Rheumatism is Curable

Supportive Regulation with SANUM Remedies

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In choosing this title, I am aware that I am both making a statement and sticking my neck out, for a pre-existing bony change in a joint affected by chronic rheumatism is a persistent disorder and hardly curable. However, if the rheumatic process can be blocked, either prophylactically or at the latest point it has reached, it is customary to speak of healing, or of a defect cured. At the stage which modern knowledge in the field of Natural Medicine has reached, I should rephrase that: Rheumatism is avoidable. The use of corticoids and other immune suppressants merely amounts to wheeling the healing of the defect along ahead of us. Thus, it is irresponsible to restrict oneself to the use of immune suppressants. And in the final analysis, the constant curbing of inflammatory, interleukin-dependent processes, as advocated at the moment by Allopathy, does not prevent rheumatic polyarthritis. The risk of causing further immune defects and other side-effects is too great. The concepts of anti-lymphocytary and anti-leucocytary drug treatments are displacing the old, familiar concepts of rheumatism as an immune complex and immune complementary process: immune complexes flow - the actual meaning of „rheuma“ - into the fine nutritional vessels of every joint, into the sheath of every tendon and muscle and, in the case of Type III, according to Gell and Coombs, do not stop even at the tiniest vessels, possibly even resulting in fibromyalgia.

My treatment plan is based on the observation - which I shall back up here with statistics - that based on

1. Thyroid	48 =	18.25%
2. Synovia	25 =	9.50%
3. Cartilage	25 =	9.50%
4. Eye	17 =	6.50%
5. Ney Normin	16 =	6.10%
6. Ney Psorin	13 =	4.90%

Tab. 1: Most frequently occurring auto-antibodies in rheumatism.

unknown food allergies an allergy to streptococcal substances can also arise, which makes the patient susceptible to chronic tonsillitis, otitis and sinusitis. The immune complexes which thus come into being result in the destruction of joints, owing to the activation of immune complements. This in turn leads as a rule to an elevation of the anti-streptolysin reaction (ASR). If the ASR remains normal, that does not mean that there is no rheumatism, since other mouth- and throat-bacteria, such as Hæmophilus influenzæ, branhamellæ, neisseria and staphylococci, are capable of setting off similar processes. In these cases, I test the allergic reaction with Bronchovaxom® or Luivac®. The third possibility, that other allergic immune complexes may also give rise to joint destruction, results from the less frequently seen picture of Wissler's disease.

