



Inflammations and Their Therapy by Means of Isopathy

Good results with SANUM remedies

by Bernhard Muschlien

Inflammatory processes are a defense reaction of the connective tissue with the aim of eliminating the inflammatory irritation. The term „inflammatory irritation“ can be understood as follows: mechanical, thermic, chemical, electric and actinic influences, whereby the poisons of vitalized causative agents as well as other organic or anorganic materials come into consideration as chemical substances; and only such substances are being dealt with in this essay.

Through the relation of the hyaluronic acid and the hyaluronidase within the interstice, the connective tissue is being held in the colloidal equilibrium (Fig. 1). In the inflammatory condition, this equilibrium tips from its balance into the SOL phase and induces the process of detoxication by liquefaction; i.e. this measure to increase the viscosity of the interstice is a

protective reaction in order to keep the organism economically stable within its possible tolerance limits and to free it from its noxas.

However, an elementary readiness for inflammations, the course of the inflammatory process and the return of the mesenchyme into the healthy reaction condition depend on some factors, which are neither understood nor accepted by the orthodox medicine.

The Basic Substance and its Task

The battle field of an inflammation is the connective tissue. Irritation factors of any kind, such as infections - hypoxemia - faulty diet - toxins - stress - hypertension - strong climatic fluctuations, will altogether inevitably lead to an increase of the sulfate deposit (Fig. 2 and 3). This reaction takes place locally, i.e. at the place of irritation

and in a generalized way, i.e. with the participation of the whole connective tissue contained in the body.

The cells of the connective tissue are responsible for the formation of fibres and for the production of the basic substance, the main part of which consists in sulfo-muco-poly-saccharides (SMPS). This basic substance possesses an immense capacity, so that e.g. the waste products, accruing from our food, are deposited here at first and later are consumed in the metabolic process (Fig. 4). This mechanism participates among other things in the maintenance of the blood pH. In case of irritation influence, a counter regulation through the sulfate deposit will first take place, afterwards the levelled reaction will take place within 4 days. Because of the deposit of carbon, the collagenous reaction proceeds

