



The Significance of the Spleen in Disease Processes

Diagnosis and therapy options

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The spleen, which is one of the lymphatic organs, is relatively low on the order of priorities of western medicine. Conventional wisdom assumes that the loss of this organ can be compensated. Quote: "Very probably, the spleen is not an absolutely vital organ. If it ceases to function, the remaining lymphatic organs and/or the remainder of the reticuloendothelial system can largely take over its role" (Thews, Mutschler and Vaupel, 1991).

The following in particular are among the various functions of the spleen:

'Blood moulting' (breakdown of old erythrocytes and thrombocytes),

Blood storage,

Blood formation in the foetal period and extramedullar blood formation in various diseases of the bone marrow (e.g. osteomyelosclerosis and leukaemia),

Defence function through phagocytosis-active cells of the RES (reticulum cells),

Formation of lymphocytes,

Involvement in blood clotting (synthesis and storage of the antithaemophilic agent Globulin A; breakdown of clotting and fibrinolysis products).

Chinese medicine pays considerably more attention to the spleen. They believe that this lymphatic organ also directs the distribution of the bodily fluids between the organs and the connective tissue; that the kidneys merely eliminate the fluid full of waste products (Bach, 1996). Thus, the spleen is the 'Master of

the connective tissue', whose cavities are filled with bodily fluid. On the basis of these various functions, the spleen may be involved in many disease processes. In the present state of our knowledge, there are many significant disease pictures to be considered.

Diseases in connection with the spleen

Blood and lymph system:

Anaemia, leukaemia, polycythaemia vera, osteomyelosclerosis, thrombocythaemia, Hodgkins Disease, malignant lymphoma, plasmocytoma.

Interstitial and connective tissue:

Rheumatic diseases (rheumatic arthritis, soft tissue rheumatism, collagenosis etc.)

Endobiotic diseases with congestive problems:

Cardiac and vascular diseases (cardiac insufficiency, venous insufficiency, varicose veins),

lymphostasis, oedema, diseases of the liver, the lungs and the stomach, women's problems (PMS, menopause).

Diagnosis with the darkfield microscope

In studying native blood with the darkfield microscope, various phenomena can be observed which are related to the spleen:

Pear-shaped erythrocytes, which occur in large numbers in patients with an enlarged spleen or with anaemia (Fig. 1).

Howell-Jolly bodies and Heinz inclusion bodies; these are eccentrically located spot formations in the red blood corpuscles, which occur when the spleen is removed and in haemolytic anaemia. Whilst the former are conventionally thought to be small nucleic residues in the erythrocytes, the Heinz inclusion bodies consist of denatured haemoglobin. Professor Enderlein interpreted both phenomena as endobiotic forms.

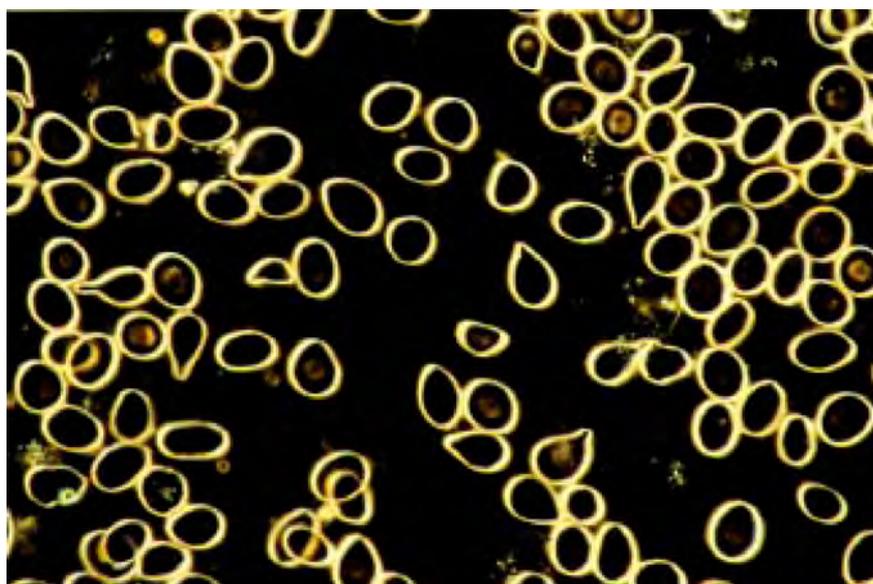


Fig. 1: Blood picture of a female patient with osteomyelosclerosis and a spleen tumour. Pear-shaped erythrocytes, poikilocytosis.

