



SANUM Treatments in Everyday Practice

A brief description of a few cases.

by Christine Bergmeier, Naturopath



I was delighted with the very positive response to my article which appeared in SANUM-Post No. 64, and I should like to thank the readers for this.

To practise without employing SANUM treatments would be inconceivable now, and I am so grateful to have these remedies at my disposal, as well as the appropriate opportunities for continuing professional development in their use.

Some general points

In my practice, I treat most cases with low doses of isopathic remedies. For me, it is very important to match the dosage to the individual patient's constitution and situation, so as to avoid problems of elimination. For this reason, it is important to avoid generalising from the details of particular cases in this article. Initially, the patients are given just a few drops, and in many cases these are only applied cutaneously and rubbed in. If no eliminative upsets ensue, then the amount of drops may be increased, and an oral dosage may be indicated.

Following a detailed casetaking and iris diagnosis, a personalised treatment plan is drawn up. In 95% of all cases radical nutritional changes are urgently required, particularly to include a diet low in animal proteins. For treatment to be successful, it is extremely important to avoid primary antigens (Dr. Werthmann's diet) and to increase the fluid intake. The patient is supported with Reflexology on the feet (Hanne Marquardt's method), deep heat treatment with WIRA (water-filtered infra-red-A), cupping,

segmental massage and other therapies. Frequently, I also employ homeopathic, herbal or spagyric remedies, as well as orthomolecular medicine. Nor should we forget, these days, measures for detoxification, purification, acid neutralisation, and the elimination of foreign and harmful substances (see the article in SANUM-Post No. 55, Pg.14 on the SANUM elimination treatment.)

Cases of some Patients from my Practice

Celina M. Age 6.

This little girl was brought to me with a diagnosis of „**bronchial asthma**“, a cortisone spray and the doctor's verdict that „nothing else can be done in this case“. Celina's asthma began when she was one year old; since then she had had many colds and her appetite had been poor. On respiration there were whistling sounds, and on at least three days a week she complained of abdominal pains in the umbilical area. As well as this, her ears and sinuses were very susceptible to infections, and her stools were not so much well-formed as papescent. Iris diagnosis revealed a lymphatic constitution and a tubercular diathesis. In the family history, there were rheumatism, asthma, osteoporosis, and one uncle had TB. Daily fluid intake was 0.3 litres of juice. Her diet consisted of sweets (frequently), milk, cheese and milky desserts, with only small amounts of vital foods, fruit and vegetables.

Treatment started: 5 March, 2003

Change of diet: no cow's milk, pork products or chicken's egg-products; instead of these, a basic diet with varied vegetable cuisine; wholemeal bread, small amounts of fish, meat

and ewe's-milk cheese; for two weeks no raw food (to go easy on her intestines). Gradual increase of fluid intake, ribwort and thyme tea as well as water. Warm footbaths in the evening (alkaline baths), before sleep massage treatment of the feet and back with good-quality oil.

FORTAKEHL 5X, alternating every three days with SAN-KOMBI 5X, initially rubbed in, later an oral dosage, beginning with two drops and gradually increasing to 4-5 drops twice daily.

The first progress report came at the end of March 2003: her appetite had significantly improved. She was not missing the cow's milk; so far no asthma, stool well-formed, since then no diarrhoea or papescent stool, no abdominal pain!

April 03: there was an outbreak of influenza at the kindergarten - for a good while Celina remained stable, then she got the infection, but now, for the first time ever, unaccompanied by asthma!!

July 03: So far no asthma! The child was developing well, had an appetite and was happy.

September 03: So far no asthma! The mother had discontinued the cortisone spray and was keeping it for emergencies only.

November 04: No new asthma attacks, the child was stable, some minor colds with a cough, but recovery was unproblematic.

March 05: The child has been stable for two years, her development is good, hardly any infec-



tions, since treatment began no further occurrences of asthma. Her stools are well-formed and, above all, there has been no further occurrence of abdominal pain.

Peter, b. 1962

This patient came into my practise initially following an orchietomy (malignant seminoma). After the operation and 15 irradiation treatments, he was feeling lethargic and unable to take much more. He had great difficulty in coping with a day's routine work. He was complaining of stress, pronounced nocturnal restlessness, muscular shaking and elevated blood pressure at night. His current presenting problem, however, was with his **sinuses** (right-sided ethmoid, maxillary and frontal sinus surgery), still obstructed, even after a second operation, and hindering his breathing. Previously, his sinuses had been treated with a variety of nasal sprays, but with no long-term success. A nasal swab revealed infection with *Staphylococcus aureus*. As well as all this, he suffered from an allergy to pollen, grasses and cat's fur, plus a latent hyperinsulinism.

