



Adult-Onset Diabetes - Pancreatic Weakness

by Günter Vorwald, Naturopath



From time to time, our children have extremely high blood-sugar levels, if - for instance - they have eaten two bars of chocolate. And yet - they do not have nerve pains in their legs, their eyesight is no worse, nor do they exhibit any of the symptoms that we see in adult-onset diabetics. A short-term excess of sugar cannot provoke such symptoms. Admittedly it can result in hyperactivity, so long as the blood-sugar level is elevated, whereas in counter-regulation, there may be withdrawal symptoms with disordered co-ordination and concentration, as well as tiredness.

Thus, type II diabetes cannot be a problem of excess sugar. So what is it then?

In order to clarify this, we need to carry out a stocktaking of what we know so far.

In 1-3% of its cells, being the beta cells or so-called islets of Langerhans in its tail, the pancreas produces the hormone known as insulin. This hormone has several functions:

- it stimulates the liver to collect the glucose in the blood and to store it in the form of glycogen;
- it causes the target cells to transfer about 1000 molecules of glucose per molecule of insulin, in order to produce energy with the assistance of the mitochondria;
- it boosts the passage of amino-acids into the muscle cells;
- it smuggles in glucose within fat cells, so as to favour the inward flow of fatty acids;
- it inhibits the breakdown of fat;

- it activates renal enzymes so that, if needed, sugar excretion can be reduced.

The antagonist of insulin is glucagon, which is formed in the alpha-2 cells in the tail of the pancreas. Assisted by the messenger substance cAMP, glucagon gives the liver the command to release glycogen into the blood.

The amount of glucagon is controlled by the glucocorticoids of the adrenal cortex. Within the liver, these also stimulate the formation of fresh sugar from amino-acids. (This is known as gluconeogenesis.)

These processes occur rhythmically. At night, the liver is made to store glycogen, and during the day, it gives out increased quantities of glycogen, so as to improve the supply to - for instance - the muscle cells.

If the need for energy is suddenly increased, cAMP can be directed by adrenalin from the adrenal medulla to release larger quantities of glycogen.

It is interesting to note that particularly increased quantities of amino-acids and a lack of fatty acids in the blood result in a discharge of glucagon, leading to raised blood-sugar. This is particularly relevant to adult-onset diabetes. I shall return to this later.

In the meantime, it has been discovered that there are a few viruses which have a great affinity for the surface structure of the islets of Langerhans. If they succeed in docking on to these cells, then they

can carry out their work of destruction, before the immune system is even able to react. As a result of the destruction of these cells, the pancreas loses the ability to produce insulin. The person who is thus affected develops type I diabetes (juvenile-onset diabetes). In future, this person will have to substitute insulin in order to be sure that their body's cells can generate sufficient energy. In this disease, insulin is the only fitting treatment.

If we analyse type II diabetes (adult-onset) more closely, then we immediately notice a particular circumstance. If we take a look at the statistics, we can see that this disease has a high degree of correlation with a whole string of other diseases: these are intestinal disorders of all kinds, hyperlipidaemia, hypercholesterolaemia; cardiovascular diseases such as hypertension, arteriosclerosis; rheumatism of the muscles and joints, and nervous illnesses. Thus, it does not make sense to regard type II diabetes as an isolated problem. We would do much better to take a look at the over-riding commonality - in other words, the original connections between these illnesses, so as to do justice to the person who is affected. It is unlikely that the few alpha-2 and beta cells in the tail of the pancreas are not working properly whilst the rest of this organ is functioning superbly. All that is right is that the blood-sugar level seems to be too high. But why? Could the cells be withdrawing from the finely tuned remainder of hormonal control? That is hardly plausible.

So first of all, I am going back to Prof. Wendt's research, so as to help us to understand the discoveries of Prof. Enderlein and some of the results of diabetes research within the larger context.

First of all, it is important to appreciate that nothing happens in biological systems without a purpose. So what is the purpose?

