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# **The Targeted Use of SANUM Medications**

**With the Aid of „Neural Kinesiology“**

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Ever since the publication of Günther Enderlein's (1872-1968) original works, darkfield microscopy has been used to determine the indicated SANUM medication for the patient being examined. In this article, the authors describe an alternative method, namely „neural kinesiology“, with which the indication can accurately be determined.

Neural kinesiology is a test method developed by the authors, which enables one to diagnostically ascertain the functional state and functional disturbances of the autonomic nervous system. Using this system makes it possible, for the first time, to detect the currently most frequent functional disturbances of the autonomic nervous system (ANS) and to steer their treatment: heavy-metal intoxication and chemical toxicity, „neural-therapeutic“ disturbance fields and the attendant - often toxically burdened - ganglial, food and environmental allergies and psycho-emotional stress. Neural kinesiology combines elements of Allan Beardal's „applied kinesiology“ with the authors' own research results.

The cornerstone of neural kinesiology is the muscle test: a normally strong muscle of the patient's becomes weak when the examiner lays a hand on the skin region above an ailing organ. The neurological basis for this will be discussed later on in the text. Like every other manual neurological examination, neural kinesiology is both a science and an art, demanding study, practice and experience. This article describes

the most important concepts that are taught in a neural kinesiology introductory course.

#### A. The muscle test (Fig. 1)

1. The patient lies, relaxed, on his back, the right arm extended upward vertically; wrist watches and jewelry have been removed.
2. Tell the patient that you are going to attempt to push his arm down towards his legs and that he should resist this attempt.
3. Exert a gradually increasing test pressure such that after about 2 seconds the maximum pressure has been reached. Do not exert pressure for more than 3 seconds. The point here is to exert just enough pressure so that you can feel the „opposition“ of the subject's arm, but without fatiguing the test muscle.
4. Now, in a systematic manner, the examiner's free hand touches („Test Touch“) the various bodily regions being investigated (e.g. scars, teeth). If the previously

strong arm becomes weak, then this indicates the presence of a „therapy localization“ - an indication of a functional disturbance of the autonomous nervous system.

#### B. Neurological Mechanisms for Therapy Localization

The skin's normal „electrodermal activity“ is always measured as a negative polarity. In fact, the skin of the palms of the hand and the soles of the feet is actually 10-25 millivolts more negative. However, the skin over a diseased organ or an injury has a positive charge. The theory of an „injury current“ was first described by Luigi Galvani in 1794 - i.e. more than 200 years ago - and then confirmed by Robert Becker in the early sixties (Fig. 2).

Thus, when the examiner holds the relatively negatively charged palm of his hand over a positively charged skin surface - at the location of a patient's functional

