Treating the Cause of Circulatory Disorders

Pathophysiology of the Phenomenon of ‘Rouleaux’ in the Blood

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Human beings - like all vertebrates - live in symbiosis with the early stages of the fungus Mucor racemosus Fresen, which at the point of crossing over to warm-blooded creatures during its evolutionary development also enabled blood to clot. As is well-known, it can develop under changes of the milieu into pathogenic forms, which accompany a so-called upward development of the cyclode of the micro-organism. The forms shown in Figure 1 can be observed in dark-field microscopy; on the right in the diagram are the non-pathogenic forms, on the left pathogenic forms or those, which are indications for a pathogenic milieu. The dioecothecites and colloidthecites are not pathogenic, they act as regulators in the form of e.g. cryptoprotites, spermites, etc. However, their presence in higher numbers indicates a defensive reaction by the body.

In human blood, no fungus as the last stage of the cyclode can be seen, as sometimes claimed, except in the case of a life-threatening fungaemia. As a rule, such patients are already in intensive care, not at the regular surgery. The so-called culminant or last stage of the cyclode of Mucor racemosus is a mould, which takes hold of the body only after death. The factors listed in Table 1 benefit the upward development of this symbiont Mucor racemosus, which in its early stage is beneficial. A healthy person is able to break down the higher developed pathological forms by means of endogenous regulators, which originate in the cycle of the Mucor racemosus, and to excrete them through the intestine, bronchial tubes, skin and urinary tract. In a

Upward development into pathogenic forms caused by:

- stress
- protein-rich food
- an increase in redox potential
- free radicals
- L-lactic acid
- Change in pH value

↓

healthier → breakdown by low valency regulators (chondrites = MUCOKEHL) → excretion via intestine, bronchial tubes, skin, urinary tract

sicker → ENDOBIOSIS

Table 1

sick person, this natural ability to regulate is frequently defective, so that the therapist must intervene and support it.

It is always sensible to make available to the body particular substances, which intervene to repair or regulate, and in this way, no additional strain is put upon the cells. In principle, the body itself mobilises all the necessary repair systems so long as it has sufficient building blocks for this (this is the idea behind ortho-molecular therapy) and/or the milieu of the body permits regulation. SANUM therapy unites both these approaches in the ideal way. By altering the milieu and substituting regulators at the same time or afterwards, therapy can be carried out at the actual level of the origin, so long as the patient is prepared to avoid the causes or factors supporting the illness.

Importance of supply of low valencies

One phenomenon often observed in darkfield microscopy is the formation of rouleaux with the more or less strong formation of filites. These formations are at the same time the cause and paradoxically also the result of circulatory disorders, so that the patient ends up in a vicious circle, which has to be broken by means of therapy. Here, one has the possibility of achieving three therapeutic approaches at the same time using MUCOKEHL:

1. The ominous upward development of the endobiont Mucor racemosus can be limited or stopped.
2. The body is supplied with regulators: one drop of MUCOKEHL contains millions of low valency regulators in the chondrite stage, which a healthy person can produce for himself in sufficient quantity. These regulating chondrites are not to be confused with chondrites of the pathogenic type. It is also important to understand that in this case substitution with an endogenic substance is carried out therapeutically. The contents of MUCOKEHL, apart from the macrosymprotite, are shown on the right hand side of Figure 1.
3. By putting a stop to the upward development of the endobiont, one avoids an accumulation of lactates, which not only favours the upward development, but also encourages dangerous acidosis in the body as a whole.

What is the result of the rouleaux formation?

Table 2 shows what damage the rouleaux formation can cause: this formation, which is at the root of the so-called sludge phenomenon, causes a reduction in the surface

