



Diseases of the Urinary Tract

Susceptibility-Diagnosis-Treatment

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Many patients with diseases of the urinary tract, whether acute or chronic/recurring, seek the assistance of Natural Medicine and, if the remedy is chosen carefully, successful treatment is possible without antibiotics being given. Particularly in the case of chronic/recurring infections, it is very helpful not only to look for symptoms and causes, but also - before treatment begins - to consider a few basic principles:

According to Chinese Medicine, disease pictures of the genito-urinary tract belong to the Kidney-Bladder meridian. The following are assigned to the Kidney-Bladder meridian (Water element):

- **Organs:** skeleton, genito-urinary tract
- **Taste:** salty
- **Temperature:** cold
- **Sensory organ:** ear
- **Emotions:** fear/need of security
- **Time axis:** past

People with Water-element disorders may lack stability to some degree, at times at least; they prefer their food well salted and tend to have cold (and maybe damp) feet. There is a latent anxiety and a tendency to cling to the past or be unable to let it go. As an organ occurring in pairs, of course the kidney has a relationship to partner and partnership, but this need not necessarily be the spouse or partner. It may concern one's relationship to other significant persons in one's immediate surroundings.

Examination Methods

It goes without saying that a thorough case-taking and diagnosis is

the starting point of any treatment. Here, the first tool of choice is the classic urine testing stick, to establish the presence of erythrocytes, leucocytes, nitrites and protein in the urine. It is indispensable to use a testing strip which also measures the density. Watery urine (e.g. density 1005) provides less information than concentrated urine (density 1020 upwards). Also, the urine should be as fresh as possible; because of this I request my patients, on the day when they are to visit me, exceptionally to drink very little, so that the urine is fresh and concentrated. For me, urine that they bring with them is too old.

The classic laboratory blood test offers important hints and should be set up at the very least if there is any suspicion of renal involvement: creatinine, ESR, CRP, leucocyte count and maybe electrophoresis are important parameters. Where there are chronic renal events the approximate GFR (glomerular filtration rate) should be established, using the Cockcroft-Gault formula:

$$\text{GFR} = \frac{(140 - \text{age}) \times \text{weight} \times \text{FG}}{\text{Creatinine} \times 72}$$

FG: Women = 0.85 / Men = 1

Further investigative methods include percussion (sensitivity of the renal area to tapping, when there is renal disease), and physiognomy analysis of the renal and bladder zones in the face (see Fig. 1). Whitish, swollen areas are signs of congestion, flushed areas are a sign of irritation, possibly inflammation, bluish discoloration is found in cases of strain and over-exertion.

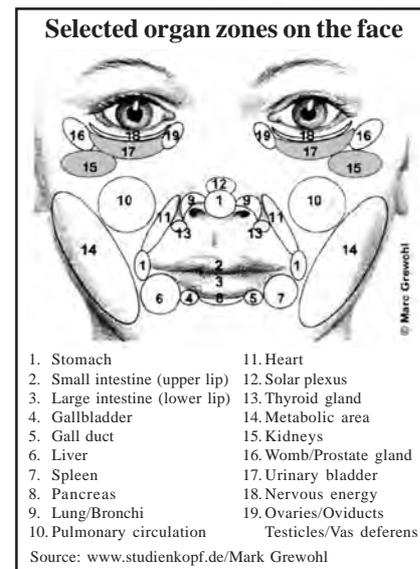


Fig. 1: Physiognomy Analysis, Kidneys and Bladder

The hand, too, affords good hints where there are chronic processes or one is searching for weak points (See Fig. 2).

If the distal phalanx of the ring finger is bent sideways, this suggests a predisposition to renal illness. If the medial phalanx of the ring finger is mis-shapen like an egg-timer, this is something that is encountered more frequently in people with a tendency to problems in their relationships. So-called half-and-half nails (i.e. white half-moon, light portion of nail, dark portion of nail, white distal portion) are seen in cases of renal insufficiency and toxic urine. In such cases, as well as acute treatment, eliminative measures are absolutely necessary!

