SANUKHEHL preparations for the excretion of cell wall deficient bacterial forms

A specific extension of isopathic therapy

by Dr. Dr. Peter Schneider
This paper describes the origins and significance of cell wall deficient (CWD) forms of bacteria. With the help of SANUM therapy and particularly by taking account of SANUKEHL preparations, such forms can be regulated and excreted from the body. According to Professor Heine, this regulation mechanism can be explained by the „immunological support reaction“.

Regulation therapy using SANUKEHLS naturally presupposes a base substance susceptible to regulation, as described by Pischinger. This means that at least at the same time, but even better beforehand, the corresponding milieu therapy has to be implemented. It is true that the effect of the SANUKEHLS can be seen even without a prior milieu therapy but then far higher doses are required.

**Origin of cell wall deficient bacterial forms**

Low developmental forms of bacteria are of great significance to the normal regulation of the warm-blooded organism. The background of this knowledge has been known for more than a hundred years, and it was researched systematically during the time of the First World War by Günther Enderlein (Enderlein 1925). The fact that a healthy organism can regulate the environmental conditions in blood and tissue in this way means that there is a genuine symbiotic relationship between the microbes and their host (Braun-von-Gladiss 2000).

If the milieu becomes distorted in any way, the regulatory bacterial forms may develop into pathogenic ‘germs’, causing specific clinical symptoms of disease. However, these symptoms are usually only the expression of a healing reaction, with the help of which the organism is endeavouring to re-establish its symbiotic equilibrium. The laws governing this process, which from a clinical point of view need to be observed, were summarised by the German doctor Hans-Heinrich Reckeweg in the 6-phase table of homotoxicology (Reckeweg 1975).

As described in the article on the tubercular constitution in SANUM Post 51 („The tubercular constitution as a common source of chronic disease and its treatment with naturopathic "regulation therapy". Schneider 2000), cell wall deficient bacterial forms (called ‘CWD’ by Mattman 2001) may, however, also develop in non-physiological conditions.

These conditions arise when an environment is created artificially in the organism, something which is otherwise only found with the most serious illnesses, such as cancer for instance. The main causes of these milieu distortions in humans are nowadays poor nutrition, indiscriminate administration of antibiotics and vaccines, the pollution of the external environment with toxins and other harmful substances (Jensen, 2000; Matturan, 1993, Reckeweg, 1975; Vithoulkas, 1998) and electrosmog, together with impediments to healing above all in the area of the teeth (heavy metal contamination, dead teeth). The organism cannot by itself eliminate cell wall deficient bacterial forms originating in the context of this milieu distortion, because natural regulation is also severely jeopardised by this severe „artificial disease“.

This is where the SANUM therapy, above all with the help of the SANUKEHL preparations, offers the possibility of backing up the natural regulation at critical points and facilitating the excretion of the cell wall deficient bacterial forms.

According to research by Carl Spengler (Spengler 1911) on the transmission of micro-organisms to subsequent generations, an ultra small form of the syphilis pathogen can be found in the cells of the organism even when the organism has not been infected by the pathogen during its life. It was therefore assumed that the widespread nature of „congenital syphilis“ was a relic of the early 16th century, when syphilis carried from America brought this acute infectious disease to the entire population on a pandemic scale. Anyone who did not fall prey to the disease at that time retained a ‘residual toxicosis’ which was handed down over the generations and according to Spengler is still present later as a „hereditary virus“.

But in fact it simply means that cell wall deficient bacterial forms can be transmitted to the next generation extra chromosomally via the cytoplasm of the cells.

**Characterisation of the environmental conditions, in which cell wall deficient bacterial forms multiply**

The pathologically distorted milieu, which is also called a „tubercular“ milieu (Schneider 2000), can be
characterised with the following parameters in blond and tissue: rH₂-value (redox potential), pH (acid base balance) and r (electrolyte concentration). These parameters are measured in blond, saliva and urine with the help of Vincent’s bioelectronics (BEV).

The redox potential provides information about the oxygen metabolism. In addition to balanced cell respiration, a balanced acid-base relationship and adequate excretion of toxins and metabolic products are necessary for the organs to function smoothly.

In particular, a constantly raised redox potential („redox rigidity“ according to Vincent) means that intracellular respiration no longer functions adequately.

From the table of BEV values for blood, saliva and urine in physiological and pathological conditions and the energy output calculated from this, one can see that the significant characteristic of a heavily distorted milieu in blood and bodily tissues is severe disruption of the energy flow within the organism (lower section of the table, from Elmau, 1985).

In pathologically distorted milieu conditions, a lot of energy is stored in the blood (hence Enderlein’s „tendency to congestion“), but cannot be used by the metabolism. This means that metabolism and excretion in a chronically sick organism are no longer adequate, and the patient, with an energy surplus, is regularly starved of energy.

