.

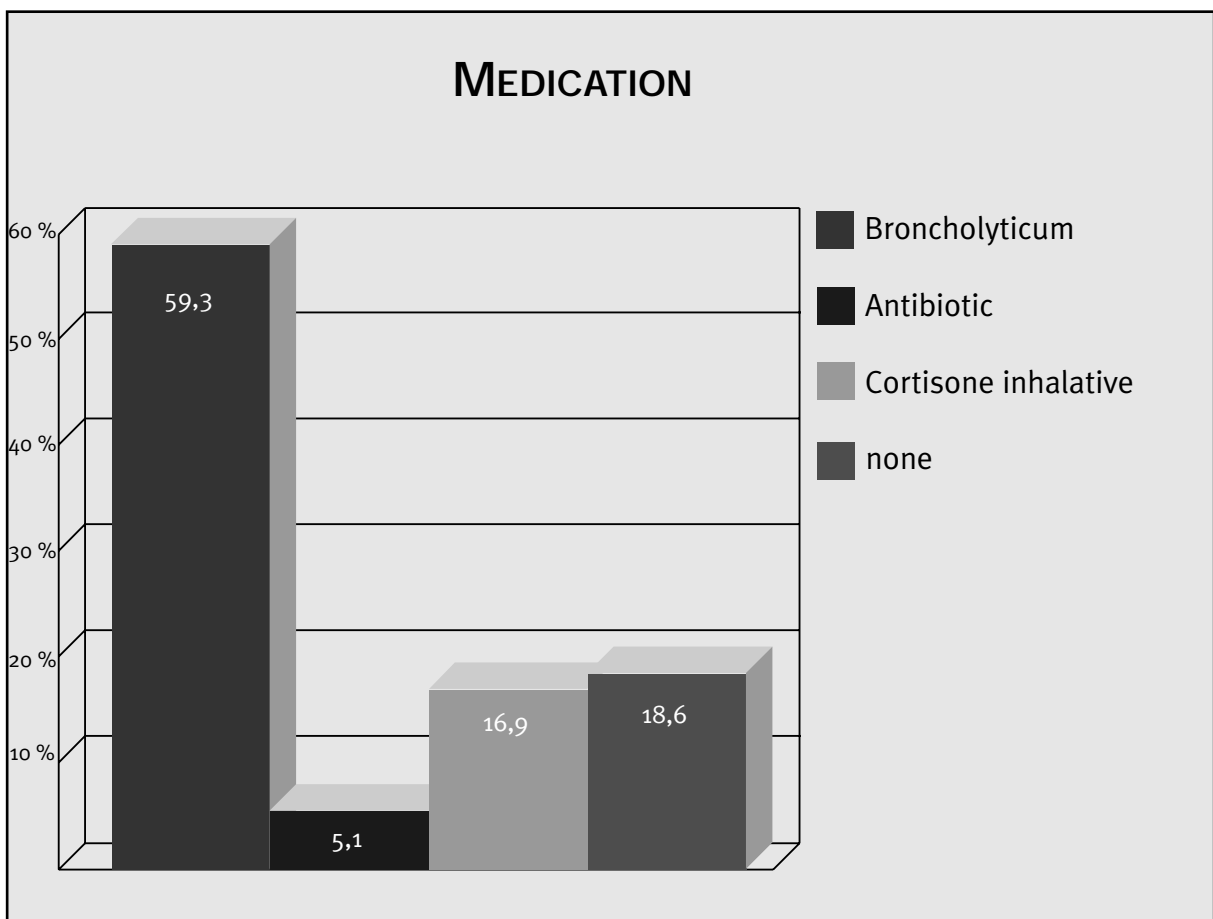
A lot of bronchitis is associated with slight obstruction, especially in children due to the anatomical circumstances. During relapsing illnesses, a slight form of “exercise induced asthma” occurs as a result of hyper reactions.