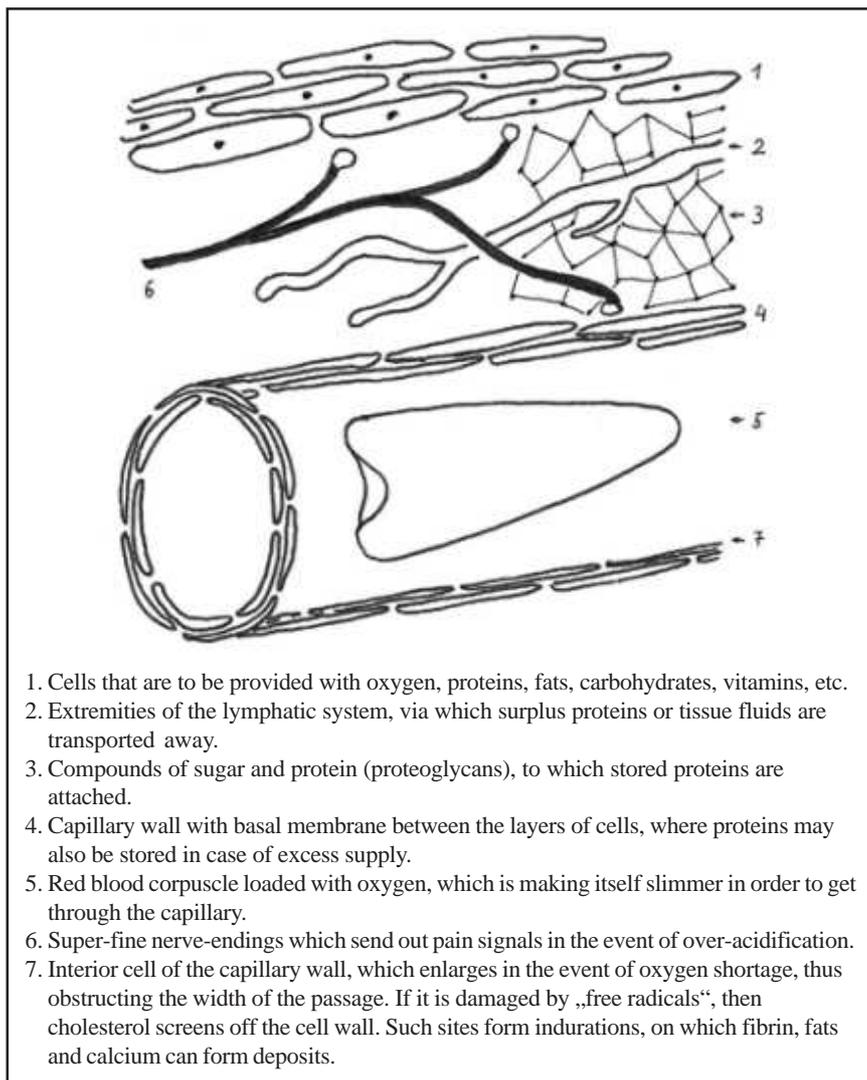
To understand that, we must first consider the connective tissue in isolation.

This tissue surrounds every cell in the body and forms our largest functional unit, bathed in isotonic tissue fluid. Connective tissue is the transit route for all the substances that the cells require: proteins, fats, minerals, sugar, vitamins, enzymes and oxygen.

Within the connective tissue are the most delicate extremities of the lymphatic and nervous systems. The main supporting substance of connective tissue consists of polymuco-saccharides, in other words, sugar chains. Proteins are attached to these chains, until they are needed by cells which are in the process of dividing and renewing themselves (see Fig. 1).

Should a person consume more proteins than are required for renewal, then the protein stores in the connective tissue are stuffed fuller and fuller and become clogged.

