

THE EFFECTIVENESS OF GEMMOTHERAPY IN CURRENT MEDICAL PRACTICE

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ABSTRACT: Lately I have noticed a great increase in acute respiratory infections, regardless of the affected segment: ENT, tracheobronchitis, pneumonia etc. Of these, acute angina with beta-haemolytic streptococcus manifested as an epidemic during the cold season, and the classic treatment was not as effective as the gemmotherapeutic one, which has been confirmed by laboratory investigations. The same gemmotherapeutic approach is also effective in other conditions (such as thrombocytopenia or male infertility, briefly looked into in this paper) where classic medication either can't offer a solution, or triggers unpleasant side-effects.

KEYWORDS: Gemmotherapy, acute respiratory infections, thrombocytopenia, male infertility.

INTRODUCTION

It is important for the practitioner to know a new type of approach, which is gemmotherapy, a biotherapy that demonstrated its effectiveness by tests: in vivo, in vitro, on the cell lines, tissues or organs at whose level it acts on (Pitera, 2003). The gemmotherapeutic extracts can be administered as a first intention approach at disease onset and as adjuvant to classical medicinal treatment in acute or chronic conditions.

MATERIALS AND METHODS

All presented data are based on existing scientific references and on my medical practice for over 20 years.

RESULTS AND DISCUSSIONS

INFECTION BY BETA-HAEMOLYTIC STREPTOCOCCUS

A-group beta-haemolytic Streptococcus statistically represents the cause of 5-20% of tonsillitis cases. Usually it occurs in children between the ages of 3 and 14 years old. Clinical symptoms suggestive for Streptococcus: sudden onset, sometimes with high fever (> 39°C), altered general state, malaise, irritability, severe sore throat (dysphagia), pain and sensitivity to swallowing, pharyngeal hyperemia, intensely congested tonsils, which may present whitish, yellowish deposits (pultaceous deposits). The clear diagnosis is made based on the pharyngeal exudate, which can confirm the presence of the beta-haemolytic Streptococcus in pharyngeal secretion. Distanced from this first infection, a new assessment can be made on the post-streptococcal status by determining the ASLO titer. Immediately after the onset of the Streptococcus-triggered disease, the human immune system cells react to Streptolysin O and begin to synthesize antibodies, which neutralize this chemical substance (Wessles M R, 2002).

Of all Streptococcus strains, only the A-type beta-haemolytic strain is considered to be pathogenic and

dangerous, since it can cause serious complications in kidney (glomerulonephritis), heart (valvulopathy), joints. These complications may develop within a few weeks or months after disease curing. For these reasons, we insist on an antibiotics treatment, even though, during the first days, the external signs of the disease do not seem to be very serious (e.g. if the child runs only a slight fever or accuses a moderately sore throat). The maximum ASLO level is reached at 3 -5 weeks after the streptococcal infection occurred. Later, the ASLO titer decreases gradually and returns to normal— on average, 6-12 weeks later after the infection (the normal value being below 200UI/ml) (Wessles M R, 2002). The ASLO titer itself does not pose any danger to humans, but it is an indicator that the body has contacted the streptococcal infection in the past, and its high value can show a prolonged contact with the microbe or with a greater aggression from its behalf.

I have been using gemmotherapy in my practice for over 20 years now, and, in the case of streptococcal infections, I recommend the gemmotherapeutic Extract of Grape Vine buds- *Vitis vinifera* GM = D1. It exerts its biological action at the level of the reticuloendothelial system; its action increases albumins and decreases alpha-2 and beta-globulins. The Grape Vine bud extract is the only gemmotherapeutic extract acting on leukocytosis with lymphocytosis, the cells involved in the non-specific immune response, in the first line of defense (Pitera, 2003). This gemmotherapeutic extract is immunostimulatory, is the remedy to inflammatory states, both acute as well as chronic and recurrent. It has a net action on the Streptolysins titer, improving post-streptococcal syndrome evolution and preventing the occurrence of complications. After 2 months of treatment (with the waiving of any type of antibiotic), ASLO can reach normal values. In cases of very high ASLO values, I added other gemmotherapeutic products to the Grape Vine buds extract, such as the Blackcurrant buds extract, with cortisone-like action,

and Dog-rose young shoots extract, with immunostimulatory and anti-inflammatory effect. The reason for that the patients turn to alternative treatment is that ASLO values are still high (or even higher), despite antibiotic treatment, and immunity is low, with occasional feverish stages or slight viral infections. Gemmotherapy enabled me to help the patients who have turned to my services in order to improve their biological parameters, decreasing the ASLO value, to enhance immunity, prevent relapses, complications, to quit the antibiotics, so as to be able to avoid mycoses. All this is unfolding in a gently, deeply, in a relatively short time and with long time effect. I could not find the equivalent of Grape Vine buds' action in allopathy, as I could neither in other pathologies, such as those succinctly presented below.

