



Extended Therapeutic Possibilities for Allergies

Good Healing Successes Through the Combination of Methods

by Rudolf Siener, Naturopath



The following report appeared earlier in expanded form in the VEGA communications. The version at hand is offered in memoriam of the deceased author, the naturopath Rudolf Siener. He earned recognition not only as a long-term, successfully practicing natural therapist, but also as a researcher. Likewise, he gained a good name earlier as a SANUM therapist and a speaker at the yearly SANUM Therapy Seminar as well as the author of many SANUM Post articles. His work and research is to be continued in Bad Ems (Germany) through the foundation of a private institute.

When two or more separate methods, which had no or only small previous relevance to each other, become synergistically combined with one another, frequently something entirely new comes about. In the case of the allergy therapy described below, the equation is this:

**BFD + NOSODES + ISOPATHY
= ALLERGY THERAPY**

The Bioelectronic Functions Diagnosis (BFD) is a measuring technique by which skin resistance at the acupuncture points is measured. The measuring frequencies give hints to the therapist concerning the condition of individual organs, organ portions, as well as information concerning the energetic patterns in the human body. An energy balance can be brought about through tested medications, which are applied on the patient in a suitable form. With

this process, disturbances in organs and/or organ systems can be recognized already in their subclinical stages, also explaining many types of complaints which cannot as yet be confirmed by clinical examinations.

Nosode Complexes are mixtures of the currently most frequent toxic substances. These nosode complexes are highly diluted toxic groups, which have a special affinity to the relevant organs. It is also known from experience that toxins of certain bacteria also can be combined into nosode complexes. Finally, toxic groups that are connected with particular branches of industry have been taken into consideration. Thereby, the treatment of job-connected toxic diseases can be facilitated. The „homeopathicized allopathic drugs“ are counted among this group of medications. Both these groups are applied reciprocally and together or by themselves. Because of the specific compositions, the preparations of these groups are applied in different ways.

The development of the isopathic healing remedies for this therapy goes back to the microbiologist Prof. Dr. Guenther Enderlein (1872-1968). Through his research, Enderlein gained the following knowledge: ubiquitously present microorganisms (called „Endobionts“) in human beings and all mammals have, for many years past, been able to change their original, primitive, apathogenic forms into parasitary, pathogenic stages in a developmental process that is due to changes in their milieu (acid-base relationship). As

is known, the isopathic (iso= identical, pathos = disease) remedies that were developed by Enderlein, are capable of returning the high-valenced pathogenic forms of this parasite into their original, non-pathogenic stages.

The following description of successful allergy treatment is based on a medications test, which indicated a symbiosis of preparations and isopathic remedies. It is naturally taken for granted that detoxifying remedies are additionally applied for an allergy therapy.

The following case histories are no „lucky shots“, that is, no cases that came about due to particularly favorable conditions. They are examples from the daily practice, four cases among many. I have deliberately chosen the first treatment described here, because it was one of my first successful therapies. In its method, the treatment was rather cautious and hesitant. It was one of the first „difficult“ cases in a later on successful method.

Case histories

Case 1:

Heike Sch., then age 16, visited me on April 23, 1979. The clinically determined diagnosis was: bronchial asthma, pollen allergy. Heike had especially serious, sometimes life-threatening attacks ca. 3-5 days before her menses. The patient was treated with corticosteroids; she was using aerosol sprays on a regular basis. Her parents had a hair dressing business, and it was intended that



Heike would take over the salon in time. Because of her illness, Heike had to discontinue her training after the first month. A social insurance allowance based on this was endorsed and submitted.

The anamnesis gave no clues for the actual cause of the disease: in May, 1971 tonsillectomy, in 1975 measles, followed by constant colds; in 1976 pussy ulcers in the area of the M-gluteus, in ca. 1976/77 chronic bronchitis and sinusitis with the beginning of a pollen allergy. About the end of 1977, asthmatic attacks began.

The measuring with the „Bio-electronic Functions Diagnosis“ showed the following strongly stressed points: spleen/pancreas, liver and kidney. The blood pressure was raised to RR 160:90, pulse 120/min. Complaints in passing urine, ureteritis, inflammation in the gynecological area.

Therapy: Baunscheidt's air puncture treatment two times in the areas of chest and back. The treatment brought no improvement.

