



# **Biological Treatment of Acute and Chronic Liver Diseases**

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In order to know how to treat the liver with biological medicine, we first need to understand what makes the liver ill. The liver diseases as we know it from medical textbooks include hepatitis (viral, auto-immune and other causes), fatty liver, liver cirrhosis, liver cancer, polycystic liver and then also diseases related to bile flow such as cholestasis. In all of the diseases of the liver, the progression from a healthy functional liver to fatty liver and liver cirrhosis is the problem to consider. In other words, fibrogenesis, or the changing of functional liver tissue into non-functional tissue is essentially the problem in these conditions. What we therefore need to understand if we want to treat the liver, is the factors that influence this change in the tissue and how it can be prevented or reversed.

In the biological medicine practice, liver disease is very often diagnosed in patients who come to the practice for a completely different reason. Problems with the liver and liver diseases are very prevalent for various reasons.

- One reason is the fact that everything absorbed from the digestive tract goes through the liver first, before it continues to the heart for distribution throughout the body (portal circulation). The liver acts as filter and detoxification organ and suffers a lot when exposed to an excessive amount of toxins.
- Toxicity from the gut is, however, not the only reason liver disease has become so common. According to the British Liver

Trust, Non-Alcoholic-Fatty-Liver-Disease (NAFLD) or Non-Alcoholic-Steatosis-Hepatitis (NASH) is the most common liver problem in the western world with 20-30% of the population affected. When looking at studies on the causes and development of liver disease conditions, it is not surprising to see why in the western world, it is becoming more and more prevalent. Five themes occur over and over again relating to the development of liver disease:

1. Metabolic syndrome
2. Chronic inflammation
3. Toxicity
4. Lack of antioxidants / Oxidative stress
5. Gastrointestinal disorders

### **Regarding (1): Metabolic syndrome**

This a combination of disease conditions related to insulin resistance, impaired blood sugar regulation, lipid metabolism and chronic systemic inflammation. In patients with metabolic syndrome, various laboratory parameters can be in an abnormal range, such as the liver enzymes, uric acid, triglycerides, cholesterol, HbA1c, adiponectin and CRP, mainly indicating that liver function, lipid metabolism, blood sugar regulation and inflammation management is impaired. Many studies have shown a very clear link between metabolic syndrome and liver disease, particularly linking lipid metabolism and blood sugar regulation with fibrogenesis and liver damage. Consequently, no biological liver treatment is complete without

considering metabolic syndrome with especially treating insulin resistance, blood sugar regulation and lipid metabolism. Treating metabolic syndrome does not only involve a diet and nutrition regimen with exercise, although that is very important. Respecting the HPA-axis (stress-axis) and therefore paying attention to stress-management and the rhythms of life, is also essential in order to bring back regulation in someone with the metabolic syndrome.

Biological treatment for insulin resistance, fat metabolism and blood sugar regulatory disturbances

#### **a) Diet and nutrition**

- Have regular meals
- Consume plenty of raw/cold pressed oils, especially but not exclusively those containing omega 3 fatty acids and plenty of antioxidants such as flaxseed oil, hempseed oil and pump-kinseed oil. Oil slows down the blood sugar release and helps significantly with insulin resistance, blood sugar control and fat metabolism.
- Eat colourful: lots of fresh, seasonal and locally grown vegetables and fruits.
- Avoid sugar and refined flour and products containing them. They have a direct influence on blood sugar metabolism, insulin resistance and fat metabolism.
- Consume only the highest quality animal products and not in great amounts.
- Reduce the intake of starchy carbohydrates.

## b) Orthomolecular medicine

	<i>Dosage</i>	<i>Comment</i>
Chromium	50 - 500 mcg	Blood sugar regulation and insulin resistance
Vitamin B-complex	5 - 100 mg of B1, B3, B6 and B5	Vitamin B1, B3 and B6 are very significant in blood sugar regulation and vitamin B5 for fat metabolism
Manganese	5 - 10 mg	Blood sugar regulation, insulin resistance
Taurine	500 - 3000 mg	Involved in blood sugar regulation and fat metabolism. Protects against liver damage
L-Carnitine	500 - 2000 mg	Fat metabolism and cellular energy
Phosphatidylcholine	1500 - 3000 mg	Found in lecithin. Reduces fat accumulation in the liver, constituent of bile.

