



A Different Treatment for Cysts and Myomas

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Benign diseases of the womb and ovaries are very common and a rewarding task for a practitioner of Natural Medicine. To be sure, they demand a certain amount of patience, but in most cases these complaints can be turned in a positive direction. Initially of course a diagnosis is required by the gynaecologist. However, so long as the extent of the problem and the symptoms of the myoma/cysts allow for a waiting approach, the patient often prefers an alternative treatment.

Definitions and Symptoms

A myoma is a common, benign muscular tumour in the womb, which, depending on its size and position, may present as asymptomatic or may cause enormous problems. Its growth is clearly oestrogen-dependent. Common symptoms are metrorrhagia, dysmenorrhoea, sensations of pressure on neighbouring organs and pain; unwanted infertility may also be a result. At the menopause these tumours mostly dry out and shrivel up.

In the case of ovarian cysts we are dealing with localised functional or retention cysts (in most cases these are follicular or corpus luteum cysts), making them also a hormonally caused disease. They often disappear again of their own accord, so long as they do not exceed a certain size or quantity. A great danger with cysts is what is known as torsion, which means that the cyst rotates on its stalk, the blood vessels supplying it rupture,

causing massive internal haemorrhaging. This is an acute emergency, which makes its presence felt by considerable pain, if nothing else. A special form of ovarian cyst are PCO's (polycystic ovaries), where the ovaries may swell up to the size of a hen's egg, exhibiting numerous cysts from the size of a cherry-stone to that of a walnut. In this, among other things, androgens also play a part (e.g. Cushing's syndrome Type I).

As already mentioned above, if a waiting approach is justifiable, there are good therapeutic possibilities. Below I present two treatment plans for treating a) myomas, and b) cysts.

Treatment Plan for Myomas

The course of treatment lasts for barely twelve weeks and consists of a combination of wheal treatment with Juv 110 (from Phoenix Co.), ointment wraps, using Juv 110 ointment A, cupping, and a suppository treatment using SANUM remedies. Treatment should begin as soon as possible before, or at the onset of the menstrual period, so as to act preventively against any possible flooding.

1. The patient is given the task of applying a pack of Juv 110 ointment A twice a week in the evenings: the ointment to be thoroughly rubbed into the lower abdomen, and then the whole area to be covered with foil, as free of creases as possible, over this a thin linen or cotton cloth to be laid, plus a hot water bottle, and

left like that for at least 30 minutes.

2. MUCOKEHL 3X and NIGERSAN 3X suppositories: every evening before retiring to bed, 1 suppository in daily alternation. As well as this, once a week, 1 capsule of UTILIN „S“ 6X. Since myomas are a sign of excess protein, an important part of the treatment is a drastic reduction in the consumption of cow's milk and pork products. In the dark-field image, this excess of protein shows up inter alia in the form of filites, and in most cases symptoms of congestion are also present. (See Photos 1 + 2).

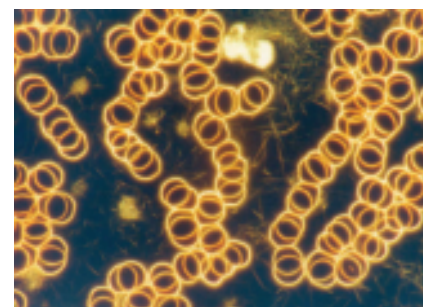


Fig. 1: Dark-field photograph 1

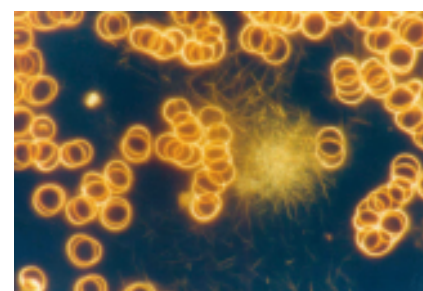


Fig. 2: Dark-field photograph 2

3. For the injections the patient is booked into the practice in the following rhythm:

Week 1: twice
Weeks 2-5: once
Weeks 6-12: every other week.

The Weihe points for *Lycopodium*, *Thuja*, *Scrophularia* (Fig. 3) are checked for their suitability for treatment (pain on pressure). The points that are painful to pressure are urticated with Juv 110, c. 0.1 - 0.2 ml strictly intracutaneous, so as to create a stimulus in the body of the skin.

At the first treatment a check is first made to establish whether congestion is present in the lumbar area (from true pelvis to ovarian zone); this must first be

blood cupped. (Fig. 4). What Abele called the Lumbar Angle regulates the performance of the sex organs and their blood supply. Where hot geloses are present, the Lumbar Angle is blood cupped. Where cold geloses are present, dry cupping can be begun immediately. For this two-four cupping glasses are applied ventrally(!) just below the costal arch, to relieve the congestion in the pelvis, stimulate hepatic activity and thus promote the breakdown of proteins.

While talking with the patient, the conversation should be gently steered towards the themes of miscarriage/abortion/unfulfilled desire to have a child. In most cases there is a problem in this area, which is seeking to express itself in the myoma. It is important to obtain clarification on this point.