First application of nosode complexes on June 28, 1979: Chloromycetin comp. (nowadays Chloramphenicol) and Sinusitis comp. alternatingly, every other day, 4 drops perlingual, for four weeks.

After about three weeks, a distinct improvement occurred. The asthma attacks became milder and occurred at longer intervals. The previously hard, dry cough loosened up. Yellow, pus-like exudation came from the bronchial area and the nose.

From August 6, 1979, oral intake of UTILIN 6X and LATENSIN 6X, one capsule each per week. I had her shake the contents of the LATENSIN capsule deeply into the throat. Excretion of greenish-yellow mucus continued. Strong reaction in the bronchial area with renewed attacks of asthma. In contrast to the previous attacks, these were of a milder type so that the application of cortisone could be omitted. Repeated treatment on January 10, 1980 with Sinusitis comp. and Chloromycetin. Accompanying therapy for elimination through the kidneys, intestine and liver. Dietary improvements, etc.

From December 15, 1980, applications of MUCOKEHL orally and three capsules LATENSIN 4X, weekly.

On October 2, 1981, the therapy was successfully completed. The patient has successfully passed her hair dressing tests and has been a certified operator since 1988, having taken over the parental business. For the last three years, she has been happily married.

Case 2:

Janine Sch. was ten years old when she came with her mother to my clinical practice in the end of September 1984. Before I had seen her, my colleague called me into the waiting room. Janine was lying on the couch in a collapsed condition, breathing heavily. The blood pressure was 60:40, the pulse 180/min. I sent her for clinical control and observation and made another appointment for October

5, 1984, at my clinical practice. The anamnesis showed a pollen allergy that had begun early in the spring. On my question about allergies, the mother said „to everything“. To grass blossom pollen, birch pollen, animal hair and house dust she had especially strong reactions.

Clinically secured diagnosis: chronic bronchitis and sinusitis with asthmatic attacks at ever shortening intervals with increasing seriousness. She had frequent pains in the upper abdomen and was lacking appetite. A chronic cholangitis caused her great pains. Hypertonia and tachycardia with circulatory collapse often made her condition life-threatening.

The following Pascoe nosodes were indicated in the BFD and were prescribed: Chloramphenicol comp., Diazepam comp., Agina comp., Myositis comp.

Application: Alternatingly, every third day, three drops rubbed into the elbow bend, additionally 5 capsules of UTILIN „S“ 4X and 5 capsules of LATENSIN 6X; also 100 ml Echinacin (only to be used in fever) and Stronglife liq. according to the instruction of the producer. After ten days, Janine had diarrhea with vomiting, which lasted for about three days. The general condition had improved somewhat.

BFD and Rp, on October 16, 1984: Chloramphenicol comp., Salmonella comp., Medorrhinum comp. and Sinusitis comp. Additionally, 10 ml of MUCO-



KEHL and PEFRAKEHL (twice daily 3 drops each on a little bread).

From the end of October to about November 10, 1984, a terrible cold developed with much pussy exudation from the nose. A slimy, yellow excretion freed the breathing path. Around the 20th of November, 1984, the mother reported Janine having a raised temperature, which rose temporarily to 40°C. After that, the allergy was defeated. The additional treatment was routine: Sanitazation of the gastro-intestinal flora, detoxification via the liver, lowering of the uric acid and other needful measures for convalescence and long-range stabilization.

Case 3:

Klaus E, was 11 years old when he came to my clinical practice. His father was an influential man who was open to natural scientific methods. The mother, however, was anxious and extremely suspicious. She had tried everything and had taken her son through all known institutions. Diagnosis: most severe allergies to grasses from March through September, allergic to house dust, mites, and all kinds of animal hair. The diagnosis of allergic bronchial asthma was confirmed clinically. Klaus had sporadically pussy skin rashes, chiefly on the back and in the area of the chest. They were treated with cortisone salves.

