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# **SANUM THERAPY WITH FOUNDATION REMEDIES**

**NOTAKEHL, QUENTAKEHL, FORTAKEHL and  
PEFRAKEHL in practical use**

by  
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All products dealt with in this series have a certain specific effect. Nonetheless the following principles should always be observed:

Before introducing regulators (fungal products) the milieu should first be thoroughly checked, e.g. using the dark field microscope, and if necessary it should also be purged, using ALKALA N and bacterial products such as UTILIN „S“, LATENSIN and RECARCIN. The process should also include a check on nutritional habits and if necessary correction thereof (see SANUM-Post No.47 page 9).

To a great extent one should work unspecifically, in other words even when using specific SANUM products, one should use any other remedies which might be useful; for instance with inflammations, in addition to NOTAKEHL, also use MUCCOKEHL (but not at the same time!). Since the blood also plays an important part in these conditions, one should also administer PEFRAKEHL, as experience has shown that fungi are often involved in the process.

With longer term treatment the remedies should be alternated constantly, in order to work on as broad a basis as possible. Ultimately after all it is a question of changing the milieu and

reversing the endobiosis. It also guarantees that the stimulus to the body is maintained and the therapy does not become „dormant“.

### **NOTAKEHL - the foundation remedy**

NOTAKEHL has been shown to work against bacteria, viruses and other (disease) pathogens such as e.g. fungi. However, in this context I would repeat my claim from an earlier article, namely that each micro-organism which we define, more or less at will, as a disease pathogen, may also have a beneficial function in the disease process. From my practical experience, NOTAKEHL is the remedy of choice for all open wounds and inflammatory processes, regardless of what the underlying causes are: generally speaking in infections, with angina, pneumonia, inflammations of the respiratory tract, dental and gum processes, inflammations in the mouth and throat, in the gastrointestinal area, in the urogenital system and with all fungal infections. But the use of NOTAKEHL has also proved worthwhile and successful in the prevention of disease processes such as tetanus after injury or borreliosis as a consequence of tick bites. For this an immediate local subcutaneous injection is sufficient.

It is important to tell patients that although NOTAKEHL is obtained from the *Penicillium chrysogenum/ notatum* mould, it is not an antibiotic, since it neither contains nor produces penicillic acid.

### **Therapy schedule: recurring urinary and bladder infection**

1<sup>st</sup> therapy: for one day eat only dry bread. Do not drink anything!

From the second day onwards drink a lot!

UTILIN, RECARCIN, LATENSIN (2x weekly 1 capsule of each in turn).

NOTAKEHL, PEFRAKEHL, ALBICANSAN, EXMYKEHL (1 suppository rectally every evening)

2<sup>nd</sup> therapy: „Waags bomb“:  
2x weekly (for three weeks), NOTAKEHL, PEFRAKEHL, SANUVIS (1 ampoule of each in a mixed intramuscular injection in the left buttock). FORMASAN (1 ampoule intramuscular injection in the right buttock).

3<sup>rd</sup> therapy (neural therapy): NOTAKEHL, Traumeel, Echinacea comp. (Heel). A finger width procaine 1% wealing on the symphysis, then 1 ampoule of each in a mixed injection with a dental canule into the bladder.



UTILIN 6X, PEFRAKEHL, NIGERSAN and/or other SANUM remedies depending on test results.

Where there is acute infection with severe pain, inject the bladder three times a day (depending on the patient possibly only every other day) and then, when the pain recedes, twice a week for four to six weeks (intramuscular) and if appropriate once a week for a further four to six weeks (intramuscular).

In our experience even the most severe pain disappears after the first injection!

If the problem reappears react quickly and repeat the therapy. Experience has shown that the intervals become longer and the symptoms milder, until the problem is at some point definitively overcome.

In addition: Canephron coated tablets (3x2 daily).

Vaginal irrigation with tea tree solution (diluted!). Intestinal cleansing! (It is well-known that intestinal bacteria are usually the causes of bladder infections).

Then: where appropriate, continue or repeat in the same or an altered form.

This schedule should not be interpreted to mean that all these measures must necessarily be adopted. You should do what the case in question requires and what therapeutic scope allows.

### **Choosing the SANUM remedy: knowing or trying?**

An old experienced SANUM therapist once said, „You don't have to test SANUM remedies, you know which one!“ That is all very well. But the principle to be applied is: it is not the therapist's needs but the patient's which take precedence at a given moment. In practice, I make a preliminary selection of any remedies which might be appropriate and then test with the biotensor, in the presence of the patient, what will actually be used. In this context I would recall the impressive lecture by Dr. Braun von Gladiss at the 1996 SANUM Symposium in Hanover.

