



Immune Training with Bacterial Remedies to Improve Defence

**A Treatment Concept with
LATENSIN, UTILIN “S“ and RECARCIN**

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It is well known that human health depends above all on an intact defence system. It is our central pivotal and centering point and thus in a way our „life insurance“. Unfortunately nowadays our immune system is subject to many attacks which weaken and/or irritate it. The “attackers“ are well-known in our practices, they are mycoses, mesenchymal blockades, mental factors, chronic disturbance fields, heavy metal loads, food allergies, geopathic and electrical fields, to name but a few. In addition to eliminating these “attackers“, in naturopathy we use many of the most varied types of medication and therapy procedures to improve the working capacity of our immune system. One possibility for the medical treatment of a disordered defence system is “Immune Training“ with the bacterial remedies LATENSIN, UTILIN “S“ and RECARCIN.

“These are the so-called immune biological SANUM remedies from the bacterial phase. They contain various fractions of different types of bacteria, such as for instance intact cells, cell extracts and/or cell fragments. Through their non-specific immune stimulation they are able to break into the pattern of the immune reaction of the body and raise the reaction readiness of the immune system. This is done by influencing various sub-populations of lymphoid and phagocytic cells, which are involved in the immune process. Thus they are indirectly involved

in the formation of humoral antibodies“ [1].

As with all therapies, the old saying applies here too: “The gods put the diagnosis before any treatment“. The above-mentioned therapy blockades can be diagnosed in the most varied ways, either through kinesiology or through one of the many processes of “bioelectrical function diagnosis“ (BFD). In our practice my colleague Dietmar Kienast and I use only the Vega-Test method with the relevant test ampoules.

In order to get a “snapshot“ of the state of a patient’s immune system, again there is a number of possibilities: sending blood to the laboratory to establish the immune status or various definitive blood tests. Two of the latter are increasingly popular among SANUM therapists and particularly those who are just beginning to use the SANUM therapy. These are the darkfield diagnosis according to Professor Günther Enderlein and the so-called OET test (optical erythrocyte test) according to Wollmann/Linke. We use the latter method in our practice in order to obtain an “initial value“ before the start of the therapy, and thereafter as a therapy control. Both test procedures require conscientious preparation. For reasons of space here I will not go into further explanations of how the procedure is carried out – moreover the OET test (its execution and evaluation) is described in more detail in several SANUM-Post articles. For those

who would like to use this very efficient diagnostic procedure, the two books named at the end of this paper are to be recommended. Both books are published by Semmelweis, who have quite a lot of literature on these topics.

If these test procedures produce a diagnosis of a generally poor immune system, we treat our patients according to the following treatment schedule, which of course should be adjusted individually depending on the degree of severity of the findings. In an adult patient with poor immune status we start with the three aforementioned SANUM remedies, using capsules and injections (with and without autologous blood). However if the patient is very weak, injections should not be used to begin with. In addition in general there should be an interval of four weeks after any vaccinations before starting treatment. Apart from that, as regards dosage and therapy recommendations, we refer you to the SANUM Repertoire. The therapy example given here is based solely on our experience and we make no claims as to its general applicability.

First the treatment schedule for taking the capsules: begin with LATENSIN 6X. On a day freely determined by the patient, he or she takes one capsule in the evening with plenty of water. Then they should eat nothing more until the next morning, so that the remedy can have the full effect. One week later the patient



takes one capsule of UTILIN "S" 6X in the same way ("S" stands for acid-resistant). One week later proceed in exactly the same way with the product RECARCIN 6X.

Each pack contains five capsules, thus the patient has a medication phase of 15 weeks in all. After these 15 weeks we check with a fresh OET test to see the result of the treatment.

In stubborn cases we also use injections of these remedies. The schedule below describes injections with own blood. The injections are given at monthly intervals. We start with LATENSIN 4X. One month later we give UTILIN "S" 6X. A further month later the injection with RECARCIN 6X is given.

In principle the injections are given intramuscularly. "With intramuscular injections, sites are to be chosen where the musculature is so strong that quick resorption is ensured. Here it is advisable to choose the upper external quadrant of the gluteal and give a deep intramuscular injection with a 50 or 60mm canule" [1].

We use a 5ml syringe. Below are the individuals steps

1. Extract two partial streaks = 0.4 ml Ampuwa (Fresenius) for the scheduled immediate hemolysis of the blood.
2. Puncture a vein and draw up to 2.4 ml blood.

3. Remove the canule from the vein.
4. Draw the respective SANUM remedy into this blood carefully. There should now be 3.4 ml fluid in the syringe.
5. Draw in a little air, to the 5 ml mark, so that the fluid can be mixed by rocking the syringe to and fro gently for one minute.
6. Carefully express the air again.
7. Inject again immediately in a contralateral intramuscular injection as described above.

It is advisable to prescribe the ampoules individually for the sake of conservation. This is possible with the remedies we have cited. SANUM supply these ampoules individually packed in stable plastic tubes.

Please advise your patient before the injection that he or she may experience a slightly raised temperature. On the day of the injection they may also feel tired. In that case they must allow themselves the necessary rest. The injection interval is completed after about 12 weeks and its success can be checked with a fresh test after 15 weeks, in other words when the capsules are finished. It is also important to mention that the injection should be given on a day with the largest possible interval between it and the capsule taking.

In addition to the therapy described, giving Zinkorotat 20mg (Usapharm) twice daily 1 tablet and rubbing in the SANUM remedy SANKOMBI 5X into the

elbow, 2 drops at a time three times a week have proven extremely helpful.

I would like to thank Dr. med. Wolfgang Grüger most sincerely here: he is known to all of us from his many SANUM lectures and publications in the SANUM-Post and we have learnt to value his expertise; he is the one who set me on my own personal "road" to the SANUM remedies. I am also grateful to him for insights into the immunological correlations and the holistic approach.

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