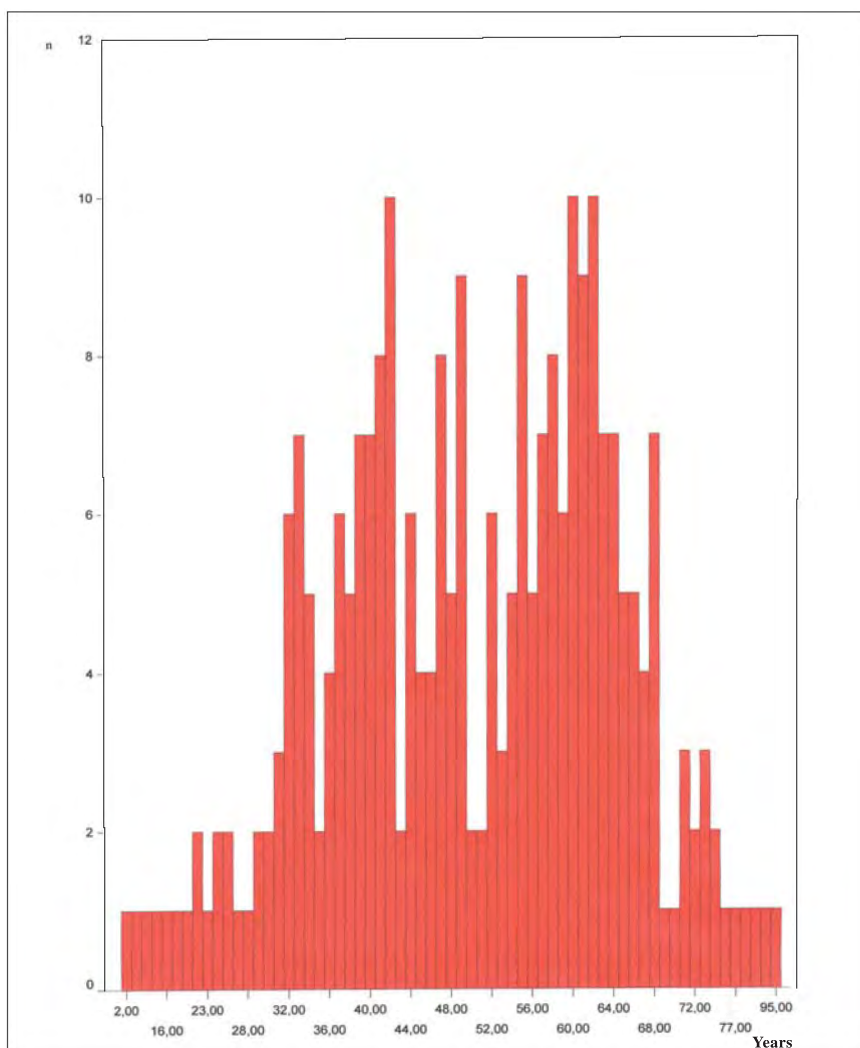

Fig.1: Histiogram of age-distribution of 263 patients with rheumatism. Main foci of the chronic process in 32-42 yrs. and in 56-66 yrs.

The fourth possibility, of intensification of chronic rheumatic processes, arises from auto-aggression. Marked collagenosis does not have to be present, but we may record the presence of auto-antibodies against synovia and cartilage with simple nosodes using Voll's electro-acupuncture, or biofunctional diagnostics (BFD), or also kinesiology.

Both allergic and auto-immune antibodies can be blunted by following the MoRa principle of inversion (7). Where bacteria and fungi are present, this must be followed by an immunisation, i.e. the creation of normergic antibodies, since otherwise, in their struggle for existence, living beings soon settle in again.

Material and Methods

263 chronic middle-aged rheumatic patients - 67 men and 196 women - age range 50 +/- 14.7 years (Fig. 1) - were tested using biofunctional diagnostics (BFD) for their reaction to basic foodstuffs, yeast-like fungi and moulds, streptococci, staphylococci and, in some cases, further bacteria and viruses, as well as for dust allergy and odorants (8).

1. Arnoul treatment (s. Table 4)
   n = 31 (= 11.8%)
2. Arnoul treatment
   +20 days EXMYKEHL 3X suppos, 1 in the evening
   n = 25 (= 9.5%)
3. Arnoul treatment
   + 14 days ALBICANSAN 5X drops, 8 drops each morning
   n = 15 (= 5.7%)
4. Repeat Arnoul treatment
   n = 3 (= 1.1%)

Tab.3: Isopathics in 74 candida patients out of 263 rheumatic patients (= 28.1%)

55 were also examined for their rheumatic status, and Linke's optical erythrocyte test (OET) was administered. Depending on information gathered in the case-taking, the BFD also included testing with sarcodes (organ nosodes) such as liver, eye, thyroid, connective tissue, exocrine pancreas and islets of Langerhans, parotid, mamma, uterus, ovary, prostate, cerebrum, medulla, muscle, joints, skin, vessels, DNA and, in one case, kryoglobulin (5).

Position	Remedy	n
0.	Single dose of MUCOKEHL 5X drops	41
1.	LATENSIN 6X caps., 1 pack of 5 in 4 weeks	16
2.	LATENSIN 4X caps., 1 pack of 5 in 4 weeks	22
3.	UTILIN 6X caps., 1 pack of 5 in 4 weeks	20
4.	UTILIN 4X caps., 1 pack of 5 in 4 weeks	12
5	MUCEDOKEHL 5X drops	1
6.	UTILIN „S“ caps., 1 pack of 5 in 4 weeks	1
7.	SANUKEHL Strep 6X drops	95 = 36.1%
8.	SANUKEHL Staph 5X amp., 5x 1 over 4 wks.	55 =20.9%

Table 2: Doses of Isopathics in 249 rheumatism patients.

So far as treatment is concerned, 115 cases were treated with Wiesner's ultra-violet therapy (3), 249 cases with isopathic preparations (Tab. 2 and 3), 208 cases with Morell and Rasche's inversion therapy c. 7976 times, and 151 cases with a treatment to combat auto-nosodes. Where auto-nosodes are involved, the first condition of MoRa therapy, abstination, cannot be fulfilled, meaning that the reaction has to be checked after 6 months, and if necessary the inversion must be repeated.

The SANUM treatment of mycoses in all chronic diseases, as advocated by F. Arnoul, proceeds as follows:

Following diagnosis from the clinical picture and bodily excretions:

Week 1: 10 drops of PEFRAKEHL 5X drops twice a day in ½ glass of water

Week 2: Every 2nd day, 5 drops of ALBICANSAN 5X

Week 3: 10 drops of FORTAKEHL 5X drops 3 times a day

Week 4: 10 drops of NOTAKEHL 5X drops twice a week.

