



SANUM therapy for the overused concept of „intestinal sanitation“

**Diseases of the intestine as seen from
the viewpoint of holistic medicine**

by Günter Weigel

Introduction

Many patients tell me again and again that their mothers kept an eye on the regularity of their bowels. They all know the saying of the Russian Nobel prize-winner Metschnikoff: „Death sits in the bowel!“ For others, on the other hand, functional disorders of the intestine are not something they want to think about at all - this is even, unfortunately, frequently the case in orthodox medicine. Let me quote from Herbert Lippert's „Anatomie Text und Atlas“: „Some nutritional components are split by the bacteria of the gut and so are made receptive. This process has no importance for human beings!“ From this we see that reflections on this theme and on appropriate therapies will inevitably come up against many differing and opposing points of view. Only the treatment of a large number of patients over a long period of time gives one the insight required to know how important the bowel really is in our lives.

It is not disputed that the intestine as a whole is a central organ system in the body. The intestine decides which materials are absorbed into the body and which are excreted. With the help of the bacteria in the gut, it sets and regulates the pH value and thus, the milieu of the body. It plays a decisive part in the resorption of Vitamin B₁₂. Approx. 80% of the whole of the body's defences are to be found in the lymph follicles (Peyers' plaques) of the lymph system associated with the intestine (GALT). Those

are just a few of the most important functions known to us. In the course of what follows, I shall speak about others, particularly the extraordinarily important area of the psyche. Since the topic of the bowel is understandably an intimate topic with many taboos, tackling problems whose symptoms appear in this area means that there are certain expectations of the patient but also of the therapist.

Diseases of the intestine cover a broad spectrum nowadays. It is estimated that two-thirds of the population suffer from them, the majority of them women. The range of diseases extends from functional disorders like irritable bowel syndrome (flatulence, irregular stools, indistinct abdominal pain) to inflammatory diseases of the bowel (Crohn's disease, Colitis ulcerosa) to very severe diseases like carcinoma of the colon. In this article, I want to limit myself to holistic therapy in the functional disorders of the intestine which are what we mostly see in our practice. Space will also be given over specially to the treatment of fungal infections in the intestine.

In this context, I discover again and again that many therapists still use the term „intestinal sanitation“ very carelessly. If you inquire more closely, you learn that individual remedies are used more or less at random, sometimes also only to please the patient or in order for the therapist not to have to admit that they have no experience with these problems. And in cases of

bowel problems, experience is very important. Only over the course of many years does one find out what different types of health problems have to do with the intestine and what sort of reactions - particularly psychological ones - must be taken into account when treating the intestine. I therefore remain true to my general approach to this topic from my belief that only a small part of what is called intestinal sanitation actually deserves this name. Intestinal sanitation is a deep-reaching operation which under certain circumstances may go on for years, with a treatment plan which includes as many areas of the body as possible. Thus, it is not just a matter of getting rid of a few bacteria of (allegedly) the wrong sort, but rather something which is true to Enderlein's philosophy of sanitation of the causal milieu, as the result of which the body is then in the position to regulate everything according to its own needs.

Anamnesis

Patients normally come with definite aches and pains, but sometimes with uncertain aches and pains. The more complex the symptoms, the more likely it is that they may have something to do with the bowel. For example, as well as the main symptoms of flatulence, a feeling of fullness and constipation as well as diarrhoea, there can also be problems of the skin or hair, itching, migraine, frequent infections, urinary tract infections, vaginal mycoses, as well as tiredness, a drop in performance, sleep dis-



orders, etc. Many patients have also already undergone a colonoscopy, but this will give no indications in functional problems and is also of little help as regards treatment. If you have a darkfield microscope, you can get a clear indication of what problems there are in the intestine by doing a native blood test, often even before the patient has direct pain.

