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# **Hemorrhages and Hemorrhagic Tendency**

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“Blood is a very special kind of juice” (Johann Wolfgang von Goethe: Faust I)

## Introduction

Because of its red color, and the spread of blood that results from injuries, many people are easily scared if external bleeds do not cease spontaneously. Among other things bleeding serves to cleanse a wound, but nature has also made provision for the rapid staunching of blood. In this article I propose to give an account of the causes of bleeding and its treatment. At the same time it is necessary to explain physiological staunching, because it can give indications as to possible pathological changes which may then result in an increased or ongoing tendency to hemorrhage.

## Blood Clotting

Our blood vessels are the supply routes within the body, and the blood they contain serves to nourish the tissues and simultaneously to remove metabolic waste products. As well as this, it guarantees the maintenance of the body temperature by means of heat redistribution. Clotting is a mechanism used by the body to protect it from major blood-loss, or even bleeding to death, following injuries or opening of blood vessels. To ensure healthy clotting, three factors must coincide or react, to halt the escape of blood and allow wounds to heal: the vascular wall, thrombocytes and clotting factors. The damaged blood

vessel contracts spontaneously and, particularly in the case of minor arteries, the walls stick together and thus warrant an initial closure of the wound. This is then further improved by an aggregation of platelets on the damaged vascular wall, resulting in the formation of a plug of thrombocytes and further adhesion. This adhesion of thrombocytes is made possible by their contact with the surrounding collagen outside the vessels. It is promoted by a soluble protein factor, the von Willebrand factor, which is formed by the endothelial cells and megakaryocytes.

Actual hemostasis, the staunching of a bleed, proceeds in cascade fashion. By means of the vascular damage and the arrival of oxygen on the scene, clotting factors are activated. These bring about the formation of a firm, sticky substance, fibrin, from the soluble pre-stage fibrinogen. This is deposited like a net around the plug of thrombocytes, thus closing off the vessel. Connective tissue cells, arriving later, ensure that the thrombus is joined to the vascular wall and thereby an ultimate closure is achieved. As time goes by and the vascular wall is reorganized, this closure is then dismantled by fibrinolysis. Then the vessel is healed again and blood can once more flow freely through it.

Healthy staunching of the loss of blood must occur quickly; however, it must be limited to the injured area. Otherwise

blockages may occur in the vessels, resulting in anemia in the areas which they supply.

## General Hints

Severe losses of blood, e.g. in childbirth, from accidents, surgery or continual minor bleeds can result in anemia. As fluid from the tissues is then drawn into the vessels, the blood is diluted, which results in the erythrocyte and hemoglobin levels gradually becoming abnormally low.

The same is true of the blood's iron status; here too the levels are below normal and reference is made (albeit illogically) of iron-deficiency anemia. Patients constantly feel run down and tired, look pale, and feel chilly. Hemorrhages are classified according to the site/organ or tissue where they occur. So, for instance, we distinguish between gastro-intestinal, intra-abdominal, endocardial, epidural, intra-cranial and intra-cerebral hemorrhages, plus those that are connected to the female cycle or childbirth, and which may present, for instance, as functional (normal menstruation), juvenile, menopausal, pre- and post-menstrual, ovulatory, atonic, acyclic, dysfunctional or implantation hemorrhages and spotting.

## Hemorrhages - Definition and Classification

Bleeding or hemorrhage are terms used to describe an escape of blood from the vessels into



the surrounding tissues or on to the surface of the body. We distinguish between two forms

**a.** Rhexis or laceration hemorrhage, as a consequence of angiorrhaxis (tearing of a blood vessel), caused by traumas, arrosion, disease of the vascular wall, e.g. arteriosclerosis, rupture resulting from severe differences in blood pressure, or stress (hypertension)

**b.** Diapedesis hemorrhage, where blood cells pass through the externally intact vascular wall

**Regarding a.** Rhexis hemorrhages occur in the event of injury, resulting from incisions, ruptures, contusions, stab-wounds and impacts, and from falls, with or without fractures. They may be externally visible or may affect the internal organs, e.g. in the case of ruptures of the liver, spleen or kidneys. Most people will have suffered at some point from nosebleeds, occurring most frequently in the winter, when the mucosa is irritated by a combination of dry air and colds with vigorous blowing of the nose. In such cases healing is poor, owing to the constant mechanical demands, and capillary vessels burst open again repeatedly, the scabs being torn off. At this time of year there are generally also vitamin deficiencies (C and A), and deficiencies of zinc and calcium, and these reinforce any hemorrhagic tendency.

**Regarding b.** Diapedesis oc-

curs when blood components pass through the undamaged vascular wall. Physiologically, this occurs primarily in the case of neutrophilic granulocytes which flock to the site of an inflammation as a result of chemotactic attraction. However, if severe hemostasis (blood congestion) is present, for instance, then erythrocytes may also leave the capillaries. Moreover, this occurs too if the vascular permeability is disordered by pathological extension of the endothelial spaces in the capillaries, if clotting is disordered, or if passage becomes possible owing to toxins from pathogenic microbes, such as scarlatina and influenza.