Table 1 Orthomolecular treatment of liver disorders

## c) Phytotherapy

Improving fat metabolism and protecting the liver by increasing bile secretion with *Artemisia absinthium*, *Taraxacum officinale* (TARAXAN 3X), *Cynara scolymus*, *Cichorium intybus*.

Apple cider vinegar, oils, fresh lemon juice and fresh grapefruit juice also help increase bile secretion.

## d) HPA-axis and Rhythms

Respect for the stress-axis / Hypothalamus-Pituitary-Adrenal-Axis and the rhythms of life are essential when treating metabolic syndrome with insulin resistance, blood sugar regulatory disturbances and impaired fat metabolism. The circadian rhythm and other metabolism-and autonomic nervous system related rhythms all have a massive influence on the metabolic syndrome. This implies that at the very least the following is vital for

liver health:

- Regular meals
- Proper sleeping patterns
- Resting/relaxing and activity phases during the day and over longer periods
- Regular exercise
- Stress-management
- Avoid being on a stimulant roller coaster (Coffee, sugar, nicotine...etc.)

## e) SANUM Therapy

Most metabolic syndrome patients benefit from:

- MUCOKEHL and SANUVIS
- FORTAKEHL and CITROKEHL

*Please note that this is **not** a complete list or protocol for every patient. Always treat every single patient as an individual with their own needs. This applies to all the treatment recommendations that will follow in this article.*

A special link between the thyroid, metabolic syndrome and fatty liver has also been stated in many studies. The thyroid has a great influence on lipid metabolism and therefore also on the fat deposition in the liver. Increased thyroid hormone levels decreases the quantity of cholesterol, triglycerides and phospholipids in the plasma. One of the mechanisms by which thyroid hormone decreases the plasma cholesterol levels is by significantly increasing the excretion rate of cholesterol in the bile, which in turn is lost with the feces. Checking for hypothyroidism and treating it when necessary is therefore essential when treating a patient with liver disease.

## f) Basic treatment for hypothyroidism

- MUCEDOKEHL
- *Hedera Helix* (ivy)
- Vitamin B2, B3 and B6 (10 - 50 mg each in a B-complex)

- Iodine (50 - 100 mcg)
- Selenium (100 - 300 mcg)
- Improvement of the acid-alkaline balance, because the functioning of the thyroid is very pH dependent: ALKALAN, SANUVIS and CITROKEHL are recommendable as well as dietary measures.
- If necessary: T3 (Triiodthyronin) or T4 (Thyroxin)

## Regarding (2): Chronic inflammation

Chronic or silent inflammation is when the inflammatory cytokines (messenger molecules) in the body are increased all the time due to a particular stimulation of this inflammation but without typical inflammatory symptoms such as redness, swelling, pain and warmth. Many studies show a significant and clear link between a chronic increase in inflammatory cytokines and liver damage or fibrogenesis. In order to influence the liver function positively in liver disease conditions, it is therefore essential to understand what triggers the increase in inflammatory cytokines and how it can be regulated. Anything that the body observes as a stress can increase the inflammatory cytokines. Therefore, strengthening the parasympathetic, alkalising and detoxifying are very important when treating silent inflammation.

Free radical damage or oxidative stress can trigger the inflammatory cascade. Also, many different antioxidants have an anti-inflammatory effect influencing the cascade at different stages. Antioxidants with a particularly strong anti-inflammatory effect include substances such

as Quercetin, Curcumin, OPC, Silymarin (found in Milk thistle/ Carduus Marianus, e.g. SILVAYSAN), Vitamin E and many other antioxidants which will be discussed later.

