The treatment of Still’s disease (juvenile rheumatoid arthritis) with SANUM products

A report on my own experiences

by Naturopath Joachim Hartmann
The patient: Male, born in 1958, with a clinical history of bouts of fever for approx. the past 2 years, accompanied by headaches, nausea and extreme night sweats. The attacks occurred at intervals of a few weeks with his temperature rising to over 40°C. During his stays in several clinics, AIDS, malignant, consumptive and tropical diseases were excluded and Still’s disease was diagnosed.

Afterwards in the rheumatology clinic he was treated with an immune suppressant (azathioprin) and 75 mg/day of cortisone. Cushing’s syndrome and gastritis appeared to be the main side-effects.

Striking features in the anamnesis: In the past he had frequently visited “third world” countries (South America, the Caribbean, Asia) and had suffered from intestinal diseases and infectious mononucleosis, had frequently taken antibiotics for colds, had undergone root canal treatment on 4 teeth linked to the kidney/bladder and stomach/spleen meridians and suffered from facial eczema.

Once tropical diseases had been excluded, a kinesiological examination showed a response to the Epstein-Barr nosode and lamblia.

Treatment: First, because of the impressive brucellosis symptoms and despite the lack of antibodies, the patient was treated with SANUM remedies for intercellular parasites (NOTAKEHL, SANUKEHL Brucel, SANUKEHL Prot, UTILIN capsules and ALKALAN.)

Alongside this a diagnosis was made using Chinese medical methods, which showed the presence of heat on the ying level, damp heat on the gall bladder meridian, stomach fire and symptoms resulting from yin deficiency. Accordingly he was given acupuncture twice weekly as an urgent measure to promote excretion of the heat factors. It was interesting to note that a de-qi sensation could be achieved in this patient only using relatively thick, uncoated Chinese needles – a result of the cortisone side-effects. After a few days the fever was reduced and the feverish attacks only occurred less intensely in the early morning. An old focus of sinusitis became active, and this was healed by the use of NOTAKEHL/PEFRAKEHL. Both acupuncture and the SANUM therapy – now changed to PINIKEHL, NOTAKEHL, UTILIN capsules and SANUKEHL Brucel – continued, and after about 2 months the nocturnal symptoms disappeared.

Over the next six months the SANUM therapy continued (with LARIFIKEHL and QUENTAKEHL as the main remedies) and a Chinese herb prescription was made up (derived from Wen Dang Tang) with the aim of eliminating the heat, damp heat, qi stagnation, lack of qi, mucous and lack of yin. Acupuncture was carried out only in acute episodes of fever, in combination with NOTAKEHL/QUENTAKEHL. The episodes occurred three times in all, albeit less strongly and lasting for a shorter time than they had in the past. During this period the cortisone treatment was stopped (in accordance with the treatment by the rheumatologist).

A relapse occurred during the following period when no treatment was carried out: despite warnings, the patient took a fortnight’s holiday in high summer in Turkey where temperatures were over 40°C. Almost immediately after the beginning of his holiday another bad episode of fever occurred. This was easily explainable in accordance with Chinese diagnostic technique by the fact that the pathogenic factor “summer heat” had entered his body. On the patient’s return home he re-started the heat-elimination therapy (acupuncture, herbs, NOTAKEHL/QUENTAKEHL); after constant fever for approx. three weeks, the high temperature suddenly disappeared within a few days. After his condition had stabilised (he still had only the night sweats) he began a course of treatment using activated own blood according to HÖVELER plus JUV i.m. 1x weekly, accompanied by a Phoenix detoxification cure. During this time old foci of inflammation were activated, with a feeling of pressure in the lungs and kidneys, which disappeared during the treatment. After approx. three months the treatment was stopped. The patient once again felt full of energy, the Cushing syndrome had disappeared and he had normal sensation during acupuncture.

In the meantime, for the past five months since his course of treatment
ended the patient has been free of symptoms. He was given an important piece of advice: to avoid visiting places where it is very hot. He was also given the urgent recommendation to have those teeth removed which had been subjected to root canal treatment: however, as yet he has not had this done. If the smallest signs of a cold appear (penetration by wind, wind-heat or wind-cold according to traditional Chinese medicine), the patient is to prevent this turning into influenza by taking NOTAKEHL/QUENTA-KEHL.

**Summary:** All in all, it has been found that courses of treatment in accordance with traditional Chinese medicine and SANUM therapy can be very successfully combined and enable the otherwise inevitable long-term prescription of cortisone to be withdrawn.

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