



Pictures Confirm Therapeutic Success

SANUM Remedies in the Practice in Cases of Neurodermitis

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Neurodermitis patients often suffer (in the fullest sense of the word) for years from this agonizing disease, with many fruitless treatment attempts in various hospitals and clinics already behind them. As with most chronic diseases, orthodox medicine's treatment options are pretty limited for this disease as well. Most of these patients have experienced no more than a short-lived spell of feeling better from symptom suppressing treatments, after which the original ailment would break out again in full vigor. Also, this type of treatment can allow additional symptoms to spread to other bodily regions or organs, of which asthmatic complaints represent one possibility. Not infrequently, the agonies of neurodermitis have driven its victims to the brink of suicide, especially

after years of medical intervention have failed to bring relief.

Orthodox medicine's view of neurodermitis as a skin disease in its own right - and to be therapized as such - is totally wrong. Neurodermitis is the manifestation of diseased processes in the body, in which other organs are involved, particularly the intestinal tract. According to Professor Enderlein's researches, in this disease, the affected person's bacterial symbiosis has been disturbed for a long time. Taking the comprehensive view, this is especially true for the intestinal tract, which can additionally exhibit damage to the mucosal lining and the villi.

Neurodermitis patients have often had earlier allergic ailments reaching all the way back to childhood, because their intestines were early on predisposed to allergies and later diseases of an allergic nature by foreign and irritating proteins in their baby foods. In this manner, a permanent bacterial defective colonization can develop in the intestines, which is capable of having a very disruptive influence on the entire metabolic process. The skin can also reflect this defective colonization, as has been clearly shown in clinical investigations of psoriasis and neurodermitis. Neurodermitis sufferers can also have inherited a genetic predisposition to the disease, which (following Enderlein's teachings) can find its expression, for example, as paratuberculosis.



Fig. 1: taken on 11 January 1996 before treatment



Fig. 2: taken on 11 January 1996 before treatment



Fig. 3: taken on 15 February 1996 after treatment



Fig. 4: taken on 15 February 1996 after treatment



With this as a background, nothing could be clearer than to combat neurodermitis in clinical practice therapeutically with the microbiological SANUM preparations, in order to regulate the dysfunctional metabolic processes, which are the result of disturbed bacterial symbiosis. At the same time, one should keep an eye on the patient's inner milieu. In what follows, we shall present the case from our practice of a 50-year old female patient, who had been suffering for a long time from neurodermitis spread out over various parts of her body.

The patient history revealed that this woman had suffered from allergies all the way back to her early childhood. The patient was treated precisely according to the below therapeutic plan. As can be seen there, one of the three pillars of the therapy consists of injection treatment with SANUM preparations along the meridians.

The full therapy began on 11 January 1996 and was completed with a satisfactory outcome on 15 February 1996. Figures 1 to 4 convincingly show the patient's condition

before the beginning of the treatment (Figs. 1 & 2) and after completion of the successful treatment (Figs. 3 & 4). The patient has remained symptom-free ever since without the need of further office visits.

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A. Injections in the following SANUM acupuncture points with:
MUCOKEHL 5X one amp. + NIGERSAN 5X one amp. + SANUVIS one amp.

Abbreviation	Designation	Localization
3E 5	Outer pass	2 cun proximal to the carpal transver fold of the back of the hand between Radius and Ulna
3E 15	Heaven's Hollow	middle of the upper edge of the Parstransversa of the Trapezius at the level of the middle of the shoulder
Di 11	Sinuous Pond	with arm maximally bent, at lateral end of the elbow fold
Di 3	Third Phalanx	of the index finger proximal to the metacarpophalangeal joint on the thumb side at the edge of the back of the hand
Le 6	Terminal Furrow	middle of the inner rim of the shinbone
B 40	Central Storage	in the middle of the hollow of the knee (Fossa poplitea)
B 23	Transport Point to Kidney	2 fingerbreadths lateral from vertebral spinous process of the 2nd lumbar vertebra

Suggested therapy - Twice weekly, 0.2 to 0.5 ml s.c. injected per point.

B. Autologous Blood Treatment for Neurodermitis

Three times weekly:

1. Injection of 0.5 ml autologous blood + 1 amp. FORMASAN + 1 amp. NOTAKEHL 5X i.m.
2. Injection of 1.0 ml autologous blood + 1 amp. FORMASAN + 1 amp. NOTAKEHL 5X i.m.
3. Injection of 1.5 ml autologous blood + 1 amp. FORMASAN + 1 amp. NOTAKEHL 5X i.m.
- 4./5. Injection of 0.5 ml autologous blood + 1 amp. FORMASAN + 1 amp. NOTAKEHL 5X i.m.

From the 6th injection on, increase the autologous blood dosage very slowly to 3.0 ml. Also from the 6th week, injections are administered only once a week.

C. Supplementary Medication Therapy

- UTILIN 6X, LATENSIN 6X and RECARCIN every 3rd day one capsule in alternation
- SANUVIS drops taken twice daily 60 drops
- Biofrid-PLUS capsules (evening primrose oil) three times daily 1-2 capsules