



# The Importance of an Intestinal-Mucous-Membrane-Regenerating Diet Increasing the Effectiveness of Isopathic Remedies

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Everybody is talking about allergies these days. Many chronic diseases that may clinically resemble allergies are, like allergies, the result of functional disturbance of an atrophied intestinal mucous membrane. Also, there are a great number of diseases that get treated symptomatically but that should be seen as typical remote actions of a deficient intestinal mucous membrane. The central theme of all chronic diseases, which includes allergies, is an atrophied intestinal mucous membrane. Our specialised knowledge of the physiology of the small and large intestines makes it impossible to ignore these problems.

An allergy is a disturbance of the internal state, which originates in the intestinal mucous membrane and the Peyer's patches and spreads to ever more areas, thus necessitating long-term therapy. Treatment of allergic symptoms must in every case include the two important compartments of the intestinal milieu: the intestinal mucous membrane, with all its

functional components, and the bacterial lawn.

In holistic therapy and milieu treatment, reconstructing the "soil" of the intestinal mucous membrane with the proper pH improves the opportunities for the bacterial lawn. A bacterial flora that is qualitatively and quantitatively right for the region needs the right pH. This then significantly improves the efficiency of SANUM isopathic and microbiological therapeutic agents.

Being immune means possessing full regulatory capacity. This capacity can only exist with a fully functional intestinal mucous membrane and a working symbiosis, as well as a balanced supply of minerals and trace elements. The intestinal milieu is determined by the state of the intestinal mucous membrane and its bacterial stock. The milieu cannot be fully or even adequately improved by only treating a part of it. Rather, one must treat all three parts at the same time and for a long time.

In order to ease its burden, the intestinal mucous membrane behaves in accordance with *Reckeweg's* laws and accomplishes excretion of the inflammatory parameters that arose due to the allergising reactions via other (weak) organs (see Table 1). But the origin of an allergy is in every case to be found in the intestinal mucous membrane and its atrophy. In their very first nine months, infants who are only partially (or not at all) breast fed - even breast-fed infants in particularly atopic families (whose mothers drink cow's milk during this period) come into contact with the foreign proteins and primary antigens in cow's milk and hen's eggs. However, all the parts of the intestinal milieu - mucous membrane and acidifying flora - are primed for mother's milk. It is this repeated contact with these first foreign proteins that ultimately leads to allergic over-reactions and simultaneous loss of the villi and the mucous membrane (subtotal villous atrophy: see Table 2). Villous atrophy has a markedly deleterious effect on immune response



and leads in short order to dysbiosis as well.

**Table 1: Vicarious Intestinal Phenomena**

**RESPIRATORY TRACT:**

Sniffling (infant)  
Spastic bronchitis  
Sinusitis and remote disturbances

**SKIN:**

Seborrhoidal dermatitis  
Neurodermitis (40-year-olds)

**JOINTS:**

Monarthrits (small children)

**INTESTINAL SEGMENTS:**

Enteritis, appendicitis  
Colitis syndrome, constipation

**IMMUNE-SYSTEM ORGANS:**

Tonsillitis, heightened susceptibility to infection; Recurring flu

Thus, intestinal villous atrophy turns out to be the cause of many diseases and forms the basis of a tendency to chronicity. The mucosal destruction or atrophy associated with villous atrophy leads to a definite reduction in the production of immuno-globulins, especially Immuno-globulin A (IgA). IgA is very important for good health and can be viewed as the "anti-allergy agent". It seals off the intercellular space of the surface-layer cells (leaky gut syndrome), prevents the invasion of foreign bacteria, bacterial parts, fungal phases or their parts and other toxins in the body. These phenomena were observed as early as 1846 (Krebs). Only a

permeable small intestine and associated severe IgA deficiency make possible a positive RAST. With a well-sealed intercellular space, no intracorporeal systemic reaction can take place, therefore the RAST values for cow's milk and hen's eggs are negative. A false-negative RAST is not an exclusion phenomenon for an intestinal allergy.

**Table 2: Mucosal Atrophy and its Consequences**

**RESTRICTION OF ABSORPTION POSSIBILITIES**

**EXPANSION OF DIFFUSION POSSIBILITIES:**

Proteins diffuse more easily;  
Heavy metals diffuse greater permeability for toxins, fungi, bacteria.