### **Pathological Hemorrhagic Tendency / Hemorrhagic Diathesis**

This refers to hemorrhages which last disproportionately long compared to the severity of the wound, are much too severe, or occur without any recognizable cause. In a mild form, such hemorrhagic tendencies may often remain unrecognized and untreated. However, there are severe forms which require treatment. The symptoms of such a pathological hemorrhagic tendency are:

- constant bruising, also in unusual places
- copious and protracted bleeding after minor wounds (e.g. following dental extraction)

- uncommon hemorrhages (e.g. into the joints)

- heavy periods (flooding)

- particularly noticeable bleeding into the skin, in areas of varying size, which may be variously described as petechiae, purpura, ecchymoses, sugillations or suffusions.

### **Causes of Hemorrhagic Diathesis**

The causes of a pathological tendency to hemorrhages, apart from mechanical vascular damage, hormonal dysfunction and in connection with conception and childbirth, must be sought in the area of blood clotting. The structure that we then encounter corresponds to hemostatic processes.

#### **1. Vessels / Vasopathies**

The permeability of vessels can be the cause of multiple bleeds and hemorrhagic tendency, and these are particularly easy to see on the skin. At the bottom of these lies a structural change in the layers of the vascular wall or in the endothelium. These hemorrhages appear as superficial bleeds the size of a pinhead, known as petechiae. The reasons for these can be many and varied, with a distinction being made between congenital and acquired. Congenital conditions include Osler's disease and hereditary connective tissue diseases (Ehlers-Danlos and Marfan's syndromes, osteogenesis imperfecta, pseudoxanthoma



elasticum). The acquired vasopathies include various forms of purpura (senilis, simplex, post-infection, Henoch-Schoenlein and others), micro-angiopathies (hemolytic-uremic syndrome), plus other fundamental diseases with deficiencies (trace elements, vitamins, minerals), vascular sclerosis or excessive distension (aneurysm) and other vasculo-immunological reactions which were not mentioned under purpura.

- Deficiencies: Especially vitamins C and beta-carotene are just as responsible for the elasticity and healthy structure of the vessels as are zinc and calcium. Vascular flexibility is taken care of by unsaturated fatty acids and lipoproteins, plus elastic and collagenous fibers and thin basal membranes.
- Sclerosing: Arteriosclerosis is the most common systemic disease of the arteries. This is a chronic degeneration of the vascular walls with simultaneous productive reorganization. This is blamed on genetic and ageing factors. However, particular attention should be paid to lifestyle (too many animal fats and proteins), toxic substances (including nicotine and alcohol), high blood pressure, metabolic diseases, e.g. in processing of sugars and fats, plus chronic inflammations, e.g. rheumatism.
- Aneurysms: Generally speaking, any artery in the body can degenerate into aneurysm. What is life-threatening is the development of a true aneurysm of

the aorta, and this affects 1% of the population! It is more common for an aneurysm to occur in the Aorta abdominalis (70% of cases). Originally in most cases it is arteriosclerosis that affects all three layers of the wall of the main artery, but there are also cases of cystic degeneration of the sclerosed media. In earlier times syphilis was the main cause of an aortic aneurysm. Generally this condition develops insidiously and asymptotically. The term “aneurysm” may be used when the diameter is greater than 3 cm. If the diameter of the aneurysm is greater than 5 cm., the annual risk of it rupturing is 10%. By comparison, there is also the highly acute aortic dissection, in which the intima tears, followed by a hemorrhage into the media. The patient suddenly complains of deathly pain and requires immediate surgical treatment.

- Among the immunological vascular changes, Henoch-Schoenlein’s purpura is particularly prominent. It occurs mainly in children between the ages of 2 and 8, following infections. It results in numerous hemorrhages into the skin and mucous membranes, either dots or surface areas, and internal organs such as gut, bladder or joints may also be affected. Particularly if the gut is affected, patients complain of abdominal pains. In the event of the bladder being affected, bloody urine is passed. It appears that the brain is not affected by these vascular changes. The cause of vascular permeability may likewise be

found in auto-immune vascular diseases; for instance periarteritis nodosa causes such vascular hemorrhages.

- Genetically determined vascular changes: Particular mention should be made here of Osler’s disease (Osler-Rendu-Weber’s disease) which is autosomal-dominant inherited. In this disease the permeability of the vessels is disturbed because contractile elements in the vascular wall are lost. Typical of this disease are tiny dilations of vessels in the skin and mucous membranes which start to bleed at the slightest touch (hemorrhagic teleangiectasia). Of course, internal organs such as liver, lungs and kidneys can also be affected by these vascular changes and may exhibit such hemorrhages or the formation of arteriovenous shunts. In particular some patients suffer from severe nosebleeds that can hardly be staunched, and these increase in severity with increasing age. Apart from mechanical staunching (tamponade), orthodox treatment consists of laser therapy and embolization.