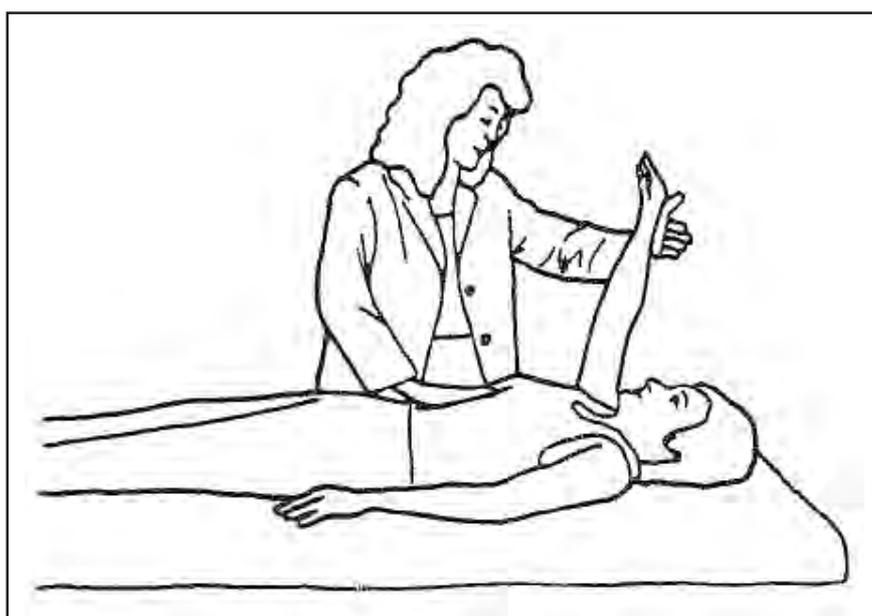


Fig. 1: The physician's right hand examines the patient, while at the same time, the left hand tests the strength of the indicator muscle

disturbance - a capacitor is formed. A capacitor is a concept from physics which describes the ability of two parallel plates to store an electrical charge. As soon as the two plates (hand & skin) come in contact, an electric current flows for a short time (Fig. 3).

This increased electron flow stimulates the unmyelinated autonomous and sensory nerve fibers in the corresponding region. As a result of recent research work - including our own - it is now believed that up to 80% of all autonomous nerve fibers are sensory and not motor. This „flood“ of sensory action potentials excites core regions of the posterior horn of the spinal cord. There exist, from this point, nerve fiber connections with the sympathetic motor region of the lateral horn and the alpha and gamma motor neurons of the anterior horn. The sympathetic motor fibers innervate the intrafusal muscle spindle fibers. The alpha motor neurons innervate the extrafusal fibers, which are directly connected with the Golgi tendon organs (GTOs).

These structures are responsible for the muscle tone of the corresponding muscles. Changes in the „electrical state“ of these receptors determine whether a test muscle will be strong or weak. The latest investigations have shown that only the sympathetic innervations of the muscle spindles -independently of the activity of the alpha and gamma motor neurons - can be responsible for an increase or decrease in muscle tone. The biomechanical purpose of the GTOs is to protect the muscle

