



Rheumatism - the People's Disease, and MUCOKEHL

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Definition of Rheumatism

Rheumatic illnesses principally affect the locomotor system. They include diseases of the joints, bones, muscles, ligaments and the whole spine. The ICD, the international classification of diseases, lists at least 500 diseases of the support and locomotor systems, but we shall not go into these here.

However, all the rheumatic diseases have the typical "signs of inflammation" in common, such as pain, possible swelling and restricted movement.

Rheumatism may be crudely divided into:

Inflammatory diseases of the joints - about 10%

- arthritis
- acute rheumatic fever
- ankylosing spondylitis (Bechterew's disease)
- chronic polyarthritis
- collagenoses -> systematic connective tissue diseases, such as scleroderma or lupus erythematosus

Degenerative diseases of the joints - about 30%

- arthritis resulting from postural defects which bring about premature wear and tear of cartilage

Soft tissue rheumatism - about 60%

This includes inflammatory, and in some cases also degenerative processes in the synovial bursae, tendons, ligaments, muscles and joint capsules, such as e.g.

- bursitis
- epicondylitis
- tendovaginitis (tenosynovitis)

Causes

As with many other diseases, rheumatic diseases are multi-causal. Apart from genetic predisposition, of course postural defects play an important part in the degenerative processes of arthritis, whereas in the case of inflammatory forms of rheumatism auto-immune causes should be considered.

A frequent cause of soft tissue rheumatism is overloading, e.g. when epicondylitis occurs. Overloading arises not only as a result of over-exertion or expending of too much energy. It may also be caused by the accumulation of acidic metabolic products. Nerves that run through this register the over-acidity and send a pain signal to the central nervous system.

When psychosocial factors play a part, it is unfortunately still the case that many therapists do not really take this seriously.

However, the spinal column provides support and the joints give flexibility. In colloquial English we talk about "the heavy burden" that a person has to bear. He has to "bow and scrape" and finds this difficult to bear.

Fortunately there are some therapists who are familiar with all these causal chains, Pischinger's space and the over-acidification of the basic tissue.

In this article, I shall restrict myself to a discussion of dark-field diagnosis and treatment using the SANUM preparations.

Possibilities for Diagnosis and Treatment

Admittedly, having been in practice for 12 years, I cannot base what I say on the same fund of experience as those colleagues who have been treating patients for 30 or 40 years. However, I should like to take this opportunity to write about my observations from using the SANUM preparations.

My first encounters with SANUM were the "SANUM-Post" and my annual visits to the Hanover conferences. Initially I kept strictly to the "instructions" and colleagues' recommendations. At that point I did not have a dark-field microscope. I used to notice, and still do, that frequently colleagues were prescribing very many different products from the SANUM range. In the meantime I have been practising rather differently. This might also be because I am practising from a background in classical Homœopathy. So, in recent years, I have gone over to using the SANUM preparations singly, i.e. sequentially, like a kind of naturopathic cure, insofar as it is necessary to choose a number of remedies.

I do my best not to prescribe more than three preparations altogether, using other products such as vitamins besides isopathics. Please bear in mind that in most cases the patient still has to go on taking allopathic medicines. Less is sometimes more!

Some therapists with whom I am in contact give every patient



ALKALA on principle. Of course, 80% of those with rheumatism are acidic, but not actually 100%. So do take care to individualise your treatment - beginners especially should be told this.

I use SANUM preparations almost exclusively as injectables, because it has been my experience that in this way the body uses them better and more quickly. Besides which, we know about the action of the needle that, according to Professor Heine, achieves a great deal in our basic system. Among the exceptions of course are children and patients with "needle phobia", or those who have a long journey to visit the practice and who cannot manage to turn up there twice a week.

For me the most important "instrument" for diagnosis and checking on how the treatment is proceeding is the dark-field microscope. It fascinates me again and again to see how, after a dose of MUCOKEHL, the Mucor symplasts really dissolve. I am not the only one to be enthusiastic: my patients are as well, because - as it were - they can see their recovery taking place before their eyes on the screen just as I can, and this has a positive effect on their cooperation with treatment. Since I have been using this diagnostic method, I keep to the "instructions" which I am shown by the microscope - and thus by the patient and his regenerative ability too.

As my colleague Weigel says in his book "Praxisleitfaden - SANUM Therapie" [also available in English: „A comprehensive Guide to SANUM therapy“], for him MUCOKEHL is unquestionably the chief remedy. I can only confirm this. In illnesses of the rheumatic group, MUCOKEHL is a real "miracle cure". If the dark-field microscopy results "indicate" it, I combine this with preparations such as Traumeel (Heel Co.). Since I have been doing this I have been having significantly better - and above all more rapid - results with patients who have diseases of the locomotor system. It accelerates the blood supply extraordinarily, particularly to the bradytrophic tissues.

Case Example from Practice

Patient: a 71-year old woman pensioner, lack of movement, Diabetes mellitus type II diagnosed in 1993. The patient presented with pain in the right shoulder and the following diagnosis, obtained via nuclear magnetic resonance tomography:

- minor avulsion of the Supraspinatus tendon, anterior aspect
- slight sub-deltoid bursitis
- slight arthritis in the shoulder joint.

In the dark-field, inter alia enormous filites showed up, pronounced coin-roll formation, and some large Mucor symplasts.

Initially the treatment was composed of Osteopathy, Biochemistry (Pflüger Co.) Tablets

No.4, 1 tablet 3 times a day, and combined injections of Traumeel + MUCOKEHL s.c., twice a week in the painful area.

After just three injections (about 1½ weeks' treatment) the patient could feel an improvement in her restricted mobility. After six injections the patient was almost completely free of symptoms. Subsequently she was given SANUVIS i.m. injections twice a week, further osteopathic sessions and was prescribed "Retterspitz" poultices for home use.

After about four weeks the patient was free of pain and her mobility was no longer restricted. The dark-field image showed that the coin-rolls and filites had been dissolved. No Mucor symplasts could be found.

Summary

Beside the treatment with SANUM preparations, Osteopathy is important, so as to provide manual treatment of blocks and traumas in the muscles and fascia as well. Often, maybe after as little as one hour of treatment, even emotional traumas can be shifted, and this can be critical for the success of the treatment.

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