



# **Female Pelvic Complaints**

**by Dr. Konrad Werthmann**



The purpose of the pelvis is to stabilise the skeletal structure, especially in a standing position, and to protect important organs. It is formed of the sacrum and the two hip-bones. The hip-bone is composed of the ilium, the ischium and the pubis. The base of the pelvis is formed by the diaphragma pelvis (a plate of muscles and ligaments) which forms the levator hiatus, with the intestinal, urinary and sexual tracts passing through it. Viewed anatomically, the male and female pelvises are constructed in a very similar way. In the female, the pelvis also assists in carrying and protecting the growing embryo.

Diseases of the female pelvic organs may be roughly categorised as follows:

1. Diseases of the vagina
2. Diseases of the cervix
3. Diseases of the bladder and urinary vessels
4. Diseases of the uterus and ovaries.

Illnesses of these organs are primarily the result of a tubercular weakness, since the genito-urinary system is classified under Aspergillus and its cyclogeny. To make dispensing generally comprehensible and to facilitate treatment, I am taking as a basis the pattern of the four-stage Isotherapy treatment, according to the details which appear in my book: "The Four-Stage Treatment in

Isopathic Practice", published by ebi Verlag, and obtainable through the Semmelweis Institut.

Prescribing will then proceed as described in Table 1.

### 1. Diseases of the Vagina: Vaginitis or Colpitis

These diseases may result from various factors, such as inflammations, a lack of male hygiene, spermicidal creams, but their principal cause is organisms such as candida and chlamydia. The most important pathogens, and also the most intransigent ones, are usually fungi, chlamydia and some cell wall deficient forms of other pathogens. Their presence is noticed mainly through localised itching and discharge. As well as this, female patients who have either not been treated or only inadequately so may complain of cohabitational problems. The gynaecologist whom they attend will find candida or chlamydia on the swab. As pathogens, chlamydia are distinguished by the fact that they are normally cell wall deficient. In case after case an unmistakable change in the bacterial flora of the vagina is described, which may also be the result of antibiotic or antimycotic intervention. Further forms of other cell wall deficient microbes result from the use of such preparations, and microbiologically

these are only detectable with difficulty, or not at all. If one is familiar with Enderlein's laws, the altered bacterial flora is not a cause of irritation. One of the main laws of Isotherapy is to change the environment of the organ. We must bear in mind right from the start that the vagina is a pathway into the interior of the body. Therefore the normal environment is strongly acidic and not alkaline. Under item 1 of the Four-Stage Treatment, take CITROKEHL (Citric acid) on its own or SANUVIS (Lactic acid) adjunctively. Should there simultaneously be a disturbance of the intestinal environment, then we also prescribe ALKALAN powder, ½ tsp. twice daily in warm water.

Iatrogenic pathogens in their cell wall deficient form result from the all-too-frequent use of (allopathic) fungicidal or antimycotic preparations. Through the action of these preparations the pathogens lose their cell membrane and, during the antibiotic /antimycotic phase, they seek temporary refuge beneath the mucosa, only to reappear after a variable period of time, causing vaginal irritation. These allopathic preparations are not required per se, since isopathic preparations achieve superb therapeutic results. Basically, the isopathic preparations contain low-valency pathogenic forms (protites, chondrites), and these return the high-valency forms (such as candida yeasts, chlamydia, bacteria) to a low-valency, physiological form.

Many people still cling to the erroneous belief that a fungal infestation must initially be treated allopathically, and that this should then be followed up with isopathic

1. Environmental adjustment: ALKALAN, ½ tsp. twice daily, plus CITROKEHL, 1 tablet and/or SANUVIS, 2 tablets to be sucked daily.
2. At the same time start the Isopathics, e.g. from the Penicillium series (FORTAKEHL, NOTAKEHL, QUENTAKEHL) for 1-2 weeks, then move to
3. SANKOMBI 5X drops, for 2-6 weeks (or MUCOKEHL 5X mornings and NIGERSAN 5X evenings), always 5-2-5-2 = 5 days SANKOMBI (or MUCOKEHL and NIGERSAN), then for 2 days back to the Penicillium preparation.
4. Additionally: SANUKEHL-preparations and RECARCIN, LATENSIN, UTILIN, UTILIN „S“.

