



Crohn's Disease

**A Condition of the Tuberculinic Miasm and
its Treatment with the SANUM Therapy**

by Dr. Kirk Slagel

Crohn's disease (CD), named after Dr. Burrill B. Crohn, is an Inflammatory Bowel Disease (IBD), the general name for diseases that cause inflammation in the intestines. CD can affect any site along the entire gastrointestinal tract - the lips, the oral cavity, the esophagus, the stomach, the duodenum, the jejunum, the ileum, the ileocecal valve, the cecum, the ascending or right colon, the transverse colon, the descending or right colon, the sigmoid colon, the rectum and the anus. The symptoms include chronic diarrhea, weight loss, fatigue and in some cases death. Crohn's disease can be difficult to diagnose because its symptoms are similar to other intestinal disorders such as irritable bowel syndrome and to another type of IBD called ulcerative colitis. However, generally ulcerative colitis causes inflammation of the top layer of the lining of the large intestine. Patients with Crohn's often have other associated symptoms/conditions. There are often correlations with:

Intestinal symptoms

- Intestinal structuring
- Intestinal obstruction
- Fistulas
- Ulceration
- Nausea and vomiting
- Diarrhea

and extra-intestinal symptoms

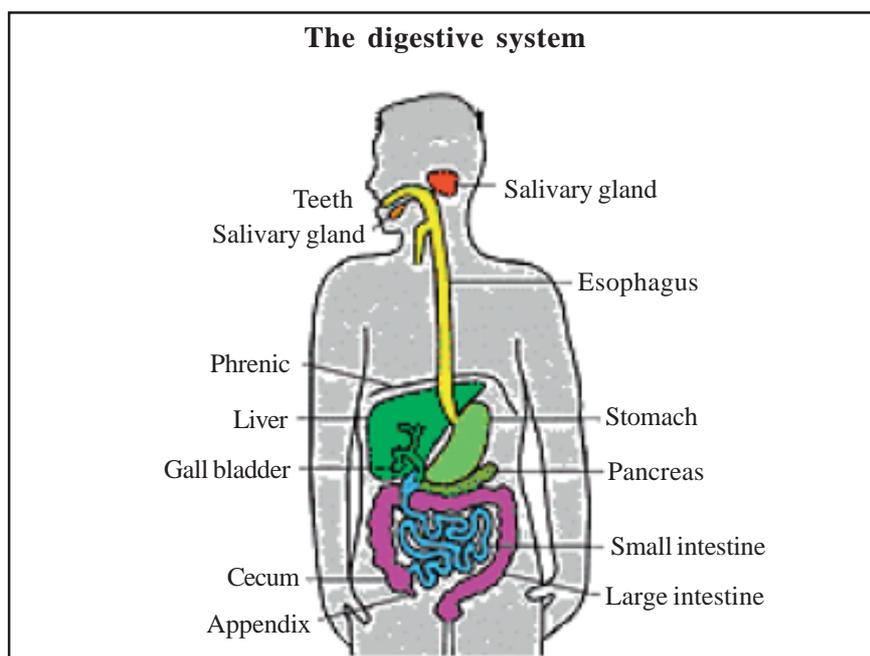
- Arthritis
- Uveitis
- Erythema nodosum
- Stones – gall and kidney
- Granulomatous hepatitis
- Increased risk of colorectal cancer

A generally accepted notion of Crohn's Disease is that the body's immune system reacts to a virus or a bacterium by causing ongoing inflammation in the intestine.

However, recurring studies are showing a correlation with the consumption of milk/dairy products and **Mycobacterium Paratuberculosis (MAP)**, which is now highly suspect in being associated with the cause of Crohn's.

According to an L.A. Times article in September 2000, „Some facts seem indisputable. MAP causes Johne's disease in cattle, a debilitating disorder whose symptoms are identical to those of Crohn's in humans. The organism infects large numbers of cattle in the United States. Activists, [who have been compiling information regarding the pasteurization duration], have compiled a growing dossier of evidence. Dr. Walter Thayer of Rhode Island Hospital notes that Crohn's is not distributed evenly around the world, but is seen only in milk-drinking areas - Australia, southern Africa, Europe, the United States, Canada and New Zealand. It is rare in India, where they drink milk but boil it first.“

„Work by Hermon-Taylor and Dr. Irene Grant of Queen's University in Belfast, Ireland, has shown that DNA from MAP was present in about 20% of milk samples collected throughout the country. Living bacteria could be grown from many of the samples.“



The link to MAP with milk is that even though in the U.S. milk is pasteurized at 72-75°C for 15 -20 sec, MAP is not always destroyed and lives on in the pasteurized milk and milk products. It seems to not be the heat, but the duration of heat that destroys the organisms.

