

William Gutman

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“Air pollution today affects everyone. It adversely affects and at times endangers the health of people with respiratory difficulties, emphysema, and bronchial asthma, and bronchitis. Until air pollution is diminished to a tolerable level many years will elapse because the present U.S. Government legislation called the “Air Quality Act of 1967” leaves “too many time lapses in many situations, and in some instances no deadlines are set” for reducing noxious pollutants (report of the Philadelphia Department of Health, Air Pollution Section). In the meantime people will continue to suffer which in some instances is a danger to their lives.

The generally recognized main factor in air pollution and its consequences is the sulphur dioxide content of the air. Sulphur dioxide is converted through the ever present humidity of the air to sulphurous acid, and inhaled as such. Sulphurous acid is one of the great irritants of the respiratory tract.

Considering these facts we decided to embark upon a trial of desensitization against sulphurous acid, as one would against an allergen, and organized for this purpose a national and international team of physicians interested in this project. A potentized micro dilution of *Sulphurous acid* 30th was prepared according to our specifications, and was distributed among a number of cooperating physicians. I started this undertaking only after several positive clinical experiences which are described as follows:

A 65 year old chemist was suffering from emphysema for about 10 years. As a chemist he was used to detecting the characteristic odor of sulphur dioxide in the air. Whenever the monitored amount of air pollution was increased he would experience a “choking sensation in the trachea as if the air was being cut off” particularly when passing on his way to the laboratory in a certain section of the city where the emission of air pollutants was greatly increased. This patient received *Sulphurous acid* 30th on March 10, 1966. Contrary to my prescription of one tablet, he took one dose every day for several days, whereupon he experienced a reaction unexpected by him. He felt “as if he had been exposed to an extreme degree of exhaust gases.” Following this aggravation he was, despite his continued unusual exposure, free of his former complaints until the middle of April, 1966 when another single dose of SO₂ was given, because of a slight recurrence of reaction to air-pollution. Another dose as given at the end of May, and he was free of symptoms until November when he felt another dose might be needed, but managed to do without it. This case has been observed for two years until May 1968, and has had no further reaction to air pollution as he had been previously. Occasionally he has to go to the basement, and is exposed to the concentrated fumes of a leaking oil burner (sulphur dioxide), but has had no more than a normal slight discomfort as everyone would have under the circumstances. Remarkable is his observation that his nose has no more the former particularly keen sense of smell for sulphur dioxide,

which underlines the fact that a true desensitisation has taken place. Altogether this case had received no more than five single doses in the course of two years.

The next observation concerns a 60 year old female, suffering from periodic attacks of bronchial asthma, aggravated when the air pollution is increased, as monitored over the radio. She regularly listened to these reports. I prescribed, without letting her know for what purpose, one dose of *Sulphurous acid* 30th. Next time she reported that although the air pollution was increased, as monitored over the radio, she did not have her usual aggravation. This case received at intervals single doses of the same medication, and her sensitivity towards increased air pollution has since diminished. She is still under observation. We could report other cases from our files, but want to give space to the observations of our colleagues who have participated in this project.

In the course of further trials the surprising experience was made that patients with emphysema or bronchial asthma were often greatly improved as far as their basic condition is concerned while receiving the medication in single doses at infrequent intervals, each time repeated only when they showed an increase of their complaints. This is a matter of great importance for a double reason. No actual medication exists for the treatment of emphysema, and also the treatment of bronchial asthma presents often great difficulties. The other reason which gives weight to our observations is the fact that according to various reports emphysema has becoming a rapidly increasing disease. The U.S. Veteran Administration states "emphysema is the fastest growing and alarming disease." According to the U.S. Public Health Services emphysema is reaching "potentially epidemic proportions," and air pollution "plays a role in it" (Public Health Service Publication, No. 1715, n.d.). At the annual clinical conference of the Chicago Medical Society, it was stated that emphysema cases are skyrocketing as well as smoking cases, and that air pollution is responsible for this development. The "Archives of Environmental Health," March 1968, state that air pollution aggravates or induces chronic bronchitis. The three day smog on Thanksgiving day 1966 caused according to Dr. Greenburg in New York 168 deaths, and although the smog itself persisted for only three days, its killing effect lasted four additional days. "Even this was only the immediate effect, for lung damage suffered during the period will probably be a contributing factor in diseases suffered by New Yorkers for years to come." (N.Y. State Journal of Medicine, December 15, 1967). Similar reports are coming from abroad.

The seriousness of the situation, also for the average healthy citizen is recognized, but nothing has been really done. Therefore any attempt at a possibility to relieve this situation should be seriously considered by all concerned physicians as well as local, state and government health authorities and not the last, the public itself.

