



Principles of SANUM Treatment in Diseases of the Urinary Tract

by Camilla Fischer

Basics

Holistically orientated medicine should always endeavour to treat illnesses at the root, rather than merely removing or putting a stop to individual symptoms. This means that the process begins with a detailed case-taking and assessment of findings, because appropriate treatment depends on diagnosis. Numerous possible interactions have to be considered, including those between the emotional and physical levels: on the one hand, apparently similar illnesses may turn out to have a completely different genesis; on the other hand one-and-the-same trigger may find expression in a variety of complaints.

The Yin-Yang monad, the doctrine of the Five Elements and the meridian system of Traditional Chinese Medicine (TCM) enable us to gain a better understanding of the numerous links and interactions in the organism.

This is of inestimable value for the therapist: in this way apparently disparate symptoms fall in place and make up a totality; furthermore, TCM makes it easier to search for hitherto unheeded disorders or blockages, also in stubborn, 'treatment-resistant' cases (a bit like a checklist).

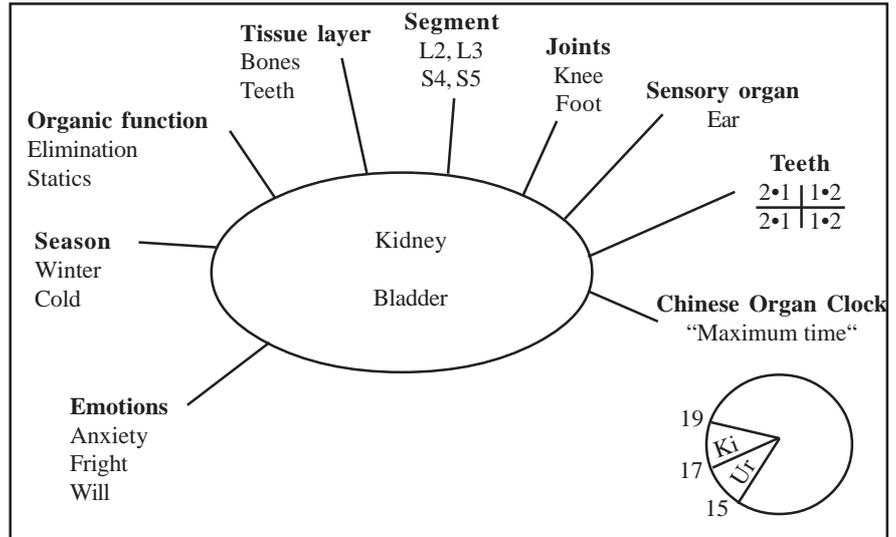


Fig.2: Functional relationships to the whole organism. From: Georg Kampik: Preparatory Course in Acupuncture, Hippokrates Verlag, 1988

For this reason, let us take a closer look at the functional cycle of kidneys and bladder in Chinese medicine.

Functional cycle of kidneys and bladder

Usually, any description of the 5-Element Cycle begins with wood, that which is visible, and the things assigned to it: spring, energy, activity, masculinity as well as the organs liver and gallbladder. Water, the element that precedes it, symbolised by kidneys and bladder, is the nourishing principle for wood. It embodies the un-seen, to some extent the basis, and without the visible, the wood,

cannot develop at all. The embryo also exists in obscurity, representing life which is not yet visible. At the same time, the kidneys symbolise the end, stagnancy, death, that which is no longer visible. It is the Scorpio principle of "death and rebirth".

Chinese Medicine regards the kidneys as the base of our hereditary energy, the Qi of the First Heaven. This cannot be renewed, and when it is exhausted, we die. However, we can treat it with care and conserve it by strengthening the centres for nutritional, respiratory and protective energy (spleen, lung and triple heater). In the world of plants, it is the seed which represents the hereditary energy of the future plant.

