



The Endometriosis Therapy by SANUM

by Dr. med. Konrad Werthmann

Endometriosis is the occurrence of endometrioid tissue outside of the physiological mucous lining of the uterine cavity, which is submitted to cyclical changes similar to those of the endometrium.

The cause is not clearly known. Most frequently, the endometriosis is looked at as the result of a continuous pathological depth growth, spreading or implantation of menstrually sequestered endometrial tissue. A further cause seems to be the metaplasia of embryonal coelomic epithelium. Endometriosis only occurs during the years of sexual maturity and a retrogression most often occurs during menopause.

The disorder is becoming more and more frequently nowadays. It infects increasingly younger women. To put the entire blame on the environment would be simplifying matters. The increase of the disorder may also have its cause in the use of the contraceptive pills, of spermicidal medicaments, but also in diseased teeth, modern dentistry tries so hard to keep.

We divide endometriosis into:

E. genitalis interna: Also called E. primera, the endometriosis genitalis interna pertains to the growth in the uterine muscles and the tubes and most frequently has direct contact with the uterine mucosa (adds up to app. 40 percent of the patients).

E. genitalis externa: This form is mostly seen in the ovaries, the Douglas space and the tubes. Here, we very often observe chocolate cysts.

E. extragenitalis: This form has no connection with the uterus or the other reproductive organs, but occurs in the abdominal wall, the lungs, the colon or the urinary bladder (app. 55%).

The endometriosis of the colon occurs quite frequently. This form is a chapter of its own. It is known for an invasive growth through the intestinal layers from the outside, while not touching the intestinal mucosa. This type of endometriosis may also grow circularly and cause stenoses.

An advise for caution: Always wait for the histological results of the biopsy of the tumour before undertaking a colon resection of a female patient due to unclear suspicious factors.

Complaints

The complaints largely depend on the localisation of the endometriosis. It is most often a matter of pain caused by the swelling of the endometrium and by concrecence.

In most cases, the patient will complain about pain during her menstruation, in a few cases also at the time of her ovulation. The complaints are described similar to those of a dysmenorrhoea. The pain intensity increases in time. It is advisable to also think of the possibility of an endometriosis as a differential diagnosis with unclear pelvic pain primarily in the sacral and lumbar region. The same holds true when it comes to complaints of pain during sexual intercourse. The latter can generally occur with all types of endometriosis, especially, however, with the extra

genital and the external genital forms.

A frequently observed form, the endometriosis of the colon, shows no symptoms in the intestinal functions but significant cyclical complaints in the pelvic and rectal regions. These cases regularly show rectal bleeding during menstruation or the circular tumour causes a stenosis that results in surgery. An obstructive ileus may also occur. Many months and even years of complaints are typical.

Diagnosis and Conventional Therapy

Finding a diagnosis: bimanual palpation, laparoscopy, biopsies, cystoscopy (bladder), rectoscopy (visible protrusion into the intestinal lumen with normal intestinal mucosa).

Rectal examination (palpable soft tumour in the region of the frontal Douglas, possibility of a blood smear on the glove).

The conventional therapy consists of:

1. Laparoscopic or conventional, surgical removal of individual foci (never without respective biopsy).
2. Hormone therapy: Gestagen therapy in cases of diffuse metastatisation or inoperability (which results in a direct retardation of the proliferation of the endometrium); prescription of antagonists of the gonadotropin secretion (resulting in the central retardation of the gonadotropin secretion). The prescription of Danazol (ethinyl



testosterone) may have many side effects like virilisation, acne, weight gain, depressive mood swings, irregular menstrual bleeding and oedema. According to Deucher, oestrogen-progesterone preparations must always be administered with a high level of progesterone. When the woman wants to become pregnant, the taking of the preparation is discontinued.

During pregnancy, the endometriosis does not continue developing and the complaints lessen.

Possible Long-Range Effect of the Foci

At the current time, a therapist does not yet encounter a patient suffering from endometriosis very frequently. The author points out that the described symptoms should lead the therapist also to consider the possibility of long range effects of the foci, as endometriosis happens to be a metastasising diseases, for which medicine includes a possible metaplasia. This means that it can also happen to be a benign degenerative to carcinomatose disorder. According to the author, there is a very strong probability to find a focus as the cause of the disorder.