I shall select from a series of 50 cases, some outstanding ones. I do not wish to imply that all patients reacted equally well. A number showed only moderate improvement and some failures have been observed. The great majority of the 50 cases reacted well, a number extremely well, following the administration of potentized microsolutions of *Sulphurous acid* 30th, and in some instances higher potencies.

Here are observations of physicians, cooperating in this project. Dr. Dwight Smith (Glendale, California) reports: "I have used *Sulphurous acid* on quite a number of cases with moderate success, but want to report on one outstanding case: R. W., male, age 59. Severe case of pulmonary emphysema. I have been his physician for over 25 years. During the past few years the patient refused to come because I kept after him to quit smoking. Finally, on July 1, 1967 he was so bad that he felt he had to come. He had marked dyspnoea and cough, he could hardly talk, could not lie down, had to sit up to sleep, unable to work for several weeks. Even talking aggravates. *Sulphurous acid* 30th in a single dose was given. There was a very marked improvement by the next morning and he has gradually continued to improve on higher

dilutions of *Sulphurous acid* (200, 1M, 10M). He is a remarkably changed man. His chest is clear when he had rales and wheezing before. He is so appreciative that he almost every month when paying his bill he added 10 to 15 Dollars to his check. After 55 years in medical practice I have never seen a case of pulmonary emphysema responding as he has.”

Case 2, reported by Dr. Raymond Seidel (Philadelphia): 58 year old truck driver. Drives a concrete mixing truck for 30 years. December 1955 he developed periods of shortness of breath. He was diagnosed as having chronic emphysema and was informed by many physicians and specialists that they could do nothing for him. His first visit was on December 15, 1966. Unable to work because of spells of dyspnoea. He had musical rales throughout both bases. His EKG was normal, and the blood pressure 150/80. Received one dose of *Sulphurous acid* 30th. He returned on January 5, 1967, stated that he had had only three spells of bad breathing since the medicine and asked for another dose of what he called “the miracle drug”. On this day he was given *Sulphurous acid* 200th, one dose. January 26th, he reported only one spell in three weeks, and that was due to a particularly heavy smog day. On February 26th he reported no spells at all even with his dusty work. On March 3rd he reported little or no emphysema complaints even under exertion, a week of rain and the beginning of the allergic season. On April 11th no symptoms and wished to be discharged. He was told to report for another dose of *Sulphurous acid* whenever symptoms should appear. A phone call on June 1st stated that he was free of symptoms for the first time in ten years.

Case 3: (Dr. Goldberg, Cincinnati) Male, 70 years, emphysema. Comes to the office January 18, 1967 with dyspnoea and loud wheezing. After a dose of *Sulphurous acid* 30th sublingually he stopped wheezing in less than 4 minutes. This was the most dramatic case that I’ve ever seen in a clear emphysema case. Reports two weeks later “still fine.”

Case 4: (Dr. Goldberg) Miss E., emphysema and suffering from several allergies for several years. Breathing embarrassed when atmosphere is “heavy,” with increased air pollution. One dose *Sulphurous acid* 30th relieved at once.

Case 5: (Dr. Goldberg) Male patient. Works in basin of industrial establishment. Dyspnoeic on cloudy days when air pollution is increased. March 1967: *Sulphurous acid* 30th one dose. Relief obtained. Five weeks later no aggravation at all in spite of continuing exposure, no further indication for treatment of former symptoms.

Case 6: (Dr. Goldberg) This patient was a patient of a colleague not familiar with our project. At my advice this patient suffering from severe emphysema was given *Sulphurous acid* 30th one dose; within a few days the patient reported that he was much relieved. June 1967: This patient is still enjoying relief from his former symptoms. What is interesting in this case is that the vertigo he had suffered from for so long has also improved.

Case 7: (Dr. Goldberg) Female patient, early 20s: the patient’s physician reported that it was the most severe case of asthma bronchiale he had ever seen, and was of the opinion that she should be hospitalized without delay since she was suffering from terrible suffocating dyspnoea with a choking cough. *Sulphurous acid* 30th single dose was immediately given orally; in less than 10 minutes she perked up and stated “I feel better now than I have in two weeks.” She had a relapse in 10 days and one more dose of *Sulphurous acid* was administered with the same results. Although she complains of great weakness she has steadily continued to improve as a result of the last dose. Her physician stated “I was thrilled with the results.”

