Diseases of the Stomach

by Konrad Werthmann, M.D.
Introduction
The stomach is a part of the digestive tract. Its function consists in thoroughly mixing, preparing, separating and finally storing the food until it is gradually discharged into the small intestine. The œsophagus precedes the stomach and opens into it via the cardia, just below the diaphragm. The exit from the stomach is formed by the pylorus, a muscular sphincter.

The stomach is served by the autonomic nervous system, and often we unconsciously offload emotional problems onto it. This is reflected in various figures of speech, such as „That makes me sick!“, „I can’t stomach his behaviour“, „The way to a man’s heart is through his stomach“. Of course such „lightning conductors“ make sense on a physical level, but as an organ the stomach may suffer damage as a result. Sometimes, it reacts with an inflammation, which often goes so deep that it results in an ulcer.

Illnesses of the Stomach

1. Hiatus hernia
Hiatus hernia is a displacement of parts of the stomach via the cardiac opening of the diaphragm into the thoracic cavity. Because of the strangulated conditions above the diaphragm, complaints occur. In old age, senile muscular atrophy may result in a slackening of tension in the tissues. This can favour the development of an œsophagogastric sliding hernia.

Moreover, in advanced old age a greater or lesser hiatus hernia can almost be regarded as physiological.

Typical symptoms of a hiatus hernia are:

- general complaints: discomfort; sensation of pressure; pain in the left upper abdomen, extending like a belt to the back and sometimes retrosternally as far as the throat or into the praecordial area;

- complaints depending on position: These occur primarily when in a horizontal position, especially when the patient lies down after a large meal, or they occur in the early hours of the morning. The patient feels better on getting up or from eructation. There is an aggravation on stooping, or if intra-abdominal pressure is increased on pressure or at stool.

Complications: While complaints remain the same, progress is usually unremarkable. This, however, can change if hemorrhage or incarceration occurs.

Diagnosis: by means of endoscopy and radiological investigation.

2. Reflux œsophagitis
Reflux from the stomach is the result of insufficiency of the cardia, which initially may only find expression in
„stomach-ache“. Those affected are often ameliorated by eructation. Later on there may also be vomiting of food and reflux of stomach contents with gastric acid into the gullet.

The nature of the problem is usually established by endoscopy, which reveals ulceration at the esophagogastric mucosal border.

Symptoms:
- rising „heartburn“
- retrosternal pain and choking sensation
- pains extend to the back and interscapular area

Concurrent measures:
- Take several small meals a day; weight reduction; avoid flatulent foods
- Avoid siestas on a full stomach; eat the final meal of the day 4 hours before going to bed, at the latest.
- Take a lot of alkaline salts and, exceptionally, eat a lot of meat, so as to bind the gastric acid.
- Avoid heavy lifting
- No social drugs (nicotine, alcohol, coffee) as these stimulate inflammatory conditions (-itis); avoid tight clothing; elevate the head of the bed.

Surgery is not always successful; what is IMPORTANT is to explain the (harmless) process, so as to calm the patient and avoid worries about cancer.

**SANUM treatment:**
1) ALKALA N powder, ½ measuring spoon twice a day, dissolved in warm water, on an empty stomach. Additionally:
   - SANUVIS drops, 20 drops 3 times a day and CITROKEHL, 5 drops twice a day; all for the duration of the treatment.
   - NOTAKEHL 5X drops, 5-10 drops twice a day. After 10 days, switch to
   - SANKOMBI 5X drops, 5-10 drops twice a day (or MUCOKEHL 5X drops, 5-10 drops in the morning and NIGERSAN 5X drops, 5-10 drops in the evening), following the pattern: 5-2-5-2-5 (5 days = Mon. - Fri. SANKOMBI or MUCOKEHL/NIGERSAN and 2 DAYS = Sat./Sun. NOTAKEHL). Keep to this medication for 3-4 weeks.
   - At the same time as the dosage of SANKOMBI 5X drops, LATENSIN 6X, 5 drops 2-3 times a week orally, or 1 ampoule once a week of LATENSIN 6X, deep i.m.
2) FORTAKEHL 5X drops, 5-10 drops twice a day for 10-14 days, then switch to
3) MUCOKEHL 5X drops, 10 drops in the mornings and NIGERSAN 5X drops, 10 drops in the evenings, always following the pattern: 5-2-5-2-5 (5 days = Mon. - Fri. = MUCOKEHL/NIGERSAN or SANKOMBI, and 2 days = Sat./Sun. FORTAKEHL). Keep to this pattern for 3-4 weeks.
4) At the same time as MUCOKEHL/NIGERSAN we give LATENSIN 6X, as suppositories or capsules, 1 once a week.