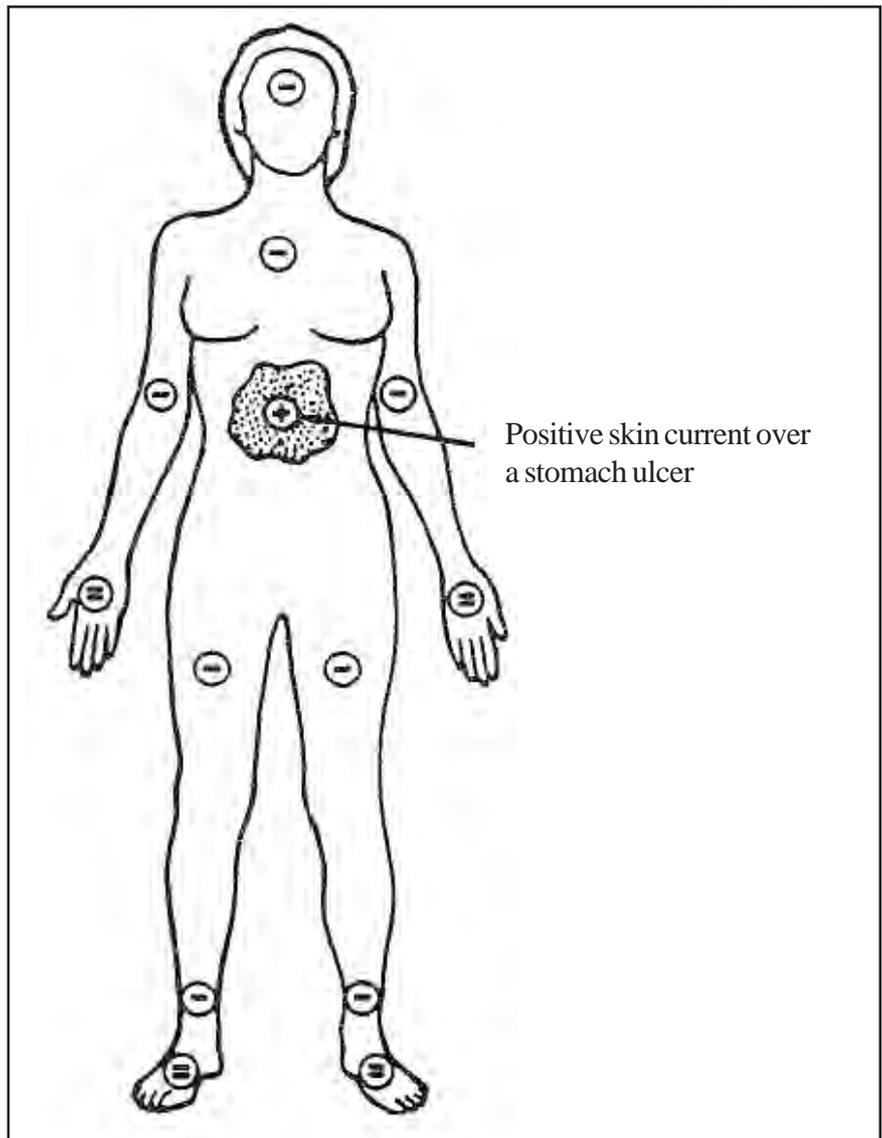


Fig. 2: Normally, electrodermal skin activity is negative, with the palms and soles being 10-25 millivolts more negative. In the vicinity of pain, functional disturbance, disease or a fracture, the skin charge is positive.



Fig. 3: The physician's negatively charged palm induces increased electron flow and thus action potentials in the unmyelinated autonomous and sensory nerves in the skin.

from tearing, when, for example, a too-heavy suitcase is dropped and the muscle is not permanently damaged. Because of the influence of the sympathetic nerves on the intrafusal fibers and GTOs, a positive therapy localization in the neurological manner described above can lead to the „switching off“ of a formerly strong test muscle.

The neurological foundations of the muscle test here described - keeping the autonomous nervous system in mind - have not heretofore been published in the literature. In addition to an inhibiting effect on the „local“ muscles, the GTOs have a remote inhibiting effect: spinal interneurons (Renshaw cells) send collaterals to motor neurons which communicate, via internuncial fibers, over a

number of spinal cord segments, and trigger muscle weakness there. This explains why, for example, a therapy localization over the kidneys can trigger a leg muscle weakness (M Psoas Major) (Fig. 4).

The impulses which reach the spinal cord communicate within milliseconds with higher centers as well, in particular with the reticular activating system (RAS) and the cerebral cortex. From here, impulses can again reach the test muscle via descending inhibitory nerve pathways to the motor anterior and lateral horn cells, which leads to a weakening of the previously strong muscle. Testing the above-described reflex pathway requires the examiner to exert relatively strong pressure, unlike the test taught in other schools of kinesiology. If the pressure is too

light, functionally-disturbed regions can be overlooked and the expectant attitude of the physician or the patient can invalidate the test result.

### C. Therapy localization of disturbances in the sympathetic region

Chronic diseases (such as: lumbar spine syndrome, chronic hepatitis) usually have a significant common component, namely latent chronic ischemia. This is caused by the sympathetic innervation of the arterioles in the disease region (e.g. diminished blood supply to the small spinal joints and the outer fibers of the intervertebral disk ring in lumbar spine syndrome cases). The cause of this is a disease-induced dysregulation of the autonomous ganglia, which can usually be corrected permanently

