



Towards an Understanding of Pleomorphism, of Milieu Therapy and SANUM Treatment

Part I: Explanations of the Theory of Pleomorphism, the Range of SANUM Medicines and the Logical Combination of SANUM Remedies

by Dr. Thomas Rau



*SANUM treatment is far more than Isopathy. Properly applied, SANUM treatment influences the **inner milieu** at a deep level, as well as the rhythmic processes in both humans and animals. The range of medicines on offer is based on the **Pleomorphistic school of thought**, which was researched in great detail by Prof. Dr. Günther Enderlein and also described by others after him.*

It is fascinating that the SANUM remedies, particularly the Isopathics, can also be integrated into the Chinese theory of transformational stages, but also into Anthroposophical medicine and, in part, into Homœopathy.

The range of SANUM medicines, however confusing they may appear to beginners, is nevertheless put together extremely logically, and there is no other that is more holistic. It forms the basis of treatment for chronic illnesses and can replace a multiplicity of allopathic treatments. Thus, the therapists at the Paracelsus Clinics in Lustmühle and Al Ronc in Switzerland have practically no need of antibiotics, despite their very large numbers of patients with acutes and every kind of chronic disease, nor do they need anti-hypertensives, and barely any antiphlogistics, not to mention lipid-lowering drugs.

Broadly and logically applied, the SANUM and milieu treatments are the therapy of choice in chronic degenerative diseases, all cardiovascular diseases, and really the only effective treatment for conditions such as suscepti-

bility to infection, fibromyalgia and chronic inflammations. Unfortunately, the mode of action of some of the SANUM medicines has not yet been adequately researched, which nevertheless does not belittle the „evidence-based medicine“. The action of Isopathics, combined with milieu treatment, over years of experience treating the sick, many of whom had exhausted the possibilities of allopathic treatment, speak for themselves.

The following article is intended to explain the logical combination of SANUM remedies.

The Theory of Prof. Dr. Günther Enderlein

Isopathic remedies, as conceived by Prof. Dr. G. Enderlein, penetrate deeply into the metabolic processes and the inner milieu of the mesenchym, the body fluids and the cells. They are based on the theory of Pleomorphism, which states that every human being and animal are bound to Nature in a most intensive fashion by their rhythmic nature and reactions, and are subject to constant change (pleo = diverse, varied; morph = -shaped).

On the other hand, human beings are in a state of profound symbiosis with a „primal parasite“ or „primal symbiont“. This is the fungus *Mucor racemosus* (which Enderlein called the „Endobiont“) and *Aspergillus niger*, both of which evolve cyclically in an upward or downward direction.

This „Endobiont“, a „living protein“ it is claimed, „infected“ the whole family of mammals millions of years

ago, and only by doing so, did it make its own evolution possible. The low stages (low valencies) of this endobiont, as highly molecular proteins, fulfil vital functions within the living organism. So they guarantee various stages of clotting, since they make up the protein content of fibrin, and also thrombocytes. As proteins, they also guarantee viscosity and flowing properties of the body-fluids. Furthermore, they act as protein-acid buffers, regulating the acid-alkaline balance (e.g. as haemoglobin buffers).

These evolutionary stages of the endobiont depend on the **milieu**, in which they are present, on the acid-alkaline balance, and on the content of trace elements and protein. The presence of blocks inhibits the development both upwards and downwards, by which the dynamics and adaptability of the organism are diminished.

In their higher valencies, the endobionts form bacteria and, in their culminant form, fungi (e.g. *Mucor racemosus*, or maybe *Aspergillus niger*). *Aspergillus* is considered to be a later acquisition, and in the course of its evolution, it shows different bacteria, such as the tubercle bacillus, for instance. According to Prof. Enderlein, the *Aspergillus* cycle, i.e. its various evolutionary stages, is also responsible for the diseases, which the biological physician would classify as „paratubercular illnesses“, or belonging to the Tuberculinum type. These are predominantly illnesses of the connective tissue and structural organs, and also those of the lymphocytic system.

However, there are a number of other symbiotic particles, which make up different evolutionary cycles, and whose culminants are other fungal forms (e.g. penicillins or Candida).

The Significance of the „Internal Milieu“

Prof. Enderlein then explains that all the illnesses, which afflict the human race are expressions of the upward evolution of the lower valencies to higher ones; all illnesses are therefore endobioses, and thus, all illnesses are to be treated by altering the milieu. Indeed, the metabolic milieu alone determines the valency of the endobiont, which in its lower valencies, of course, is apathogenic and actually necessary.