## **2. Platelet/Thrombocytopenias and Thrombocytopathies**

In the vast majority of cases the platelets are responsible for an elevated hemorrhagic tendency. In orthodox textbooks that discuss the hemorrhagic diathesis caused by platelets, they distinguish between thrombocytopenia and thrombocytopathy. Natural Medicine is of course aware of the different presenting



forms; however, since the causal treatments focus on the spleen and the liver, the suggested treatments are very similar.

In such platelet-related hemorrhages numerous petechiae are found on the skin and mucous membranes. In most cases a thrombocyte deficiency is present. Beside the division into hereditary and acquired deficiency, acquired thrombocytopenia is subdivided into disorders of formation, turnover, distribution and dilution. In children, causes of such an acquired susceptibility to hemorrhage include infections (e.g. chickenpox, infectious mononucleosis) or vaccinations, which in this case destroy the thrombocytes. The signs are similar to those of Henoch-Schoenlein's purpura. In most adult cases immunological reactions are in the forefront, arising from drug intolerances (painkillers, antiphlogistics, antibiotics). But there are also auto-immune reactions to the platelets themselves, inducing an increased breakdown of platelets. We speak of an idiopathic event if the causes cannot be traced, as, for instance, in idiopathic thrombocytopenic purpura or Werlhof's disease.

Another cause of thrombocytopenia may be found in deficient platelet formation in the bone marrow. This is relevant, for instance, in leukemia, or in treatments using cytostatic drugs. Frequent or continual use of certain medicines, e.g. Acetylsalicylic acid, likewise results in functional disorders

of the platelets. Overdosing, e.g. with thrombocyte receptor antagonists or fibrinolytics when treating patients with clotting-active substances may likewise result in hemorrhages of varying severity. Apart from stopping the drugs, sometimes the only thing that will help to eliminate the receptor antagonists is hemodialysis, since there is no antidote.

Apart from that, there are also a few genetically determined thrombocyte disorders, such as Bernard-Soulier syndrome, thrombasthenia (Glanzmann's disease) and von Willebrand-Jürgens syndrome that are of significance.

### **3. Clotting Factor/Coagulopathies**

Diseases where one or more clotting factors are lacking are known as clotting disorders or coagulopathies. They express themselves as a frequent occurrence of bruises on the skin, but there are also extensive hemorrhages into the musculature and tissues.

We can distinguish between hereditary and acquired clotting disorders. It is likely that the acquired coagulopathies occur more frequently than the genetically determined ones. Causes of acquired clotting disorders are vitamin K deficiency, liver disease, disseminated intravascular clotting (DIC, consumption coagulopathy), auto-antibodies against clotting factors, hyperfibrinolysis.

Since the liver plays a major part in the formation of several clotting factors, liver diseases are often the cause of clotting disorders. Moreover, the supply of Vitamin K plays an important part, for the production of these factors depends on Vitamin K. There are vegetable substances which displace Vitamin K. Of these, coumarins are the best known; they are contained in certain grasses and in woodruff, among others, with the actual active principle, coumarin, only being formed when the plant has withered or been dried, giving rise to the typical "woodruff or hay" aroma. Artificially produced medicaments, e.g. Marcumar®, are based on the same principle, and are designed to prevent threatened intravascular clotting.

Consumption coagulopathy is a particular form which occurs in life-threatening illnesses (e.g. meningococcal sepsis). It is associated with release and activation of substances in the bloodstream which promote clotting, extensive endothelial damage, exposure of collagen or thrombocyte aggregation processes, and, by intensified clotting it leads to a shortage of clotting factors. Most severe bleeding into the tissues, gangrene and necroses are the consequences.

Congenital gene defects may be the reason for failure to produce certain proteins or clotting factors necessary for blood-clotting. The most common of these is von Willebrand-Jürgens



syndrome. Here the staunching of bleeding is disordered, not because one clotting factor is missing, but simply an adjunctive protein body, viz. the von Willebrand factor. In most cases this illness is mild, but in rare cases it can be severe.

Occurring less frequently, but more serious and better known, is hemophilia, in which - depending on the genetic defect - either factor VIII or factor IX is not produced. Accordingly we speak of either hemophilia A (85% factor VIII deficiency) or B (15% factor IX deficiency). Bleeding into the joints is especially typical of these diseases. The genetic anchorage for the clotting factors is linked to the X-chromosome, which means that it is almost exclusively boys who suffer from this, although women can be carriers. We distinguish between severe and milder forms; the latter are often only detected when operations, dental extractions or corresponding blood investigations are carried out.

Caution: intramuscular injections and the giving of thrombocyte-aggregation inhibitors are contra-indicated in true or artificial hemophiliacs.