The second stage in clarifying the findings in the practice should be the examination of faeces in a reliable microbiological laboratory. A „normal“ examination of faeces is completely worthless in this connection, since as a rule only occult blood is examined. In order to improve the results of the examination, it is necessary that the patient pays attention to certain requirements when collecting and sending off the specimen: the stool may not lie in water, it should therefore be collected on paper or in a vessel. The specimen should be dispatched immediately when it is fresh and only at the beginning of a week. It has been proved that the diagnosis of intestinal fungi is more successful when the patient has taken the following over a period of three days previously: one glass of water with one dessertspoonful of fruit vinegar taken over the course of each day, or one forkful of fresh sauerkraut before each meal. Both methods work by releasing any fungi present from the intestinal mucous membrane, and this improves the diagnosis accordingly. Also, the examination of an additional

swab from the mouth can improve the laboratory findings by up to 50%.

One further step is an inspection of the teeth and - depending on their condition - a recommendation to visit a biologically orientated dentist who is skilled in his craft. Unfortunately, it is still very difficult to find a dentist who is able to cope with what is required. For many, amalgam is still not anything to worry about, to say nothing of their underestimation of the straightforward findings that intestinal sanitation is of central significance where there are problems with the gums. In intestinal therapy, collaboration with a good dentist is vital. In practice, it often happens that I only begin intestinal therapy when the teeth have been revitalised (amalgam removed, treatment of parodontosis, removal of dead teeth, clearing of tooth root problems etc.). The next step should then be a urine test for heavy metals, e.g. with STS or using another test procedure, to determine the exposure of the patient to heavy metals.

The findings of these examinations form the basis of treatment of the intestine. In certain cases, additional orthodox medical clarification may be sensible and necessary, for safety's sake. We can assume that the connection between teeth, gums and bowel is well known. The significance of the heavy metal situation goes back to investigations by Dr Rau: as everybody knows, fungi have the ability to bond with inorganic heavy metals.

Since generally, nothing occurs in nature without good reason, it is obvious that fungi in the body can be an attempt on the part of nature to solve a problem of heavy metals for the host organism. From that point of view they are not - as so often - the cause of disease but the consequence. An attempt at treatment with the aim of removing the fungi would actually be against nature in cases of heavy metal pollution and therefore would fail from the start. Quite apart from this point of view, inorganic heavy metals are a block to treatment which you will not be able to remove, no matter how good your remedies.

Remedies used in intestinal sanitation

SANUM remedies have proved their great effectiveness over many years for use in intestinal sanitation. With this therapy, you will have rarely have to deal with relapses, if the patients keep fairly closely to the guidelines given. I shall therefore concentrate on these remedies in my suggestions for therapy. Only in long drawn out treatments do I occasionally also use remedies from Repha (Myrrhinil) or Lühr-Lehrs (Galivert, Heralvent, Oricant) to maintain the stimulus of the therapy. There is also of course a whole range of plant remedies which can be used at the same time.

After many years' experience, I take the view that you cannot sanitise the intestine without colonic irrigation therapy. The intestinal flora is known to be a very stable arrangement. Disorder



of the intestinal flora, dysbiosis, is mainly caused by antibiotics, cortisone, oestrogen, antacids, preservatives, heavy metals, misuse of laxatives, among many other things. It is the pathogenic bacteria which have extraordinary abilities to colonise and adhere to the intestinal mucous membrane. It is therefore an illusion to believe that you could change something there just by taking a few remedies. There are patients who have been taking intestinal symbionts for years, and nevertheless absolutely nothing is happening! Colonic irrigation

therapy can be of great service in such cases. 45 minutes of flushing, combined with a massage targeted on the abdominal region, will result in something moving in the bowel. The fact that the large amount of water results in the bowel being somewhat disturbed forces the organism to reform. That is a good prerequisite for successful therapy. Colonic irrigation therapy is only contraindicated in acute or chronic inflammatory conditions such as Crohn's disease or colitis ulcerosa. Care must be taken when treating patients with cardio-

vascular disease because of the possible loss of minerals.

