



Chronic recurring infections of the bladder and respiratory tract

Natural healing treatment plans put things right

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Recurring inflammation of the genito-urinary tract are often found in young women and girls: a phenomenon that can be explained by among other things the fact that the hormone content of the Pill plays an important role in this, particularly when fungi are involved in the infections. In my experience however older women are also frequently affected. Seen from the point of view of orthodox medicine, the treatment plans are often unsatisfactory. Many patients try to fight the infections off, sometimes for years, with varying degrees of success before they seek alternative help.

A case in practice: woman aged 75 years

This woman came to see me for the first time 5 years ago. She has been suffering for over 20 years from a recurrent infection of the bladder. Her GP prescribed her antibiotics every time, as is usual. Only in small quantities, as they would not cause any danger if they were kept to a minimum (so it was said). In addition, because of her age it had become chronic: it could therefore (it was said) only be alleviated to some extent, but not healed! If the patient took her antibiotics, the symptoms disappeared very quickly; but the intervals between the attacks became increasingly shorter, and each time they became more intense. It was also found that when the weather was bad she had cramps and pains in her kidneys caused by a sinking of the bladder which had to be corrected by means of an operation.

Treatment Plan

Infections

Immediate discontinuation of the antibiotic in the interval when she was free of infection! A urine test showed enormous hyperacidity. In order to put a stop to the cramp and pain I prescribed ALKALA N twice daily, each time with 60 drops of SANUVIS in a glass of lukewarm water (Werthmann's system). In addition for 20 days alternately NOTAKEHL 3X and PEFRAKEHL 3X suppositories before going to bed at night. The infections did not recur!

Intestinal Sanitation

The patient's diet was not altogether ideal: her intestinal milieu was like a rubbish tip. Examination of the stools in the laboratory showed a massive amount of Candida and mould on the intestinal flora. I immediately prescribed an alkalising diet. In addition I recommended a revitalisation of the intestine as a matter of urgency. The patient declined this for the time being as her most pressing problem - the bladder infection - had first cleared up. Even explaining things holistically did not make her change her mind.

Four weeks later the woman came to see me again. The diagnosis: another bladder infection as the result of a cold. I prescribed NOTAKEHL and PEFRAKEHL suppositories again, and the old lady said she was ready to undergo revitalisation of the intestine. This I carried out as follows:

1 FORTAKEHL 5X tablet twice daily (for 10 days)

8 drops of ALBICANSAN 5X once daily (for 10 days)

PEFRAKEHL 3X suppositories once daily, except Mondays and Thursdays (for 14 days)

ALBICANSAN 3X suppositories once a week on Thursdays (for 10 weeks)

EXMYKEHL suppositories also once a week on Thursdays (for 10 weeks)

1 capsule of LATENSIN (weak) once a week (for 5 weeks)

1 capsule of RECARCIN once a week (for 5 weeks)

ALKALA N twice daily

Phoenix detoxification therapy over 45 days

Mutaflor, Hylak forte, Imbak Mucos

This cure was a success for the patient. The woman - who in the meantime had reached 80 years of age - kept to a moderated diet. Her urine tests were always „without findings“ and she has remained free of problems up to the present.

A case in practice: woman aged 52 years

This woman worked as the director of an export department in a responsible position. In her hectic life she was suffering more and more frequently from flu and inflammation of the



airways. Each time her doctor gave her antibiotics. This spring she became ill again: high temperature, a cold, bronchitis with hoarseness. Her doctor prescribed her the conventional medicines: antibiotics, codeine, anti-congestants, medication to bring down her temperature. Three days later the patient had suppurating conjunctivitis. The treatment: antibiotic eye ointment. A fortnight later the whole situation had not improved significantly; on the contrary, she began to show symptoms of acute otitis media. The antibiotics prescription was then greatly increased. On the 16th day she became deaf in one ear. After treatment with more antibiotics and anti-congestants from an ENT specialist for three weeks, the situation was still very unsatisfactory: hearing problems coming and going, pressure in the head and discharge. The ENT doctor challenged her complaints and said „It's all in your imagination!“. At last the patient sought alternative help.

Treatment plan

Initially I prescribed RELIVORA KOMPLEX as well as ALKALAN twice daily plus SANUVIS, combined in a glass of lukewarm water (all remedies from SANUM). For the second part of the treatment I added Phoenix detoxification over 45 days. Result: the secretions flowed.

When antibiotics and other remedies against infections and colds are used, among other things the production of mucous which is so important in the sinuses and bronchial tubes is inhibited. The secretions dry up. These incrustations irritate the immune system, with the consequence that infections recur at increasingly shorter intervals.

In the case which I have described, I treated the patient with nasal reflex therapy every two days. In addition I used ear candles every third day. This brought about an equalisation of pressure in the nasal sinuses and in the hearing. I promoted the flow of secretions with Umekaloabo (Iso), 20 drops by mouth 3 times daily. Later I also added Potassium bichromicum in 6X trituration: one small pinch on the tongue and two to three pinches to be sniffed up into the nose three times daily. Using Lymphdiaral salve (from Pascoe) I massaged the mastoid out into the lymph nodes of the jaw. Now (in early summer) there is no longer so much secretion, her hearing is back to normal and a normal equalisation of pressure has been achieved.

Prophylactic measure

For the autumn I agreed with the patient that she should have Dr Rau's Paracelsus inoculation against influenza. This consists of three injections four weeks apart. Each injection contains a mixture of the following remedies:

1 ampoule of Interferon injeel (from Heel, has to be procured from abroad)

1 ampoule of UTILIN medium (SANUM)

1 ampoule influenza nosode injeel (Heel)

1 ampoule Engystol (Heel)

1 ampoule Ubichinon compositum (Heel)

1 ampoule VITAMIN B COMPLEX (SANUM)

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