### **Diagnosis**

In diagnosing hemorrhagic disorders, questions must always be asked right at the outset regarding medication and, in particular, the taking of Acetylsalicylic acid in the shape of Aspirin and ASA must be addressed spe-

cifically. Further questions need to be asked regarding NSARs (non-steroid antiphlogistics, anti-inflammatory drugs), coumarins (Marcumar®), Heparin and suchlike. The family health history can give important hints as to hereditary diseases relevant to this topic.

To diagnose a hemorrhagic tendency arising from general vascular damage, the simplest approach is to place a sphygmomanometer cuff on the arm and inflate it almost up to the lowest level. If petechiae appear after five minutes of such an obstruction, then this is an indication of elevated vascular permeability (Rumpel-Leede test).

To establish a thrombocyte deficiency, a cell count is performed. Clotting disorders are established by means of the following tests: Quick, INR, PTT and PTZ. However, if we are dealing with functional thrombocyte disorders or a clotting factor deficiency, then the assistance of specialized laboratories is required. Further investigations may follow in order to find the true cause of the blood clotting disorders and/or hemorrhagic tendency.

### **Differential Diagnosis of Primary and Secondary Hemostasis**

Primary hemostasis is defective when vascular disease and functional thrombocyte disorders are present. It presents with typical superficial petechiae in the skin and mucosa, and also in early

bleeding following operations or traumas.

Secondary hemostasis is defective when clotting disorders are present, and these present as typical bleeds over a large area (hematomas) into the joints and deep soft tissues, in association with delayed bleeding following surgical procedures or injuries.

### **Natural Therapy of selected Hemorrhages**

Major, life-threatening hemorrhages arising from injuries, operations or clotting disorders must always receive intensive medical clarification and treatment.

In differential diagnosis, acute shock must be excluded, such as, for instance, following rupture of major vessels and organs (liver, spleen, kidneys). By now, in risky situations, before surgeries, orthodox medicine is able to substitute the missing substances when the platelet count is very low or there is a clotting factor deficiency.

Genetically engineered preparations are already available in order to exclude the transmission of serious diseases.

If a hereditary hemorrhagic tendency is present, those affected must be trained at an early stage to avoid injuries, to practice skillfulness and to be conscientious with dental hygiene, so that a minimum of dental treatments is required.



Natural Medicine can be wonderfully helpful in all cases of hemorrhage and hemorrhagic tendency that arise from deficiencies, errors of lifestyle or chronic disease. In the case of hereditary defects it is also possible to change the patient's life circumstances in such a way that their natural energies and powers of self-healing are sufficient to carry on leading a normal life without major blood losses.

1. In this connection, particular attention should be paid to the liver, spleen and kidneys.

With all hemorrhages that originate from increased congestion in the abdominal area, the liver and spleen are in the foreground. In the case of portal congestion, a build-up of congestion occurs with venous bulging, which are very vulnerable, such as e.g. hemorrhoids, esophageal varices, varicose veins, uterine varices or caput medusae. In such cases a liver treatment must be carried out, at the same time reducing the burden on the spleen with PINIKEHL, as shown in table 1.

2. As the liver, just like the spleen and bone-marrow, is equipped for lifelong production of new blood, the treatment here presented should also be used, for this very reason, especially when there is a threat of anemia. In the long term, the two preparations, MUCOKEHL and NIGERSAN, are the main remedies. As well as SANUVIS and CITROKEHL, the cedar oil in the essential oil blend is an ideal companion for stimu-

lating regeneration of the liver cells. Where hemorrhages persist for longer, supplementation with zinc and vitamin B complex is required. An appropriate treatment is shown in table 2.

3. It may generally be assumed that liver damage, and especially an insufficient liver, makes its presence felt in the form of hemorrhages in the gastro-intestinal area. These hemorrhages may be seen in vomit and stools, with the color often indicating the region of the digestive tract from which the blood is coming.

However, we need to bear in mind that half of all hemorrhages from the upper digestive tract may be traced to ulcers of the duodenal bulb and stomach, and 10-20% arise from erosions in the stomach, especially as a consequence of treatment with non-steroidal anti-rheumatics or from varices in the stomach and duodenum. This considerably reduces the number of other causes, e.g. stomach cancer, esophagitis (from thrush). No explicable cause is found in 5% of cases where there is bleeding in the upper digestive tract. Vomited blood may be light in color, or like the color of coffee-grounds if it has come into contact with gastric acid. For the reasons mentioned, treatment of such hemorrhages - not resulting from large ruptured varices or of cancerous origin, which require emergency measures - must be oriented around the elimination of the mucosal erosions. Here too, treatment of the internal milieu takes priority,

so as to regulate the over-acidity of the body. That is also of great importance, because on the one hand the hydrochloric acid in the stomach is used as a "temporary proton store" and, on the other hand, chronic diseases are often treated with non-steroidal anti-phlogistics. By means of skilful milieu regulation, using weak organic acids (SANUVIS, CITROKEHL, FORMASAN) and appropriate diet, this pain can be reduced, so that the painkillers can be cautiously tapered off, thus eliminating the strain on the gastric mucosa. At the same time this treatment can also serve to remove *Helicobacter pylori*, which sustains such ulcers and hemorrhagic tendencies. Table 3 shows such a treatment plan for stomach therapy.