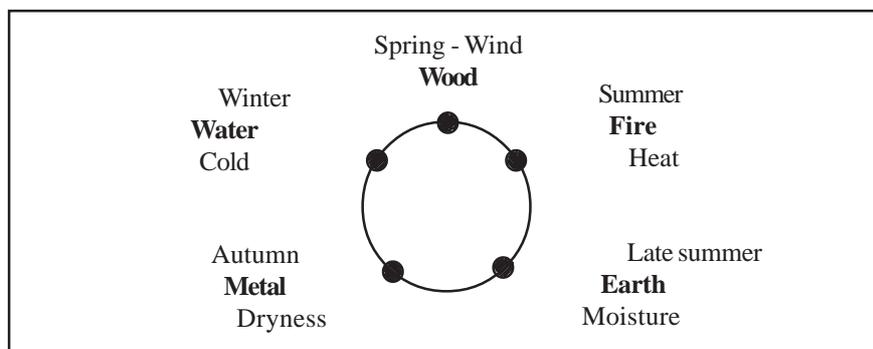


Fig.1: The seasonal weather factors arranged according to the 5-element system. From: Georg Kampik: Propädeutik der Akupunktur, (Preparatory Course in Acupuncture) Hippokrates Verlag, 1988

The season of winter, quietness and withdrawal are associated with the Kidney/Bladder functional cycle. A kind of compression takes place before the expansion, a gathering of energies for a new beginning in spring.

The kidneys and bladder are organs of the element **water** and are responsible for its distribution in the body.



All three states of aggregation are present: solidity in the bones and teeth, fluidity in almost all the other tissues, and gas in the respiratory tract. Thus, the kidneys and bladder are situated, on the one hand, within the field of flowing, moving energy (corresponding to the Mucor-cycloide in Isopathy) and, on the other hand, within that of structure and stability (corresponding to the Aspergillus-cycloide).

In the healthy organism, fluidity = movement and solidity = stability stand in a balanced, harmonious relationship to one another. In illness, this balance is disturbed. Too much or too little of the energy concerned leads to various illnesses: e.g. increased flow of urine in renal insufficiency, or stiffness and immobility in illnesses of the back and joints, because bones and joints are nourished and controlled by the kidneys.

The **bladder meridian** is assigned to male principle Yang. Like all meridians of hollow organs, it runs from the cranial to the caudal, predominantly on the dorsal aspect of the body. It begins at the medial canthus of the eye and crosses the top of the head in the centre, then runs down the centre of the nape of the neck and down the back alongside the spine, continuing via the posterior surface of the thigh, the hollow of the knee and the calf, terminating on the outer edge of the foot at the little toe.

The bladder meridian is the longest of the meridians and includes the so-called Points of Agreement (Shu points) for all the organs, bones and muscles. This illustrates the tremendous importance of the kidney/bladder functional cycle for the entire or-

ganism and its hereditary energy.

The kidney meridian embodies Yin, the female principle, which acts to conserve energy. The pathway from caudal to cranial on the ventral side of the body is typical for organs of storage. It begins in the middle of the inner side of the foot, travels up the inner side of the lower leg and thigh to the groin, traverses the abdomen close to the midline and terminates at the sternoclavicular joint.

Anxiety is the emotion of the kidneys and bladder. The German word *Angst* is of Middle High German origin and denotes narrowness, constriction. Whereas the kidney-meridian patient's anxiety has more to do with loss, failure and disappointment, the bladder-meridian patient is more concerned with holding on to old and often outdated imaginations.

A lot of sayings express these emotions very graphically:

Do we get cold feet? Either physically or emotionally? Our feet are designated as third Kidney. This is reflected in the fact that we tend to catch cold more quickly when our feet are freezing cold. Or cold shivers run up and down our spine (bladder meridian). Maybe we are even so scared that the hairs on the nape of our neck stand up. As for dogs, their hair first stands on end in the renal area, and then later in the neck area, along the bladder meridian. Here, anxiety appears as aggressive behaviour (biting from fear). Anxiety and rage are as close to each other as water and wood are in the 5-Element-Cycle. Rage and anger, as Yang emotions from the Liver func-

tional cycle, frequently find violent expression, whereas the anxious, fearful Kidney person is more prone to passive behaviour.