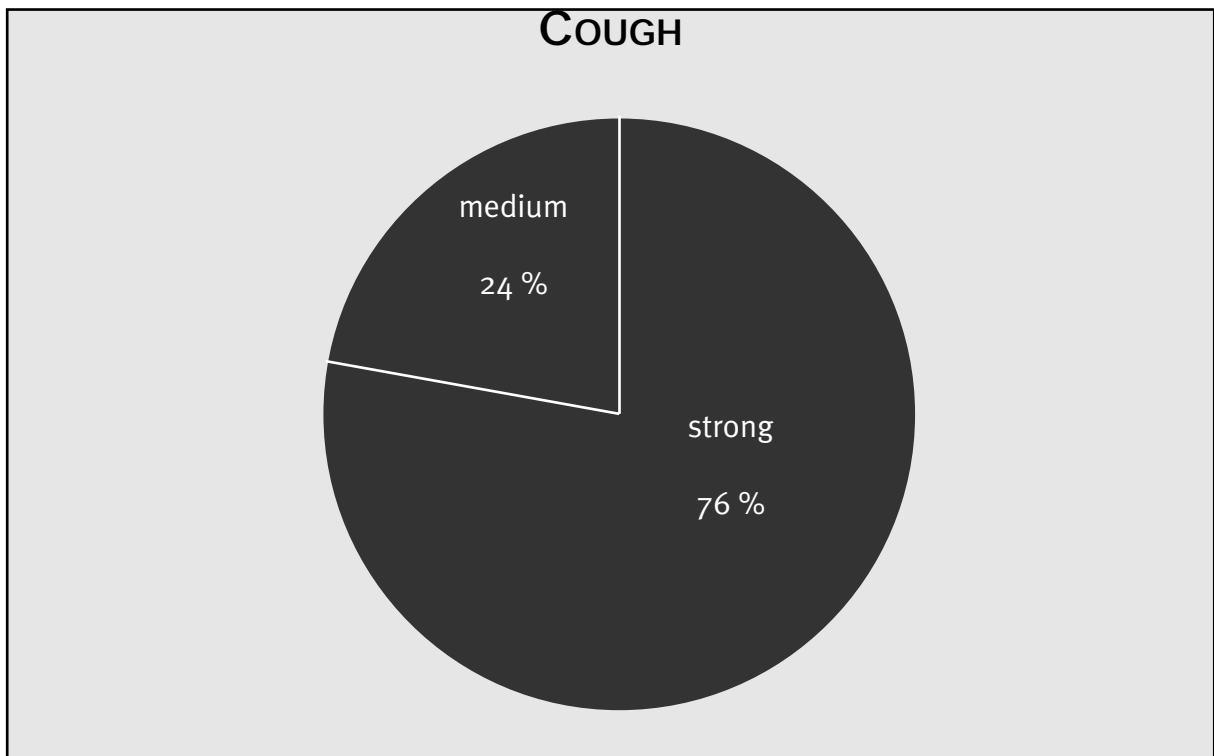
It is not rare to see cystic bronchitis during a corresponding past history such as after several inflammatory phases or bronchitis, especially during the infant and toddler age.

In our practice, the diagnosis will decide whether a school medicinal treatment will be used or whether a color puncture treatment according to Peter Mandel or a combination of both would be suitable.

In this study, only experimentees were admitted, who had never been treated with color puncture, only with school medicine.

The school medicinal treatments are shown in the next diagram:

