Dermatoses - a practical view

Important connections in the course of the disease

by Dr. med. Konrad Werthmann
Every chronic condition requires improved elimination as an important prerequisite for therapy. The main eliminatory organs are the kidneys, the intestine and the lungs, but above all the skin. Interestingly nature prefers the skin as an eliminatory organ. In addition to many childhood diseases (scarlet fever, measles, rubella) and allergies, many of the chronic skin diseases represent a permanent attempt by the skin to get rid of waste. This is easily explained by Reckeweg’s phenomenon of vicariation. That is why one should not treat the symptoms by the book as it were, but treat the cause.

Chronic skin diseases, like all other chronic diseases, are clearly definable. The first primary focus is always the gut environment (cell-environment system according to Pischinger), with the dual compartments of mucous membrane and bacterial lining. The two are interdependent and should only be treated as a single unit. To restore the mucous membrane the best thing is a strict and long term dietary regime with no dairy or egg products at all (Werthmann). This is the only way to guarantee allergen carence in the primary antigens and hence the regeneration of the Mucosa enteralis which has become atrophied. When the Mucosa enteralis is restored, it is above all the production of IgA which resumes and provides the body with a real defence agent. This IgA thickens the gut and marks the substances which should not pass the intestinal barrier. An intact mucous membrane in the gut can also activate the pancreas, making its digestive potential available for use.

If the mucous membrane is atrophic, the Peyer’s patches, an extremely important organ in immunology, will suffer. They lie at the bottom of the Kerckring’s folds and are responsible for the number and availability of the T\(\text{3,4-}\) and B-lymphocytes. The T-lymphocytes present the antigen to the macrophages and the B-cells. All of these together create an intestinal barrier which does not admit any toxins, microorganisms or pathological metabolic products into the body.

The bacterial ‘lawn’ is equally important, since a quantitatively and qualitatively physiological bacterial flora provide the substances which help to normalise a disordered Selye reaction curve. The triple conjugated and unsaturated fatty acids are chiefly formed by the Bacterium coli. If this is not present, the Selye curve cannot be improved. In summary, a physiologically equipped mucous membrane in the gut is a prerequisite for reversing Reckeweg’s vicariation phenomenon, since it is the only thing which supplies the individual immune substances. Without these substances the chances of a cure are nil.

Cyclogenic treatment of the bacterial lawn not only reverses the in part physiological bacterial lawn but also reduces the pathogenicity of the endobiont. The chronically sick cannot combat this phenomenon owing to the aforementioned difficulties.

If chronic or degenerative skin diseases are to be treated expeditiously and sensibly, the intestinal environment must be exploited. The greatest success in chronic diseases, particularly chronic skin diseases, is still achieved by instigating therapy in the compartments of the gut. Accordingly, in talking about individual conditions the priority is to prescribe a diet. The cookery book “Dietary change for chronically sick and allergic patients” by K. Werthmann (published by the ebi electronic publishers in Kirchlindach/Berne) offers suitable recommendations for this diet.

Experience has shown the following basic treatment to be of value and this combination provides the starting point for all further treatment recommendations:
- Werthmann’s diet;
- ALKALA N powder (1 tsp twice daily in warm water);
- REBAS 4X capsules (1 capsule twice daily).

Duration of treatment two or more months.

Basalioma
Basalioma is the most dangerous skin disease among dermatoses. It is the commonest cancer and yet is often not recognised by therapists because it is so inconspicuous. The various forms or symptoms are:
- a wound which will not heal;
- a reddish patch, often covered with crusts or scales;
- a smooth growth with a central hollow which may become ulcerous;
- a shiny waxy-looking lump and usually small broken veins;
- rough skin with altered pigmentation;
- the simultaneous occurrence of two symptoms is also possible (e.g. a reddish patch with a
central wound which will not heal).

**Therapy for basalioma**

The best therapy is rapid removal. But that does not remove the cause. Cyclogenic treatment requires QUENTAKEHL 5X (20 drops daily for three weeks) and then MUCOKEHL 5X (1 tablet in the morning) and NIGERSAN 5X (1 tablet in the evening) for several months. Immunology: in order to improve the body’s defence, we prescribe THYMOKEHL and SANUKEHL PSEU 6X drops for oral and topical use.

The diet should be rich in vitamins A, B6 and E and contain high grade supplies of protein (lean meat, a lot of fish). As with any carcinoma the body needs Omega-3 fatty acids and gamma linolenic acids (LIPISCOR, 5 capsules twice daily) or evening primrose oil (4 capsules daily) plus the essential fatty acids obtained from cold pressed oils. Particular care should also be taken to ensure that patients with this condition are not exposed to intensive sunshine.