Klaus was robust and strong; one would not guess this illness about him. Already, his case was before the social service office of his city with a „determination of severely handicapped“ based on the diag-

nosis of: „Allergic diathesis with asthmatic syndrome, recurring rhinitis and conjunctivitis, neurodermatitis“. BFD, on January 5, 1988 in my clinical practice, Rp.: Chloramphenicol cornp., Cholesterinum cornp., Gliom cornp., Sinusitis cornp. alternately, every third day, 2 drops rubbed into the elbow bend, 5 capsules of UTILIN 4X, once a week 3 hours before bed, take 1. The parents were told that severe skin eruptions may occur after 12-14 days. On January 17, the mother called that Klaus had „terrible skin rashes as never before and a fever up to 39° C“. My direct question, „And the asthma attacks have gone away?“ she answered, sounding surprised, „Until now, he never had asthma as yet!“ Klaus got cold wraps around his calves and Echinacin and his temperature was measured as normal in about 36 hours.

The next visit was on February 8, at my clinical practice. His body was like unto a rasp, covered with pustular pimples, which were very strongly itching.

Prescribed were now Pyelitis cornp., Grippe cornp., Myositis cornp., Medorrhinum cornp., alternately, every third day 6 drops placed on the tongue. Additionally, 5 capsules of UTILIN „S“ 6X, twice a week, and 10 ml MUCOKEHL, 2 times daily 3 drops on a cube of bread. Slowly, his skin eruptions diminished.

On March 30, 1988, a new BFD and prescription of Gliom cornp., Angina cornp., Biliburbin cornp. Lymphangitis cornp. alternately

every third day 8 drops on the tongue; additionally 5 capsules of UTILIN „S“ 4X, 1 time weekly a 30 gm MUCOKEHL ointment. The parents were alerted to call immediately in case of a worsening. Klaus came again to my office as late as on May 5, 1988. He had no more asthmatic attacks. No allergies to pollen, animal hair, house dust, etc. were indicated. What was left was a moderate bronchitis with partly yellow exudate and sporadically runny nose. The rest was again routine: treatment of the (remnant) bronchitis and sinusitis, treatment of the gastro-intestinal flora, detoxification via kidney and liver.

Klaus E. is now 14 years old, is starting competitive sports; his study performances are good and since summer 1988, he has not missed a day in school due to illness. On October 2, 1990, his „Determination of severely handicapped“ was cancelled by the Social Service office.

Case 4:

The following case describes the severe allergy of an adult: Karl K., Director of Studies at a High School, tall, slender, very conscientious in his profession. Mr. K. was exactly 43 years old when he visited me on March 9, 1984 in my clinical practice. He was entirely disconsolate. „The season has again begun“ and, with that, he meant the beginning of the pollen allergy that tortured him every year from the start of March to the middle of September.

Clinical diagnosis: After tonsillectomy in 1954, pollen allergy with

increasing intensity. With the start of allergy (early March), serious attacks of Bronchitis and asthmatic attacks were connected. Aerosol and cortisone therapy were indicated. During allergic times, he suffered from severe headaches in the temple areas, alternating left and right; also Psoriasis on the elbow and knee joints. He faced natural healing treatment methods with much skepticism, claiming that had been raised „natural scientific“.

First treatment on March 9, 1984: A targeted therapy was begun with „homeopathic allopathic remedies“ (Heel). BFD: Nosodes of Cortisone, Streptomycin, ACTH-Injeel, Variolinum and Diphtherinum; plus UTILIN „S“ 6X. All ampules were injected intravenously as a mixture.

Second Treatment on March 16, 1984, after BFD: Variolinum and Tuberculinum nosodes, Cortisone-Injeel, Acidum formicicum Injeel, RECARCIN 6X in a mixed i.v. injection.

Third Treatment on March 30, 1984, after BFD: Variolinum, Psoriasis, Flu, Acidum formicicum nosodes, Medorrhinum-Injeel, Methylen-blue (catalyst) in a mixed i.v. injection. During the same visit, treatment given for headache and shoulder-arm syndromes with „New Pain-Point Therapy“.

After these three treatments, the patient was allergy-free. His headaches have never repeated since that time. The remnant symptoms were treated until early 1985, with ever lengthening

intervals. Two follow-up treatments were yet given on January 7 and February 4, 1987. The patient remains to this day free from all allergies.

Case 5:

Klaus St., age 51, large, massive body, school principal. Anamnesis: Tonsillectomy in 1961, adenoids removed four times up to 1975, after disposing of cortisone Stomatitis necroticans (ulcerative stomatitis) and thrush. Tired, lacking energy, requiring supernormally much sleep.

