

Lauren Hubele

Gemmotherapy for Everyone

Reading excerpt
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Recurring Inflammation of the Bronchi or Trachea



Overview

Asthma like bronchial spasms or inflammation in the trachea, known as croup, occur less frequently than the other symptoms discussed in this book. It has, however, become alarmingly common in this current generation of children because of the factors that influence its development. While frightening, it can be viewed by parents and widely accepted as a normal part of early childhood that will be outgrown as the body matures.

When the home treatment of a steamy shower does not bring relief for croup or bronchial spasms, the standard treatment is most often a combination of antibiotics and a nebulizer to dispense a steroid medication for children too young to use an inhaler.

Parents frequently bring their children to me for inflammation of the bronchi or trachea. Because of the dramatic nature of these symptoms, their fear is at a high level. While they naturally have concerns over their child's discomfort and sleep disruption, they also have fear due to their unfamiliarity with the cause of this symptom.

In the intake interview I ask several detailed questions on the frequency and consistency of their child's bowel elimination in order to understand why the body is using this emergency exit. While most parents are not alarmed by their child missing a daily bowel movement on occasion, they do notice a recurring cough, croup, and or pulmonary spasms and that their child will have a darkening and puffiness under the eyes, which is a clear indication of overworked kidneys.

Inflammation of the bronchial system, to include the trachea, bronchi, and/or lungs, in babies and young children occurs because optimal bowel elimination is not established and, to compensate, the body steps up the effort to clean using emergency exits, much like detour routes off a congested highway. (See Chapter 1).

In this case, the respiratory system has become the chosen emergency exit. This cleaning through the respiratory system can begin with a recurring dry cough or croup and lead to full blown bronchial spasms.

As a parent, I would want to know if inflammation of the bronchi or trachea can be resolved without medical intervention and what I can do to keep it from recurring. Read on for the answers to these concerns.

While even a single, one-off episode of bronchial spasms or inflammation in the trachea can be frightening for parents, it is important to understand that this weakness may not only be structural, but can also be influenced by less than optimal functioning of the primary organs of elimination.

How can it be resolved without medical intervention?

Inflammation of the bronchi or trachea is a secondary symptom of infrequent stools that has continued long enough for the body to search for an emergency exit for cleaning. In this case, the acute inflammatory state of the respiratory system must be managed first and then the primary symptom, infrequent stools, must be resolved before the cycle can be broken.

Let's look at how the body resolves inflammation naturally so we can work with it rather than against it and avoid the use of OTC medications, steroid treatments, or antibiotics.

The natural resolution of inflammation requires the coordinated efforts of the lymphatic system (as a part of the immune system), the circulatory system, and the primary organs of elimination: the bowel and kidneys.

The lymphatic system is the body's drainage system. It is responsible for maintaining a balance of body fluids and does this by transporting excess fluids through intricate channels, filtering what has been collected within the lymph nodes before moving the fluids on to the blood.

The circulatory system then delivers the blood to the kidneys for the removal of the waste product urea to form urine.

Inflammatory states, such as inflammation of the bronchi and trachea, will require a first protocol to resolve the acute condition and a follow-up protocol for the primary symptom of infrequent stools and the chronic state of inflammation of bronchi or trachea. Leaving a child to "outgrow" these inflammatory states can lead to more complex secondary symptoms as he or she moves into puberty.

The acute symptom of inflammation of the bronchi or trachea and the primary symptom of infrequent stools must be addressed with considerable care. Poor bowel elimination can quickly trigger an acute response and then while attending to the acute response, the bowel elimination can quickly regress.

Of all of the symptoms covered in this book, inflammation of the bronchi or trachea trigger the most fear in parents for good reasons and, while they are mostly resolvable, being responsive and aware is imperative. It is important to note that in some cases, these symptoms must be treated with a nebulizer. This makes strengthening the respiratory system and resolving inflammation with the use of Gemmotherapy, dietary changes, and Homeopathic support even more important.