When the storage spaces are full up, without any cell renewal worth mentioning having taken place, then proteins begin to be stored within



1. Cells that are to be provided with oxygen, proteins, fats, carbohydrates, vitamins, etc.
2. Extremities of the lymphatic system, via which surplus proteins or tissue fluids are transported away.
3. Compounds of sugar and protein (proteoglycans), to which stored proteins are attached.
4. Capillary wall with basal membrane between the layers of cells, where proteins may also be stored in case of excess supply.
5. Red blood corpuscle loaded with oxygen, which is making itself slimmer in order to get through the capillary.
6. Super-fine nerve-endings which send out pain signals in the event of over-acidification.
7. Interior cell of the capillary wall, which enlarges in the event of oxygen shortage, thus obstructing the width of the passage. If it is damaged by „free radicals“, then cholesterol screens off the cell wall. Such sites form indurations, on which fibrin, fats and calcium can form deposits.

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the capillary walls, the so-called basal membranes. These are capable of expanding to 40 times their normal size.

It is plausible that, under these circumstances, the supply of other nutrients to the cells will become problematic.

Fat congestion then builds up further back into the vascular system. With the help of cholesterol, the body attempts to get the fats to the target cells, and consequently, the cho-

lesterol level increases. This is a sensible compensatory effort on the part of the body, not an illness!

Now, if we lower the cholesterol level with statins, then immediately, the target cells are even less well supplied with fats. The increase in lipids does not constitute a „risk factor“, but is simply a hint that the proteins in the basal membranes of the capillaries make the passage of the lipids more difficult. Thus, lipid reducers are not a causal solution to the problem.



And sugar? Should that be an exception? Of course not! It also accumulates in the blood. Thus, there is no „sugar disease“ [colloquial German name for diabetes] present, but rather a compensation. Its purpose is to achieve a better glucose supply to the cells. Thus, the rise in sugar is an urgent necessity! Its purpose is to raise the overall pressure of sugar in the direction of the cells, so as to preserve their energy supply.

Furthermore, an additional purpose is an increased delivery of amino-acids to the cells.

Thus there is neither „insulin resistance“ nor an intracellular enzymatic defect, as is assumed by way of a working hypothesis. Nor is an increased supply of insulin from outside the body causally conducive to smuggling more glucose into the cells. The reason why enough sugar is not reaching its target destination easily and effectively is because the proteins in the connective tissue are impeding the transport.

If the basal membranes of the capillaries are engorged with proteins to their fullest extent, then a further compensation takes place. Both proteins and sugar molecules are stored in the erythrocytes.

This protein storage in the erythrocytes can be easily observed using dark-field microscopy. They can clearly be seen, swollen and rigid. In order to break down the proteins there, the body utilises endobionts, in other words microscopic living creatures which form a symbiotic relationship with

us, and which were designated as low valencies of *Mucor racemosus* by Prof. Enderlein. They are actually fattened up inside the erythrocytes, and can be recognised, protruding from them as winding forms, if one observes the blood for a few hours under the dark-field microscope. So, the greater the infestation of the blood with *Mucor*, the heavier the load of protein.

Unfortunately, it is not possible to see the amount of sugar under the microscope. It bonds with the hæmoglobin of the erythrocytes. For some time now, it has been possible to determine the extent of this bonding by using technical laboratory tests. The HbA1c level, as it is called, gives information regarding the amount of hæmoglobin-glucose bonding. Because erythrocytes have a life-span of about two months, it is possible to estimate the mean blood-sugar level over a fairly long period of time. That makes this test more meaningful than determining the blood-sugar level at one point in time, since this is subject to considerable fluctuation.

However, it is fallacious to deduce from a rise in the level shown by this test that insulin substitution is required, so as to transfer more sugar into the cells. If the sugar does not arrive at its destination in the desired quantity, then - despite the insulin substitution - the diabetic will still register heavy fluctuations in his blood-sugar level. In this case, the application of insulin simply results in a large part of the sugar being transported to the liver. The floods of sugar that arrive here are

processed into fats, which are then passed on to the subcutaneous fatty tissue. This means that diabetics who are on this treatment put on fat.