Case 8: (Dr. Krynicki, Detroit) Female, 65 years. History of asthma. Came to the office wheezing. *Sulphurous acid* 30th one dose. Forty-five minutes after the patient had left she telephoned to report that breathing was much easier, less wheezing. Returned at request after nearly four months stating that there had been occasional recurrence of the dyspnoea but that in general she “felt so much better.” *Sulphurous acid* 30th single dose repeated. Reported May

27 that she felt “very, very good,” most unusual for her, does not wheeze anymore even at night, no rattling, all breathing sounds were normal.

Case 9: (Dr. Krynicki) Female, 52 years. Suffers from asthma since she was 10 years old. Allergic to house dust, feathers, worse from higher degrees of air pollution. January 1967 dyspnoea very prominent. *Sulphurous acid* 30th one dose. March 4th one more dose. Then this patient reported “had the best Spring in my entire life,” since 10 years old. Has no respiratory symptoms at all up to the date of last report May 1967, although exposed to house dust and air pollution.

Case 10: (Roger A. Schmidt, M.D., San Francisco) Miss S. M., 19 years, has been under my care since 12 years for bronchial asthma and various skin allergies, lives on the other side of the Bay where air pollution is ten times worse than in San Francisco. Always worse in the Fall and Winter with repeated mild to severe asthmatic attacks. When I saw her October 6, 1967, she had a typical wheezing choking cough and I gave her three doses of *Sulphurous acid* 30th. On November 28, she reported having had some nausea after the first dose. *Sulphurous acid* 200 one dose. January 15, 1968 coming for a check-up reported that she had been entirely free of asthma and her allergic skin eczema since the last dose. One dose *Sulphurous acid* 200 repeated. I saw her again February 21, 1968 and she stated that she never before had a Winter entirely free from asthma as well as of the allergic skin manifestations.

Case 12: (Dr. Flinn) Lucy, 13 years. Daughter of a surgeon, was given a total of four doses at intervals by her father. Her attacks have been definitely less severe.

Case 13: (Dr. Flinn) Paul, age 3 ½, asthmatic attacks since his 11th month of life. Like in other cases, I had been able to interrupt these attacks but not reduce their frequency. Since giving the final of three doses beginning September 25, 1967 up to May 15, 1968, the child has had only two attacks.

Case 14: (Dr. Flinn) 10 year old female child had asthma attacks every three weeks, difficult to control. Worse when the air was heavy. Since having received six doses of *Sulphurous acid* 30th at six weeks intervals only about every three months, much shorter and milder.

Three other cases reacted moderately well, two others negatively.

Case 15: (Dr. Chandra Prakash, Jaipur, India) S. Jain, male, 14 years. Bronchial asthma since early childhood with allergy to dust and smoke. Came asthmatic to the office. One dose *Sulphurous acid* 30th. Reported next day prompt relief with an hour. Report after a month, free from usual asthma attacks, even on exposure to dust and smoke.

Two similar cases reported by Dr. Prakash.

Severe. Shivpuri, head of the Department for Allergic Diseases at the Patel Institute for Chest Diseases at the University of New Delhi, attending our lecture at the Congress in New Delhi, promised large-scale trials with *Sulphurous acid* in microdilution.

Case 17: (Dr. Anthony R. Picollo, Union City, N.J.) J. V., 60 years. Retired two years ago from work because of emphysema, comes with complaints of dyspnoea, cough, weakness. After one dose of *Sulphurous acid* 30th considerable improvement. The remedy had to be repeated several times. In general his emphysematous state has improved up to date, April 27, 1968, since I treated him, beginning September, 1967.

Case 17: (Dr. Picollo) F. B. 59 years. Being retired from work with similar complaints. *Sulphurous acid* 200 was given followed by considerable improvement in his condition. His attacks are less frequent and his general wellbeing has much improved.

I have tried this remedy in quite a few other cases and the results have been moderately successful in some, and fair in other cases.

Case 18: (Dr. Harold L. Trexler, Wets Reading, Pa.) 66 year old female, hypertensive heart disease, considerable fibrotic changes of the lungs. She receives one dose of *Sulphurous acid* 200 approximately every month, or as needed. It has relieved her dyspnoea considerably.

Case 19: (Dr. Trexler) 80 year old male with pulmonary emphysema. He receives periodically a dose of *Sulphurous acid* 200 which relieved his dyspnoea.

Case 20: (Dr. Trexler) 62 year old male, emphysema. Chest symptoms and dyspnoea improve with periodically given single doses of *Sulphurous acid* 30th or 200.

Case 21: (Dr. Trexler) 77 year old male, arteriosclerotic heart disease, chronic emphysema and bronchiectasis improves with *Sulphurous acid* 200.”