Treatment Plan for Ovarian Cysts

The treatment proceeds similarly to that for myomas:

Duration of treatment:
c. 12 weeks

Form of treatment:
wheal therapy, ointment wraps, cupping, suppositories, teas

(Brief explanation of geloses:
hot geloses: taut elastic, at least the size of a 50-pence piece, already painful on its surface;
cold geloses: the size of a finger nail, painful on deep pressure.)

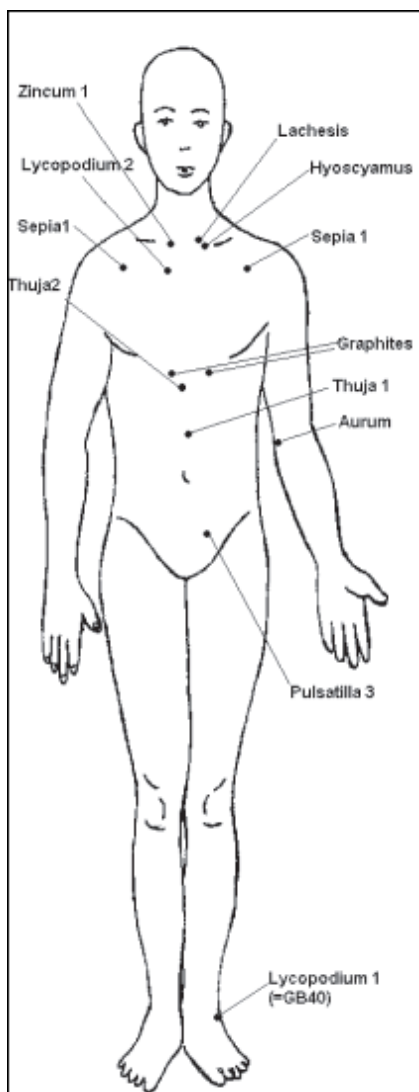


Fig. 3: Diagram of the Weihe points.

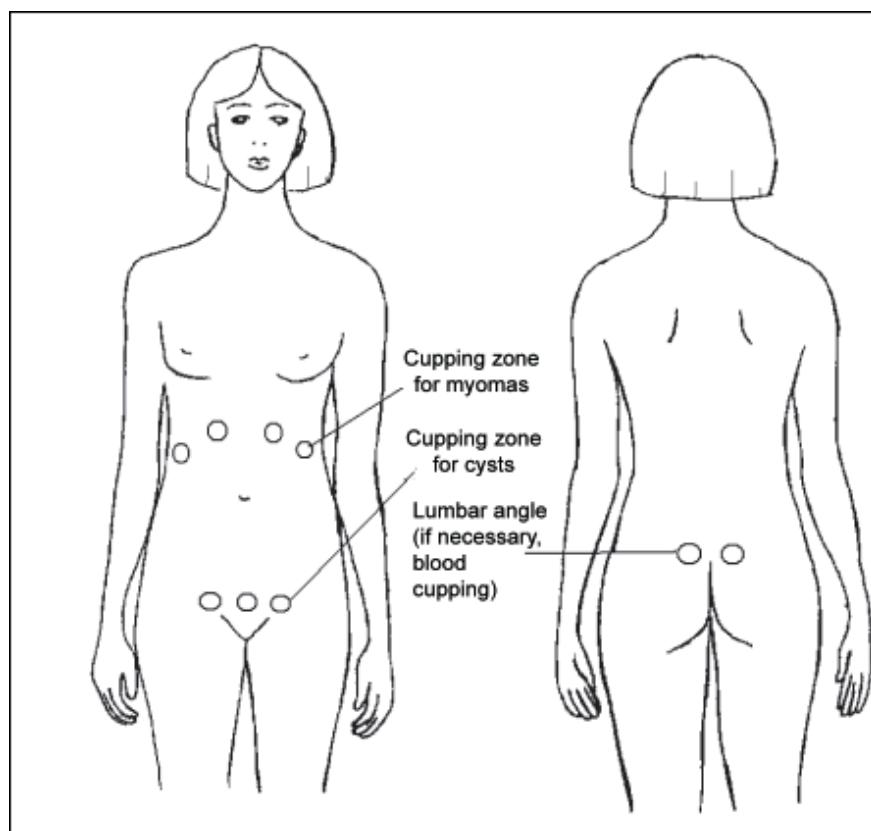


Fig. 4: Diagram of cupping zones, Lumbar angle/Costal arch/Symphysis pubis



1. Wraps are applied twice a week, using Juv 110 ointment B. The application is identical to that for myomas, as above.
2. Along with that, on alternating evenings before retiring to bed, we prescribe one suppository of MUCOKEHL 3X or NIGERSAN 3X and, once a week, 1 capsule of UTILIN „S“ 6X. As an alternative to the suppositories MUCOKEHL and NIGERSAN can also very well be prescribed as drops: in daily alternation, 2 drops to be placed in each nostril, followed by deep inspiration, and 4 drops to be massaged into the abdomen.