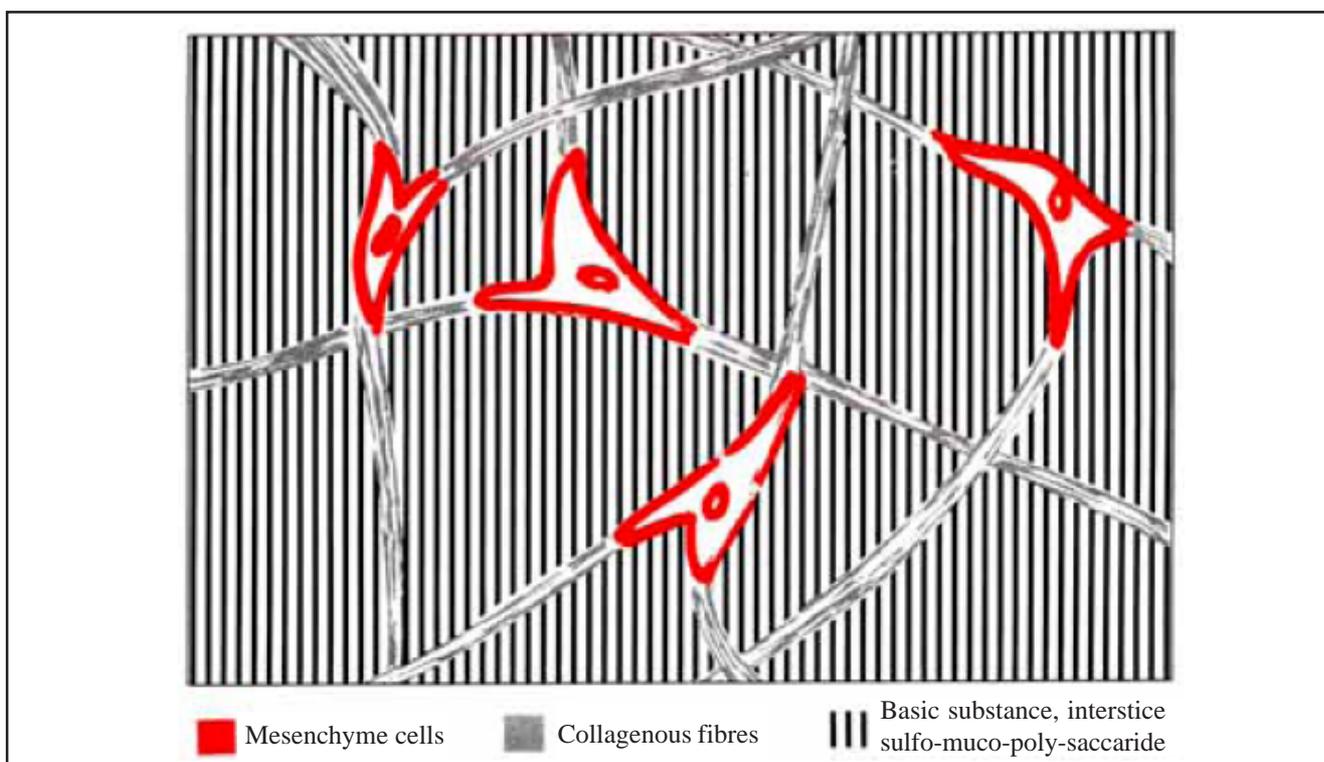


Fig. 1: The structure of the connective tissue

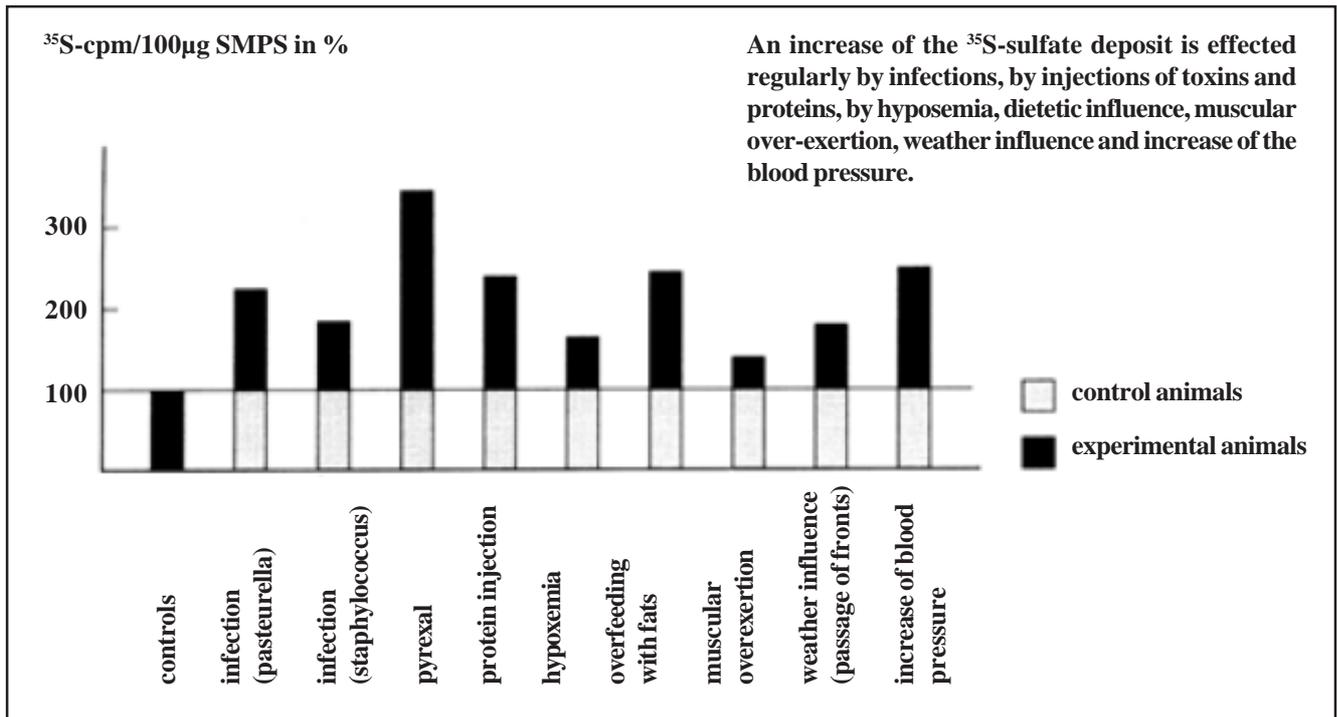


Fig. 2: Selected examples of factors that cause an increase of the SMPS synthesis, illustrated at the parameter of the ^{35}S -sulfate deposit in the connective tissue of various organs.

reversely and delayed. Should there be a slow down of this metabolic power because of a damage to the connective tissue, the basis for a readiness for inflammations and other pathological processes would thus be created.