Diagnosis: Without smell and taste, chronic otitis media, serious chronic bronchitis and sinusitis, pollen allergies with increasing intensity; upper abdominal complaints of unclear origin.

First treatment on September 3, 1985, BFD: Cortisone, Erythromycin, Hexachlorophene, Adrenaline-Injeel, Brucella abortus Bang (nosode) + 1 ampule MUCO-KEHL 5X i.v.

Second treatment on September 10, 1985: Chloroquin, Streptomycin-Injeel, Methylglyoxal (catalyst), UTILIN „S“ 6X in mixed i.v. injection.

Third treatment on September 17, 1985, after BFD: UTILIN „S“ 6X, Sulfonamide, Cortisone, ACTH-Injeel, Indol (catalyst) mixed i.v. injection.

After these three treatments, the general condition was considerably more stable; asthmatic attacks did not occur. From the beginning of October on, the patient had

intensely sore throats and hives in face and neck, which were treated with Wobenzym, ointments, etc.

In the spring of 1986, no allergies occurred. A strong, loose cough with yellow sputum has remained. Taste and smell are slowly returning. On October 15, 1986, there occurred a sudden fever with temperatures around 40°C with a painful otitis media and a very intense, pussy effluence from both ears. On January 3, 1987, the patient related that he can smell and taste everything. The therapy has been completely concluded.

Aspects for a successful allergy therapy

The „classical“ arrangement of allergies occurs in four groupings (some authors divide into three groups):

- „anaphylactic, so-called early or instant reactions“
- delayed allergies or also „cytotoxic reaction“
- hidden or chronic allergies, so-called „Arthus-reaction“
- delayed skin reaction; a number of drug allergies, but also so-called generalized exanthems and also contact exanthems (skinrashes).

By taking a closer look at the extensive literature, one begins to doubt whether everything counted among allergies is really an allergy. There are references in literature, which give the impression that all chronic diseases are of allergic origin. A few examples of this: Psoriasis, cause/trigger, among others: „hidden food allergy“; Chronic cystitis, cause/ trigger,

among others: „hidden food allergy“. Chronic female diseases, mycoses, etc., diseases of the musculature and joints, chronic joint inflammations, overweight and underweight, fatigue conditions and many more.

Some extracts from „Geschichte der Allergie“ [*History of Allergy*] by Hans Schadewaldt (published by the Dustrie Press, in German only) show how hazy the borders can be in the assignment of allergies or other such groups: „Because until now the coming about of the four types of reactions has no satisfactory explanation, doubts have arisen as to whether Coomb’s classifications actually correspond fully with the facts - or whether we are actually dealing with a clinical and very useful scientific hypothesis“ or „In contrast with the closely related ‘hayfever’, the significance of the Rhinopathia vasomotoria (in general language: rhinitis) in the framework of allergic diseases is still very debatable, even in recent times“.

Or, on migraine: „As already mentioned in the introduction, this question has not as yet been ever decided; speakers for an allergic etiology are confronted by those authors who consider the majority of migraine attacks to be of a vasomotoric, hormonal or even psychical conditioning. The author represents similar views with regard to „neurodermatitis“ and questions: Might neurodermatitis be an eczematopy, or is it to be assigned to allergies?

I will not get involved in the dispute among the academics re-

garding the following description of diagnosis and therapy of allergic diseases. The allergic illnesses I have treated successfully in about 900 cases cover all of the quoted groupings. For this reason, I forego any subdividing in the description of allergic diseases and will simply describe in the following those allergies that can be successfully treated.

Curable allergies

According to my experience, the following forms of diseases are among the curable allergies:

1. Pollen allergy with the symptoms of hay-sneezes, sinusitis, asthma of allergic genesis;
2. Sun-allergy with the symptoms of blistering rash, circulatory reactions;
3. Acute animal hair allergy with the symptoms of mucous membrane swellings, tearing eyes, reddened eyes, runny nose, chronic sinusitis, asthma of allergic genesis;
4. Metal-allergy with the symptoms of reddened skin, skin discoloration, pruritis, eczema;
5. House dust and house mite allergies with the symptoms of chronic sinusitis, frequent attacks of sneezing, swellings of the mucous membranes, headaches, bronchitis, eczema, asthma of allergic origin.