In cases of vomiting blood, we must always exclude hemoptysis as a differential diagnosis. Bloody tracheal secretion or pure, bright red blood is found in tuberculosis, bronchial cancer, embolisms and bronchiectasis. In these cases the blood often becomes frothy and the respiration noisy. Of course the blood may also be swallowed, and then ejected in the form of coffee-ground vomiting.

4. Blood from the lower end of the gastro-intestinal tract, which leaves the body along with the stool, may likewise be bright red or may manifest with a darker color, the ultimate stage being a melena stool. Such melena stools, or red admixture in the stool also require precise differentiation in the laboratory, as



<b>Stage 1:</b>	Vegan diet, largely steamed. 1-2 tsp. cold-pressed, polyunsaturated vegetable oils (linseed, hemp, rapeseed); 2 tablets or 60 drops SANUVIS in the morning and 1-2 tablets CITROKEHL in the evening, plus 2 capsules SILVAYSAN orally, for the duration of treatment; drink plenty of hot water; for the first fortnight of treatment add 1 pinch of ALKALA N mornings and evenings (drink on an empty stomach); once or twice a week, a s.c. injection of TARAXAN.
<b>Stage 2:</b>	FORTAKEHL 5X drops, morning and evening, 2-8 drops (starting with the lower dose and increasing gradually), orally or massaged in around the navel; in the middle of the day PINIKEHL 5X, 8 drops; this lasts for at least a fortnight, then switch to
<b>Stage 3:</b>	MUCOKEHL 5X in the mornings and NIGERSAN 5X in the evenings, 5-10 drops of each; in the middle of the day continue with PINIKEHL 5X, 8 drops orally and/or mas- saged in, for many weeks.
<b>Stage 4:</b>	From the fourth week of treatment possibly SANUKEHL Pseu 6X or SANUKEHL Myc 6X (depending on test results), 2-4 drops massaged into the hollow of the elbow.
<u>Additional measures:</u>  Herbal teas of yarrow, mugwort, agrimony, artichoke leaves and fumitory (mixed or single); warm body-wraps of fennel tea, potatoes or castor oil; Massages with an essential oil blend: 30 ml jojoba, 10 drops essential oil of lavender, 7 drops essential oil of cedar wood, 3 drops essential oil of rose geranium (all available from BIOFRID Co.)	

Table 1: Treatment for weakness of liver and spleen

discoloration may arise from dietary causes or medication - characteristic color as from beetroot, bilberries, liquorice, iron, charcoal, etc. Basically it may be stated that melena (tarry) stools originate in the upper sections of the alimentary canal and may possibly originate in the stomach, obtaining their black color via the formation of hematin from contact with the gastric acid. But the discoloration may likewise be decided by the speed at which the material passes through the gut.

Thus, when passage through the gut is rapid, admixtures of blood may appear quite red,

even though they originate in the upper digestive tract. On the contrary, when passage through the gut is slow, blood from the lower areas of the gut may take on a blackish appearance. In most cases really bright red blood comes from hemorrhoidal bleeding. Bleeds in the lower part of the gastro-intestinal tract are frequently caused, in children, by invaginations, ileus and Meckel's diverticuli. In adults the cause is predominantly bleeding hemorrhoids; however blood in the stools may also be a result of Crohn's disease, ulcerative colitis, or infectious inflammations of the large intestine on account of tuberculosis,

salmonella poisoning, candidiasis, dysentery and cholera. Endometriosis that has affected the large intestine may likewise lead to blood being passed with the stools. The same is true when gastric-acid-resistant capsules containing anti-rheumatics are taken.

However, it is hemorrhoidal bleeding that is the most common cause. On the one hand, a problem of congestion is involved, (constipation, portal congestion) and, on the other hand, connective tissue weakness; therefore, the spleen should be included in the treatment in all cases. Chinese Medicine says



- In the mornings: MUCOKEHL 4X 1 capsule, and 2 SANUVIS tablets  
In the evenings: NIGERSAN 4X 1 capsule, and 1 CITROKEHL tablet
- Essential oil blend of 50 ml jojoba, 20 drops essential oil of cedar wood, 10 drops essential oil of lavender, 10 drops essential oil of laurel; massage this into the skin of the upper abdomen twice a day, and then cover it with a warm towel.
- Zinc supplementation with Zinc diet (BIOFRID), 2 capsules one hour before the (evening) meal; also ZINKOKEHL 3X, 10 drops in the evening before retiring.
- Provision of vitamin B: VITAMIN B12 SANUM as an injection whenever required, 1-3 times a week; Vitamin B complex (Hevert) orally.
- Teas or mother tinctures to stimulate the kidneys (Erythropoietin formation), made from golden rod, lady's mantle, stinging nettle; also eat ground stinging nettle foliage with meals, or prepare spinach or soup from this plant.