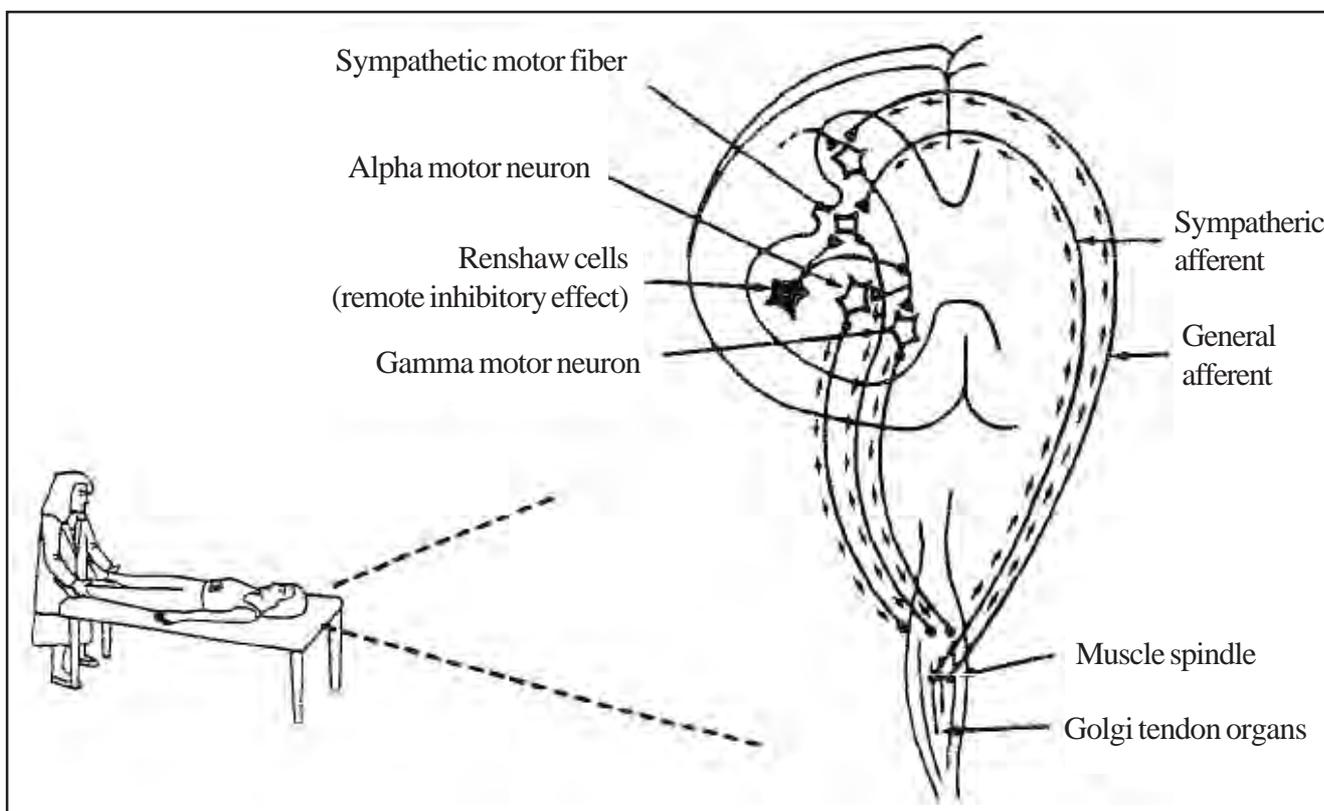


Fig. 4: The Golgi tendon organs and spinal internuncial inhibition of the motor neurons cause a positive therapy localization

by injection or other application of SANUM preparations.

The examining hand should generate an increased tissue pressure in the disease region, in order to increase the ischemia briefly. If the superordinate ganglia are fully functional, this triggers a swift local counterreaction (diminution of sympathetic tone) without the participation of the higher reflex pathways. If local regulation has rigidified due to ganglial illness, then the ischemia signal will be transmitted to higher centers via the above-mentioned reflex pathways, which will then trigger a counterregulation via the intact collateral pathways. This leads to a diminution of muscle tone in a number of segments or even in the entire body. In order to generate sufficient afferent ischemia signals, we recommend moderate to strong pressure during therapy localization. A disease region or diseased ganglion will announce itself by the weakening of the previously-strong test muscle (Fig. 5).

