



Treatment of a Female Patient whose Desire to have a Child was Unfulfilled

by Anneli Plehp, Naturopath



On 3. August, 2007, Mrs. K. paid her first visit to my practice, because of a wish to conceive naturally.

Previous history: As the patient's wish to bear a child remained unfulfilled, early in 2007 a laparoscopy was performed which confirmed that both her Fallopian tubes were obstructed. During this procedure efforts were made to restore free passage through the Fallopian tubes, but they failed. From an orthodox medical point of view, the couple were advised to seek artificial insemination, but this the patient declined.

General case-taking from Mrs. K.: she appeared healthy, sporty and slim, born 1976, in full-time employment (shift work), dealing with large amounts of chemicals in the workplace, which is moderately well ventilated. On "the Pill" from 1987 to 2005; no known allergies or food intolerances; eats a varied diet with plenty of fresh fruit; sinuses unobstructed; dental fillings, amalgam and synthetic compound.

Generally the patient feels fit and efficient.

Notable features: frequent genital fungal infestations, stools passed several times a day with copious flatulence, stool consistency varying from very pappy to very hard; nocturia around 3.00 a.m.; state following dental root canal treatment, lower left 5, in 2006: subsequent atrophy of the jawbone with reconstructive

surgery (everything had healed up well). On physical examination I found the abdomen somewhat distended, lively intestinal noises, and pain on pressure in the epigastric area; nothing else of note.

Special case-taking: there was nothing to suggest the occurrence of inflammatory processes in the Fallopian tubes, so it was not possible to assume that there was fibrinous or scar tissue from destruction of the basal membrane. For the same reason it was also highly probable that the mucous membranes in the oviducts were still at least half intact in their function. Thus it was a question of trying to find possible causes for the impassability of the "transport route", also looking beyond the genital system.

Until all the test results were to hand, the patient began with a general detoxification:

- 2 Derivatio tablets 3 times a day, plus
- 4 Potassium chlorate tablets 3 times a day, 6X potency, alternating daily with
- 4 Potassium sulphate tablets 3 times a day, 6X potency. (All from the Pflüger company)

She was NOT to fall pregnant so long as the detoxification and regeneration treatment was in progress!

The comprehensive **orthodox laboratory test results** yielded the following results:

ESR: 16/26 mm (Westergren); cholesterol: 175 mg/dl; blood differential: the lymphocyte count was elevated and the neutrophil count depressed; other levels were unremarkable.

The **natural health laboratory test results** were as follows: Schwenk's urine analysis gave strong indications of an intestinal disorder, with both liver and pancreas under strain; the darkfield blood image showed predominantly microthrombi and coin-rolls; the Spenglersan blood test was strongly positive in areas A, DX, K and OM, while areas D, R and T showed a lower degree of pollution, and areas E, G and M showed no reaction.

On 10.8.2007 the patient began a course of Dr. Werthmann's intestinal and milieu cleansing routine:

Diet:

- no hen's egg or cow's milk products
- to colonise and stabilise new intestinal flora, foods rich in Lactic acid to be eaten daily (e.g. sauerkraut or similar); fruit and vegetables only steamed, the amount of fruit in the diet to be reduced considerably.

Medication:

for the whole duration of treatment:

- twice a day, ALKALA N powder, ½ a measuring spoon-



ful dissolved in hot water and drunk 15-30 mins. before a mealtime

- twice a day, 10 drops HEXACYL

Stage 1: 1 EXMYKEHL 3X suppository at night for a 10-day period, then:

Stage 2: twice a day, 1 FORTAKEHL 5X tablet for a 10-day period, then

Stage 3:

- MONDAY - FRIDAY in the morning: 8 drops MUCCOKEHL 5X plus 15 drops SANUVIS, for a 20-day period

in the evening: 8 drops NIGERSAN 5X plus 15 drops CITROKEHL, for a 20-day period

Over the weekend a BREAK; instead of the above

- SATURDAY and SUNDAY, on each day an EXMYKEHL 3X suppository at night for 5 weekends

- Every second SUNDAY 1 capsule of UTILIN H 5X, taken on an empty stomach, then waiting 3-4 hours until breakfast

At the end of September 2007 the patient left a message on the answering machine: on her own initiative she had had her oviducts checked, and both were now completely passable! She was feeling very well but wanted to begin a course of counselling and would get in touch sometime later.