For the sake of completion, let it be noted that also other chronic or allergy like diseases can be successfully treated by the method subsequently described: „hidden and chronic allergies“ such as food hypersensitivity, „yeast allergies“, contact-eczema with their causa-

tive factors of metals, cosmetics, cleansing materials, etc.

Successfully curable are also intoxications and latent diseases caused by substances from the chemical industry and damages after contact with insecticides, intoxications and latent diseases after contact with substances and solvents from the industry, intoxications and latent diseases after contact with substances from the petro-chemical industry, intoxications and latent diseases after contact with substances from the pigment industry.

On the basis of many years of experience in diagnoses and treatment processes, the causal chain of all allergies, including the quoted pseudo-allergies, seem to point to a common cause beyond the tested nosodes and drug damages, namely to viruses. Simultaneously, the suspicion arises that all chronic diseases, likewise, come about through viruses or, clearer said, through degenerated, masked and disguised viruses.

Specific diagnostic technique for therapy

The importance of a thorough anamnesis needs not be especially mentioned here, but it should be confined to what is essential. Too elaborate questionnaires are needed only for exceptional cases. The following questions and their answers are to the point:

- Allergic to which allergens (possibly, ask for the allergy passport)?
- At what times are allergies triggered (trigger time of day,

trigger time of year, e.g. for mucous membrane allergies)?

- Which tactile allergens bring about a reaction? Metals, solvents, cleaning materials, etc.
- What reactions come about in allergic attacks? Intensive questioning especially with asthmatic reactions.
- Which therapeutic measures have already been provided and must be applied (for instance, in emergencies)?
- Which medications must be taken or injected else?

A clinically determined diagnosis also should be confined to essentials. Foremost, Tuberculosis, CA, AIDS and special forms of asthma should be excluded through differential diagnosis (for instance, a job connected asth-

ma, asth-ma cardiale, etc.). As needed, EKG and X-ray, but also BSG, liver status, blood examinations and other measures, as needed for each case.

The BFD measuring technique

For the specific examination of allergic diseases, a skin resistance measuring device is needed. For the measuring technique involved in this method, the BFD devices with hand electrode and measuring stylis have proven themselves excellently.

Here, the patient takes the hand-electrode into the left hand. One slightly dampens the inside surface of the hand, especially for a patient with dry skin. A small dish with wet cotton is provided so that the tip of the measuring pistil can

be dampened, if required. One measures the resistance at the end-points of the acupuncture meridians on the hand. If needed, and for control, the endpoints of the meridians on the feet can also be measured.

The following points get measured on the hand in the following sequence: LY (lymph) - LU (lung) - BR (bronchies) - FS (paranasals, frontal sinus) - LI (lg. intestine) - SI (small intestine) - PC (pericardium, circulation) - HT (heart) - ALL (allergy) - ND (nerve degeneration).

On the feet, one measures points in pairs, with the first measurement taking place on the left and the second on the right: SP (spleen/pancreas) - LV (liver) left and right - GB (gallbladder) left and right - ST (stomach) left and right - KD (kidney) left and right - UB (bladder) left and right. The position of the measuring points is shown in Fig. 1.

The measuring values are noted on the patient's record. Now, one places the pertinent ampules into the honeycomb of the BFD. The BFD method allows, moreover, two additional methods for testing with ampules:

1. The ampules get arranged in a BFD device, which can take up to 78 test ampules.
2. Ampule touch pistil, by which an assistant can touch single ampules from the testing set. This method is suitable only for checking out a single medication, for instance, for a supportive therapy.

