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# **Treatment for Vitiligo with SANUM remedies**

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Patients with a wide range of skin diseases are being seen increasingly frequently in naturopathic practices, because as a rule, conventional treatments offer no lasting cure. This is particularly true in the case of treatment for vitiligo. Vitiligo is defined as acquired skin pigmentation loss through dysfunction or destruction of the melanocytes (U. Amon et al.; 1996). The pattern of this skin disease is either creeping or progressive. It is characterised by white pigment-free patches with hyper-pigmented borders, which may occur all over the body – above all on the face and on the extending sides of the extremities (Figs. 1 + 2). As a rule, it affects adults between the ages of 20 and 40 years.



Fig. 1: female patient with vitiligo (1998)



Fig. 2: female patient with vitiligo, large area with loss of pigmentation on upper arm (1998).

The causes of vitiligo are unknown. The following have been discussed:

- auto-immune processes, which lead to the destruction of melanocytes by forming antibodies to them,
- an imbalance in the body's defences, leading to a dysfunction in the melanin-forming cells,
- a disorder of the melanin formation at a neuro-chemical level (inhibition of tyrosinase activity),
- external factors such as mental stress or frequent sunburn (U. Amon et al.; 1996).

Vitiligo frequently occurs in conjunction with other autoimmune diseases (e.g. Hashimoto's disease, pernicious anaemia, diabetes mellitus, Addison's disease, Lupus erythematosus, alopecia areata, myasthenia gravis, biliary cirrhosis) but also with malignomas.

In clinical diagnosis auto-antibodies against parietal cells of the stomach and against thyroglobulin are often found. Antibodies against melanocytes in serum destroy melanocytes in culture.

With the help of dark-field microscopy, as with other autoimmune processes, colloid-theocytes can be detected, as well as raised levels of eosinophilic granulocytes (Fig. 3).

These endobiotic forms, described by Professor Enderlein, also occur in the native blood of patients with dysbiosis. Miscalonisation of the small and large intestines with pathogenic germs leads as a rule to increased permeability of the mucous lining of the intestine. Alien proteins can thus pass through the mucous membrane unhindered, ultimately triggering increased phagocytotic activity of the ma-



Fig. 3: native blood with numerous colloid theocytes in blood plasma between the erythrocytes

crophages and further immune responses.

Possible consequences of a dysbiosis of the gut are thus allergies and autoimmune processes.

The traditional treatment for vitiligo is confined to the use of corticosteroids, light therapy with UVA in association with phenylalanine and khellin, the use of beta-carotin and the grafting of pigmented areas (U. Amon et al.; 1996).

The treatment of vitiligo with SANUM remedies requires an individual approach depending on the previous history and reactions of the respective patient.

If other autoimmune processes, focal stresses etc. are also present, as well as the vitiligo, these must be treated concomitantly. Success is only possible with a holistic therapy approach and it requires a lot of patience.

A combination of Enderlein's isopathic therapy with other naturopathic procedures, such as homoeopathic complexes and/or Horvi therapy for instance, is to be recommended.

The choice of remedy depends on the respective dominant autoimmune process, as shown in the following example:

A female patient born in 1961 came to the practice for the first time in 1998. The results of the anamnesis, inspection, physical examination and analysis of the patient's blood produced the following findings:

- vitiligo with a progressive pattern on the face, arms and hands (Fig. 1 + 2);
- Hashimoto's disease with raised microsomal thyroid antibody levels of 260 kU/l, struma multinodosa, euthyretic
- frequent appearance of gastritis (parietal antibodies raised; intrinsic factor antibodies negative);
- dysbiosis with flatulence and frequent diarrhoea;
- lumbar spinal column displaying lopsided pelvis;
- inborn diaphragm gap on right side with intrathoracic displacement of small intestine and parts of the large intestine;
- extremely itchy eczema of skin on head;
- strong agglutination of the erythrocytes in the darkfield microscope, filit formation, small blocked neutrophilic granulocytes, eosinophilia, numerous sporoid symprotites (elimination weakness via kidneys) (Fig. 4).

### Therapy

Owing to the strong reactions, which the patient experienced initially even with low doses of the SANUM remedies (nausea, headaches, itchiness, feeling unwell), it was only possible to begin the



Fig. 4: haemogram with strong agglutination of erythrocytes, filite formation in plasma; in the middle small blocked neutrophilic granulocyte.

injection therapy itself after eight months.

The eczema on the head improved with the following therapy schedule:

- Regulation of intestinal flora  
> depending on reaction 2-8 drops ALBICANSAN and FORTAKEHL alternately every day;
- Regulation of the acid-base balance and restoration of symbiosis in blood  
> 1 x daily 10-15 drops SANUVIS oral,  
> 1 x daily two drops MUCOKEHL rubbed in on the elbows;
- Immune modulation  
> 1-4 x weekly one drop UTILIN „S“ 6X rubbed in  
> alternating monthly with UTILIN N ;
- Enzyme therapy  
> 1-2 x daily 2-5 drops „Horvitrigin Reintoxin forte“,  
> 1-2 x daily 2-5 drops „Horvinnucleozym comp.“ 8 drops.

To treat the Hashimoto disease, from March 1999, we also gave the following intramuscular mixed injection once a week:

- 1 ampoule MUCOKEHL (7X or 6X)
- + 1 ampoule NIGERSAN (7X or 6X)
- + 1 ampoule Lycoaktin (Steigerwald)

Shortly after starting the injection therapy, the vitiligo improved; some areas of skin began to form pigment again; the thyroid antibodies diminished. In February 1999, there was then a massive fresh bout. A possible trigger was the patient's heavy workload in that phase. The areas, which had repigmented in the course of the treatment, became white again in the space of two days.

The above mentioned weekly mixed injection was supplemented with one ampoule dysto Loges and one ampoule UTILIN „S“ weak.

By February 2001, one could see clear repigmentation of quite large areas of skin (Figs. 5 + 6). In the course of further treatment, however, there were repeated slight deteriorations of the vitiligo, though never to the same extent as the bout in February 1999. The stabilisation of the disease will probably take somewhat more time still.



Fig. 5: female patient with vitiligo (2000). Clear repigmentation in comparison with Fig. 1.

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As with all autoimmune diseases, a complete cure very much depends on the personal situation of the patient, since stress factors can have a particularly detrimental effect on the healing process.

### **Acknowledgement**

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### **Bibliography**

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Fig. 6: female patient with vitiligo (2000). Clear repigmentation of the area on the upper arm compared with Fig. 2.

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