Pathological processes, like inflammations or an increased readiness for inflammations, are not only caused by one noxa, but mostly simultaneously by several noxas. The nonspecific mesenchyme reaction represents the obligatory

initial stage of the reactive mesenchyme diseases. Other factors participate in the morphological changes in the later stages, thus, for example, reactions caused on other cellular systems by the primary noxa. Pathological processes, which

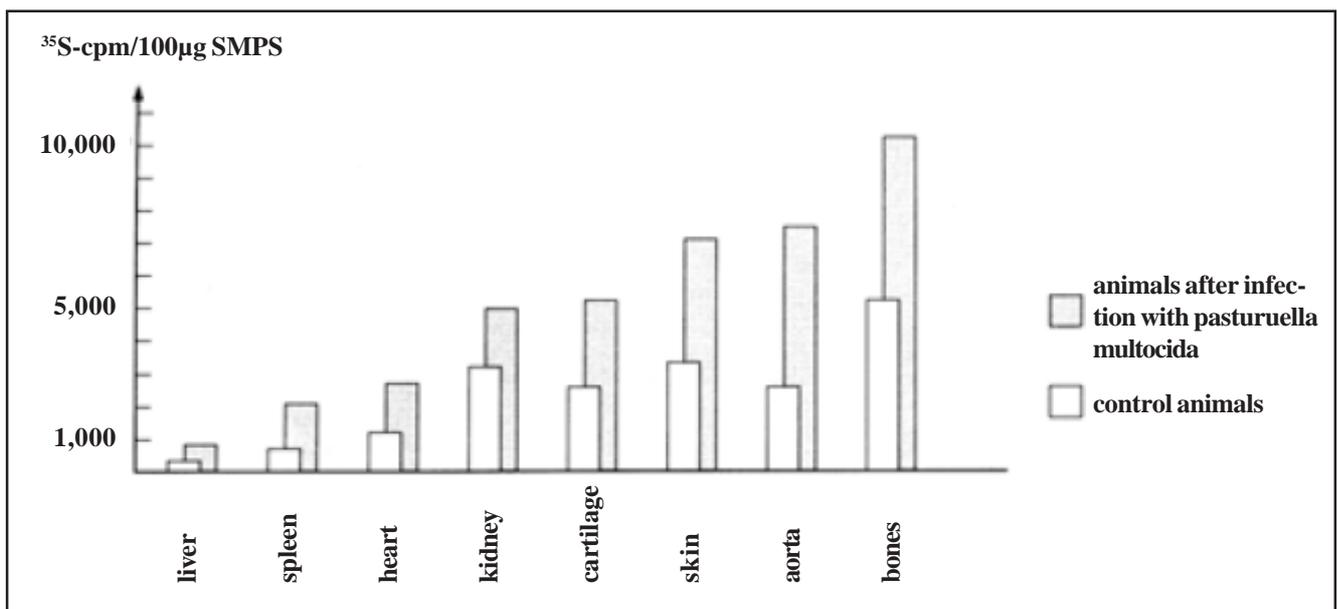


Fig. 3: Increase of the MPS-synthesis in the connective tissue of liver, spleen, heart, kidney, cartilage, skin, aorta and bones (rats), controlled by measuring the ^{35}S -sulfate deposit in the SMPS after the infection with *Pasteurella multocida*. (Universal nonspecific mesenchyme reaction after infection.)

