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# **The Patient who is Resistant to Treatment**

## **How to recognise and resolve Blockages**

**by Michael Urban, Naturopath**



## 1. An everyday problem in practice

What certainly comes to mind for the majority of therapists when they hear a patient described as 'resistant to treatment', is a long-term course of treatment, which has cost great effort and considerable investment of time and energy and which, in the end, is broken off, maybe even with resignation.

But other concepts also come to mind, such as „disordered scar fields“, „focal toxicosis“, „chronicity“, or the often-heard diagnosis of some doctor, which always comes as a shock: „You'll have to learn to live with it“.

Whenever it occurs, resistance to treatment represents a disappointment for both parties. The practitioner's self-confidence takes a knock, one's faith in one's own therapeutic abilities suffers lasting damage and - far worse - the patient suffers a further disappointment. For increasingly frequently a new patient's opening remark is: „I've already tried several natural therapies“.

So long as this only happens once a year, one might live with it. But experienced colleagues have been noticing a steady increase in treatment-resistant cases over the last few years.

This article is an attempt to address this problem rather more closely by asking the question: is everything that is classified as resistance to treatment in fact an illness which we have no hope of curing? How many instances of resistance to treatment are only incurable at first sight and, when re-examined, turn out to be

blocked cases, as understood in the context of the „natural therapy concept of disease“ which will be discussed in greater detail in this article?

The following question has assumed increasing importance over my 25 years in practice when a case of so-called resistance to treatment has been encountered: When an attempt at treatment does not turn out as expected, who is it who has the blockage? The patient? The practitioner? Both, maybe? Or is it the case that a number of factors have combined to create a blockage to treatment: ecological damage, so frequently invoked in recent times, created by additives, toxic exhaust gases, injections and drugs administered to both humans and livestock; energy frequencies from mobile phone use, changes in magnetic fields resulting from solar winds, geopathic stress and many others?

One thing can no longer be denied: diseases and disease processes are becoming more and more enigmatic; the cost of being ill is going through the roof; the inventive genius of the pharmaceutical industry in nominating suitable diseases for some newly-discovered drug is becoming increasingly disastrous.

The universities and the pharmaceutical industry have re-defined health. According to this definition health is a state which is unattainable by anybody. People only think they are healthy, whereas in reality they are insufficiently investigated patients.

For some years now, the female menopause has been a serious illness

which it is vital to fight with hormones. And when they lowered the normal blood-cholesterol level from 240 to 200, millions of healthy Germans became patients overnight.

Thus resistance to treatment is not just something found in patients; there is also a powerful resistance to treatment among practitioners, and within health sciences in Germany, which flies in the face of common sense.

In the margin we may pencil in the question, answering which may well occupy the whole of a practitioner's working life: „Can I heal if I myself do not know what it means to be healthy? Can Nature help if it is no longer healthy?“ The answer may well be hard to find.

This article is intended to be an attempt to re-motivate all practitioners to do good work for their patients, even though working conditions have been made more difficult. Much of it may well only be a reminder of what we already know; other parts of it will perhaps complement the experience and knowledge already available.

## 2. An attempt at defining the term 'treatment blockage'

The definition of the term 'treatment blockage' depends on which concept of health undergirds it, or how the origin and course of disease is understood. Here are a few possible ones:

- A body cell, an organ or a patient is no longer capable of responding adequately to an external stimulus. Within the „functional diagnostic



medicine“ system, this is referred to as „regulatory rigor“.

- As with every living being, the human organism is optimally in a state of homeostasis. This homeostasis is disturbed by toxic factors. This would be one definition along the lines of Reckeweg’s Homotoxicology.

- There is a disturbance of Pischinger’s Basic Regulation, which places humoral-pathological events at the centre. The terminal vascular system, the connective tissue cells and the terminal formation of the autonomic nervous system form a triad whose field of information and activity is the extracellular fluid. Here the cell’s ‘milieu’ is established and regulated. Thus defensive and inflammatory processes can be controlled. This definition provides a quite precise basis of action for practitioners using the SANUM treatments, although the milieu of a human being is a great deal more than the milieu of his or her cells.