Intestinal sanitation follows the well-known scheme:

1. Preparation of the milieu with **ALKALAN**
2. Stimulation and mucous membrane therapy with the bacterial preparations **LATENSIN**, **UTILIN** and **RECARCIN**
3. Use of the regulators **FOR-TAKEHL**, **PEFRAKEHL** and **SANKOMBI**
4. Encouraging symbiosis (probiotic therapy) with suitable remedies.

Plan for intestinal sanitation where *Candida* has been found

Date	Morning	Midday	Evening	Instructions
1 st day	LATENSIND4 1 capsule ALKALA as per instructions Spirulina 3 tablets with meal	ALKALA as per instructions Spirulina 3 tablets with meal	ALKALA as per instructions Spirulina 3 tablets with meal	LATENSIN, UTILIN, RECARCIN: open capsule and sprinkle contents into throat, thereafter do not eat or drink anything for 1 hour ALKALA: dissolve one level measuring spoonful in 1 glass of Volvic water; drink this over the course of the day before meals (regardless of test strips!) Spirulina: continue to take until the bottle is empty, then a new test for heavy metals is required
2 nd day	ALKALA as per instructions	ALKALA as per instructions	ALKALA as per instructions	
3 rd day	UTILIND4 1 capsule ALKALA as per instructions	ALKALA as per instructions	ALKALA as per instructions	
4 th day	ALKALA as per instructions	ALKALA as per instructions	ALKALA as per instructions	
5 th day	RECARCIN 1 capsule ALKALA as per instructions	ALKALA as per instructions	ALKALA as per instructions	
6 th day	ALKALA as per instructions	ALKALA as per instructions	ALKALA as per instructions	



7 th day	LATENSIND4 1 capsule ALKALA as per instructions	ALKALA as per instructions	ALKALA as per instructions	
8 th day	ALKALA as per instructions	ALKALA as per instructions	ALKALA as per instructions	
9 th day	UTILIND4 1 capsule ALKALA as per instructions	ALKALA as per instructions	ALKALA as per instructions	
10 th day	ALKALA as per instructions	ALKALA as per instructions	ALKALA as per instructions	
11 th day	RECARCIN 1 capsule ALKALA as per instructions	ALKALA as per instructions	ALKALA as per instructions	
12 th day	ALKALA as per instructions	ALKALA as per instructions	ALKALA as per instructions	
13 th day	LATENSIND4 1 capsule ALKALA as per instructions	ALKALA as per instructions	ALKALA as per instructions	
14 th day	ALKALA as per instructions	ALKALA as per instructions	ALKALA as per instructions	
15 th day	FORTAKEHL 8 drops as per instructions UTILIND4 1 capsule Mutaflor 20 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	FORTAKEHL: Give 8 drops on a dry piece of bread, chew it for as long as possible, thereafter do not eat or drink anything for 1 hour; on the days with capsules take these immediately afterwards and only then wait for one hour afterwards SANKOMBI, PEFRAKEHL: insert 4 drops into each nostril
16 th day	FORTAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	
17 th day	FORTAKEHL 8 drops as per instructions RECARCIN 1 capsule Mutaflor 20 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	
18 th day	FORTAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	



19 th day	FORTAKEHL 8 drops as per instructions LATENSIND41 capsule Mutaflor 20 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	
20 th day	FORTAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	
21 st day	FORTAKEHL 8 drops as per instructions UTILIND4 1 capsule Mutaflor 20 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	
22 nd day	FORTAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	
23 rd day	FORTAKEHL 8 drops as per instructions RECARCIN 1 capsule Mutaflor 20 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	
24 th day	FORTAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 20 mg 1 capsule with meal	
25 th day	FORTAKEHL 8 drops as per instructions LATENSIND4 1 capsule Mutaflor 100 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	
26 th day	FORTAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	
27 th day	FORTAKEHL 8 drops as per instructions UTILIND4 1 capsule Mutaflor 100 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	