3. Inflammation of the Gastric Mucosa = Gastritis

Gastitis can manifest as either an acute or a chronic inflammation of the gastric mucosa.

Symptoms:
Pressure in the stomach, lack of appetite, nausea and vomiting; in erosive gastritis with severe lesions of the mucosa, vomiting of blood and melena stools may also occur.

Diagnosis: Gastroscopy.

Additional measures:
Chamomile tea, possibly in patient-rolling technique (beginning lying on left side, via abdominal position to right side, finishing on back).

**SANUM treatment:**
1) ALKALA N powder, ½ measuring spoon twice a day, dissolved in warm water, on an empty stomach.

Stomach ulcers normally occur on the lesser curvature. In ulcer patients the blood test results are usually normal. However, in the fasting periods between meals, their parietal cells produce increased quantities of Hydrochloric acid, although the effects of this on other organs and on the metabolism are remarkably small (no variations in body temperature, perspiration, tendency to hypoglycaemia, low blood pressure).
Symptoms:
A third of the people with a stomach ulcer remain free of pain or of the typical complaints that often supervene rhythmically. In many patients, there is a sensitivity to pressure and pain from impact in the upper abdomen, which is all the more sharply localised, the nearer the palpating finger gets to the area of the ulcer. Basically, the results of palpation are unreliable, since a lack of pain on pressure does not exclude the presence of an ulcer, especially in the stomach. It is recommended to carry out the examination in a warm bath, as this permits the patient to relax the abdominal wall. A straightforward ulcer does not have the symptoms of peritoneal irritation (such as guarding, rebound tenderness).

Diagnosis:
Ultrasound and gastroscopy should always be arranged. A deposit of contrast medium in the crater of the ulcer is the only sure radiological sign.

**SANUM treatment:**
1) **ALKALA N** powder, ½ measuring spoon twice a day, dissolved in warm water.
2 tsp. of **SANUVIS** drops and **CITROKEHL** drops, 5 drops twice a day, to be dissolved in warm water and sipped.
**LEPTOSPERMUSAN** drops, 5 drops 3 times a day; all for the duration of the treatment period.
2) **FORTAKEHL 5X** drops, 5-10 drops twice a day, over 10-14 days, then switch to
3) **MUCOKEHL 5X** drops, 10 drops in the mornings and **NIGERSAN 5X** drops, 10 drops in the evenings, always following the pattern: 5-2-5-2-5 (5 days = Mon. - Fri. = MUCOKEHL/NIGERSAN, and 2 days = Sat./Sun. FOR-TAKEHL). Keep to this pattern for 3-4 weeks.
4) **LATENSIN 6X Suppos./Caps.**, 1 once a week.

**5. Helicobacter pylori = Helicobacter gastricus Enderlein**
Prof. Dr. Enderlein discovered this microbe in 1920, his successors „forgot“ the Professor.

2.5 µm in size, the germ known as Helicobacter pylori, formerly known as Campylobacter pylori, lives between the superficial epithelia in the gastric mucosa. It produces ammonia from urea, with the assistance of the enzyme Urease.

The route of infection is not clear; noteworthy is the fact that the illness occurs increasingly in the weaker social strata. As well as this, with increasing age, a growing spread of infection is noticeable among the population.

Symptoms:
Those who suffer from it complain of pain which extends to the back.

Diagnosis:
Histologically and microbiologically using biopsies taken from the corpus and antrum with the Urease Quick Test or the Carbon-13-Exhalation Test.

**SANUM treatment:**
1) **ALKALA N**, ½ measuring spoon twice a day, dissolved in warm water.
**CITROKEHL** drops, 5 drops twice daily.
**SANUVIS** drops, 2 tsp. daily; all for the duration of the whole treatment.