In the context of somatotopies and reflex zone therapies, an additional stimulus is created via the nasal mucosa, moving towards the urogenital tract.

3. With the injection treatment at the practice, the same rhythm is observed as for myomas:

Week 1: Twice
Weeks 2-5: Once a week
Weeks 6-12: Every other week.

Once again, checks are made on the Weihe points for Lycopodium, Thuja, Scrophularia and Aurum (see the list in the appendix for their precise situation) as to whether they merit treatment and, if required, they are given urtication with Juv 110. Furthermore, on each occasion two-four cupping glasses are placed about half a hand's breadth above the symphysis pubis to promote bloodflow

through the pelvis and to stimulate the flow of lymph. Here too a preliminary check must be made as to whether initially, instead of the dry ventral cupping mentioned above, blood cupping should be carried out at the Lumbar Angle, with the dry cupping on the lower abdominal area only being performed on the subsequent occasions.

4. Frequently, when asked whether they have a fulfilling sex-life, these patients reply in the negative. Their desires and needs are building up. As mentioned previously, conducting this conversation is both important and difficult.

5. As an adjunctive treatment, a blended herbal infusion has proved valuable for support and regulation of the hormonal balance:

Recipe:

Semen Agni casti (Agnus castus seeds)	20.0 g
Rhizoma Dioscoreæ villosæ (Wild Yam root)	20.0 g
Rhizoma Hydrastis (Golden Seal root)	10.0 g
Herba Senecioris aureis (Golden Ragwort)	10.0 g
Semen Stramentum Avena (Oats)	10.0 g
Herba Hyperici (St. John's Wort)	10.0 g
Rhizoma Cimicifugæ (Black Snake-root, Black Cohosh)	10.0 g

1 dsp. per cup, steeped in cold water and brought to the boil, leave to infuse for 10 mins. 1 cup twice a day.

6. Depending on the individual patient's situation it may be prudent to prescribe a single homœopathic remedy in not too high a potency. As an aid to remedy selection, the Weihe points may be of service: the localisation of the points for Pulsatilla, Sepia, Lachesis etc. is shown in the appendix. Particular tenderness on pressure is an indication of the remedy's suitability.

After about 12 weeks the patient should have a check-up by the gynæcologist, to ascertain how the treatment is going. Frequently the cysts will have been re-absorbed and the myomas will have reduced in size, so that now, until their final disappearance, only the following treatment is necessary:

In the evenings before retiring to bed, 8 drops of SANKOMBI 5X to be rubbed into the lower abdomen with the flat of the hand, supplemented as required by the homœopathic remedy that fits the patient.

List of the Weihe points for Diagnosis and Treatment (in alphabetical order).

Aurum: left arm, ulnar end of the hollow of the elbow and the medial epicondyle (He3)

Graphites: Parasternal line in the 5th intercostal space, both sides

Lachesis: left side, on the upper, inner end of the clavicle

Lycopodium 1: Main point left ventral and distal from the malleolus lateralis, in the hollow lateral

to the tendon of the extensor digitorum longum muscle (=GB40)

Lycopodium 2: Confirmation point on the right: 2nd right intercostal space, at the transition point from cartilage to bone, pressure in cranial direction.

Pulsatilla 3: left side, on a line between upper edge of the symphysis pubis and the navel, at a point between the 2nd and 3rd thirds.

Sepia 1: front surface of the coracoid process, both sides.

Scrophularia = Zincum 1 + Hyoscyamus 1:

Zincum on right side between front insertion of the sternocleidomastoid muscle and the clavicle; pressure from above

Hyoscyamus on left side, between front insertion of the sternocleidomastoid muscle and the clavicle; pressure from above

Thuja 1: half-way between the xiphoid and the navel (=REN 12)

Thuja 2: right side, between xiphoid and costal arch; pressure towards medial-caudal

Generally four-six points are tender to pressure, and are urticated with 0.1 - 0.2 ml per puncture. When urticating these

points it is important to remain strictly intracutaneous, in order to achieve the optimum cutivisceral stimulus. A perfect urtication puncture looks like a gnat-bite, the pores of the skin can easily be made out.

Short Explanation of Weihe's Therapy

August Weihe jnr. (1840-1896) was a homœopathic physician who published in 1886, i.e. three years before Head, the first major writings on the treatment of segmental zones and the therapeutic significance of points that are painful on pressure. He allocated homœopathic remedies to these special points, such as e.g. Weihe point 80 at the end of the 11th rib on the right = Nux vomica. At that time he was unaware that many of his points corresponded to Acupuncture points. An example of this is WP 80, which is identical to LE 13. In the course of his research, by giving doses of mother tinctures (e.g. Taraxacum), he succeeded in producing pain on pressure in Weihe points that had been asymptomatic, thus testing the allocation of remedies to his points. Not all the points established by Weihe are considered as absolutely sound, and his remedy equations, by which he united several homœopathic remedies under one chief remedy, are disputed (e.g. Condurango =

Sulphur + Thuja). However, there is no argument over the fact that, in practice, the urtication of specific points painful on pressure achieves very good effects.

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