MALE INFERTILITY

We presently notice that it is as frequent as female infertility, which is why sterile men require spermogram analysis. At present, sterility has reached alarming proportions within the young population. The medical world is making huge efforts to find the roots of this condition and appropriate treatments. Most often, the problem of sterility is related to hormonal imbalances, dysfunction, female obstetrical diseases (where Gemmotherapy can be useful as well). But, male gonadic functionality is just as important (Connell J D, Wilson J D, 2002).

All cases of male infertility I have pursued have a common denominator: prolonged contact with the electromagnetic field (EMF), stress, fatigue. Studies performed on animals by applying EMF have clearly demonstrated its influence on the reproductive system, and, even if there is no direct method to demonstrate the influence of humans, clinical data cannot be ignored, on the contrary, they must be supported and disclosed. Even though male infertility caused by the action of EMF is a more recent disorder influenced by modern civilization conditions, nature has the resources and ancestral strength necessary to fix it.

The gemmotherapeutic scheme that I propose in such of cases is: Oak buds extract - *Quercus pedunculata* GM = D1- with polyendocrine action, stimulates urinary hydroxy-corticoids production (17-OH) and testosterone secretion (Pitera, 2003); with Ash seeds extract - *Fraxinus excelsior* semi GM = D1, containing structures similar to testosterone (Olah N K, 2014). This combination, (as well as in combination with other products, when appropriate) administered for a period of 3-4 months, can bring about major improvements to the spermogram.

The Oak buds gemmotherapeutic was chosen for its particular action on the adrenal gland, having the ability to stimulate the urinary hydroxy-corticoids production and gonadic testosterone secretion (proven by laboratory research). It has also proven its effectiveness in gonadic adynamia, sexual fatigue and it has a tonic action on arterial blood vessels, capillaries, and veins. In gemmotherapy, the oak, together with the birch, lie at the basis of this therapy's postulates or principles, namely that

“they are trees possessing the most obvious capabilities of adaptation, acclimatization, resistance, diffusing and regeneration” (Pitera, 2003). Their embryonic tissues are the most suitable for human cell detoxification, regeneration and healing. Besides the afore-mentioned organotropism, the oak buds gemmotherapeutic product can influence protein metabolism by reducing alpha-1-, alpha-2- and beta-globulins, having a light action in case of hypoalbuminemia, causing their increase (Pitera, 2003).

In the therapeutic scheme I associated the Oak with the Ash seeds extract because *Ash seeds* have special recommendations for male diseases (vs. oak, which influences both sexes). Thus, it acts in: sexual fatigue, asthenospermia and azoospermia, testicular insufficiency, male hypogonadism, male sexual senescence, male sterility, male libido disorder (Pitera, 2003). I point out these recommendations since I haven't yet found any synthetic drug that has a direct action on hormonal secretion, therefore, on spermatogenesis, as is the case with ash seeds (drugs recommended for potency or libido increase are a different case). Ash seeds, as well as any seeds, contain phytohormones able to give life when they encounter ready grounds. These grains contain a noticeable amount of fat (8-10%), and testosterone-like structures (Olah N K, 2014). I felt these two gemmotherapeutic extracts are the most suitable, although not sufficient, and their morning-evening administration can be easily use by patients, taking into account that there are very active people. The Oak buds extract - *Quercus pedunculata* GM = D1 and the Ash seeds extract - *Fraxinus excelsior* semi GM = D1, are those imposed by this excellence in this pathology and which sufficed to positively influence spermogram results, where allopathic medicine had very few treatment options, that were also unspecific.

In recent years, the number of couples who came to my practice with this problem has been growing and in about 60% of the cases, both partners had increasingly more complex or more serious problems. I often had to prescribe other gemmotherapeutic remedies as well: extract of *Sequoia* young shoots - *Sequoia gigantea* GM = D1 or extract of *Blackberry* young shoots- *Rubus fruticosus* GM = D1, which proved to be very effective.