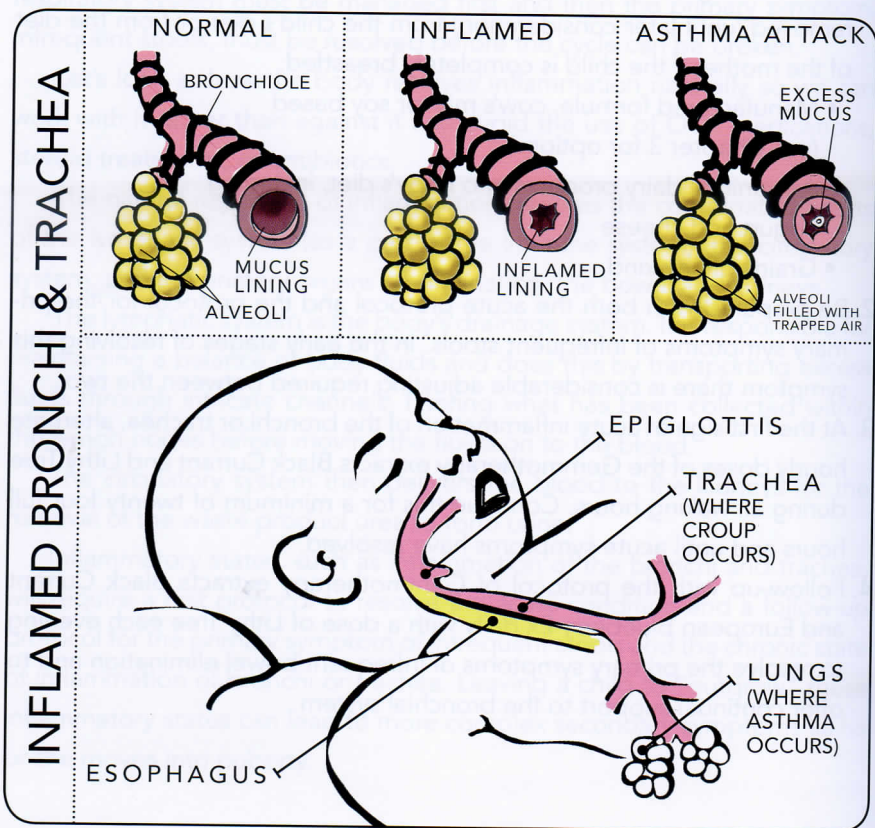
Consider the following:

1. First and foremost, dietary causes must be assessed and addressed. The following are the most common inflammatory foods and should be removed (until later consideration) from the child's diet or from the diet of the mother if the child is completely breastfed:
 - Manufactured formula, cow's milk or soy based (see Chapter 3 for options)
 - Any animal dairy products into baby's diet, including yogurt and cheese
 - Grains of any kind
2. Be prepared with both the acute protocol and the protocol for the primary symptoms of infrequent stools. In the early stages of resolving this symptom there is considerable adjusting required between the two.
3. At the first sign of acute inflammation of the bronchi or trachea, alternate hourly doses of the Gemmotherapy extracts Black Currant and Lithy Tree during all waking hours. Continue this for a minimum of twenty four full hours and until acute symptoms have resolved.
4. Follow-up with the protocol of Gemmotherapy extracts Black Currant and European Blueberry 2x daily with a dose of Lithy Tree each evening to resolve the primary symptoms of infrequent bowel elimination and to offer continual support to the bronchial system.

5. Once bowel elimination has optimized to 3-4 bowel movements daily for exclusively breastfed babies and a minimum of two for those not exclusively breastfed, continue the protocol for another month or more. Watch for an improvement not only in bowel elimination but in the dark circles and puffiness under the child's eyes. Once the eyes have improved as well, consider discontinuing the protocol unless advised otherwise by your practitioner.
6. Should respiratory inflammation return, go back to step 3 until resolved, then follow with the protocol for recurring infrequent bowel elimination on page 46.

How can I prevent it from recurring?

First and foremost, make the necessary dietary corrections and, at the same time, simply return to using the two Gemmotherapy protocols as needed.





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