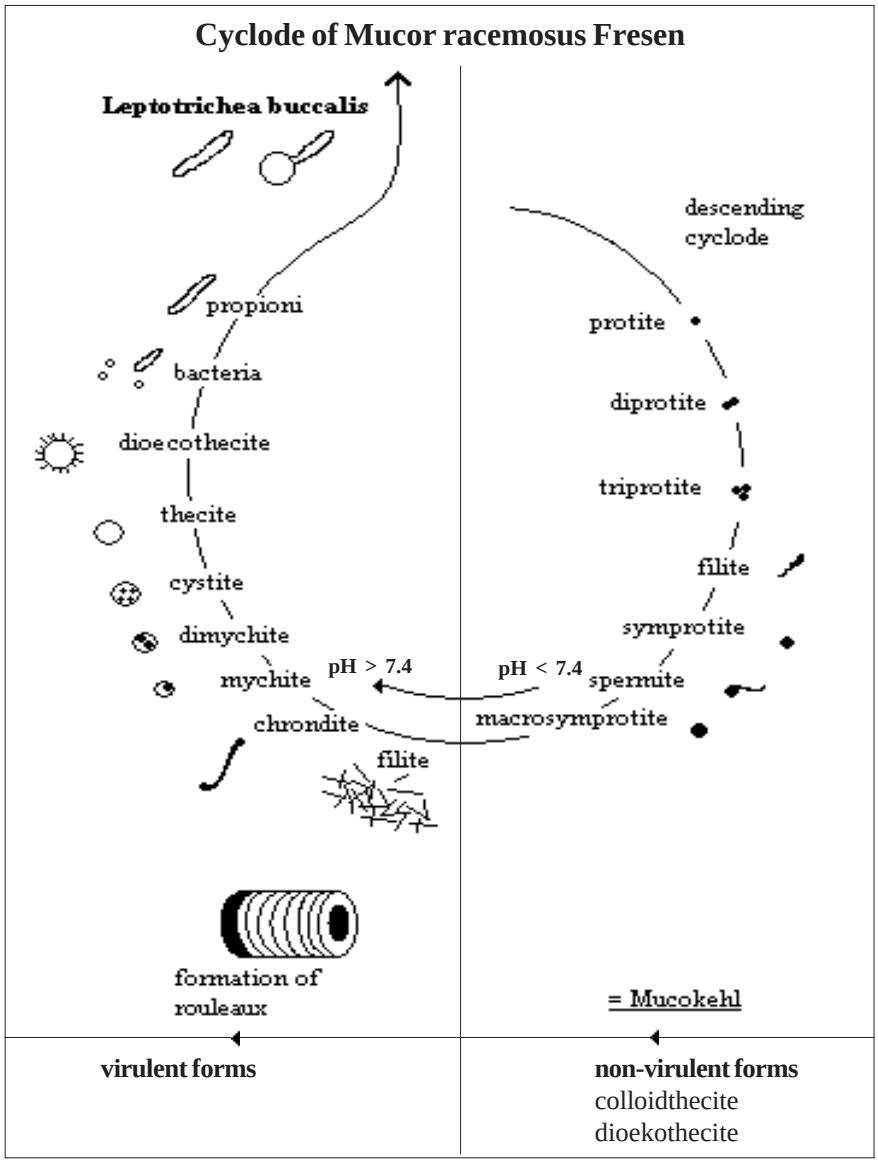

Figure 1

Consequences of rouleaux formation in tissue

Lack of ATP (the body needs 50% for the ionic pump

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Ionic pump runs more slowly

↓

Intercellular concentration of sodium increases → cell oedema

↓

Flow of calcium into the cell

↓

Anaerobic glycolysis → lactic acid → acidosis

↓ ↓

MUCOR MUCOR

↘ ↙

rouleaux formation

Table 2

of the erythrocyte, so that less oxygen and other substrates can be passed on to the tissue. On top of this, because of a reduction in the rate of circulation, pseudo-thromboses enter the blood in the capillaries in the so-called Fahraeus-Lindqvist effect. This means that the cell cannot produce enough ATP, of which an adult human normally produces about his own body weight, approx. 70 kg, per day. Half of this is made available for the operation of the cellular ionic pump. It maintains the tension on the cell membranes, and thus constitutes one of the most important conditions for our metabolism.

Because of the lack of ATP, the ionic pump works more slowly. The concentration of toxic sodium ions is too high for the cell and can no longer be exchanged for potassium ions, with dramatic consequences for the cell. High concentrations of sodium lead to osmosis and oedema, which again raises the concentration of calcium ions in the cell. The consequence of this is an intracellular lack of magnesium, inhibiting the formation of ATP and releasing lipases. The anaerobic glycolysis of the cell, which now begins, is an atavistic emergency measure for the necessary production of energy without oxygen; however, it only produces about eight per cent of the energy compared to the amount from normal oxidation. The end product of this anaerobic glycolysis is lactic acid, which arises from the decomposition of sugars. This leads to acidosis and so again paves the way for the higher development of the Mucor racemosus - it even creates the absolutely ideal environment for it.

In the further event, the upward development of Mucor strengthens the formation of rouleaux by the congestion of protites on the erythrocyte membrane and the formation of filites, which results in a deterioration of the important fluidity of the blood, because its viscosity rises. All this shows an unhealthy vicious circle in this development, which can result in a carcinoma. As everybody knows, longer lasting anaerobic glycolysis causes the cells concerned to degenerate (Warburg/Seeger).

Table 3 shows what happens when rouleaux form in the blood stream. Here too, because of an increase in the influx of sodium, the lack of ATP causes oedema, this time in the endothelial cell. This swells, and the volume of the blood vessel is reduced, because its cross-section is reduced. Some of the erythrocytes can no longer pass through now, and the problems, which have already been described, re-occur; because of the lack of oxygen, this results in a lack of ATP, and this again results in anaerobic glycolysis with the production of lactic acid, which is toxic for the cells.