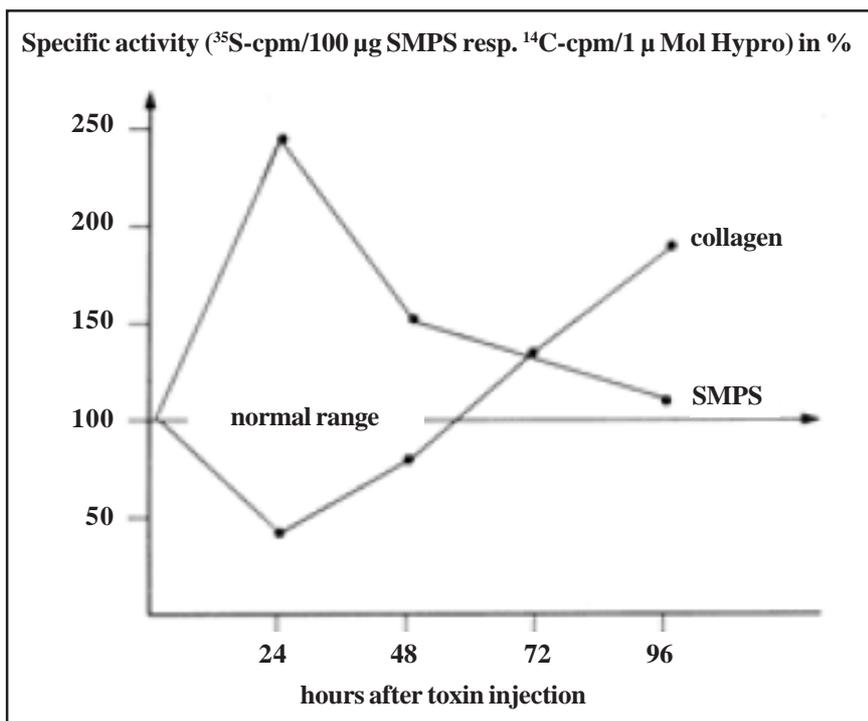


Fig. 4: Course of a levelled nonspecific mesenchyme reaction after an intra-peritoneal injection of a toxin. Check of the mesenchyme metabolism by measuring the ^{35}S -sulfate deposit into the SMPS and the ^{14}C -hydroxyproline deposit into the connective tissue of the heart.

are also induced by further damages, can be of influence herein.

Therefore, an inflammation is always the result of an overstrain of the storage capacity of the basic substance, in which, according to the present knowledge, two fundamental noxas take part: infections and the endobiosis resp. latentia. What is meant by these terms?

The Meaning of Endobiosis and Latentis

Monomorphism teaches the constancy of the microbes as well as the specificity of the causing agent, substantiated mainly by COHN and KOCH in the previous century. Contrary to this, pleomorphism is based on a cyclogenetic idea, and on account of numerous tests and observations it asserts that microbes

can pass through different developmental stages, from viruses via bacteria up to the fungal stage, depending on the environment in which they exist. Its founders are BÉCHAMPS and ENDERLEIN.

All animal and vegetal cells as well as their liquids contain ultraviolet forms of life which, under specific conditions, can develop themselves up to the fungal stage of the *Mucor racemosus* resp. *Aspergillus niger*. They are acquired during the act of procreation as well as in a displacental way, and they are housed for life, at least in their primitive stages, in all cells and corporal liquids.

Under normal conditions, we are talking here of the apathogenic phases of low valence mainly of the *Mucor racemosus*, which can be

considered in this form as symbiont, and which is useful to the organism insofar as it constantly stimulates the immunological system by its presence. The phases of the *Aspergillus* are more seldom. They appear mainly in cases of tubercular and paratubercular diseases. However, under a changed liquid mixture, these symbionts jump the rails into the pathogenic forms and as such take part without exception in the formation of morbid functions. At first, a stasis in the tissues will arise, later on there will be big and chronic inflammations.

According to Enderlein, the pathological derailment from the symbiosis is the 'endobiosis', so to say the inundation of the living organism with pathogenic forms of a higher valence, mainly of the *Mucor racemosus* (Fig. 5). 'Latentia' is understood as an inundation of the organism by ultraviolet forms of tuberculosis. In case of an anagenesis into pathogenicity, this symbiont would lead into the fungal phase of the *Aspergillus niger* and would be directly identical with it. The bacterial phase would correspond to the *Mycobacterium tuberculosis* Koch.

It is true that according to today's medical school doctrine, such pleomorphisms are a grotesque, but they have been repeatedly acknowledged by many researchers. The so called 'latentia' can be recognized from its mute fields, which at the lowest hearing limit show up distinctly as 'relative attenuations' when tapering the thorax (Fig. 6). According to KRÄMER, these attenuation fields consist in a local lymphostasis,

connected with an increased capillary filling.

The derailment of the *Aspergillus* symbiosis, in other words the „latentia“, leads into the primary complex of paratuberculosis which is ready for inflammations and which, depending on the individual type of reaction, can cause the most various disturbances, like: lymphatism, geloses, neuritis, rheumatism, lupus, hyperthyroidism, allergic reactions, acne, blepharitis, eczemas, asthma, Morbus Raynaud, cerebral diseases like Parkinson, epilepsy, schizophrenia, multiple sclerosis, lateral sclerosis, and thus, the common tuberculous toxicosis known in principle from eye diagnosis.