Table 1: Four-step Treatment: general plan

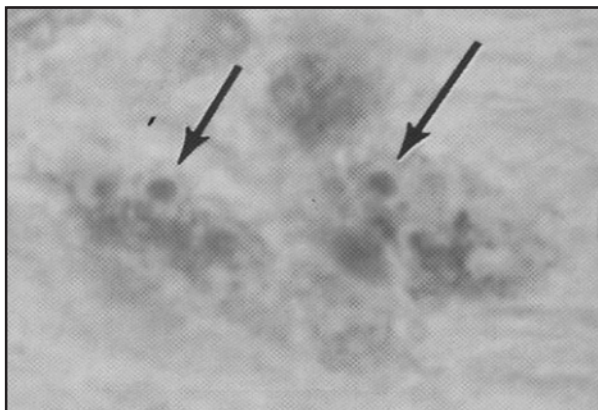
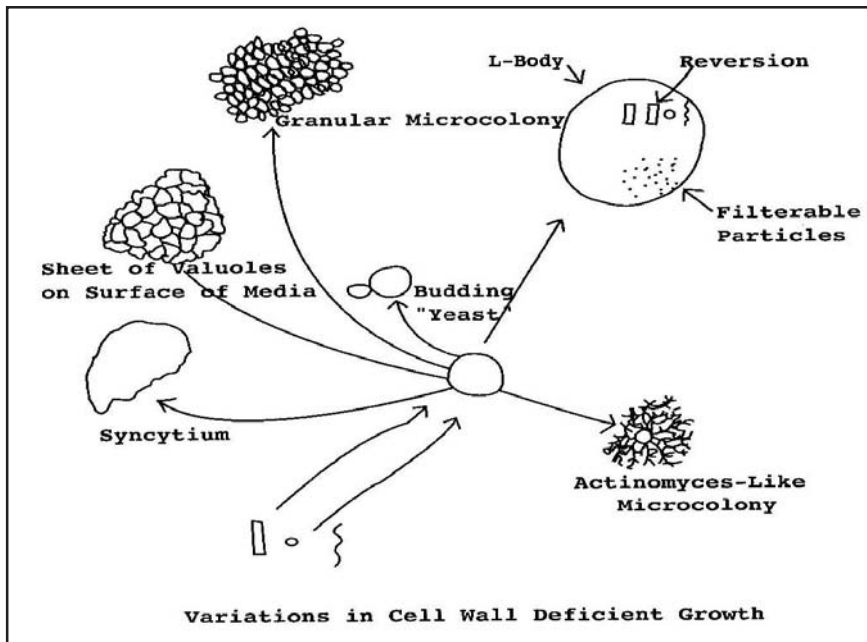


Fig. 1 and 2: Chlamydia - possible growth forms (from L. Mattman: *Stealth Pathogens*)

to antibiotics or antimycotics, which is the reason for repeated relapses. In the identification of the CWD one very important instrument is a vaginal swab and the use of an *Acridin-Orange* stain. Of course it must be clearly stated on the covering letter that such a test is required. This stain causes the CWD to show up in colour since - like other microbes - they contain proteins. (See Fig. 2).

By adding the missing haptene via the SANUKEHL preparations the body is enabled to recognise such cell wall deficient pathogenic forms. In the indicated prescriptions (Tables 2+3) this corresponds to Stage 4.

### *Chlamydia*

Infestation with chlamydia is a troublesome vaginal illness, normally with cell wall deficient pathogens. These are not created by antibiotics, but are a regular part of the natural spectrum of pathogens. Particularly in women who are taking the contraceptive pill, chlamydia are by no means harmless. Chlamydia love the hormone which the contraceptive pill contains; for them it is a "growth" hormone. Such microbes may even cause heparinasis, thus significantly impairing the blood coagulation during menstruation. To treat it we prescribe isopathically, as in Table 2. SANUKEHL Myc is a superb remedy for elimination of chlamydia.

### *Candidiasis*

Very frequently we find that the vagina has been colonised by candida. The majority of female patients and therapists find this a worrying problem. A few facts should be mentioned here.

Firstly, fungi are not in themselves an

treatment. This argument is logically questionable, since the cell wall deficient forms themselves result from using allopathic preparations and vitiate the healing process considerably. It does not make sense first of all to create these cell wall deficient (CWD) forms, only to have to treat them later with SANUKEHL preparations.

The author has not used a single allopathic fungicide since he found out about Isotherapy (over 30 years ago). In such cases as these, no antibiotic or antimycotic was ever needed, because the adjustment of the organic environment always came first, and still does. This step of

treatment on its own constitutes the beginning of the healing process.