On taking his case, I found teeth (2/1 and 1/2), which had been crowned and had had root canal treatment. These teeth lie on the kidney-bladder meridian and needed to be cleared up by a holistic dentist.

Treatment:

Because of the bacterial infestation and the blockage in the sinus region, as well as the total constitution, I embarked upon an alternating treatment of NOTAKEHL and SANKOMBI - both as 5X drops.

The drops alternated on a 3-day basis; two oral doses daily of 5-8 drops, plus one drop to be sniffed up the nostril on the affected side. I also prescribed SANUVIS (2 tablets in the morning) and PINIKEHL 5X (8 drops at lunch-time). Later, I replaced the evening dose of NOTAKEHL 5X with PEFRAKEHL 5X drops.

In addition, I recommended a daily alkaline footbath or 1-2 alkaline whole-body baths a week. The patient was given 8 foot reflexology treatments using Hanne Marquardt's method (for relaxation, deeper sleep, harmonisation of the autonomous nervous system, better lymphatic drainage, ...) and a dietary regime of 80% vegetable content. In his case, it was important to avoid the primary antigens (cow's milk and milk products, pork products and plants of the onion family). After two weeks of treatment and following this diet, his nose was clear for the first time!!

It remained clear. After a total of six weeks the treatment was terminated and his condition was stable. The patient was feeling more full of vitality, had greater energy once again and was delighted with his unimpeded respiration.

Sarah, b. 1995

Sarah was spending her schooldays in the sick-room 3-4 times a week on account of **headaches** located in the forehead and eyes, and **abdominal pains** in the umbilical region. She was also susceptible to infections in the ENT area, kept getting stabbing pains in the hollows of her knees, and suffered from

flatulence. She had had blood tests, urine tests, stool tests and abdominal ultrasound examination, all with nothing abnormal detected. The paediatrician gave her paracetamol.

The child has a lymphatic basic constitution and a neurogenous tendency (nerve rings in the iris). She breathed through her mouth and had rattling respiratory sounds.

Treatment:

Change of diet: foods free of cow's milk, no hen's eggs, no pork products; no raw foods after 2.00 p.m.

I prescribed FORTAKEHL 5X and SANKOMBI 5X alternating every three days, 2-4 drops twice daily, initially rubbed into the abdomen, subsequently orally as well. In addition, she was given Calc. phos. (growth, elastic tissue, school headaches) and Mag. phos. (relaxation, antispasmodic). Her fluid intake was increased, fennel, aniseed and lemon balm teas, as well as relaxation exercises rounded off the treatment plan.

The child stabilised rapidly. Four weeks later she was „a changed girl“; her complaints had largely disappeared. Any dietary errors showed up immediately in the shape of abdominal pain, flatulence, and so on.

Anna, b. 1991

This schoolgirl was finding it an effort to get through the school day. **Restlessness, disturbed concentration, diminished memory capacity**, occasional aggressive behaviour and power-struggles with her mother - these were the prob-



lems that led to her appearance at my practice.

Anna had difficulty getting to sleep. She had thrown up massive reactions to inoculations, was **allergic to various foodstuffs**, she had abdominal spasms and her stools were papescent.

Treatment:

We began the stabilisation process intestinally with FORTAKEHL 5X, alternating every three days with SANKOMBI 5X, 2-6 drops twice daily, initially rubbed in, later orally. I also prescribed CITROKEHL and SANUVIS in daily alternation, one or two tablets to be sucked. As well as this I gave MUCEDOKEHL 5X, 3-5 drops to be rubbed into the hollow of the elbow in the evening, Zincum valerianicum Hevert and mineral supplementation. The treatment plan was rounded off by a change in diet.

After about three weeks, her performance at school was gradually improving. Her gut stabilised on hypoallergenic food. I prescribed MAPURIT, MUCEDOKEHL and Hepatik on a long-term basis.