The work of the American physiologist Irvin Korr confirms our clinical observations. He has measured the sympathetic sweat gland reaction („sudomotor skin activity“), which shows itself through a reduction in skin resistance. This is also the basis for the EAV measurements. In every case, Korr found a correlation between sympathetic hyperactivity, low skin resistance and visceral pathology.

“In most people, one finds - even at rest in a cold environment -

damp regions of the skin, in connection with slight but constant sweat gland activity, which will show up as lowered skin resistance. This is an indicator for a high vasomotor tone, which leads to chronic vasoconstriction.“

The neural-kinesiological form of therapy localization is thus a test of the functional competence of the sympathetic system. A positive therapy localization signifies: overburdened or diseased ganglion and associated autonomous nerve pathways, ischemia and chaotic afferent autonomous and sensory nerve signals.

#### Blocked Regulation

This expression, coined in 1949 by Pischinger and Lutz, is well known among European neural therapists. It implies a rigidification of the mesenchyme due to medications, surgical intervention, chemotherapy and radiation therapy. The

present authors are in complete agreement with this, but have expanded the list of causative factors: chronic emotional stress, food and environmental allergies, toxic ganglia and - most widespread silver/amalgam fillings. These stresses primarily affect the autonomous nervous system, whose fibers begin or end in the mesenchyme of the extracellular space. Actually, it is these fibers and their associated ganglia whose regulation becomes „rigid“.

The authors have developed a test, which is an excellent indicator for blocked regulation.

#### D. „Two-pointing“ for medication testing

„Two-Pointing“ (TP) is a classical kinesiological technique which is based on the following phenomenon: the strength of an indicator muscle changes when a currently needed substance

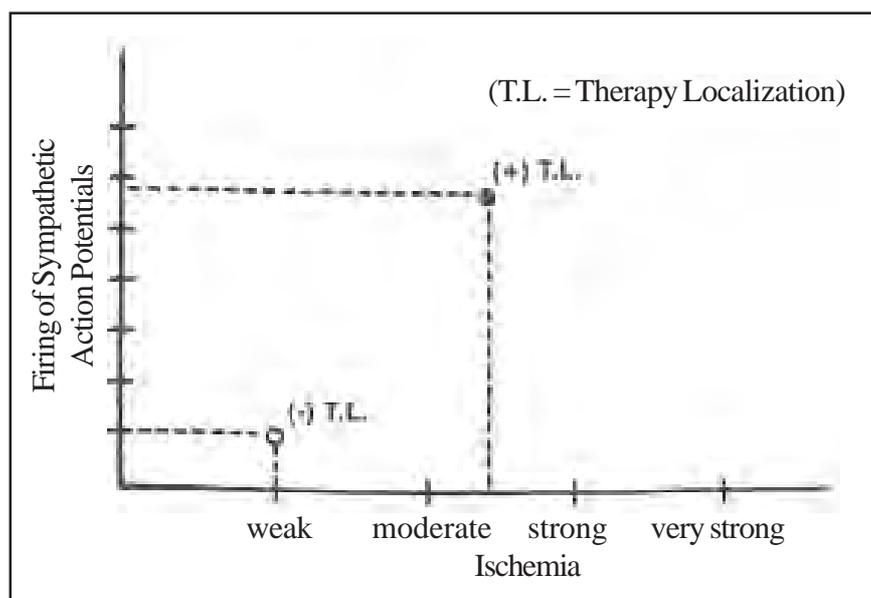


Fig. 5: Influence of compression of the disease region in order to strengthen the afferent ischemia signals and stimulate the body to counterregulate. Too little pressure = muscle does not become weak (despite function disturbance in the region under investigation)