Eliminative treatment from the Phoenix Co., to last 4-6 weeks:

- 3 days, Phoenix Silybum spag. 60-80 drops to 1-1.5 liters of still spring water
- 3 days Phoenix Solidago spag. ditto

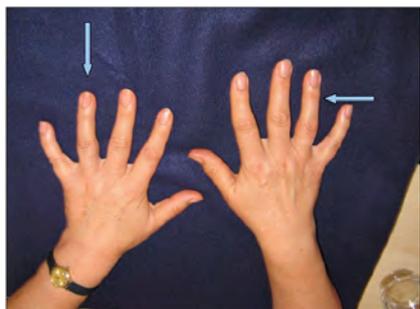


Fig. 2: Kidney signs in the hand (source: Gerlach-Meyer): Distal phalanx of ring finger bent sideways, and egg-timer-shaped medial phalanx of ring finger.

- 3 days Phœnix Urtica-ars spag. ditto then recommence.

For those who perform dark-field blood analysis, diseases of the kidneys and bladder manifest inter alia through the presence of *Aspergillus* symplasts and crystals. Following the conclusion of successful treatment these phenomena are markedly reduced or have completely disappeared (See Figs. 3 and 4).

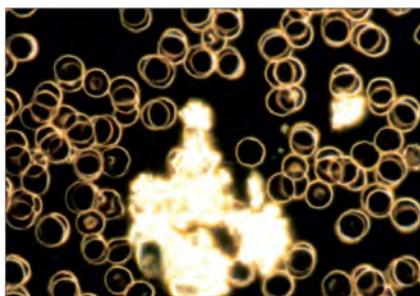


Fig.3: White crystals

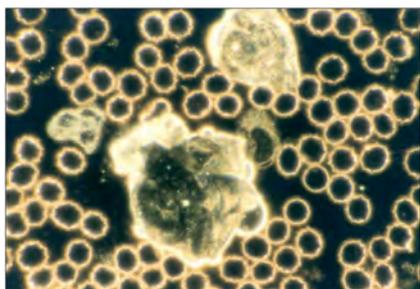


Fig.4: *Aspergillus* symplasts

The ear, too, may be included in the diagnosis. Firstly, the organ zones for kidneys/bladder are examined for anything untoward:

1. **Flushing** (sign of irritation)
2. **Pallor** (sign of weakness)
3. **Scaliness** (dehydration, lack of energy)
4. **Swelling up** (congestion)

Then, the points in question are examined using Gleditsch's Very Point method (= gentle tapping of the appropriate area of the ear using the point of an acupuncture needle). Painfulness or drops of blood emerging indicate that the point requires treatment. The selected points are punctured with needles that have been dipped in *Metasolidago*[®] S (from Meta Fackler), and the needles are left in place for 20 minutes. If, after this, the removal of the needles is not easy (i.e. not without vigorous pulling), then they remain in place for a further 5-10 minutes.

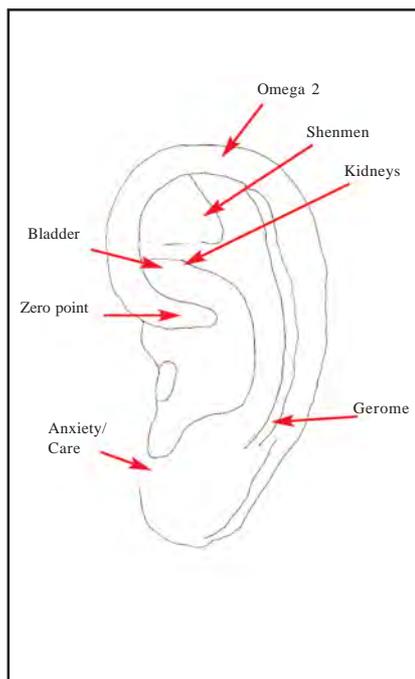


Fig. 5: Auricular Acupuncture points

The points in question are (see Fig. 5):

- **Omega 2**
balancing, relationship with people/surroundings
- **Shenmen**
analgesic, calming, antiphlogistic
- **Kidneys**
organ point
- **Bladder**
organ point
- **Zero point**
spasmolytic
- **Gerome 29b**
de-stressing point, balancing
- **Anxiety/Care**
anxiety states, care

