



What can isopathy offer therapists today?

by Dr. Konrad Werthmann

Almost 100 years ago, Prof. Dr. Enderlein wrote his book “Bacteria Cyclogeny“, thereby bringing Isopathy to the attention of many therapists. The results achieved with this type of treatment are both considerable and complex. Looking back to the second half of the last century, new areas opened up for the use of isopathic remedies, but at the same time the, preconditions had changed. Despite an “improvement“ in social conditions, the decisive factor in Isopathy – the physical milieu – had worsened. Where 50 to 100 years ago, there was hunger, an unbalanced and hypo caloric diet and poor social conditions, today we are seeing primarily the consequences of excess, such as a protein-rich diet, too many carbohydrates, the combination of overeating and alcohol. Nor should we forget medications, different types of stress, microwaves and exhaust fumes. We have to think of treating the cause and applying the concept of DIAITA, the Greek word for diet. *Diaita* means changing ones attitude to one’s food, lifestyle and the rhythm of life.

Massive prescriptions of antibiotics, antimycotics, antirheumatics and immune suppressants and/or cortisone leave their mark on the phenomenon of the increasing chronicity of diseases, which in Enderlein’s times were still regarded as acute, such as scarlet fever, whooping-cough or angina. The greatest negative effect of these groups of modern medicines does not come from the medicines themselves but from the widespread use of them in non-life-threatening situations, since as a

result of this, they encourage the ever-stronger development of so-called CWDs (cell wall deficient forms) which play a major part in chronicity today.

Isopathic therapy is a form of treatment using substances from the body itself. To start with, this is difficult to imagine. Prof. Dr. Enderlein describes cyclogenies which present with an upward and downward movement as they develop from low-valency to high-valency forms and *vice versa*. These movements are very dependent on the local milieu. The more abnormal the local terrain or the respective organ’s milieu is, the higher the valencies that are encouraged. In most cases, the abnormality is acidity. But, do not forget abnormality can be caused by hyperalkalinity also. The more physiological the milieu, the less frequently the high valency forms occur.

Consideration of all the cyclogenies points the way forward

Prof. Dr. Enderlein described three types of cyclogeny (those of *Mucor racemosus*, *Aspergillus Niger* and *Penicillium*): in his opinion, that of *Mucor racemosus* should be regarded as the basic cyclogeny.

Several facts appear to have been important to him in developing this point of view. *Mucor racemosus* is found in every human cell as well as in the cells of other warm-blooded mammals; therefore Enderlein called it an “endobiont“. In terms of its physiology, the *Mucor racemosus* cyclogeny represents the starting point of the *Aspergillus*

cyclogeny and in terms of its pathology the origin of the *Penicillium* cyclogeny (Fig. 1). As a result, it sits securely at the heart of all that is happening, but in modern times, it is not the only important cyclogeny.

Mucor racemosus has a functional effect on fibrinogen which first and foremost enables blood coagulation in warm-blooded creatures, and therefore, it is used in all diseases involving thickening of the blood. Enderlein also calls *Mucor racemosus* “the accumulator“ (a cause of apoplexy and infarct). There has been no reduction in these diseases over the past century, but a host of new diseases force us to make a different evaluation.

Nowadays, the *Aspergillus* cyclogeny must be taken into consideration in every type of illness because of the increase in chronicity. The *Aspergillus* cyclogeny is no less important than those of the endobionts. Primarily, it is responsible for the functions of the cell walls, i.e. their carrier systems. Many organs belong to the *Aspergillus* cyclogeny, and weakness of the *Aspergillus* is evident, for example, as a disorder in the onward intra- and extra-cellular transportation of ions and molecules, as a lymphatic blockade or in diseases of the mucous membrane and skin.

The *Aspergillus* cyclogeny as culminant contains the mycobacterium tuberculosis. Accordingly, every person develops his/her own tubercle bacillus several times during his/her lifetime. The general view that TB is a disease of the

milieu is correct, but it is not exclusively the external milieu, but particularly (and more and more) the inner milieu which is crucial for the infectiousness of the mycobacterium. Therefore in the majority of cases, “infection“ happens through the carrier him-/herself, the most frequent source being the intestinal tract.