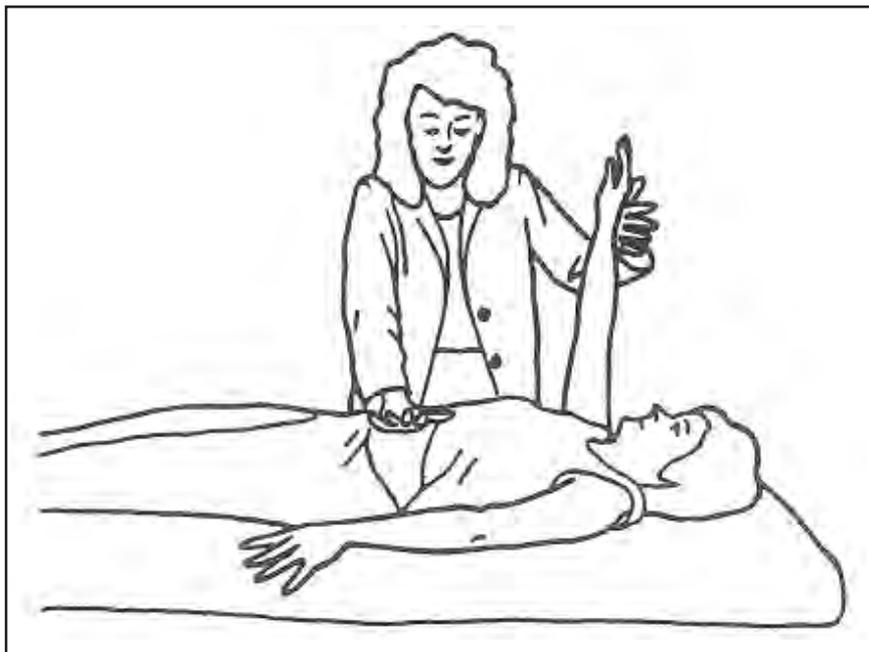


Fig. 6: The physician holds the middle of the palm of the examining hand, with fingers splayed out and arched back, over the patient's navel. If the indicator muscle weakens, then the patient is not blocked. If the indicator muscle does not weaken, then regulation is blocked. Therefore, the first step in treatment should be to unblock the patient. In this, the SANUM medications play a pivotal role.

(vitamin, homeopathic agent, SANUM preparation, etc.) is placed on the patient - or, more accurately, is introduced into the patient's energy field. We utilize this principle in neural kinesiology in order to determine which SANUM preparation is best suited to treating a diseased ganglion or disturbance field.

*Example case 1:*

A female patient with dysmenorrhoea has a strong indicator muscle that gets weak when the physician „therapy localizes“ her lower abdomen (utero-vaginal ganglia) (Fig. 7).

The examiner therapy-localizes the utero-vaginal ganglia (for male patients: prostate plexus) by exerting moderate pressure „trans-abdominally“ with the outstretched