Consequences of the formation of rouleaux in the bloodstream

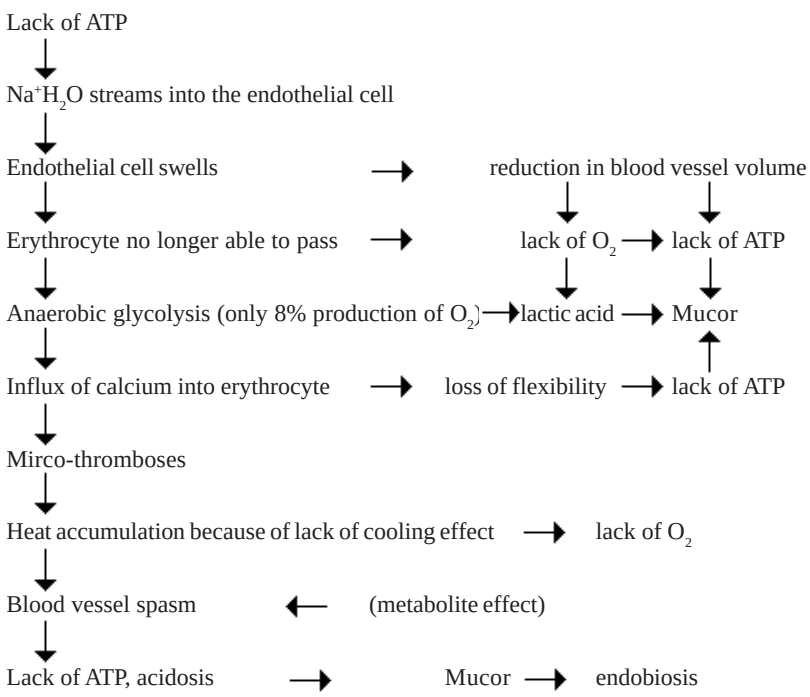

Table 3

The core problem is a stress-inducing vicious circle

The dangerous lack of oxygen in the tissue is made worse by the influx of calcium, which also enters the erythrocytes here. As a result, these suffer an enormous loss of flexibility, which in turn continues to strengthen the resulting lack of ATP and oxygen. To the resulting pseudo-thromboses are now added micro-thromboses, caused by the upward development within the Mucor cyclode. The formation of rouleaux is thus not only the consequence, but also a joint cause of the upward development of the Mucor, whereby the circulation of the unhealthy factors is the cause of other consequences - such as lack of magnesium of the cells with spasms of the blood vessels. The metabolite effect, which is set in motion by the body as an emergency measure, does indeed improve the lack of oxygen in the tissue, but it often has unpleasant consequences such as tension migraine headaches, the painful phase of which results from the swelling reaction of the blood vessels.

For this reason, if you have the start of a headache, it is often successful - even if not sensible in terms of treatment - to drink a cup of strong coffee. The narrowing of the blood vessels, which results from this, can have the effect of reducing the painful swelling of the blood vessels in the initial phase. On the other hand, one therapy which treats the cause, would be a dose of MUCOKEHL, magnesium (MAPURIT), ALKALA N and SANUVIS, in order to eliminate the superfluous lactic acid in the body. “Real migraines“ are, according to the HIS scheme of classification, a non-bacterial, serotonin-dependent inflammation of the brain’s blood vessels with irritation of the trigeminus. In this syndrome too, it is worth trying MUCOKEHL and MAPURIT capsules in high dosage. The formation of oedema is counteracted by the magnesium in the capsules, whilst the Vitamin E in the capsules works to reduce the inflammation of the blood vessels in the brain.

MUCOKEHL is the main treatment

The causes of all circulatory disorders and their consequences can be remedied with MUCOKEHL with-

out side effects. It is important that the patient be previously given the antacid ALKALA N, as MUCOKEHL has a reduced effect, when the pH values of the blood are high, showing acidosis of the tissues. It is always sensible to treat around the problem, which means that you should exhaust the broad palette of administration. Varicose veins and thromboses should be treated by producing wheals along the vein, tinnitus in a suitable manner - if caused by circulation - with injections next to the mastoid. For haemorrhoids, there are suppositories, best in combination with SILVAYSAN in order to unblock the liver. For prophylaxis and follow-up treatment of heart attacks, injections can be given weekly at the start, followed by capsules as a maintenance dose. Here, good viscosity of the blood and malleability of the erythrocytes are achieved without the problematic side-effects of other conventional medicines.

It must be pointed out that only the aggregations of the thrombocytes are restricted by the ASS, not those of the erythrocytes. You must never forget to remind patients that they must drink a lot so that the breakdown products can be excreted more easily. The effect of MUCOKEHL is significantly improved by the use of SANUVIS, as with the latter, the lactic acid is excreted better. In the case of injections, both preparations can be given together as a mixed injection. If disruptive fields or chronic inflammations were treated previously with NOTAKEHL, then care must be taken that a gap of approximately two days is left between the administration of NOTAKEHL and the administration of MUCOKEHL, as otherwise both preparations weaken the effect of the other in an undesirable way.

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