Table 2: Treatment to promote formation of new blood.

<b>Stage 1:</b>	Regulation of the internal milieu right from the start: SANUVIS - 2 tablets to be sucked daily Diet: hypo-irritative food, vegetable broth, liquorice root, 1-2 tsp. olive oil on an empty stomach, preferably in the morning. Watch out for stress on the stomach meridian, and for dental infective foci.
<b>Stage 2:</b>	Specific regulation right from the start of treatment, for 2 weeks FORTAKEHL 5X, 2-8 drops twice a day (possibly PEFRAKEHL 5X, 8 drops once a day); then, following on:
<b>Stage 3:</b>	Basic regulation over 4-6 weeks.: Mon. - Fri.: in the mornings MUCOKEHL 5X 5-10 drops; in the evenings NIGERSAN 5X 5-10 drops Sat. - Sun.: continue the medicines from Stage 2.
<b>Stage 4:</b>	Immunomodulation, beginning simultaneously with Stage 3: UTILIN 6X, BOVISAN 5X or UTILIN "S" 6X, weekly, in alternation, no more than one capsule; SANUKEHL Prot 6X, 2-8 drops once a day
<u>Additionally:</u> weak herbal teas made from oak bark, potentilla, shepherd's purse, and yarrow; possibly mother tincture of Hedera helix (Common Ivy) (from Ceres Co.) 2-3 drops daily in warm water.	

Table 3: Treatment of eroded gastric mucosa and gastric hemorrhage with Helicobacter pylori involvement.

that it ensures that the blood keeps to the strait and narrow and the connective tissue is

strengthened. The main constituent remedies in this treatment are MUCOKEHL, PINIKEHL

and NIGERSAN. Table 4 shows a treatment plan for hemorrhoidal bleeding, connective tissue



weakness and varices.

5. Hemorrhages in the area of the brain have particularly serious consequences. The primary causes mentioned are high blood pressure (70-90%) and amyloid angiopathies (7-17%) which turn the vessels into rigid tubes. The secondary triggers include aneurysms, angiomas and other vascular deformities, hereditary diseases, neoplasms, clotting disorders, drug abuse (cocaine, amphetamines, ecstasy, alcohol, sympathicomimetics), traumas with ensuing hemorrhage, preg-

nancy (eclampsia), and vascular inflammation.

The formation of aneurysms in the brain is multi-factorial, e.g. owing to genetic defect in the Pars muscularis of the vascular wall. Of course, because they lack the strengthening of the adventitia, the intracranial vessels are especially at risk. The hemorrhages may be classified according to the site of the bleeding into the individual components of the brain and also into the various meninges. The symptoms of an intra-cerebral hemorrhage

may be nausea, vomiting, sudden loss of consciousness, or unfamiliar headache followed by stiffness of the neck and neurological failures. A spontaneous intra-cerebral hemorrhage does not have a traumatic cause. The blood escapes into the parenchyma of the brain and a localized clot forms. Spontaneous bleeds like this are the cause of 15-20% of all strokes, and their cause in turn - as already mentioned above - is high blood pressure and amyloid deposits in the vessels.

Here Natural Medicine is parti-

<b>Stage 1:</b>	Change of diet to vegan if possible, steamed food, preferably consumed hot. Avoid social toxins, particularly alcohol, because it widens the blood vessels via histamine action and also damages the liver. Daily, to improve stool quality, eat 1 tsp.- 1 tbsp. of linseeds, steeped for 6 hours in cold water. Daily doses of: SANUVIS 2X 5-10 drops twice a day; 1 CITROKEHL tablet; 5 drops of FORMASAN 2-3 times a day; and HEXACYL, 3-5 drops 1-2 times a day; the last two depending on test results. PINIKEHL 5X, 4-8 drops 1-2 times a day, massaged in or orally. Continue with these dosages over a long period. At the same time begin with:
<b>Stage 2:</b>	SANKOMBI 5X, 5-10 drops twice a day, massaged in or orally, plus MUCOKEHL 3X suppositories, one rectally in the evening; additionally, in the event of itching or inflammation, local application of SANUVIS 1X or NOTAKEHL 3X ointment (possibly applied alternately);
<b>Stage 3:</b>	In the mornings MUCOKEHL 4X, 1 capsule; in the evenings NIGERSAN 4X, 1 capsule; for many weeks.

