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# Children's intestinal illnesses

by  
Dr. Anita Kracke,  
Germany



As discussed in the May 2000 issue of „Medizin und Meinung“ the rate of chronic intestinal inflammations in children and adolescents is very high. The article informs us that every third patient who suffers from a chronic inflammatory illness of the intestine is younger than 18 years. One third of these young patients is even under 10 years of age. These findings are similar to American research which found that out of approximately 2 million American patients with chronic inflammatory illness of the intestine 10% are children. As pointed out at a Congress for internal medicine in Wiesbaden/Germany, one third of young people already show impeded growth at the time of diagnosis (with Colitis ulcerosa or Morbus Crohn for instance) and do not reach the normal height corresponding to their age. Looking at the causes for growth retardation, they are to be found on one hand in the type of illness itself (disturbed intestinal functions), and on the other hand in the traditional therapy of the illness. One can assume, that in patients with Morbus Crohn for instance the serum level of the fat-soluble vitamins A and E and the pro-vitamins is considerably lowered. This is correlated to a hypolipidaemia, whereby in reference to the serum concentration of Vit. E a significant correlation between the Vit. E and the total-fat-level in the serum exist (VitaMinSpur 3-4/99).

The conventional treatment of these chronic intestinal illnesses

in children is based on medicines which suppress the inflammatory processes. 5-Aminosalicylate (5-ASA) inhibits the metabolism of arachidonic acid, the synthesis of immunoglobulins and the neutrophil granulocytes. Antibiotics have an inhibiting influence on the intestinal flora. Corticosteroids influence both the inflammatory as well as the immunological response of the body by decreasing the production of inflammation-supporting cytokines, and inhibiting the function of leucocytes.

Conventional medicine treats these patients with derivatives of cortisone, to suppress the presenting inflammations, although it is known that cortisone-preparations cause growth disturbances. The damaging side-effects of such cortisone therapy is well known, therefore the application of immune suppressive medicines in combination with this therapy is recommended to suppress the immune system. If these means do not work, then removal by operation of the affected intestinal areas is still an option. After that the young patients could recover quickly and reach a relatively normal height.

Colitis ulcerosa is an intermittent chronic inflammation of the mucous membrane of the colon, which continuously expands from the rectum to the proximal parts of the intestine. The aetiology is unclear. It is assumed to be an autoimmune disease with a tendentious

occurrence in certain families (Pschyrembel). The pathological picture is characterised by punctiform haemorrhages, ulcers, and ultimately also spontaneous haemorrhages. Pseudopolyps and retroplasia of haustra are found after repeated episodes of the disease. The clinical symptoms of the illness manifest as a painful evacuation of mucohaemorrhagic faeces sometimes accompanied by fevers, dehydration of the body tissues, and weight loss due to poor digestion and absorption.

Morbus Crohn (Enteritis regionalis Crohn), also called Ileitis terminalis or Enteritis granulomatosa, is a chronic illness of the intestine, which likewise proceeds in episodes with all the signs of a chronic intestinal inflammation. The rate of illness is equally high in women and men. The incidence has doubled in the last 20 years. The illness can affect all sections of the digestive tract including stomach and oesophagus. The inflammations can appear discontinuously and permeate all layers of the intestinal wall. Aphthae, fissures, anal fistulas and oedema of the intestinal walls are characteristic. In contrast to colitis ulcerosa psycho-emotional components play a subordinate part. Since the discovery of the Ileitis terminalis by Crohn and his staff members the question has been repeatedly discussed, as to whether mycobacteria can cause Crohn's disease. It was assumed that there is a connection to Johne's disease (paratuberculosis of



the ruminants). Culturing of mycobacterium paratuberculosis is very difficult since the germ can appear in two forms. One appearance is an acid-proof bacterium, the other a non-acid-proof form without a cell membrane, the so-called „spheroblast“, (perforating and non-perforating forms in the English literature). Germs of the species Mycobacterium paratuberculosis have been isolated from the tissues of patients that suffer from Morbus Crohn, Colitis ulcerosa or sarcoidosis. It also has been ascertained that ruminants of herds infected by Johne's disease, have been increasingly infected by milk and contaminated food or water. A 1996 Japanese study showed that persons who consumed milk or milk protein from infected cattle showed a higher incidence of Morbus Crohn. In this context it has been shown that milk from herds infected with Johne's disease became frequently contaminated by mycobacterium paratuberculosis. Unlike the tubercle bacillus, these germs cannot be killed through pasteurising at 71 °C over 15 seconds.