Like bones, our **teeth** form part of the interstitial, supportive tissue and are under the control of the Kidney/Bladder functional cycle. The incisors are particularly associated with Kidney/Bladder. Thus, dental problems may become manifest in disorders of the urinary tract, and vice-versa.

In TCM, the ear is the sensory organ of the kidneys. The ear starts to develop only three weeks after fertilisation, and by the fifth month of pregnancy, it is the first organ to be fully formed. Via its senses of hearing and balance, the embryo reacts to stimuli from its environment at a very early stage. For people in prehistoric times, the ear was the most important sensory organ, since it is constantly "on the air", thus acting as an early warning system when danger threatens. Even during sleep, our ears are more or less pricked up. Nowadays unconscious hearing and conscious listening are neglected, heavier demands being made on the eyes instead.

It is interesting to note that Anthroposophy allocates the eye as a sensory organ to the kidney, since there are similarities in the embryonic development of the eye and of Bowman's capsule. This inconsistency between the two systems is only superficial, because in TCM, the eye is linked to the Bladder meridian which begins here, and tears are an aspect of the Water element.

Apart from this, our organ of balance



is located in the ear; losing one's balance has effects on the Kidney/Bladder functional cycle and, consequently, on the whole organism.

Bones and joints are nourished by kidneys and bladder. This relationship shows up, for instance, in chronic renal insufficiency and the onset of osteorenal syndrome, which involves the demineralisation of the bones.

Case report

The following case shows how a treatment plan for urinary tract infections can be drawn up. The course of the illness makes it clear how important the holistic mode of action is for the success of the treatment, and thus for healing.

We shall shadow a young woman in her early twenties through the various stages of treatment.

The patient, who is a student, is suffering from cystitis - a common complaint in women, since the shortness of the urethra forwards ascending infections. Normally, the urinary passages have their own defence mechanisms, which would prevent infections from becoming established: high circulation levels, powerful irrigation by the flow of urine, plus defensive procedures in the mucosa. However, should the inner milieu become disordered, complaints may develop.

This woman is complaining of frequent painful urging to urinate, and of feeling tired and exhausted.

At the doctor's she has had an urine test: leucocytes +++, erythrocytes +++, pH alkaline, nitrites +, specific gravity 1.020; the presence of protein, which would suggest renal invol-

vement, cannot be demonstrated.

As treatment, antibiotics were prescribed for a few days, together with the advice to have plenty to drink. This helps to wash out the germs, and the medicine decreases the load, which the kidneys have to bear. The next day, the patient is feeling well again; it is as if the complaint has been blown away. So far so good. But there is a Chinese proverb: Killing the intruder is by no means the same as closing the door.

Certainly the antibiotic killed the intruder or at least put a stop to its growth, but the milieu remains uninfluenced, opening the floodgates to new infections.

And that is precisely what befell the patient in the ensuing weeks, again and again. This is by no means an unusual course for this illness to follow, and so it hardly worries the treating practitioner.

Appropriately, at the next consultation, the doctor calls for another urine test, this time with identification of the microbe(s) and an antibiogram. E-coli is found (the most common cause of cystitis in women, since the gut serves as a reservoir for the microbes). Based on the outcome of the resistance test, an effective antibiotic, a gyrase inhibitor, is prescribed. The bladder complaints disappear again. A few days later, pains occur briefly in the tendons and leg joints, the patient paying no attention to them - she cannot suspect that this might be a side-effect of the drug.

In this connection, it is interesting that many antibiotics, e.g. aminoglycosides (Gentamycin or Streptomycin), have a nephrotoxic and ototoxic

action: if the kidneys are damaged, "their" sensory organ, the ear, also suffers. Gyrase inhibitors interfere with the kidneys, the bones and cartilage, since they form compounds with minerals and give rise to a secondary deficiency of ions in the interstitial tissue. As a consequence, the kidneys are no longer able to carry out their function of stabilising the bones.