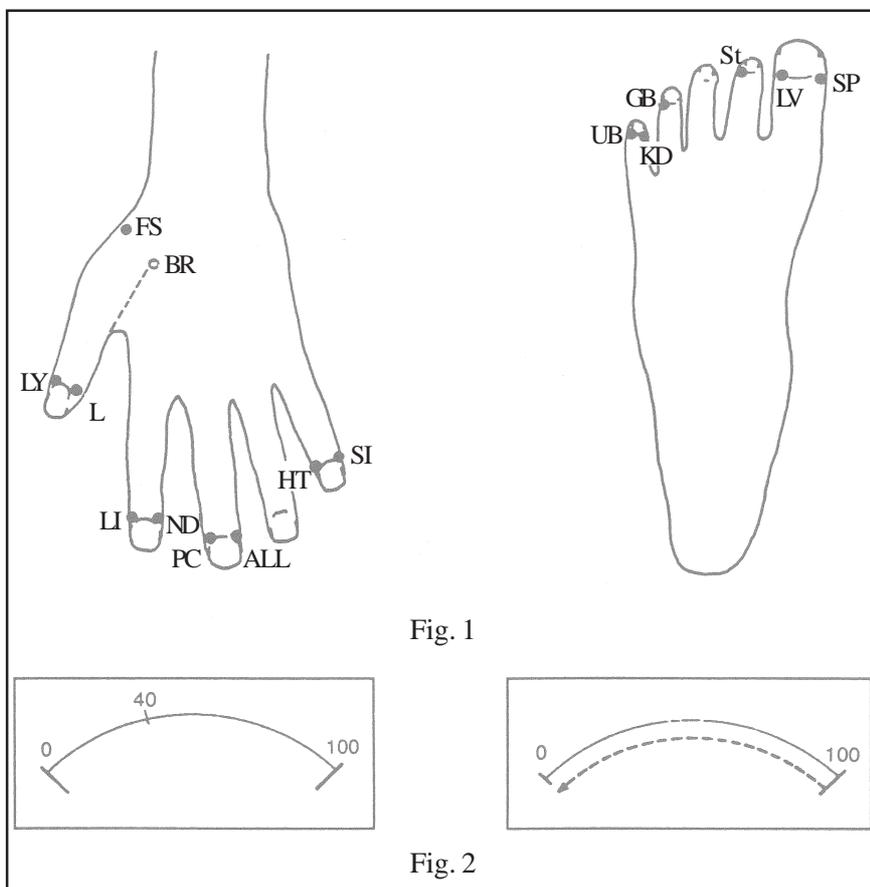


Fig. 1

Fig. 2

The therapist tests until all the points have achieved the balance or the ideal measuring value.

For this test, all points must be checked against the standard frequency of 40 (Fig. 2), with two exceptions: the points ALL and ND must be tested down to the frequency of 0 à maximally 10. To bring about a „balance“ (adjustment), it is advisable to test the points LY, ALL and ND. After their balancing, all other points get controlled, which must have reached the ideal measuring values.

If more than six ampules bring about the balancing, the tester should „filter“ the ampules. For this, one takes each ampule individually out of the honeycomb or from the BFD device and measures the remaining ampules on a hand measuring point, for instance the ALL point. If the indicator deflection is high, it means that this ampule is needed (because effective). Then one returns it. When another test is taken out and the balance remains, one eliminates this testing ampule. The therapist continues this filtering process, until a minimum of test ampules just exactly maintain the balance. Explanation: Fewer ampules can bring about the balance just like more ampules can, because similar ampules overlap, or one ampule is so effective that this one takes over the action of the eliminated ampule.

Treatment

In searching for the most suitable medication for an effective allergy test and treatment, we differentiate groups of medications for the oral

and injected application, either each separately, or in a combination type of treatment. We prefer the oral treatment for children and young people and also patients who are sensitive to injections. For patients above 18 to 20 years, we use the injection therapy. Under certain conditions, the mixed therapy is indicated, including both oral intake and injections. The mixed therapy is more intensive and brings quicker success. In serious and threatening allergies, it provides more cushioning of allergenic reactions. Other pathological processes, which have no or only indirect connection with the allergy, are noted and eliminated.

The oral treatment

In principle, the nosode complexes by Pascoe are applied as the foundation and basic treatment. It has been noted over many years that, for allergy testing, the following preparations are, again and again, precisely and clearly tested out in 100% of all cases:

Group I:

1. Chloramphenicol comp. (formerly Chloromycetin comp.)
2. Sinusitis comp.

Group II:

In up to 90% of all tested patients, the following nosode complexes have been found in this sequence of frequency:

1. Diazepam comp. (ca. 90%)
2. Myositis comp. (ca. 70%)
3. Gliom comp. (apply very carefully!)
4. Grippe comp. (Flu comp.)

Group III:

In some, about 20%, the following nosodes get tested additionally to Group I:

1. Cholesterin (for children who like to nibble on white sugar!)
2. Test ampules from the nosode group of „acquired environmental toxicoses“ according to Pascoe.