Looking at today’s diseases from the point of view of the practitioner, one discovers that there is an increasingly frequent and strong tendency for diseases to become chronic. Chronicity is predominantly caused by the Aspergillus (or, more accurately, the bacillus tuberculosis). The chronic course of a disease is more or less similar to that of tuberculosis, except that it is not infectious. This phenomenon is therefore called Paratuberculosis or Latentia syndrome.

The increase in the occurrence of chronicity is caused by several factors which are significantly different from Enderlein’s times, namely cosmetics, antibiotics and above all the CWDs, which are coming increasingly to the fore. Nowadays, these forms frequently develop as the result of a course of suppressive treatment, and they encourage the Aspergillus with the bacillus tuberculosis and/or represent a special form of the tuberculinic cycle.

They confuse the practitioner: when carrying out an external examination, one cannot know whether the illness is caused by a classic microbe or its cell wall deficient form. The latter draw attention to themselves by recurrent and con-

siderably stronger symptoms. Neither conventional allopathic forms of treatment nor natural healing therapies really help.

CWDs can only be countered using toxin absorbers. These toxin absorbers (SANUKEHL Myc and SANUKEHL Staph, etc.) facilitate excretion of the cell wall deficient forms, thereby reducing chronicity.

One other factor disguises and strengthens chronicity. According to Spengler (d. 1937), the presence of Tuberculinum in chronic diseases is masked by the luetic component. Tuberculinum and Luesinum are congenital toxins and have been part of the structure of human genes for centuries; as a result, they are found in almost all people. If people are not aware of this fact, they often make false diagnoses, for the chronicity of each disease is hidden behind an acute disease (with the name ending in “-itis“). In the case of tuberculosis, for example, this would be a hacking dry cough which the patient cannot get rid of (pleurisy, inflammation of the lungs) or sinusitis. An acute disease is treated using medications from the Penicillium cyclogeny. Furthermore, the presence of both congenital toxins also points to the fact that the treatment of a chronic illness has become not just the domain of the Aspergillus cyclogeny but also that of the Penicillium cyclogeny. This assumption is confirmed by the system (described below) in the application and sequence of the individual isopathic medications and demands a re-think in the prescription of microbiological therapeutic substances.

Remedies from the Penicillium cyclogeny for immediate treatment

Primarily, the Penicillium cyclogeny acts as a substitute for acute diseases. It comes in three types: that of *Penicillium chrysogenum* (NOTAKEHL), that of *P. frequentans* (QUENTAKEHL) and that of *P. roquefortii* (FORTAKEHL). Empirical results show that the first remedy (NOTAKEHL) is more helpful for bacterial diseases, the second (QUENTAKEHL) should be used more for viral diseases and the latter (FORTAKEHL) for diseases of the intestines.

In the opinion of the author, all cyclogenies – in particular the Penicillium cyclogeny – form sub-cyclogenies. All modern diseases are at home here, from Borreliosis to Candida diseases or forms of Herpes. The Penicillium medications are the trouble shooters. One should also include the remedies for Candida (ALBICANSAN, PEFRAKEHL, EXMYKEHL) and Herpes (GRIFOKEHL) among the medications of the Penicillium cyclogeny. This extension is necessary because many of today’s diseases were not known in Enderlein’s time or occurred extremely rarely and were therefore not researched or observed.

One option is to mix the remedies from the Penicillium series

More and more children are suffering from susceptibility to infections, Neurodermatitis and throat infections, in which the typical symptoms of a viral or bacterial

infection are not present. Some findings show that in these diseases the individual remedies in the Penicillium series can be mixed together to good effect. One typical example is the mixing of NOTAKEHL (*P. chrysogenum*) and QUENTAKEHL (*P. frequentans*). The drops can be mixed together or they can be prescribed as individual doses to be taken on the same day (NOTAKEHL in the morning, QUENTAKEHL in the evening). This accelerates healing. Even in cases of inflammation of the intestinal mucous membrane there is an improvement in the success rate as a result of alternating doses of FORTAKEHL (*P. roquefortii*) and NOTAKEHL (*P. chrysogenum*).