Two factors have to be considered: Literature shows that hardly a therapist considers a possible focal long-range effect and not one knows to determine the proper cause. Experiences with uncounted metastasising disorder again and again showed that metastasising only continuous as long as the cause has not been removed. As soon as the focus is deleted, the

formation of new derivative tumours stops. In more than 90%, that interference was rooted in the teeth. No more derivative tumours were formed after the extraction of the responsible foci.

At this point, the teeth or the meridians deserve extra mention. Not only do they irritate the hormonal side (pituitary gland, thyroid gland mamma and ovaries) with their chaotic energy through the respective energy paths, but even more so the reproductive organs (uterus and ovaries). These energy paths are the stomach meridian connected with the colon by its crossing, as well as the lung, pancreas, kidney and bladder meridians. It is essentially possible to assign a possibly irritating function to each and every tooth in the dentition. In this context, the gall bladder meridian and the triple should be remembered.

There are of course any numbers of possibilities for focal long-range effects. Damage is, however, highly probable if a weak organ sits on one of the meridians with chaotic energy. Also, it is impossible to determine in advance which damage might occur. You could say that this is fate, which it certainly is; an isopathic neural therapy, however, can help.

The author thinks, furthermore, that metastasisation can only occur through the lymphatic paths. This is important, because the isopathic neural therapy also helps in this case.

Naturopathic Therapy

1. Neural therapeutical injections next to the tooth: First, arrange for an orthopan tooth x-ray shot. Determine where there are root canals, granulomas and other dental irritations on the respective meridians. Then try to determine the temporal correspondence between the original dental treatment and the onset of the illness.

The neural therapeutical injection of 1.0ml NOTAKEHL 5X with 0.5 ml procaine 1% into the reflection of the diseased and possible responsible tooth is used as a diagnostic procedure. The treatment is repeated every other week. If the complaints improve significantly over the course of a month or two (after several injections), the tooth has to be extracted.

The author has thus been able to free two patients from their complaints. A rectoscopy together with the biopsy of the "tumour" brought clarity. The surgical removal was almost a complete success so that only minimal and bearable complaints remained. There have since been no further recurrences or "metastases".

The injection of Frankenhauer's ganglion is another example (please also refer to: Peter Dosch, "Lehrbuch der Neuraltherapie nach Huneke" (The Neural Therapy Textbook According to Huneke), Haug Verlag). This injection has an anticonvulsant effect on the lymphatic paths and thus, signi-



ificantly reduces pain during menstruation. The injection comprises: 1.0 ml NIGERSAN 5X with 0.5 ml procaine on each side.

2. Naturopathic hormone therapy: This happens to be a symptomatic and long-term therapy at once, thus appealing to many therapists and patients. It is not seldom the only option. As mentioned earlier, the progesterone ratio has to be high.

The following describes the endometriosis therapy suggested by SANUM:

CHRYSOCOR: First week of the cycle: 1/2 an ampoule twice a week for deep im. injection, second and third week: one ampoule once a week, and in the fourth week: 1 ampoule twice a week for deep im. injection.

It may be necessary in some cases to additionally administer a progesterone salve.

Additional administrations of 2x 10 drops daily of PINIKEHL 5X and 1 ampoule of USTILAKEHL 5X in the 4th week for subcutaneous injection or USTILAKEHL 5X drops taken as follows: The daily application of 1x 5-10 drops externally or 1x 5 drops orally have mostly proven to be effectively alleviating pain. From time to time, STOLONIKEHL 6X drops also showed success.

Summary: In conclusion, I will once more point out that endometriosis is a metastasising disease, that the teeth should always be viewed as the possibly responsible cause and that pain should also be recognized as spasm of the lymphatic paths. Endometriosis is one more disease proving that modern dentistry with its strong desire to preserve teeth at all cost (root canals etc.) quite frequently does not take the right direction. Instead, it would be well advised to search for less toxic therapies. Holopathic medicine should exert more reserve in the filling of root canals for the greater good of the patient.

Bibliography

Deucher F., Streuli H.K.: "Endometriose des Dickdarms" (endometriosis of the colon), in part 12: Krankheiten des Verdauungstraktes (disorders of the digestive tract), (published by Hornbostel, H., Kaufmann, W. Siegenthaler, W.) in: Innere Medizin in Praxis und Klinik (internal medicine in the private practice and the hospital, Georg Thieme Publishing House, Stuttgart, New York

Pschyrembel: Clinical Dictionary, 258th edition, 1998

First published in the German language in the SANUM-Post magazine (63/2003)

© Copyright 2003 by Semmelweis-Institut GmbH, 27318 Hoya (Weser), Germany

All Rights Reserved