However, the body's individual cells are not only in need of sugar, but also in need of oxygen. For one thing, the erythrocytes cannot bind enough oxygen because of the *Mucor* infestation, and the so-called partial oxygen pressure drops sharply. For another, because of the protein barrier in the connective tissue, not enough oxygen is completing its journey. A further aggravating factor is that most of those affected have very shallow respiration because of their portliness, and this means that they take in less oxygen.

In view of this supply shortfall, some of the mitochondria in the cells switch over from oxidising oxygen from the pyruvic acid in the citric acid cycle to an older alternative form of fermentative metabolism. Instead of CO₂ and water, in this case lactic acid is produced. Thus, the citric acid cycle is insufficiently served, so that only a fraction of the energy is created. Therefore, the affected person is forced to under-achieve. The invading lactic acid adds to the distension already caused in the connective tissue by the proteins stored there, and the supply crisis is constantly compounded.

The organism reacts to this with intelligent strategies:

- increased erythrocyte formation, in order to raise the partial oxygen pressure; the hæmatocrit level then rises to over 40%;



- or with an increase in blood pressure, to get the blood to its destination faster and with greater vigour;
- or with increased fat deposits in the subcutaneous fatty tissue, maybe in the form of lipomas;
- or increased inflammatory processes may occur, so as to break down proteins, e.g. as boils, crural ulcers, pneumonias, etc.
- or ulceration in the gut will prevent further supply of proteins;
- or itching may occur on the skin, with or without an eruption, because with the help of histamine more proteins can thus be eliminated;
- or use may be made of another very clever regulation, in order to keep things flowing in the connective tissue: the affected person becomes hungry for salt, and thirsty! For water! This is in order to thin down the protein jelly. Salt is required in order to improve the absorption of water. However, if the sufferer prefers coffee - an acid - to water, then success will prove elusive.

In this context, we can understand that, as a rule, we will also find arteriosclerosis. Inside the arteries there is a build-up of fats, minerals, etc., and these form plaques. Free radicals then also ensure that the arterial walls are attacked. Assisted by cholesterol, the body now attempts to repair whatever damage is present. For this reason also, the cholesterol level rises, which makes good sense biologically.

And so here the common ground between adult-onset diabetes and the other diseases that were men-

tioned initially, and which have a high statistical correlation, begins to become clear.

Fortunately, in the eyes of the affected person, we have a sort of window on to the overall scenario and can view the process directly. In the iris, we frequently find the so-called arcus senilis and light patches like flakes, as well as dulling of the lenses; these form part of the body's efforts to create deposits. The fact that the eyes as a whole and the retina in particular are less well supplied, so that the vision is progressively deteriorating, is not a disease in itself, but one more possible facet of the total happening. Thus, so-called diabetic retinopathy has relatively little to do with the diabetes. It is a disease of protein storage. The increase in intra-ocular pressure is likewise just one more consequence of protein being deposited, in this case obstructing the drainage of the chamber of the eye.

If the whole process has been understood, then it will also be clear why diabetics often suffer from circulatory problems of the legs, accompanied by pain.

As the blood there is now only flowing slowly, it is not taking enough oxygen, sugar, nutrients and vital substances to the target area. The nerves which are situated in the connective tissue of the transit route suffer a high degree of irritation from the acids that are attacking them, and they draw attention to their problem by pain signals. Thus, it is not simply a deficiency of Vitamins B1, B6 and B12, as is sometimes sloppily por-

trayed, but rather an expression of a severe crisis in the supply chain.

From time to time, the body in its needy state attempts to eliminate part of the proteins and acids via an ulcer of the lower leg. Anyone who knows anything about natural health is aware that, so long as these ulcers are open, the patient feels relatively good, and that he experiences considerable problems if these ulcers are simply closed up artificially. If the person concerned suffers from disturbed sleep as well, because of these burdens, it can be easily explained.

It is well-known that the body is intelligent enough to excrete some of the surplus sugar via the urine, where it can be measured with testing strips. What is maybe not known is that the threshold, beyond which this excretion occurs is different for each individual. It cannot therefore be automatically assumed that no diabetes is present if the testing strip shows no burden. However, in order to cope with the larger excretion of sugar, the body must increase the amount of water that is being passed. This is why the affected person experiences an increased need to pass urine.

