



The Therapy of Hyperacidity Phenomena and Blockages: Treatment Options for Widespread Ailments

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Hyperacidity phenomena (bright erythrocyte borders, Symplasts, extensive Filit formation) and blockages (severe agglutination, no microorganisms in the plasma, no emergence of microorganisms from the erythrocytes after a while) are being found with increasing frequency under the darkfield microscope. Medicating with Alkala or other mineral-salt combinations is often not an option because of deficient excretory capability. Also, doses of homeopathic phosphorus or sulfur or Arsenicum album frequently yield no satisfactory result. Being brought to this avenue by problems I was experiencing, I was encouraged to try a therapy involving organic acids with my patients, and the results have been good. One such therapeutic case is described below.

Case History from the Author's own Practice

A 48-year-old male patient was treated, a "manager" type with stress symptomatology, irritability, restlessness, flat rapid breathing, sleeplessness, quick to tire, faulty memory, strong tendency to perspire, difficulty breathing at night, pruritus without skin phenomena, yellowish skin tinge, red face, tendency to acne around the chin and on the back, joint pains, headaches, continual sensation of repletion, heartburn, fluctuating BP, mean

pulse 100, elevated uric acid, elevated cholesterol, fatty liver, progressive nearsightedness, pH of morning urine 5.5 to 5.8. In his physical appearance (large, slender asthenic, finely-limbed with a history of lung disease), the patient represents an Aspergillus type, but which is now overlaid with Mucor (congested, swollen fingers, considerable swelling of the upper and lower eye region). The darkfield microscope revealed "snow flurry" to such an extent that other organisms were hardly recognizable.

Therapizing this Patient

The patient first received an injection of Notakehl 7X, Fortakehl, Quentakehl, Pefrakehl and Coenzyme comp. I prescribed the following to be taken at home:

- 2 Fortakehl tablets 3 times daily;
- A Pefrakehl suppository rectally in the evening;
- A diversion mixture consisting of a liver/gallbladder and a kidney / pancreas / lymph / spleen and intestinal remedy in the evening;
- A dose of Sulfur C200 once a week;
- Dr. Werthmann's hypoallergenic diet.

After two weeks of this treatment, the darkfield was free of "snow flurries". Instead, the darkfield now revealed exten-

sive "rouleau formations" of the erythrocytes, along with roof-tile-shaped agglutinations, very thickened erythrocyte borders, enlarged erythrocytes, intestinal loops, considerable Filit formation; all in all, the picture that presented itself was that of severe congestion and blockage, hyperproteinemia and hyperacidity. More extensive examination revealed a dead tooth as the disturbance field in the mandibular region (tooth 42, with bladder link). The patient was urgently advised to have this tooth removed properly as quickly as possible, which he did.

In the next therapeutic step, the patient received Mucokehl tablets (one in the morning), Mucedokehl capsules (one at noon), Nigersan tablets (one in the evening) and one capsule each of Recarcin and Utilin 6X per week. In addition, the patient received a dose of Arsenicum album C30, and, for diversion, he continued to receive the mixture described above, plus, for intestinal cleansing, a FX Passage (Wörwag) twice daily.

After this therapeutic step - duration about 2 weeks - although the patient felt better subjectively (he said he slept better and the headaches were also subsiding), the digestive tract was still severely disturbed, the externally visible congestions still not entirely elimi-



nated. Along with this, the dark-field showed practically no change, the blockage was still there.

At this point, I took several drops of blood from the patient, using them to look at various remedies for suitable characteristics. A solution containing rhodizonic acid, Utilin"S" and Notakehl did not yet yield fully satisfactory results - nor did Citrokehl, Sanuvis and Formasan. Using radiesthesia, I finally hit upon a combination of the two acids Acidum citricum C30 and Acidum formicum 6X as the right combination for this patient.

This combination was administered orally, after which the blood was monitored starting the very next day. The agglutinations were shown to be largely broken up, remaining so even after several hours had passed; the plasma contained many microorganisms of all possible valences, the leukocytes being clearly elevated, as well as being more active. The erythrocytes now exhibited considerable border trim and, after a while, crenocyte formation with large Endobionts. Large Symplasts and Skleroplasts had also formed. For one day, the patient

felt unwell, with headaches and fatigue, nevertheless, we continued on with Mucokohl, Mucedokohl and Nigersan, as well as with diversion. After two days, the patient felt physically better, and his psychological state had improved progressively from the first therapeutic step on. The blood count now also improved steadily, parallel to increasing regulation of digestion. A few more therapeutic steps were necessary for a complete cure. What was crucial here was that the organic acids that were administered first were able to break up the severe blockages in the patient's body, thus successfully creating access for the Sanum remedies.

The "Lesson" from the Clinical Observations

The first successes of the overall treatment described here can be viewed as a lesson that encouraged one to carry out the same treatment with organic acids in homeopathic form as an "ice-breaker" on other patients. In these repeat performances, I noticed that the Sanum remedies Sanuvis, Citrokehl, and Formasan are valuable aids when one needs catalysts for the various other Sanum remedies.

What is needed here is free access for the catalysts, which my observations show can be achieved with the two organic acids mentioned here. Thus, if there is blockage present, then I employ these acids in the form of single remedies at various potentiations to break up blockages; I have to date been able to "break up" a number of such cases that had to date resisted therapeutic access. In so doing, I check out the level of homeopathic potentiations (since they can be very different from patient to patient) using radiesthial means, which has so far always been successful.

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