Then a week's interval.

Repeat week 1 - 4.

Check clinical picture and bodily excretions.

Tab. 4: Plan of Arnoul's candida treatment. The week's interval between the two treatment cycles can, in our experience, be omitted without adverse effect.

If the allergies happened to be reactivated, an attempt was made to find out the cause and to remove it. (Tab. 5 and 6)

Once occurred 27x	(10.3% of 263 cases)
Twice occurred 23x	(8.7%)
3 times occurred 6x	(2.3%)
4 times occurred once	(0.4%)
5 times occurred 3x	(1.1%)
8 times occurred once	(0.4%)

Tab. 5: Second inversions n = 61 (= 23.2%)

The treatment of proven mycoses in the rheumatic patients proceeded largely as described in (4). In particular cases, use was also made of complex homœopathic preparations, such as Vertigoheel, Traumeel, Lymphdiaral, Sinupret and Teltonal, and also special injections in the Cauda equina at S2, as advocated by Arnoul (1).

1. Cordless telephone 22 times (= 36.1%)
2. Mobile phone twice (=3.3%)
3. Television set 3 times (4.9%)
4. Radio, radio alarm 7 times (11.5%)
5. Immunisation too late 8 times (13.1%)
6. Mycosis still persisting 18 times (29.5%)
7. Geopathic stress once (1.6%)

Tab. 6: Traceable reasons for secondary antidoting

After treatment, the patients were questioned as to its success, and the results were evaluated on a 5 - 0 scale.

Results

Over the course of the control period (from 6 months to 2 years following complex therapy), it proved possible to lower the ASR (antistreptolysin reaction) from 190 +/- 147 to 125 +/- 90 ($p < 0.001$ in 87 couples); the RF level from 40 +/- 39 to 21 +/- 46 ($p < 0.001$ in 97 couples). The CRP was lowered from 0.35 +/- 1.37 to 0.26 +/- 1.63, n = 79. The large distribution indicates the lack of coherence in the cases, so that no significant lowering could be established in these processes which were predominantly chronic ($p = 0.263$).

The creatinine levels were significantly lowered in 80 patients, in a couple comparison of 91 mg/dl +/- 18 to 77 +/- 13 ($p < 0.001$). Only in 24 of the 208 patients tested in the BFD no allergy was found; most cases tested positive for 5-13 allergens. In isolated cases, there were up to 95 intolerances (see Fig. 2).

The phase contrast levels (PW) of Linke's OET were significantly lowered by the complex therapy (69 couples, before and after, $p < 0.02$. Two years later the effect was

