



# **Biological Treatment of Geriatric Diseases**

**Expanding Opportunities for Naturopathic Practices**

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Elderly people with their conditions and complaints represent a significant proportion of the patients of a clinical practice. Treatment of the health problems of ageing people as well as their prophylaxis are a basic aspect of the natural holistic therapy. Geriatric medicine has been gaining new insights and opportunities, an essential part of which can be picked up by all therapists and integrated into the causal treatment protocol of a naturopathic practice.

In the past 80 years in nearly all European countries, the average age has shifted toward an upward trend. Statistics mention an increase in the proportion of elderly people, and an inversion of the "age pyramid." The social care system for the elderly, once supported by a large number of working people now must be paid for and maintained by a reduced number of younger citizens. At the turn of the 19th century, the average life expectancy was only 40 years and thus could not even begin to make serious demands on an age-based social system.

Because of this early mortality, governmental financial reserves established to care for the elderly were of course never empty. Today, about 100 years later, life expectancy has risen by more than 30 years. At present, the male and female statistical life expectancy is 72 and 78 years, respectively. At the same time, the average retirement age has decreased so that more people can exercise their pension rights even before the age of 60.

There is no question that our increased life expectancy is due to a combination of better working conditions, improved medical care and general health awareness. Medical precautions and preventive care have become increasingly more important. Understandably, the health care industry is intensively propagating ideas of health maintenance and disease prevention to keep costs down. Nevertheless, simply due to the rising number of older people in these countries, an economic and general challenge exists to support the medical needs of the ever-growing older population.

Quality medical care for the geriatric population is becoming more important. It is foreseeable, as this segment of the population increases, that there will be an increasing number of patients seeking preventive medicine practitioners, such as naturopathic practitioners, to provide care. Therefore, up-to-date knowledge of the geriatric population and proven therapeutic treatments for a great many geriatric conditions will become more important in the daily clinical naturopathic practice.

### **Metabolic Blockages and SANUM Therapy**

Most of the naturopathic practitioner's elderly patients suffer from a chronic form of their disease condition. They are especially dependent on treatments and therapies capable of breaking up the rigid clinical picture and providing positive supportive stimulation. Also, the longer the clinical picture has manifested itself in the organism, the more pro-

nounced the regulatory rigidity and the therapy resistance of the body is likely to be. The thus developed blockages of the affected organ system will then impede a sufficient therapeutic stimulus and misdirect the entirety of its effects.

Moreover, the cellular structures of older people are increasingly subject to stronger stimuli and the stresses of harmful substances, which constantly overtax and undermine their powers of resistance. The intracellular and catalytic metabolic processes are then disturbed resulting in organic dysregulation and chronic disease.

Many of the SANUM remedies are of great therapeutic value in treating geriatric patients. Thanks to the great range of indications of the isopathic SANUM preparations, the health problems of elderly people with their often very specific problems can be treated effectively. The relevant remedies, which will be explained individually in the therapeutic section of this article, trigger a necessary and positive information stimulus to the body's cells. In an aging organism, this stimulation is especially needed because of the slowed-down intracellular, catalytic and enzymatic processes. The SANUM remedies provide practitioners with an excellent and particularly effective form of treatment for the systemic therapy of geriatric diseases.

### **Theories of Aging**

Various theories have been put forward throughout history in an attempt to explain this inexorable process. All together, this complex



of theories thus far only represents the possibilities for the progression of the aging process:

### **Wear and Tear on Mechanical Bodily Functions**

This "historical" wear theory describes the human body as a physical mechanism subject to wear and tear just like any machine. This might apply roughly to some organs, but it does not explain the basic causative aging processes.

### **Dying Out and Insufficiency of Nerve Cells**

With increasing age, there is a natural progressive destruction of nerve cells without regeneration. As a result of this process, older people experience characteristic morphological and functional changes in their bodies. The theory that aging is a consequence of the involution of individual organs, in part associated with deficient function, could explain the aging of hormone-driven organ systems. The onset of degeneration of the endocrine glands is not yet as such explained by this theory.

### **Metabolic End-Product Intoxication**

"Aging by Intoxication" is a theory of aging that describes the origin of aging processes as the accumulation of metabolic waste products in the body. The intoxication of the organism is a significant aspect in cases of organ system disorders and overstress diseases, but whether it can bring on signs of old age remains to be seen.