- As a result of frequent suppression of the immune system, natural defensive processes such as fever or detoxificatory procedures via the organs of elimination are slowed down or deferred for years.

- Basic regulatory functions of the organism are blocked by certain medicines (antibiotics, corticoids).

- Important regulatory mechanisms within the central nervous system are suppressed by constant ingestion of toxins (e.g. amalgam fillings, nicotine, alcohol).

- The patient’s self-healing energies are blocked by distrust of the therapist or of the therapy.

- Misdiagnosis by the therapist results in the wrong treatment being given.

- The treatment is blocked by a lack of compliance.

- The treatment is blocked by an unfavourable social environment (e.g. in neuro-dermitis or hyperactivity)

There are sure to be other possible ways of verifying so-called resistance to treatment. However, this small selection shows how cautious we must be in using the term „resistance to treatment“ for, in the final analysis, this labels the patients as ‘incurable’ in their own minds. At some point in the future we may expect to have ‘transparent’ patients, and this will lead to an unfortunate limiting of a human being, as well as an outrageous influencing of the responsible practitioner.

These introductory thoughts show that, when dealing with matters of sickness and health, other factors besides the human cell must come into consideration. Within the system of human existence we recognise that there is a continual multiplication, leading from lesser things to greater things. Thus something like the following sequence: cell > tissue > organ > organism > partnership > family > society > ecosystem.

Then we notice that all these individual formations are in a constant state of change and

seldom remain in any one state for very long.

This is seen very clearly in the „family“ system. Here life is assured by ongoing change and not by rigid immutability. Even though there are moments here and there within the family situation which we should like to cling on to, family life gains its liveliness - we might also call it regulation - from change, and maybe its „health“ as well.

Applied to our body this means: it is not the optimum individual function of a cell, nor our respiration, our vitality or our age that determine the health of a human being. Being healthy means rather that the regulation of the entire system is functioning well. It follows that illness is an extreme state of the system, in which it is regulating too little, too much or not at all.

Example:

Orthodox medicine is very good at calling a halt to vigorous regulatory eliminative processes, such as high fever, severe pain, violent inflammation or dangerously high blood pressure. On the other hand, it is not good at boosting weak regulatory stimuli, as in the case of degenerative diseases, susceptibility to infection, chronic intoxication and the consequences of dietary errors.

Generally speaking, it is certainly a lot easier to make disease symptoms disappear than to re-tune the regulatory mechanism. It is simpler to stop a physical process through heavy intervention than to channel it by means of a gentle stimulus. It is easier to lower a fever than to guide a fever in another direction.



I am sure that we are all agreed, as natural health practitioners, that this view of things confronts us with a major problem:

**If everything that we do for a patient influences their regulatory mechanisms, then the question arises: As a result of my therapeutic action, does the regulation get better or worse?**

It is one thing to moderate potentially dangerous eliminative processes of the regulatory system; however, it is fatal if we block them permanently.

All too frequently the much-quoted initial aggravation, which can occur in all natural therapies, is actually an excuse for incorrect therapeutic action.

So, to sum up, it may be said that a blocked treatment occurs when a patient does not react to an external stimulus - medicine, therapeutic manipulation, etc. - with a recognisable regulatory response. Such blockages may accumulate through environmental influences or social conditions, but they can also be provoked by the practitioner.

We may recognise the petrification of certain regulatory cycles with the aid of various diagnostic methods: dark-field microscopy, iris diagnosis, Vega test reports, etc.

### **3. The spine as a trigger for treatment blockages**

In many patients we find multiple disorders: a sluggish bowel, renal pain, headaches, splenic weakness, disordered flow of bile.

Depending on our basic diagnostic training, we are able to recognise these disorders relatively speedily.

Whilst the patient is still talking to us, several suitable remedies or treatments pass before our mind's eye, and we think: „An easy case, I've seen hundreds of these“. And so, confident of success, we embark on the treatment. And that is when the problems start to arise: the headache does not go away, it may even get worse; the digestive disorder refuses to budge, not to mention the fluid balance, which declines to be corrected.

