A Promising Therapeutic Program for Ankylosing Spondylitis

Successful Treatment of a 30-Year-Old Patient with Bechterew's Disease

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1. Some Preliminary Remarks

The treatment of this insidious disease demands of the therapist a thorough knowledge of the patient's history prior to the disease, precise adherence to the therapeutic concepts used and positive participation on the patient's part. The therapeutic program described here has "crystallized out" over the course of more than two years and has since been employed successfully for over a year. Without the acceptance of the 30-year-old male patient, who was diagnosed - verified serologically and radiographically - with Bechterew's disease ten years ago, and without the very helpful counsel of my colleagues at the HP Schönbein in Seeheim on the Bergstrasse (where Sanum preparations were also included in the therapy), the current "status quo" - and thus a largely cortisone-analgesic-free and symptom-free life would not have been attained for this patient.

Fortunately, the irises of three generations of the family were known to the therapist, so that, from the beginning in this case, we were able to think in terms of a genetic toxin predisposition that justified the application of nosodes (Syphillinum and Tuberculinum), especially since the streptolysine titer and the rheumatoid factor came out negative. The patient's first slight (and unnoticed) rheumatic symptoms appeared at age 12 during gym class, followed, a few years later, by a moderately severe viral infection of unclear origin with "poor" liver values. Then, at the age of 20, manifestation of Bechterew's disease and secondary anemia along with slightly accelerated ESR. Then, for years, the corresponding "orthodox medicine" therapy and, time after time, rushing from pillar to post whenever inflammatory episodes cropped up. As always, therapeutic exercise was enlisted, along with mild spinal mobilization and ultrasound, which also integrates well into the treatment context described here.

During the two-year treatment period described here, about 80 consultation sessions were arranged: an indication of the degree of cooperation that flourished here-and that a *sine qua non* for the mutual trust between patient and therapist is necessary for a successful outcome in clinical practice. All in all, the medication costs amounted to 1300 DM, which the patient willingly took on because of the positive developments, knowing the severity of his disease (after all, all therapeutic means at one's disposal are to be exploited), fully aware that only "perseverance pays off".

2. Course of Treatment

Segment I

In the first five weeks, using Latensin 4X (depending on the patient's reactivity, possibly beginning with Latensin 6X) once a week, an extract of approx. 1 billion germs of Bacillus cereus (5 ml) was distributed by subcutaneous and paravertebral injection - in what is called the "Pischinger Space" of basal regulation. Before each injection in the spinal region, the injection site was prepared by connective-tissue massage and dry cupping. During the same session, if laboratory parameters, pain or the tissue did not indicate an acute inflammation episode, autologous blond (1 to 2 ml) was taken from the cubital vein, mixed with 1 ml of Ammodytes "fortes" pure toxin and 1 ml Curare 4X injection solutions (Horvi) and re-injected IM an the opposite side. The injection sites along the spinal column may in some cases be sensitive to pressure for one to three days.

Segment II

Now, the injection site on the patient's back was "sensitized" with connective-tissue massage and dry cupping. Two exclusively blood cupping sessions were necessary above two inflammation foci (cervical vertebra 7 and SIG's). Immediately following treatment segment 1, two compound injections were applied:

Compound injection "a": 6th, 8th, 10th, 12th & 14th week, consisting of a sip each IC paravertebral and in the vicinity of the maximum points and over the spinous process: Mucokehl 5X and Sanuvis + Conium-Injeel S + Lithium carb.-Injeel + Luesinum-Injeel + Rhododendron-Injeel + Coenzyme comp. + Discus comp. (Heel).

Compound injection "b": 7th, 9th, 11th, 13th and 15th week, consisting of a sip each IC paravertebral and w.o.: Notakehl 5X and Sanuvis + Neuralgo-Rheum-Injeel + Discus comp. + China-Homaccord S + Dulcamara-Homaccord + Coccynthis-Homaccord (Heel).

If the segment 2 injections should prove to be too painful for the patient, then we recommend an admixture and/or subcutaneous infiltration of 1 ml of 1% Lidocaine. A brief - extremely unpleasant - inflammation of the Achilles tendon attachment point was able to be held in check by three local injections in the direction of the inflammation focus (i.e. marginally!) consisting of 1 ml Araneadiadema 6X injectable solution (DHU) and 2 ml of 2% Lidocaine. Additionally, electrotherapy was used successfully during the therapeutic exercises.