The Significance and Pleomorphic Dynamics of Bacteria

Bacteria are high valencies of the endobiont or of other cyclogenic evolutionary series. Enderlein described others of these besides the *Mucor racemosus* and *Aspergillus niger* cycles: the cycle of *Penicillium chrysogenum* (a.k.a. *Penicillium notatum*), and of *Penicillium roquefortii*, as well as *Aspergillus ruber*, *Mucor mucedo*, *Candida parapsilosis* and *Candida albicans*.

Particular bacteria belong to each of these cycles, all of which culminate in a fungal stage. So then, these bacteria can be treated with the special isopathic medicine which is associated with their particular cycle and is produced from chondrite stages of that cycle. The appropriate isopathic remedy is capable of changing the bacterium's pathogenicity and taking it to a different cyclogenic stage which, on

The milieu is characterised by:

- Acid-alkaline situation
- Mineral content (electrical resistance)
- Protein content (incl. free radical content)
- Redox potential (i.e. electrons freely available)

the one hand, is apathogenic, and, on the other hand, is immunologically accessible to the appropriate immune-biological remedy. However, this „antibiotic“ treatment, contrary to normal orthodox medical thinking, is not an „antibiosis“, but a downward evolutionary movement of the bacterium in question to a lower valency, and therefore less pathogenic form, so that the bacteria e.g. change their surface structure, but remain alive. This isopathic treatment does not result in antigenic or toxic bacterial waste, as is the case with bactericidal antibiotics, but rather it leaves behind symbiotic, apathogenic bacteria, or maybe valencies that are even lower.

Bacteria are not „fixed entities“ which always develop the same illness, but they are constantly mutating, i.e. they can mutate from one form into another, and even become different bacteria, yes, even a fungal stage, the so-called *culminants* of their evolutionary cycle. However, there are also *viral* stages of the symbiont mentioned below, which evolve upwards in either an intracellular or an extracellular mode. They exert a direct influence on the metabolism of the cell. In terms of molecular biology, the leap between the acidic DNA double helix structure and the double-protein-chain structure described by Enderlein has not yet been completely researched (Prusiner).

Thus, the human being is in symbiosis of the most intensive kind with a world of bacteria and microorganisms, which is constantly changing, according to the human being's milieu, diet and acid-alkaline status, and which even develops from the body's own proteins! So, both in nature and within the human body, bacteria move from one form or evolutionary stage to another, constantly changing in pathogenicity, according to the metabolic milieu. The consequence of this is that we must not regard bacteria, viruses and fungi as alien, but as a part of ourselves. As the internal milieu is corrected, so they can be changed as regards their pathogenicity.

It is in the flora of the small and large intestines that we find the most intense intertwining between the world of bacteria and the human organism. Measured according to the cell-count, a human being possesses more bacteria than cells of his own - only, of course, they are much smaller. The interesting thing is that it is precisely these bacteria within the human organism that have the fastest regeneration rate. They renew themselves within just a few days! This means that half the cells within a human being renew themselves within this short space of time!

This clarifies that the intestinal bacteria are the vehicles of the



constructive and regenerative energies, and of the parasymphathetic system of the human body, and are representative of the whole organism. By no means can we speak of a separation between the bacterial world and the world of human tissue! For this reason, every SANUM practitioner includes the intestinal flora in their treatments! (See Table 1).

Thus, micro-organisms are not fixed entities, but are constantly mutating. They are created - and this is the peculiar thing in pleomorphic thinking - as a result of upward evolution from protein components belonging to cells, and these were called „protites“ by Enderlein and „bions“ by Wilhelm Reich. They occur normally in every human cell and every kind of bodily fluid.

It is even more fascinating to realise that we are given these particles at conception and that later they „survive“ us by a long way, i.e. they are returned to nature as a part of ourselves. Similarly, they can also evolve upwardly from plant cells, as proven by Wilhelm Reich, when he successfully developed bacteria and amoebas from sterile liquid extract of grass cells.