To sum up: Diabetes is not a problem of the pancreas, but rather a part of a protein-storage disease, such as has been described by Prof. Dr. Wendt.

So far as the sugar balance is concerned, the pancreas has a close relationship with the liver. Both organs have an extremely good blood-supply and are externally subject to a pumping action on the



part of the respiration. However, in the event of shallow breathing, neither organ will function at its optimal level. That will play a major part later in the stages of treatment.

So at which point is the pancreas really disordered?

A brief digression to the spine may be justifiable here. If, for whatever reason, the seventh thoracic vertebra of the spine is blocked, then the nerve supply to the pancreas will not be fully operational and functional disorders may become apparent. In that case, Chiropractic would be the preferred approach.

Furthermore, on the energetic level, an impairment of the pancreas can occur via the stomach meridian, particularly, if there are foci of infection at teeth 6 and 7 of the upper jaw and 4 and 5 of the lower jaw. In this case, the dentist should be consulted as to the possibilities.

Intoxication from amalgam fillings also plays a significant role here, since amalgam is deposited in the pituitary, impairing its function. There is also a secondary influence on the pancreas. On several occasions, I have seen an improvement in the function of endocrine glands, but not until amalgam fillings have been removed, followed by eliminative treatment.

Of course, environmental and vaccinal toxins can also have an influence. It is not possible to go into this at greater depth.

If there is general irritation or dysfunction of the pancreas, the following should be borne in mind:

Particularly in the head of the pancreas, the following digestive enzymes are formed:

- for fat digestion: lipase (its function depends on the preparatory action of bile salts)
- for protein digestion: proteases
- for carbohydrate digestion: amylase

The juices that are discharged into the duodenum should have a pH level of c. 8.3 - 9.0.

When food is taken into the mouth and mastication takes place, then excretion of digestive enzymes begins, initially via the salivary glands in the mouth and, in parallel with this, from the pancreas into the duodenum.

However, if the food is not ground down, but simply swallowed, because it is already mushy or in liquid form, then it becomes necessary for bacteria in the ileum to take over the task of breaking down the food-pulp. In the course of this, various gases are created: flatulence is the result. This is the first important symptom that indicates a digestive disorder. So, the enzymes are not being secreted in sufficient quantity. This likewise affects the bile, which should also flow when chewing takes place.

Insidiously, a pancreatic insufficiency develops as a consequence of the insufficient masticatory performance. As time goes by, the following problems then appear:

Non-specific upper abdominal complaints, distended abdomen, copious discharge of flatus, in-

creased abdominal rumblings, often abdominal pain in the umbilical area, feeling of fullness, frothy stools which float on the surface of the water in the toilet. Fats, coffee or alcoholic drinks are badly tolerated.

As well as the lack of mastication I discovered another important cause:

Very frequently, there is a spasm in the sphincter of Oddi which should deliver the pancreatic and bile juices to the duodenum.

What triggers this spasm?

Whenever a person is bearing a grudge about events past or present, then this sphincter goes into spasm. At this point, „something is eating“ him or her. Here, we see the connection between psyche and soma, which is steered via the solar plexus! I have also discovered that a magnesium deficiency allows this sphincter to go into spasm. (Magnesium is the substance which releases spasms in the body, gives it warmth, and allows the soul to react in a flexible way.)

Thus, if a person is living subject to the condition that he has to deal with his environment and himself in a rigid way, then the sphincter of Oddi will go into spasm to a greater or lesser degree. The result of this is not only that the duodenum is under-supplied with enzymes, but also an accumulation of enzymes back into the pancreatic and bile ducts. This constitutes the decisive trigger for the formation of gallstones, which initially crystallise out in the gallbladder, and then later also



in the passages of the liver. However, this is also the reason for a swelling of the exit passages themselves. In the course of my investigations, I frequently come across this fact. The organism reacts to this with a mild inflammation which uses up a lot of Vitamin B12.