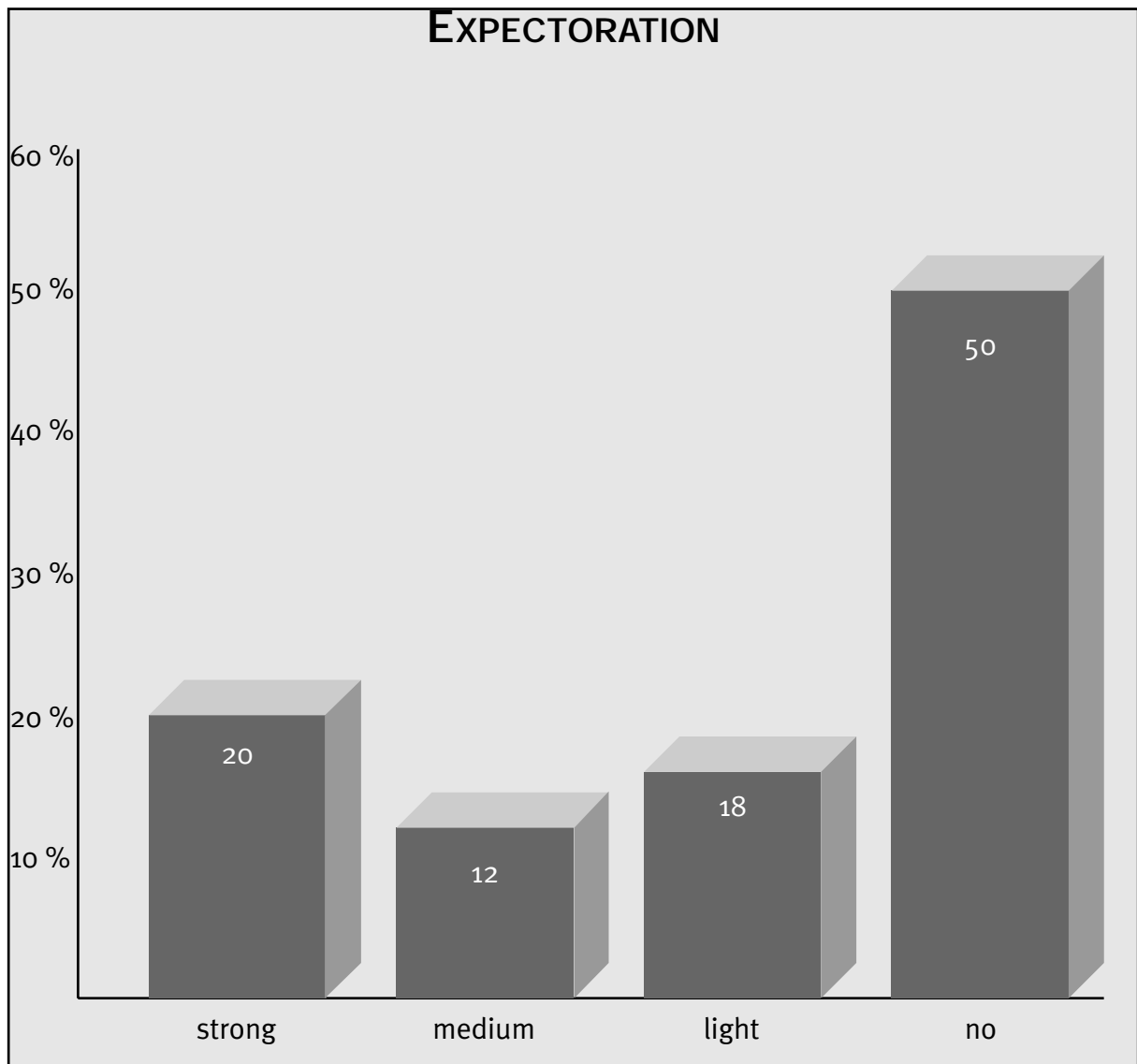




A cough was only considered to be bad once it was able to be objectively comprehended during a stay in the practice. Patients with only a slight/rare cough were not admitted as part of the study.

Cough

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
strong	1.00	38	76.0	76.0	76.0
medium	2.00	12	24.0	24.0	100.0
	Total	50	100.0	100.0	
Valid cases	50	Missing cases		0	

