



The Treatment of Chronic Ailments - Some Case Studies in the Use of Homeopathic Therapeutic Agents

by Klaus Karsch, MD



By way of introduction: this homeopathic therapy is agreeably simple and problem-free in its implementation, even when treating chronically ill patients. The selection and application of the homeopathic preparations listed can proceed according to purely clinical considerations and criteria. In fact, there is virtually no way to go wrong, since these preparations “seek out” their application sites themselves, so to speak, namely wherever regulatory deficits exist. Should a prescribed agent turn out not to be the precisely right one for the case at hand, then it still causes no disturbance or damage. The following case histories are intended to illustrate and demonstrate how simple and advantageous the use of homeopathic agents is for a favorable therapeutic outcome. All these case studies come from daily clinical practice and are far back enough in the past to allow monitoring and confirmation of the actual outcomes of the individually applied therapies.

The various homeopathic preparations are used primarily to carry out Stimulation Therapy, to which the “**reactive body**” in the ailing organism responds. During such therapy, phenomena are regularly observed which call for further treatment along the lines of classical naturopathic **diversion procedures**. It is fortunate that, time and again in these cases, the, so to speak, “frozen solid” chronic ailment becomes acute, which then, above all, **makes a diversion advisable**. The naturopathic diversion procedures include cupping, Baunscheidt’s air-puncture treatment and blistering paper.

There is also another, especially important manual therapy, to be discussed later, with whose help lymphostasis and local acidosis can be eliminated. A therapeutic process oriented along these lines complements the homeopathic therapy virtually completely, promising a favorable therapeutic outcome.

However, there are also cases in which homeopathic therapy finds a delayed or a difficult response. In these cases, a supplemental **nosodal therapy** is recommended. The goal here is to make the stressed cells of the ailing organism once again responsive to and accepting of a therapeutic stimulus, and the best thing for this is an appropriate **nosodal therapy**. The following sections present and discuss specific cases and the measures taken to bring treatment to a successful conclusion.

Chronically Recurring Sinusitis

Patients with forever stuffy noses are no doubt familiar to all practitioners. This is usually an indication of chronic sinusitis in these patients, as was true of the young man in this case, who had for years (!) been treated in vain with antibiotics. With time, his will to live had declined drastically, especially since he was also plagued with bronchitis at irregular intervals. He showed up at the clinic in this reduced condition.

The patient received the above-mentioned stimulation therapy in a compound preparation which represents for us what amounts to a “default prescription” in homeopathic therapy, and which is virtually risk-free. For a safe beginning to homeopathic therapy, we generally

recommend starting with therapeutic measures that focus on the mucous membranes; this course avoids reactions, which might be difficult for the practitioner to control. This patient thus received our “default prescription”: *Utilin* „S“ 4X (1 capsule twice weekly), *Pefrakehl* 5X and *Notakehl* 5X (10 drops once daily in alternation); daily saline nasal irrigation was also prescribed for him. A short while later, the patient showed up at the clinic in the early stages of acute bronchitis and acute sinusitis. At this point, steam baths were added to his treatment, and he also received a blister paper behind each ear. About 10 days later, the patient reported a marked improvement in his condition. A week later, he was completely symptom-free. He also reported a marked improvement in his vision.

Some further clarifications are in order concerning the therapeutic measures presented here: in addition to the important diversion procedure, the steam bath (which is administered at as tolerably high a temperature as possible), drinking hot lime-blossom tea is recommended. At least two cups should be drunk before the bath; during the bath, the same amount can be drunk again. After the bath, the entire skin should be scrubbed with a scrubbrush, after which the patient, well “packed” in bath towels, is sent off to bed for a 1-2 hour intensive sweating-out period.

The preceding represents a very effective diversion procedure. This is augmented by the stimulation therapy of a blistering paper for the local disturbance. For the described ailment, the logical place for this



paper is behind the ears, on the mastoid. The paper, which should be left in place about 24 hours, causes lymph blisters to form, containing much “filth“ and whose contents are to be removed, taking suitable precautions. Afterwards, both spots should be covered with bandages. The blistering paper has a healthy stimulating effect on the lymph flow, with the favorable result that the entire head region, including the nasal passages, is cleared up. The patient’s year-long sinusitis, with all its tormenting accompaniments, was completely and permanently healed by means of the herein-described **Total Therapy**.