To these Pascoe nosodes is also added one preparation for isopathic therapy to each single treatment, and that, in the sequence and frequency as follows:

Group I:

1. UTILIN 6X
2. UTILIN „S“ 6X

Group II (additionally to the preparations of Group I):

1. NOTAKEHL (in inflammatory processes)
2. LATENSIN 6X
3. RECARCIN etc.

It is assumed that the way of application and the application itself follow the prescription and suggestions of their manufacturer. Moreover, it is needful that the eliminative processes get observed *lege artis* according to the suggestions of each manufacturer. It would be going too far to deal with these matters in the framework of this article.

The treatment per injection

In principle, the homeopathicized allopathic drugs and nosode preparations by Heel are applied as the base and for basic treatments. In the large Heel Compendium, there is a listing under Group C „Homeopathicized Allopathic

Drugs“, saying among others: „These preparations are used specifically for the removal of therapeutic damages, and that, according to the isopathic or isotherapeutic principle (questions of nomenclature listed under Preparations), namely: a therapeutic drug that leads to therapy damages gets applied in a higher dilution as counter remedy for the elimination of this therapeutic damage.“ And further: „Because, according to F. Hoff, therapy damages are among the most frequent causes for disease (!), a broad field of indications is given for the application of these preparations“.

To avoid any misunderstandings in the definition of the Pascoe Nosode Complexes and the Heel Nosode Preparations, I wish to offer a definition: Pascoe writes in their Compendium Nosode Complexes on page 6: „Nosode Complexes are mixtures of dilutions of currently most frequently occurring toxic substances.“ Pascoe includes nosodes with an affinity to certain organs and toxic groups, such as those from certain branches of industry, allopathic medications, inner and environmental toxins, etc.. Contrastingly, Heel differentiates between „Homeopathicized Allopathic Drugs“ and „Nosode Preparations“, and defines the concept of nosode preparations under E in the Heel Compendium as follows: „Nosodes are produced according to a homeopathic processing technique, using body constituents and metabolic products of humans and animals, moreover, from microorganisms inclusive of viruses,

as well as their constituents or metabolic products, which are no longer infectious or virulent.“

The two conceptual definitions of Pascoe and Heel do not contradict each other, but they are a matter of definition. The always tested preparations for this injection therapy are found in the group „Homeopathicized Allopathic Drugs“ according to Heel, in the following sequence and frequency:

Group I:

Individual preparations of the subgroup of homeopathicized antibiotic drugs: Chloramphenicol Injeel, Polymixin B Injeel, Penicillin Injeel, Erythromycin Injeel, and many others.

Individual preparations of other allopathic drugs, such as: Sulfonamide Injeel, Pyrimethamin Injeel, Cortisone Injeel, ACTH Injeel, Adrenaline Injeel, Phenobarbital Injeel, Serotonin Injeel, and many more from this series.

Group II from the Series E Nosode Preparations according to Heel:

1. Sinusitis Nosode, Asthma Nosode, Tonsillitis Nosode, Grippe (Flu) Nosode, Psoriasis Nosode, and others from this group. If precancerous processes are suspected, the so-called Carcinoma Injeels also get frequently tested out. The therapist should initiate suitable measures according to the test result.
2. Ampules by Heel from the group of the Suis Organ Preparations, such as Bronchus suis-Injeel, Cutis suis-Injeel,

Hypophysis suis-Injeel, Tuba Eustachii suis-Injeel, and many others.

3. Isopathic ampule preparations by SANUM-Kehlbeck. The application of UTILIN 6X or UTILIN „S“ 6X is always mandatory. Additionally, the use of NOTAKEHL per injection or orally is recommended.

If an oral and injections therapy, i.e. a mixed treatment, is indicated, one begins with the injection treatment according to Heel and SANUM in one or several treatments. Following that, an oral therapy according to Pascoe and SANUM can be applied. In between, it may be effective and necessary to interject into the oral treatment an injections therapy.

Comments on the oral treatment

In the testing out of Nosode Complexes by Pascoe, according to the described testing method, there are always three, but usually four, preparations by Pascoe and, additionally, one or two preparations by SANUM which stand out.

