



**Isopathic Therapy for rheumatic diseases
Successes with Bekhterev's Disease
and Gout**

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Diseases in the rheumatic morphological group display an extremely wide range of symptoms. If one distinguishes them according to diagnostic, therapeutic and practical aspects, one arrives at the following classification of the various types of rheumatic disease (Pschyrembel, 1986):

Inflammatory rheumatism, meaning an inflammatory disease of the mesenchymal tissue as a result of infectious - toxic influences (e.g. rheumatic fever, primary chronic polyarthritis, Bekhterev's disease or ankylosing spondylitis).

Degenerative rheumatism, meaning primary regressive changes to the mesenchymal tissue without real inflammatory manifestations (e.g. arthrosis, spondylosis, intercostal neuralgia).

Extra-articular rheumatism. Umbrella term for soft tissue rheumatism, sometimes with inflammatory and sometimes with degenerative processes (e.g. muscular rheumatism, epicondylitis humeri).

Professor Enderlein divided rheumatic diseases into the various pathogenic morphologies (cyclodes):

Endobiontic rheumatism, which is triggered by pathogenic forms of chondritis deriving from the *Mucor racemosus* cyclode (e.g. muscular rheumatism).

Poncet's disease, which is triggered by pathogenic chondritic stages of the aspergillar cyclode. A particular aggravating factor here is the misdirection of the calcium metabolism through parasitic growth forms, which can lead to partial destruction or alteration of components of the skeleton (e.g. in Bekhterev's disease). There are also some rheumatic conditions which are caused by Streptococci and Micrococci (e.g. rheumatic fever).

Mixed forms of the above mentioned types of rheumatism are the most commonly encountered in practice, since in many types of rheumatic disease various pathogenic morphologies are involved.

Blood supply disorders may look like changing rheumatic conditions. The causes are blockages by pathogenic growth forms of *Mucor racemosus* and the *Aspergillus niger* cyclode, together with acidosis of the connective tissue. The best known phenomenon of this type is the cervical syndrome. Gout can also be classified as a rheumatic morphology in the broadest sense as it is triggered by inborn or acquired hyperuricaemia.

A profile of Bekhterev's disease

The various stages of this disease as a rule last decades. In the course of Bekhterev's disease pathogenic growth forms of the *Aspergillus niger* cyclode cause increasing calcification of

the intervertebral discs, the large and small joints in the area of the breastbone and the vertebral column and also of the ileosacral joints. Sometimes peripheral joints are also affected. In severe cases the vertebral column and joints close to the trunk become completely ossified.

At this stage it is only possible to alleviate the problems. Patients up to the middle stage generally respond well to SANUM therapy. Existing degenerative phenomena cannot however be brought to remission.

Therapy for Bekhterev's disease

The following basic rules of all rheumatherapy apply to treatment for Bekhterev's disease:

- elimination of any focal infections (dental foci, chronic sinusitis etc.)
- support for the detoxification and elimination organs
- regulation of the acid-alkali balance and the body's own symbiosis
- elimination of heavy metals, environmental toxins etc.
- gradual phasing out of any cortisone preparations and anti-rheumatics used, depending on the constitution and reaction status of the patient
- support for the immune system.



Among the main remedies for the treatment of Bekhterev's disease are NIGERSAN and UTILIN „S“. In the preliminary stage of the disease a weekly intramuscular mixed injection of these two products is usually sufficient. It should begin with a low dose, in order to limit possible initial aggravations. In order to eliminate endobiotic blockages, the following mixture is sometimes given: 1 ampoule MUCOKEHL 6X and 1 ampoule SANUVIS (or 1 ampoule FORMASAN) in an intra-muscular injection.

Treating patients in the middle and advanced stages of Bekhterev's disease requires a thorough knowledge of various injection techniques of neural therapy according to Huneke and Arnoul. If there are problems in the ileosacral joints, the following mixture is injected into the right and left foramina sacrale or into the S2-points (according to Arnoul): 1 ampoule UTILIN „S“ 6X or 4X + 1 ampoule NIGERSAN 7X or 6X.

Commonly occurring painful thickening of the joints between the clavicle and the sternum may be treated with targeted injections (subcutaneous) of the same mixture.

The following products are suitable for supporting kidney function: 1 ampoule MUCOKEHL 6X or 7X + 1 ampoule Urol 90N + 1 ampoule PINIKEHL 5X, in an intramuscular injection.

The treatment of Bekhterev's disease takes one to two years, depending on the severity of the condition.

A profile of gout

According to medical school training gout (arthritis urica) is diagnosed through raised levels of uric acid in the blood (standard levels 50 to 60 mg/l). Through the depositing and crystallisation of urates in various basic joints (including the big toe and the thumb), the joints are gradually destroyed. In primary gout there is a pattern of chronic distortion of the purine metabolism with resultant hyperuricaemia (Thews, Mutschler et al. 1991). A raised level of uric acid in the blood may also be triggered by a disorder in the renal elimination.

Many years experience in our practice have shown that uric acid is not deposited only at the 'classical sites' in the organism (basic joints, possibly shoulder, ear muscle, kidneys etc.). Certain forms of muscular and soft tissue rheumatic disease are undoubtedly also triggered by the crystallisation of uric acid salts in the corresponding tissues (muscles, connective tissue, sinews etc.). These urates then evoke local micro-inflammations. Patients suffering from this 'soft tissue gout' often do not have raised levels of uric acid in the blood. In the course of treatment with SANUM remedies and Schüssler salts hyperuricaemia then occurs, which confirms our hypothesis. Urates also play a part in various

forms of finger polyarthrosis.

Therapy for gout

Successful therapy for the various forms of gout comprises the following basic treatment:

Use of Schüssler salts, primarily Natrium phosphoricum D6 and Natrium sulfuricum D6. To dissolve the uric acid salts out of the tissues No. 9, Natrium phos. D6, is administered in the evening (1 to 3 tablets depending on reaction status). The dissolved uric acid is eliminated with No. 10, Natrium sulf. D6 (in the morning, on an empty stomach, 1 to 3 tablets).

The Schüssler salts frequently trigger strong reactions in the form of pains in the region of the joints and muscles. In these cases the dose should be reduced.

Use of SANUM products: in advanced cases with strong pain symptoms, the following mixed injection is recommended in addition to the Schüssler salts: 1 ampoule NOTAKEHL 7X or 6X + 1 ampoule UTILIN „S“ 6X or 4X + 1 ampoule NIGERSAN 7X or 6X.

This injection may be given intramuscularly or via the S-2-points according to Arnoul (at intervals of one to three weeks). The S-2-injection (cf. SANUM Post No. 38 page 28) often produces a temporary alleviation of the pain or even freedom from pain.

With milder forms of gout, one intramuscular injection with one ampoule



of NOTAKEHL 6X or 7X at fortnightly intervals is sufficient.

Other therapy measures are:

- elimination of any focal illnesses (sinusitis, dental foci etc.);
- regulation of the acid-alkali balance with FORMASAN, CITROKEHL or SANUVIS;
- support for the detoxification and elimination organs with Uro L 90 N, Solidago comp., Hepar comp., UTILIN etc.;

- observance of a low-purine diet.

The treatment of the various forms of gout takes six months to two years, depending on the reaction status of the patient and the severity of the condition. However, as with Bekhterev's disease, existing degenerative phenomena in the region of the joints cannot be reversed.

Bibliography

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