Additionally: Schüssler's biochemic tissue salts, no.11 and no.1, each 3 times a day, 2 tablets to be sucked; pelvic floor exercises and Kneipp hydrotherapy treatments; herbal remedies to be considered include purple loosestrife, chamomile, walnut, angelica, fennel, hyssop, scabwort, buckbean, chicory and galangal (Thai ginger) because, on the one hand, they cleanse the liver and relax the intestines, thus promoting blood-flow and suppressing any tendency to edema, and, on the other hand, they enable good digestion and easy defecation, thus avoiding extra pressure on and irritation of hemorrhoids. An astringent, vulnerary and styptic action is afforded by cold sitz baths with weak infusions of chamomile or yarrow, mixed with oak bark.

Table 4: Treatment of hemorrhoidal bleeding, weakness of connective tissue and varices.



cularly required to do something prophylactically, and also by way of treatment after the event, supporting the convalescence. Patients with high blood pressure must be treated causatively, so as to avoid vascular ruptures. Since high blood pressure has a wide variety of triggering factors, a thorough case-taking is required, lest anything be overlooked. From an orthodox point of view, causes of hypertension are as follows: arteriosclerosis, high cholesterol levels, stress and smoking. According to Dean Ornish, as well as incorrect nutrition, prime factors are emotional stress, feelings of isolation, lack of social contact, hostility, cynicism and low self-esteem. Based on his intensive investigations and treatment of patients with high blood pressure, he has worked out important principles for the physiological lowering of risk in cardiac circulatory disease:

- Sports, performed as endurance sports.
- Reduction of dietary fat, especially of saturated (animal) fats.
- Consumption of polyunsaturated fatty acids (omega-3-fatty acids, e.g. LIPISCOR - and omega-6-fatty acids in the form of vegetable oils and seeds.
- Consumption of vegetable foods rich in bulk, especially water-soluble bulk (psyllium husks, linseed, oat bran), vegetable cholagogues (artichokes, dandelion).

- Consumption of phytosterols (in all vegetable cell membranes), especially sesame, cereals, sunflower seeds. They inhibit the intestinal uptake of cholesterol and influence the metabolism.
- Consumption of phyto-estrogens (isoflavonoids, lignanes) in cereals and pulses, particularly soya (antioxidative, combat arteriosclerosis and osteoporosis).
- Doses of lecithin (EPALIPID), which inhibits intestinal cholesterol uptake and increased gallic acid formation, but promotes brain and nerve function.

So far as prophylaxis of such cerebral hemorrhages or vascular obstructions is concerned, this means: avoidance of high blood pressure, optimizing of blood fluidity, maintaining or improving the elasticity of the vessels, or combating sclerosis. As well as this, in all cases the body's internal milieu needs to be improved by means of suitable diet and movement, the basic emotional mood needs to be given a boost, which is effected *inter alia* by a cleansing of the milieu (mens sana in corpore sano) and supported by the use of suitable remedies from Natural Medicine (isopathics, herbal medicaments etc.). Once again, of course, the spleen is centre-stage; even in ancient Roman times it was regarded as "the source of laughter", because, according to the Theory of the Four Humors, it purges the body of black bile. From the point of view of modern-day knowledge it is of immense significance for purification of the

blood and for the formation and breakdown of thrombocytes; because of this it has an influence on any hemorrhagic tendency and clotting disorders. The main remedies from the SANUM range are MUCOKEHL, because it optimizes the fluidity of the blood and strengthens the body's constructive energies, MUCEDOKEHL because, via the limbic system, it is able to regulate all the hormonal functions in the body and generally improve the lymphatic flow, PINIKEHL as a spleen remedy, and NIGERSAN, because it supports all the connective tissue structures in the body. It promotes elasticity, gives firmness while at the same time combating sclerosis. A treatment plan for prevention of threatening cerebral hemorrhages and rupture of vessels generally might look like what is proposed in table 5.

Because of the causal role played by germs, whose toxins and foci come from the dental and tonsillar areas, chronically sick patients especially should be examined in this direction and possibly be given adjunctive treatment.

**6. Hemorrhages in the genitourinary area** - especially in women - account for the majority of acute hemorrhages and hemorrhagic diatheses. These losses of blood may be connected, on the one hand, to hormonal changes in the internal and external genitalia and childbirth and, on the other hand, with systemic diseases.

Since, in the case of both sexes,



the blood is discharged via the common orifice of the genitourinary tract, the precise cause must be sought. In the urine-producing and -excreting pathways, causes of bleeding may be diseases of all the three sizes contributing to blood-clotting, but also mechanical obstacles, e.g. lithiasis. Generally speaking, treatment with Natural Medicine must therefore orientate itself around the cause and has already been mentioned regarding basic deficiencies and illnesses. The preventive therapy for lithiasis too has a great deal to do with regulation of the internal milieu, plus making changes to one's

lifestyle and eating habits.