Initially one cannot be sure of recognising diseases caused by CWD. However, there are hints which may lead us to suspect CWD of being the pathogen of the presenting disease: the clinical progress will confirm this. An affliction resulting from CWD will show frequent relapses, with increasing severity of the complaints, and episodes of increasing length. From the case-taking it will be seen that the same illness has been treated frequently with antibiotics, at ever-decreasing intervals. Cell wall deficient forms (CWD) do not react



1. CITROKEHL 5 drops twice daily, ALKALAN ½ teaspoonful twice daily.
2. NOTAKEHL 5X drops or FORTAKEHL 5X drops, 10 drops twice daily for 2 weeks, then change to
3. SANKOMBI 5X drops, 10 drops twice daily (or MUCOKEHL 5X in morning and NIGERSAN 5X in evening, 10 drops each), always 5-2-5-2...
4. SANUKEHL Myc 6X drops, 5-10 drops twice daily, oral; BOVISAN 6X drops, 5-10 drops once daily, orally.

Table 2: Treatment plan for complaints caused by Chlamydia in the vagina or bladder.

1. CITROKEHL 5 drops twice daily or ½ tablet twice daily.
2. PEFRAKEHL 5X drops, 8 drops twice daily, orally for 10 days, and 3-5 drops twice daily to be inserted into the vestibulum; then change from oral dosage of PEFRAKEHL to:
3. SANKOMBI 5X drops, 10 drops twice daily, following the 5-2-5-2 pattern (5 days of SANKOMBI, 2 days of PEFRAKEHL); continue with PEFRAKEHL in vestibulum.
4. SANUKEHL Cand 6X drops, 5-10 drops orally 1-2 times daily; RECARCIN 6X, 6 drops orally, twice daily.

Table 3: Suggested treatment for fungal infestations of the vagina.

infectious disease. They simply indicate a deficiency of bacterial flora within this organ. Thus we need to change the environment. However, the local vaginal environment must not be unbalanced even further by the use of alkalinising agents. What we must aim for here is a stabilisation of the acid environment. That may be very simply achieved by treating the bacterial flora in the intestines. Always think of the totality of the bodily environment, and not just that of the individual organ. This begins with nutrition. The patient should be instructed to avoid eating incompatible foods together, or simply to avoid carbohydrates, fresh fruit or raw vegetables in the evening (to prevent fermentation), or else we prescribe a hypo-allergenic diet (maybe excluding hen's egg and cow's milk products). It is simply a matter of

strengthening the weakened intestinal mucosa and restoring a sufficient level of IgA, sIgA, T3- and T4-cells as well as the macrophages to support the treatment.

Candidiasis is not a problem for therapists who work with isotherapeutic remedies. We have ALBICANSAN, PEFRAKEHL and EXMYKEHL.

As a matter of principle the suppositories should never be used vaginally, for the vaginal epithelium cannot totally absorb the fatty contents. The safest procedure is an oral dosage of isopathic medicines, in line with the Four-Stage plan, and a local application of PEFRAKEHL 5X or ALBICANSAN 5X drops in the vestibular area. 2-3 times daily the patient should lie on her bed with the buttocks elevated, should

separate the labia and insert 3-5 drops of the selected, above-mentioned remedy.

In Table 3 you will find a suggested treatment for fungal infestations of the vagina. Within this framework, it would be possible, depending on individual test results, to replace PEFRAKEHL with either ALBICANSAN or EXMYKEHL.

In the author's experience it is essential to employ the SANUKEHL preparations in the treatment of fungal or chlamydia infections of the vagina. However, the SANUKEHL products should never be prescribed on their own. By using Haptene preparations we can simultaneously introduce a prophylactic measure, thus sparing the woman further (unnecessary)

1. CITROKEHL, 5 drops twice daily.
2. NOTAKEHL 5X, 5 drops or 1 tablet twice daily, for 14 days, then change to
3. SANKOMBI 5X, 5-10 drops twice daily (or MUCOKEHL 5X in morning / NIGERSAN 5X in evening) over several weeks, always 5-2-5-2
4. RECARCIN 6X caps. 1 every 2 weeks; BOVISAN 6X, 10 drops orally, once daily.
5. Possibly a combined injection once weekly of:
  - Hepar compositum (Heel) 1 ampoule
  - Ubiquinone compositum (Heel) 1 ampoule
  - Coenzyme compositum (Heel) 1 ampoule

