Treatment of Chronic Bronchitis with EM-X A Case Report

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Introduction

Antibiotic management of chronic bronchitis has become very difficult due to the emergence of resistant bacteria. In our hospital, we have been interested in the possibility of replacing antibiotics with EM-X. Our experience so far shows that taking 30 ml EM-X a day gives the best results. We report our findings.

Clinical Case

The patient was an 82-years-old male born on May 13, 1919. He was 149 cm in height and 50 kg in weight.

His diseases were chronic bronchitis, constrictive pulmonary function impairment diabetes, and lumbar disc herniation.

The patient had had chronic cough and expectoration since his 50s. However, since these did not affect his daily life, he had not sought treatment. Then his cough and expectoration, asthma and shortness of breath worsened, and he started receiving treatment at our hospital from May 1988. He was receiving almost daily inhalation therapy and expectorant, anti-allergic agents, bronchodilator, antihypertensive, antibiotics (many types had been tried and he finally responded to erythromycin DS 300/day), and other treatment. Although the treatments were effective to a certain extent, his symptoms worsened year after year, and developed into exertional dyspnea and worsened wheezing at rest. Because of increasing volume of expectoration, oxygen therapy was started at home from May 2000. An antifungal agent (Lamisil 1 tablet a day) was added to the treatment, resulting in a reduction of expectoration and wheezing (decrease by 1/3 to 1/2). Aiming at further improvement, EM-X was added as combined therapy, resulting in a marked decrease in the volume of expectoration by 1/5, marked reduction of wheezing at exertion and at rest, marked reduction of cough at night, and definite decrease in shortness of breath. The patient were satisfied with the effect

Due to marked amelioration of symptoms, inhalation therapy has been discontinued on ordinary days and was only used during exacerbation because of colds and other conditions. The other drugs are also reduced.

Results and Discussion

Continuous administration of low dose of erythromycin DS is now the mainstream treatment for infections in chronic bronchitis. Compared to this treatment, administration of EM-X gives even better results.

In the present case, although the volume of expectoration was not measured everyday, subjective symptoms suggest a marked reduction by 1/5. Especially, there is almost no coughing during the night, and the patient has been able to take

sufficient sleep. Wheezing is reduced, and wheezing sound during conversation has definitely been reduced. What is most important is that the degree of satisfaction of the patient is higher than for any other treatments that he has received so far.

Aside from this case, we have experienced one more similar case. Since our hospital is not specializing in respiratory disease, we have encountered only a few cases. I expect that other clinicians will report similar cases. I hope this case report may serve as a reference.

Clinical course

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Day/month/	Therapy, prescription, others
Year	
5/22/1989	Treatment started for chronic bronchitis and interstitial
	pneumonitis
1994	Almost daily inhalation therapy
	Prescription: Domenan, Esinol DS, Epadel, expectorant Huscode
12/1998	Diabetes diagnosed, HbA1C = 7.2%, Bronica 1 tablet, additional
1/1999	Daonil 1.25, ½ tablet prescription started
2/1999	Daonil 1.25, increased to 1 tablet/day
6/1999	Noscal 2/day, additional
5/2000	Ambulatory oxygen therapy started 1L/m, 2-3 hr/day
	Resting oxygen saturation Walking
	Sp02: 29-94% 82-91%
	Pa02: 62-69 Torr 46-60 Torr
	Aim: To reduce expectoration, dyspnea and reduce wheezing
8/2000	HbH1C = 7.1
9/2000	Lamisil was added, expectoration, reduced (by about 1/3
	subjectively)
1/19/2001	Respiratory function test: Mixed disorder, %VC = 3.4% (80-)
	Height 151; 50 FEVI: 0.57 L (normal: 1.49-) (38%)
	FEVI%G = 60.0 (normal: 61.2 -)
	Resting SaO2 = $92-94\%$ (62-69 Torr)
3/2001	HbA1C = 6.7
4/3/2001	EM-X started
4/18/2001	Marked reduction of expectoration (reduced by about 1/5)
	Coughing at night almost disappeared, patient is happy
6/5/2001	Regular insulin given intermittently
7/30/2001	HbA1C = 6.3%
8/24/2001	Respiratory function test: Obstructive disorder, $\%VC = 40\%$ (80-)
	Height 151; 50 FEVI% $G = 70.8 (60.8 -)$
	FEVI: 0.51 (1.39 -) 36% Resting Sa02 = 94-96% (69-82 Torr)