Also, the statistics vary, but anywhere from one-quarter to nearly one hundred percent of the patients with Crohn's Disease that were tested, were found to have MAP. The variance with this statistic is that MAP is not always easy to culture from patient samples. It is



not that the microbe is not present; instead it is difficult to culture.

Homeopathy and Isopathy

While Crohn's disease is somewhat of a relatively newly defined condition, as explained previously, it must be realized that Crohn's disease and other IBS conditions have an historical link not often realized in the medical field. This historical link is within Biological Medicine as a correlation with the homeopathic tuberculinic miasm as proposed by Dr. Samuel H. Hahnemann, who is considered the Father of Homeopathy and associated with the long-standing work of the microbiological researcher, Dr. Guenther Enderlein and the *Aspergillus niger* cycle's bacterium, *Mycobacterium tuberculosis*.

Miasms

In homeopathy, the theory of miasms was presented in Hahnemann's book „The Chronic Disease“, which was published in 1828. Dr. Hahnemann initially considered three miasms that are held to be responsible for all disease of a chronic nature and to form the foundation or basis for all disease in general:

1. Sycotic Miasm
2. Syphilitic Miasm
3. Psoric Miasm

Miasms can also be created through the use of suppressive medicine or other environmental factors.

Sycosis

This miasm is held to be responsible for many sexual and urinary disorders, and affections of the

joints and the mucous membranes. Also those conditions worsened by damp weather and by contact with the sea. Thus, arthritis and rheumatism, asthma, catarrhs, bronchitis, cystitis and warts are all regarded as partly or mainly sycotic in character. The wart came to be seen as the underlying archetype of this miasm as it is also held to be responsible for all warty excrescences and growths.

Syphilis

This miasm is held to be responsible for many diseases of the nervous system, the blood and skeleton as well as a range of psychological disorders, including alcoholism, depression, suicidal impulses, insanity, loss of smell and taste, blindness, deafness and ulcerations. It is also associated with many heart conditions, some vesicular skin eruptions and diseases that have a definite nocturnal periodicity.

Psora

The word Psora is derived from the Hebrew 'Tsorat' and Greek 'Psora' and means a groove or stigma. Hahnemann held that all non-venereal chronic diseases are Psoric. That includes most diseases of a chronic nature, all skin diseases, most mental illness other than syphilitic ones, allergies, varicose veins, hemorrhoids, most dysfunctional diseases of organs and systems, etc.

However, a **fourth miasm** emerged as Dr. Hahnemann furthered his research correlations with the disease manifestations of the Psora miasm. This fourth miasm was

called „Pseudo Psora“ or what became the „Tuberculinic“ miasm.

Pseudo Psora/Tuberculinic

Pseudo Psora appeared for the first time in connection with the devastating effects of an infection of tuberculosis. This miasm is called pseudo-psora because it appears as if it is psora, but its mode of transmission is not necessarily dependent on a skin lesion. While psora first attacks the outer skin of the body, pseudo-psora directly assaults the **inner membranes**, organs and bones.

Much of the information on the pseudo-psora miasm states that it is a mixed miasm composed of psora and syphilis. J. H. Allen introduced this idea in his writings on the chronic miasms because they share many symptoms. Evidence of **TB infections** has been found in the bones of ancient Europeans long before syphilis reached the continent from the Americas in the 15th century.

Pseudo-psora is not a mixed miasm because it has its own separate pathogenic agent.

Hahnemann discovered the tuberculinic processes and edited his list of miasmatic symptoms accordingly by 1843.

Now, each of the four classical miasms has a separate pathogenesis but they lead to each other by causing deeper states of susceptibility.

From this perspective, it becomes clear that Crohn's is the result of a tuberculinic constitution, which

express mainly in diseases of the inner skins.