Only very recently (1985) it has been successfully proven with the Polymerase chain reaction, that mycobacteria which were found in patients with Ileitis terminalis have an identical genetic sequence to germs of the paratuberculosis of the ruminants (IS900 and/or in exceptions IS901 for ruminants such as roe or deer).

Morbus Crohn also clinically manifests like the Colitis ulcerosa with rare haemorrhagic diarrhoea, periumbilical aches, fevers, and weight loss, as well as perianal abscesses and fistulae. Both Morbus Crohn and Colitis ulcerosa can appear in other organs - for instance as pyoderma, episcleritis, stomatitis, ankylosing spondylitis, or cholangitis. After years both diseases can evolve into carcinoma.

Publications from English speaking countries (Greenstein et al., Gui et al., Hermon-Taylor et al., 1996 to 1998), report on the isolation of Mycobacterium paratuberculosis from surgically removed tissues of patients who suffered either from Colitis ulcerosa or Morbus Crohn, which was carried out with a very precise methodology and highly specific tests. The reports say that mycobacteria have not been found in tissue samples of patients who did not suffer from an inflammatory disease of the intestine.

Conventional medicine proceeds on the assumption, that a multifactorial occurrence initiates the outbreak of Morbus Crohn and considers the Mycobacterium paratuberculosis, genetic predisposition, environmental factors and also the measles virus as factors.

**The basis of the chronic intestinal illnesses, especially Colitis ulcerosa and Ileitis terminalis is always a tubercular weakness.**

The primary allergens - protein from cow's milk, eggs and pork - have usually already been ingested in childhood, when the mucous membrane of the intestine was not yet developmentally able to sufficiently disassemble these foreign proteins. Fragments of these proteins passed through the undeveloped intestinal mucous membrane and effectively damaged the immune system and the intestinal mucous membrane itself. If we want to cure patients from a damaged intestinal mucous membrane such as this, we first of all have to try a Werthmann diet (see Dr. Konrad Werthmann: Ratgeber für Allergiker und chronisch Kranke) to relieve the intestine. This means keeping away from the allergens and thus making a recovery of the damaged mucosa possible. Nuts and onions are also forbidden for such patients.

Many adolescents are overly acidic due to psychoemotional stress (at school, dysfunctional family situations, incessant flood of stimuli) and/or through an unhealthy diet (fast food, dead food, candy, drinks containing sugar, phosphate and carbon and protein mast). In this milieu the mechanisms of the regulation of the ground system of the tissues cannot any longer function appropriately.

Naturopathically oriented therapists will therefore deacidify the patient with ALKALA N or ALKALA T along with the Werthmann



diet. Children take 2x daily  $\frac{1}{2}$  tablet of ALKALA T and later on 2x daily half a teaspoon ALKALA N powder in warm water, fruit or vegetable juice. Adolescents take the adult dose (2x daily 1 teaspoon ALKALA N powder). The preparations CITROKEHL and Ubichinon comp. (Heel) should be initially taken, to solve blockades. They can be prescribed either as a single injection, or as pills or drops.

Further therapy begins with PEFRAKEHL 5X or FORTAKEHL 5X drops 2x 1-10 drops orally taken or rubbed into the bend of the elbow or abdominal skin, according to the age of the patient. After 10 days the therapy is changed. From Monday to Friday SANKOMBI 5X drops 2x daily 2-15 drops are taken orally and/or to rub in, again according to the age. At the weekend, Saturday and Sunday, QUENTAKEHL 5X or NOTAKEHL 5X drops 1x daily up to 8 drops are given alternatively orally or rubbed in.

