What must we bear in mind when treating Hepatic and Biliary Diseases?

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The cause of many hepatic and biliary diseases is closely related to the person's lifestyle. It is therefore of particular importance for their treatment to be familiar with the basics of physiology, pathophysiology, psychology and sociology.

It seems important that liver diseases ensue not only from alcohol consumption, but that this organ may also be impaired by a plethora of drugs, medicines, various behaviours and illnesses. The liver plays a pivotal role in maintaining our metabolic balance. It has a regulating action by means of processes of construction, conversion and breaking down, and also by detoxifying and elimination. Mental-emotional balance is heavily dependent on the metabolism being intact. Looking at it the other way round, psychosocial conditions are the soil in which a healthy life - or a life which keeps us healthy - grows or falls apart, is cared for or neglected. In this context the significance of the small intestine must never be forgotten. By means of its bacterial carpet it plays an essential role in determining the milieu and the vital energy of the liver. Liver diseases tend to be chronic and for years they can be treated purely symptomatically. That helps at the time, but it is not ideal for a long-term solution to the problem, since the liver as an organ has strong connections with the patient's emotional equipment. Therefore we have to ask a few important questions, which are often mistakenly regarded as trivial, in order to build up a complete picture of the emotional and physical provision. The habitual aspects of daily life also form part of this. The questions of primary importance that must be of major importance for the therapist are:

1) If an acute or chronic liver disorder is present, has the patient suffered from the same symptoms previously in his life, or do they indicate permanent changes regarding intensity of pain, localisation, with concomitant features of the stool or urine? Has he been suffering for some time from a fat intolerance, with a feeling of heaviness in the stomach, nausea, diarrhœa or constipation? Is he no longer able to eat as much as he used to, does he drink a lot of alcohol or very little, or does he tolerate it better in significantly small amounts? Is his need for alcohol satisfied by beer, wine or strong drinks? Is there a pre-existing long-term health problem that he has been countering with drugs which attack the liver? Is it heart disease that causes the liver to swell up? In that case we must embark on an appropriate treatment for the weakness of the heart.

2) On palpation of the abdomen is it possible to establish any change in the size of the liver; is this organ or the abdomen tender on pressure. Is the liver disease accompanied by a pancreatic disorder? Are there any other changes in the abdmen? Does the abdomen extend above the level of the thorax? Is the patient distended, or is ascites present? How long have such changes been present? How heavy is he?

3) Is the patient jaundiced, in the eyes only or over the whole body? Does he complain of itching? Is this generalised or localised in a few areas of the body, along which meridians?

4) What does the urine look like? Does it have a dark colour, is the shaking test positive or without froth? Is the bilirubin negative but urobilinogen positive? The stage of the illness can be recognised from external findings like these. If we know that the shaking test is only negative in pre-hepatic disorders, then this is a great help in reaching a diagnosis.

5) What is the consistency of the stool? This is also a reliable indicator as to which part of the organ is diseased, or at which stage the patient is. It is relatively easy to recognise post-hepatic disorders and an obstruction of the common bile duct, as the stool is acholic. That means that there are gallstones or some process taking up space in or around the common-bile duct. However, it must be borne in mind that, in such a situation, the pancreatic juices are not reaching the small intestine, thus causing additional congestion in the pancreas. This situation requires immediate clarification in hospital, by means of X-ray. The typical clay-coloured stool is voluminous in most cases, streaked with fat and thus like ointment, and difficult to remove from the skin or from a toilet bowl. The odour known as fœtor hepaticus is an unambiguous sign of the presence of hepatic coma or hepatic dystrophy.

N.B. Here it is always good to prescribe daily infusions of levulose, thus giving the liver a chance of recovery.

6) What is the dental situation? It must be borne in mind that root-canal treatments may both cause and also prolong liver disease. Thus the canine teeth (No. 3) in the upper jaw are known as the eye teeth, and in the lower jaw the liver teeth. If - at the No. 3 tooth - there is a secondary granuloma, a root-canal treatment or a pivot tooth, these may be the cause or the aggravating factor of a liver problem. I am able to confirm this from countless cases in my practice. The liver also has an influence on the teeth which lie on the stomach and small intestine meridians (wisdom teeth or dental scar). Of course we must not forget the longest meridian - the Gall-bladder meridian. The Acupuncture point GB14 is the test-point for gall-bladder disease. (To find this point, imagine a line passing vertically through the centre of the pupil; the point is on this line, two fingers' breadths above the eyebrow.) As well as this, it is also painful on pressure in headaches, trigeminal neuralgia and liver migraines. The left GB14 point indicates stone formation and the right indicates a disordered parenchyma. In allergies to cow's milk and hen's egg products, the bile ducts are in any case severely damaged because of the atrophy of the villi in the small intestine and the consequent dysbiosis. This may be recognised by chronic diarrhœa, resulting from disordered fat assimilation. As is well known, fats and oils require an alkaline milieu in order to be absorbed into the body as micelles. However, where there is an allergy, there is always an acidic environment within the small intestine.

To unburden the liver and thus support the healing process, it is good to use various teas, or SILVAYSAN capsules may be prescribed (one 3 times a day). St. Mary's Thistle combats toxicosis of the liver and has dazzling success on the emotional level by increasing the patient's determination to take his treatment seriously. Of course, Daisy tea is eminently suited to combat liver migraines, and Woodruff tea to combat hepatic congestion and gall-stone colic. However, the best of all is not to acquire a liver problem in the first place! Therefore it is advisable to begin to be kind to your liver while you are still in good health, to drink appropriate teas for the liver and to observe the fasting period before Easter by avoiding alcohol and cutting down on fatty foods. For the liver, a time of fasting like this signifies a major recovery period.

Suggested treatment:
1) For the entire duration of treatment: Fat-free diet, no products from milk or eggs, ALKALA T

Cause/Diagnosis	Site of illness	Urine test	Stool test	Serum
Hæmolysis	**pre**hepatic	dark-coloured, shaking test negative (no froth), no bilirubin, urobilinogen (ubg) positive	normal colour	indirect urobilinogen elevated
Damage to liver cells	**intra**hepatic	dark brown (bilirubinglucuronide), shaking test positive, urobilinogen (ubg) positive	light-coloured	indirect bilirubin elevated
Obstruction of bile ducts	**post**hepatic	dark brown (bilirubinglucuronide), shaking test positive, urobilinogen (ubg) negative	devoid of colour (acholic)	direct bilirubin elevated

Fig.1: Differentiation of the disorder according to site of origin.

(Sodium bicarbonate), half a tablet twice a day, LIPISCOR L (BIOFRID) 3-5 capsules a day, levulose infusions, SILVAYSAN, 1 capsule 3 times a day, and PINIKEHL 4X suppositories, 1 a day.

As well as this, from the outset:

2) FORTAKEHL 5X tablets, 1 tablet 3 times a day; after 2-4 weeks switch to:

3) MUCOKEHL 5X tablets in the morning and NIGERSAN 5X tablets in the evening, from Monday to Friday, and at the weekends 1 FORTAKEHL tablet twice a day.

At the same time, additionally:

4) RECARCIN 6X drops, 5 drops once a day, massaged in, and 5 drops orally.

Bibliography

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