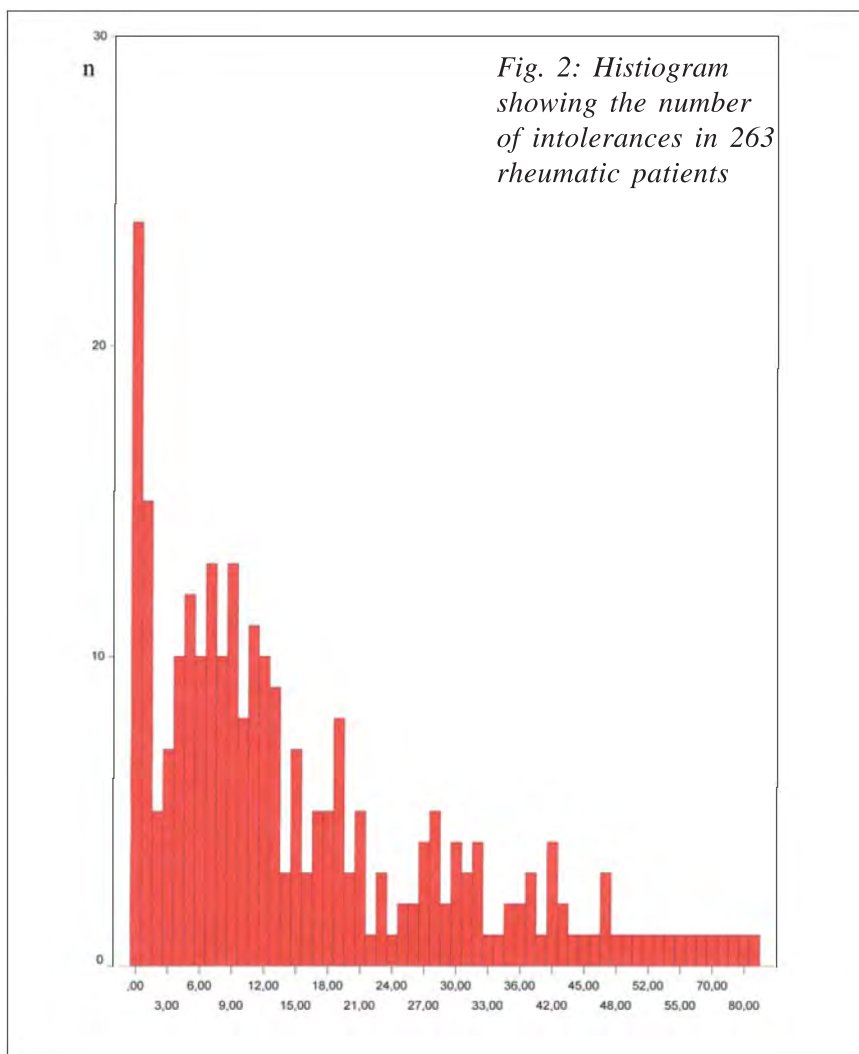

Fig. 2: Histiogram showing the number of intolerances in 263 rheumatic patients

still holding (45 couples, $p < 0.001$). (Tab. 7)

There was a similar reaction in the erythrocyte change index (EVI) (69 couples, $p < 0.53$), after 2 years (45 couples, $p < 0.01$). (See Tab. 8)

In Tab. 9, the link between food allergies and other allergies, and bacterial and fungal allergies is listed, as is the percentage of measurements which was irrelevant to the inversion.

The success rate is shown in Tab. 10, and also graphically shown in Fig. 3. This shows that 84.4% of these chronically ill rheumatic patients improved or were cured, 15.6% were unchanged or got worse. One female patient had commited suicide.

Discussion

In contrast to the immunosuppressive treatments more frequently practised nowadays, our immune-stimulative approach achieved a good rate of cure even in patients suffering from chronic rheumatism. In 39.2% of these patients, rheumatism had developed in spite of tonsillectomy. This provides proof that it is not enough to remove the main seat of reaction of streptococci and other pharyngeal bacteria, but rather that it is necessary to de-activate the underlying cause of the bacteria's ease of penetration and their metabolic products (i.e. the allergic reaction to them) and then to ensure a conversion into a normergy. In achieving this, both the SANUKEHL preparations and Luivac® proved their worth. Even after the

Species	**n**	**x +/- s**		**n with >3%**	**Irrelevant amount (%)**
Cow's milk	208	3.1683	4.0973	74	64.4
Wheat	207	2.5577	3.2979	67	67.8
Rye	207	3.5972	3.8852	86	58.5
Egg	203	4.1872	4.0178	129	34.5
Yeast	185	3.0927	3.7287	87	56.2
SA1 (Kinds of fish)	180	4.2611	3.3582	100	44.4
SA2 (Dairy products)	66	3.6515	3.0859	35	59.1
n with >4%					
C. albicans	187	4.7701	3.7020	99	47.1
Aspergillus	178	7.0112	3.9674	130	27.0
Sucrose	192	6.1354	3.4204	134	30.2
Trichophyton	111	4.7928	3.9060	54	54.1
Streptococci	194	8.3763	3.1684	179	7.7
Luivac	77	8.5325	3.9323	67	13.0
Corynebacterium acnes	78	3.5000	3.0695	25	67.9
Lactose	112	4.4464	3.7195	47	58.0
Cyclamate	72	2.3611	3.1902	13	81.9
n with >3%					
Sorbitol	77	2.6234	3.3009	14	81.8
Honey	102	2.3725	3.5514	27	73.5
Coffee	57	7.2807	4.2793	44	31.6
Iodised salt	30	6.8667	4.0491	21	36.7
Rapeseed and/ or Cabbage	68	8.3088	4.3029	56	17.6
Duck	63	3.6984	3.5133	23	63.5

Tab. 9 (continued on next page): Close correlation of foodstuffs and other allergies with bacterial and fungal allergies in 208 patients with chronic polyarthritis

	x +/- s	**n**	**t in couple comp.**	**p <**
PW before treatment	4.81 +/- 2.36	69		
PW after treatment	4.06 +/- 1.96	69	2.418	0.018
PW after 1 year	4.12 +/- 2.04	45	0.962	0.341
PW after 2 years	3.33 +/- 0.92	45	4.134	0.001

