



The SANUM Therapy of Acute Inflammation of the Pancreas

A Case Report

by Rita Stappert, Naturopath



An acute inflammation of the pancreas or pancreatitis can break out repeatedly, for example in course of a primary disorder like alcoholism, cholepathia, stenosis of the papilla of Vater, post-surgically after surgery in the region of the abdominal cavity, traumatic injuries, but also with ulcer ventriculi, mumps or when taking glucocorticoids (Pschyrembel). In approximately 20% of all cases, the cause for the disease remains unknown.

The disease progresses polyepisodically, if the primary disorder persists. It can occur at any age. The clinical symptoms can be very varied; they span from nausea, vomitus or unspecified abdominal complaints to the most severe abdominal pain that radiates into the back, icterus or circulatory shock.

From a naturopathic point of view, the primary cause of an acute inflammation of the pancreas consists in an energetic blockage of the stomach/spleen-pancreas meridian system. Therefore, the removal of this blockage should always go hand in hand with holopathic dentistry and concurrently, a therapy with SANUM preparations.

Anamnesis and Previous Therapy

Approximately one year ago, the 61-year old patient had been admitted to the intensive care unit of

a hospital with the acute symptoms of a cardiac infarction (pain in the left chest region and the left arm, severely raised blood pressure and diarrhoea). The ECG, gastroscopy and the sonographic examination of the heart, liver and gall bladder showed no specific result. The head of the pancreas was slightly enlarged. The lipase value was around 7700 u/l (the normal value is 20 - 160); blood sugar and other blood results were normal.

The diagnosis was: Acute inflammation of the pancreas.

The patient was given nitro spray, heparin, drip infusions with glucose and kalium, as well as pentazol tablets.

Already one day after his in-patient admission at the hospital the patient had taken nux vomica C200 globules; one hour later, the diarrhoea had abated and the lipase value was down to 1000 u/l when checked next. Concurrently, a blood test was arranged for at a humoral doctrine research lab. This examination showed a severe organ strain of the intestinal bowels, a medium strain on kidneys, liver, pancreas and the urogenital apparatus.

The SANUM Therapy

A week after his admission, the patient was discharged from the hospital. At that point in time, the lipase value had further decreased

to 362 u/l. Consecutively, I put him on the following SANUM therapy for a period of 6 weeks:

- In the mornings: 1 tablet NO-TAKEHL D5 and 1 dragée Bio-Selen;
- At lunchtime: 2 tablets SANUVIS;
- In the evenings: 8 drops PEF-RAKEHL D5 and 10 drops ZINKOKEHL D3.

I also prescribed the patient 2 weeks of absolute rest on an island (Usedom, a German island in the Baltic Sea).

After completion of the therapy, acquainted physicians strongly advised him to go for a large enteroscopy and a MRCT examination, which both showed no specific result. The lipase value had by that time gone down to a normal value of 24 u/l. The humoral blood check showed remaining only medium strain of the liver.

Today, a year later, the patient still feels very well irrespective of his continuing strong professional stress.

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