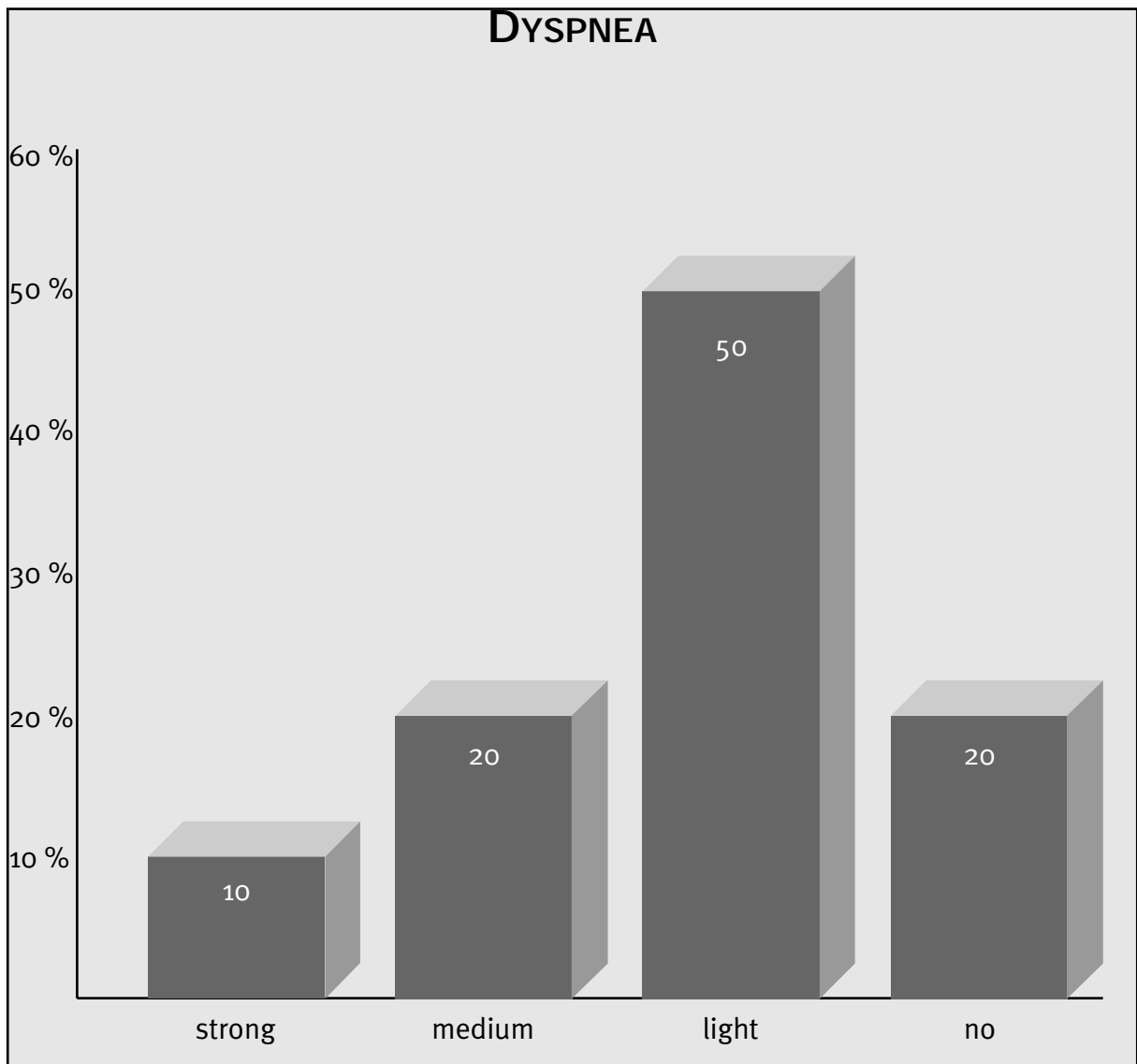


The judgment of a „strong expectoration“ results when a patient has expectorated suppurating sputum more than 15 times in one day, a „medium sputum“ after only a few times per day and a „light expectoration“ if a patient has expectorated only in the morning.

Expectoration

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
strong	1.00	10	20.0	20.0	20.0
medium	2.00	6	12.0	12.0	32.0
light	3.00	9	18.0	18.0	50.0
no	4.00	25	50.0	50.0	100.0
	Total	50	100.0	100.0	