Enderlein's most important discovery (read about it in Enderlein: „Cyclogeny of Bacteria“) was also the stimulus for his effective isopathic treatment: the „high valencies“, in other words, the bacterial and fungal forms, can be reduced by the „low potencies“ (i.e. the protites (proteins and nucleic acids), their evolution being reversed down the cycle into apathogenic forms, if

the latter are present in sufficient quantity and if the milieu is as it should be.

However, researchers in Vienna came up with some interesting results of analyses which showed that Enderlein's „protite“ was identical to the globin in haemoglobin. This would illustrate once again how close the link between the human erythrocyte cell and the basic units of bacteria and, at the same time, would demonstrate the close link between the endobiont and the vital processes within the cell, such as oxygen uptake, the respiratory chain and acquisition of ATP.

Thus, endobiotic and symbiotic valencies are responsible for a major portion of the functions in the human body, and Enderlein showed how

Treatment of the milieu:

- ALKALA N ($\frac{1}{2}$ a measuring spoon twice daily)
- Multi-mineral tablets (Burgerstein) or Alen®
- MAPURIT 1 caps. twice a day
- possibly also L-Glutamine (2g daily) and Molybdenum (150µg twice a day)

Intestinal Mucosa:

- Mucosa comp. ampoules (Heel) or Mucosa + Ubiquinon comp. one ampoule to be injected every 2-3 days at point M25 (Neural therapy with procaine) or insalivated and then swallowed.
- Alkaline and hypo-allergenic diet (no milk or dairy products, no eggs, no nuts)

Building up the Intestinal Flora:

- Initially: FORTAKEHL 5X, 1 tablet 3 times a day (for 3 weeks)
- then: PEFRAKEHL 4X caps. or 5X drops (begin after 1 wk. 1 caps./day for 3 weeks)
- then: SANKOMBI 5X drops 10 drops twice a day (begin after 1 wk., then for 3-6 months) or MUCOKEHL 5X and NIGERSAN 5X, drops in both cases.

Stimulating the Immune System:

In chronic infections, susceptibility to infection, colitis, etc.

- See „building up the intestinal flora“ - first 1 week NOTAKEHL 5X 1 tablet 3 times a day, then continue as above
- UTILIN 4X and RECARCIN 4X capsules, one of each weekly.
- REBAS 4X caps. 1 capsule twice a day.

Table 1: Building up the Intestinal Flora according to Dr. Rau



closely the pathogenic bacterial realm and the symbiotic and physiological one are linked with the intact human organism.

And so we see that it is precisely the presence of these so-called „low valencies“ and the correct cell- and plasma milieu that are very important for good immunity; thus, the human being is provided with good resistance precisely because of the presence of the preliminary stages of bacteria and viruses.

Thus, the theory of pleomorphism offers an entirely new and dynamic way of viewing the integrity of the human being. It shows us that intensive interaction with our environment is the basis of health and maturity! Accordingly, bacteria and viruses are not „harmful, dangerous and to be exterminated“ but only their monomorphistic extensions where a rigid and deficient milieu exists, which is conducive to blocks.

„In Microbiology, there is no death, only mutation.“

(Quotation from the highly informative 67-page work of my late teacher and Enderlein scholar, Dr. W. Grüger MD: „Cyclogeny and Guided Symbiosis“; Verlag ebi-electronic a.g., ISBN 0-952-0057-4-6, obtainable from Semmelweis-Verlag)

This means that antibiotics and anti-fungals are to a large extent redundant, and that even mono-diagnosis of fungi and bacteria loses much of its significance.

On the contrary: the awareness that

a bacterial form, rigid in its behaviour, is spreading, believed by orthodox medicine to be the cause of the associated disease, is for us a demonstration that we are dealing with a block, which no longer permits the dynamic reversal of evolution to take place.

It is this block that must be treated, rather than killing the bacterium!

You see, if we kill the bacterium with bactericidal antibiotics, only bacterial debris results, which still are microbial elements and parts of blocked cycles. Should changes in the milieu occur later, or added stress to the milieu, these elements could evolve upwards into new and possibly more pathogenic organisms.

So it is comprehensible:

- that bacterial debris, created as a result of antibiotic treatment, can stay in the tissues as „slow bacteria“ without any particular antigenicity, not redeveloping into a pathogenic form until much later (e.g. chronic viral diseases or, e.g., chronic dental siphonosporal infection in all teeth that have had root canal treatment, whereas distant pathological effects do not appear until years later);
- that new long-term pathogenic agents result from antibiotic treatment, and it is likely that these will also be new viral forms.