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thiasis too has a great deal to do with regulation of the internal milieu, plus making changes to one's lifestyle and eating habits. In some cases, hemorrhages from the primary and secondary sexual organs may not be externally visible, but may give rise to severe pain and loss of blood (intra-mammary, ovarian, endometrial blood loss, bleeding from ectopic pregnancy, tumors of the internal sex organs or the prostate gland).

Here too it holds true for Natural Medicine that life-threatening, severe hemorrhages and their causes are a matter for

<b>Stage 1:</b>	Vegan diet, steamed as far as possible, with much vegetable bulk and vegetable polyunsaturated oils (linseed, hemp and rape oils), but also olive oil; 10 drops SANUVIS 2X twice a day, and one CITROKEHL tablet in the evening, 3 drops HEXACYL 1-2 times a day; possibly as well 1-2 capsules SILVAYSAN orally, 4-8 capsules LIPISCOR daily, GINKGOBAKEHL 4X, 1 ampoule to be injected 1-2 times a week, or 1-5 drops to be taken orally up to 6 times a day; drink plenty of hot water; the body to be sponged down, or foot baths, using ALKALAN for the entire duration of treatment;
<b>Stage 2:</b>	MUCOKEHL 4X, 1 capsule in the mornings, and NIGERSAN 4X, 1 capsule in the evenings, PINIKEHL 5X, 8 drops orally and/or massaged in in the middle of the day. MUCEDOKEHL 5X, 5-8 drops orally and/or massaged in twice a day, for many weeks and months
<b>Stage 3:</b>	from the fourth week of treatment: SANUKEHL Serra 6X or SANUKEHL Myc 6X (on alternate days, depending on test results), 2-4 drops to be massaged into the hollow of the elbow; PROPIONIBACTERIUM avidum 5X, 1 capsule 1-2 times a week, or ASPERGILLUS oryzae 6X, 5-8 drops once a day, to be taken orally or massaged in; in cases of particular immune weakness one can give 1 capsule UTILIN 6X a week
<b>Additional applications:</b> Stress reduction by playing sports without pressure to perform; natural movement (walks, hiking, swimming, cycling), hobbies and cultivating social contacts. Massages over the heart area using infused St. John's wort oil, to 50 ml of which are added 6 drops essential oil of rose geranium, 6 drops of essential oil of laurel, 2 drops essential oil of bergamot and 6 drops essential oil of mandarin.	

Table 5: Prophylaxis to avoid cerebral hemorrhages and cardiovascular diseases



intensive medical care, but their adjunctive treatment, after-care and prophylaxis are safe in our hands. This is particularly the case with the many irregularities and troubles connected with monthly periods, hormonal adjustments during puberty and the Third Age, and surrounding pregnancy. Here too, alongside dietary and life habits, stress and emotional burdens play a significant part. Rather than tinkering with hormones, Natural Medicine strives to achieve natural regulation which also does justice to the excretory function which finds expression in the monthly period. Hormonal dysregulation frequently is at the root of irregular, heavy or light, short or protracted periods, and this may originate in an insufficient supply of essential or dietary nutrients (anorexia, indigestion, malabsorption) or a disorder in the area of the limbic system and the pituitary (overload with light or heavy metals or toxins, hematomas that have occurred and left scarring).

Treatment with Natural Medicine consists in detoxification and provision of an optimum diet, as well as intestinal cleansing, since all the mucosa are interrelated. MUCEDOKEHL is a regulating medicine in all hormonal disorders, and additionally it helps in cases of congestion and lymphedema, which frequently occur in association with menstrual bleeding and other menstrual complaints.

Two remedies from the SANUM range that are particularly suited

to copious or persistent hemorrhages are CALVAKEHL and USTILAKEHL. When dealing with uterine hemorrhages, the following differentiation is required:

**a.** CALVAKEHL acts particularly well in premature or copious flow of blood which tends to be chronic; the blood is clotted and black, and there is a nocturnal aggravation. The picture likewise includes cramps and tenesmus of the hollow organs, which frequently accompany menstruation. The prescription is as follows:

CALVAKEHL 3X, 5-10 drops 1-3 times a day, or CALVAKEHL 4X tablets, one 1-3 times a day.

**b.** USTILAKEHL is better indicated if the hemorrhages flow slowly or in a trickle and are dark-colored and thready. Small clots may also be passed, and these tend to be bright red in color. As well as this, USTILAKEHL has an immunostimulant action which comes in useful in all hemorrhagic tendencies that are associated with allergies. We give:

USTILAKEHL 5X, 8 drops once a day, or USTILAKEHL 5X suppositories, one in the evening.

CALVAKEHL is also excellent as a remedy for nosebleeds and bleeding gums.

### Conclusion

Hemorrhages and hemorrhagic

tendencies have a multitude of causes, which the methods of Natural Medicine often address very well. In this case we are not just looking for an improvement in symptoms, but are addressing the causes. Isopathic medicines in particular exert a strong influence on the blood, its components and its fluidity, as well as the connective tissue structures which form the pathways of the blood.

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