When the next relapse occurs, further pathological tests are carried out, in order to get to the bottom (from an orthodox medical point of view) of the problem. In the blood test, the parameters, which show changes in upper urinary tract infections, reveal nothing out of the ordinary: leucocytes, CRP, urea, creatinine, serum electrolytes - all are within the normal range.

Repeated urine analysis sometimes show bacteria (E-coli or pseudomonas), sometimes a sterile pyuria is found. This is a typical finding, if antibiotics are still being excreted in the urine. However, it is also possible that very demanding microbes are also involved, which require special breeding conditions: anaerobic microbes such as Chlamydia trachomatis, Mycoplasma hominis, Gardnerella or Ureaplasma urealyticum.

Nor, finally, do the tests show any sign of crystals, which might indicate the presence of calculi in the bladder.

In the meantime, the woman is feeling somewhat frustrated, and so she now looks for a natural health practitioner, rather than having yet more tests done through her doctor. Of course, this practitioner is able to take advan-



tage of the previous work and investigations. The past history shows that we are not concerned solely with the bladder as an organ here, but that the whole person is involved, possibly with deep-seated disorders in her emotional and physical milieu.

Therefore, the procedures of Natural Medicine require a much more comprehensive **casetaking** than orthodox medicine would generally consider necessary.

This student makes a rather quiet and retiring impression. Her fair hair and bluey-grey eyes indicate a tubercular diathesis. She has recently moved from her rural home to live much nearer the town, to pursue her studies in law. Her father, who was a lawyer himself, and to whom she was very close, died when she was 14. She is living with her boyfriend in his parents' house on the outskirts of the town. She leads a rather solitary life there, because her boyfriend is away a lot on business and she doesn't like going out without him. She does not

get together with her fellow-students very often, because of the distance factor and her own inertia.

For birth-control she is taking the contraceptive pill, and we know that its side-effects include changes in the mucosa and raise the body's requirement of Vitamin B; both of these result in disorders of the internal milieu.

These constant cystitis attacks are a cause of concern to the student, because she feels too tired to go to lectures. She fears that she may lose a term and feels strongly under pressure because of this. Characteristically, these attacks always occur whenever she is very much under stress, which is known to favour acidity.

The treatment plan is based both on the findings of the Natural Medicine casetaking and the results of the orthodox diagnosis (see Table 1).

Bearing in mind the Chinese pro-

verb, the door needs to be closed against the intruder.

Rapidly, the patient starts to feel much better, and above all, she is generally much more full of energy, cheerful and confident. Only later does she become aware of the improved mobility in her joints, the problem there having been triggered by the gyrase inhibitor.

Simultaneously with the first dose of LATENSIN, a setback occurs. Initially, it is unclear as to whether this is a reaction to the remedy or a relapse. A dose of Cantharis, and all is well again, but only until she takes the next dose of LATENSIN, two weeks later. Even though the patient is feeling substantially better overall, and LATENSIN fits well into the treatment plan, so far as her symptoms are concerned, there seems to be some interference or blockage present.

In such cases, as practitioners we must subject our procedures to review. It may be that we have over-