Thus, it should be clear that the orthomolecular substances and acid-alkaline regulators referred to below are prerequisites for any successful isopathic treatment. This is because

they remove blocks, which have arisen as a result of mineral deficiencies, over-acidity or heavy metals, thus enabling Iso-pathy to reverse the evolution of the high valencies.

However, the low valencies (protoplasts, chondrites, symprotoplasts), which result from isopathic treatment can only be preserved in these forms, if their environmental milieu suits them; therefore, we require the necessary vitamins, minerals and ALKALAN.

If an equal, stable pH level is maintained, then the microbes can evolve neither upwards nor downwards, i.e. their development is stuck in a monomorphistic form. This explains why, within microbiological nutritional media with a stable pH level, certain bacterial structures form in a monomorphistic culture, which are not representative of the behaviour of the same microbes in a living blood sample.

Enderlein named this pH or milieu rigidity „mochlosis“ (= „locking“).

He also described how light, temperature, mineral elements, chemical or electrical influences can bring about an unlocking („mochlolytic“), thus enabling the microbes to proceed into other evolutionary stages.

These findings explain that, using conventional microbiological techniques and nutritional media with a stable pH level, no cyclogenetic developments can be observed. However, it is also clear that a change of milieu on its own is enough to enable a real „antibiosis“ or - in Enderlein's sense -

Regarding the milieu, it could be demonstrated that

- the primitive phases (low valencies) require an alkaline milieu
- the bacterial phases require a slightly alkaline pH level
- the fungal phases require an acid pH level

a dynamic 'downward' reverse evolution of fungi and bacteria to apathogenic or even symbiontically important substances. This is not the case with antibiotics, which only leave behind rigid bacterial debris, which even under the darkfield microscope is visible in the form of macro-symptotes, no longer subject to change, or waste material (symplasts).

According to Enderlein, each microbe produces an **organic acid**, which promotes its upward evolution:

- *Mucor racemosus* Fresen produces **Lactate** (Lactic acid)
- *Aspergillus niger* produces **Citrate** (Citric acid)
- *Penicillium chrysogenum* produces **Penicillinic acid**

In order to observe the real upward evolution of the endobiont in its accustomed milieu, and to assess the real dynamic microbiological conditions in the blood, we have to make our observations in the vital, living blood, in which the cellular buffering ability plays an important part. For this, darkfield microscopy is a most informative and quick investigative method.

The **pathogenicity of a germ** is situated in only one evolutionary stage, or very rarely in two or more (e.g. in the case of the diphtheria bacillus or in the *Streptococcus* of

the *Penicillium chrysogenum* cycle).

Each of the generally known pathogenic bacteria has its „own“ cyclogeny. Enderlein described many of these, along with their preceding and succeeding stages. In so doing, he had to give them new names of their own, since these structures were not yet known, or had not yet been seen in a cyclogenic context.

The Primal Symbionts / the Endobiont

The most important exceptions are our *symbiotic*, permanent colonisers, whose widely varied evolutionary stages create important components of cells or plasma, and whose high valencies are all pathogenic to a greater or lesser degree and occur in humans in the shape of various bacteria.

1.) The *Mucor racemosus* Cycle

The symbiosis between vertebrates and *Mucor racemosus* was probably instrumental in ensuring its viability. The protite, the lowest valency of the *Mucor racemosus* cycle is said to be the smallest living biological entity. Enderlein called the *Mucor racemosus* protite the *endobiont!*

Very many cell organelles which are known to cytology, such as ribosomes, Golgi's apparatus, etc., are visible in the darkfield plasmatically, and are clearly recognisable as

endobiontic upward developments. Enderlein also describes how over 60% of the interior of a cell is of an endobiontic nature.

However, the endobiont also forms substances and structures, which have a decisive influence on respiration, viscosity and clotting of blood and other bodily fluids:

- Globin - haemoglobin, and with it the blood's acid-buffering capacity
- Blood proteins
- Fibrin
- Thrombocytes

The low valencies of the endobiont have vital functions and are also called *regulators*.

The stages of upward evolution are many. Enderlein described them meticulously, creating a rather confusing nomenclature, which I do not intend to go into here. The evolutionary process, both upwards and downwards, is liable to be blocked or changed by toxic blocks, antibiosis, trace element deficiency etc., so that monovalent bacteria, cell-wall-deficient (CWD) bacteria, or even (at lower stages) thrombocytoses and clotting disorders occur. SANUM has developed remedies for every level of these cyclogenic blocks, and these have a concentrated action, particularly when used in combination.

