Infection and treatment of chlamydia and mycoplasma

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More and more infections are manifesting themselves with an indistinct and vague symptom picture that often resembles the beginning of a flu. These infections are not caused by pathogens that target specific organs, but rather they finally lead to chronic suffering. Very often the incorporation takes place via the digestive or the respiratory tract. I refer to chlamydia and mycoplasma infections.

These micro-organisms are subject to „pleomorphism", which means that they are able to change their form subject to changes in their environment. They develop in order to be able to overcome the various defence mechanisms of the body. They multiply with the help of special intracellular bodies with consequent death of the cell, and then infect further cells after division.

Mycoplasma are cell wall deficient (CWD) and thus occur in variable forms. They show a low affinity with stains and are difficult to detect. It is only possible to prove their existence on a culture medium that is high in protein, like horse serum or splitting of urea. The most common types that are highly pathogenic to human beings are *M.hominis, M. urealyticum and M. pneumoniae.* The first ones are common commensals of the urogenital tract and facultatively pathogenic. They cause inflammation in the pelvic cavity, like postpartum fever or fever after abortion. It is likely that mycoplasma urealyticum (urea plasma) can cause prostatitis. Urea plasma can be found in the serum in cases of urinary infections, but does not have any clinical relevance.

M. pneumoniae is mildly pathogenic and throughout the world transmission is only carried by humans. The transmission takes place in the form of droplet infection and can lead to atypical pneumonia or other respiratory complaints such as tracheo-bronchitis, pharyngitis and to otitis media. Known complications are meningoencephalitis, myo-carditis or pericarditis as well as arthralgia and thrombocytopenia the latter of which are difficult to treat. The mycoplasma are far too often not considered.

Chlamydia are immobile, belong to the coccoids and are pleomorphic bacteria. They can also change their form. It seems to be particularly important that they are obligate cell parasites, which only multiply in the cytoplasmic vacuoles of host cells using energy from cell enzymes.

Characteristic morphological stages are the formation of infectious elementary life-forms (diameter approx. 0.3 µm). These micro-organisms are taken up by the host cell via endocytosis and will grow there via division in the space of a few hours into non-infectious reticular particles (diameter 1.0 µm). These are intraplasmic inclusions. After finishing the division phase, the reticular bodies form basic bodies, which can infect other cells after the host cell has ruptured. This shows that these organisms need intracellular space for their maturation process. After the host cell has been destroyed the process of infection starts again from the beginning.

Chlamydia pneumoniae causes chronic infections of the respiratory tract. It is especially noteworthy that the spread of the infection is particularly high in school children. What is also interesting is that chlamydia can also be found in arteriosclerotic plaques including those of the coronary arteries and are seen as a possible initiator of arterial changes.

Chlamydia psittaci can be found worldwide and is mainly distributed by parrots and pigeons. These are able to survive for a long time in bird's droppings, dust of feathers, street dust and secretions.

Chlamydia trachomatis exhibits several serovariants in varying pathogenicity. Serovariants (serovare) A-C cause trachoma. Serovariants D-K are the most common causative agents for non-gonorrhoeal urethritis and non-gonorrhoeal cervicitis, salpingitis, perihepatitis, epididymitis, inclusion conjunctivitis and neonatal pneumonia.

Several facts are very interesting. One is that human beings act as a pool for the causative agent and the infection is one of the „most common sexually transmitted ones". The elementary bodies are mainly situated extra-cellularly

(0,2 - 0,4 µm) and are extremely infectious and metamorphose into the intra-cellular reticular or initial bodies. The latter form intra-plasmic inclusions within the host cell.

The pathogenicity of all the mentioned chlamydia and mycoplasma is strongly dependant on the „milieu". Especially under tubercular conditions, with severe change in the pH value, redoxpotential and conductivity of blood and tissues, it is very high. The earlier named pathogens can initiate diseases on various levels.

1.) A form of illness that is typical of a certain pathogen: this is a connection between disease and agent that is usually made by orthodox medical practitioners. An example would be the non-specific inflammation of the cervix or epididymis by Chlamydia trachomatis.

2.) As a result of a „leaky gut" and deficiency in IgA (auto-intoxication according to Reinstein) the pathogens or their corpuscles are able to cross the barrier of the intestinal mucosa and cause systemic reactions. The body then either reacts by producing anti-bodies or cannot fight the enemies as they do not possess a cell wall. By establishing an inflammatory reaction the body tries to fight and excrete the pathogens. Depending on the susceptibility of the individual or the weakness of certain organs, a variety of chronic diseases can be established in that way. At the top of the list, we find individual parts of the intestines are affected as well as associated glands like the pancreas and liver.

All pathogens and toxins that break through the intestinal barrier have to be taken to the **liver for detoxification**. As a practitioner one sometimes wonders why chronic diseases that would normally be slow in developing like slow developing cancers take on such a rapid course. Therefore individual serological parameters should be integrated into the programme of diagnosis,such as a complement fixation test (CFT) against Chlamydia or a culture of relevant mycoplasma.

The proven therapy of chlamydia and mycoplasma infection mainly consists in treating the „milieu" in order to overcome a tubercular weakness (pyrexia of unknown origin (p.u.o.); elevated erythrocyte sedimentation rate (ESR); permanent immuno-logical weakness: e.g. susceptibility to trivial infections).

First of all the intestinal mucosa including the Peyer's patches should be built up. In addition a dairy- and egg-free diet should be eaten for at least 4-6 weeks (Werthmann). With this, the production of immunoglobulin A (IgA) and other antibodies will be enhanced. Otherwise the formation of antibodies slow down and convalescence is prolonged.

By taking alkalising substances such as ALKALA the acidic environment within the body can be changed rapidly and effectively. Therefore 1 measuring spoon of ALKALA N is prescribed to be taken in a glass of hot water .

One capsule of REB 6X is taken daily before supper. In addition a mixed injection containing NIG 5 X and CITRO 2ml (intra-muscular) is given weekly. On the days where no injection is given, 2 tablets of CITRO should be taken orally in the morning and at lunchtime.

To further enhance the immune system, SAN Pseu 6X drops are prescribed. 5 drops should be taken orally and 5 drops applied topically.

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