3. Additional Measures

Inflammatory flare-ups - which are known to stimulate tissue rebuilding - were countered with daily doses of 30 dragées of Mulsal N, Wobenzym N or Phlogenzym N (Mucos) and lingual doses of 21 drops of Nucleozym comp. 3 (Horvi) 2 to 3 times daily in 8- to 14-day sessions.

At regular intervals, the patient drank metabolic and de-acidification tea and took an acid-buffering powder mixture (Alkala). The palatine tonsils were rehabilitated with a "lymph shower", and breath exercises performed. As part of the cure, the patient also took L-Carnitin and vitamin E capsules (daily dose: 1000 mg).

Besides the weekly embrocation with 5 drops of Spenglersan colloid G and R, the following symptom-related high potentiations were employed as homeopathic treatment with a droplet mixture specially adapted to the hydrogenoid constitution, which the patient continues to take to this day: Sulfur M, XM; Bryonia M, Tub. bov. M, Belladona M and Silicea M in several doses. Also, a dietary plan was drawn up, which contained sulfur-rich medicinal waters (Swiss, Rogadska-Quelle).

4. Intestinal Rehabilitation

Special attention was paid to detoxifying and restoring the intestinal tract. When the working environment allowed it, this measure was inserted during a vacation before the injection cure, or between segments 1 and 2. In this case, a rehabilitation schedule was drawn up that was strictly adhered to for 31 days in all.

Day 1 to 2:
intestinal evacuation (Glauber's salt).

Day 2 to 9:
Ozovit powder: 2 teaspoons daily dissolved in water are taken.

Day 10 to 30*:*
Markalakt powder (Pascoe): 2 teaspoons each morning and evening fully dissolved in water are taken.

Day 3 to 30:
increase the daily amount drunk to 3 liters, of which 1/3 is de-acidification tea, 1/3 medicinal waters and 1/3 fresh plant or fruit juices on odd-numbered days.

Day 3 to 30:
1 suppository per day of Nigersan 3X and 2 dragées of hepa-loges (Dr. Loges) at noon.

Day 10:
an off-the-shelf injection of Medivitan N (Medice) deep IM.

Day 21:
an off-the-shelf injection of Medivitan N deep IM. Once a week, a capsule of Utilin S 4X.

Day 31:
break the fast with apple compote, raw unpeeled apples and later vegetable broth.

5. At-Home Applications

During the entire treatment period (more than 2 years), the patient took regular sauna baths and, once a week, took detoxifying green soap baths and supervised therapeutic hot baths (up to 43° C [109° F]). The baths are preceded by a dry-brush massage. For the detoxification bath, one takes about 500 grams [ca. 1 pound] of regular green or white soft soap, or half that amount if from the pharmacist, and brings a full bathtub up to body temperature. The baths last about 15 to 20 minutes. Afterwards, the body is dried thoroughly and embrocated with Salviflorin or cherry salts water, starting at the head. The following ointment mixture for applying to the back has also proven effective: Chiroprac ointment + Serpalgin ointment + Crotalus ointment (all from Horvi). A hot yarrow-liver compress can make the absolutely necessary good night's sleep more complete.

6. Summing Up

The therapeutic courses described here, like the medications, must absolutely be adapted to each patient. Nonetheless, they can also be viewed as building blocks of an entire system. It is clear that older patients cannot tolerate certain degrees of the initial settings, so that the approach will have to be modified. In the case described, manifest vertebral column articulation structures exist only in the middle thoracic spine region, and respiratory excursion continues to be limited. Even if the lab results are unfavorable, there are no more serious pain states, as long as the life and dietary plans are closely adhered to. A follow-up treatment with 5 ml Latensin 4X once a week for five weeks yielded additional success, so that early retirement for the still-young patient seems to have been averted for the time being.

The broader therapeutic goal is henceforth a different one: since the disease leads to a histologically and morphologically demonstrable tissue loss in the connective tissue end capillaries, it is necessary to consider how the metabolic supply of the bradytrophic tissue and the ground substance can be improved. To this end, all that to date occurred to the therapists was the agent Capillaron (Madaus), the Schüßler agents # 6, 1 and 11 (taken in alternation over a long period of time) and Spenglersan colloid A. An exchange of ideas and experiences, such as takes place during Sanum conferences, would perhaps yield new insights, which could then be applied in clinical practice. Ultimately, it is still a matter *of: Quanta sunt, quae nescimus!*

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