**Fig.3: An ulcer before and after treatment**
2) NOTAKEHL 5X drops, 10 drops twice a day for 10-14 days, then switch to

3) SANKOMBI 5X drops, 10 drops twice a day, always following the pattern: 5-2-5-2-5 (5 = Mon.-Fri. = SANKOMBI, and 2 = Sat./Sun. NOTAKEHL).

4) At the same time as SANKOMBI 5X, start on SANUKOMBI Prot. 6X drops, 2-8 drops 3 times a week, to be massaged in (around the navel or in the hollows of the elbows), UTILIN 6X suppos. or caps., 1 dose every 1-2 weeks.

6. Benign tumours
These are divided into
- epithelial tumours: various kinds of polyps, adenomas;
- mesenchymal tumours: lipomas, leiomyomas, fibromas, angioblastomas.

The tumours mentioned above are very uncommon, and are often secondary features as a gastric involvement in chronic and haematological illnesses, such as T.B., lymphogranulomatosis, leukaemia and many others.

Diagnosis: Gastroscopy, biopsy

Differential diagnosis: Gastric cysts

SANUM treatment:
1) ALKALA N, ½ measuring spoon twice a day, dissolved in warm water,
   CITROKEHL drops, 5 drops twice daily,
   SANUVIS drops, 2 tsp. daily, for the duration of the whole treatment.
2) MUCOKEHL 4X caps., 1 twice a day over 2-3 weeks,
3) MUCOKEHL 4X caps., 1 in the mornings and NIGERSAN 4X caps., 1 in the evenings; for weeks
4) Simultaneously with (3) above, SANUKOMBI Prot. 6X drops and SANUKOMBI Myc. 6X drops, on alternating days, 2-8 drops to be massaged in each time and/or taken orally, and LATENSIN 6X caps., 1 weekly.

7. Malignant stomach tumours = Carcinoma
Stomach cancer is one of the most frequently occurring malignancies. 30% of all malignant tumours occur in the digestive tract, and of these 40% are in the stomach. 10% of patients are cured. Recognition does not depend on one point in time; it is assumed that, in many cases, a local manifestation has existed for some time, and then, because of some intervening illness, the condition spreads rapidly and metastasis occurs.

Basically, we need to distinguish between two forms of stomach cancer, both macroscopically and histologically: early-stage stomach cancer and advanced stomach cancer. This is a matter of clinical differentiation.

Symptoms:
In the early stages there are hardly any complaints to be expected. Signs of an advanced tumour include an enlarged Virchow’s gland (lymph node behind the left sternoclavicular joint), a palpable tumour and enlargement of the liver.

Diagnosis:
Gastroscopy with biopsy, radiological investigation with contrast medium.

Prognosis: Poor in all cases.

Stomach surgery is necessary!

Isopathic post-surgical treatment:
1) ALKALA N powder, ½ measuring spoon twice a day, dissolved in warm water,
   CITROKEHL 5 drops twice a day, SANUVIS, 20 drops 3 times a day,
   SELENOKEHL 4X drops, 10 drops in the mornings, ZINKOKEHL 3X drops, 10 drops in the evenings, LIPISCOR, 5 capsules twice a day; all for the duration of treatment.
2) NOTAKEHL 5X drops, 10 drops twice a day over 10-14 days, then switch to

3) MUCOKEHL 5X drops, 10 drops twice a day (mornings and afternoons) and NIGERSAN 5X drops, 10 drops in the evenings, always following the pattern: 5-2-5-2-5 (5 = Mon. - Fri. = MUCOKEHL/MUCOKEHL/NIGERSAN, and 2 = Sat./Sun. NOTAKEHL).

4) SANUKEHL Pseu. 6X drops, 10 drops to be massaged in once a day (around the navel), UTI-

Please do not forget: CHRYSOCOR 5X ampoules, 1 to be injected (deep intragluteal) once a week.

**Final remarks**

Treating an illness of the stomach can be very easy for a therapist if the patient is not under a great deal of emotional stress, and very frustrating in the case of cancer. In any case, Isotherapy is effective and purposeful, as well as which, it is compatible with every other kind of treatment.