**Acne**

This is the commonest disease in the developing years. It usually begins in puberty and ceases at 20. The cause is disorders in the secretion of sebum in the skin, expressed as comedones, follicular pustules with crusts and scars.

**Therapy for acne**

In the author’s experience one always needs to take an X-ray of the dental panorama. Root treatments, teeth in transverse positions, quantities of amalgam can all sustain acne. The cylogenic treatment begins with NOTAKEHL 5X tablets or 4X capsules for three weeks. We then prescribe the combination of MUCOKEHL 5X (1 tablet in the morning) and NIGERSAN 5X (1 tablet in the evening). This therapy should be continued for several months.

Immunological: combine SANUKEHL Myc 6X and SANUKEHL ACNE 6X. 5 drops of each of the SANUKEHL remedies alternately are rubbed into the skin daily. In addition we prescribe ZINKOKEHL 3X orally (5 drops twice daily).

It is important with acne to avoid excess. This means unsaturated fatty acids (fatty meat, butter, chocolate, whole milk, cheese), hardened fats (margarine, industrial bread, cakes and pastries), salty foods (crisps, chips), nuts, almonds, coca cola, sugar and white flour products.

**Candida skin infections**

Such candida infections are found above all in moist and warm folds of skin such as under the female breasts. The cause may lie in inadequate hygiene, which can be readily remedied by washing normally and then keeping the area dry with baby powder. The cleaning and hygiene of the inguinal or anal creases or the breasts are often neglected. Sometimes the skin is lacking in fat, in which case skin oil or evening primrose oil should be used. Conditions like diabetes, vitamin deficiency, a dysbiotic gut environment, dental abnormalities (amalgam) or quite simply any disorder which puts stress on the immune system, are disrupting factors.

**Therapy for candida infections**

The therapy of choice is ALBICANSAN 3X ointment or PEFRAKEHL 3X ointment and dry powder. The cyclogenic treatment begins with ALBICANSAN 3X suppositories (1 suppository daily). After two to three weeks the therapy is continued with the combination of MUCOKEHL 5X (1 tablet in the morning) and NIGERSAN 5X (1 tablet in the evening) for several months.

For children we give PEFRAKEHL 5X (15 drops twice daily) for two to three weeks and then continue with SANKOMBI 5X (15 drops twice daily). In addition one can improve the overall immune status with a mixed injection of ALBICANSAN 5X, Ubichinon compositum/Hepar compositum/Coenzyme compositum (Heel). This mixed injection is administered once a week. As a supplement we prescribe vitamin C (1 to 2g / day), vitamin A and vitamin B6 together with ZINKOKEHL 3 X (10 drops twice daily).

Important: in every case there is an intestinal mycosis underlying any skin disease. But this can never be treated with a simple ban on sugar and carbohydrates. That kind of inadequate treatment drives the fungus into the sub-mucous blood vessels where it obtains blood sugar as required.

**Herpes zoster/simplex**

In every case this problem represents an immune defect
deriving from the gut and requires urgent rehabilitation of the gut.

**Therapy for herpes zoster**

The remedy of choice for this condition is GRIFOKEHL 5X. The optimum curative way to use it is in combination, whereby 5 drops are rubbed in and 10 drops are swallowed every day. The therapy works even better for the first two days if one ampoule of GRIFOKEHL 5X and one ampoule each of Ranunculus Homaccord (Heel) and Mezereum Homaccord (Heel) are injected under the efflorescences with 1 ml lidocaine 1%. They dry in immediately and the pain is noticeably reduced shortly afterwards. In addition prescribe LATENSIN strong capsules and UTILIN strong capsules on a weekly alternating basis for three months. A recommendation for diet: the food should contain more L-lysine than arginine. Arginine is necessary to the herpes virus, lysine slows down its activity. Therefore the diet should emphasise potatoes, pulses, fish, quails eggs and goats milk.

**Psoriasis**

This is a scaly condition with a strong hereditary component and a remitting-relapsing pattern. The inflammation may sometimes manifest itself as a reddening of the skin or problems in the joints.

**Therapy for psoriasis**

We start with NOTAKEHL 5X (1 tablet twice daily for three to four weeks) and then prescribe a combination of MUCOKEHL 5X (1 tablet in the morning) and NIGERSAN 5X (1 tablet in the evening). This should be maintained for several months. Children should be given SANKOMBI 5X drops (15 to 20 drops twice daily).