The longer this problem continues, the stronger are the observed effects of it, e.g. reduced intestinal peristalsis, because the bile juices are no longer stimulating the intestinal wall. Constipation then develops. However, occasionally, the juices from both organs come surging out in fits and starts, and this causes diarrhoea. The congestion in the liver causes increased quantities of bilirubin to enter the bloodstream. The irisdiagnostician then finds the so-called snuff pigmentation around the pupils, which is also evaluated as a pancreatic sign. Parallel with this, we also observe light brown patches on the surface of the skin, particularly below the costal arches. Drawing pains are felt between the shoulder-blades. There is also a pressive sensation in the temples, especially on the right side, or twitching in the eyes points to the link, as surplus Chi-energy builds up in the gallbladder meridian, and this acts as kinetic energy in the muscles.

Because of the swollen pancreatic/bile duct, not enough sodium hydrogen carbonate is being released into the gut from the pancreas. Since the digestive enzymes in particular are only able to be active within a very narrow pH range, their tasks are delegated more and more to bacteria. The resultant gas formation, as an intermediate product, has very far-reaching consequences,

as these bond with water in the terminal portion of the small intestine and are then present in the form of acids (phosphoric acid, sulphuric acid, etc.). In the large intestine, these acids are absorbed into the bloodstream.

This constitutes the main reason for a general over-acidification of the body!

As time goes by, under the influence of the acid's action, a spasm of the large intestinal wall occurs. This means that the whole passage of the contents of the large intestine is slowed down, and the toxic concentration in the gut steadily increases. Depending on the rate of osmosis, the toxins are channelled through the intestinal wall. Should the toxins reach the peritoneum, its ligaments loosen and the large intestine sags or changes position. This creates an important precondition for a wide variety of chronic diseases, which resist any „normal“ treatment, unless the gut and the pancreatic-hepatic system are given a long-term cleansing.

The organism responds to the problem of over-acidification with a clever regulation. Here too, the affected person gets a craving for salt. Why? He would like to break down the salt in the parietal cells of the stomach wall, using it, along with water, to form sodium hydrogen carbonate. Initially, this alkali is absorbed into the blood, and from there, it reaches the pancreas. In this way, the enzymes' sphere of action is optimised once again.

Thus the acid-alkaline balance is dependent overall on various factors:

- the quantity of acids being formed in the gut,
- the amount of lactic acid formation when the cellular metabolism is reduced,
- the amount of salt being consumed in order to form sodium hydrogen carbonate,
- the amount of additional acid being consumed with food,
- the quantity of alkali being consumed with food,
- the amount of oxygen being taken into the lungs and the exhalation of carbonic acid in the form of carbon dioxide

In order to be able to make an effective intervention, we therefore need to have a whole bundle of measures at our disposal. First of all, the excessive formation of acids in the gut must be stopped.

The simplest way of doing this, is to prescribe sauerkraut juice or Rechts-Regulat® [= fermented alkaline drink] or, if the blood group permits, also with Kanne Brottrunk® [= drink made from fermented grain]. At first sight that may appear illogical, because acids are also involved, but these acids have a dual function:

- they drive out pathogenic bacteria that are populating the gut, and
- they bind lactic acid, which attacks the metabolism, eliminate it, as well as having the advantage of dismantling endobionts in the blood.

On account of the cyclical movement of the acid-alkaline procedure, this measure is carried out in the afternoons.



Furthermore, the organism needs to be fed alkaline substances purposefully. The best time for rapid binding of excess acids is in the morning.

Because of this, the person affected should take the following every morning:

- ½ celeriac
- 1 medium-sized carrot
- a piece of leek
- a piece of salsify
- 1 tsp. wild garlic granules, or some garlic
- a pinch of sea salt or good-quality rock salt (need not be Himalayan).

(Many shops offer the basis of such a vegetable mixture in a ready-prepared pack.)

The vegetables are lightly steamed, then puréed in a blender and simmered to make a soup.

Having eaten this every day for a week, one will be surprised to find how much water the body loses. Thank Heavens for a recipe that is also good for the therapist! Bon appétit!

