



Varicella zoster - Treatment with SANUM Therapy

A case report

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Introduction

Varicella zoster or Herpes zoster is a virus that causes the chicken pox and the condition commonly known as shingles. After an attack of chicken pox, which presents with the characteristic papular lesions usually in our childhood years, the virus lies dormant in the nerve tissue. As we get older, and likely experience a decreased activity of the immune response, it is possible for the virus to reappear in the form of shingles. Shingles typically present along the superficial nerve dermatome, starting from the paraspinal area at the nerve root and spreading laterally along the path of the dermatome to the anterior nerve end.

The appearance of lesions or presence of pain follows this dermatomal pathway.

The patient's skin becomes highly sensitive to touch and various other types of pain, such as searing or burning pain, or sudden shooting pains may be experienced as well, and are followed by clusters of blister-like lesions in a strip-like pattern on one side of your body. The pain can persist for weeks, months or years after the rash heals and is then known as post-herpetic neuralgia.

Typical symptoms and possible warning signs of the development of shingles are

- unilateral (on one side) pain, tingling, or burning sensation limited to a specific part of the body. The pain and the burning sensation may be intense.

- reddening of the skin (erythema) followed by the appearance of blisters (vesicles)
- grouped, dense, deep, small blisters that ooze and crust

Additional symptoms that may be associated with this disease:

- Fever, chills
- General feeling of malaise
- Headache
- Lymph node swelling
- Vision abnormalities
- Taste abnormalities
- Drooping eyelid (ptosis)
- Loss of eye motion (ophthalmoplegia)
- Hearing loss
- Joint pain
- Abdominal pain
- Genital lesions (female or male)

Shingles is estimated to affect 2 in every 10 people in their lifetime. Shingles is more common after the age of 50 and the risk increases with advancing age.

The case

On July 24th an 82 year old female presented to my office with a 2 and ½ month long history of Varicella zoster. The Woman had been very active working a full-time job and had recently been experiencing increased stress and fatigue from this work. With the onset of the Varicella zoster she found it necessary to take a leave of absence from her job and will likely not return to work. She had no recent prior history of illness and was in excellent health before the onset of the shingles.

Past medical history included having chicken pox as a child and

no further significant illnesses. She has basically had a very active, healthy life working primarily in managerial positions in the tourist industry around the world. The patient stated that the onset of the symptoms were relatively rapid occurring in a matter of a day or so at the beginning of May 2006.

They were left-sided, unilateral pains starting on the lumbar area of the spine and which extended anteriorly and inferiorly with lesions that were the type typically seen with Varicella zoster. Of particular discomfort were the shooting pains down the left, lower abdominal area into the groin and down into the left lateral quadriceps area.

She described the pain as constant with increased fluctuations over the last few weeks. The patient stated she had been to several doctors and taken medications without receiving any benefit. However, she said that she had received the SANUM remedies: QUENTAKEHL and GRIFOKEHL at the beginning of July, which she took orally and topically. While not alleviating the symptoms, the patient stated what she did receive some, but not lasting benefit.

Physical assessment

Upon visual inspection the skin appeared characteristic of Varicella zoster: It was erythematous, sensitive to the touch, however, no active vesicles were observed. The patient stated that the active vesicles had subsided in the previous months. On a pain scale of 1-10, the patient stated the the



pain would fluctuate between a 4 or 5 to 10 out of 10. The pain, as stated above, would radiate from posterior to anterior and was worse at night. She stated she had not slept well since the onset of the symptoms.

The treatment

Generally, this would be beneficial 1-2x weekly.

The course of treatment on the first day involved:

1. Neural therapy injections

by superficial quaddles administered throughout the affected area and several deeper oblique injections at the paraspinal areas of the nerve root origins. This is painful, but usually very effective. I used:

- Procaine 1%. The volume depends upon the site to be injected. Usually 2-6 ml plus
- GRIFOKEHL 5X solution for injection 0.75 ml
- QUENTAKEHL 5X solution for injection 0.75 ml

Note: the neural therapy is done using a 27 or 30 gauge by 12 mm needle. You can bend the needle slightly to a 30-degree angle, or whatever is desired, using the needle cover to maintain sterility, which makes for a more ergonomic injection angle of administration.

2. Autohemotherapy

contra lateral administration with the remaining 0.25 ml's of the above SANUM remedies GRIFOKEHL 5X and QUENTAKEHL 5X plus 1 ampoule (1 ml) of RECARCIN 6X, mixed with

the blood withdrawn from the right antecubital space, mixed briefly within the syringe and administered I.M. in the left buttock.

3. Vitamin B complex injection + Folic acid administered I.M. in the right buttock.

Oral administration of QUENTAKEHL 5X and GRIFOKEHL 5X was prescribed on the days when there were no injections.

Results

The patient reported back to the office on Wednesday for a follow-up visit. She stated that she slept the entire night for the first time in nearly 3 months, something she had not done since the Varicella zoster onset. Then, when she awoke Tuesday morning she experienced the most intense pain than at any other time. However, within 2-3 hours she stated that the pain subsided to well below the level she had been experiencing for the prior. The shooting pains were neatly absent and the constant pain was substantially less. In addition, the overall area of pain was reduced.

She said that Tuesday night she did not sleep as well as Monday night, but nonetheless slept pretty well.

Wednesday, I repeated the above treatment. The patient needed to return to her residence several hours away that day, so I provided her with oral drops of GRIFOKEHL 5X and QUENTAKEHL 5X. In addition, a third SANUM remedy, STOLONI-

KEHL made from the fungus *Penicillium stoloniferum* and indicated for intercostal neuralgia was given to the patient.

The patient returned to the clinic for a follow-up treatment on Friday August 4th. She still had reduced pain, but was experiencing more intense shooting pains than after the first treatment, although not as severe as the original pain.

I repeated the treatment a 3rd time and also prescribed a classical homeopathic remedy, *Ranunculus bulbosa* 30C.

As of August 23 the patient has had a substantial reduction in her symptoms, as she has stated many times, however she is still experiencing minor neuralgias with some shooting pains into the groin area. I recommended an increased dosage of STOLONIKEHL at 10 drops 3 times a day, plus the topical application of a Neuralgia cream for Varicella zoster.

The patient promised to return to the clinic, depending upon the response of the increased dosage of STOLONIKEHL and the use of the Neuralgia cream.

Evaluation

I believe that the restful sleep experienced by the patient that first night after treatment, followed by the temporary increase in symptoms was a healing crisis that brought the condition more fully through the acute phase of the illness reaction. As she has had substantially reduced symptoms since that visit, it appears that she



is on the downhill side of the acute neuralgias. As Varicella zoster can be cyclic in its actions, it will be important to maintain a somewhat frequent treatment regimen as the patients travel allows, to keep it under control, or perhaps alleviated altogether. Since the patient developed the symptoms at such a late stage in her life,

combined with her age and the active workload, it would seem that consistent treatment and some rest may allow her to regain enough vital force to keep the shingles in check.

Editor's note: There is no information available on the further progress.

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