Table 4: Suggested treatment for pre-cancerous Cervical Disorders (Papanicolaou 3-5)



1. Environmental: ALKALAN, 1/2 tsp. twice daily in warm water, CITROKEHL, 5 drops twice daily.
2. NOTAKEHL 5X (or FORTAKEHL) 10 drops twice daily for 14 days, then change to
3. MUCOKEHL / NIGERSAN for 3-5 weeks, but always 5-2-5-2 (MUCOKEHL / NIGERSAN (or SANKOMBI) for 5 days, NOTAKEHL (or FORTAKEHL) for 2 days, then MUCOKEHL/NIGERSAN and so on).
4. SANUKEHL Strep, SANUKEHL Pseu and SANUKEHL Myc, in alternation, 5 drops to be rubbed in twice daily; UTILIN „S“ 6X or LATENSIN 6X caps., one once every 2 weeks; possibly BOVISAN 6X drops, 5 drops once daily.

Table 5: Suggested treatment for Endometritis

treatments.

In the case of chronic chlamydia infections or chronic candidiasis you should make discreet enquiries regarding possible sexual practices which deviate from the normal. The conditions required by the bacterial flora in the anus or the mouth are substantially different from those required by the vaginal flora. Enquire about HIV, AIDS, or other chronic diseases. The use of other SANUKEHL preparations may possibly be required. But the fact should never be overlooked that the vagina is also an excretory organ, and that treatment may possibly suppress vaginal discharges.

Of course, it is also possible that the cause of susceptibility on the kidney-bladder meridian might be a damaged incisor tooth.

### ***Recto-vaginal fistula***

A further possible disorder in the pelvic region is a recto-vaginal fistula, which may occur in the event of a deep-seated colitis. This can only be rectified surgically. However, adjunctive isotherapeutic treatment is desirable. This should include NOTAKEHL in Stage 2 and RECARCIN in Stage 4.

## **2. Diseases of the Cervix**

Frequently we find disorders at the mouth of the womb, and by this I mean preliminary stages of cancer of the cervix or collum. Tissue changes are not visible on gynaecological examination, but may be revealed by means of a swab taken from the cervix which is then treated with a Papanicolaou stain. The tissue changes are divided into five different classifications. Stages one and two are simply a hint of tissue changes to come, stages three and especially four are clear indications for starting Isotherapy treatment. This may and should be done. The prescription in Table 4 will bring about a clear reversal of the pathological changes and should be followed for two, or at the most three, months.

For stages 4 and 5 a cone biopsy is indicated. (This involves surgical removal of a tissue sample from the altered cervical mucosa for histological examination.) If this reveals a carcinoma, the altered tissue will be removed altogether. Here too it is important to support the patient pre- and post-surgically with Isotherapy. It must always be borne in mind that possible causative factors, e.g. incisors with

root-canal treatment, or electrical charges in the oral region (amalgams are accumulators) also need to be removed. The environment in the vaginal area (possibly a coil) should also be checked.

## **3. Diseases of the Bladder and Urinary vessels**

Diseases of the bladder and other urinary passages occur very frequently. The causes are numerous. Infections may result from the penetration of pathogenic microbes from the rectum, or from increasing microbial colonisation in the urinary passages, and they include a wide spectrum of pathogens, amongst which are chlamydia and mycobacteria. The urinary organs can be severely disordered by distant effects such as those from endometriosis or dental root canal treatments. The causes will soon come to light in the course of a thorough case-taking. An examination by a gynaecologist or urologist is beneficial.

Sometimes, in spite of pain on urination, the urine is sterile. There are two possible reasons for this:

The pathogens are cell wall deficient forms. They cannot be detected in a

1. CITROKEHL, 5 drops twice daily., USTILAKEHL 5X drops or CALVAKEHL 3X drops, 3-5 drops 1-2 times daily (in the event of bleeding)
2. NOTAKEHL 5X drops, 10 drops twice daily, after 10 days change to
3. SANKOMBI 5X drops, 10 drops twice daily, always 5-2-5-2 (SANKOMBI for 5 days, NOTAKEHL for 2 days, and so on)
4. SANUKEHL Pseu 6X drops, 5 drops to be rubbed in once daily PENICILLIUM BREVICOMPACTUM (formerly *Stoloniferum*) for pain-relief, 8 drops orally once a day, or rubbed in (also topically).