However, if the pancreatic weakness or insufficiency is allowed to proceed untreated, it may be expected as a rule that effects of the over-acidification will be observed in the skeletal system. This is because the minerals that are stored there have to act as acid buffers. Consequently, a tendency to insidious osteoporosis or arthritic changes in the joints (articular rheumatism) have to be reckoned with. This condition will be noticed

first of all in the teeth, which are also involved in the degenerative process. To some extent, the action of the acid on our patient is grinning at us.

In the meantime, the extent of the pancreatic insufficiency at any point can be determined via a stool sample. What is measured is the quantity of „pancreatic elastase 1“.

One laboratory has said: „Almost one out of every two diabetics can expect to have excretory pancreatic insufficiency, whilst c. 20 - 40% of all patients with chronic pancreatitis will develop secondary diabetes mellitus.“

The conclusion to be drawn from this disclosure should certainly not consist of simply supplementing digestive enzymes. Rather, the entire digestive organs must be cleansed.

Being in such difficulties, the body sometimes helps itself by attempting to break down the congestion in the bile and pancreatic ducts with the aid of bacteria. From this angle, admittedly, it is quite nice to see the disciples of Hulda Clark, for instance, attempting with all kinds of remedies to eliminate the bacteria that are in the bile ducts. But that is not a causal therapy, because the microbes are simply tools for a purpose, and not the causes of a disorder.

A causal treatment would rather be letting the patients shout or sing loudly as often as possible, so as to open the sphincter of Oddi, thus breaking down aggression - in this case auto-aggression.

SANUM therapists know that pancreatic insufficiency is often followed by degenerative changes in the wall of the small intestine, with mis-colonisation by pathogenic bacteria. The SANUM remedy FORTAKEHL 5X may be elegantly deployed here so as to encourage regeneration of the intestinal walls. It ensures much improved circulation, with an increase in the intestinal villi, thus laying the foundation for regeneration of the protective aerobes, which cover the intestinal wall like a protective mantle. In this way, the villi also regenerate. This is truly a blessing. However, people are often unaware that, in an insufficient gut, large doses of histamine are formed as a product of the breakdown of amino-acids. This histamine triggers, inter alia, a symptom which is usually associated with adult-onset diabetes, and this a feeling of dryness in the mouth! Here we see that it is not necessarily diabetes that is present, but more likely pancreatic insufficiency and inadequate intestinal function.

Yet, further problems develop from the concentration of histamine in the gut. These are itching areas of skin and sweats, which are normally blamed on diabetes. However, these are likewise not specific to diabetes, but are indicative of intestinal problems.

It is no accident that those who know about herbs have discovered that all bitter drugs are of great assistance in the difficulties described above, such as diabetes, pancreatic insufficiency, disorders of liver/bile and gut, irritations of the gastric mucosa, etc.

Why? Because they are concentrated bundles of minerals that deliver precisely the substances that are required in order to relieve the swelling of the bile and pancreatic ducts. As they contain zinc, chromium, selenium, magnesium, etc., the pancreatic enzymes can be properly formed once again. They also help to form the enzyme „histaminase“, which de-activates histamine. Drugs for the liver and bile are therefore also, and above all, drugs for the pancreas and gut.

The bitter taste of the plants in question is the counterpoint to the aggressive, embittered attitude to life held by the person concerned. In the drugs themselves, we find this aggressive characteristic feature recurring in the shape, in which they grow, e.g. in dandelion the dentation of the leaves, like a saw, in the barbs of St. Mary's thistle and in the leaves of the blackberry and raspberry etc. At the same time, we see the opposite too in the yellow, white or violet blossom, which can suffuse the soul, opening up for it a pathway to the light and knowledge. We also find the seed there, that floats lightly heavenwards, taking away the complaint.

All this opens up the soul to new impulses, and opens the sphincter of Oddi too, so that the juices may flow once more.