Crohn's from an isopathic viewpoint

The medical profession had a somewhat of a research renaissance in the late 1800's and early 1900's as more information became known and research equipment improved. Germany in particular had a longtime focus of medical advancement, which originated with the pharmacological development of botanical medicines. However, with the numerous conditions associated with microbial pathogens, there was also much research into presence and microbial life cycles of disease.

Here, the findings of Dr. Professor Guenther Enderlein are particularly noteworthy, as they provided a very different explanation of the development of diseases. According to his theory, there are two non pathogenic developmental forms of mould fungi present in every warm-blooded organism: **Mucor racemosus** and **Aspergillus niger**. Each of these foundational organisms has a correlation with bacterial stages of development as well as their fungal state. The bacterial phase of **M. racemosus** is the organism **Leptotrichia**

buccalis, which is often found in the granuloma of diseased teeth and has anecdotal correlatins to other diseases, including cardiovascular conditions.

The bacterial phase of **A. niger** is **Mycobacterium tuberculosis**. The various species of Mycobacteria have the capacity to infect all tissues of the body, including the gastrointestinal tract, as a form of tuberculosis. Therefore, all types of tuberculosis infections, according to this premise, are the result of the bacterial phase of **A. niger**.

This interestingly supports the findings of modern researchers that has been associated with the intestinal condition of Crohn's Disease.

SANUM Therapy

In SANUM Therapy, Crohn's Disease would be considered a tuberculinic condition. The classical homeopath might also consider the Tuberculinum remedies and possibly nosodes of *M. tuberculosis* as therapies for this condition.

In any case, a diet foregoing the so-called „tuberculinic food“ such as products made of cow's milk, hen's eggs and pork should be strived for.

At the same time, when administering tablets or capsules, a possible lactose intolerance has to be taken into account.

1. Milieu treatment

ALKALAN powder
Taken orally for several weeks for correction of the acid-base balance. Alternatively, alkaline full baths, arm or foot baths can be taken.

CITROKEHL

Aspergillus niger produces **Citric acid** as a metabolic and protective substance, which is used in the food industry as a preservative and to provide the „acidic or sour taste“ to foods. Therefore, patients with tuberculinic conditions should forego such foods. Being a homeopathic potency accord, CITROKEHL effects milieu conversion and buffering of the acid-base balance by activating cell energy metabolism in the Citric Acid Cycle. Administer up to 10 drops daily in warm water or 1 tablet.

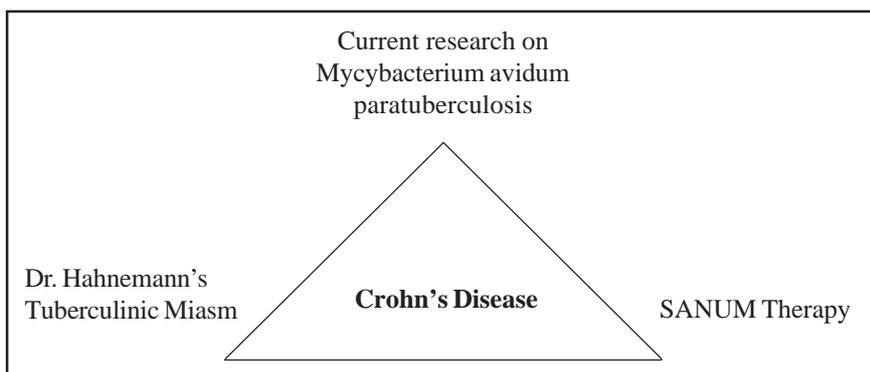
2. Special regulation with fungal preparations

FORTAKEHL stimulates intestinal mucous membrane regeneration and thus supports the restoration of a physiologic intestinal flora. Dosage: 5-10 drops in the mornings.

NOTAKEHL is indicated for all types of bacterial conditions that develop from an altered intestinal milieu. Dosage: 5-10 drops in the evenings.

3. General regulation

NIGERSAN is a homeopathic preparation of *Aspergillus niger* and





is thus associated with all diseases of a tuberculinic constitution, as its bacterial form of appearance is *M. tuberculosis*.