Tab. 7: Behaviour of phase contrast levels (PW) in Linke's Optical Erythrocyte Test (OET) in 45 out of 69 patients with chronic polyarthritis

	x +/- s	**n**	**t in couple comp.**	**p <**
EVI before treatment	54.8 +/- 17.0	69		
EVI after treatment	50.0 +/- 14.8	69	1.696	0.05
EVI after 1 year	46.6 +/- 14.4	45	2.364	0.02
EVI after 2 years	45.2 +/- 12.6	45	2.822	0.01

Tab. 8: Behaviour of the erythrocyte change index (EVI) of Linke's optical erythrocyte test (OET) in 45-69 patients with rheumatism.

Species	n	x +/- s		n with >3%	Irrelevant amount (%)
Mutton	71	4.9577	4.5464	34	52.1
Turkey	63	4.7302	4.0489	27	57.1
Beef and/or Veal	82	5.4878	4.2054	43	47.6
Pork	91	7.4615	4.3673	70	23.1
Quark	25	8.2800	3.7474	20	20.0
Yoghourt	23	8.0435	3.4441	20	13.0
Cheese	44	7.9318	3.7874	38	13.6
Down	62	6.5484	4.4230	42	32.3
House dust	86	6.2209	3.8757	61	29.1
Dermatophagoides pteronissimus	74	7.9324	3.6276	63	14.9
Dermatophagoides farinse	73	8.5068	3.6822	60	17.8
Latex	57	7.5965	4.2336	47	17.5
Mixed perfumes	25	7 kinds preferred			
Complex homœopathics		Noticed in 35 cases			

Tab. 9 continued

rheumatic complaints have been alleviated, precautions must be taken in order to forestall any relapse resulting from risk of allergy or auto-immune reaction, by combatting mycoses and inversion of organ nosodes which are showing a positive reaction.

Abstinence from highly processed carbohydrates (e.g. white flour) and especially sucrose, as in Arnoul's fungus cure (2), should be taken very seriously. This was demonstrated for us by two clear instances of significant regression. Here, as a result of insufficient abstinence from sucrose, we saw a rise in the level of infestation with Candida albicans or Aspergillus niger.

A correlation between the height of the creatinine levels and the reaction to SANUKEHL Strep in the BFD could have significance for the pathogenesis of glomerulonephritis. We therefore very much hope that in future, more cases of nephritis requiring dialysis may be prevented by our treatment principle being taken into account.

The significance of the OET, not only for early signs of cancer but also for the allergic pathogenesis of rheumatism, is demonstrated by a positive reaction of the initial PW level and the degree of reaction to Luivac® in the BFD. Of course, correlations do not provide proof, but they should be valued as something that sets us thinking.

Score	Result
Score 1: 1 patient died	= 0.4%
Score 2: 3 patients got worse	= 1.2%
Score 3: 36 patients unchanged	= 14.0%
Score 4: 126 patients showed improvement	= 49.0%
Score 5: 91 patients cured	= 35.4%
Cured and improved	= 84.4%

Table 10: Success rate of the combined rheumatism treatment in 257 patients on a 5 - 1 scale. In the case of 6 patients the period of time for assessment was too short

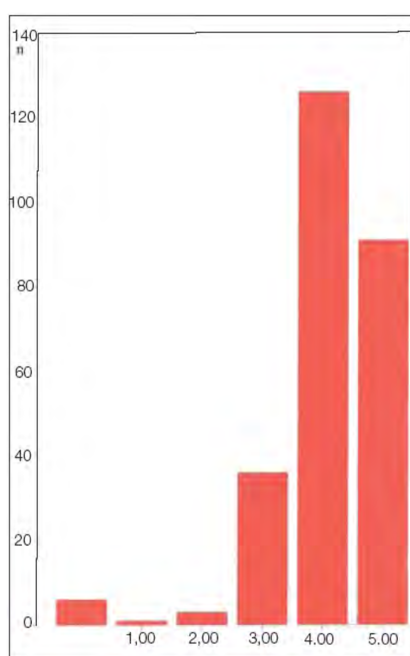

Fig. 3

Summary

If potential rheumatic patients were treated at the tonsillitis stage with inversionary therapy and isopathics, then probably 80% of cases of rheumatism could be prevented. In spotting such potential patients, use should always be made of family medical history, as in other forms of allergy. As we were able to show - not only with casuistic medicine of experience, but also with statistical evidence from 263 manifestly chronic rheumatic cases - there is still a chance of cure at a later stage.

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