Conventionally, a Herpes disease is mostly treated using virostatic agents. However, it is the opinion of the author that one can treat Herpes much more tolerably using GRIFOKEHL. Acute and highly painful Herpes diseases, in particular Herpes genitalis, can easily be controlled with GRIFOKEHL. In its effect, GRIFOKEHL is similar to the remedies of the Penicillium series. If one lays a cotton swab dipped in GRIFOKEHL on the skin eruption, the pain disappears within

minutes. Successful healing is achieved even more quickly by means of a neural therapy application using GRIFOKEHL 5X 1.0 ml + Lidocain 1% 1.0 ml administered subcutaneously. Taking the medication orally has a considerably stronger analgesic effect with the addition of QUENTAKEHL (*Penicillium frequentans*) in drop form.

Cell wall deficient forms, so-called CWDs, are on the increase

It is easier than ever today for not only bacteria but also fungal microbes to develop into cell wall deficient forms or occur as a result of treatment. This is made possible by immune suppressives, cortisone, antibiotics and antimycotics. If, for example, a Candida disease is treated using antimycotics, this produces cell wall deficient forms – that is, forms which have only a membrane and no cell wall. They are devoid of any signal antennae or docking points for messengers on their outer surface. As a result of this, it is no longer possible for the immune system to classify or locate them. Like tramps without a permanent address, they have no identity card, but they know well the habits of the individual organs and/or immune cells.

As soon as the (allopathic) treatment which has been carried out has caused CWDs to form, these continue to irritate the defence system and build up a symptom picture which mostly progresses with more difficulty than the one produced by the original microbe. CWDs cause the picture of the

complaint to become chronic. This (modern) chronic disease can now no longer be dealt with using conventional remedies.

New findings by the author from the analysis of darkfield images before and after treatment with antibiotics showed that the CWDs, which are visible in the darkfield, increase in number. Here, the remedies of choice are the SANUKEHLs together with medicines from the Penicillium cyclogeny. The SANUKEHLs transfer to the immune system the information about the corresponding germ, which can then be excreted from the body. If for example a chronic case of candidiasis is treated with a conventional antimycotic, then one should also carry out at the same time a course of treatment using the basic forms of *C. albicans* (ALBICANSAN) or the basic forms of *C. parapsilosis* (PEFRAKEHL) accompanied by the appropriate immune absorbers (SANUKEHL Cand or Trich). This principle can also be applied to children, for whom the SANUKEHLs are rubbed into the skin. The relevant instructions are given below.

The systematics of the course of treatment

As I have already mentioned, the Penicillium cyclogeny branches off in the pathological part of the Mucor cyclogeny. This factor (see Fig. 1) and the involvement in the chronicity require that every course of isopathic (fungal) therapy begins first with medicines from the Penicillium series. Only this action works excellently in reducing the number of relapses and helps the

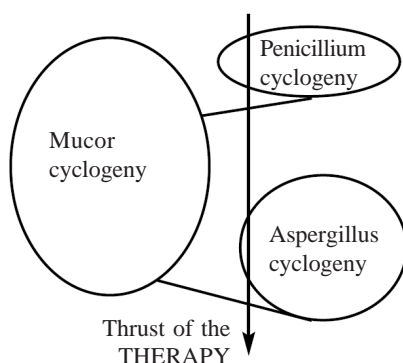


Fig. 1

chronicity or an exiting inclination to chronicity to diminish or become no longer effective.

The basic course of treatment consists of both the *Mucor* cyclogeny and the *Aspergillus* cyclogeny with their depending medicines; these are used only after *Penicillium* medicines have been prescribed.