Fatty acids have a direct effect on inflammation due to the fact that many of the inflammatory cytokines are synthesized from fatty acids. Omega 3 fatty acids, in particular Eicosapentanoic Acid has a very strong regulatory effect on inflammation. Gamma Linoleic Acid, an omega 6 fatty acid, also plays an important role in managing silent inflammation. Arachadonic acid, also an omega 6 fatty acid, on the other hand promotes inflammation. Arachadonic acid can increase when other omega 6 fatty acids are converted into it or can be obtained from dietary animal fat. Eicopentanoic acid is found especially in fish oil, (LIPISCOR or BIOFRID Fischöl capsules) and can also be formed from the conversion of other omega 3 fatty acids in plant oils such as flaxseed oil, if the enzymes in the body needed for this process function properly. Gamma linoleic acid is found especially in evening primrose, (BIOFRID Plus capsules), and borage oil.

Special attention needs to be paid to chronic infections or foci which all directly influence silent inflammation systemically. It is never an isolated problem limited to where the infection is. The most common chronic infections and easiest to identify include: chronic or recurring sinusitis, root canals, chronic or recurring cystitis and gastrointestinal dysbiosis. All of these conditions are according to biological medicine absolute indication for the use of SANUM remedies together with changing and treating the terrain.

In cases of inflammation of root canals, individual treatment by a biological dentist is necessary. The following SANUM remedies come into question: NOTAKEHL and ARTHROKEHLAN „A“ 6X.

In chronic and recurring cystitis, the following preparations are recommended along with a treatment plan according to the individual needs:

- D-Mannose 1 teaspoonful 1-3 times daily, depending on whether the complaints are acute or chronic.
- At least 2-3 litres of water and kidney/bladder herbal teas combined
- NOTAKEHL, NIGERSAN,

### Treatment plan for chronic or recurring sinusitis

- Nasal sprays / nasal wash with isopathic and homeopathic ampules, including: NOTAKEHL, QUENTAKEHL, FORMASAN, Mucosa comp. (Heel), Euphorbium comp. (Heel). Other isopathic or homeopathic medications specific to the individual
- NOTAKEHL orally
- LATENSIN
- SANUKEHL Staph
- Avoid food allergens, especially dairy products!

Table 2: Biological treatment for chronic or recurring sinusitis



## CITROKEHL

- SANUKEHL Coli, SANUKEHL Pseu, SANUKEHL Staph according to micro-biological findings.

### Regarding (3): Toxicity

This is a major theme when treating liver disease biologically. Toxicity in itself is such a huge theme that it will only be looked at here very briefly. Anyone interested in learning more about toxicity, how to avoid it and deal with it, should look into environmental medicine.

Some ideas to start with however, is to focus on the toxin exposure on which an individual has the greatest influence, which would be at home. Changing a toxic home into a toxin-free home can be a very long process involving changing cleaning products, cosmetics, nutrition at home, storage containers (soft plastics), cookware, bedding, etc. Becoming paranoid about it has never helped anyone, therefore, it is important to do it step by step within the limits of the individual – be it financial, practical or merely a fear of change.

Another aspect is only using pharmaceutical medication when it is really necessary. Examples of obvious overuse of medication are always having painkillers or antacids close by in a handbag, office or at home. Regular headaches are seldom difficult to treat with proper nutrition, water intake and rest. In a few patients, it is a serious and complicated condition, but in most people who take painkillers, it can be avoided. The same applies to antacids and women who take the

pill for hormonal and menstrual „regulation“, which should really be called hormonal and menstrual *manipulation*. Pharmaceutical medication can be life saving and can give quality of life when used if it is really necessary. Otherwise, they are a toxic load to the system which the liver has to cope with.