The derailment of the *Mucor* symbiosis, in other words the ‘en-

Endobiosis (<i>Mucor racemosus</i>) =	Self-perpetuating blockage by toxification
Tendency: acute inflammatory	Embolism, thrombosis, thrombophlebitis, angina pectoris, infarct, varicosis, parodontitis, blood circulation disorders, ulcer, gangrene, round and duodenal ulcer, pernicious anemia, leukemia, cysts, tumors, metabolic disturbances
Latentia (<i>Aspergillus niger</i>) =	Tuberculous toxicosis
Tendency: chronic inflammatory	Lymphatism, geloses, rheumatism, lupus, acne, excema, asthma, Morbus Raynaud, neuritis, allergies, blepharitis, hyperthyroidism, Parkinson, epilepsy, schizophrenia, multiple sclerosis, lateral sclerosis

Table 1

dobiosis’, directs the organism systematically into processes that are especially characterized by blood circulation disorders, and thus, by a dys-symbiosis up to cancer,

as e.g.: embolism, infarct, angina pectoris, varicosis, gangrene, blood circulation disorders, thrombosis, parodontitis, round and duodenal ulcer, pernicious anemia, leuke-

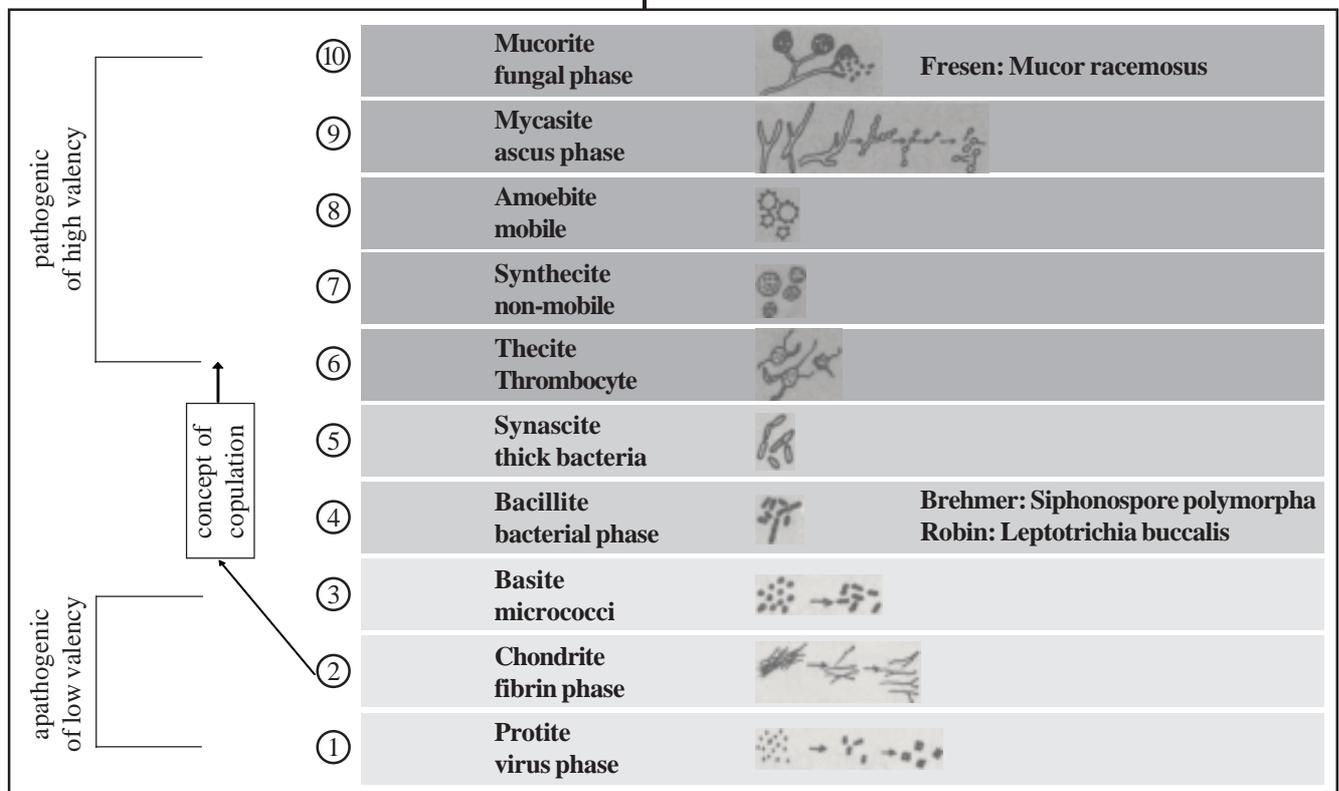


Fig. 5: Evolution cycle of *Mucor racemosus* Fresen from the protite phase up to the mucorite phase, compiled according to Enderlein’s statement and to our own observation with the supermicroscope „Ergonom 400“ at 8,000 fold magnification

