Using Biological-Regulative Therapy

For Inflammatory-Rheumatic Diseases

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The chronic inflammatory and chronic exudative diseases of the mucous membranes are amenable to conventional medical treatment usually only via antiphlogistic and/or immunosuppressive means. These diseases in particular - chronically inflammatory joint diseases, rheumatoid arthritis, intestinal (colitis), bronchial (asthma) - are known for their stubborn resistance to conventional medical therapy. The high rate of recurrence after therapy is cut back is likewise well known. From a biological regulative point of view, this is quite understandable, since the mucous membrane organs, with their at times enormous surface areas, are vital regulatory and eliminatory organs, whose oversecretion when disturbed corresponds to a need of the organism. This excretion is purifying and detoxifying, and thus constitutes a regulatory function in the interest of the body as a whole.

When, therefore, the holistically oriented physician views the mucous membrane "diseases" not as diseases in and of themselves, nor as terminal states, but rather as goal oriented regulatory processes, then not only does the whole process make more sense, but so do the diagnostic and therapeutic measures. From the regulatory medical viewpoint, mucous membrane inflammations are there for regional or general elimination in the service of detoxification, and can only be suppressed for short periods of time. The toxic substances - the disturbing agents - must be found and channeled out.

The mucous membrane organs are the body's most powerful regulatory organs, and they react to "foreigners" with their own unique exudation to stimuli throughout the body. When suppressive therapy is used, the result is often remote secondary disease, since in these cases, the necessary elimination has not taken place and the toxic agent is now stored elsewhere, doing its harm there. Thus, amyloidosis can follow polyarthritis or colon cancer can succeed colitis.

The mucous membrane organs make up a functional "detox" unit - which explains the ability of chronic diseases to migrate to other mucous membrane organs. Thus, the asthma sufferer can get arthritis, or colitis will lead to colitis-arthritis. The "burned out" condition of a mucous membrane disease in older patients is mostly a prognostically poor expression of damage to fundamental cellular functions in a cellular-degenerative or even a neoplastic stage of disease.

The clinical picture of polyarthritis

With the background presented here, the diagnosis and treatment of polyarthritis, taken as a sample disease, can be seen with particular clarity. The following descriptions are based an years of treatment cycles for this syndrome. In addition, over 20 arthritis patients were kept under observation for more than 2 years. All patients had already had more than 2 years of antiphlogistics and had undergone basic therapy with Gold/d-Penicillamin/Resochine or Immurek.

At the beginning of therapy, all patients had severe polyarticular symptoms accompanied by swelling. Most of the patients were seriopositive i.e. positive with rheumatoid factor or had elevated ANAK. Two patients were diagnosed with Bechterew's disease, two children had juvenile arthritis and the rest of the patients had chronic polyarthritis. Results of the therapy: for over 70% of the patients, their condition was improved, in some cases totally healed, despite reduction of the immunosuppressives and Cortisone and despite, in most cases, reduction or even discontinuation of antirheumatics. Besides the subjective findings, the objective parameters (BSR, ANAK, swelling) confirmed this as well.

The causes and initiators of the disease

The diagnosis and the subsequent therapy must always be highly individualized and broad-based. The "purpose" of the mucous membrane reaction must be sought. The patient's constitution and disposition must here also be recognized and bound into all therapeutic considerations. In their function as vital eliminatory organs, the overtaxed mucous membranes must be relieved by stimulating other eliminatory systems (intestines, kidneys, skin, lungs). The intestines must above all be included in any and all treatment.

There are various causes and initiators for arthritis that need to be considered (Table 1). Some clarifications are in order here to promote an understanding of the course the diagnostic process takes. Our experience has shown that chronic arthritis is very often

CAUSES AND INITIATORS OF ARTHRITIS

- Food allergies
- Elevated arachidonic acid / excess protein
- Foci of disturbance
- Acid-base balance
- Antioxidant deficiency
    - Trace element deficiency
    - Toxic stresses

Table 1

associated with food intolerances. This can be seen very clearly in typical regulatory thermography findings. An important indicator of this is the often strikingly positive response of joint ailments to a hypoallergenic diet *á la* Werthmann (Table 2), which we have lightly modified for our purposes (Table 3).

Food allergy shows up in a patient history most typically in the form of earlier susceptibilities to infection, in various allergies und skin problems und in immune system disturbances induced by exhaustion or overburdening of the Peyer's plaques in the small intestine. Regulatory thermography depicts the typical findings of a hyperregulating small intestine, with low values over the appendix und small intestine, hot abdominal lymph regions und often with overtaxed (low) stomach values; subsequent readings show still-blocked thymus values.