ACQUIRED OR SECONDARY THROMBOCYTOPENIA

Thrombocytopenia is the medical term used for the small number of thrombocytes (blood platelets). The thrombocytes are colourless blood cells that play an important role in blood clotting. They prevent blood loss by adhering to the injured vessel wall and aggregating. Normally, a person has between 150,000 and 450,000 platelets/ microliter blood. Because each thrombocyte lives only for 10 days, the body can continue to restore the platelet input by producing new ones in the spinal column.

There are many causes for the occurrence of thrombocytopenia. These include:

a) Thrombocytes' blocking in the spleen

Normally, the spleen's role is to fight infection and filter toxins in the blood. An enlarged spleen, which

may be caused by multiple disorders, can accommodate too many platelets, which results in the quantity decrease of platelets in the blood.

b) Reduction in thrombocyte production

The thrombocytes are produced in the spinal column. A disease or condition involving the spinal column, such as leukemia or certain types of anemia, can lead to a reduction in the number of platelets produced. Viral infections, including HIV, can suppress the spinal bone marrow's ability to produce platelets. Toxic chemicals, chemotherapy drugs and excessive alcohol consumption can diminish the production of platelets.

In allopathy, thrombocytopenia receives underlying cause treatment —if the doctor can identify a disease or condition that causes thrombocytopenia, its treatment may lead to improvement in signs and symptoms. Treatment includes medications that block the antibodies that attack thrombocytes, such as corticosteroids. If corticosteroids are not helpful then the doctor may recommend surgery to remove the spleen or other more powerful drugs that suppress the immune system, or even blood transfusion (Haudin R I, 2002).

In Gemmotherapy there is the possibility to boost the body to make its own thrombocytes by associating the extract of Hornbeam buds with the extract of Tamarix young shoots.

The extract of Hornbeam buds- *Carpinus betulus* GM = D1 is recommended in thrombocytopenic syndromes and in post-medicinal thrombopathies since, due to its action. It is a real anti-hemorrhagic remedy (it normalizes bleeding time by partially increasing of thromboplastin time). At bone marrow level, it stimulates megakaryocytes series, the thrombocytes' precursors. Clinically, the extract of Hornbeam buds can be used in liver failure syndromes with anemia and thrombocytopenia. Its method of action on liver metabolism should be examined by means of its protidic stimulation capacity that increases albumins and stimulates thrombocytary cell line formation. Hornbeam buds increase thrombocytes' number and cytological quality in case of thrombocytopenias: autoimmune, acquired, of iatrogenic cause, aplasia and medullary hypoplasia, post-splenectomy and even hemophilia (as co-adjuvant)(Pitera F, 2014).

Personally, I used Hornbeam buds in habitual abortion, in young patients with high thrombophilic risk either due to hereditary causes (cardio-vascular diseases in the family), or due to medication (long-term birth control pills consumption), with satisfying results. In general, it is administered to adults and children over 7 years: 1 ml, in a little water, 2-3 times a day, and in children aged between 1 and 7 years, 10-15 drops. If combined with other Gemmotherapeutic extracts, it should be administered once a day.

The extract of Tamarix young shoots - *Tamarix gallica* GM = D1 acts on the bone marrow and spleen by directly stimulating the thrombocytary cell line, enhancing the effect of the Hornbeam bud extract. This is the main gemmotherapeutic with antianemic action,

stimulating the erythropoietic and thrombocytary cell lines (Pitera, 2003). It is administered to adults and children over 7 years: 1 ml, in a little water, 2-3 times a day after meals. In children aged between 1 and 7 years, 10 drops in a little water, 2-3 times a day after meals.

CONCLUSIONS

Over the years, gemmotherapy proved effective in many pathological conditions, both acute and chronic. Its action is profound, ambivalent, for long time and demonstrable through paraclinic and laboratory investigations.

The gemmotherapeutic extracts can be administered in combination with other therapies, either allopathic or natural, without interfering with their action. If health conditions improve, synthetic medicine can be replaced by gemmotherapeutic products. The possibilities that the nature offers are many, complex and proven to help us there where classical medication has its limits or undesirable reactions.

It is important that equally doctors and pharmacists discover new treatment possibilities to be able to help, as softly, deep and more effective in restoring patients' health, which, with every passing year, becomes more and more difficult to approach.

After 20 years of medical practice with the two types of therapy, I can conclude that, to a physician, gemmotherapy means unlimited possibilities to help the patient, and, for the patient, it means a higher chance of cure.

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