



SANUM Treatment of Idiopathic Thrombocytopenia

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By the term „thrombocytopenia“, we understand a decrease in platelets to below 150,000 per cubic millilitre of blood.

In Werlhof's disease (thrombopenic purpura), we distinguish between the acute and chronic forms. The acute form has a sudden onset, usually following a viral infection or after taking medicines (e.g. antibiotics, digitoxin, barbiturates). The chronic form arises without any obvious cause and proceeds in phases over a period of months or years (Pschyrembel, 1998). Generally, women are more frequently affected. Common to both is an essential thrombocytopenia arising from a shortened life-span of the thrombocytes, caused by antibodies which de-activate the platelets. When the thrombocyte count sinks below 30,000, petechiae, haematuria, gastro-intestinal haemorrhages and gum bleeding may appear. According to conventional opinion, platelets are formed in the bone-marrow from so-called „giant cells“ (megacaryocytes), have a life-span of 8-12 days and are degraded in the spleen. Prof. Dr. Günther Enderlein observed that thrombocytes are also formed by erythrocytes and in some cases are directly „ejected“. He traced this back to the function of the endobiont. This is known to be ambivalent, i.e. depending on the physical milieu, it may be useful or harmful to humans.

Commonly, patients suffering from idiopathic thrombocytopenia are treated with corticoids, immunoglobulins or Imurek. In certain circumstances, the spleen may also be removed, on the assumption that

this will retard the degradation of the platelets that are still present. Thus, the possible causes recede ever further from the diagnostic scene. And yet the reason for the lack of thrombocytes or the auto-immune process is frequently to be sought within the organism, in an occult focus of infection, as the following case examples will show (Arnoul 1998).

Case examples:

In August 1979, a 23-year-old woman appeared at our practice with thrombopenic purpura (thrombocyte count: 7,000). When the patient was examined, chronic sinusitis was found. The nasal sinus inflammation was cautiously treated with Dr. Krack's Nasal Reflex Therapy (Warning! Patients with a low thrombocyte count tend to bleed easily!), the cortisone was tailed off, and twice a week, a subcutaneous combined injection was given of 1 ampoule MUCOKEHL (5X alternating with 6X) and 1 ampoule of SANUVIS. By the end of October 1979, the thrombocyte count was 96,000, and in the course of the following year it rose to 130,000. In November 1988, the patient was feeling unwell again. A check of the thrombocytes showed a level of 60,000. A fresh treatment of the sinusitis (which had recurred) and a repetition of the injections, as described above, took the platelet count back up to 130,000.

In mid-December 2002, a young woman with the same clinical picture consulted us. The thrombocyte counts were varying periodically between 27,000 and 69,000. When the level was low, petechiae and

bleeding gums would appear. In the case-taking, our attention was drawn to various inflammatory illnesses: tonsillitis, metritis, several attacks of cystitis, acute sinusitis, etc. On palpation, the spleen was found to be slightly enlarged; under the darkfield microscope the following phenomena showed up:

- strong agglutination of the erythrocytes in rouleau formation;
- filite formation on a massive scale;
- some erythrocytes had *Leptotrichia buccalis* (poikilocytosis);
- active, large neutrophil granulocytes;
- eosinophilia.

Treatment was given with weekly injections (i.v. or i.m.) of MUCOKEHL 5X and SANUVIS. On days with no injection, the patient used MUCOKEHL 3X suppositories and SANUVIS tablets, 1 tablet twice a day.

The acute sinusitis was treated with Dr. Krack's Nasal Reflex Therapy and with the following i.m. combined injections: 1 ampoule NOTAKEHL 5X + 1 ampoule SANUKEHL Pseu 6X or SANUKEHL Strep 5X + 1 ampoule Lachesis 12X (DHU) + 1 ampoule PEFRAKEHL 6X.

In this patient too, it was noticeable that the thrombocyte level went down as soon as the inflammatory focus in the nasal sinuses flared up. Meanwhile, the young woman's platelet level fluctuated between 60,000 and 90,000, i.e. on a higher level. A blockade to the self-healing



energy is probably to be found in this patient's heavy stress both at work and at home.

The treatment of our other patient with thrombopenic purpura followed a similar pattern.

For successful treatment, it is important to spot possible foci of

infection (sinuses, teeth, tonsils, bladder, bronchi, etc.) and to cure these inflammatory processes. The use of MUCOKEHL and SANUVIS serves to degrade pathogenic forms of the endobiont in the blood and to repair the body's own milieu (acid-alkaline balance).

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