Other indicative methods are also possible und usable, but often only indicate secondary allergies, to specific foods, for example. Most of the time, the proteins in cow's milk und its products represent the fundamental allergen. In this context, exposure in early infancy is decisive, during which the child was not fully suckled by its mother for at least six or more months.

Further important pathogenic factors

The most frequent inflammatory joint disease is chronic polyarthritis co-caused by a dysregulation of the immune system. The inflamed articular process is determined by the amount of type 2 prostaglandins which develop from arachidonic acid (Elcosanoids) (Table 4). Since it is an unsaturated fatty acid, arachidonic acid is introduced to the organism exclusively through animal fats in the diet. Not only do the inflammation inducing prostaglandins derive from arachidonic acid, so do the leucotrienes, which have a suppressive effect an the immune system und the macrophages; added to which, thromboxanes are also produced, with their aggregation effect an thrombocytes, und histamines as the effectors of allergic ailments.

Thus, one can understand why a diet free of animal fat und protein improves all these diseases. But, along with the elimination (or at least reduction) of arachidonic acid, the synthesis of type 1 prostaglandins by means of trace elements and antioxidants must be promoted. For this purpose, the introduction

HYPOALLERGENIC DIET

à la Dr. K. Wertmann

no COW'S MILK / Cow's milk products

no HEN'S EGGS / Egg products

no PORK, HAM, BACON
sardines, kippers, rabbit

no CITRUS FRUITS
Kiwi, etc.
NO FRUITS IN THE EVENING

no sweets or sweet drinks

fish or meat twice a week at most

drink plenty of fluids

vegetable juices

Table 2

of high doses of evening primrose oil is therapeutically indicated.

It has been shown in comprehensive studies that fasting reduces the inflammatory parameters considerably, und that a strict vegetarian diet effectively lowers the arachidonic acid level. Thus, diet is an important factor in the treatment of rheumatic diseases. Cortisone und non-steroidal antirheumatics inhibit the synthesis of both kinds of prostaglandins and lead to a buildup of arachidonic acid, thereby favoring a recurrence of the disease after these substances are discontinued. If they are to be used at all, they should always be combined with large doses of evening primrose oil and antioxidants.

BASIC SOUP À LA DR. TH. RAU

(rich in basic substances and minerals)

Preparation

- celery
- green beans or lentils (not canned)
- zucchini

  equal portions, cut up fine
- Low boil for 15-20 minutes, then remove vegetables
- Broth can be seasoned with Nahrin Boullion, vegetarian (no meat bouillon, no salt)

The soup is best eaten on the same day, but no later than the next day.

Table 3

The great influence of foci of disturbance in the body

Disturbance foci in the body, representing - not just in the form of abscessed teeth - harmful factors, und being pathologically (often bacterially) previously damaged tissues, alter the basic mesenchymal function. Thus, they can either trigger or exacerbate any chronic ailment. Often, though, additional factors are first necessary, which explains how a disturbance focus can remain "mute" for years. Disturbance foci are quite frequently the initiators of rheumatic diseases. Regulatory thermography turns up disturbance foci in over 70% of chronic illnesses. Our experience shows that over 50% of the rheumatic patients treated by us were improved merely by the introduction of disturbance field therapy.

