The Treatment of Rheumatic Diseases with SANUM Remedies

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Rheumatic diseases show an extremely varied range of symptoms. Differentiating between diagnostic, therapeutic and practical factors leads to the following classification of the different types of rheumatism (Pschyrembel Klinisches Wörterbuch *[Pschyrembel Clinical Dictionary]*, 258th edition, 1998):

- inflammatory rheumatism, i.e. an inflammatory disease of the mesenchymal tissue as a result of infection or toxins: e.g. rheumatic fever, PCP, Felty's syndrome (adult Still's disease), Bechterew's disease (rheumatoid spondylitis)
- degenerative rheumatism, i.e. primary regressive changes to the mesenchymal tissue without true symptoms of inflammation: e.g. arthrosis, spondylolysis, intercostal neuralgia
- extra-articular rheumatism (collective term for rheumatism of the soft tissues) with part inflammatory and part degenerative processes: e.g. muscular rheumatism, epicondylitis humeri

Professor Dr Enderlein classifies the rheumatic diseases according to various pathogenic groups:

- endobiontic rheumatism: triggered by pathogenic chondrite stages of the endobiont, e.g. muscular rheumatism
- Poncet's rheumatism: triggered by pathogenic chondrite stages of the *Aspergillus niger* cyclode. Here, the malfunction of calcium metabolism caused by parasitic growth forms is particularly serious and can lead to partial decomposition and/or modification of the skeleton, e.g. Bechterew's disease
- other types of rheumatism: triggered by pathogenic chondrite stages of the lues (syphilis) bacterium, gonococcus or a whole series of streptococci and micrococci
- mixed forms of the types of rheumatism listed above: this is the form, which is most frequently seen in clinical practice, as various different pathogenic causes are involved in most rheumatic diseases

Circulatory disturbances can also simulate varying rheumatic aches and pains. These are caused by blockades by pathogenic growth forms of the *Mucor racemosus* and *Aspergillus niger* cyclodes or by acidotic tissue.

The best know phenomenon of this type is the cervical syndrome, which can cause very strong muscular tension in the region of the shoulder girdle.

Treatment

Due to the large variety of disorders in patients with rheumatic diseases, the therapy has to be adapted individually. Therefore, a wide knowledge of darkfield microscopy and palpation are necessary. Patients, who have been treated over a long period with cortisone medications and/or antirheumatics will have to be extremely patient. Successful treatment includes the following stages:

- Elimination of any inflammatory focal diseases (e.g. chronic sinusitis, dental foci).
- The same applies to burdening with environmental toxins, heavy metals and mycoses.
- A change of nutrition is necessary to restore the acid-base balance.
- The following SANUM remedies are required for treatment: MUCOKEHL, MUCOKEHL Atox., NIGERSAN, NIGERSAN Atox., UTILIN, RECARCIN, UTILIN „S", BOVISAN, NOTAKEHL, CITROKEHL, SANUVIS and FORMASAN.
- The SANUKEHL remedies play a very important role in the treatment of rheumatic diseases. In particular, SANUKEHL Strep, SANUKEHL Staph and SANUKEHL Myc are used in accordance with darkfield findings and the patient's ability to react. Injections are most effective and are given i.m. or locally s.c. (see case studies).
- The excretory organs have to be supported systematically and individually.
- If the patient is taking antirheumatics and/or cortisone medications, a gradual reduction of these medications is recommended according to the patient's constitution and ability to react.

Case studies

Patient 1

In June 2002, a young male patient (born 1984) came to our practice with suspected reactive arthritis. Both knee joints showed clear signs of effusion on both sides and a limited flexing function. There were no other obvious physical diagnostic findings. Previous diseases were noted as follows: hay fever involving the bronchiae, neurodermatitis, rubella, measles, chickenpox and 5 episodes of scarlet fever. The latter had been treated with antibiotics.

Hyposensitisation treatment had relieved him of pollinosis. The laboratory results showed slight erythrocyte sedimentation, a raised CRP value and eosinophilia.

The traditional medical treatment given previously had consisted of an injection of 40 mg cortisone in each knee on 3rd May 2002. The rheumatologist had also recommended the use of Methotraxate (MTX), which was refused by the patient's parents.

We carried out a dark field examination of the native blood in our practice. The results were: severe agglutination of the erythrocytes with rouleaux formation, hyperactive neutrophilic granulocytes, „filit nests", colloid thecites and signs of stress on stomach and spleen.

The following mixed injections were prescribed:

22.06.2002:
1 ampoule UTILIN „S" 6X + 1 ampoule NIGERSAN 6X + 1 ampoule SANUKEHL Staph 5X i.m.

09.07.2002:
1 ampoule NOTAKEHL 6X + 1 ampoule NIGERSAN 6X + 1 ampoule Lachesis 12X + 1 ampoule UTILIN „S" 6X i.m.

27.07.2002:
1 ampoule NOTAKEHL 5X + 1 ampoule QUENTAKEHL 5X + 1 ampoule UTILIN „S" 6X i.m.

1 ampoule Broncho-Injektopas i.v. (because of bacterial bronchitis)

24.08.2002:
1 ampoule NOTAKEHL 6X + 1 ampoule SANUKEHL Strep 5X + 1 ampoule Lachesis 12X i.m.

28.09.2002:
1 ampoule NOTAKEHL 6X + 1 ampoule SANUKEHL Strep 5X i.m.

09.11.2002:
1 ampoule NOTAKEHL 5X + 1 ampoule Lachesis 12X i.m.

In between, the patient's therapist gave a weekly injection of 1 ampoule NOTAKEHL 5X + 1 ampoule UTILIN „S" 6X i.m.

In the beginning, the patient's condition initially worsened after each injection: the effusion increased for 2 – 3 days. However, the reactions lessened from one injection to the next. At the end of September, the patient was completely free of symptoms and has remained so until now. Both the laboratory values and the darkfield microscopic examination of the vital blood showed no pathological findings.

Patient 2

Mrs D. came to our practice on 7th February 2003 with suspected chronic polyarthritis. The lower and middle joints of both index fingers were swollen. The patient was suffering from great pain when resting and from morning stiffness in the affected joints. The results of the usual laboratory tests were all within the normal range.

Pneumonia and pleurisy at the age of 6, pyelonephritis at the age of 10 were stated in the case history. The patient had often been treated with antibiotics.

The examination of the native blood under the darkfield microscope showed strong rouleux formation, filits and „filit nests", granulocytes and lymphocytes, partly in the stage of lysis, signs of inflammation, sporoid symprotites (genito-urinary tract, uratic diathesis). During physical examination, the patient showed sensitivity to pressure in the region of the small intestine and the transverse large intestine. A number of pigment spots of different sizes were noticeable.

The following injections were prescribed, alternating, one per week:

1. NOTAKEHL 5X + Lachesis 12X + SANUKEHL Strep 5X i.m.
2. NOTAKEHL 5X + Lachesis 12X i.m.
3. NOTAKEHL 5X + SANUKEHL Staph 5X + Lachesis 12X i.m.
4. Phlogenzym Film tablets (2 tablets 3 times a day) and Basica Vital powder were also prescribed.

By the beginning of May, the patient was free of pain and we were able to discharge her from treatment on 11th June 2003.

The above case studies represent strokes of luck for any therapist. The patients had not been ill for long; the medical pre-treatment was measured. The treatment of patients, who have been suffering from rheumatism for years is considerably more complicated, and here, the experience of the therapist is crucial for a successful therapy. In this connection, a new injection tech-

nique, which was developed in our practice, has proved particularly helpful. A more detailed description of this injection will follow in the next SANUM Post.

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