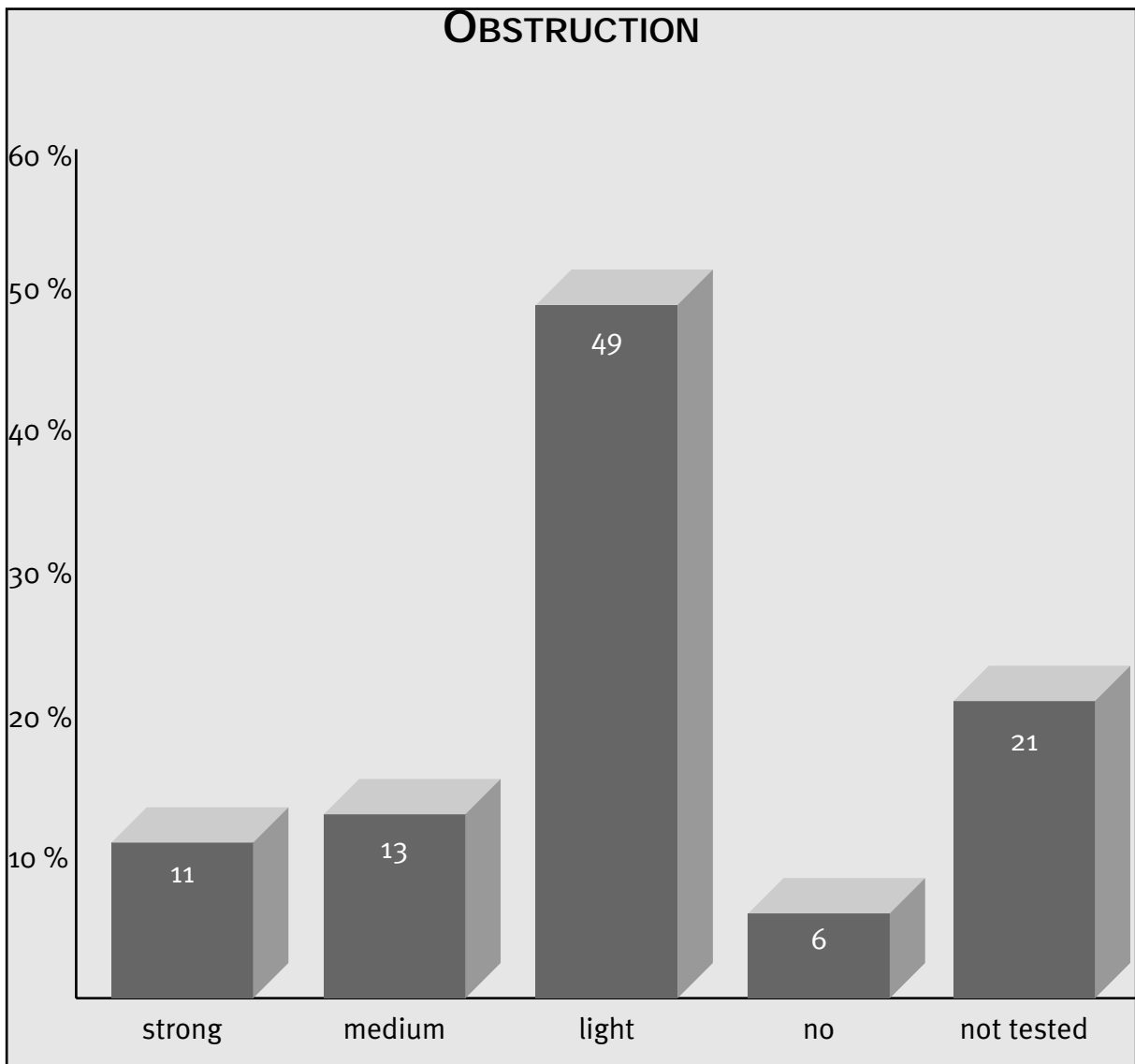
Valid cases 50 Missing cases 0



The degree of severity of dyspnea could only be judged by the examiner only as a result of the patient's description.

Dyspnea

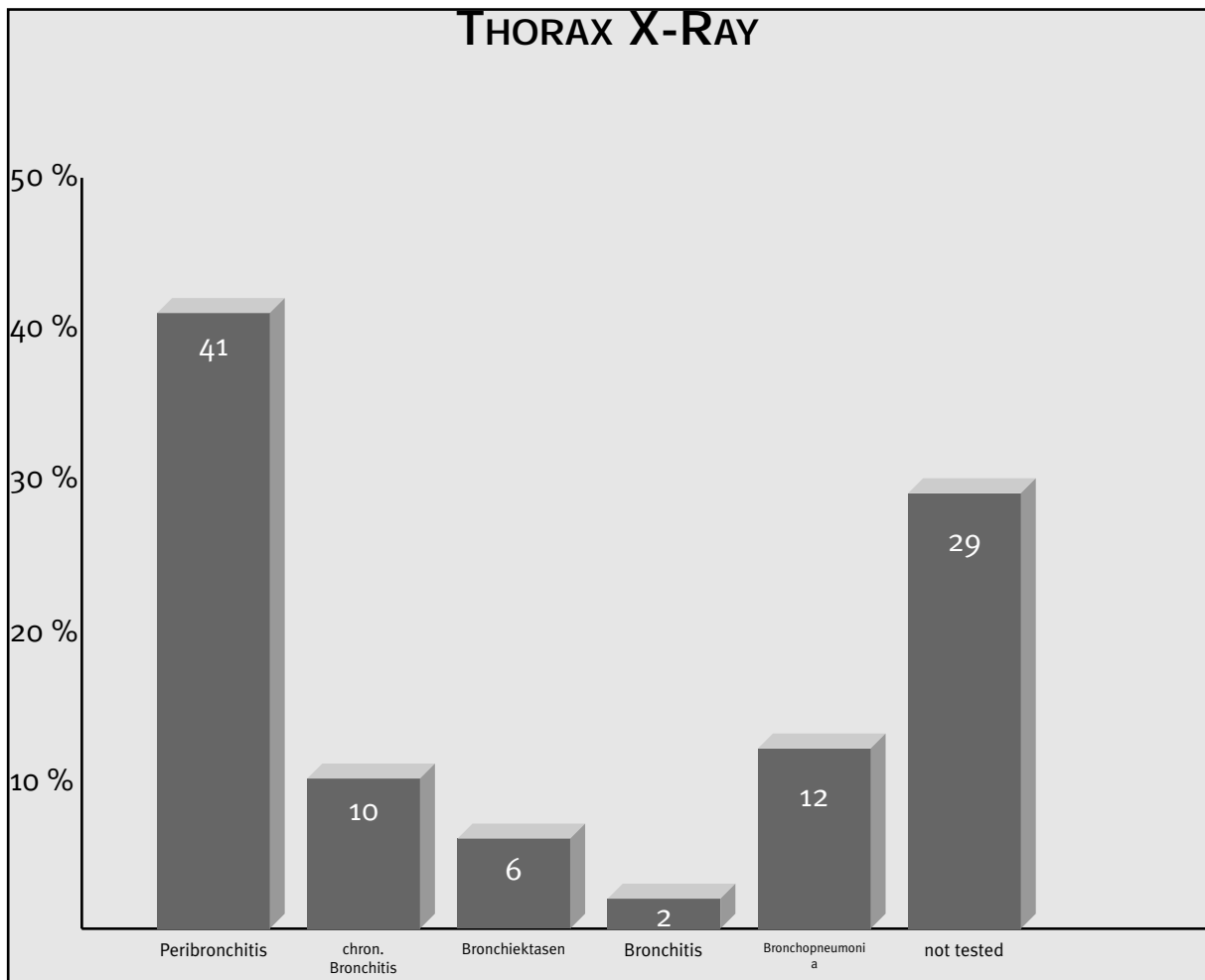
Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
strong	1.00	5	10.0	10.0	10.0
medium	2.00	10	20.0	20.0	30.0
light	3.00	25	50.0	50.0	80.0
no	4.00	10	20.0	20.0	100.0
Total		50	100.0	100.0	
Valid cases	50	Missing cases	0		