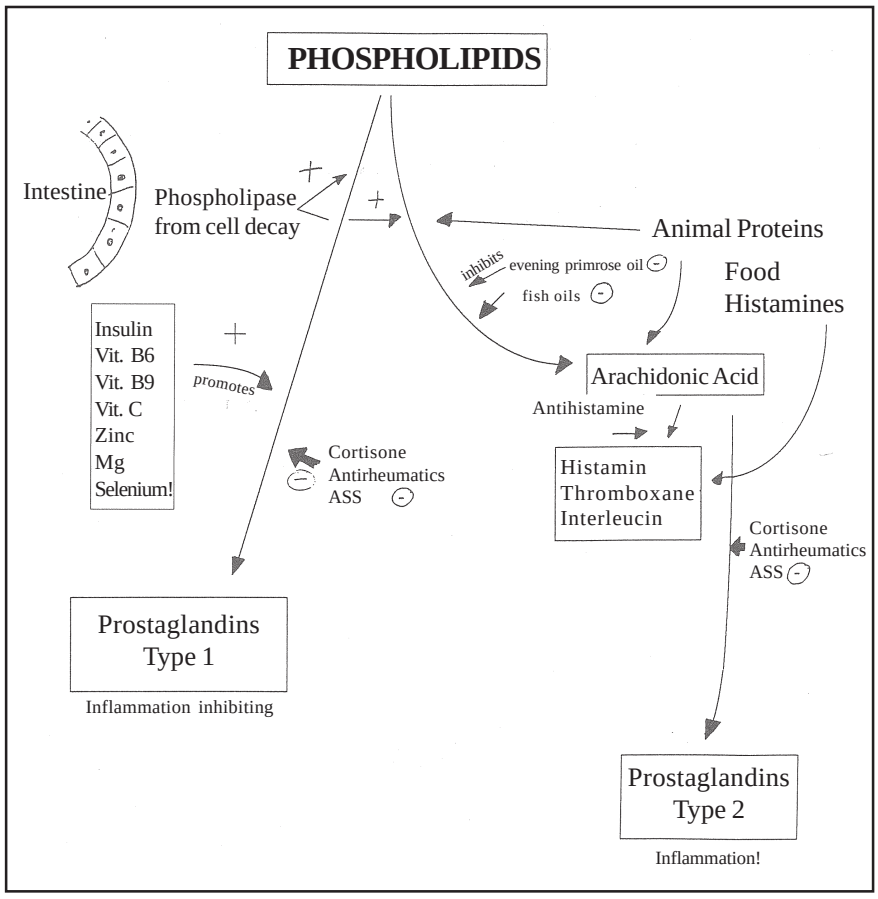

Table 4

We implement disturbance field therapy along the lines of Huneke's neural therapy. But, especially for foci in und around the teeth, we almost always add NOTAKEHL 7X to the Lidocaine, since these foci often involve old fused bacterial residues - often on gram-positive pathogens - for which

NOTAKEHL is the agent of choice. About 80% of the disturbance foci are situated in the regions teeth/jaw/sinuses/large intestine. By the way, it's worth mentioning that abnormal bacterial colonizations of the paranasal sinuses can act as disturbance foci themselves, und can thus have an enormous disturbing influence on the large intestine. We therefore prescribe, for every chronic patient, intermittent regulatory therapy for the paranasal sinuses, consisting of nose drops containing PEFRAKEHL, NOTAKEHL and SANKOMBI, 2-3 drops taken 4 times daily.

For us, sorting out of the disturbance foci by means of regulatory therapy und a pantomographic x-ray examination prior to the actual start of treatment belongs to our total therapeutic concept. Intestinal cleansing, usually with enemas or colon hydrotherapy, are also a part of it. In the process, any disturbance foci that might be present are detected and noted anamnestically and neural therapeutically. Polyarthritis induced by disturbance foci responds especially well to this therapy. A compound injection that has proven itself in disturbance focus therapy is the one we call "Tonsil Mix" (Table 5).

A number of cases have taught us that, when basic therapy and diversion falls, further disturbance foci must be thoroughly and intensively sought out. Not infrequently, multiple disturbance foci are responsible. We emphatically recommend sanitation (which means, as a rule, extraction) of all root-canaled, dead and impacted teeth. This applies above all to the first and second teeth, but as well to the molars (which have a relationship to the large intestine in Voll/Volkmer's schema), which are often disturbance sources due to their focal character.

TONSIL MIX

- NOTAKEHL amp.
- REBAS 4X amp.
- TONSILLA comp amp.
- LIDOCAIN 1% 5ml

+ (opt.)
- Tonsillitis Nosode
- Citrokehl amp.

Table 5

The influence of the acid-base balance

Investigations of most rheumatic patients indicate depleted acid buffers (bicarbonate/alkali reserves) and elevated acid elimination via urine, stool, skin and stomach. As we know, acids are produced as a result of cell metabolism with vesicular breathing, but they are also introduced by an acid excess in diet and water. A not insignificant share also arises by way of lactate formation in blocked mitochondrial vesicular breathing and anaeorobic energy exchange. This is a well-known significant cancer-causing factor. In an over-acidic situation, the body attempts to eliminate these acid equivalents (mostly as proteins) through the mucous membranes. This can generate pathological

CLARIFICATION PROCESS

Patient history	Dietary Stranching / Susceptibility to infection / Tonsils / Operations / Excema / Atopy
Physical appearance	Scars / Teeth Physique / Congestions Type / Constitution, Iris Meridians
Laboratory	- BSR, Hb, Lc, Thc, HK - ANAK, AST - Uric acid, Total Proteins, - Urine - Stool Candida

Table 6

conditions in all mucous membrane organs and then cause disturbances, in the form of protein complex deposits, of the mesenchyme and connective tissue.