A further diagnostic and therapeutic possibility is to test for pain on pressure of the Weihe points, followed by urtication-injection using *Metasolidago*[®] S (from Meta Fackler). The following are the points concerned (see Fig. 6):

- **Nitricum acidum**
Weihe point 18
behind the centre of the upper edge of the clavicle in the supraclavicular fossa, only on the left
- **Borax**
Weihe point 33 (= Kidney 26)
1. ICR parasternal, only on the right
- **Cantharis**
Weihe point 122
medial edge of the scapula, lower edge of the 12th rib, both sides
- **Colocynthis**
Weihe point 123
Trochanter, both sides.
- **Solidago**
Weihe point 121
Medial edge of scapula, 11. ICR, both sides

- **Terebinthina**

Weihe point 120

Lower angle of scapula, 9. ICR, both sides

As a rule, 4-6 points are painful on pressure, and these are urticated using 0.1 - 0.2 ml per puncture. When urticating these points, it is important to remain strictly intra-cutaneous, if the optimum cuti-visceral stimulus is to be achieved. A perfect urtication looks like a midge-bite; the pores of the skin can be clearly recognised. If that is not the case, then one is working too deep in the tissue. In chronic infections these points are urticated at weekly intervals, in acute inflammations two or three times a week. SANUM treatment is carried out according to Tables 1 and 2, and continued as follows.

At the end of 30 days, the suppositories are replaced by SAN-KOMBI 5X drops: each day 2 drops in each nostril and then inhale deeply several times; also 2 drops to be massaged into each groin.

- 15 drops FORMASAN twice a day
- Twice a day, 2 drops of NOTAKEHL 5X in each nostril, and 4 drops massaged into the lower abdomen
- 1 suppository PEFRAKEHL 3X before retiring to bed at night.
- 80 drops of Metasolidago[®] S (from Meta Fackler) in 1 - 1.5 liters of still spring water, to be drunk in the course of the day.
- Moist, warm salt packs (see Table 4 for instructions); absolutely no cold stimuli!
- As homœopathic single remedies, possibly in addition:
 - Stinking urine: Borax 4X 4 times a day 1 tablet or 7 granules
 - Urine smelling of violets: Terebinthina 6X, 4 times a day 1 tablet or 7 granules
 - Urine like a horse's urine: Nitricum ac. 6X 4 times a day 1 tablet or 7 granules

Table 1: Recommended treatment in acute cystitis

- 2 SANUVIS tablets in the morning
- 2 CITROKEHL tablets in the evening
- On alternating days, 1 suppository of NIGERSAN 3X, MUCOKEHL 3X or EXMYKEHL 3X before retiring to bed at night.
- Once a week, 1 capsule of LATENSIN 4X before retiring to bed at night.
- Twice a day, 10 drops of Metabiarex[®] N (from Meta Fackler)
- Moxa at Kidney points 4+6. GB 25 (once a week)
- Cupping in the bladder zone (once a week)

Table 2: Recommended treatment in chronic relapsing cystitis

SANUVIS and CITROKEHL are continued: 2 tablets of each once a day.

At the end of a further 30 days, a dark-field blood investigation is carried out, both as a check-up and to check on the levels specific to the practice.

The following additional measures will strengthen and stimulate the kidneys:

- low-protein diet
- massaging the feet with ointments to improve the blood-supply (e.g. Kalantol Vital-Öl, from Phoenix)
- Kidney packs (see Table 4, for packs)
- Mustard foot-baths (1-2 dsp. mustard powder to c. 5 l. water)
- Tisane of Bearberry (Uva ursi), Goose-grass (Galium), Dandelion