At this point a spinal examination can often be of help. The removal of spinal irritations can re-establish a cure which has ground to a halt, or it can pre-empt such an event.

The familiar portrayal of Head's Zones demonstrates the link between spinal localisation and organic events at a glance. Should there be a malpositioning in the region of the 4th/5th thoracic vertebrae, then frequently the nerve supply to the gallbladder and bile ducts is disordered. The signs of congestion occur initially in the shape of biliary dyskinesias, and later as gallstones. If the spinal block is not removed, the best-selected remedies will give only partial assistance.

Many painful conditions in the region of the heart can be eliminated by successfully manipulating the second or third thoracic vertebrae.

The sluggish bowel is reached via manipulation around the tenth thoracic vertebra.

### **Suggested treatment for blockages originating in the spinal area:**

- Gentle manipulation using Dorn's method or one's own mobilisation technique

- Urtication in the area of the spine and transverse processes, using 1 ampoule of MUCOKEHL, if possible preceded by an injection of SANUVIS. [*Urtication („Quaddeln“) is a technique employed by some German Natural Therapists, involving numerous small, superficial injections over an area of the skin, resembling nettle-rash or urticaria.*] Since, when using the SANUM remedies, it is sensible to give both patient and tissue a certain amount of time to react to the remedy, this treatment should be repeated once a week at the most, or once a fortnight.

- Between the SANUM injections it is desirable to treat the areas of muscle attached to the spine (not directly above the transverse processes!) with the Baunscheidt therapy. [*Sometimes known as 'Western Acupuncture', this treatment involves multiple shallow puncturing of the skin in selected areas using a roller fitted with fine needles, as devised by Carl Baunscheidt.*]

- In all attempts at removing blockages, an appropriate de-acidification must be carried out.

- To decongest the venous networks in the vertebral canal, I prescribe 1 MUCOKEHL 5X tablet, orally, in the evenings and 15 drops of Rutinum S (Nestmann) in the mornings.



#### 4. The mouth - the source of many a blocked treatment

It is often the mouth which possesses the greatest potential for predisposing towards a treatment blockage. Not only heavy metal intoxication from dental fillings, but also electro-magnetic processes resulting from the combination of metal and body fluids must be taken into consideration: particularly because unhealthy eating and deficient dental hygiene lead to constant acidity of the oral cavity's milieu. Even when there has been no dental replacement or filling, we may find other trouble in the shape of infected teeth, colonies of bacteria in the dental pouches, and tonsils riddled with toxins.

The subject of amalgam has been addressed by the SANUM company at various points and dealt with exhaustively. I will therefore confine my remarks here on this subject to the following experiences from my practice:

- Not everyone who has amalgam fillings suffers from a toxic overload sufficient to make them ill.
- Basically, all heavy metals are poisonous, not only mercury.
- Cases of chronic poisoning frequently do not have a typical symptomatology; their progress is often insidious and they are the cause of a long history of suffering.
- For many patients candidiasis constitutes a compensation for the toxic overload from amalgam, therefore caution should be exercised before exterminating a candida infestation. The reports from Dr. Rau and others on this subject can be substantiated.

- One should only consider removal of amalgam fillings if the eliminatory organs of the patient concerned are not blocked, and if the patient's energy level is normal. Procedures for the measurement of energy will point the way ahead.

Chronically infected tonsils are easier to deal with. They are a rewarding area in terms both of their recognition as a cause of blockages, and of treatment.

If the muscles of the tonsil segment (between the inner edge of the shoulder-blade and the T7 vertebra) are painful and hard, this indicates a blockage originating in the tonsils. The same applies in the case of lymphatic congestion to the left and right of the cervical spine, which is fairly easy to palpate. For the iris diagnostician, blockages are frequently indicated by the occurrence of pigmentation.