Table 6: Adjunctive treatment in Endometriosis



culture, nor are they visible under a microscope. In this case the practical procedures are similar to those followed in the case of vaginitis caused by chlamydia (see Table 2). Should the symptoms not improve even so, or if the case-taking reveals long periods of time with, and then without, these complaints, we should then think of an emotional disorder, especially in women aged between 40 and 50. This is the time of life when the children have grown up and may be living away from home, and the woman is looking for new ways of self-fulfilment. In individual cases the male partner may show little understanding, and this may lead to the patient suffering from unconscious disorders, such as burning in the bladder after urination or episodes of fungal infestation of the vagina with burning pain. The microbiological cultures are negative; only the subjective sensation impinges on the psyche. If you treat the patient without checking as to any background problems, any improvement will be short-term, because you are listening to and occupied with the patient over a fairly long time. Unfortunately therapists seldom have their antennae out to detect this unconscious cry for help and to hold a conversation in the role of mediator or supervisor. If they did, the patient's psychological problems would very quickly come to light.

#### **4. Diseases of the Uterus and Ovaries.**

These organs lie considerably more deeply concealed within the pelvis and therefore have to be treated mainly via the oral route. We are concerned with two illnesses here: inflammation and endometriosis.

##### **a. Endometritis**

Inflammation of the endometrium (uterine mucosa) is frequently the consequence of an abortion which has been inadequately treated. Endometritis may also occur within the context of parametritis or some increasing infection. Intra-uterine pessaries, coils (i.u.d's) or myomas situated on or beneath the mucosa may also be the cause. Please also bear in mind the possibility of an incipient carcinoma. These inflammations are mostly the province of the gynaecologist; the Isotherapy practitioner is only involved where cases relapse. Treatment is similar to that for vaginitis, and should continue over a lengthy period of time (see Table 5). Please ensure that any concomitant peritonitis is neither overlooked nor allowed to arise. You should at least palpate the abdomen and the upper part of the true pelvis in order to detect any pathological palpatory findings in the abdomen.

##### **b. Endometriosis**

Endometriosis is a very painful occurrence for a woman, and for the therapist it is an area of treatment which seldom has a satisfying outcome. The problem originates in tissue similar to that of the endometrium, but outside the physiological mucosal lining of the uterine cavity. Differentiation depends on the site where it manifests:

- E. genitalis interna: in the uterine musculature
- E. genitalis externa: ovaries (tarry cysts), oviduct, in the pouch of Douglas
- E. extragenitalis: abdominal cavity, urinary bladder, lung, etc.

The (increased) pain in the various menstrual cycles results from the fact that the endometrium swells up and should eventually be excreted. The only therapeutic measure is the (sometimes unsafe) surgical procedure to remove the endometrial tissue. Giving hormones is not ideal. In this case, Isotherapy can only render support. USTILAKEHL is not able to relieve the pains proceeding from the superfluous tissue, nor to remove them, for the pain only emanates from the tissue situated outside the womb. Isotherapy can only remove the inflammatory symptoms which accompany the problem, along with any bleeding, using USTILAKEHL 5X drops or CALVAKEHL 3X drops (5 drops of either 1-2 times daily) (see Table 6).

##### **c. Myomas**

Uterine myomas occur in 20% of women above the age of 30; they are benign muscular tumours. Occurrence may be single or multiple (Uterus myomatosus). They may subside following the menopause. Depending on their localization and the direction of growth they are known either as corpus myomas or (more rarely) cervical myomas. Their situation may be either intramural (within the muscular wall), submucous (beneath the mucosa), subserous (below the peritoneum) or intraligamentary.

Myomas create problems, large ones to a greater or lesser extent, mainly during pregnancy, but also during menstruation. We often receive enquiries about a remedy which will reduce or totally remove myomas. Such a remedy does not exist. Nonetheless it is worth attempting treatment with



UTILIN capsules, one every 2 weeks over a period of 4-5 months. Good results have also been obtained with RECARCIN 6X capsules. In individual cases growth has been halted; in other cases there has been clear improvement in the pain, or in the haemorrhagic tendency.

### ***In conclusion***

As may be seen from the foregoing, there are many possibilities for the

isopathic treatment of diseases of the female pelvic area. This treatment is physiological without any negative traces; the fact that no cell wall deficient forms develop is particularly significant.

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**First published in German language in the SANUM-POST magazine (72/2005)**

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