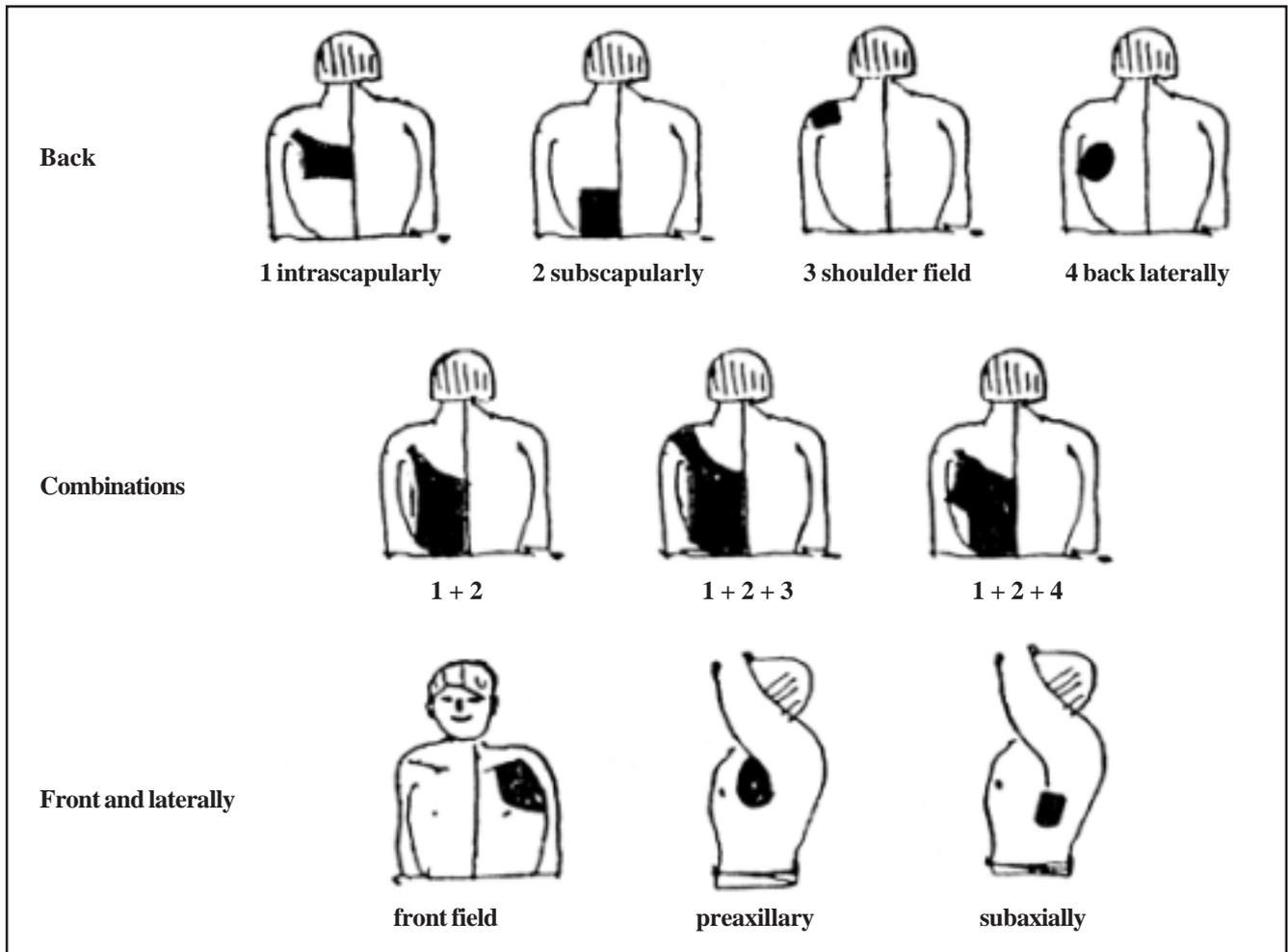


Fig. 6: Type and position of the 'mute fields' (fields of attenuation of Krämer)

mia, cysts, tumors, metabolic disturbances.

While the *Aspergillus* charge provokes a chronic inflammatory tendency, the *Mucor* charge rather points into the direction of acute inflammatory processes. With this background knowledge, the pathological concept, and thus, also the inflammation must be interpreted as disturbance of symbiosis.

The Central Regulation to the Connective Tissue

Naturally, the connective tissue is also subject to central regulation which is effected in several steps out of the diencephalon and controlled via the hypothalamus and

the reticular formation and which leads from there into the vegetative nervous system via the spinal cord.

How strongly the visceral nervous system is coupled to the connective tissue and thus, to the reaction of inflammatory processes, is proved by the appearance of viscerocutaneous reflexions in case of disturbances of the inner organs and their influencing via the respective dermatoms or myotomes. For this reason, the application of revulsion procedures via the zones of HEAD is a recommendable completion in case of inflammations, especially of the inner organs.