"Metschnikoff's Theory" (Ilja Metschnikoff, zoologist in Odessa, 1916) is based upon the notion of

damage and intoxication of the organism by altered colonic bacteria: because of an aging-dependent increasingly toxic colonic membrane milieu, *Escherichia coli* bacteria in the colon release altered and more concentrated endotoxins, which then poison and degenerate more and more of the body's tissue structures.

### **Cellular Mutation Caused by Ionizing Radiation**

This theory is based on the supposition that ionizing radiation (electromagnetic waves), which man is basically exposed to throughout life, increasingly damages cellular DNA, provoking a primary chromosomal defect in later years. These mutations are then responsible for incomplete enzymatic function, which reduces the life expectancy of individual cells. According to this theory, the aging of the organism as a whole is ascribed to the radiation-damaged cells.

### **Reduction of Cellular Immunity**

This premise attributes the aging process to a weakened immune system. Atrophy of the thymus gland causes a reduction of T-lymphocytes and weakens cellular defenses. Thus, increasing age is accompanied by an increase of infections and malignant diseases, which contribute to the aging process.

The presence of so-called "free radicals" with free chemical bonds in the organism's molecules is discussed as a possible cause of aging. The accumulation of various chemical substances can result in the gradual destruction of mole-

cules and pathological reduction in cellular metabolism.

### **The Stress Theory**

As people age, their stress-coping mechanism diminishes. The thus emerging recovery deficits increasingly manifest themselves in old age by altered adaptation mechanisms after stressful situations. According to the Stress Theory, this increasingly damages the organ function, which by dysfunction of biochemical processes triggers the ageing processes of the body.

### **Genetically Caused Cell Aging**

Scientific research on enzyme proteins, lipoproteins and nucleic acids has also yielded some insights relevant to the aging process. It is assumed that the maximum number of lifetime cell divisions is individually determined in the human embryonic phase. According to this premise, there is a genetic command code to change the DNA code after a predetermined time. At this specified point, the "biological components" switch over to a dismantling mode, and the body ages.

An example in point is that a large percentage of the body's macro-molecules are collagen. Collagen is most often found in the connective tissue of skin, bones, and vascular walls. The onset of collagen breakdown is strikingly evident in structural age-related changes. The following cross bonding between molecules diminishes the once mobile, elastic connective tissue to harder, stiffer fibrous tissue:

- decrease of the soluble collagen;
- increase of dissolvable collagen;
- reduction of structural proteins (elastin, proteoglycan).

These factors lead to a loss of elasticity and to stiffness (sclerosis), which impairs muscle activity and motor function. Function of the peripheral nerves and structure of all vascular walls also suffer from this sclerosis.

### **Natural Aging of the Body in Old Age**

An important characteristic in old age is the gradual redistribution of vital substances in the body. As a result of cell atrophy (muscle atrophy, senile skin), the fat component of tissue structures doubles from 15% to 30%. The atrophy of subcutaneous fatty tissue leads to increased loss of heat and water.

In parallel, the quantity of cellular water volume decreases from 42% to 33% by the age of 75. Skeletal changes impair joint movement (arthrosis). The bone structure of the thorax loses elasticity, with consequent reduction in pulmonary function (senile emphysema).

The involution of the sensory organs eyes and hearing often handicap and unsettle older persons. As a result, their ability to cope with everyday life and their social contacts decrease.

Age related changes also affect the digestive tract. Older persons frequently experience reduced enzymatic function. Food intolerance and maldigestion ensue.

Intestinal smooth muscle atrophies and impairs normal peristalsis resulting in constipation and potential increase in diverticuli.

From the age of 35 on, arteriosclerotic vascular alterations (physiosclerosis) can already be proven, but they inevitably increase in age. Sclerosis of old age can impair the efficiency of important organs: the kidney of an 80 to 85-years-old are supplied with only 50% of blood compared to the blood supply of the kidneys of a younger person.

These natural changes of the body signalize the biological ageing, which is only tangentially related to the birth date of a person, and which occurs sooner in one person and later in another. Further, the physiological aspect of ageing determines the individual, subjective feeling of age and is strongly influenced by one's own experience. In the end, the actual age of a person is determined by the age-related, natural change of the organism combined with the personal feeling of age.

### **Diseases of Elderly Patients**

Old age has an increased relationship with diseases, but the causes are usually to be found in the combination of different circumstances. The aged organism in combination with manifest physical damages is considerably more prone to illness.