Therefore, re-equilibrating an acid-base balance that has swung over to the acid side is indispensable for all rheumatic patients. This is achieved by a directed supply of bases as well as increased binding of acids to minerals, without neglecting the excretion of acids by all possible avenues. The measures constituting effective treatment include an adapted diet, base supply via appropriate minerals - especially recommended in this context is SANUM-Kehlbeck's ALKALA-infusions and an improvement of the citric acid cycle.

About antioxidant and trace element deficiencies

Because of high environmental pollution, as well as of existing metabolic deficits in vitamins and enzymes, the body's antioxidative defense mechanisms can no longer adequately fulfill their protective functions. This ultimately leads to cell damage throughout the organism, since the cytotoxic substances and free radicals remain active in the body. Therefore, cellular metabolism and the functions of the detoxifying eliminatory organs are scaled down, so that the toxic substances they take up are no longer adequately metabolized and rendered harmless. Consequently, reactive substances build up in the organism, especially in the interstices, but in the joints as well, where oxidative processes can cause excess phagocytosis and lytic damage to cartilage and collagen. This is why a good supply of antioxidants and catalysts of vesical respiration is an important component of rheumatic therapy, as it is of any treatment of degenerative diseases.

What answers are given by

REGULATORY THERMOGRAPHY

- General regulatory ability
- Homeopathically treatable?
- Disturbance foci? Blockages?
- Malignant terrain?
- Food allergy?

Table 7

SPECIAL EXAMINATIONS

- Pantomogram - x-ray
- Thermography
- Darkfield microscopy
- Hair mineal analysis
- Full accupuncture (opt.)
- Dimalva Test (opt.)

Table 8

SIGNIFICANCE OF DARKFIELD MICROSCOPY FOR THE CLINICAL PRACTICE:

- Milieu?
- Excess protein?
- Immune system activity
  - Protites?
  - Leucocyte mobility
- Endobiont infestation?
- Cell resistance? / Vesicular breathing?
- => EMPHASIS of the treatment:
  - Excretion?
  - Protein reduction?
  - Endobiont treatment?
  - Immune system stimulation?

Table 9

The process of comprehensive clarification

The clinical history offers the first indications as to possible disturbance foci and dietary allergies for the necessary comprehensive clarification prior to beginning

treatment (see Tables 6-9). Determining the patient's constitutional state, the milieu and the general reaction pattern is also of great significance, in this phase of the examination, to the dietetic and medical measures to be taken later. Evaluating the reaction pattern is done by additive methods. The irises, for example, can point to degenerative or congestive tendencies. Physiognomy and physical appearance also indicate dispositions. From the totality of clarifications, one then derives the consequences for the steps and measures of a biological course of treatment (Table 10).

Regulatory thermography (mentioned above) is very helpful in determining the organism's reactive capability and in seeking out disturbance fields, as is darkfield microscopy for detecting excess protein or endobiont infestation and as an indication of the state of vesicular breathing. Darkfield microscopy also gives an indication as to the need for excretion measures as well as isopathic and/or immunobiological medications. In darkfield microscopy of chronic inflammatory diseases, enormous findings of reduced resistance and pathological intra & extracellular developmental forms of certain microorganisms often manifest themselves. In these cases, a longer term treatment of the patient with isopathic medications is part of the basic rheumatic therapy. The relevant SANUM preparations, in all their administration forms, are paramount in any such drug treatment.

CONCLUSIONS DRAWN FROM THE CLARIFICATIONS FOR BIOLOGICAL THERAPY

→ **Individual therapy** ←

→ **Causative therapy (opt.)** ←

- Food allergy?	- milk - animal protein - histamine
- Excretion crucial?	- colon. hydro - fasting
- Acid-base therapy?	
- Disturbance foci purification necessary?	- teeth - head - intestines
- Energetic / immune system built up crucial?	
- Detoxification	- catalysts - ozone
- Substitution therapy necessary?	

Table 10

BIOLOGICAL ARTHRITIS THERAPY

Always "multi-track"!

- **ACID-BASE / INTESTINES**
- **"BASIC THERAPY"**
  (-> Table 12)
- **individual according to special clarifications**
  - disturbance foci
  - excretion
  - food allergy

Table 11

The choice of means depends of course on the type of affliction and disease, but also on the nature and disposition of the patient, of whom many represent the "Mucor" type. The "tubercular" patient, on the other hand, requires preparations corresponding to the Aspergillus, such as UTILIN "S" and LATENSIN - but also heat and catalysts. The "congestive" type tends to an excess of yang and, as a metabolic patient, needs primarily MUCOKEHL, UTILIN, ALKALA "N", excretions, diet and, if needs be, fasting. In some cases, a hair mineral analysis is undertaken as a supplementary investigation into the patient stress, which yields indications of possible chronic toxic stresses - as, for example, heavy metals - as well as of long-term hyperacidity.