For stimulation of the immune system alternately SANUKEHL SALM 6X and SANUKEHL PROT 6X (if necessary: SANUKEHL MYC 6X) should be rubbed into the area around the navel. According to age, the starting dose for older children (over 12 years) and adolescents is 5-10 drops, whereby half of the amount is rubbed in, and the rest taken orally. To build up the Peyer's patches and to activate the

immune system, 1 capsule REBAS 4X to be taken 2x daily. From the third week onwards it is recommended to additionally rub in UTILIN 6X drops 1x daily up to 8 drops, according to age. Later, the intake of LATENSIN, RECARCIN and UTILIN capsules in a weekly to two-weekly cycle is indicated. LATENSIN and RECARCIN should be started with the lowest dosage. Since the capsules can be opened, an individual dosage can be adjusted by dividing the content into half. Monday and Thursday for instance one half capsule of LATENSIN can be spread on the tongue, before swallowing enough saliva has to be secreted. In the following week (or after 14 days) the cure is to be continued likewise with a capsule of RECARCIN. Later the dosage can increase to a maximum of two capsules weekly, according to age. In between (all 4 weeks for instance) a capsule of UTILIN S 6X can be inserted. After that it can be changed over to UTILIN S 4X.

Since inflammations of the intestine are often maintained by a focus in the area of the teeth or the nasal sinuses, these areas must be examined and treated if necessary, to stop the disturbing effects from toxins and heavy metals. If the nasal sinuses are affected, daily nasal rinsing or a nasal lavage is recommended. According to the kind of colonisation, they could be done with the following mixture:

<i>NOTAKEHL 5X</i>	<i>20 drops</i>
<i>QUENTAKEHL 5X</i>	<i>20 drops</i>
<i>Traumeel ampoule</i>	<i>1ml</i>
<i>Isotonic saline solution</i>	<i>5ml</i>

Mucosa comp. (Heel) and/or FORMASAN can be added to this mixture. Lavages or rinsing of nasal sinuses are performed simultaneously throughout the first 10 days of therapy with the isopathic medicines PEFRAKEHL and FORTAKEHL. To activate the intermediary metabolism the general therapy in adolescents can still be supported by SANUVIS drops 3x daily 1 teaspoon or 1 tablet in the morning and daily 1 tablet CITROKEHL in the evening. If necessary SANUKEHL SALM 6X can be replaced by SANUKEHL COLI 6X.

In any case the development of the illnesses should be controlled by examination of the faeces and dark-field microscopy of vital blood.

The final goal of the therapy is to activate the immune system and to help the dysfunctional intestine work again, instead of paralysing these organs through immunosuppressants. According to Reckeweg, the chronic intestinal inflammation is at last a phase of reaction and/or in the advanced stage a phase of deposition in which the body tries to decontaminate itself. Our intention should be to support the self-healing powers of the body, so that the patient can recover through a regressive vicariation and



normal regulation of the stroma. Therefore an orthomolecular supplementation as well as an increased excretion of pollutants and metabolic waste products from the body is necessary.

During chronic and acute intestinal inflammations, OKOUBASAN 2X (tablets or drops) is highly suitable for the elimination of toxins by increasing the phagocytosis and activating the cells. For this purpose 5 drops 1-3x daily or 1 tablet should be taken according to age.

Heavy metals are preferably removed from the body with

CERIVIKEHL and USNEABASAN (dosage 3-10 drops daily, oral), which are made from lichen. Additionally trace elements (SELENOKEHL 5-10 drops in the morning and ZINKOKEHL 3X 5-10 drops in the evening) should be substituted. The substitution of trace elements in general and especially of SELENOKEHL and ZINKOKEHL as well as the supplementation of antioxidants such as MAPURIT (at noon 1-2 capsules according to age) contribute essentially to the improvement of the healing process.

If we consider the intestine to be „the root of the human tree“, which takes in the material/physical food, it is mandatory to create a good function and symbiosis in this part of the body, so that information from higher planes can also flow in harmony.

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