



# **From Practice - For Practice**

## **Reflux Oesophagitis**

**by Dr. Konrad Werthmann**



Reflux oesophagitis is a disease which has lesions that can be seen endoscopically; it also has inflammatory mucosal infiltrations in the oesophagus which can be demonstrated histologically. The cause, in most cases, is an insufficiency of the cardiac sphincter in axial hiatus hernia.

There are symptoms that are characteristic of an uncomplicated oesophagitis, and of these the following are pathognomic: acid reflux without nausea, heartburn, retrosternal burning, pharyngeal burning, pain on swallowing. The other signs that follow are found very frequently, but do not constitute proof: epigastric pain, retrosternal pain, retrosternal sensation of constriction, belching, nausea, retching and vomiting.

We distinguish between four stages:  
I. Mucosal lesions, either one or several confluent, with redness and exudation.

II. Confluent, erosive and exudative lesions, which have not yet covered the whole circumference of the oesophagus.

III. The lesions cover the whole circumference of the oesophagus.

IV. Oesophageal ulcer, Barrett syndrome, strictures and other chronic mucosal lesions.

Orthodox treatment depends on the severity of the symptoms.

In stages I and II, recommended measures are elevation of the upper body when at rest, abstention from alcohol and nicotine, regulation of sleeping and eating habits (several small helpings, trying if possible to avoid aërophagy, taking time over eating, eating the last meal of the day by 6.00 p.m. at the latest) and taking antacids. In advanced stages use is made of drugs that promote motility and of proton pump inhibitors, or of anti-reflux prostheses or, if suitable, ligamen-

tum-teres-plasty, which prevents the oesophagus from sliding up.

From my own personal experience, none of these measures is necessary, since, if there is a pre-existing intestinal allergy, the gastric mucosa is the most important eliminative organ for this person in disposing of all the acids and histamine. *In this person, the stomach is the „weakest link“.*

Thus, reflux oesophagitis can easily be healed by using two measures which must be adhered to strictly:

**First published in the German language in the SANUM-Post magazine (88/2009)**

**© Copyright 2009 by Semmelweis-Institut GmbH, 27318 Hoya (Weser), Germany**

**All Rights Reserved**

These are diet and **SANUM Treatment**. Of course, a certain amount of patience is needed, because regulation takes quite a long time until normality is regained.

- 1) Always involved is an intestinal allergy to cow's milk and hen's eggs which has been present since childhood<sup>(1)</sup>. (The symptoms of atrophy of the villi in the small intestine are not recognised, neither were they recognised in childhood, or they are misdiagnosed as other illnesses, e.g. colds, sore throat, eczema or neurodermitis.) Therefore these products must be avoided, strictly and totally; please do not give additional ALKALAN or CITROKEHL, but rather the excellent ALKALAT, half a tablet twice a day in warm water.
  - 2) FORTAKEHL 5X drops, 10 drops 2-3 times a day for 4 weeks. After that one can continue with stages 3 and 4 of the isotherapy.
  - 3) MUCEDOKEHL 5X 10 drops once each morning and NIGERSAN 5X 10 drops once each evening, from Monday to Friday, and on Saturday/Sunday continue with FORTAKEHL 5X drops in the dosage mentioned above. This is then followed from Monday to Friday by MUCEDOKEHL 5X and NIGERSAN 5X, one dose of 10 drops of each (as above), and so on. On beginning the doses of MUCEDOKEHL/NIGERSAN, this may be combined with:
  - 4) SANUKEHL Myc 6X drops, 5 drops twice a day.
- This treatment is continued over a period of c. 6 weeks.

<sup>(1)</sup> Werthmann, Dr. Konrad: Kuhmilch- und Eiweißallergie bei Kindern (=Cow's milk and protein allergy in children); Sonntagverlag-Stuttgart, ISBN 3-8304-9055-0