In another case of chronic sinusitis, the patient’s (also a young man) situation was somewhat more complex. He had had mandibular and frontal sinus suppurations for 3 years, and had already undergone frontal sinus surgery. On top of which, this patient had stomach problems and was lactose intolerant. This patient had also been “treated“ repeatedly with antibiotic cures without having experienced any improvement in his condition.

This patient also received, as his homeopathic preparation, *Utilin* „S“ 4X (1 capsule twice weekly), as well as *Pefrakehl* 5X and *Notakehl* 5X (10 drops daily in alternation). The most advantageous way to administer these proven homeopathic products, it should be noted, is: with the *Utilin* „S“ capsules, one pours the contents of the capsule into the **back of the throat**, whereas the *Pefrakehl* & *Notakehl* drops are inhaled into the nose in the mornings. With this form of administration, the

named substances get into the organism via the mucous membranes with a favorable pH value. This administration form via the mucous membranes is characterized by a favorable receptivity for these substances. In addition to the initial prescription of homeopathic medications, the patient received the preparation *Metabiarex* (5 drops 3 times daily, increasing gradually to 20 drops). This preparation quite effectively deals with a genetic affliction caused by an earlier illness of his parents.

A few days later, a slight improvement in the patient’s condition was noted, although he still complained of a “dry nose“. Therapy was continued with a blistering paper behind both ears. In addition, “**Skribben**“ of the cervical spinal column was employed, which was developed by an old natural healer - a lay healer, as they are known - who was very knowledgeable at bone setting and resetting. This procedure, often used in clinical practice, has proven itself quite well in the elimination of blocked conditions with local acidosis or disturbances in lymph flow in the spinal region and the joints. Disturbances of this sort in the named regions turn up not infrequently, and they can impede the full effectiveness of drug-based courses of treatment.

Skribben is well-suited, via its directed effect on joints, ligaments and tendons, to influence the entire connective tissue apparatus, and thus to force out many contaminants, intoxicants and waste products. In more than a few patients, the connective tissue comes to be used as a toxic waste

site for such materials over long periods of time. Learning how to use the manual procedure of Skribben properly in a therapeutic context requires attending practical courses in its implementation.

During the patient’s third clinic visit - only a few weeks after the first one - there was still an occasional impediment to nasal respiration, as well as an annoying nasal dryness. The drug therapy was now switched over to *Latensin* 4X (1 capsule twice weekly), *Nigersan* 5X (10 drops once daily), and a Pertussis nosode (1 ampoule twice weekly inhaled into the nose). Also, daily saline nasal irrigation was prescribed - a measure that always aids diversion well.

Shortly thereafter, the decisive and awaited key event occurred in the patient’s condition, in the form of his sinusitis becoming acute. The patient at this point also got a slight fever after the stimulation therapy, which his organism had for years been incapable of generating. The drug therapy was now *Utilin* „S“ 4X (1 capsule twice weekly), and *Nigersan* 5X (10 drops once daily). In addition, the patient took steam baths, as already described, as well as Skribben treatment of the cervical spinal column. The capsule treatments mentioned here can, at 5 capsules each, be limited to 2 ½ weeks’ duration but it can also, without further ado, either be extended or repeated after a pause.

About six weeks after the first course of therapy, the patient reported a marked improvement in his condition. Not until 10 weeks later did he again have a stuffed-up



nose. Therapy was now continued with intramuscular mixed injections of *Mucokehl 6X* & *SANUVIS* twice weekly. Improvement continued steadily after this, although his nose continued, less frequently, to get slightly stopped up now and again. The final course of therapy consisted of six intramuscular injections of autologous blood at roughly one-week intervals, each time with blood from the fingertip, which was mixed with 1 ampoule of Colibiogen and shaken 10 times. Treatment was ended in March of 1986; since then, the patient has been entirely symptom-free.