Remedies for therapy

Among the most well-known biological spleen products are PINIKEHL, activated fenugreek (Dr. Pandalis), Ney Splen, Presselin MZ, Scolopendrium and Ceanothus homaccord. In our practice, the SANUM remedy PINIKEHL has proved particularly useful in the treatment of diseases involving the spleen; it is manufactured from the tree fungus *Fomitopsis pinicola* in a similar way to Professor Enderlein's well-known remedies made from mould. This remedy produces optimum effects in combination with other naturopathic remedies. We describe below a few practical examples of therapy for diseases involving the spleen:

Iron deficiency anaemia

For the therapy for this commonest form of anaemia, the causes of the iron deficiency must first be diagnosed. These include, among other things:

- Heavy chronic blood losses (gastrointestinal bleeding with ulcers and tumours, heavy menstrual bleedings in women);
- Insufficient resorption after abdominal and intestinal resection, inflammation of the mucous membranes and stomach acidity;
- Increased consumption in periods of growth, pregnancy and lactation;
- Inadequate supply through poor nutrition;
- Disrupted iron mobilisation owing to tumour diseases and infections.

If the causes of the anaemia lie in the gastrointestinal tract, there needs to be parenteral substitution. In our practice, *Ferrum metallicum Injeel*

(Heel) has proven particularly successful, with intramuscular injection of four to seven ampoules per week. Since iron reserves are often empty, this remedy should be injected for some time, about two to four months. Where haemoglobin levels are below 10 g/dl, iron products with a higher dose should be used. To stimulate blood production in the bone marrow, we

recommend the following intramuscular mixed injection once or twice a week: one ampoule MUCOKEHL 6X or 5X + one ampoule Ney Hämin (Vitorgan) or one ampoule *Medulla ossium* (Wala) + one ampoule PINIKEHL.

For tumoral or infectious anaemia, iron should only be substituted in homoeopathic form, since part of

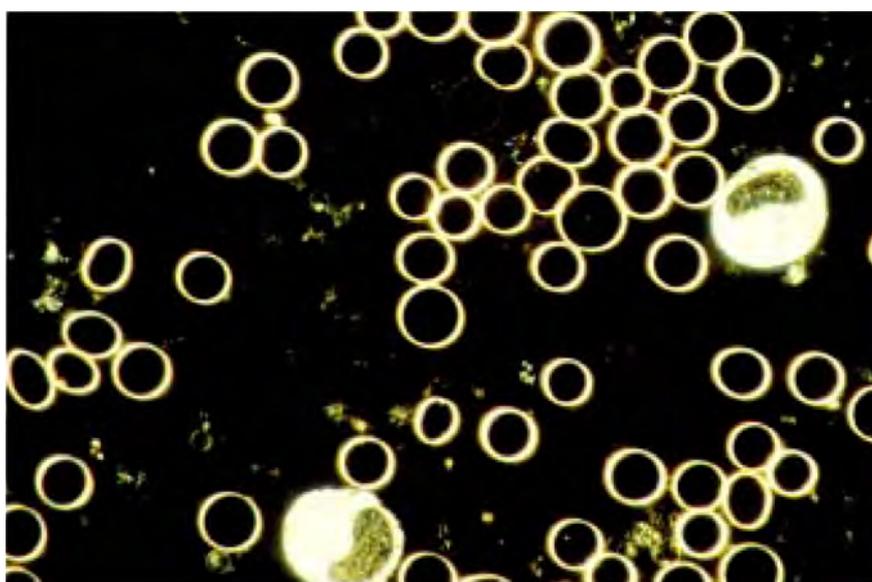


Fig. 2: Blood picture of a female patient with osteomyelosclerosis and a spleen tumour. Anisocytosis, neutrophilic granulocytes, not fully matured.