The Therapeutics of Isopathy

The isopathic therapy results from the knowledge about endobiosis and latentia. It is divided into two historical points which both are of equal importance:

1. the therapy with nosodes, aiming at a relief and a reactivation of the mesenchyme.
2. the immunobiological therapy with symbionts in order to establish the symbiosis equilibrium and to remove endobiosis and latentia.

What is isopathy? According to the definition of a clinical dictionary, isopathy is an "extreme doctrine developed from the homeopathy which teaches that diseases are

not to be fought according to the homeopathic principle *similia similibus*, but to the principle of equality *aequilia aequilibus*. This doctrine led to the aberration that for instance a powder, which was extracted from tapeworms was medicated as a remedy against these parasites and the sputum of phthisical persons against tuberculosis.'

This interpretation is certainly shaped by the way of thinking of the orthodox collective of the universities and contains a part of demagogy and a part of truth. The rule *aequilius aequilibus curantur* (equals will be cured by equals) simply means the application of homeopathic substances of diseases against the specific disease where this substance comes from.

Of course, a tapeworm cannot be chased with the nosode „Taenia,“ but certainly, the toxins out of the mesenchyme, stored there by the parasites. In cases of inflammation, it is not only important that an inflammation, resp. its symptoms be treated, fought down or suppressed, instead the question arises as to the causes of inflammation as well as to those of stasis of blood or energy?

Nosodes Act in a Strictly Specific Way

It is quite a difference whether an inflammation attacks the meninges, the bronchial tubes, the liver or the kidney. We know from the pathology that each microbic group of causing agents produces quite specific toxins and therefore, also causes quite specific inflammations and this even with a specific affinity towards certain organs so that a

diagnostic classification is possible even solely from the total symptoms. Thus, inflammation must always be seen in a strictly specific way and therefore must also be treated specifically. And only nosodes can do that, because they act in a strictly specific way in removing the toxins deposited in the mesenchyme and in flushing them out.

A rheumatical inflammation that has been caused by hemolyzing streptococci can be treated more reliable with the nosodes of *Streptococcus haemolyticus* and rheumatism than without these ones. In the critical case, as this is shown with the rheumatic fever, antibiotics must unfortunately be applied. A meningitis, induced by meningococci, and its consequences can be more convincingly overcome with the nosodes of meningitis and meningococcinum.

The strong effects nosodes can have was proved by an experience from the time of the compulsory smallpox vaccination. At that time, the nosode *Vaccinum D₂₀₀* was very often applied during biological treatments before the respective patient was vaccinated. The smallpox vaccination has never come up. A further example are acute zoster reactions, which die down very quickly with the nosode of herpes zoster. Even postherpetic neuralgias can be mastered by this nosode.

Of course, the application of nosodes must not be regarded as the only possibility. In every case, the therapy must be supplemented by biological inflammation inhibitors,

like echinacea, calendula and others. Organic nosodes, dextrogyral lactic acid, proteolytic enzymes and eventually compresses, packs and cataplasms are as well indicated. A therapy with one's own urine as an isopathic substance could just as well be applied.

In Cases of Infections, there is often a Lack of Symptoms

It is known that a high percentage of people has been infected by many different infectious diseases, but the course of the illness is not apparent, i.e. poor in symptoms. In cases of poliomyelitis, the abortive form of the illness amounts to 100:1, i.e. though 100 persons are infected, only one patient will show the typical appearances of paralysis, which initially are based on an inflammatory disturbance of the anterior horn cells in the spinal cord.

At this point, we must deal with the decisive question: „Why is it like this?“ and: „What can the big difference between the rate of infestation and the rate of sickness be traced back upon?“ The reason has to be looked for in the degree of the disturbance of symbiosis. As has been already mentioned, there are no sterile cells or liquids. The primitive stages, especially those of the *Mucor racemosus* Fresen, exist in the sperm as well as in the egg cells, i.e. right from the fertilization act, in the earliest developmental stages of the new creature. However, in the course of life, the biological milieu is being shifted due to wrong nutrition, infections, vaccinations, stress, toxic pollution and many others.

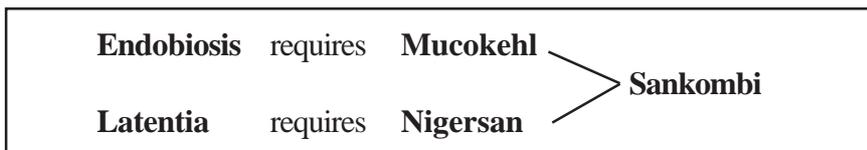


Fig. 7

But the changed milieu causes other developmental directions of the existing symbiont, which now is acting pathologically in small dosages, that is in the sense of an endobiosis, resp. latentia. Any mistake in diet will be answered by the endobiont with a cyclogenic upward trend. It will be predominantly fattened through meat, fish and white flour products, and therefore will increase in virulence. Therefore, a basic therapy of inflammatory reactions requires first of all a reduction of the protein supply.