Therefore, one must distinguish in practice between actual diseases *of old age* and diseases *in old age*. Diseases *of old age* include:

- Degenerative processes of the

- supporting and motor apparatus
- Old age sclerosis (cerebral, coronary, nephritic, and other peripheral vasculature)
- Pulmonary emphysema
- Adult-onset diabetes and others

Often, there are several illnesses present at the same time (multimorbidity).

The diseases *in old age*, however, are not typical for the elderly, for these ailments can just as well affect younger individuals. Conditions such as pneumonia, hepatitis or appendicitis can occur at any age. However, the progress of these diseases can be more dramatic in old age due to the described reduced vitality.

Disease frequency also increases, and the periods of convalescence are extended. For example, a skin wound of 20 cm heals within 20 days in a 10-years-old, while it takes about 100 days in a 60 to 80-years-old. Accordingly, all the healing processes slow down with increasing age, a fact that needs to be considered practical.

It is important to support the self-healing processes, which are reduced due to age, with the specifically effective, biological remedies by SANUM-Kehlbeck.

### **Decrease of bodily fluids**

In 30 to 40 year old persons, bodily fluids total to 70% of the bodyweight. After the 60th year of age, in contrast, bodily fluids total to only 50% on average, and a percentage of water of 40% is no exception in old age.



This considerable decrease of bodily fluids leads to a change in many biochemical metabolic processes. The compensation mechanisms of the body care for the vital metabolic process, but they cannot prevent an increasing reduction of the vital functions.

Accordingly, a reduction in intracellular fluids can be noticed in old age, and in consequence, the reserve capacities for the extracellular volume are limited. The homeostasis of the water and electrolyte balances in the elderly thus experiences a loss protection.

A decline in the need to drink is typical and characteristic for the ageing organism, which can lead to a considerably reduced fluid intake. Almost every metabolic process, and in particular the water and electrolyte balances, are at risk due to this dehydration (potassium and phosphate ions predominate intracellularly, sodium and chlorine ions extracellularly).

A main symptom of water deficiency in old age is inappetence or refusal of food intake rather than the reduced degree of thirst. Within 24 hours, an adult person loses about 2.5 litres of fluid by dermal evaporation, via the mucous membranes and through respiration, and additionally by stool secretion and urination. This loss is compensated by a corresponding fluid intake and the liquid contained in the food. Even the oxidation water produced during breakdown of the main nutrients supports water compensation.

With diseases in old age, the body's fluid balance is mostly easily disturbed. At a water loss of about 1.5 litres, the only symptom occurring is greater thirst. With greater fluid loss, dehydration of skin and mucous membranes, diminished salivation and reduced formation of urine set in.

Here it becomes apparent that fluid intake is paramount in old age. As a basic principle, therapists should always assess, and, if necessary improve, the drinking habits of their elderly patients. Recommendable beverages are mineral water, tea, fruit juice or mixed beverages. Further, moderate use of spices in nutrition should be recommended, because they stimulate the mostly reduced production of digestive juices, appetite as well as digestion itself.

#### **Improving Reactivity with RECARCIN**

The above-described conditions of older people often persist even in the presence of otherwise quite specific and well-tried remedies. Although the aging process potentially explains the associated weak and delayed healing tendencies, it often leads to problems in clinical practice. Therefore, the body's reactivity should absolutely be stimulated before any therapeutic treatment has begun.

Many therapists have found the preparation RECARCIN to be very effective for this purpose. Thanks to its component of various polysaccharides, enzymes and specific protein combinations,

this bacterial preparation is - in addition to its known indications - outstanding as a stimulating therapeutic. RECARCIN promotes the activity of disturbed enzymatic detoxification and energy mechanisms, and can be used to stimulate a great number of disturbed cell function processes.

The best reactions are with injection of RECARCIN ampoules. In most cases, a 1 ml ampoule once or twice weekly is adequate, beginning with the 6X potency. Depending on the patient's reaction, this potency can be administered again, or a lower potency can be administered. The injection intervals should be determined according to individual cases. It is important to use RECARCIN until a satisfactory body reaction has been observed.

Older patients react in different ways to this kind of immune stimulation therapy. For some, it leads to a slight rise in body temperature and increased perspiration, or the like. For others, it can lead to a short-term reactivation of old and chronic disease foci.

All of these symptoms can be taken as a generally positive reaction of the organism and are the best basis for a subsequent effective therapy. RECARCIN should continue to be administered for a while as a therapy adjunct since it ensures a lasting improvement in phagocyte activity and mobilizes the body's defensive functions.