On 19.12.2007 Mrs. K. reappeared in the practice and reported spotting from the 24th day of her cycle and also severe nausea whenever the second half of her cycle began, as well as heavy nocturnal sweating.

To regulate her hormonal balance, the patient was given a mixture of spagyrically prepared botanicals (Phylak-Sachsen Co.), which also contained appropriate botanicals to support her liver function. This mixture was to be taken continuously during three cycles.

The patient was unwilling to undertake a heavy metal elimination programme.

At the end of February, 2008, Mrs. K. happily announced that she was pregnant!

At the end of March the patient telephoned to report a miscarriage, followed by a curettage. Thereafter I heard nothing from Mrs. K.

Early in September 2008 Mrs. K. was referred to my practice by her gynaecologist on account of major problems in her left lower abdomen. The doctor's examination had detected nothing pathological. An ultrasound investigation was likewise inconclusive. Her stools contained no visible signs of blood or mucus. Her stool consistency was initially always very firm, followed by diarrhoea.

Moreover, from the end of March to early September the

patient had had two more miscarriages, both of them around the eighth week of pregnancy!

Orthodox laboratory test results: Differential blood picture, CRP test, immuno-globulins and ESR were all in the normal range; her cholesterol, compared with the initial reading of 175 mg/dl, had dropped further to 140 mg/dl.

A **stool sample**, taken as a precautionary measure, to check for calprotectin, sIgA and haptoglobin-haemoglobin complex, revealed no sign of occult bleeding or inflammatory mucosal processes.

In the **Spenglersan blood test**, areas Dx, K and Om were strongly positive. In the **darkfield** image massive coin-roll formations and microthrombi showed up; after one hour shapes became visible that, according to the Doctrine of Signatures, could be described as "intestinal twists".

As the patient had declined a simple blood investigation for histaminosis, and bearing in mind the miscarriages that had taken place, an in-depth consultation was carried out. This yielded no grounds to suspect any histaminosis.

The histamine level is normally elevated on the first two days of menstruation and, inter alia, it causes the womb to contract. Likewise, in early pregnancy, an excess of histamine may trigger a miscarriage in some circumstances. This problem



can be significantly reduced by observing certain dietary rules! As a supporting factor, a food supplement preparation can be given which encourages the production of enzymes that break down histamine.

To relieve these major abdominal problems, Mrs. K. agreed to the following treatment:

Starting immediately, three treatments in the space of six days, each as follows:

- 7.5 g Vitamin C (Pascoe) / 250 ml NaCl 0.9%
- 1 amp. Glutathion 600 mg. i.v. (obtainable from Viktoria Pharmacy, Saarbrücken)
- 1 amp. of Derivatio and 2 amps. Lactopurum (both from Pflüger Co.) / 100 ml NaCl 0.9%
- 1 amp. CITROKEHL, i.m.
- 1 amp. Infihepan (Infimarius Co.) i.m.

And, to take at home:

- 3 times a day, 4 tablets Natrium sulphuricum 6X (Pflüger Co.)
- 4 times a day, 10 drops HEXACYL
- 4 times a day, ½ dsp. EPALIPID (BIOFRID Co.) to stabilise and regulate the function of the cell membranes
- once a day, an alkaline foot-bath or an alkaline full

bath (Jentschura Co.)

- twice a day, 1 tsp. Psyllium seeds plus at least 200 ml tea or water.

When we met again on 18.9.2008 the patient was feeling very well, she was having no further problems and once or twice a day was passing normally formed stools.

To achieve long-term stabilisation of her immune system, Mrs. K. was intending to take, twice a day, 1 capsule of high-purity Lactoferrin (Nikken Co.). Lactoferrin occurs naturally in large quantities in the amniotic fluid and protects mother and child during pregnancy from, inter alia, the consequences of any microbial infestation in the genital area. Microbial infestation may also be one of the causes of a pregnancy coming to a premature end!

The Lactoferrin that she is taking is high-purity, so that it can be taken even where there is lactose intolerance. It is not on sale in pharmacies and is only available via direct marketing.

At the end of January 2009 Mrs. K. announced that she was once again pregnant. In October, following an uncomplicated pregnancy, she was delivered of a healthy baby girl - for medical reasons this was by Cæsarian section.

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