In our experience, a chronically infected tonsil requires the following therapeutic measures:

- Treatment of the intestinal flora with FORTAKEHL 3X suppositories and 5X tablets, followed by guided symbiosis.
- Local injections of NOTAKEHL 5X (small quantity!) in the pole of the tonsil, or NOTAKEHL drops (or the contents of an ampoule) massaged into the tonsil area once or twice weekly.
- SANUKEHL Strep. 6X drops rubbed into both tonsil segments as described above.
- Transcutaneous elimination (e.g. Baunscheidt treatment). [*See above for explanation*]

- Particularly where the tonsils are involved in the blocking of treatment, Dr. Werthmann's nutritional guidelines should be followed appropriately: first and foremost sugar, chicken protein and wheat flour should be avoided.

#### 5. Treatment inhibited where the milieu is disordered

In the case of many so-called relapsing inflammatory diseases, disorders of the mucosal milieu are the cause of blocked treatment procedures.

More than 90 years have passed since Prof. G. Enderlein made his discoveries regarding the Cyclogeny of Bacteria. His findings and their consequences for our view of health and disease have been described in detail and on many occasions. I shall mention just a few important points:

- Enderlein was a microbiologist. With the findings from his investigations of blood samples he discovered facts which, on the one hand, placed scientific thinking on a completely new footing right up to the present time and, on the other hand, have not so far been refuted.
- In the course of over 60 years of research he furnished proofs and explanations as to how chronic diseases arise within the body and how they can be healed.
- He it was who seriously called into question Virchow's dogma, established almost 100 years ago and still prevailing, that „the body-cell is everything“, by postulating in its place a superior role for the milieu of body or mucosa. He linked this knowledge with the thought that medical science knows a great deal



about diseases, but next to nothing about life.

- The transition of the endobiont from low valencies to higher ones, i.e. the change from non-pathogenic to pathogenic growth-forms, is promoted by the milieu which surrounds the cell. Precisely this is the starting point for SANUM treatments, and it is exactly here that we find opportunities for lasting cure of many so-called chronic inflammatory diseases. Our aim must be to change the milieu, rather than to eradicate bacteria, and with them the symbionts.

- If there are blockages, then the main focus of our attention when cleansing the milieu should be both the oro-nasal mucosa and the intestinal mucosa. The primary preparations for the intestines are FORTAKEHL, NIGERSAN and REBAS. The parts of Peyer's patches (located in the tissue of the small intestine) contained in REBAS ensure the activation of the body's total defence mechanism. After all, Peyer's patches provide 70-80% of the defence cells of the entire immune system.

## 6. The disordered acid-alkaline balance

A disordered acid-alkaline balance in the tissues represents a further blockage to treatment. A great deal has already been reported and written on this subject, and for this reason there is certainly very little to say which is new.

The question to be addressed here on this subject is: Has the significance of the acid-alkaline balance really been recognised, and is the body of knowledge being

appropriately applied in practice? Even more important is another question: Are we successful in communicating to the patient the connections between their illness and their disordered and acidified tissues? After all, we are frequently dealing with cases of latent acidosis which do not throw up any visible or serious symptoms.

Because the blood pH level is intolerant of violent fluctuations, the tissues frequently lend out buffering capacity. The blood values give no information regarding the buffer reserves in the tissues. Therefore we talk about latent acidosis. The acid level rises continually as a result of the consumption of acid-forming foodstuffs. Stress, lack of movement and recreational toxins reinforce the acid level. When, on top of all this, there is also insufficient fluid intake, then the tissues can become thoroughly clogged. Certain drugs, such as corticosteroids and Acetylsalicylic acid place a further burden on the acid-alkaline balance.

The symptomatology of latent acidosis shows up *inter alia* in pallor of the skin and permanently cold extremities. The patient gets tired easily.

Hyperacidified erythrocytes become tight and stiff, their oxygen-bonding capacity is reduced, and they can no longer pass through the finest arterioles.

It was not for nothing that Dr. Kern described coronary thrombosis and apoplexy as acid disasters. Such 'local acidoses' should receive alkaline treatment at the earliest possible opportunity. The sequelae

are then substantially less and may in part be completely prevented.

Latent acidosis is frequently accompanied by elevated blood pressure. As the kidneys excrete a greater quantity of H-ions, in the exchange of ions they retain Na-ions. If the acid-alkaline balance is equalised, the result is an increased excretion of sodium, which can moderate the rise in blood pressure.

