



From Practice - For Practice

Amyotrophic Lateral Sclerosis - A.L.S.

by Dr. Konrad Werthmann



Amyotrophic lateral sclerosis is also known as Charcot's disease. Charcot (1825-1893) was a neurologist working in Paris, and the first who described this disease. It is a progressive, degenerative disease of the first and second motor neurones, with mild androtropism. Androtropism is the frequent occurrence of certain diseases and (hereditary) syndromes in the male sex.

Causation: totally obscure; may depend on toxic, infectious or genetic factors.

This disease occurs sporadically between the ages of 40 and 65, and only around 5% of cases occur frequently in the same family, or endemically. A special form of it is found on the island of Guam, (a combination of A.L.S., dementia and/or Parkinson's).

Complaints: Asymmetrical pareses of the proximal or distal musculature are found, with muscular atrophy, spasms, cramps and fasciculation (visible, irregular, extremely rapid muscle-contractions with no resultant movement). In the long term it results in paralysis of the respiratory musculature and bulbar paralysis. In view of this, it is clearly a nervous process. The prognosis is poor, with a five-year survival rate of about 20%.

Treatment with Isotherapy

Since an inflammatory element predominates, our efforts should primarily focus on an adjustment of the milieu. Experience has shown that we cannot exclude the possibility of a viral component or toxic origins. In line with the "4 stages of isopathic treatment", we commence with:

1) ALKALA N twice daily, 1/4 - 1/2 tsp. in warm water, CITROKEHL 5-10 drops twice daily, and SANUVIS 20 drops 2-3 times daily, likewise in warm water, to be sipped. In view of the toxic elements, we give PINIKEHL 5X, 8 drops once daily, orally, and we get the patient to suck 1 tablet of OKOUBASAN 2X 1-3 times daily, to promote detoxification. (We may also prescribe a combination of one ampoule each of Hepar comp. with Ubiquinone comp. and Coenzyme comp. from the Heel company, to be drunk together.)

This corrective adjustment of the milieu is continued for the duration of the whole course of treatment.

2) At the same time we start giving QUENTAKEHL 5X ten drops every morning and PEFRAKEHL 5X ten drops every evening for a fortnight.

Then we change over from just QUENTAKEHL/PEFRAKEHL to

3) SANKOMBI 5X, 10 drops twice daily, always in alternation: 5-2-5-2 (5 days = Mon.-Fri. SANKOMBI and 2 days = Sat.-Sun. QUENTAKEHL/PEFRAKEHL, and so on.) This alternating therapy may extend over months.

4) The symptom picture exhibits many similarities with cerebro-spinal (tertiary) syphilis and, as well as this, a tubercular reactive picture is involved. For this reason, along with SANKOMBI, we use the preparation known as UTILIN "S" 6X drops: twice daily 5-10 drops are rubbed in or taken orally. At the same time, SANUKEHL Myc. 6X and SANUKEHL Cand. 6X are taken on alternating days; 3-8 drops once daily, dermally or orally.

Additionally, LIPISCOR capsules and EPALIPID (BIOFRID) should be given, to inhibit any inflammatory processes in the tissues and nerves.

If the body is deficient in vitamin E or vitamin B, it makes sense to give an injection of Vitamin B Complex SANUM N once a week plus an oral vitamin E preparation (with 150 mg RRR- α -tocopherol acetate).



One can test for syphilitic toxins and hereditary toxic material, among other things, by using Polysan E and D drops.

By means of Isopathic Therapy the symptoms may be improved to some extent, and the progress of the disease probably retarded.

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