



Treatment of a Multiple Basaloma

by Manfred Haas, Naturopath



Background to the case

Early in 2004, I was consulted by a 64-year-old patient who had been suffering for some years from recurrent basalomas. The suspicious skin lesions occurred predominantly in the facial area, but also in the shoulder region, on his back and on his arms.

Following inspection and bioptic examination by a dermatologist, these would then be surgically removed, depending on the outcome. For the patient, understandably, this was a very unsatisfactory and disagreeable situation, since in recent years, he had had to undergo such interventions - on an average - every 3-6 months.

In earlier years, the patient had had considerable exposure to sunlight and, in the opinion of his G.P., this had increased the risk of him developing skin cancer. This was intended to "reassure" the patient, who simply had to live with the situation.

Basaloma

Along with spinalomas and malignant melanomas, the basaloma is one of the malignant skin tumours. Whereas the two former cause local destruction of tissue as they grow and can spread via both blood vessels and lymphatics, the basaloma does not metastasize. For this reason it is categorised as a so-called semi-malignant tumour.

Histologically, the basaloma originates from malignantly degenerate ("immature") basal epithelial cells, whose growth is accelerated as a result of carcinogenic noxae (e.g.

arsenic intake, excessive exposure to solar radiation with consequent skin irritation and, of course, skin damage).

On the affected area of skin, a small, greyish-white induration often forms, its outer edge interspersed with telangiectasiae. Leading symptoms are the bloody crusts which repeatedly occur at such sites, or wounds (from shaving or scratching!) which are slow to heal.

If the problem progresses unfavourably, considerable tissue damage can result from the infiltrating growth. This applies particularly to exposed sites, for instance the forehead or nose.

The diagnosis can only be confirmed histologically; the logical consequence of this is then surgical excision.

Basaloma Treatment with Natural Medicine

From the spectrum of natural therapies, various possible treatments may be selected, though sadly these frequently only treat on a symptomatic basis.

It was the following words of Privy Councillor Prof. Dr. Bier (1861-1949) which spurred me on to find a solution to this problem, which went back to the root cause: "Gentlemen, I should like to ask you to recognise that even the most successful surgical intervention signifies nothing more than a proof that we were not able to cure this or that disease."

It was clear to me that the way to address this problem was not just

localised, dealing with the affected skin, but that a re-attunement had to be achieved, which meant a lasting change in the patient's inner milieu. Any disease can only "flourish" where it finds a soil to suit its needs.

Course of the illness

Consequently, I had decided to start off with a constitutional treatment, using homeopathic single remedies.

The focal point of the ensuing isopathic treatment using SANUM remedies was intended to be, on the one hand, a cleansing of the milieu, so as to dismantle the highly-developed endobiontal forms within the cyclodes in question, and on the other hand, to improve the intestinal state. In so doing, I wanted to lay the foundation for enhanced immunological competence.

So, I first gave the patient two doses of Thuja 30C a fortnight apart. Thuja was the remedy that had emerged from the information and impressions gained during the case-taking. Within this context, I requested the patient to switch to a hypo-allergenic diet, modified along the lines recommended by Dr. Rau; on the one hand, this would starve the above-mentioned "protein-consuming" endobionts and, on the other hand, it would take the pressure off the intestinal mucosa and villi, allowing them to regenerate. In the course of this dietary re-orientation, the patient was to consume very little meat and certainly no pork or meat products, no cow's milk or hen's egg products, only a small amount



of sugar, and fruit only in the mornings. Furthermore, he was to be sure to drink sufficiently, and to avoid alcohol completely.

I was delighted that the patient kept very sensibly to the treatment directions and, over the entire six-month period of treatment, he observed the dietary instructions accurately. In this respect, he was the ideal patient, for in my experience, when it comes to discussing the urgency of re-thinking their diet, many sick people are suddenly reluctant to become *that* healthy, because it means digging deep into their reserves, in the truest sense of the word.

Some three weeks later, the patient telephoned to tell me that meanwhile, on the advice of his doctors (G.P. and specialist), he had decided to have a really bad area of skin on his forehead treated with a new ointment; this would “cleanse” the area, thus avoiding the surgical excision which he found so burdensome. The product in question was a new ointment called ‘Aldara’, containing 5% Imiquimod, which had to be applied to the affected area several times at intervals of a few days. This cream was about to be placed on the ‘approved’ list for cover by the medical insurance companies, and was being tested in a clinical study at a Californian dermatological clinic. Thus, my patient would be carrying out real “pioneering work” in the sphere of pharmaceutical testing!