(William Gutman, M.D., New York City, The Prevention and Treatment of the Effects of Air Pollution on Chronic Obstructive Pulmonary Disease, The Journal of the American Institute of Homoeopathy 1968, p. 4-9)

Case Comments on Research in Progress

“Dr. Dwight A. Smith (Glendale, California) reports the case of a woman who went to live in the desert because of the sensitivity to Los Angeles smog, about 100 miles from my office. She complains a great deal about the way smog in Los Angeles area affected her, and she dreads more and more having to make the trip to Los Angeles. On July 11, 1969, I gave her Sulphurous acid 10 M. A few weeks later she was in Glendale and stopped at my office to say that she was so much better, the smog hardly bothered her at all. This is a case which is to be followed.

Dr. W. Dewenter (Munich, Germany) reports: With Sulphurous acid I had great success in two cases of bronchial asthma. In the first case the result was immediate. The second case could walk come after the dose in 30th potency although he intended to go back by taxi because of his condition.

Mrs. L. S., 69 years, suffers since 1946 from repeated attacks of bronchial asthma, always aggravated with increase of air pollution in the industrial area where she lives, Previous treatment unsuccessful. Receives March 20th 1969 one dose of Sulphurous acid 30th with immediate improvement and no recurrence of symptoms until May 10, when she received a second dose following a slight attack of bronchitis. Has been well since, has been followed up for six months, says “the first dose cured me”. Dr. D. J. Cooper of Bath, England, reporting the case, adds, that he had also failures at times with other cases with Sulphurous acid.

Another case was reported by Dr. Petzinger at the League Congress in Athens. In this case of bronchial asthma numerous remedies had been given without result. Sulphurous acid 30th helped immediately.

Physicians are invited to participate in the program to attempt a desensitization against smog mainly through pollution from sulphur dioxide, and to try in such cases of obstructive respiratory disorders (asthma bronchiale, emphysema) are asked to send positive observations to the Foundation for Homoeopathic Research, 3 E. 85th Street, New York, New York 10028.”

(William Gutman, M.D., New York City, Case Comments on Research in Progress, The Journal of the American Institute of Homoeopathy 1970, p. 115)

1970 - Preventive Treatment of Influenza and Influenzosis

"Since the invasion of the Asiatic strains Influenza has become a kind of "White plague", practically all over the world. Although the acute attack appears to the layman very often as a mild "cold", often only a very slight and passing initial scratchiness of the throat, for which one mostly has to ask the patient, it reveals this "cold" to the physician (the pharynx being the entry place for the virus) as a Flu attack. Its importance lies in the after effects: Often long lasting debility, meniere like symptoms, apathy, depression - and a predisposition for a new attack, particularly if the patient does not rest, at least for three days, even with the absence of any temperature, and takes it easy for the next one or two weeks, attending only to his essential duties. From my experience I can say that since the first appearance of the so called Asiatic flu, Gelsemium has been throughout the epidemic remedy, which if taken at the slightest sign - of a scratchiness of the throat beginning with lassitude, or dizziness without any detectable other cause, sometimes even only mental depression without cause, or a drowsy state - Gelsemium can cut short the case (200th. potency preferred).

Apart from the individual importance, Influenza constitutes among diseases the greatest economical drain of all diseases, due to loss of working hours. It is therefore much more important as a national problem than many much heralded diseases. All the more important is prevention of the disease which is highly infectious and through the modern means of transportation easily contracted from a coughing neighbour in bus or subway. If one person in a family gets sick, usually soon all others follow with what is termed by them as a "cold".

Considering this condition which is worldwide, and even does not stop anymore during the warm season, in addition becoming quickly chronic because of reinfections, a state I termed before "Influenzosis", I introduced a few years ago the first Nosode prepared from Influenza strains making its preventative use a project of the International Homoeopathic Research Council to be carried out on an international scale. According to our specifications the preparation was made most carefully by Nelson & Co. Ltd. (73 Duke St. Grosvenor Sq, London W. I England) from strains obtained from the Influenza Laboratories of the World Health Organization in London.