Infantile Asthma

Infantile asthma presents a clinical picture that can be approached with nearly the same homeopathic therapy as that for chronic sinusitis. The decisive aspect of treating chronic ailments (which as a rule includes asthma) with homeopathic preparations is the breakup of the chronic conditions into an acute phase, even though that might be accompanied by somewhat dramatically tinged reactions, and which are unpleasant for the patient. Therapeutically, what is then left to do is: diversion and once again diversion - thoroughly and profoundly.

An eight-year-old girl was brought to the clinic suffering greatly from infantile asthma with repeated attacks over some years; her symptomatology bore all the characteristics of this disease. The first prescription for this patient consisted of *Utilin „S“ 4X* (1 capsule twice daily), *Notakehl 5X* (10 drops daily), as well as Truw 118 (1 tablet twice daily). The last-

named drug is also good for prevention of rickets. Adjusting dosage for age, this compound medication can even be administered to small children down to 2 years old.

Happily, the girl reacted to this treatment after about 2 ½ weeks with acute bronchitis accompanied by spasticity with asthmoid episodes. While maintaining occasional **potato wraps**, the girl now received *Nigersan 5X*, always good for any pulmonary process - and *Notakehl 5X* (10 drops each in daily alternation). In addition, due to a known family affliction, she was given *Metabiarex* (5 drops thrice daily, gradually increasing to 20 drops). Shortly thereafter, during a house call, the girl had an asthma attack with a fever of 40°C [104°F]. At this point, *Ipecacuanha 6X* and *Glauber's salt* (sodium sulfate) were prescribed. Addition-ally, she was given **mustard flour wraps** and a **ribwort** cough syrup. About 10 days later, her condition was largely back to normal and her lungs were unblocked. It should be noted that the administering of stimulation medication should be reduced or even eliminated when the illness enters an acute phase; in this phase, priority needs to be given to elimination processes.

After this therapy, the young patient was symptom-free for more than 8 months; even winter failed to give her any colds. It wasn't until April of the following year that an incipient bronchitis made its appearance, with but mild pulmonary involvement. The prescription of *Utilin „S“* capsules and *Notakehl 5X*

drops was renewed, supplemented by a scrofulosis powder from Pflüger. After this, all symptoms disappeared and stayed away for almost a year. Then, there appeared an allergic conjunctivitis, but the lungs stayed unblocked. Therapy: *Utilin „S“ 4X* capsules, *Notakehl 5X* drops and Truw 118 tablets. In autumn of the same year, an influenzal infection appeared once more, but with normal fever reaction and no asthmatic process, which was countered again with a drug therapy of *Utilin „S“ 4X*, *Notakehl 5X* drops (both in the previously-noted dosages), and steam baths as well. Thereafter, to the present day, the girl has experienced no asthma attacks for years, and is considered to have been healed.

Postoperative Leukopenia

A highly-stressed businesswoman come into the clinic with the clinical picture of a postoperative leukopenia after a curettage. She was plagued by constant fatigue, lack of energy and a high susceptibility to catching colds. According to lab tests, her leukocyte count was 2600, constant over the last two years. There had been no pre-operative treatment. Her lymphocyte count was rising, pointing to a viral infection, which indicated the use of the well known homeopathic medication *Quentakehl* (whereas *Notakehl* is better suited for streptococcal infections). The patient's initial prescription was thus: *Utilin „S“ 4X* (1 capsule twice weekly) and *Quentakehl 5X* (10 drops daily). A few days later, the patient also received a Skribben treatment of the cervical and thoracic spinal column.



After this initial treatment, the patient already felt better. A vesicular rash on her back didn't bother her much. At the clinic, her back underwent Baunscheidt's air-puncture treatment in order to improve diversion. In the second course of treatment, she was prescribed **Neukönigsförder** mineral tablets, **A+E Mulsin** and **Arcanum strath**. A lab test barely three weeks later yielded a leukocyte count of 3300. In this situation, the drug therapy was revised to capsules of *Latensin 4X*, *Utilin „S“ 4X* and *Recarcin*, of which 1 capsule every other day was given sequentially, administered by means of pouring out the capsule contents into the back of the throat. In addition, 10 drops daily of *Quentakehl* were administered. The rash on the back subsided after that, completely and permanently, and the patient reported feeling completely well. And so this patient's therapy was ended. A subsequent lab check of the leukocyte count gave an unequivocally positive result.