### **Common diseases of old age**

Since the treatment of diseases of elderly people generally does not or only slightly differ from the therapy of younger patients, it can be neglected here. Instead, some of the typical diseases of old age will be discussed in the following:

#### **Cardiovascular Diseases**

Cardiovascular conditions exist to varying degrees in nearly all of the older patients and can be regarded as part of a purely age-related symptomatology. Physiological changes in vascular walls become significant with advancing age. The elastic elements are almost entirely replaced by collagenous connective tissue, as can be seen most clearly in the large primary vessels. For compensatory reasons, the increase in connective tissue is more pronounced in elastic vessels than in muscular ones.

#### **Causal Therapy of Sclerosis**

Over and above symptomatic treatment, the actual goal of causal therapy in clinical practice must be to eliminate sclerotic vascular conditions where possible and prevent any further sclerosis. The use of isopathic remedies in this spectrum of conditions is especially recommended. They support the organism's own regenerative capabilities and are not directed against the disease and its symptoms. In this manner, the real healing process can be initiated.

An excellent medication in this context is the preparation MUCOKEHL. This remedy's isopathic action is based on the saprophytic, apathogenic yeast

phase of the fungal agent *Mucor racemosus*.

As most SANUM therapists are aware, the range indication of MUCOKEHL is quite broad due to its cell-stimulating activity. MUCOKEHL is therefore also very specifically applicable for diseases of the vascular system. The resolution of metabolic blockages stimulates detoxification and initiates the breakdown of sclerotic vascular deposits.

Experience has shown that MUCOKEHL is significantly more effective when the pH modulator CITROKEHL is added as an adjuvant therapeutic agent. Administering CITROKEHL supplies the organism with vital citric acid. Improved cell respiration then optimizes overall metabolism within the cells: therefore, blood pH stabilizes and its viscosity is reduced. These activated processes within the cellular citric-acid cycle also increase the effectiveness of MUCOKEHL in the organism.

In addition, the use of enzymes can also be recommended here. They represent a vital focal point in the treatment of arteriosclerosis. In individual cases, they can be prescribed as a long-term medication, since they especially manifest their full effect when applied long-term.

#### **Arthrosis - Degenerative Processes of the Supporting and Motor Apparatus**

One may assume that all patients between the ages of 55 and 75 will have demonstrable degenerative

joint changes - yet only a portion of these patients will experience symptoms. Therefore, it is necessary to differentiate between "asymptomatic mute arthrosis" and "active, painful arthrosis." Asymptomatic arthrosis is characterized by physical changes in the joint surfaces, along with articular cartilage degeneration (regressive cartilage elasticity, susceptible to surface tearing). Usually, these changes only produce symptoms after especially severe stress.

Symptomatic therapy takes priority at the beginning of treatment for arthrosis as well, but it must be followed by a causal therapy. There are not many convincingly effective medications at our disposal for regenerating cartilage tissue and preventing further material damage. One preparation that especially stands out in this regard is ARTHROKEHLAN „A“, a biologically acting anti-rheumatic agent. The ingredients stimulate biosynthesis of chondrocytes and improve turgor, elasticity, shape, constancy and stability of cartilage tissue. By stimulating the chondrocyte cell-division rate, ARTHROKEHLAN „A“ activates regeneration of cartilage structure, making it especially suitable for older patients. ARTHROKEHLAN „A“ is especially good for the therapy of inflammatory and degenerative joint diseases. Myalgias and tissue irritations in the vicinity of the diseased joints are also covered by this medication.

#### **Treating Joint Pain**

At the beginning of arthrosis



therapy, combating pain plays a significant role for the patient, and generally gauges the therapeutic success by the degree of pain reduction. Moreover, eliminating the pain loosens up the reflex muscular cramps and thus promotes increased circulation and better mobility of the affected joints.

Subcutaneous injections of FORMASAN applied all around the painful joint also perceptibly reduce the patient's pain.

FORMASAN contains Acidum formicum (formic acid) in various potencies: 6X, 30X and 200X. In addition to its well-known pain-relieving properties, FORMASAN has an impressive healing effect for all rheumatic joint processes. Regular treatments with this remedy are recommended, and will pay off in every case. For older patients, FORMASAN should also be prescribed in drops for oral intake, because formic acid, especially in the

combined potencies, has a stimulating effect on overall metabolism.

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