



Successful Treatment in a Case of Elevated Prostate Levels and Generalised Itching

by Iris Roob, Naturopath



Case-taking

The patient, a 70-year-old man, first consulted me on 22nd March 2006. The gentleman is 1.71 m (5 ft.7 ins.) tall and his weight is 80 kg (12 st. 8 lb.) He had come on account of a generalised itching of the skin (atopic eczema) and an elevated PSA level of 4.7 ng./ml. At his age, such an elevated level, along with an enlargement of the prostate to twice its normal size, could well signify a malignancy. His daily fluid intake was 1 litre at the most; as well as this, he was having milk and cooked meats daily and meat twice a week. The patient works in a vineyard, and thus comes into contact with crop sprays.

Investigations

The first darkfield image showed that the erythrocytes had diminished in size to one-third or half of the normal. This could be due to a high consumption of salt or alcohol on the previous day. The red corpuscles had all rolled up into rouleaux formation with a „halo“ (thick luminescent protein fringe), there was not a single free erythrocyte to be seen. The red blood-cells were immobile with a strong endobiotic contamination. In the serum, a large number of predominantly Mucor symplasts and just a few Aspergillus symplasts showed up. Filites appeared immediately in massive numbers, whereas on the contrary, only a moderate clustering of thrombocytes could be made out. Symprotites were only present in modest numbers, the leucocytes were up to 85% active, but rapidly disintegrated into what Franz Arnoul calls „symprotite capsules“. The whole blood picture exhibited clear signs of over-acidification

and excess protein.

Treatment:

Dietetic measures:

Fluid intake to be increased up to 2-2½ litres a day.

Milk and dairy products to be avoided, and meat consumption reduced, cooked meats (e.g. sausage) to be avoided. Instead, more fruit, raw food and vegetables to be eaten, and linseed oil to be added to food at the table.

Medicinal measures:

Cistus similiaplex, 3 drops 3x a day, increasing every 3 days to 5 drops 3x, 7 drops 3x, up to 15 drops 3x. Prostata-Entoxin N, 30 drops 3x a day; Lymphdialar drops; Basentabs (alkaline), until the urine pH reaches 7.0.

Alkaline compresses and baths.

Kali muriaticum 6X (Schüssler Biochemic Tissue Salt No.4), 2 tablets 3x a day.

Further progress

At the patient's next visit on 18th April, the red blood-cell picture was showing clear signs of improvement: the erythrocytes were of normal size and their protein fringe was no longer so well-developed. Only 50% were in rouleaux formation. The red blood-cells were already slightly mobile, and only 60% showed „flamelets“ (endobionts on them). In the serum, a slight symprotite formation was visible, few chondrites, red crystals, a few Mucor and Aspergillus symplasts, bacteria and clusters of thrombocytes. Up to 80% of the white blood-cells were active: in about 10%, foot-shaped appendages appeared immediately. Admittedly, I did observe a rapid decay, for

within an hour, some 50% of the leucocytes were disintegrating. This time, it was possible to recognise the high degree of contamination!

The patient had once again been to see a specialist on account of the changes in his prostate. The urologist's initial suggestion had been for a biopsy and - if necessary - also surgery. Then, instead of these interventions, a special „prostate therapy“ was started.

Suppository treatment:

Once every evening, in daily rotation and in the following order, one suppository was inserted rectally: NOTAKEHL, PEFRAKEHL, NIGERSAN and MUCOKEHL, each in the 3X potency; this dosage continued for several weeks.

As well as this, twice a week, 1 ampoule of FOMEPIKEHL 5X was injected s.c. into the thigh.

The alkaline tablets were continued. Likewise, the dietary changes were maintained; the patient adjusted to them easily and had no problem keeping to them. Neither did he have any problems with the increased fluid intake up to 2.5 litres a day.

At this point, the Phoenix detoxification course was carried out over a 45-day period.

At the same time, the patient took daily doses of Vitamin C, Vitamin E and beta-Carotene in capsule form, and also, once each morning, a dose of Cefasel 100µg and in the evenings one tablet of Zinc orotate.

In addition to this, once a week, a capsule of UTILIN 4X was pre-



scribed. The first capsule was opened and the contents equally divided over four weeks. The contents of the second capsule were halved and divided between two weeks, and from the third capsule onwards, a whole capsule was taken weekly.

Additionally, once a week I prescribed a combined injection of:

5 ampoules Juv 110

1 ampoule Ubiquinone

2 ampoules Lactopurum

1 ampoule CITROKEHL

(When necessary, one ampoule of MUCOKEHL, NIGERSAN or PEFRAKEHL was added.)

The action of these injections could be clearly observed in darkfield images: before the injection, the erythrocytes were partly attached to each other in rouleaux formation, one could clearly see signs of over-acidity, filite formation, immobility and „halos“.

About 10 mins. after the injection, all the coin rolls dissolved, meshes of filites disappeared, the erythrocytes became mobile. This effect is most impressive, for the patient too, because the action of the injections can be demonstrated very well.

Under this treatment, a constant improvement in the blood picture could be observed. The itching receded, until just one small area persisted on the thigh.

On 21st July, I received a happy telephone call from the patient. He told me that his PSA level had gone down to 3.7 ng/ml. In view of this, the urologist considered that for the time being, no operation was required. He wanted to see the patient again in six months' time.

Summing up

As a result of the thorough detoxification and de-acidification of this

patient, whilst at the same time targetting his prostate condition with treatment, healing of his skin symptoms took place and his PSA level dropped. Following this, the prominent itching disappeared and, for the time being, the need for prostate surgery could be „put on the back burner“.

Bibliography:

Arnoul/Schwerdtle: „Einführung in die Dunkelfelddiagnostik“. [Available in English as „Introduction into Darkfield Diagnostics“]

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