examining hand in the paracervical region (prostate region). At the

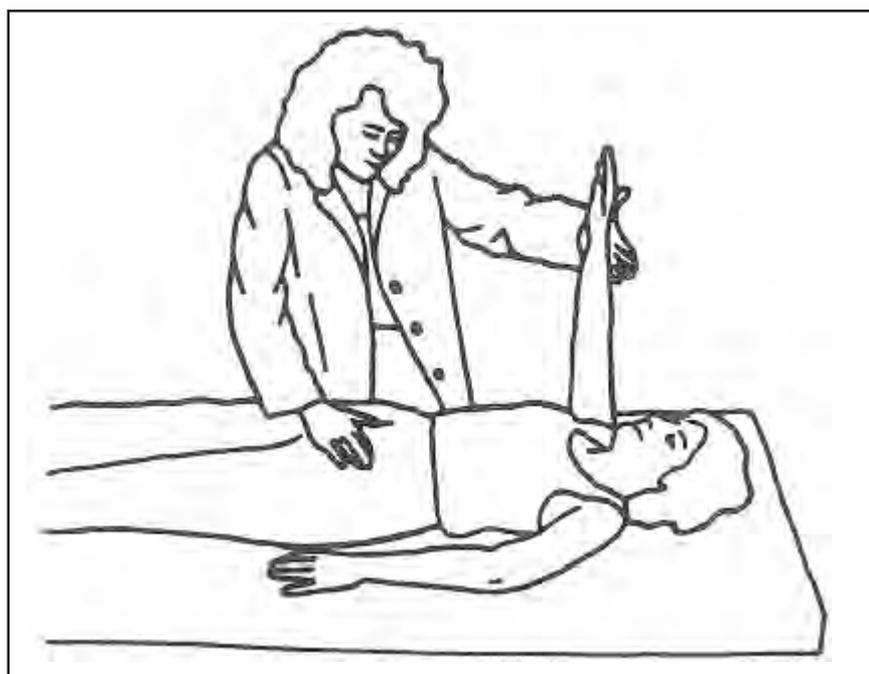


Fig. 7: The physician therapy localizes the tonsils by laying the thumb and middle finger of the examining hand below the lower jaw in the tonsil region and exerting pressure

same time, the other hand checks the indicator muscle for possible weakening.

If the examiner now places an ampule of LATENSIN on the patient's abdomen, the previously-weak indicator muscle regains its strength (positive Two-Pointing). This means that, for this patient, one should administer LATENSIN (along with a local anesthetic) by injection at the utero-vaginal ganglia.

Other SANUM medications, which often test „well“ for this injection (for women as well as for men) are NIGERSAN and UTILIN „S“. These three agents are well known for their use in paratubercular cases, whose basis is often subclinical ovaritis, salpingitis or prostatitis. They have a particularly strong relationship to the pelvic region. Also, the rectal

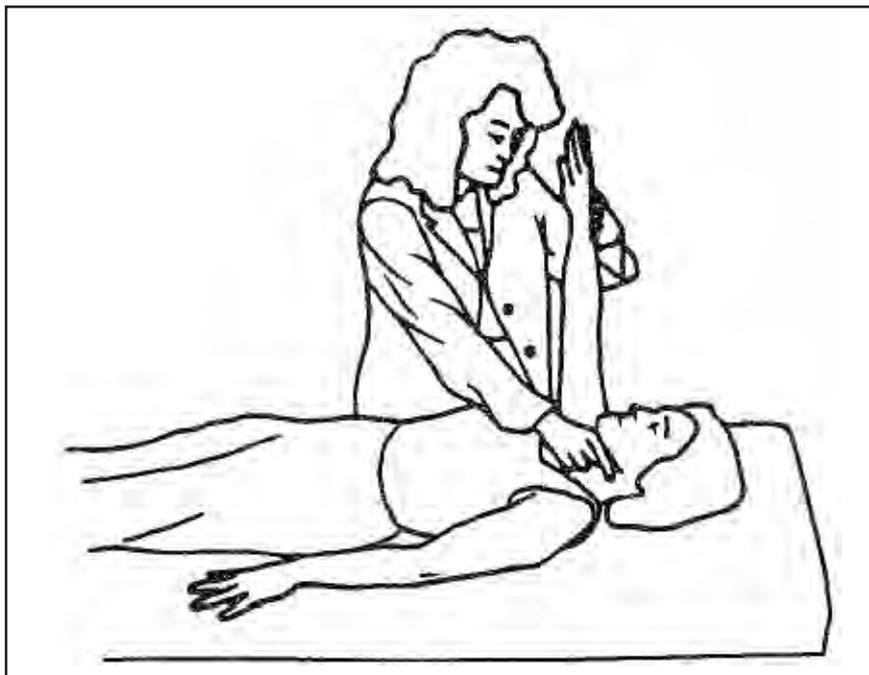


Fig. 8: The physician therapy-localizes the tonsil region.

suppositories for these preparations represent a particularly effective application method for functionally disturbed and toxic ganglia and disturbance fields in the pelvic region.