The diseases of the *Mucor racemosus* Cycle

Thus, the *Mucor racemosus* cycle is also very much bound up with all **diseases of flow, of viscosity, of transport of materials and of oxygen uptake:**

- coronary diseases, hypertension,



The most frequently occurring blocks to regulation are:

- **Heavy metals:** Hg / Pb / Pd / Al (most frequent source: dental fillings and dental replacement materials containing Mercury or Palladium). The highly toxic heavy metals are absorbed into the body, where they have long-term effects and impede a large number of important chemical metabolic reactions. They act as antagonists to important trace elements such as Zinc, Selenium or Manganese.
- **Dead teeth** and bacterial osteitic foci of infection in the jaw: every tooth that has had root canal treatment is a dead tooth and despatches highly toxic ptomaine poisons to the mesenchym and the lymph. As well as this, every root canal-treated tooth is a hotbed of bacteria, and these bacteria have a blocking influence on the immune system, but also on the associated meridians and their organs.
- **Intestinal Dysbiosis** (= deficient population of the intestinal flora). The bacteria in our intestines are our **main detoxifiers**, as well as protecting us against other pathogenic bacteria. If normal bacteria are missing, then pathogenic bacteria and fungi occur, and these release toxins.
Causes: Poor nutrition / endobiontic stress / food allergies.
- **Trace element deficiencies:** Selenium, Zinc, Manganese, Magnesium, Chromium, etc.
Causes: Poor diet / atrophy of the intestinal mucosa
Trace elements have a biochemical and catalytic mode of action, therefore they need to be given in low potencies and in orthomolecular dosage.
- **Fatty acid deficiencies** / damage to cell membranes: Omega-3/-6-fatty acids
The unsaturated fatty acids Omega-3 + -6 are extremely important components of cell membranes, protecting us from free radicals. Omega-3 (fish oil) is often missing / **oxidative stress**.
- **Excessive levels of acid and protein:** Nutrition / stress / mineral deficiency / **alkaline treatments**
- **Ongoing emotional stress**
- **Effects of chemicals** such as antiphlogistics, steroids, food preservatives, etc.

Table 2: Blocks to regulation, or what diminishes our response to subtle energy treatment?

- angina pectoris
- disorders of cerebral or peripheral circulation
- venous diseases, thrombosis, embolism
- endocrine disorders
- diseases of the yang organs: intestines / gallbladder / large intestine (Mucor mucedo)
- carcinomas

The endobiont is a voracious „protein eater“, and its evolution thrives when feeding on protein. It follows that, in order to reverse the evolution of the high valencies, a low-protein diet must be adhered to alongside the regulatory therapy, and the avoidance of animal proteins is particularly important!

2.) The Aspergillus niger Cycle

Basically, the Aspergillus cycle is very similar to that of Mucor, and it is likewise of prime importance. It has a certain affinity with structured human tissues, in other words, connective tissue, bone, supportive organs, but also with kidneys, lungs and lymphocytes. This means that its influence extends to the human immune system.

Its bacterial stage is *Mycobacterium tuberculosis*, which helps us to understand why this cycle is the one of choice for the human *tubercular constitution*.

However, there are also parallels to Homoeopathy's sypilitic mi-

asm, particularly in the area of degenerative neurological diseases.

So we can see, which illnesses are associated with the Aspergillus cycle.

The diseases of the Aspergillus cycle

Many diseases of the structural organs, but also of the lymphatics, the connective tissue, hollow and glandular organs, ovaries, supportive tissue of the chest etc., lungs, kidneys, eyes:

- Diseases of the tendons and muscles
- Diseases of the bones, osteoporosis (though bone marrow belongs to Mucor)



- Illnesses of the kidneys and adrenals
- Disorders of the pituitary gland
- Cystic glandular disorders (thyroid, breasts, ovaries)
- Lung illnesses (T.B., sarcoidosis, Hodgkin's etc.)
- Lymphatic problems (susceptible to infections, depletion of Peyer's patches, lymphoma)
- General „tubercular tendency“
- All fistulas
- Many skin diseases
- All forms of sclerosis

Aspergillus is the fungus of advanced age. As a result of its proteolytic action, it favours the decay of human structures. Thus, it outlives its hosts and leads them to the grave. The cycle is similar to that described under *Mucor*.