Garlic is also particularly effective, as it rapidly reduces swellings, drives back any pathogens that are present and wraps the affected person in an ætheric cloud. The pungency and aggressiveness of the juice is here the simile for the patient's anger.

If the affected person, assisted by the therapist and the medicines, does not succeed in dissolving his aggression, then it is possible that the anger will take over the person completely. In that case, cells in the pancreas will follow this mental impulse and tend to degenerate. As is well-known, the tumour that then takes shape can no longer be stopped in its tracks by the usual remedies. It is the equivalent of hanging on tightly to one's anger.

May our efforts contribute to warding off such a fate.

Quintessence

So how can all these various problems be treated at their source?

By following a treatment plan in a logical sequence:

1. For several days eat nothing but whole-grain rice cooked in water.
2. The patient is admonished to eat and chew as slowly as possible. Enjoy the meal!! He should light a candle for the mealtime, to signify leisure time.
3. As much as possible, the patient should drink water with a little salt. But not during meals!
4. 1 tsp. linseed oil to be taken every day (Its highly unsaturated fatty acids will quickly ensure an improved energy supply for the cells.)
5. Breathing exercises: As slowly and for as long as possible, utter the sound Oooooo three times running; repeat this several times during the day. This exercise improves the blood-flow to the liver and pancreas, resulting in a better oxygen

uptake. As well as this, it leads to a switch in the circulatory centre, so that the blood pressure is immediately lowered.

6. In the morning at breakfast drink one glass of Rechts-Regulat[®], so as to eliminate lactic acid and regulate intestinal activity.
7. In the mornings, take 1 tsp. ascorbic acid in a glass of water after eating.
8. In the middle of the day, 1 CITROKEHL tablet, so as to stimulate the citric acid cycle.
9. From the second week onwards, de-acidify in the afternoons with one tsp. of ALKALAN.
10. In the evenings, 1 SANUVIS tablet, to encourage elimination of lactic acid.
11. At each mealtime take bitter drugs: 5 tablets of Multiplasan Mineralcomplex 17, 3 times a day.
12. Maybe bitter drugs in the form of herbal teas, e.g. Carduus marianus, Taraxacum, etc.
13. Until the majority of the problems have disappeared, strictly avoid all animal protein.
14. After this, further food is matched to the blood-group.
15. MUCOKEHL 5X, 1 tablet twice a day, to reduce the endobiontic burden of the blood.
16. If intestinal disorders are concomitant, always take 1 FORTAKEHL 5X tablet a day.
17. If there are concomitant inflammations, once a week have a VITAMIN B12 injection (SANUM) and an injection of ZINCOKEHL 4X.
18. A powerful stimulus to the metabolism, especially in type II



diabetes, is achieved by means of cinnamon.

19. If type II diabetes is accompanied by severe circulatory disorders or nerve pains in the legs, then: 1 tablet of alpha-lipoic acid AL600 and Vitamin B1 should be taken daily.

If an inflammatory reaction with bacterial involvement of the pancreas and bile duct is suspected, always think of 1 tablet of NO-TAKEHL 5X, or garlic, daily.

To repeat: With all illnesses of the liver and pancreas, an accumulation of aggression is present. Thus, the patient is encouraged, starting even on his way home from the consultation, to shout or sing in his car as loudly as possible. His rage, his anger or his frustration must have a vent. At the next consultation, he should then be asked to report on what images or memories have come up. You will be amazed.

In conclusion, I should like to ask all colleagues who are able to carry out tests to follow up an observation of mine critically.

Very frequently, the pituitary shows contamination from amalgam. Frequently, I have then observed faulty control reactions in the form of malfunctions of the thyroid, the adrenals, the ovaries and also the pancreas. If that was the case, then these organs have only proved susceptible to cleansing once an amalgam elimination had been carried out.

For diagnostic purposes, in addition to the dark-field microscope, for several years I have been using a computer-supported diagnostic machine. It measures the entropic state of the organs, comparing them with stored frequencies for diseases. In this way, I am able to arrive at a very precise diagnosis very quickly, and it was only by using it that I was able to discover the connections that I have described.

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