It was fascinating to me to learn that skilled Enderlein therapists also use this sort of method, which many others have rejected. In addition there are other methods too, of testing out medicines, such as EAV, pulse tests, kinesiology and the Vegatest.

### **Case study:**

a female patient, 50 years old  
*Diagnosis: pneumonia*

Therapy according to W. Prigge:

1<sup>st</sup> day:

NOTAKEHL, Traumeel (Heel):  
Wealing of 1 ampoule of each, with procaine or lidocaine, over the costal arch or use intramuscular injection;

2<sup>nd</sup> day:

NOTAKEHL, Engystol (Heel):  
Wealing of 1 ampoule of each, with procaine or lidocaine, over the costal arch or use intramuscular injection;

3<sup>rd</sup> day:

MUCOKEHL, Traumeel (Heel):  
Wealing of 1 ampoule of each, with procaine or lidocaine, over the costal arch or use intramuscular injection;

4<sup>th</sup> day:

MUCOKEHL, Engystol (Heel):  
Wealing of 1 ampoule of each, with procaine or lidocaine, over the costal arch or use intramuscular injection.

Then continue or repeat as necessary in the same or altered form.

A little while ago the news review „Der Spiegel“ carried the banner headline „What comes after antibiotics?“ Anyone familiar with the current problems in hospitals with increasingly resistant strains of bacteria knows that this



question is justified. It represents a huge problem for conventional medicine. So it is all the more incomprehensible that across the board people are not at last taking a thorough look at highly promising alternatives such as the Enderlein therapy. For anyone who understands this form of therapy and has experienced in practice how well they work, the whole issue is hardly a problem. I have already been able to help many patients, with the treatment schedule set out above, who have rejected antibiotic treatment, which is increasingly common, or for whom such treatment is no longer practicable for various reasons.

### **QUENTAKEHL – the foundation remedy**

QUENTAKEHL in my view is the remedy to use in all processes which in the widest sense have anything to do with the nervous system, in other words for inflammation of the nerves and neuritis. QUENTAKEHL can also be used for diseases involving the nerves in the vertebral column and the locomotor system, such as e.g. cervical spinal column syndrome, lumbago, ischialgia, problems in the ileosacral region, M. Bechterev, epicondylitis (tennis elbow), joint problems

(knee, hip) and migraines. According to the SANUM Repertory, QUENTAKEHL also works in acute and latent viral infections, e.g. influenza infections, bronchitis, sinusitis, mixed infections and urinary tract infections.

#### **Case study:**

a male patient, 30 years old  
*Diagnosis: Morbus Bechterev (spondilitis ankylosans).*

#### Therapy 1:

MUCOKEHL, QUENTAKEHL, SANUVIS, NIGERSAN, CITROKEHL (wealing of a mixed injection with 5 ml procaine 1% once a week paravertebrally ranging between C1 and L5);

#### Therapy 2:

LATENSIN 4X, intra-muscular injection every two weeks.

With long term therapy it is a good idea to alternate between therapy 1 and therapy 2.

In addition: coenzyme comp. (Heel): 1 ampoule weekly in intramuscular injection; phlogenzyme tablets (Mucos): 3x2 daily; cupping, Baunscheidt's procedure, intestinal cleansing!

Then: as appropriate continue or repeat in the same or altered form.

### **FORTAKEHL – the foundation remedy**

FORTAKEHL is the remedy for the intestinal tract for all gastrointestinal problems such as gastritis, enteritis, constipation, diarrhoea, and meteorism. In addition it promotes the development of symbiosis in dysbacteria and assists with inflammation of the mucous membranes, cholecystitis and pancreatitis. FORTAKEHL also has a beneficial effect on all mycoses and on infections caused by streptococci or staphylococci.

It is important to tell patients that although FORTAKEHL is obtained from the penicillium roquefortii mould, it is not an antibiotic, since it neither contains nor produces penicillic acid.

### **PEFRAKEHL – the foundation remedy**

PEFRAKEHL is a broad spectrum remedy and the original remedy for all fungal infections (mycoses) in the oral, gastrointestinal and genital areas and in skin mycoses. In addition PEFRAKEHL should always be used as an accompanying remedy for all inflammations.



Fungi are frequently involved in the process; that is why for instance PEFRAKEHL is also used for ulcus cruris, eczema and open or pyogenic wounds.

The SANUM range offers other products for treating fungal attacks too, such as ALBICANSAN and EXMYKEHL, which should be

used as required and for specific indications, but also above all for lengthy treatments (see Therapy schedule urinary tract infections). There will be some case studies involving FORTAKEHL and PEFRAKEHL in the next issue of SANUM-Post.

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*Heilpraktiker*

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