**LOSS OF THE PRECURSOR STAGES OF PANCREATIC ENZYMES:**

Lack of pancreatic function

**LOSS OF SURFACE FOR BACTERIAL CULTURE:**

Increase in fecal flora

**LOSS OF CELLULOSE CLEAVAGE:**

Fermentation/putrefaction  
dyspepsia

**DYSTROPHY OF THE PEYER'S PATCHES:**

Limited T3/4 cell activity  
Loss of B & plasma cell activity  
Heightened susceptibility to infection  
Lowered resistance

In addition, IgA inhibits the IgE histamine pathway. This

defense variant is the trigger for mast cell degradation and favors the dependent diseases such as colitis, asthma and, in part, neurodermitis.

The more IgA is present, the less this pathway can be activated. Lack of IgA leads to more work for the tonsils, which were not designed to do this, and to adenoidal vegetation, especially in children and infection-susceptible adults. Thus, the remote actions can continue extending themselves without functional digestive disturbances becoming visible in the foreground. These can only be detected by paying special attention. Chronic diseases can develop all the more easily, which then are very difficult to treat, or for which the patients are advised to undergo frustrane therapy (rheumatoid arthritis, duodenal/ventricular ulcers, colitis syndrome, neurodermitis, recurring candida infestation, amalgam sensitivity, etc.). Table 3 summarizes the importance of IgA.

**Table 3: Immunoglobulin A and its Functions**

- Sealing off intercellular space
- Marking the luminal toxins
- Influence on the IgE histamine pathway
- Prevention of mast cell degranulation
- Development of immune bodies by antigen-antibody binding
- Checking IgG complement effect



Atrophy of the intestinal mucous membrane needs a strongly acidic milieu. According to Enderlein, excess protein and the resulting (or isolatedly existing) long term acidic milieu is the cause of high-valence and at the same time highly pathogenic phases of the Endobiont *Mucor racemosus* fresen and the other Cyclogenies, especially the penicillin series. Of primary importance is turning the bacterial, viral or fungal phases back into low-valence basic forms and thus break the tendency towards chronicity. An alkaline terrain guarantees that the many Symprotits and Macrosymprotits created by the smashing up of the high-valence forms do not again develop an up into higher valences.

Maintaining an alkaline milieu is a fundamental prerequisite for speedy and long lasting therapeutic success. As an important side effect, it re-enables the small intestine's mucous membrane cells, when necessary, to start up the pancreas on short notice and adequately. It ensures the proper breeding ground for desirable local bacterial strains and prevents parasites from breeding. The therapeutic goal must be eliminating the atrophy of the small intestinal mucous membrane and the disturbances of Cyclogeny.

Only a combination of a diet free of milk and egg products and the microbiological isopathics (SANUM) can effect a successful treatment of allergies and chronic diseases. This balanced combination

- Re-establishes the intestinal mucous membrane
- Alkalizes the intestinal milieu
- Returns the high valences to their basic forms
- Prevents upward development after administration of isopathics
- Promotes the re-establishment of the normal local bacterial lawn and of
- Symbiosis

Milieu therapy takes time. On average, count on 1 to 2 years, before the body is again able to regulate the individual mechanisms. Besides the individual adjuvant remedies such as SELENOKEHL, MAPURIT, RELIVORA COMPLEX, as well as individual nosodes, the therapy plan in Table 4 is to be regarded as the basic therapy. Worthy of note is the SANUKEHL combination, which, in order to amplify its effectiveness by a power of ten (immune-body formation), presupposes a healthy intestinal mucous membrane and (in the Cyclogenic sense) a healthy intestinal colonization.

#### **BASIC THERAPY**

Always a diet (Werthmann) with no milk and egg products, in conjunction with:

#### **FORTAKEHL 5X:**

5-15 drops, 1 tablet twice daily for 2-3 weeks; then

#### **MUCOKEHL 5X:**

5-15 drops, 2 tablets once in the morning;

#### **NIGERSAN 5X:**

5-15 drops, 2 tablets once in the evening.

#### **For Children:**

#### **SANKOMBI 5X:**

Administer 5-20 drops twice daily for months;

#### **ZINKOKEHL 3X dil.:**

3-5 drops twice daily;

#### **SELENOKEHL:**

5 drops twice daily;

#### **SANUKEHL PSEU 5X:**

Oral: 5 drops twice daily;

Skin: 2 drops twice daily;

#### **REBAS 4X capsules:**

1 capsule twice daily

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