Considering the difficulty presented by the mutation of strains with slightly different antigenic properties - although a strain which is related, but not identical with the strain causing the infection, may also give rise to formation of antibodies against the new strain - we arranged that the new formula contains now in addition the streptococcus hemolyticus viridans, as the most frequented additional (sometimes primary) cause of infections of tonsils and pharynx, the entrance for the Flu infection. The present preparation contains formalin treated Influenza Virus A2 (Singapore) 1957, the original "Asiatic virus", Virus A2 Hongkong 1968, in addition streptococcus hemolyticus viridans in a preparation brought to the 30th potency. One tablet is given monthly during winter months, starting September or October. A statistical evaluation by an international team as well as single experiences have shown the definite effectiveness of this prevention program. The preparation is indicated only in persons who have repeatedly succumbed to Flu attacks and to elderly or otherwise through respiratory or cardiac conditions potentially endangered persons. In some obstinate cases the procedure must be followed through two or even more seasons. I could immunize many patients which before suffered continually from Influenza attacks (including myself). This preparation can be obtained from Nelson's of London, but must be marked as "Influenza Oral Vaccine I.H.R.C.", since there are similar preparations on the market. I personally avoid giving a dose during an Influenza attack and postpone it until the attack has completely passed.

The often unnoticed after effects of an attack, is the return of whatever condition had been treated successfully before, a "kicking up", interfering with or spoiling the effect of another remedy for a different condition. Consequences of neglect of what appears even to doctors as

an ordinary "cold" might be illustrated through two cases. A patient of mine had been just operated on for hiatus hernia. Through neglect the patient was left for awhile only slightly covered in the rather cool anteroom off the operating room. Soon she developed symptoms of a "cold", very slight temperature which was neglected and considered as postoperative temperature for which antibiotics were ready. The patient well trained in Homoeopathy, noticing the curious lassitude accompanying a slight scratchiness of the throat took immediately Gelsemium which she incidentally had taken along, with immediate results. If treated with antibiotics, not indicated for the condition, the course of the attack would have had her previously invariably repeated pattern: bronchitis with severe cough, followed by bronchial asthma attacks. Everyone can imagine what this would have meant after just having had performed on her a transthoracic incision and an operation for hiatus hernia, where complete avoidance of excessive abdominal and chest movements is essential.

The second case, an acquaintance (not my patient) was sent to the hospital with an acute coronary attack. After some weeks of rest he recovered, but suddenly developed (while still in the hospital) mild temperatures which were neglected. Telephoning him I asked about some symptoms - yes - he had a little scratchiness in the throat and fatigue - a Grippe infection. He was beyond my reach as a patient. Shortly afterwards he died from a new and sudden heart attack after he practically recovered from his initial attack. These are examples of the possible grave consequences of an unrecognized Flu attack, and of a "kicking up" of a previous condition, typical for the aftermath of even a slight Influenza virus infection not recognized or treated with useless antibiotics.

In connection with the treatment of the after effects of Influenza I want to mention Cadmium metallicum purum (to be prescribed under this name) which I could introduce through the first internationally carried out proving. There are cases of long lasting weakness, characterised by a feeling of complete apathy, lack of interest in anything, which at times react splendidly to Cadmium met. pur. 30th, or 200th. One case, after weeks of utter apathy, disinclination for work following a Grippe was cured, after other remedies had failed, over night following a single dose of the 30th potency. Two cases following an original (nor recognized) mild Grippe attack suffering from such a state for over a year, the other suffering nearly two years, were cured after a single dose of Cadmium met. pur 200. Two cases of severe idiopathic depression, crying all day, where I could establish that the depression started after a "cold", were cured with one dose of Cadmium met. One case had been suffering for three months from a severe depression, and was on the way to a psychiatrist, but fortunately for her remembered Homoeopathy. Both cases cured with a single dose of Cadmium met. 200th. Also depression of psychotic character can be produced as aftermath of an Influenza attack. Many often vague conditions of long lasting tiredness - sometimes the patient saying "I am getting old" - are nothing than late after effects of the Grippe virus toxins and yield to the indicated remedies.

There is no doubt that air pollution contributes as an additional predisposing and complicating factor to the problem of spreading the insidious long term effects of the Influenza virus. For this reason and for its own sake the program of desensitisation against the main factor of air pollution, sulphur dioxide, was added to the projects of the International Homoeopathic Research Council. Sulphurous acid in 30th and 200th potency has proven very successful in a high incidence of cases. (This preparation can be obtained from Boericke & Tafel, 1011 Arch St. Philadelphia, Pa.)

It is hoped that many doctors will participate in the homoeopathic oral immunization program with the "Oral Influenza Virus I.H.R.C." and report on the results which so far have been in most cases successful, if carried out systematically, and, if needed in a single case during two or three seasons.

Homoeopathy can make here a contribution to a problem of nation wide importance."

(William Gutman, M. D., New York, Preventive Treatment of Influenza and Influenzosis, The Journal of the American Institute of Homoeopathy 1970, p. 159-161)