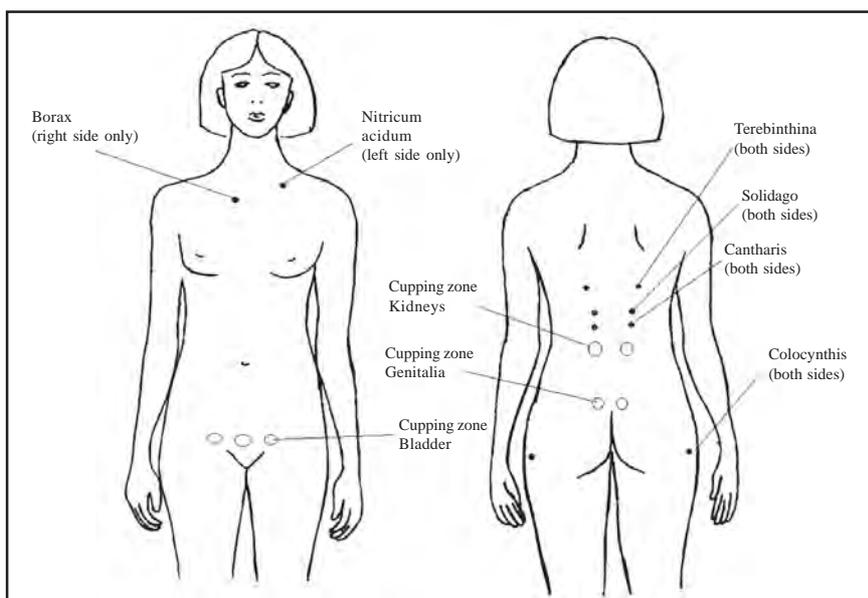


Fig. 6: Weihe figures, Kidneys/Bladder



The following treatment plan can be applied in chronic-relapsing nephritis, following appropriate clinical clarification:

- Cleansing of infective foci (scars, teeth, ear, nasal sinuses)
- On alternating days, NOTAKEHL 5X or SANKOMBI 5X, 2 drops in each nostril, inhaling deeply several times, and 4 drops massaged into the renal area
- Once a week, one capsule of *RECARCIN 6X* immediately before retiring to bed for the night (e.g. on Mondays)
- Once a week, one capsule of *LATENSIN 6X*) immediately before retiring to bed for the night (e.g. on Fridays)
- Once a week an alkaline bath lasting at least 30 mins. (c. 100g sodium bicarbonate in a filled bath)
- Twice a day 1 tablet of Regacan (from Syxyl) to stabilise the gut and improve intestinal defences.

If not successful enough, this course of treatment must be repeated using *RECARCIN 4X* and *LATENSIN 4X* capsules.

Table 3: Recommended treatment in chronic-relapsing nephritis

Moist warm salt packs

4-5 dsp rock salt (or similar) to be added to 250 ml of warm water. Soak a cotton cloth in it and wring it out well. Place it on the lower abdomen (bladder area) or on the renal area with no creases, and cover with one or two hot water bottles and a cloth. Leave it to work for **at least 20 mins**.

Alternatively: Pour 30 drops of Metasolidago[®] S (from Meta Fackler) on to a damp cloth, then proceed as above.

Table 4: Moist, warm salt packs

on (Taraxacum), Yarrow (Millefolium); these are blended in equal parts, 1 dsp. per mug of infusion, leave to infuse for 10 mins, drink 1-2 mugs a day.

Finally, I should like to propose a few fundamental considerations regarding diseases of the kidneys and bladder:

Bladder problems:

Anxiety: clings to old ideas; fear of letting go; „pissed off“.

Kidney problems:

Criticism; disappointment; failure (or fear of it); shame; reacts like a little child.

As mentioned right at the beginning, the Kidney-Bladder meridian is related to fears. Because of that it may be prudent to prescribe additionally Metakaveron[®] N (from Meta Fackler) as an anxiolytic, and to stabilise the nerves. Dosage: 20 drops 3 times a day.

Brief Explanation of the Weihe Treatment:

August Weihe jnr. (1840-1896) was a homœopathic physician who, as early as 1886 - three years before Head - , published the first major works on the treatment of segmental zones and on the meaningfulness of points that are painful on pressure. He allocated homœopathic single remedies to these special points, e.g. Weihe point 80 at the end of the 11th right rib = Nux vomica. At that time, he was not yet aware that many of his points corresponded to acupuncture points, for example the Weihe point 80, which is identical to Liver 13. In the course of his research, by giving mother tinctures (e.g. Taraxacum) at asymptomatic (Weihe) points, he succeeded in producing pain on pressure, thus testing out his points and the allocation of remedies.

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