A weekly alternating regime of UTILIN strong capsules (1 capsule a week) and RECARCIN capsules (1 capsule a week) has proven effective in immunological terms. After three to four weeks a UTILIN “S“ capsule may be prescribed. In addition, SANUKEHL Myc is prescribed, either 1 ampoule of 5X once a week as an injection or 6X drops. Rub 5 drops into the healthy skin and then take 10 drops internally.

The nutritional recommendations for this disease also indicate vitamins A (50,000 IU daily), D (10µg daily) and B₁₂ (1mg/week i.m. injection). In addition SELENOKEHL 3X is administered (5 drops twice daily) and ZINKOKEHL 3X (10 drops twice daily), together with that important supplement LIPISCOR (5 capsules twice daily) or evening primrose oil (4 to 5 capsules daily).

**Senile lentigo/liver spots**

This phenomenon of advancing age expresses itself in yellowish to brownish-black patches, sometimes within the skin, sometimes as highly keratinized patches. They are accompanied by a loss of elasticity and a thinning of the skin.

**Therapy for liver spots**

There are two important organs to consider when initiating therapy: the gut and the liver. Building up the gut environment has already been discussed. Because the mucous membrane is already atrophied due to age, it is above all the years of restriction of primary antigens which needs to be tackled combined with a prescription for REBAS 4X capsules (1 capsule daily). In addition SANUVEIS should be prescribed (60 drops twice daily). For the liver therapy the primary choice is milk thistle in the form of SILVAYSAN (1 capsule three times daily for several months). As supplementary therapy Lycopodium 30X (10 globules twice daily) and Hepar compositum (Heel; 1 ampoule once weekly). As antioxidants SELENOKEHL (5 drops twice daily) and ZINKOKEHL 3X (10 drops twice daily) are also important.

In many elderly people protein saccharification is a problem, as the price they pay for it is the loss of firmness in the skin. Protein saccharification is directly dependent on the mucous membrane of the gut. The better that is, the less the problem arises. So-called Schiff’s bases form from the amino group of protein and the aldehyde group of sugar. Only macrophages track such compounds down and destroy them. If that is not possible, the Schiff’s bases break down and later become active again. All the symptoms of mucous atrophy thereby occur.

**Neurodermitis**

This atopic dermatitis chiefly occurs in nursing infants and young children and displays a chronically recurring pattern. Apart from the traditional causes, the following factors are responsible for the sometimes severe clinical picture: in the child: an allergy to the primary
antigens cows milk and hens eggs; sensitivity to sugar; the subliminal motif of clinging to the parents’ love. In the mother this situation affects the maternal anxiety and care shown to the child, such as through gestures and facial expressions. In the case of nursing mothers, the mothers need to follow Werthmann’s diet. Even cows milk enters the mothers milk.

**Therapy for neurodermitis**

Children should be given SANKOMBI (5 to 15 drops twice daily). On an alternating daily basis they should have 2 drops of UTILIN N and RECARCIN N rubbed in, for several months. Evening primrose oil has proven beneficial when rubbed in (once or twice a day in the neck and stomach regions).

Adults should be given MUCOKEHL 5X (2 tablets in the morning) and NIGERSAN 5X (2 tablets in the evening). In addition UTILIN weak capsules should be given weekly alternating with LATENSIN weak capsules.

Concerning the physiological aspects: a child can observe very well and it sees its mother’s anxiety about the illness or the hopelessness of a situation. The child also becomes anxious for a fraction of a second and responds with a reaction in its weak organ, the skin. Evening or night-time scratching is a way of securing the parents’ love. For this small being it always means attracting attention, regardless of whether it is critical or kind. As soon as one’s head turns towards the child because of the scratching, the child is calmed. But with the ongoing physical condition it can no longer stop itself scratching again. The best thing is to learn to just watch the scratching. That sounds harsh but it is a way of helping the subconscious. Physically it means concentrating on the diet.

In order to really “get a grip” on dermatoses, the patient needs discipline to follow the prescriptions for diet and medication properly, as the therapy dictates. The therapist also needs to exercise considerable patience. Sometimes one has to provide a helping hand in the form of a base infusion (once or twice a week), Rp.: 250 ml sodium chloride 0.72% and sodium hydrogen carbonate 1.68%.

This base infusion alleviates the symptoms. The patient notices it immediately. The patient is grateful and that is important. He or she feels better overall. Generally speaking, returning a chronic condition to a more easily treated acute condition is a difficult task. However if the therapy steps outlined above are followed it can be done. In any case this will facilitate the therapy.

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