Thus, we can understand that both forms always belong together: the low valencies of *Mucor racemosus* enable respiration, cell construction

and even spirituality and agility. We owe the concomitant structuring of tissues and nervous system as intellectual support to *Aspergillus niger* as the opposite number of *Mucor racemosus*. Towards the end of life, both of them guide the organism across into its cycle, the cycle of earthly rhythms, from which they bring a new organism to life once again.

Seen from this angle, parallels emerge with both anthroposophical and Chinese medicine, with their rhythms and functional cycles. Indeed, it is possible to attribute to the cycles certain functional circles and their archetypal themes!

3.) **The *Penicillium chrysogenum* Cycle**

Here, we are dealing with a cycle, which is normally present in human beings. All the saprophytic and symbiotic bacteria of the skin, the larger part of the oral and intestinal flora are connected with it.

According to Enderlein, its lowest valency must originate from the physiological area of the *Mucor* cycle.

All gram-positive bacteria are represented by it, but so are the diplococci, bacilli, Döderlein's bacilli, etc.

Since high-valency *Penicillium chrysogenum* forms Penicillic acid as a metabolic product, its profound influence on everything bacterial is evident.

It is emphatically the most active cycle of adulthood, favouring reactivation and metabolism, short-term dismantling and construction, with a Spring/Summer character.

The diseases of the *Penicillium chrysogenum* Cycle

acute bacterial illnesses

- Sore throats, middle ear infections

Mucor racemosus

All about flow and stasis

Veins
Haemorrhoids
Arterial circulatory problems
CVA / TIA
Heart
Loss of hearing / tinnitus
Breasts*
Thrombopaenia
Thrombocytoses
Anaemia
Thyroid
Myomas
Carcinomas
Diabetes
Allergies?

Psoric tendency

Penicillium notatum

All inflammatory acutes

Suppuration / phlegmons (Abscesses)
Angina
Staphylococci, Streptococci
Gonorrhoea
Hollow organs bladder / kidney
Rheumatic illnesses*
Gout*
Neurodermitis *
Osteomyelitis

* Mixed form with *Mucor* / *Aspergillus* depending on the constitution

Sycotic miasm

Aspergillus niger

„Degenerative“ type

Bronchitis, Asthma
Pulmonary fibrosis
T.B. / Para-T.B.!
Cystic illnesses
Fistulas
Connective tissue:
Goitre Spondylitis
Arthrosis / Disc wear & tear
Osteochondrosis
Osteoporosis
Diseases of lymph nodes
HIV
Genito-urinary tract
Prostate / Cysts
Ca. prostate

Tubercular tendency

Table 3: Allocation of illnesses to the fungal cyclogenies



- Dysbioses (some of which come under *Penicillium roquefortii*)
- Abscesses
- Leucocytoses, myeloid processes
- Osteomyelitis (combined with *Mucor*)
- Cystitis
- Colitis
- Skin problems: acne, furunculoses, folliculitis

4.) The Candida Cycles

The two best-known Candida cycles are those of *Candida parapsilosis* and *Candida albicans*. Significantly less research has been done on these, and this article does not deal with them. They are not prime symbionts of mammals or humans.

It has been our experience that the valencies of Candida, like candidiasis in humans, occur practically only, where the milieu is severely blocked, and then particularly frequently in cases of heavy metal overload.

Candida parapsilosis almost always tests positive or can be cultured, where there are chronic dental foci and amalgam problems.

Good results have been obtained from a combination of dental treatment (especially dental neural therapy) and PEFRAKEHL plus ARTHROKEHLAN A. Oral doses of PROPIONIBAKTERIUM AVIDUM are given concurrently.

Brief Philosophical Survey and Connections with other Traditional Theories of Natural Therapies:

Looking at the three above-

mentioned „main cycles“, Enderlein's theory very easily fits in with other theories of healing, such as Homoeopathy and the Anthroposophical view:

The low valencies of **Mucor racemosus** enable the organism to begin developing along multi-cellular lines, by guaranteeing oxygen supply, circulation, and also clotting. They enable the organism to be flowing, mobile and to grow.

They also represent the „Qi“ of Chinese medicine, or the **ethereal energies** of Anthroposophy, or the „energy of Mother Earth“, as well as the Childlike Expansive quality.