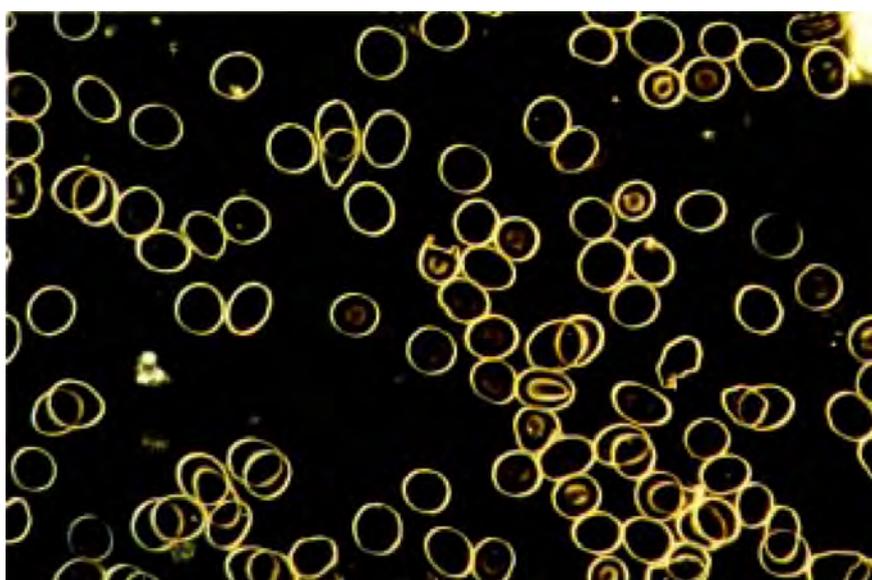


Fig. 3: Blood picture of a female patient with iron deficiency anaemia. Anisocytosis, microcytes, target cells and anulocytes.



the total iron in the patient has been displaced into the reticulo-endothelial system. Where iron consumption is raised or the supply is inadequate, we use Schüssler's Ferrum phosphoricum 3X, three to five tablets every morning. With a darkfield microscope, one can recognise iron deficiency anaemia from the following phenomena: anisocytosis (very varied sizes of erythrocytes), appearance of anulocytes, target cells and microcytes (Figs. 2 and 3).

Werlhof's disease

Werlhof's disease is a chronic form of idiopathic thrombocytaemia with haemorrhagic diathesis, deviation of the megakaryocytes to the left in the bone marrow and seriously shortened platelet lifetimes in non-existent spleen tumour (Leps and Lohr, 1994). In most cases, there is a prior or underlying viral or bacterial disease. A typical sign is thrombocyte antibodies, which are bound into complexes via the blood platelets and removed from the clotting process. Women suffer more frequently from this than men. As a rule, cortisone is used as treatment and the spleen is removed, in order to delay the breakdown of the platelets still present. In naturopathy, the following therapy schedule has proven helpful:

Initial regulation of the acid base balance with SANUVIS;
an intramuscular mixed injection once or twice a week with one ampoule of MUCOKEHL 5X or 6X + one ampoule NIGERSAN 5X or 6X + one ampoule PINIKEHL;
elimination of focal loads and interference fields in sinuses, in teeth etc.;;
depending on the darkfield findings, detoxification and excretion therapy;
gradual elimination of any cortisone products taken.

Premenstrual syndrome

For patients with premenstrual syndrome, the following intramuscular mixed injection is given once a week: one ampoule MUCOKEHL 6X or 5X + one ampoule Auroplatin (Steigerwald) + one ampoule PINIKEHL.

Problems such as congestion, depressive states, nervousness etc. generally disappear after three to four injections.

Acknowledgements

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