	28 th day	FORTAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	
	29 th day	FORTAKEHL 8 drops as per instructions RECARCIN 1 capsule Mutaflor 100 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	
	30 th day	FORTAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	
	31 st day	FORTAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	
	32 nd day	FORTAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	
	33 rd day	FORTAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	
	34 th day	FORTAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	SANKOMBI 8 drops as per instructions Paidoflor 1 tablet with meal	PEFRAKEHL 8 drops as per instructions Mutaflor 100 mg 1 capsule with meal	Continue to take FORTAKEHL, SANKOMBI, PEFRAKEHL until the bottle is empty
Take all remedies - except ALKALAN - until the package / bottle is empty					

The treatment plan where *Candida* has not been found is the same as above but without the SANUM remedy PEFRAKEHL. Where mould has been shown to be present, the SANUM remedy NIGERSAN should be used in addition.

Spirulina, shown in the treatment plan, is an algae preparation. As is

well known, algae - like fungi - have the ability to bond with inorganic heavy metals (chelate bonding), and thus, to render them excretable by the body. In addition, Spirulina contains about 60% biologically available plant protein, valuable organic minerals and numerous vitamins, and thus, supports holistic therapy very advantageously.

The probiotic remedy Mutaflor contains the *Escherichia coli* strain „Nissle 1917“. In 1917, during the First World War, the Freiburg physician Dr Nissle discovered while he was treating a soldier that in contrast to his comrades, who were all suffering from severe diarrhoea, this man had no such problems at all. He then tested the faeces of his pa-

tient and established that the coli bacteria contained in them were the reason why the intestinal flora were able to defend the body from bacteria which caused diarrhoea. Since then, we have learnt that the „Nissle 1917“ coli strain is able to stabilise the intestinal flora in the large intestine and to attack harmful bacteria. Since 1917, the bacterium has not developed any pathogenic characteristics.

The remedy Paidoflor contains a high dose of living lactic acid bacteria to improve the situation in the small intestine. Compared with this, eating yoghurt is completely ineffective as a form of therapy. Despite all the claims of advertising, yoghurt is not produced nowadays with lactic acid and bifidobacteria but with bulgaricus cultures (*Editor's note: Lactobacillus bulgaricus is one of the lactic acid bacteria*). Considerably more effective than yoghurt is a forkful of raw sauerkraut before every meal. I am not in any way a supporter of the idea of continually introducing large quantities of foreign, i.e. non-physiological, bacteria or fungi such as kombucha or kefir into the body.

The treatment of yeast fungi in the intestine with the antimycotic nystatin, which is unfortunately very common, should in my opinion basically be rejected. There are two reasons for this: fungi in the intestine are the result of either exposure to heavy metals, which I have already dealt with, or the decomposition of protein. It is well known that

everywhere in nature, fungi are involved with the breakdown of the products of decomposition of protein. The fungi are therefore the result and not the cause of the problem. If I want to solve the problem, I must remove the cause. The use of nystatin is an unsuitable and unsuccessful attempt to label the fungi as the cause and to destroy them. That is similar to what we expect of antibiotics, but it goes completely against Enderlein or SANUM therapy.

It is true that in favourable cases, the fungi are removed for a short time, sometimes with considerable reactions from patients because of the exposure to toxins, but they usually return just as quickly. My second point is that the opinion defended by people who support treatment with nystatin, that nystatin is not reabsorbed into the body, has been shown by recent investigations to be false. In the case of a fungal infection, the intestinal mucous membrane is always altered by inflammation, and thus becomes more porous, so it has to be assumed that nystatin can get into the circulation by passive diffusion. And then nystatin is not a harmless remedy any more, but something extremely harmful.

The fungus diet

Since the time of Professor Rieth, people have talked about a so-called „fungus diet“. If you follow this diet, any fungi present will be „starved out“. I was never a big fan of this theory. There is no doubt that nutrition plays a big part in this point, too. But wanting

to get rid of the fungi like this is exactly the same sort of illusion as prescribing nystatin. It is my opinion that within the framework of a holistic concept, one must find a sensible eating plan which is matched to the patient and his needs. I do not consider it justified or necessary to limit patients further by denying them sensible foods like fruit. This is fully confirmed by my experience over many years.