Epicondylitis

A tennis player came to the clinic, whose symptoms were typical of **epicondylitis** pain with **trigger-point**. In this case, too, Skribben was employed in the initial therapy, but at first only on the elbows. Besides this, the patient was given a compound injection (subcutaneously at the trigger-point) of *Notakehl 6X* (1 ampoule) and *SANUVIS* (1 ampoule). Additionally, a blistering paper was affixed to the upper arm above the elbow, resulting in a lymph blister, which could be opened just a day later. About 10 days after the initial treatment, the patient was already

symptom-free.

About 2 ½ years later, there was a recurrence, which was treated in the same way as the first time, except that the Skribben was now extended to the cervical spine. This treatment was repeated, without the use of a blistering paper, about two weeks later, after a slight hyposensitivity had in the meantime manifested itself in the ulnar finger region. After this treatment, the patient was free of all symptoms and could be released from treatment.

Perthes' Disease

The clinical picture of Perthes' disease deserves particular attention because conventional medicine is as good as helpless in the face of it. Other than immobilization of the extremities, conventional medicine has no recommendations to make of a therapeutic nature that have any effect on this malign disease. Perthes' disease manifests itself as a cartilage necrosis which - in children and in the current case - can as a rule be traced back to a previous paratubercular episode. Other causal precursor stresses include all those which give rise to cystic changes in the body. This clinical case dealt with an approximately 11-year-old boy, for whom Perthes' disease of the right elbow had been diagnosed a half year before his first visit to the clinic. A secondary finding for the young patient was: **spastic child**, spastic paralysis of the left leg (congenital).

The first prescription for this patient was: *Utilin „S“ 4X* (1 capsule twice weekly), *Utilin* embrocation (3 drops daily in the bend of the elbow), *Notakehl 5X* (10 drops

daily) and Truw 118 (2 tablets daily). A house call just 10 days after the initial consultation led to supplementing this treatment with steam baths, potato wraps and Equisil cough drops. Meanwhile, an acute bronchitis with 40°C [104°F] fever had developed, accompanied by a **spasticity of the lungs**. Just 5 days later, the bronchitis was gone. Ten days after that, the patient reported only infrequent pains.

The drug therapy was now switched to *Latensin 4X* (1 capsule twice weekly), *Nigersan 5X* (10 drops daily) and a continuation of the daily *Utilin* embrocation in the bend of the elbow. Additionally, the patient received Skribben on the elbow. The patient reacted to the administration of *Latensin* with diarrhea. While maintaining the dosage of *Nigersan 5X* and the *Utilin* embrocation, the patient was from now on only given *Utilin 6X* (1 capsule twice weekly). Six weeks later, the patient was nearly symptom-free. In a final therapeutic session, *Nigersan 5X* and the *Utilin* embrocation were maintained, and *Utilin 4X* was substituted for *Utilin 6X* (1 capsule twice weekly). An X-ray checkup 1 ½ months later was unable to detect any trace of a clinical picture of Perthes' disease, and the patient could be released, pronounced cured, from treatment.

Prostatitis and Cystitis

Prostate diseases - all the way up to and including cancer - are viewed as veritable disasters by men of advanced age. This fear is understandable when one considers that many men, consciously or subconsciously, associates these diseases with something at the core



of their feelings of manliness. Added to this is the fact that conventional medicine has hitherto had little to offer in the way of healing possibilities for malignant diseases of this sort. Which makes it all the more interesting - not to say important - that prostate diseases, including carcinomas, are quite accessible to biological therapy with homeopathic preparations, as will be substantiated in the cases described below. The histories presented here represent cases where complete healing was able to be achieved.