A basic therapy is "multi-factorial"

Any therapy which has to date been used successfully on rheumatic patients has always been "multi-tracked" and "multi factorial" (Tables 11 & 12). If intestinal cleansing, base therapy and excretion are strictly adhered to and correctly carried out, then the antiphlogistics can quickly be reduced and precipitated. The multi-track aspect of the treatment also encompasses the important immune system organ, Peyer's plaques, since they are usually affected in polyarthritis cases because of reduced performance. To counteract this, patients receive, over a 1-3 month period, one capsule 2-3 times daily of REBAS 4X.

As a rule, isopathic therapy with fungal preparations must be carried out long-term, i.e. for a year or more. With joint involvement and synovial problems, MUCOKEHL in tablet form must be given primarily; for older patients, it is recommended that the dosage start low and be raised gradually in expectation of a Chondrite accumulation at the outset. Excretion treatment is indispensable in this context, including MUCOKEHL ATOX (Excretion) at one ampule per week. The administration of MUCOKEHL can also be combined with SANUVIS or CITROKEHL.

Not infrequently, there exist in patients bacterial stages, for which the administration of NOTAKEHL is recommended during the first 2-3 weeks of treatment. This proven preparation is often ad-

"BASIC" THERAPY FOR INFLAMMATORY RHEUMATIC DISEASES

→ = **obligatory!**

1 DE-ACIDIFICATION

→ - Nutrition: animal proteins, basic soup, sugar
→ - Minerals: magnesium / calcium 2x 250-500 mg
→ - BASE SUPPLY: ALKALA N
- Lactic Acid: SANUVIS
- Folic acid 15-30 mg/d)

2 ALTERATION / IMMUNE SYSTEM "STIMULATION"

- INTESTINAL CLEANSING
- Citric acid (CITROKEHL)
- Formic acid (FORMASAN)
- Quinone (Heel)

→ - REBAS 4X 3x 1 -> 2x 1 for months!
→ - UTILIN 4X, 1 capsule/week
- RECARCIN 4X, 1 capsule/week
- LATENSIN 4X, 1 capsule/week
- Cupping, segmental neural therapy, etc.

→ - FASTING / WERTHMANN DIET

3 MILIEU THERAPY

a) begin with: NOTAKEHL 5X, 2-5 tablets once a day -> days
→ b) then MUCOKEHL or MUCOKEHL/NIGERSAN -> for one year!

4 SUBSTITUTION

A Antioxidants -> INHIBIT INFLAMMATION

	Vitamin E	500-1500 IU/day
	Vitamin C	1-3 grams/day!
	DL-methionine	
→	Selenium	50-200 µg
	Zinc	20-50 mg 3x/day
	Manganese	
→	EVENING PRIMROSE OIL	2-4 grams/day

B Pain Therapy

	Vitamin B6	100-300 mg/day!
	Magnesium orotate	250-500 mg 3x/day
	Wobenzyme	
	Vitamin E	
	DL-methionine	
→	Alcohol, Nicotine	Forbidden!
	Histamine stop	
	(DL-phenglalanine	750 mg 3x/day)

Table 12

ministered periodically, intra-articularly and combined with Lidocaine. Any other acute illness of the arthritic patient should be treated with NOTAKEHL, 2-3 tablets daily, and roughly during a week, in which the MUCOKEHL treatment is to be interrupted.

Last but not least among the SANUM preparations is NIGERSAN, which is always recommended when there is a collagen problem which finds its expression in rheumatic complaints in ligaments, vertebrae, bones and as Bechterew's disease. In these cases, 2 tablets daily are administered. If an intracellular infestation with high endobiont stages exists, then NIGERSAN is always given together with MUCOKEHL. The Aspergillus niger Chondrit evidently supports the passage of the endobionts through the cell walls.

Summary and Conclusion

Chronic polyarthritis is not a hermetically isolated disease unit, but rather an outcome of many pathological factors. It responds quite well to biological regulatory therapy, if it is applied on a broad front. Among the cases we have treated, we have been able to achieve clear improvement in over 80% of the cases, as regards both arthritic activity and other symptoms as well. Regulatory treatments are not in competition with conventional medicine therapies, but after a while do make them dispensable. Very important to a total therapy of chronic polyarthritis are the following therapy factors: excretion, milieu therapy using isopathic medications, trace element supplements and the administration of antioxidants.

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