- | |
|--|
| <p>1. Milieu treatment continues, as a matter of principle, throughout the entire course of treatment (6-8 weeks):
Daily alkaline foot-baths using ALKALAN (1 tsp. in warm water) and 5 drops of CITROKEHL twice daily.
Diet, alternating alkaline and acid-forming foods every 2 days, so as to improve the immune defences via changes in the pH levels of the urine.
Herbal teas, e.g. Golden rod, for improved flushing out of microbes. At the same time, the patient starts on the</p> <p>2. Basic treatment
Twice daily, 5-10 drops of NOTAKEHL 5X orally for 10 days and, in the event of acutes, additionally Cantharis 5X or Berberis 5X; after this, treatment changes to</p> <p>3. Regulatory treatment
Twice daily, 5-10 drops of SANKOMBI 5X, orally, from Monday to Friday,
Twice daily, 5-10 drops of NOTAKEHL 5X, Saturdays and Sundays.</p> <p>4. Immune modulation
Beginning in the third week of treatment: additionally, once daily, 8 drops of SANUKEHL Coli 6X and SANUKEHL Pseu 6X (in daily alternation, in each case 4 drops orally and 4 drops to be rubbed in)
Also, 1 ampoule RECARCIN to be drunk and 1 capsule of LATENSIN orally, in weekly alternation.</p> |
|--|

Table 1: Treatment plan for cystitis



looked some event in the history of the illness, or we lack significant information from the patient. So as to avoid the risk of overlooking further hints, it makes sense to keep to a definite pattern of questions. The numerous associations, which are familiar from TCM can likewise be of great assistance.

So far as the patient is concerned:

Are there other disorders **on the physical level** which might be having an effect on the organ, which is ostensibly affected? For instance, arthroses in the lumbar and sacral areas may give rise to neurogenic disorders of voiding of the bladder, thus causing relapsing cystitis attacks. It is also worth bearing in mind that it is quite possible for a patient to have more than one illness.

On the **emotional level**, previous traumatic experiences may have occurred, which find expression in physical complaints.

Concerning surroundings and environment:

Geopathic stress may be present, predisposing to illness or preventing recovery.

Interpersonal problems, too, may be such a burden and deplete the person's energy to such an extent that they become more susceptible and so fall ill.

As practitioners, we should be at pains to take note of all results of our enquiries neutrally, listening carefully to what our patients tell us. We are allowed to "read between the lines", so as to correctly "interpret" the

symbolic significance of a symptom. We should proceed with great sensitivity, because it is precisely those deeper and possibly unconscious, carefully concealed disorders that can be very distressing for the person concerned.

Back to our patient: once again she is sent for an orthodox examination, to clarify any organic causes. Chlamydia trachomatis is found in the vaginal swab.

The joint problems, which may possibly have begun as a result of the antibiotic treatment, are evidence of the heavy overloading of kidneys and bladder.

In an in-depth discussion it turns out that the patient is suffering far more from her life-situation than she had so far admitted. She is homesick, lacking close human contact, (she has lost her previous friendships and no new ones have been forged): she feels abandoned by her partner, who devotes little time to her. She sees parallels with her father, who also had very little spare time and forsook her at an early age by dying. So far too, her boyfriend has always refused to share in treatment, as he has not wanted to know about the possibility that their sex-life together could be a reason for the recurring infections.

The SANUM treatment given so far was revised to take account of the new findings:

Because of the presence of Chlamydia, the SANUKEHL preparations given so far were replaced by SANUKEHL Myc 6X, 8 drops once a day.

HEXACYL, 5 drops twice a day, reinforces the detoxifying function of the liver and kidneys.

SANKOMBI is discontinued. In its place, the patient now takes 8 drops of MUCEDOKEHL 5X in the mornings and 8 drops of NIGERSAN 5X in the evenings, to alleviate the emotional tension.

As well as this, the student is given reflexology to strengthen the kidneys. This unleashes violent reactions, with a lot of tears. After that, she feels very liberated, resolved and militant. In the ensuing weeks she succeeds in convincing her boyfriend that he needs to share in her treatment. He also starts devoting more time to shared activities.

Finally, the patient is lastingly cured of her complaints.

Closing comments

This case report demonstrates the possible complexity of an apparently straightforward symptom. Cure is often not as straightforward as patient and practitioner would like it to be. How many mistakes we make also depends on our degree of flexibility and readiness to question ourselves and our procedure.

First published in SANUM-Post 76/2006

© Copyright 2006 by Semmelweis-Institut GmbH, 27318 Hoya (Weser), Germany

All Rights Reserved