The first case concerned a still relatively young and strongly muscled farmer suffering from a recurring inflammation of the bladder and a pathological enlargement and sensitivity of the prostate. There was blood in his urine, and the lab findings read "protein positive". Unsuccessful therapies had consisted of antibiotic cures. When he came to the clinic, the patient appeared discouraged and depressed.

Treatment began with a drug therapy consisting of a "**Waag's Bomb**"; a proven compound preparation of earlier years which had originally been developed by Dr. Waag. It was administered as an intra-muscular injection, in the gluteus maximus, of an ampoule each of *Notakehl 5X*, *Pefrakehl 6X* and *SANUVIS*. In addition to this compound injection, the patient received another one in the other cheek, consisting of an ampoule each of *Lachesis 30X* and *Pyrogenium 20X*, as well as 2 ampoules of *Formisoton forte*, a formic acid preparation. In addition, the therapy consisted of suppo-

sitories of *Notakehl 3X*, *Nigersan 3X*, *Pefrakehl 3X* and *Mucokehl 3X*, which were administered rectally once daily in sequence. Daily contrast sitz baths with Borax and potassium permanganate were also prescribed.

A proven adjunct therapy for cystitis, which was also used on this patient, was a 24-hour fluids fast, a so-called "dry day". On this day, only dried rolls could be eaten. Often, this actually intensifies the patient's symptoms, but it serves to transform the existing chronic disease condition into the desired acute phase. Five days after beginning treatment, the patient again received a "Waag's Bomb" in the form of an administered intramuscular compound injection.

About 8 weeks after beginning therapy, the patient was essentially symptom-free. The bladder was still somewhat sensitive to cold, and the urine stream was still a bit weak. But a rectal examination came up NAD, and the patient's urine was sterile. The new drug prescription was now: *Utilin „S"* (1 capsule twice weekly), *Notakehl 5X* and *Pefrakehl 5X* (10 drops daily in alternation) and *ALKALA N* powder (1 teaspoon in a glass of water thrice daily). Concerning this homeopathic preparation: it is very important in all homeopathic therapy to keep an eye on the patient's acid-base balance.

After nearly 5 symptom-free months, the patient reported in again with bladder symptoms. This time, the patient received a "Waag's Bomb" again and a suppository treatment with *Notakehl 3X*,

Nigersan 3X, *Pefrakehl 3X* and *Mucokehl 3X*. In addition, the patient was given a blistering paper on his coccyx and a Skribben treatment of the lumbar spine. After three treatments, the patient was stably symptom-free. An investigation a few weeks later turned up no more symptoms in the prostate and bladder region. This case history likewise justifies, as do many other such cases, the contention that the increasingly unsuccessful antibiotic therapies have more than merely a "substitute" in homeopathic therapy.

Highly Differentiated Prostate Cancer

It is always a pleasure to be able to relate therapeutic successes using homeopathic preparations - and not just for the above - described types of chronic clinical pictures, which are easier to bring to an acute phase than already-malignant diseases. But even diseases which have already developed into malignancy can often be treated successfully with homeopathic products, as the following example of a 65-year-old patient with prostate cancer demonstrates. He suffered from considerable amounts of residual urine with nycturia 5 times per night as well as spontaneous nocturnal micturition. A rectal examination showed an enlarged prostate, hard to the touch. The patient was first sent to a urologist for additional examination.

After the histological results were back ("highly differentiated prostate cancer"), a transvesical prostatectomy was performed. The subsequent biological therapy consisted of a course of treatment



with daily alternating suppositories between *Notakehl 3X*, *Pefrakehl 3X*, *Nigersan 3X* and *Mucokehl 3X*. In addition, the patient underwent Baunscheidt's air-puncture treatment on the coccyx, twice, with a time interval between. The suppository treatment, extending over several weeks, was repeated within the year. A **check up punch biopsy** in November of 1990, a scant year after the initial consultation indicated a pronounced regression of the tumor. The patient has since been symptom-free, and urological checks have shown no indications of recurrence. The suppository treatment described here has even been successfully used in cases where metastasis has already set in. This therapy can also be used confidently without a preceding prostatectomy, except that the same result will take a longer time to achieve.