The Pascoe Nosodes are prescribed as follows: Alternatingly, on every third day take in *xy* drops or rub them into the elbow bend (also the area of the navel), precisely up to the day of four weeks. Tested SANUM preparations are taken as capsules either on a weekly or bi-weekly basis; more frequently as drops or tablets. I always alert the patient (or his parents) to a possible first reaction. After some experience, the therapist is in the position to predict



such reactions rather accurately as to time and intensity.

In four weeks, I have the patient come to my practice again to test him out again. The condition is always distinctly improved. A renewed test usually reveals an organ stress and/or damage. Nosodes by Pascoe and SANUM preparations, etc. are tested out again. Again three or four Pascoe nosodes and one or more SANUM preparations stand out. The prescription is again made out according to the test and is used in the same rhythm as above.

The patient is to come to the clinical practice again in four weeks. Usually, further testing at the ALL point and the ND point shows a perfect balance: On both points, the pointer deflection shows the frequency of 0-14. That is a sign that, currently, there is no longer any allergy present. This rule goes generally for the „simple“ allergies, such as hayfever, allergies to animal hair, etc.

With asthmatic conditions, additional treatments are frequently (not always) required. In asthma of allergic origin, one must make sure that the patient continue to receive, according to situation, corticoid preparations and aerosol sprays, etc.. In line with any improvements, these may be very gradually diminished and then terminated.

The application of „Horvi AB 3 liq.“ for the mitigation of asthmatic reactions works very favorably. In testing, the goal here is also to bring the ALL point and the ND point

to below 20. In cases of allergic asthma, the patient should be regularly seen at certain intervals for another three years for control purposes (possibly in a quarter yearly rhythm).

The dosage of the Pascoe Nosode Complexes is determined by the general condition and the age of the patient. In principle, one can begin with the guideline that for patients over age 50 (Pascoe mentions 60 years) these complexes should no longer be applied. It is also known that the application during pregnancy is counterindicated. The more serious the disease is (for instance, asthma) and the older the patient is, the more sparingly must these preparations be used! Guidance for dosages can be found in the Pascoe Nosode Compendium.

Comments on the injections treatment

Always, there is the measuring of ampules from the group „homeopathicized allopathic drugs“. From among thousands of tests, I know of only three cases for which no „homeopathicized allopathic drugs“ have been measured. Usually, after filtering out the products, 4-6 ampules stand out, additionally always an ampule of UTILIN 6X or UTILIN „S“ 6X and often also other SANUM preparations, such as NOTAKEHL 3X, 5X or 6X. Depending on the condition of the patient, these preparations are injected intramuscularly or intravenously in accordance with the instructions given by SANUM-Kehlbeck, or prescribed orally. The application of UTILIN and UTILIN „S“

for patients who list tuberculosis in their anamnesis requires special caution. In this case, the smallest possible dosage of the last quoted preparations must be given orally.

The preparations UTILIN 4X, UTILIN „S“ 4X, LATENSIN 4X and RECARCIN 4X are better not given by injection for allergy treatment due to their too intense first reaction. Ask the patient to return to the clinical practice after a week or two, according to situation and prognosis, in order to be measured again.

If the first measuring has been carefully performed, no more homeopathicized allopathic drugs stand as useful. From the second test on, the therapist concentrates on Organ-suis or nosode preparations by Heel. Already by the second measuring, the therapist notes a clear improvement of the general condition, which usually is a surprise to both the patient and the therapist. The improvement can be checked by tests for precise information about the actual condition of the patient. The treatment is continued until the patient is not only free from allergies, but until he is in a „symbiosis equilibrium“.

The described measuring method is especially suitable for testing allergic diseases. This measuring technique covers a large spectrum of toxic processes, which are not comprehensively recognized by various other processes. The described measuring technique includes all preparations that are needed for a precise first treatment and all additional therapies. This



measurement comprises the entire spectrum of the patient's own vibrations of the previously described allergic diseases.

Comparison testings have been performed by qualified therapists in double blind studies. But, to avoid any misinterpretations, let it be expressly said that the statement on the here-described testing

method is meant exclusively for the diagnosis and treatment of *allergic* diseases. Whether or not it is also suitable for the treatment of chronic diseases, remains to be investigated elsewhere. I also expressly profess that this measuring technique is only to be seen as a supplement and not as an alternative to other techniques.

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