In the main work of Tibetan medicine „Gyü-shi“ [Energy Theory], the book of the four Tantras of medicine, on the subject of the origin of a cancer, it says: Before a swelling becomes visible, the disease is preceded by a debilitation of the body’s energy. This means: the stimulus attacks parts of the „vitalising energy Body“ - which surrounds a human being throughout his life - and destroys it. This can lead to individual organs being cut off from the life-flow.

The pathologically distorted milieu of the blood, which is rich in energy, offers the cell wall deficient bacterial forms excellent breeding grounds even within the cells.

When these conditions are copied, the cell wall deficient bacterial forms can also be cultivated artificially in laboratory conditions (Matturan 2001), whereby the culture medium must be stabilised with cardiac muscle extract, 15% inactivated horse serum and 3.5% NaCl. Unfortunately, this method is not yet part of routine laboratory testing.

In the darkfield microscopy image of the blood, cell wall deficient bacterial forms are identifiable as „mychites“ (from Bleker 1997):

<table>
<thead>
<tr>
<th>Ideal values</th>
<th>Blood</th>
<th>Saliva</th>
<th>Urine</th>
</tr>
</thead>
<tbody>
<tr>
<td>pH</td>
<td>7.10</td>
<td>6.50</td>
<td>6.80</td>
</tr>
<tr>
<td>rH₂</td>
<td>22</td>
<td>22</td>
<td>24</td>
</tr>
<tr>
<td>E</td>
<td>234</td>
<td>270</td>
<td>312</td>
</tr>
<tr>
<td>r</td>
<td>210</td>
<td>140</td>
<td>30</td>
</tr>
<tr>
<td>Output [µW/cm³]</td>
<td>261</td>
<td>521</td>
<td>3245</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strongly pathological values</th>
<th>Blood</th>
<th>Saliva</th>
<th>Urine</th>
</tr>
</thead>
<tbody>
<tr>
<td>pH</td>
<td>7.50</td>
<td>7.25</td>
<td>4.80</td>
</tr>
<tr>
<td>rH₂</td>
<td>25</td>
<td>26</td>
<td>19</td>
</tr>
<tr>
<td>E</td>
<td>300</td>
<td>345</td>
<td>282</td>
</tr>
<tr>
<td>r</td>
<td>121</td>
<td>310</td>
<td>127</td>
</tr>
<tr>
<td>Output [µW/cm³]</td>
<td>7.50</td>
<td>7.25</td>
<td>4.80</td>
</tr>
</tbody>
</table>

Specific antibody formation and „immunological support reaction“

It is primarily plasma cells which are involved in the formation of antibodies. They derive from B-lymphocytes and have a lifetime of about four days. In addition, the preliminary stages of plasma cells, the small lymphocytes and immunoblasts, are also capable of forming and secreting antibodies. The development and mechanisms
of the human immune systems are shown in Figure 2 (from E. Buddecke: „Outline of biochemistry“ 1989).

The cell wall of bacteria contains antigen structures, which are recognised by the immune system and which help to maintain a balance between micro-organisms and the host.

To trigger an antigen-antibody reaction the antigens, which have reached the organism, have to meet B-lymphocytes, which carry the corresponding receptors on their cell surface. In addition to this direct route however, the antigens are as a rule bound, absorbed and processed by „accessory cells“ of the immune system and then presented to the immune-competent cells.

Among the immune-competent cells, there are in particular the antigen-specific T lymphocytes. T-lymphocytes cannot themselves recognise any antigens directly; they are only stimulated when the antigen is presented to them by the
accessory cells. Figure 3 shows a general diagram of cell co-operation when triggering antibody formation (from H. Ambrosius and W. Rudolph: „Outline of immunobiology“ 1990).

For the excretion of the cell wall deficient forms of bacteria the SANUKEHL preparations have been well tried over a long period, including the therapy of infections with mycoplasms (Schneider 1998; Werthmann 1999 and 2000). Since cell wall deficient bacterial forms have no cell wall in the strict sense of the word, but simply a thin membrane, the immunological mechanisms so far described only have a very limited effect in eliminating them. However, the cell wall deficient bacterial forms are evidently rendered recognisable to the immune system by the specific SANUKEHL preparations.

It has been known for a long time that information is exchanged between micro-organisms and their host in the form of polysaccharides, such as those present in the SANUKEHL preparations. An explanation of the biochemical mechanism is provided by Heine’s so-called „immunological support reaction“ (Pischinger 1998), which is summarised in Figure 4.