Dosage: 5-10 drops twice daily

4. Immunoregulation

a. Bacterial preparations

Patients suffering from Crohn's may have a systemic immune weakness as well as a deficiency in the area of the small intestine. Bacterial remedies such as RECARCIN, UTILIN, LATENSIN, UTILIN „S“ increase macrophage activity, natural killer cell activity and the production of immunoglobulins.

RECARCIN is indicated for disturbances or damages of the mucous membranes.

UTILIN affects in particular the humoral defence system, UTILIN

„S“ and LATENSIN are administered in all diseases of the tuberculinic constitution for regulation of the specific immune system.

Generally, from the 3rd week of treatment on, administration of an immune modulator once weekly is possible. For instance, one could start with one capsule of UTILIN „H“ 5X and administer one capsule of RECARCIN 6X in the next week. Both preparations should then be taken once a week in alternation. After an adequate testing, LATENSIN 6X, UTILIN „S“ 6X or BOVISAN 5X capsules can follow in weekly alternation.

b. SANUKEHL preparations

The continuous burden of the organism with pathogenic organisms and their toxins overstrains the

immune system and favors the development of chronic diseases.

The SANUKEHL preparations improve the excretion of pathogen toxins and cell wall deficient microbes, CWD, and thus, unburden the overstrained immune system.

SANUKEHL Myc, SANUKEHL Coli, SANUKEHL Pseu and SANUKEHL Cand 6X drops are frequently indicated for the treatment of Crohn's Disease, but according to individual testing, also other SANUKEHL preparations can be prescribed.

Dosage: 8 drops once daily, half orally and half rubbed in.

If several SANUKEHL preparations are to be taken simultaneously, administer in daily alternation.

1. Milieu regulation during the entire treatment

Diet according to Dr. Werthmann without the primary allergens of products made of cow's milk, hen's eggs and pork.

ALKALA N powder 1/2 measuring spoon 2x daily in warm water on an empty stomach, or as a foot bath 2 measuring spoons in warm water 1x daily for 20-30 min.

CITROKEHL 5-10 drops 2x daily in warm water

Depending on the symptoms, possibly phytotherapeutics or homeopathics (OKOUBASAN, SILVAYSAN, HEXACYL)

2. At the same time, start with FORTAKEHL 5X 2-8 drops 1x in the mornings, NOTAKEHL 5X 2-8 drops 1x in the evenings for 10-20 days, then change over to

3. Monday to Friday: MUCOKEHL 5X 2-8 drops 1x in the mornings, NIGERSAN 5X 2-8 drops 1x in the evenings; Saturday and Sunday: again FORTAKEHL and NOTAKEHL.

4. Start immunomodulation at the same time as step 3:

Depending on the symptoms, UTILIN „H“, RECARCIN, LATENSIN, UTILIN „S“ and/or BOVISAN 1/2 to 1 capsule or ampule orally in weekly alternation

Depending on the testing, SANUKEHL Myc, SANUKEHL Pseu, SANUKEHL Coli and/or SANUKEHL Cand 8 drops 1x daily in alternation (4 orally and 4 rubbed in)

REBAS 1 capsule or 1 suppository 1x daily

Therapy scheme for Crohn's Disease



c. Organ preparations

REBAS is derived from the Peyer's Patches of pigs.

These lymph structures termed Payer's Patches are located in the healthy small intestine, and they are especially abundant in the ileum. The lymph nodules contain high concentrations of lymphocytes and help defend against foreign substances. In intestinal illnesses such as Crohn's disease, the number and activity of the Peyer's Patches are significantly lowered.

Dosage: once daily 1 REBAS 5X or 6X suppository rectally or 1 REBAS 4X or 6X capsule orally.

Additional measures

For clarifying chronic strains with bacteria or toxins, it may be useful to run a Polysan test. This provides valuable information on further diagnostic or therapeutic measures. If, e.g. a reaction to Polysan D or Dx occurs, it should be examined whether a hidden inflammation is present. Such a focus of inflammation is able to seriously disturb the healing process of a disease.

Conclusion

It appears that Crohn's Disease has been named for only about 100 years. However, by virtue of the historical findings of Dr. Hahnemann and Dr. Enderlein,

the condition is merely a different manifestation of the tuberculinic miasm that occurs in connection with the presence of a Mycobacterium sp. The therapy of Crohn's can only be successful, if it takes this holistic aspect into account.

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