With experimentees older than 3 years, a spirometric analysis with a flow volume diagram was carried out; with adults and juveniles over 15 years, an additional test regarding the oscillating resistance of the respiratory tracts was done.

Obstruction

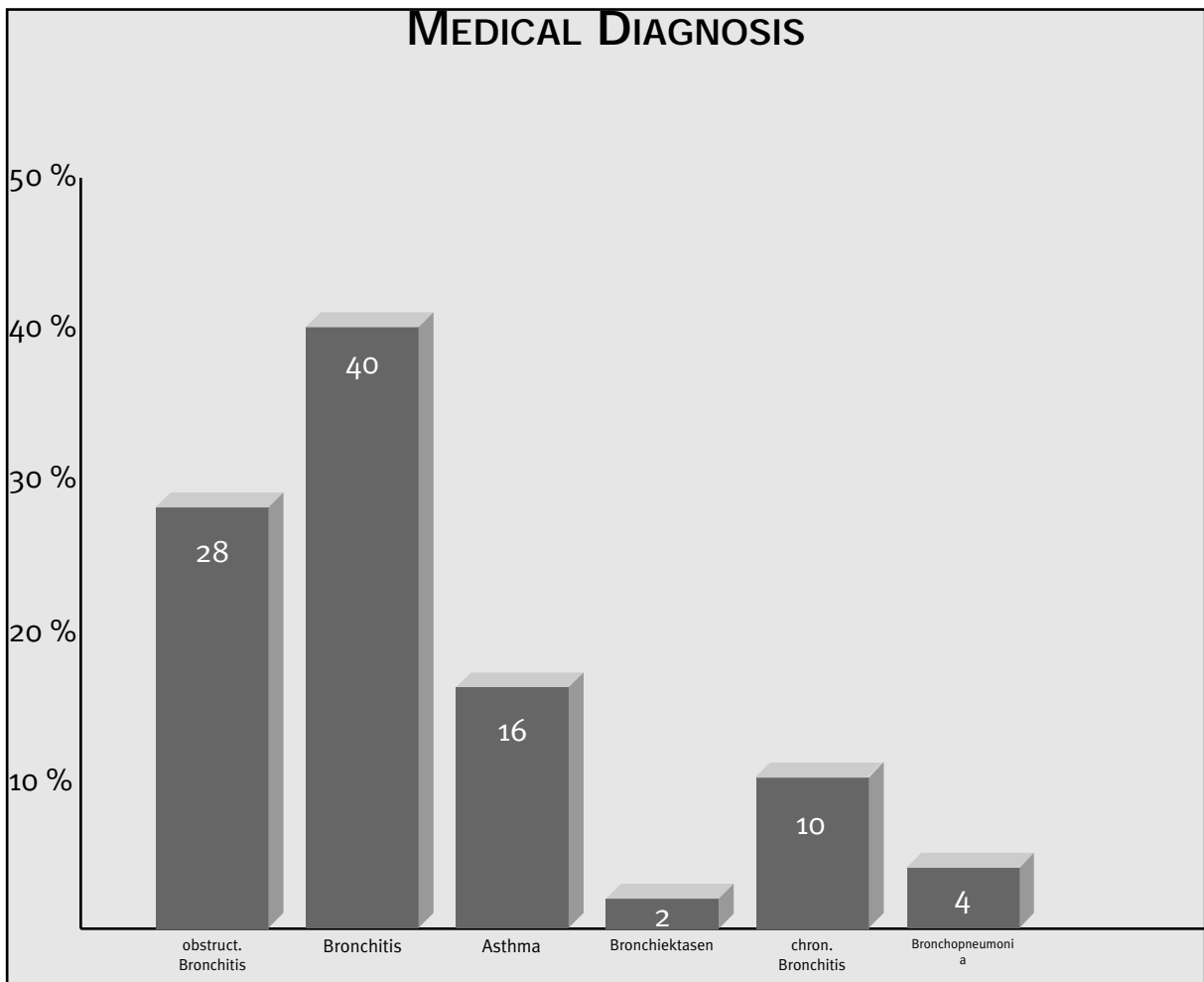
Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
strong	1.00	5	10.0	10.6	10.6
medium	2.00	6	12.0	12.8	23.4
light	3.00	23	46.0	48.9	72.3
no	4.00	3	6.0	6.4	78.7
not tested	5.00	10	20.0	21.3	100.0
	999.00	3	6.0	Missing	
	Total	50	100.0	100.0	
Valid cases	47	Missing cases	3		