Patients with elevated acid levels frequently complain that their teeth are very sensitive to pain, although dentally nothing abnormal can be detected. Generally speaking, latent acidosis results in a lowering of the pain threshold.

The following relevant comment was found in a recent scientific medical article: „A disordered acid-alkaline balance is one of the main problems facing modern medicine. These pre-programme the patient for treatment blockages.“

## 7. The consequences of vaccination build up treatment blockages.

For doctors nowadays vaccinations are beneficial weapons in the fight against infectious disease. Any questions regarding damage to the vaccinated patient are successfully suppressed, and only a few persist in asking them. In Germany the system for reporting possible consequences of vaccination is totally inadequate. From their experience in practice, many colleagues - both doctors and natural health practitioners - are inclined to suspect that vaccinations can provoke treatment blockages of no mean proportions.



What makes our job difficult is the readiness of the press - bordering on a dependency - to support certain branches of the pharmaceutical industry in their advertising campaign for vaccines with the promise of cure, and to publish, for instance, the annual unverified horror-stories of thousands dying from influenza. It would just be interesting to know how many of these 'flu victims' had been given the flu vaccination. And just who actually decides whether a senior citizen in a home for the elderly has died of flu rather than from some other cause?

Every year there are prophecies of a tidal wave of flu, of unheard-of proportions, maybe in relation to stocks of vaccine-shots - with a shelf-life, of course. In the last five years the prophecy has not been fulfilled. In our practices we all find that those who have had the flu vaccination frequently become seriously ill, and because of this experience they decide not to have the jab the following year.

Even more serious are the effects of vaccinations on children aged from 3-6 months. Their immune systems are not completely formed, and furthermore the use of multiple vaccines constitutes a major risk in itself.

The actual problem with vaccinations in our practices is that we stand no chance against the aggressive arguments in favour of vaccination advanced by its protagonists, and that parents who wish to address the problem seriously are classified by doctors as more or less socially dysfunctional. However, rather

more reticence would be fitting when passing opinions on the question of vaccination. What do we really know about it?

We must also bear in mind that vaccination is inflicted at an early age, when it is hard to hold it responsible for possible later retarded development on the physical or mental level. The proof would be easier if vaccination were to be carried out in the fourth or fifth year of life. Then it would be possible to demonstrate a significant interruption in the child's hitherto normal development from that point in time. The final decision regarding vaccination remains with the parents - and probably not for very much longer.

It is important for us to go into this matter: might it be true that many of the numerous treatment-resistant cases of chronic obstructive bronchitis, neurodermitis and ADHD in children between the ages of 2 and 14 are actually cases of vaccinal block? With the help of the various test methods available in practices, and by observing the interval between the onset of a disease and the date of the vaccination (between 3 and 6 weeks), the suspicion of a vaccinal block can sometimes be firmed up.

We must pre-empt a misunderstanding: what we are discussing here is not sequelae of vaccination, nor vaccinal damage. To determine these is - for various reasons - an almost impossible task and, in most cases, a legal and bureaucratic problem. We are simply concerned with retrieving children's immune systems from a

blocked state, and possibly also from being overtaxed, following vaccination; in certain cases they may also require modulation.

In view of this our chances of successful intervention with chronically sick children are considerable, when we take into account the possibility of a vaccinal block.

### **Treatment suggestions (Adults):**

BOVISAN 6X drops: 2-5 drops once a day, rubbed into the elbow

UTILIN H 5X suppositories, one once a week.

UTILIN 6X suppositories at longish intervals (one every 2-4 weeks)

Thuja 30X before and after each vaccination.

Pyrogen 30X before and after multiple vaccinations.

The nosode of the vaccine, insofar as it is available, shortly after the vaccination (2-3 days).

For drainage of the mesenchym: Toxex drops (Pekana), 3-8 drops 3 times daily.

