



Life is Sweet, but please monitor your blood sugar!

SANUM Therapy and Diabetes

by Dr. Kirk R. Slagel



The following is a chronological case history of a 65-year old male patient with Type II Diabetes. A naturopathic physician with experience in treating patients with SANUM Therapy is managing his case. The treatment process was a symptom based approach and the Four-Step process as suggested by Dr. Konrad Werthmann was not employed in the case.

The patient had been treated since February of 2002 at a medical center that utilizes all natural therapies including SANUM Remedies in the treatment process. The SANUM Remedies appear to be a significant aspect of this patient's case as a shift in his health took place once the medicines were incorporated into his therapy.

Before presenting a specific case history, a review of Diabetes mellitus will assist in setting the tone for this case.

The pancreas

The organ associated with Diabetes is the pancreas. The pancreas, a small organ that rests within the medial aspect of the right upper quadrant, near the border of the abdomen and the thorax, is both an endocrine and exocrine organ. The endocrine portion consists of islets of Langerhans cells that secrete insulin, glucagon and other polypeptide hormones into the blood stream. The exocrine portion produces numerous digestive enzymes that are produced in response to foods eaten. These enzymes are secreted into the duodenal portion of the small intestine.

The islets of Langerhans contain beta cells that produce insulin in response to blood sugar levels. Insulin functions as the key to unlock the cell, which allows the glucose to be transported into the cell. As blood sugar levels rise, the pancreas receives a stimulus to secrete more insulin into the blood stream to promote cellular uptake of the glucose. Increased concentrations of glucose found immediately after eating are stored primarily as liver glycogen, liver fat and muscle glycogen. Glycogen is a glucose reserve that will be mobilized by another hormone, glucagon, when the body experiences a dip in blood glucose levels after and between meals. A third hormone, cortisol produced by the adrenal glands, which rest on top of the kidneys, also has an effect on glucose uptake. Cortisol slows glucose utilization and increases gluconeogenesis from proteins and fats in times of stress and especially in periods of hypoglycemia. It is important to remember that this is a dynamic process with insulin, blood glucose, cortisol, glucagon and glycogen storage in constant flux.

Diabetes mellitus

There are two common types of Diabetes mellitus (DM) simply named: Type I and Type II. In Type I DM, which typically causes symptoms before age 25, it is believed that an autoimmune process is responsible for beta cell destruction, which results in an inadequate production of insulin. Researchers at the Eppendorf Clinic in Hamburg have found that cow's milk triggers the formation of antibodies to the beta cells in

response to the whey in the milk. They demand that patients avoid cow's milk products. Patients with Type I DM are usually considered insulin-dependent as they produce little or no insulin. Type II DM is characterized by insulin resistance in peripheral tissues due to a cell receptor problem in recognizing insulin.

About 95% of persons with DM have Type II, in which the pancreatic beta cells retain some insulin-producing potential however, the receptors on the cells appear to be insulin resistant and thus, prevent the utilization of glucose. The remaining 5% of patients have Type I DM, in which exogenous insulin is required for long-term survival.

Digestion

During and after eating, the mechanical and enzymatic digestive processes break the food into microscopic particles to be utilized by the cells. These particles consist of carbohydrates, which are simple or complex sugars (saccharides), amino acids (proteins) and fats. The blood glucose levels rise at a rate according to the types of foods eaten. Simple and to some degree complex carbohydrates, consisting of single and multiple sugar molecules respectively, cause the glucose levels to rise more quickly than consuming complex carbohydrates, fats and proteins, which cause a slower increase in blood glucose levels. Fibrous foods also support a more gradual rise in glucose levels.

For general health support and glucose regulation, it is often



recommended that patients with glucose regulatory problems eat smaller meals more frequently and with the foods being of the more complex forms. This supports a better steady state of insulin and blood glucose levels.

Sequelaes

Glucose regulatory problems are also associated with periods of non-diabetic hypoglycemia. The person with non-diabetic hypoglycemia may have a number of conditions that create this problem, although there is most likely nothing wrong with the function of the pancreas or the cell receptors, as is the case with the patient with diabetes.

Long recognized as an independent risk factor for cardiovascular disease, DM is often associated with other risk factors, including disorders of lipid metabolism, obesity, hypertension, and impairment of renal function. In addition, patients commonly develop retinopathy, peripheral neuropathy, circulatory compromises, acidosis, dehydration, and foot ulcers, which in serious cases require amputation of toes and feet. Current recommendations for the management of DM emphasize education and individualization of therapy. Controlled studies have shown that rigorous maintenance of plasma glucose levels as near to normal as possible at all times substantially reduces the incidence and severity of long-term complications, particularly microvascular complications (retinopathy, neuropathy, and nephropathy).