Treatment of stomach and intestinal pain

Many patients, particularly men, come to see me first and foremost because of stomach pains and not because of intestinal pain. In these cases, too - if necessary after clarification by orthodox medicine - it is recommended that therapy begins with treatment of the intestine. From experience we know that the stomach problems often disappear very quickly when the bowel is in good condition again.

In this connection, I should like to take up two themes: Helicobacter pylori and antacids. Nowadays, the Helicobacter bacterium is often blamed for all kinds of problems associated with the stomach including stomach cancer. It is hardly necessary to try to add anything to that discussion here. Perhaps just to say that here once again, something is being made the scapegoat which is not the cause, but actually the result of the problem. This should be clear to anyone who has understood even half of Enderlein's philosophy. On the other hand, Helicobacter once more



offers orthodox medicine the opportunity to use antibiotics. Before treatment with antibiotics, antacids must be used in order to reduce the amount of acid in the stomach. But even this precaution is a disadvantage for the patient, as the acid-producing parietal cells of the stomach produce the alkaline NaHCO_3 as a buffer substance in far greater quantities. On the other hand, the buffering of the stomach acids with antacids therefore causes immediate alkaline deficits. Antacids have the highest sales of all prescription-free medications. Anyone who has studied the large number of side-effects listed on the information sheet included in the packaging can only wonder at this fact. The symptoms which affect more or less all the organs and organ systems range from sight disorders through hearing problems to anaphylactic shock. As I said: prescription-free!

The success and supervision of therapy

Three months after intestinal sanitation has been carried out, there should be a new darkfield blood check, a microbiological examination of the faeces and a urine test for heavy metals. Depending on the results, the therapy will be stopped, repeated or adjusted to suit the new requirements. You will have much success with the therapy plan given above. But in a very few cases, you will not make progress despite all your care and despite the best therapy. You should then look for things which are blocking the therapy and which

have remained hidden until now - for example, orthodox medicines which the patient is taking. Or try to discover why the patient „needs“ his bowel problem.

Bowel and psyche

It is well known that the whole digestive system has a great deal to do with the way we deal with our mental and emotional problems. It is worth looking at this rather more closely, as you will often be confronted with this in your practice during a course of therapy. Stomach patients are generally men, critical or over-critical of others and themselves, and very dependent on the opinions of other people. They continually strive to perform to a high level in order to get the recognition they crave. Bowel patients are predominantly women, and they tend to suppress their problems, „swallow them down“. It is often easier for men to find an outlet (playing sport, football on the television, the pub, etc) whilst even today women are mostly forced to play out their role as a loving and patient wife and mother for their husband and children until they reach the point where they can no longer cope. And so, the intestine becomes the receptacle not only for rubbish from a diet which because of the constant grind is frequently of the wrong type, but also for a great deal of „mental rubbish“. You should work on the assumption that this ballast will come to light during therapy and represents a big challenge for patient and therapist alike. The patient will have the opportunity to look again at their

problems and - if possible - not to swallow them again. This will often be the deciding factor as to whether or not the bowel problems can be changed for the long term.

Closing remarks and thanks

This, my fourth article, concludes what I have planned to say for the time being. There is just one article to follow, entitled „Correct diet: a central factor for the milieu“, but this has only indirect connections with SANUM therapy. I should be happy if I have succeeded in passing on to you a simple Enderlein/SANUM therapy plan which works well in practice.

At this point, I must also thank most sincerely all those people who have helped me to find the right way in this tremendous therapy: Franz Arnoul for giving me the initial knowledge and for his unlimited willingness to pass on his enormous practical experience; Dr Klaus Karsch for a sound overall plan; and Dr Thomas Rau for many new, often surprising, insights and findings.

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