### **8. Antibiotics block the body's own immune system**

Antibiotics block the basic system and weaken the defences. Fundamentally they are mostly employed prophylactically against 'superinfections', and not in short measure. A study by the scientific institute of the AOK (*largest German state health insurance scheme*) and the Freiburg University teaching hospital found, purely



statistically, that in the year 2004 **every** child in Germany was given a one-week course of antibiotics. If we take into account the fact that less than half of the children are given antibiotics in the course of one year, then it follows that more than three million children were given a two-week course of antibiotics. (Source: Südwestpresse, Friday, 27 January 2006). In the future, therefore, we may expect not only treatment blockages, but also resistant strains of bacteria. In the future it will become increasingly difficult to treat life-threatening infections adequately and efficiently.

Recent clinical research has shown that about three-quarters of all antibiotics are prescribed for acute respiratory infections. (Source: Pfizer Research Prize for Infectology, 2005.) However, in most cases these are viral infections, which cannot be influenced by antibiotics. Therefore the rationale for their use in such cases remains a complete mystery.

Our experience in our practices teaches us that frequent courses of antibiotics have a long-term effect on the human immune system. And in most cases just taking the case raises the suspicion of a blockage. Above all the destruction of the mucosal milieu and the weakening of the intestinal flora which accompanies it, not to mention the reduced capacity to produce a fever and the exhaustion of the body's defences, are indications of a treatment blockage, which we are in a good position to dismantle:

#### **Suggested treatment:**

- Restoration of functional intestinal flora according to the individual

practice's concept. In any case, before reconstruction begins, a preliminary course of the SANUM remedies FORTAKEHL 5X, 1 tablet each morning, and NOTAKEHL 3X, 1 suppository each evening, should be prescribed. The importance of a healthy intestinal mucosa for the maintenance of good health cannot be stressed too often. It produces Immunoglobulin A and is therefore a major guarantor of stability in the body's own defence. It prevents fermentation and putrefaction in the small intestine. It likewise prevents an increased diffusion of bacteria into the tissues. It absorbs vital minerals and nutrients. It collaborates with the healthy bacterial flora in preventing massive proliferation of fungi. Its recovery is substantially more rapid if the primary dietary antigens are excluded, in other words chicken protein, cow's milk and wheat products, also sugar.

- Transcutaneous eliminative procedures, to which lymphatic types react particularly well.

- In order to stabilise and activate the RES (monocyte-macrophage system), use a preparation of Echinacea, such as RELIVORA complex. Because of the Juglans and Drosera content in RELIVORA complex, this remedy is particularly suited for use in inflammatory processes in the respiratory tract.

#### **9. Treatment blockages which are incorrectly so described**

In this section critical consideration is given to 'treatment blockages' which, in view of the foregoing, are no such thing.

#### **Misdiagnosis**

It is possible to gain the impression that a fair number of patients are not blocked, but have been given the wrong diagnosis. And although natural health practitioners work from a holistic perspective, making a precise diagnosis is becoming increasingly difficult. It is easy to get used to accepting the prior diagnosis of a doctor or health practitioner without checking it out. The following methods of examination can help in establishing a correct diagnosis: precise casetaking, dark-field microscopy, HLB test, Vega test print-out, test using the POLYSAN series, and others.

#### **Wrong treatment**

Frequently a treatment runs counter to the patient's constitution: blood-letting in an asthenic type, dry cupping in a plethoric patient who is already overfull as it is, raw food for somebody with intestinal problems, nosodes for somebody with an energy blockage.

#### **Internal blockage in the therapist**

Doubt at first sight, fear of particular types of treatment, treating one's own relatives.

#### **Internal blockage in the patient**

Dependence on the doctor, saturation with information, or conflicting information; why do they need the disease? Being stuck on a previous diagnosis. Not being in a position to change lifestyle or eating habits.



## 10. Conclusion

All this is but a small sector of the unavoidable topic of 'resistance to treatment'. However, it may stimulate further thought in this direction. This is particularly worthwhile in view of the fact that continual proliferation of the

globalisation concept will soon affect all areas of our lives considerably, which cannot fail to have consequences for our health. In the future we shall need the SANUM remedies more than ever.

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