Case history

Again, in this case, the patient is the 65-year-old male who presented himself to the medical center in January of 2002. His chief complaints included a known history of Type II diabetes, and bilateral low-pressure glaucoma diagnosed in 1993. He had four eye surgeries between 1993 and 1994 to reduce the pressure in his eyes. His intraocular pressure was up from 10 to between 45 and 55. At that time, the patient was considered legally blind. He also had bilateral cataracts. One of the surgeries was a bilateral trabeculectomy to decrease intra-ocular pressure. A trabeculectomy is a filtering operation for glaucoma by creation of a fistula between the anterior chamber of the eye and the subconjunctival space, through a subscleral excision of a portion of the trabecular meshwork (*Stedman's Medical Dictionary*).

His initial interest in coming to the clinic was to receive acupuncture for general health benefits. As the patient's socks were removed from the right foot for the acupuncture treatment the doctor noticed what appeared to be a fungal growth on his foot with a thick, yellow and red abscess-like ulcer 8 x 10 cm across the dorsal aspect of the foot. The patient's feet were a purple color with shiny, dry skin. The patient stated that the ulcer had been present for four years. He had tried numerous therapies to no avail and had resigned himself to living with the condition.

Upon noticing the foot ulcer, the doctor immediately recommended

treatment of the foot as well. The patient agreed. He was treated with acupuncture and was sent home with the SANUM Remedies PEFRAKEHL 3X and MUCOKEHL 3X suppositories to be applied topically on alternating days to the foot. The patient was very compliant. He had taken much personal responsibility in monitoring and treating his condition, and exercised by walking a certain distance every day. In the course of the therapy, additional SANUM Remedies were used in this case: NIGERSAN, EXMYKEHL, SANUVIS, CITROKEHL, MUCOKEHL Eye Drops.

To support his diabetic condition, the patient was also placed on bitter melon, gymnema, and coleus tincture. With each successive visit over the next few weeks, great improvement could be noted, which was documented in detail.

The periphery of the ulcer was showing signs of improvement, while the central portion continued to be of a suppurative nature. On February 4 already, the lesion had decreased swelling, circulation and the patient stated that he felt more sensation in the foot. The proper ulcer was now approximately 5 x 2 cm. In the first six weeks, the medication consisted of MUCOKEHL 3X and PEFRAKEHL 3X suppositories applied to the lesion as well as SANUVIS to help improve lactic acid elimination and mitochondrial respiration. Then, NIGERSAN 3X suppositories and CITROKEHL sips were added to the local therapy.



These remedies were applied until September. The foot gradually continued to improve, but it did not heal completely. Since mid-August, the patient was also using the Violet Ray on his foot., and the foot ulcer drained slowly. The the foot lesion had somewhat stabilized, showing only minimal improvement.

With respect to the eyes, no further improvement took place. In March, another left eye cataract surgery and another trabeculectomy became necessary, which went well, but improvement was minimal.

Until September, the left eye acuity had shifted from 20/400 to 20/300. Based upon assessments from his ophthalmologist, the patient stated that his Glaucoma had improved, pressure was holding at 13. The right eye pressure had not changed.

At this point in time, I was asked to review the case as a support to the medical center. I made a suggestion to begin using EX-MYKEHL suppositories on the foot ulcer and MUCOKEHL Eye Drops to offer support for the eye conditions.

Only a few days after the changeover, the foot ulcer began to change. The suppuration of the

central lesion was decreasing. The peripheral granular tissue was softening and showing signs of improved circulation.

In January 2003, i.e. one year after starting the therapy, the ulcer had completely healed over. Surface tissue was pliable and appeared as near normal tissue. The area was still raised with a slight granular texture to the periphery, although, the peripheral diameter of the lesion was decreasing. Eye acuity had improved to left eye: 20/100; right eye: 20/50; intra ocular pressure: right 11; left 10.

In the beginning of February, the tissue covering the foot lesion by appearance, was well circulated with a near normal blanch reflex. The granular surface of the periphery was also continuing to improve, as did his vision.

The patient did not tell his ophthalmologist that he was seeing a naturopathic physician for additional therapy. The patient also stated that his ophthalmologist did not have much to say about the improved condition of his eyes besides being curious about what he was using at home to treat himself. The patient responded with „Just some basic nutritional support“.

Conclusion

After four years and many other therapies the patient had experienced no improvement in treating his foot ulcer. However, over the course of one year of using the SANUM products, the patient has had a near complete recovery of the ulcer. As is evidenced by the progression of this case, the use of the SANUM therapy shifted his condition and allowed his vital force to activate a healing response when no other natural therapies had provided any relief. In addition, the significant improvement of his eye conditions seemed also to reflect the benefit of using the SANUM isopathic/homeopathic MUCOKEHL Eye Drops.

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