Masked Nosocomial Infections as Possible Causes of “Feverish“ Infections

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Verlag für experimentelle Onkologie GmbH · 27316 Hoya · Germany

There should be no such thing as hospitalism in these modern times, since antibiotics are the *non plus ultra* and are used accordingly. Nevertheless, there are nosocomial infections. These occur especially among immune-suppressed patients and those with chronic ailments. This is not surprising, since, for one thing, the use of antibiotics is rising even for minor ailments and, for another, immune suppression is used more and more against chronic diseases; finally, 2 out of 3 people are lacking an intact number-one defense organ, the *Mucosa enteralis*. The greater the disturbance or defect in the intestinal mucous membrane, the more susceptible the person is to miscellaneous infections, including those of a nosocomial nature.

These hospital infections are often masked by the symptomatology of an initial worsening or a relapse of a chronic ailment. Therefore, in cases of feverish attacks of a chronic disease, one should, in the anamnesis, always look for a possible ambulance ride or hospital or senior home visit. This of course also applies for similar disease courses in otherwise healthy persons.

The bacterium *Serratia marcescens* or B. *prodigiosum is* a gram-negative germ belonging to the enterobacteria. This group exhibits high resistance to conventional antibiotics and disinfectants, and reproduces best at room temperature. *Serratia marcescens* is an opportunistic germ, evoking infections in „reduced" patients. It is primarily found in senior homes and hospitals. Repeatedly, it happens that people who are susceptible to infections, and who are in a recovery phase after a feverish infection with antibiotic „protection", get yet another infection. They usually have a high fever (>102° F) for longer than 48 hours. The otherwise usual fever attacks normalize after two days at the most. Recently, we have learned to recognize a *Serratia marcescens* infection by long-lasting diarrhea. At any rate, the anamnesis usually turns up a hospital or senior home visit preceding the outbreak of the disease. For many patients, a family member has brought the germ home. For some patients, such a visit lies up to a week in the past. Two case histories are presented here to illustrate these points.

1. Mr.P.W., 45, bookkeeper, suffered from chronic, partially obstructive bronchitis and ever-recurring right-side sinusitis. The colds were already an everyday matter for him, so that he did not think of himself as particularly sick. A week before his office visit, he visited an aunt in the hospital ward of a senior home. Three days later, he had body temperatures of up to 104° F for three days, which slowly swung down to 102.2° F. Since he could not remember any other possible infection source besides his visit to his aunt, a sip of PleoSan Serra 5X was prescribed.

As further therapy, Mr. P. received the following over a two-week period: PleoNot 5X, 2 tablets twice daily Mapurit *(DL-á-tocopheryl-acetate, magnesium oxide),1* capsule twice daily PleoReb 4X *(Peyer's Patches extract) 1* capsule twice daily PleoSan Serra 6X *(Serratia marcescens), 10* drops twice daily.

The patient also had to maintain a strict Werthmann diet, with no dairy or egg products. After only two days, his body temperature normalized, and after four days, he was able to do some office work at home.

z. Mrs. I.R., 36, housewife, had suffered for years from rheumatic pains in her shoulders, but without any significant hindrance to her housekeeping activities. Every four months, she would come in for an office visit to have her symptoms cured with a neuraltherapeutic injection of PleoNot 5X into her tonsils. About a week after one of the neuraltherapeutic injections, she got a sudden fever above 102° F for a few days, accompanied by nausea and slightly diarrheic stool with gas formation. At first, a toxin export or initial worsening after the tonsil injection was suspected, but the lack of tonsil or joint involvement didn't fit the symptomatology. Finally, a new exploration of the anamnesis turned up a visit to a relative in the hospital a week before the fever broke out. Here, too, a sip of Pleo San Serra 5X was administered intramuscularly, followed by a prescription for the remedy in 6X drop form.

The Therapy Consisted of:

Diet with no dairy or egg products (Werthmann) PleoRelivora Complex *(Drosera, Echinacea angustifolia, Juglans)* drops, 20 drops twice daily PleoSan Serra 6X drops, 10 drops twice daily, Mapurit, 1 capsule twice daily.

This combination was taken for two weeks. After that, body temperature went back to normal, appetite returned and the crippling fatigue went away. The dairy/egg-free diet (Werthmann) had to be kept up for 4 more weeks.

The homeopathic therapeutic agent PleoSan Serra is free of side effects both in sip form (5X) and as drops (6X). Since the chronically ill - but also those suffering from these infections - are low in antibodies, one should

always combine with Mapurit (vitamin E/magnesium), a Pleo product. With this combination of medications, and a low-antigen diet, one can usually come quickly to grips with nosocomial infections. It seems to be important to restore the intestinal milieu and the patient's former powers of resistance. One can get an idea of the broad scope of PleoSan Serra from the list of naturopathically documented applications. For those of his geriatric patients who regularly find themselves in ambulances or hospitals, the author has been prescribing this medication as a preventive measure. These older patients are advised to rub 5 drops into the skin (or take internally) twice daily, starting 2-3 days before the ambulance comes. It is too soon yet to say anything definite about this, however.

Documented Applications by Naturopathic Research

Malignomas
All immune-weak persons
After chemotherapy and radiation therapy
Diabetes mellitus
Tuberculosis
Burns
Infection-susceptible persons
Intestinal patients with constipation / diarrhea
Colitis sufferers

Bibliography

Lange, A.
Introduction to Medicinal Microbiology *[Leitfaden der medizinischen Mikrobiologie], manuscript of work done as a student, 1958*

Pschyrembel
Clinical Dictionary *[Klinisches Wörterbuch]*

Werthmann, K.
Childhood Allergies *[Kinderallergien], Johannes SonntagVerlag, 1989*

Werthmann, K.
Dietary Modification for Chronic Diseases and Allergy Patients – Recipes *[Ernährungsumstellung für chronisch Kranke und Allergiker – Kochrezepte], ebi electronic Verlag, CH 3038 Kirchlindach, ISBN 3952005738*

First published in the German language in the "Wir" magazine (2/1998)