He came to see me after a further three weeks, feeling utterly depressed. The area of skin was

heavily ulcerated. He was complaining of fever, tiredness, burning, itching and episodes of depression. Nor could he pluck up the courage to leave his house, for fear that people might see him in that state.

In any case, this upstanding and methodical patient wanted to follow this therapeutic experiment to its end.

We agreed that, once the course of treatment with the ointment was completed, he would begin the isopathically oriented milieu treatment. To tide him over until then, I prescribed a dose of Arsenicum album 200C which, as well as covering his actual complaint, also fitted his character (anxious, careful, conscientious, orderly).

Once the acute symptoms on that area of his skin had died down, I again explained to him the impending treatment plan employing SANUM remedies, stressing that the treatment would last at least 4-6 months, and that later, depending on the course, its essential features would need to be repeated. The patient accepted this prospect with optimism, and I felt certain that he would be meticulous in following this treatment (which would be considerably more advantageous to him).

Since the dietary re-orientation, which I mentioned earlier, had already been underway for some time, thus giving the intestinal mucosa and flora all the time they needed to regenerate, I felt able to deploy the SANUM immune preparations at an early stage, without having to worry about

initial aggravations or unwanted reactions.

Use of the SANUM remedies

My treatment was structured on four pillars, as it were:

1. Improvement of the milieu and acid-alkaline balance, predominantly via diet, ALKALA N, SANUVIS and CITROKEHL.
2. Isopathic treatment, by developmental reversal of the highly evolved valency forms back to non-pathogenic low-valency forms, within the relevant cyclodes, in this case those of Mucor and Aspergillus.
3. Improvement of the immunological situation, *inter alia* in the small intestine (Peyer’s patches).
4. Use of haptenes. Since it is well-known that so-called cell-wall-deficient forms are involved even in malignant tumours, the underlying triggering organisms needed to be confronted by a higher level of antigenicity, to ensure their disposal by phagocytes. The preparation that came up for me was SANU-KEHL Pseu.

Thus, the following preparations were prescribed:

Treatment plan

For 1: Milieu and immune regulation; *To be taken every day for the entire duration of the treatment:*

- ALKALA N powder, 1 level tsp in 1/2 glass of hot water, to



be drunk in the morning on an empty stomach or at a suitable distance away from food consumption.

- SANUVIS, 2 tablets twice a day with adequate fluid or to be sucked.
- CITROKEHL, 10 drops twice a day.
- REBAS 6X, 1-2 capsules once a day before meals.
- THYMOKEHL 5X, 1 capsule once a day, (after about 20 days: one once a week), before a meal.
- BIOFRID® Plus (Evening Primrose oil), 3-4 capsules a day.
- MAPURIT, 1 capsule twice daily.

For 2: Isopathic treatment; To be taken additionally, daily for a fortnight:

- QUENTAKEHL 5X, 20 drops twice a day, about 30 mins. before meals.

Following the QUENTAKEHL, switch over to the following plan:

Monday - Friday

- MUCOKEHL 5X, 10 drops once a day in the morning, about 30 mins. before eating.
- NIGERSAN 5X, 10 drops once a day in the evening, about 30 mins. before eating.

Saturday + Sunday

- QUENTAKEHL 5X, 10 drops twice a day, about 30 mins. before meals.

For 4: Haptene; Additionally, starting from the third week of treatment and continuing for 8 weeks in daily alternation

- SANUKEHL Pseu 6X, either 10 drops to be taken once a day, or 5 drops to be rubbed into the hollow of the elbow once a day.

Unfortunately, during the first two weeks, it became necessary for the patient to undergo a further excision at a circumscribed site on the skin, and he allowed this to go ahead. However, on my advice, the SANUM treatment was continued during this period.

For a total of 4 months, the treatment was adhered to in the prescribed form and, as I was informed, the dietary guidelines were followed for considerably longer. About 9 months after this block of treatment was concluded, a "refreshment period" of 2 months took place.

Up to the time of writing, i.e. almost two years later, no further suspicious skin changes of any kind

have occurred. On my advice, the patient will now go for blood checkups, using darkfield microscopy, and at some point he will certainly "treat himself" - as he puts it - to another milieu treatment, which of course will be designed according to the circumstances pertaining at the time.

For me, this extraordinarily successful treatment constituted a proof of the outstanding properties of the SANUM products. However, the success depended solely on the long-term, logical prescription of these medicines and the strict adherence to the prescribed dietary re-orientation.

Last but not least - and in this respect, we therapists are simply advisors - the patient must exercise self-discipline and stamina in order to win through. This case from my practice has demonstrated very clearly to me that this is attainable.

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