The Use of Preparations in Cases of Inflammations

The second step of the therapy is

1st day:	1 capsule of UTILIN „S“ 4X
3rd day:	2 tablets of MUCOKEHL 5X
5th day:	1 capsule of LATENSIN 4X
7th day:	2 tablets of NOTAKEHL 5X
9th day:	1 capsule of RECARCIN
11th day:	2 tablets of NIGERSAN 5X

1 tablespoon of SANUVIS daily
continue for about 4 weeks

Table 2: Instruction for basic treatment with uncertain diagnosis and for general invigoration

the use of low, morphologically smaller developmental phases of the endobiont as a regulative against the higher, more virulent and pathogenic forms of the *Mucor racemosus* and the *Aspergillus niger*, as they are offered by SANUM-Kehlbeck. The de-

cisive preparations are MUCOKEHL and NIGERSAN, also available as a combination under the name of SANKOMBI, partly offered as vials, pills, dilution, capsules, suppositories, ointments and eyedrops. Hereby, the protite and chondrite phases of low valency of the microbe come into application and copulate with the pathogenic forms and force these to develop back into the low, nonpathogenic stages.

The resulting degradation products and remaining low forms do not have any more the original upward trend and are excreted via the skin, the intestines, the urinary tract and the bronchies.

In case of an uncertain diagnosis and for a general invigoration, the pattern of a basic treatment can be followed, which is demonstrated in Table 2.

	Injection	Orally	Percutaneously
1st week	1st day 1 ml UTILIN „S“ i.m. 1 ml MUCOKEHL s.c. 2 ml SANUVIS 4th day excrete, detoxicate	2nd day 2 tablets MUCOKEHL 5X 6th day 2 tablets ditto	3rd day SANKOMBI 5X 5th day ditto 7th day ditto
2nd week	1st day 1 ml MUCOKEHL s.c 4th day excrete, detoxicate	2nd day 2 tablets MUCOKEHL 5X 6th day 2 tablets ditto	3rd day SANKOMBI 5X 5th day ditto 7th day ditto
3rd week	1st day 1 ml NIGERSAN 4th day excrete, detoxicate	2nd day 2 tablets MUCOKEHL 5X 6th day 1 capsule UTILIN „S“	3rd day SANKOMBI 5X 5th day ditto 7th day ditto
4th week	1st day 1 ml MUCOKEHL 4th day excrete, detoxicate	2nd day 2 tablets MUCOKEHL 5X 6th day 2 tablets ditto	3rd day SANKOMBI 5X 5th day ditto 7th day ditto
5th week	1st - 4th day break 5th day 1 ml NOTAKEHL s.c.	2nd day 2 tablets NOTAKEHL 5X	3rd day NOTAKHEL 5X
Instead of SANKOMBI 5X, it is possible to administer MUCOKEHL 5X drops (internally and externally)			

Table 3: Pattern of a basic treatment



In the sense of a big metabolism cure for the treatment of Endobiosis, it is recommended to apply the more differentiated pattern described in Table 3. With the help of the bio electronic drug test, the optimal therapy concept can certainly be determined better and more reliably. This is also commendable for those who are familiar with the test procedure.

After administration of the described isopathic and immunobiological medications, some local reactions at the point of injection might occur. Therefore, the therapy should be started with the weakest solutions. Just as well, foci could reappear or there could be headaches, dizziness, weariness and an increase in temperature, which, however, will disappear after about 12 hours. Too high a dosage is always to be blamed for too strong general reactions, and therefore, they must be taken into consideration during the next application. The whole therapy is completely harmless.

This reintroduction of colloids into the organism as substitutes for lost regulators means real isopathic therapy. This is a procedure of nonviolent transformation processes and not a drastic action of destruction as it is very well known from allopathy with its disastrous side effects. It is a process, which belongs to the foundations of the cell life and of the whole human existence.

Therefore, this isopathic therapy allows to intervene fundamentally in the cellular and humoral system in a soft way and in the sense of a degradation of endobiosis resp. latencia, thus reducing the preconditions of inflammatory process, and at the same time, it allows to orientate all the processes of life towards a more physiological way. In summary, one could say in Cicero's words: *Omnia rerum principia parva sunt*. (All great things have a small beginning.)

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