*Example case 2:*

An adult patient has the following symptoms: chronic fatigue since his early twenties, 3-4 colds a year. A thorough patient history reveals that when he was 19, he was hospitalized for pneumonia. At the first examination, the physician finds a positive therapy localization both above the tonsil region (Fig. 8) as well as over the pulmonary fields. An examination of the throat reveals large, visible tonsil scars. The physician finds a positive Two-Pointing between tonsils and lungs (TL above the tonsils: indicator muscle goes weak; TL above the lungs: indicator muscle goes weak: TL over both lungs and tonsils: indicator muscle becomes strong again). This means that the

tonsils represent a harmful disturbance field for the lungs (Fig. 8)

If, before therapy localization, the physician now places an ampule of NOTAKEHL 5X on the patient's abdomen, the indicator muscle - which previously went weak when localizing the tonsils - becomes strong (positive therapy localization). This means that NOTAKEHL 5X, along with a suitable local anesthetic, should be injected into the tonsils scars. If the lungs are now tested again, no positive therapy localization will be found any more. Other frequently tested medications for tonsil disturbance fields are FORTAKEHL, UTILIN and MUCEDOKEHL. These products are also suitable for self-administration at home after an injection in the form of tablets, drops, capsules and suppositories.



Fig. 9: The physician therapy-localizes the wisdom tooth region (using a finger cot on the index finger).



Weak, neurasthenic patients with defective sympathetic regulation are hard to „muscle test“. Three drops of UTILIN percutaneously twice a day in the crook of the elbow helps these patients enormously, and they then become quite testable.

#### *Example case 3:*

A patient with chronic Angina pectoris has a positive therapy localization at the place in the lower left jaw where a wisdom tooth had been extracted (Fig. 9).

Two-Pointing is positive with ARTHROKEHLAN „A“. This signifies, once again, that ARTHROKEHLAN „A“ along with a local anesthetic, should be injected at the corresponding location of the patient's periosteum.

The authors have observed that ARTHROKEHLAN „A“ is a valuable healing agent for all dental disturbance fields and - as was already known - for streptococcal disturbance fields: heart (rheumatic fever, endocarditis), kidneys (glomerulonephritis), joints (rheumatic diseases, including osteoarthritis), brain („Chorea minor“, juvenile hyperactivity, Attention Deficit Disorder [ADD], psychic-emotional disorders, spastic attacks). ARTHROKEHLAN „A“ has proven itself as an indispensable adjunct to the classical mandibular bone agent PEFRA-

KEHL. We use both preparations in combination for many injections in the mandibular and head region. For unambiguous acute infections with erythema, pain and swelling, NOTAKEHL often tests out, and is then administered either by itself or in combination with both other agents.

#### **Summary**

Neural kinesiology is one of the device-free test methods developed by the authors which is relatively easy to learn. It enables one to find the most suitable medication quickly for the particular disease and for which the patient exhibits the most tolerance, to diagnose and treat a disease-inducing focal process and to adapt the therapy constantly, without a great deal of fuss, to the patient's changing condition. Based on our own investigations, we know that the neural kinesiology test results and the resulting therapeutic measures are in agreement with the results of darkfield microscopy. We would also like to emphasize here that darkfield microscopy will always maintain its solid position in objective process monitoring and in research work.

The above-described principles, which must be rigorously adhered to if neural kinesiology is to be a valid test and which differentiate neural kinesiology from other kinesiological procedures, need

to be brought together here one more time:

1. Use sufficient force in the muscle test.
2. When therapy localizing, generate a sufficiently strong tissue pressure (ischemia principle).
3. First treatment step: recognize and treat regulatory rigidity.
4. Test objectively (with no preconceptions).

Neural kinesiology is a relatively easy to learn organized test method. Numerous physicians who had in the past become frustrated with other kinesiological methods or with electroacupuncture have quickly picked up neural kinesiology and have achieved outstanding treatment results with it. Physicians who use this method should be familiar with the primary neuraltherapeutic techniques and have a good understanding of the SANUM medications.

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