A thorax x-ray examination was carried out after specific indications. With children under 10 years of age, a thorax survey photograph was taken, with patients over 11 years of age, an additional left-sided thorax photograph was produced. Depending on the indication, a trans-illumination was carried out as well.

Thorax X-Ray

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Peribronchitis	1.00	20	40.0	40.8	40.8
chron. Bronchitis	2.00	5	10.0	10.2	51.0
Bronchiektasen	3.00	3	6.0	6.1	57.1
Bronchitis	5.00	1	2.0	2.0	59.2
Bronchopneumonia	7.00	6	12.0	12.2	71.4
not tested	8.00	14	28.0	28.6	100.0
	999.00	1	2.0	Missing	
	Total	50	100.0	100.0	
Valid cases	49	Missing cases		1	



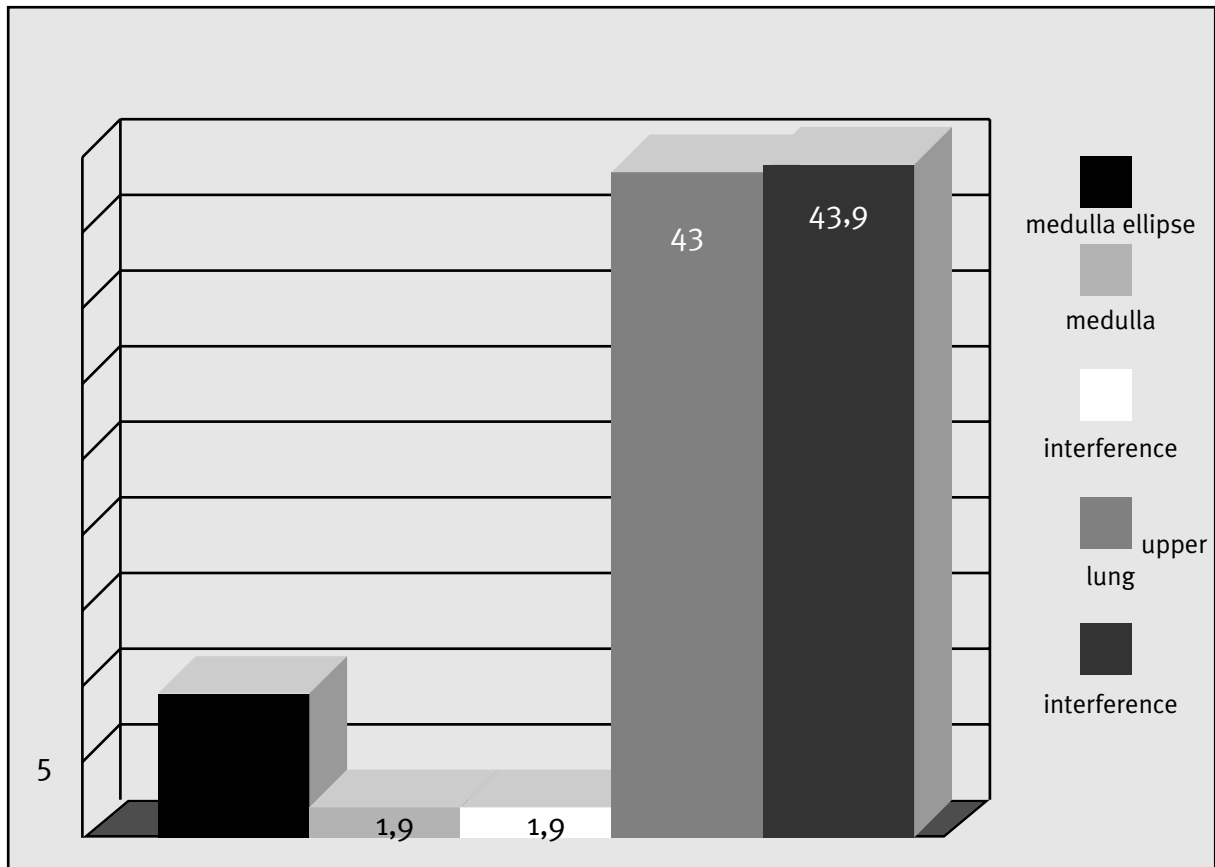
Med. Diagnosis

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
Obstruct. Bronchitis	1.00	14	28.0	28.0	28.0
Bronchitis	2.00	20	40.0	40.0	68.0
Asthma	3.00	8	16.0	16.0	84.0
Bronchiektasen	7.00	1	2.0	2.0	86.0
chron. Bronchitis	8.00	5	10.0	10.0	96.0
Broncho-pneumonia	9.00	2	4.0	4.0	100.0
	Total	50	100.0	100.0	
Valid cases	50	Missing cases		0	

INTRODUCTION THERAPY CONCEPT

In this study, the upper, middle and lower lung interference, the medulla interference as well as the medulla ellipse came to be used according to the indication of the color puncture by Peter Mandel.

These are sequences of color puncture, which are easily and quickly carried out, so that they may also be applied in large practices without a lot of expenditure of time or personnel. A therapy takes approximately 3-5 minutes and may easily be carried out by any assistant, who has just gone through training.



Therapy

Category label	Code	Count	Pct. of Responses	Pct. of Cases
upper lung interference	1	47	43.9	94.0
middle lung interference	2	46	43.0	92.0
lower lung interference	3	2	1.9	4.0
medulla interference	4	2	1.9	4.0
medulla ellipse	5	10	9.3	20.0
Total responses		107	100.0	
214.0				

0 missing cases; 50 valid cases

CONTEXT THERAPY AND SUCCESS:

DATA IN PERCENTAGE (%)

	Very good	Moderate	no	no judgement
upper lung interference	37	7	4	1
middle lung interference	36	7	2	1
lower lung interference	2	0	2	0
medulla interference	2	0	0	0
medulla ellipse	8	2	0	0
	80 %	14 %	4 %	2 %

RESULT

The color puncture therapies carried out during this study result in a quick (and often immediate) relief of the subjective symptoms and also bring about an improvement of the physical examination results and of the radiological/spirometric control results (if necessary).

Therefore, the use of medication was minimized a great deal as less patients than usual had to be treated with school medicine or the period of medication intake was shortened.

In case of problem germs, antibiotics according to the antibiogram and the serological result were prescribed. Interestingly enough, this study shows that the success rate of all patients, whom had been infected with chlamyden, bordetella pertussis, moraxella catarrhalis, pneumokokken as well as staphylococcus aureus, was little to none.

Worth mentioning is the positive feedback of patients regarding the prompt improvement of the primarily often uncontrollable cough. Regarding this matter, it is important to point out that the combination of the given therapy sequences of this study was chosen according to the indication of the color puncture by Peter Mandel.

It should also be mentioned that the treatment was applied without the Kirlian photograph (energetic terminal point diagnosis), which is the normally used for diagnostic purposes. Since these patients came from a school medicinal practice, it was not possible to apply the color puncture at its best.

SUMMARY AND CONCLUSION

The color puncture of the upper, middle and lower lung interference, the medulla ellipse or medulla interference is a very practical therapy method, which can be easily carried out in any medicinal practice without much technical expenditure.

This study proved that the color puncture sequences according to Peter Mandel used to treat bronchitis lead to a clearly positive treatment success without negative side effects.

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