The immunological support reaction is based on low dose antigen reactions, particularly with low to medium potency homeopathic medicines (D1 - D14). The nontoxic formulations contained in the SANUKEHL preparations, made from the cell walls of certain micro-organisms, are directly phagolysed and processed after ingestion and/or external application of macrophages/monocytes and M-cells. Then, short amino-acid sequences are returned to the macrophage surface as identifying features („recognition motive“) for lymphocytes and bound to the tissue tolerance (MHC) complex. THO cells - these are lymphocytes which are not yet immunologically preprogrammed - recognise these features and adopt them by binding them to their receptors. The lymphocytes „motivated“ in this way migrate via the lymph vessels back into the nearest regional lymph nodes, where they multiply, according to the number of motives, into cell clones of regulatory lymphocytes (TH3), in order to then migrate into the whole body via the blood. Attracted chemotactically, the TH3 cells find the diseased area of tissue and the lymphocytes (TH1 and TH2) which are sustaining and fostering the local chronic inflammations there. Through contact with the specifically
motivated TH3 cells, the activity of the inflammation-promoting lymphocytes is reduced by the release of the cytokines TGF-β, IL-4 and IL-10. At the same time, the information contained in the SANUKEHL preparations about the cell wall deficient forms of the relevant bacteria to be eliminated is notified to these cells.

The immunological support reaction described by Heine in Pischinger’s manual only works in the low dose range. With the help of homeopathic SANUKEHLS, the immune system is specifically directed to eliminating cell wall deficient bacteria, against which an adequate immune reaction would not otherwise occur.

Basic therapy
Finally, let us describe a modified Basic therapy according to Werthmann (Schneider 2000) to regulate the tubercular milieu, which has been tried and tested in practice among adults for many years.

1. Ubichinon comp. (Heel) + CITROKEHL: combination injection i.m. once a week.
2. For two weeks: EXMYKEHL 3X Supp. evenings Monday - Friday, Saturday and Sunday 2x 1 tablet FORTAKEHL 5X.
3. After those two weeks, for months: Monday - Friday: mornings 1 tablet MUCOKEHL 5X, evenings 1 tablet NIGERSAN 5X, Saturday and Sunday 2x 1 tablet FORTAKEHL 5X.
4. From the beginning of the second week: alternating daily SANUKEHL Myc 6X and SANUKEHL Klebs 6X, take 2x 5 drops daily and rub in 1x 5 drops.
5. From the third week onwards: 1 capsule UTILIN „S“ (6X or 4X depending an constitution) every 14 days.
6. Acid-Base regulation with ALKALAN and SANUVIS.

The combination injection with Ubichinon, other carbonyl-group substances and CITROKEHL serves to activate the photons in the cells and improve cell respiration. EXYMKEHL and FORTAKEHL to rebuild the symbiosis in the intestine, and MUCOKEHL and NIGERSAN to isopathically break down Enderlein’s higher valence forms; UTILIN „S“ serves as multipotent immune stimulation.

The SANUKEHL preparations stimulate the immune system to excrete specific cell wall deficient forms of pathogenic micro-organisms. Where there is a tubercular constitution, SANUKEHL Myc and Klebs are used; where there is a known infection from other micro-organisms (e.g. staphylococcus or streptococcus) the corresponding preparations (e.g. SANUKEHL Staph or Strep) are used.

Since the information from the SANUKEHLS can also be transmitted via the skin cells, some of the drops should be applied to the skin, for example in the area of the elbows.

Bibliography
Bleker, M.-M.: Blutuntersuchung im Dunkelfeld nach Prof. Dr. Günther Enderlein, 2. Auflage (Blood examination in darkfield according to Prof. Günther Enderlein, 2nd edition), Semmelweis, 1997


Elmou, H.: Bioelektronik nach Vincent und Säure-Basen-Haushalt in Theorie und Praxis (Bioelectronics according to Vincent and acid-base balancing in theory and practice), Haug, 1985


Schneider, P.: Die Sanukehle - Polysaccharide zur Haptentherapie (Sanukehls - polysaccharides in hapten therapy), Semmelweis, 1999

Schneider, P.: Die tuberkulinsche Konstitution als gemeinsame Ursache chronischer Erkrankungen und ihre naturheilkundliche Regulationstherapie (The tubercular constitution as a common source of chronic disease and its treatment with naturopathic "regulation therapy"), SANUM Post No. 52, Page 4-18, 2000

Spengler, C.: Tuberkulose- und Syphilis-Arbeiten (Works on tuberculosis and syphilis), H. Erfurt, Davos, 1911


Werthmann, K.: Die chancenreiche Therapie mit Sanukehlen - ein breites Wirkungsspektrum der Haptenpräparate (Therapy with good prospects using Sanukehls - a broad spectrum of effects from hapten remedies), SANUM Post No. 48, Pages 11-17, 1999


First published in the German language in the SANUM-Post magazine (54/ 2001)

© Copyright 2001 by Semmelweis-Institut GmbH, 27318 Hoya (Weser), Germany

All Rights Reserved