However, should this continue to develop without restraint and without structuring energy, the consequences will be high valencies, congestion, clogging of the mesenchym, proteinification and under-supply of the tissues with oxygen, i.e. degeneration and, finally, the decline of cells and tissues.

There is great similarity between *Mucor* and the **psoric diathesis** of Homoeopathy. The low valencies of *Mucor* shape the energies of the **parasympathetic nervous system**.

By way of contrast, but also complementary to *Mucor*, we have *Aspergillus niger*. It is concerned with structuring, delimitation, the development of structure, but also with the ego-energies, hence its connection with the nervous system, the skin and the supporting organs.

It represents the **astral energies** of the Anthroposophical system, and also the system of delimitation.

In low valency, *Aspergillus* permeates the growing human being and imparts delimitation, structure and stability. Thus, it also has a close relationship to the system of T-lymphocytes, and so to the immune system. Its task is to recognise where the boundaries are and where one's own strengths lie, but also to point out the boundaries to the unbridled expansionism of ethereal *Mucor*.

Therefore, *Aspergillus* is also assigned to the **Sympathetic nervous system**, which allows us to defend our own boundaries. However, in high valency, *Aspergillus* leads to excessive structuring, induration and rigidity. Characteristically, it is therefore also assigned to arteriosclerosis, osteoporosis, and also to all fibroses. Many degenerative diseases of the nerve structure are attributed to *Aspergillus*, not to mention mental sclerosis of old age. Homoeopathy has something similar in the **Tubercular diathesis**.

In between these, there is a third element, that of **Penicillium chrysogenum** (also *roquefortii* and *glabrum*), the element of all that is rhythmic, of heat and conversion. This dimension is ensured within the body by the **bacterial** element, and also by digestion and enzymatic conversion. This helps us to understand that low valencies of *Penicillium* are connected with granulocytary defence and also with digestive energies - the pancreas and upper intestinal tract.



In Homoeopathy, we see parallels to the penicillic in the **sycotic diathesis**. In low valency, *Penicillium chrysogenum* and *roquefortii* guarantee conversion, „experience in battle“ and internal defence. They create the anaerobic bacteria of the upper digestive tract. In Chinese medicine, the important meaning of conversion, of movement from one transformational stage to another, is assigned to the spleen. Spleen, stomach and pancreas are included in a transformational stage of late summer, the transformational stage of processing. The valencies of the *Penicillium* cyclogenies are very important for these organs and their diseases.

The low valency of the *Penicillium glabrum* cycle is assigned to viral illnesses. This makes a lot of sense, since viral diseases have a great deal to do with the development of childhood „experience“ and conversion. Also, from a holistic point of view, they support the rhythm of development and the granulocytary capabilities. For this reason too, holistic physicians are opposed to anti-viral inoculations. Children should have the viral illnesses, with SANUM remedies used to support the processing of them.

In its high valencies, the bacterial and fungal stages, *Penicillium* has an important function in the interests of *Mother Earth*: they guide the organism through disintegration and back to the earth. They also guarantee lysis, both during one's lifetime and also after the death of the

Construction, growth and formative energies: Mucor racemosus

- Earth energies / Spring element
- Ethereal energies
- Psoric diathesis
- Alkaline energies
- Parasympathetic nervous system
- Liver system
- Intestinal system / Intestinal flora
- Anabolism
- *Mucor* low valencies / protite / hæmoglobin / iron

Pathology: Congestion

Conversion energies: Penicillium chrysogenum./roquefortii/glabrum

- Rhythm / Summer element
- Bacterial system
- Sycotic diathesis
- Pancreas / small intestine / heart
- Sweet
- Penicillin influence

Pathology: Disintegration, dissolution

Structural and hardening energies: Aspergillus niger

- Intellect and structure / Autumn element / metal
- Astral energies
- Syphilitic diathesis
- Lymphatic system
- Acidic energies
- Sympathetic nervous system
- Nerval system and supportive apparatus / lungs - large intestine
- Rigidity and degeneration
- *Aspergillus niger* high valencies

Pathology: Lack of energy, stiffness

Table 4: The fundamental energies of existence from an isopathic and anthroposophical view

organism. Enderlein was right in saying: „Symbionts are immortal, they colonise us from without, right from the first cell and, in a different valency, they are returned to Nature.“

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