### Regarding (4): Antioxidant and oxidative stress/free radical damage

Once again, there is a very clear link proving the protective action anti-

oxidants have on the liver in studies. Glutathione especially has a regulatory effect on fibrogenesis and protects against liver damage. Many antioxidants increase the levels of glutathione in the body. The problem with glutathione and liver disease is that it is not a single amino acid, but consists of 3 amino acids, and although it can be synthesized in all cells, the synthesis in the liver seems to be essential. It is on the one hand needed for to protect the liver and regulate fibrogenesis, but can on the other hand not be synthesized sufficiently when the liver

#### Antioxidants

- Glutathione i.v. 600 - 1800 mg
- L-Cysteine, N-Acetyl-Cysteine 200 - 600 mg
- Taurine 200 - 1000 mg
- Zinc 5 - 50 mg
- Selenium 100 - 500 mcg (e.g. Selen-BIOFRID)
- Vitamin C p.o. 1000 - 3000 mg, i.v. 7500 - 15 000 mg
- Carduus marianus, Mariendistel (SILVAYSAN 1 capsule 3x daily)
- Quercetin (500 - 1000 mg)
- Curcumin
- Melatonin is also a strong antioxidant, once again showing the significance of the circadian rhythm, day/night rhythm

Table 3: Dosages for important antioxidants

#### Building up the gastrointestinal-lining and regulating gut flora

- L-Glutamine, 2 - 10 g (Do not however use L-Glutamine with liver cirrhosis because it may possibly aggravate hepatic encephalopathy)
- Avoid food allergens, sugar and refined flour products
- Consume raw/cold-pressed seed and nut oils
- Take the appropriate probiotics
- FORTAKEHL
- NOTAKEHL
- SANKOMBI
- OKOUBASAN
- SANUKEHL Klebs, Coli or Pseu
- Lactic acid, such as in SANUVIS drops, can help to stabilise the gut flora

Table 4: Biological treatment for gastrointestinal disorders

function is limited. Giving Glutathione intravenously can help overcome this problem.

On top of regulation of fibrogenesis, Antioxidants also have an positive effect on silent inflammation and are very significant in supporting detoxification.

### **Regarding (5): Gastrointestinal disorders**

The last of the 5 themes for the biological treatment of liver disease is gastrointestinal tract integrity. Only recently, a study has been done showing a clear link between non-alcoholic fatty liver disease and the combination of leaky gut syndrome and small intestinal bacterial overgrowth. In biological medicine, it has however been considered essential to treat the gut when treating the liver for a very long time. Regulating the gut flora and building up the gastrointestinal lining is therefore absolutely essential when treating liver disease. Also see the protocols for regulating gut flora according to Dr.Rau and Dr.Werthmann.

On top of treating the liver according to the cause related factors such as those that have been mentioned, there are also many special liver therapies in biological medicine. These include:

- Segmental neural therapy with biological medication (isopathics / SANUM, homeopathics, etc.) which can be individualised more with the particular liver remedies used.
- Rectal ozone insufflation, which has been particularly effective in treating viral hepatitis but also

can reduce inflammation and damage in the liver.

- Local hyperthermia.
- Colon hydrotherapy, which is especially helpful in patients with gastrointestinal problems and also metabolic syndrome, due to the fact that it gets rid of blockages and strengthens the parasympathetic.
- The liver flush according to Hulda Clarke, which has been adapted and supplemented very creatively by many individuals in biological medicine, such as a complete intensive liver detoxification with the above mentioned therapies and the flush in one week.

### **Concluding Remark**

Like with every other disease condition and diseased organ, when working with liver disease, one also needs to remember that there is no textbook human being and no recipe on how to treat the liver in every single individual. That is why there are so many ideas and ways and different causes to consider. The person with more a typical metabolic syndrome (more a Mucor-constitution) will for instance most probably notice faster benefit from therapies such as the liver flush where bile-sluggishness improves and an improvement in blood lipid chemistry can usually be seen very quickly. On the other hand, someone who is more degenerative, rather underweight and tired (more an aspergillic constitution) will feel better quicker from an infusion with high dose glutathione and other energy giving substances. Although both might have a non-alcoholic fatty liver

disease and need similar treatment their priorities would be different and the focus would not be the same. The treatment of liver diseases with biological medication is based on understanding the possible causes and getting to know the patient with their individual needs.

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