With appropriate modifications, this suppository treatment can also be used on women with uterine diseases, and most especially in the case of myomas. The modification is related to the fact that, with myomas, *Mucokehl* and *Nigersan* should be the primary drugs of treatment. It can even be appropriate to treat a myoma exclusively with these two homeopathic preparations, alternating them on a daily basis, of course. Also indicated are sitz baths, including contrast sitz baths, as well as blistering papers in the region of the coccyx.

Chronically Recurring Epididymitis

Diseases in the male genital region, which can well be treated with

homeopathic products are by no means confined to prostate and bladder diseases. Cases of epididymitis also have good prospects with homeopathic preparations. By way of confirmation, a clinical case is presented below of chronically recurring epididymitis (inflammation of the parorchis) in a 49-year-old man. This disease of two years' standing had a traumatic origin. Repeated antibiotic treatments in preoperative therapy had yielded no positive results.

At the initial consultation, the patient exhibited a reduced and sensitive general condition accompanied by weight loss. The preceding antibiotic doses had effected a constant lack of appetite. The testicles were highly sensitive. The **liver values** had risen in the last few months. The patient's mental state was characterized by an intense inner unrest.

Taking into account the patient's traumatic history, *Arnica 30C* was prescribed. In order to activate the liver's metabolism, the following mixture was given: 1 tablespoon Lactisol, 1 ampoule Extr. hepatitis and 15 drops of *Sankombi 5X*, in a half-glass of water, to be drunk every morning on an empty stomach. As a calmative, the patient was given Pasconal drops, which can be regarded as a safe botanical "Valium". In addition, the patient was to take a cool sitz bath daily with potassium permanganate.

Just 3 weeks after the initial consultation, the patient had gained 3 ½ kilograms (7 pounds), and he seemed somewhat calmer. However, the genital pains had not yet

entirely subsided. A large blistering paper was now applied to the patient's coccyx, and he was given a Skribben treatment on the lower end of the spinal column. The drug therapy was switched to a suppository treatment with *Nigersan 3X*, *Notakehl 3X*, *Pefrakehl 3X* and *Mucokehl 3X*, administered as one suppository in daily alternation once in the evening. Three weeks later, the patient complained merely of a slight pulling in the groin. After another three weeks, the patient was symptom-free, and his liver values were in the normal range. In this condition, the patient could be released from therapy.

Eight months later, which passed, in regard to his previous ailment, symptom-free for the patient, he came to the clinic again with acute bronchitis. After administration of *Utilin „S“ 4X* (1 capsule twice weekly) and *Notakehl* (10 drops daily), a purulating discharge developed from the urethra, accompanied by genital and groin pain. At this point, the suppository treatment with *Nigersan/ Notakehl/ Pefrakehl/ Mucokehl* was performed again; additionally the patient took contrast sitz baths with Borax and potassium permanganate. Also, the lumbar spine was given another Skribben treatment. A good month later, the patient was once again symptom-free. There was no more observable discharge. On the occasion of a patient visit about one-and-a-half years later, there were no symptoms related to his earlier epididymitis.

In closing, herewith a proven treatment tip for those cases where blistering paper is used to generate



a lymph blister, regardless of the initial complaint: the blister contents can be used to prepare an autologous lymph nosode. To do this, one takes a few drops of the liquid and mixes it with, say, *SANUVIS* or *Colibiogen*, by handshaking it 10 times. The finished mixture is then best used as an intramuscular injection. Our clinical practice has often used this method in therapy.

The clinical cases reproduced here clearly demonstrate that biological medicine, including many old naturopathic treatment methods,

makes possible better therapeutic results as compared to conventional medical procedures, especially when dealing with chronic diseases of long standing. And the use of homeopathic preparations takes center stage in this process.

This article is based on an extemporaneous (no notes) speech of the author's at the SANUM Therapy Conference in Hanover in 1994. It was transcribed from a recording of the speech.

**First published in Explore! magazine
Vol. 6, #1, 1995**

**© Copyright 1995 by Semmelweis-
Institut GmbH, 27318 Hoya (Weser),
Germany**

All Rights Reserved