One year later, Anna returned to my practice; she was getting pain from an ingrown toenail that had already been operated on at an earlier date. Her toe was swollen up to twice its normal size and full of pus. Antibiotic ointments prescribed by her GP had made no difference. Anna's toe required further surgery. After the operation, the **purulence** returned and, once again, antibiotics were unsuccessful in dealing with it. A swab was taken and microbiological tests revealed a moderate infection with

Staph. aureus and anaerobic gram-negative bacilli which could not be differentiated more precisely despite further efforts at the pathology laboratory.

Treatment:

I prescribed NOTAKEHL, FORTAKEHL, PEFRAKEHL, each as 5X drops, and a liver remedy (toe 1). After three weeks of this, I added SANUKEHL Staph.

On principle, I always administer the SANUKEHL range percutaneously (in the hollows of elbow or knee). In addition, twice daily, the toe was rubbed with a 1:1 mixture of Hypericum oil and essential oil of Lavender and freshly bandaged. A fortnight later, the mother reported that the infected area had clearly diminished and that the remedies were doing a good job.

Selina, b. 2000

This child came to my practice with the **most extensive skin eruption** on her arms, legs and feet. Her trunk was not affected. Neither paediatrician nor dermatologist had been able to arrive at a definite diagnosis, and so none had been made. In 2004, Selina had had two episodes of head-lice, and in 2003 she had had contact with bugs which had left her with bites on her face. She was noticeably **restless**, with a tendency to **enuresis** day and night, and she complained of constipation.

Treatment:

The remedies of choice here were FORTAKEHL, PEFRAKEHL and MUCEDOKEHL, all in drops of 5X potency. Initially, the dosage was very tentative: one drop of each

remedy per day. Initially, these were only rubbed into the abdomen, later they were also given orally. Additionally, Selina was given a mineral preparation, Vitamin B, Zinc and Chromium. To strengthen the kidney meridian, the girl was given seven 15-minute Reflexology treatments, using Hanne Marquardt's method, twice a week. On days when she received no treatment, she was recommended to take a full alkaline bath.

The child responded well to the treatment and after just three weeks, there was nothing left to see of the pronounced eruption, the redness or the desquamation. The enuresis became less regular: at that point it was still occurring once a week at times of strong emotional stress or excitement. Two weeks later, her condition was stable and the child was substantially calmer.

Jacqueline, b. 1968

This patient first consulted me in October 2000 for **amenorrhoea** of five months' standing. She was not pregnant, she had had a gynaecological examination: nothing abnormal had been detected.

Iris diagnosis: mixed constitution, glandular weakness, dyscrasia, hints of a predisposition to diabetes, tarry pigmentation, blurred blood-lymph zone.

She was wanting to have a child, and the biological clock was ticking away; we therefore began immediately with a course of treatment to stimulate the organs and cleanse the body. This included Lympholact (sadly now no longer available), Phytohypophyson L, Löwe Com-



plex Ovaria, a high dose of Vitamin E and various tonic remedies.

This treatment was supported by Reflexology on the feet, using Hanne Marquardt's method. Four weeks later her periods re-started and remained stable.

In Spring 2001, she was delighted to find that she was pregnant. (During the pregnancy she became diabetic, but this was controlled by a strict dietary regime.)

2003: At a routine gynaecological examination she was found to have a **PAP III**. She was sent home in a state of complete shock with the words: „Come back for a check-up in six months“: no prescription or further advice.

We made use of this valuable time, in which further cell-changes can take place, to carry out a course of naturopathic treatment. Following

consultation with the SANUM company, she received an intensive treatment with QUENTAKEHL 5X and NOTAKEHL 5X, both orally and rubbed in over the symphysis pubis, alternating every three days. In addition to this, the patient was given SANUVIS, CITROKEHL and alkaline footbaths daily with ALKALAN N (1 tsp. per footbath) and a full-body bath twice a week (1 dessertspoonful per bath). Twice a week, the patient gave herself a topical dose of 1 ml. NOTAKEHL, mixed with 10 ml. of physiological saline. This was administered with a syringe (no needle) directly into the vagina, lying on her back with the pelvis elevated. Following this procedure, the patient would continue to rest in that position for 20-30 minutes.

Her diet was changed to include predominantly vegetables, care was taken to promote relaxation and de-stressing, and the emotional aetiology

was explored and worked on.

When she went back for the check-up, no abnormal pathology was detected. We are all very thankful for this outcome.

Postscript

I particularly wanted to publish this last case history, since every day women are left alone with this - or a similar - diagnosis, and we natural therapists can put this valuable time to good use. Indeed we must do so, so as to assist human beings in the healing process.

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