



# Therapy for chronic hepatitis

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Hepatitis can basically be divided into an acute and a chronic form and also, depending on the pathogens, into hepatitis A, B and C. Further forms of hepatitis, such as D, E or G are of secondary importance in our sphere.

Hepatitis A or Hepatitis epidemica is triggered by HAV viruses, wherein infection occurs chiefly via urine, stools and other excretion products and also via faecal contamination of foodstuffs or water. This form of hepatitis is the commonest in Germany and the incubation period ranges from 10 to 40 days.

Hepatitis B or transfusion or inoculation hepatitis is the second commonest. The hepatitis B virus (HBV) is transmitted sexually or parenterally (blood transfusions, blood, serum) whereby the barely detectable quantity of 0.0001 ml in contaminated syringes and cannulae is sufficient. The incubation time is considerably longer than with hepatitis A, being 30 to 180 days.

Hepatitis C is the commonest form of post-transfusion hepatitis. Like HBV, the hepatitis C virus (HCV) is transmitted sexually or parenterally. The incubation period is 40 to 80 days. The illness is usually without symptoms, with a high level of chronicity. At the same time complications in the form of auto-immune diseases may occur.

### **Prognosis**

About 85% of all acute viral hepatitis runs its course without incident and recovery is without after-effects. Of the remaining 15%, about 1% is fatal, with acute hepatic necrosis, 10% recurs within one year and the remainder develops into chronic hepatitis with subsequent transition to cirrhosis

of the liver. The progress of hepatitis C is usually more severe and it develops more rapidly into a chronic stage.

N.B. a recurrence occurs after a healthy phase varying in length, whilst in the chronic form there is no recovery, but constant signs of inflammation.

### **Therapy**

Therapy for all chronic forms of hepatitis and/or combating chronicity take time, because the metabolism has to be led from the degenerative to the deposition phase. Therefore the therapy is based on three principles:

1. Building up the Mucosa enteralis for healthy defence and the formation of sufficient IgA (helps to combat chronic inflammation) and then for the reconstruction of a symbiotic bacterial flora.
2. Isopathic therapy to alter the environment to one in which the viral structures can no longer breed.
3. Immune-biological measures against chronicity.

### **Ad.1: Healing of the Mucosa enteralis:**

Werthmann's hypo-antigenic diet (see „Advice for allergy-sufferers and the chronically sick“, Semmelweis Press, Hoya) and REB 4X capsules, 1 – 3 a day. Owing to the strong meridian link between the liver and intestine and the teeth, it is essential for this area to be included in the therapy.

### **Ad.2: Isopathic therapy against pathological bacterial developments and any fungal population:**

-EX 3X suppositories 2x1 for 10 days, then NOT 5X drops and QUENT 5X drops on alternate days, 2x10 drops per day for 10 to 14 days.

-Then SANKOM 5X drops 2x10 drops daily from Monday to Friday and at the weekend NOT 5X and QUENT 5X drops 2x10 daily. The therapy, including the diet, must be maintained for months. In addition CITRO (2x1 tablet) and ALKALA powder (2x1 tsp.) daily are to be prescribed.

### **Ad.3: Immune-biological therapy**

-SAN Strep 6X drops, SAN Serra 6X drops and SAN Myc 6X drops on alternate days, 1x10 orally and at the same time 1x10 applied externally.

-REC capsules 1x1 per week plus UT „S“ 6X drops 1x5 daily applied externally or taken orally.

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