What does appear to be important is the timing, and so I suggest the following: After 7–10 days of giving the appropriate medicines in the *Penicillium* series, one generally changes to the basic therapy with MUCOKEHL (in the morning) and NIGERSAN (in the evening) or to SANKOMBI (twice a day). Here, one should take heed that MUCOKEHL / NIGERSAN is always prescribed for a period of five days (e.g. Monday to Friday); then follow two days (e.g. weekend) with *Penicillium* therapeutics. Afterwards one prescribes MUCOKEHL / NIGERSAN again, and so on. In this way, one can ensure that the products of decomposition are excreted without giving additional medicines;

also this prevents an uncontrolled upward development within the *Penicillium* cyclogeny and thus, any persistence of the disease. The SANUKEHLs can be prescribed at any time as an additional course of treatment. This type of treatment has been used by the author with great success for many years¹. The following table shows the dosages of isopathic medicines and SANUKEHL remedies for children and adults.

The modern diet overloads the connective tissue and the immune apparatus and promotes the chronicity of diseases (Caused by tuberculinic weakness? Increase in the number of CWDs?).

This point affects all forms of treatment and therapists in all subject areas, including “SANUM therapists“. Modern foodstuffs and the dramatic change in eating habits among children and adults impede the function of the connective tissue. As a result, the effectiveness of the immune biological medicines is limited to a significant degree. All immunological reactions occur via

the connective tissue and its cells. Primarily, it is the storage function and the ability to conduct invisible light (biophotons) and nerve stimuli that are affected. The rivers of light carry information (in acupuncture meridians) and are slowed down and diverted. (Popp, Mücke²). Moreover, the pH value of the milieu becomes clearly abnormal (mostly acidic) and its condition changes from sol to gel. This has serious consequences in that in 30–50 % of patients, there is no longer the expected normal ability to react. 20–30 years ago the patient would have noticed ulceration of the dental roots (granuloma), today the dentist does not mention this at all so long as the patient does not complain about it.³ However, the latter does not complain about it only because the connective tissue has a reduced conductive ability.

On top of all this, nowadays new diseases are occurring which are not comprehensible in terms of immunology. Prime examples of these are the so-called “allergies“ which have absolutely nothing in common

Tab. 1: Dosages of isopathic medicines (*Penicillium*, *Mucor* and *Aspergillus* cyclogenies) and SANUKEHLs in children and adults

	Isopathic medicines	SANUKEHLs
New-born babies	1 drop once daily, rubbed in the skin	None
Children aged 1-4 years	2-5 drops once daily, given orally	1-2 drops once daily, rubbed into the skin
Children aged 5-10 years	5-10 drops twice daily, given orally	3-5 drops once daily, rubbed into the skin
Children over 10 years of age	10-15 drops twice daily, given orally	5 drops once daily, given orally, and/or 5 drops once daily, rubbed into the skin
Adults	10-15 drops twice daily, given orally	5-10 drops twice daily, given orally / rubbed into the skin

Tab. 2: Immunoglobulin A (IgA) and its benefits

Benefits	Deficiency symptoms
Sealing of the mucous membrane	Leaky gut syndrome, auto-intoxication according to Reinstein
Marking of bacteria, viruses, toxins	Uninhibited invasion, mycotic overload
Formation of immune complexes, coating	Seronegative rheumatism, lack of ASLO, CrP
Suppression of the IgE histamine response	Degranulation of the mast cells, colon irritable, asthma, neurodermitis
Ending of the formation of complements by IgM and IgG	Outbreak of inflammation despite following instructions strictly
Sealing of the inflamed surfaces in the intestine	Intestinal mucous membrane: slow to heal, scarred following outbreak of allergies

with a conventional allergy. One must take into consideration the fact that an allergy is an exuberant reaction to a protein and that therefore, it is never possible to have an allergy to energy stimuli. Light, cold and heat are energy stimuli. In these cases, one should think rather of tuberculinum and the strongly tuberculinic intestinal tract.

¹ Werthmann, Konrad: Ratgeber für Allergiker und chronisch Kranke (*Advice for people suffering from allergies and chronic diseases*), ebi-Verlag Schweiz, ISBN 3-9520057-6-2

Werthmann, Konrad: Rezeptierbuch der SANUM-Therapie (*Prescription book for SANUM therapy*), Semmelweis Verlag, 27316 Hoya

Werthmann, Konrad: Successful treatment for allergies and chronic disorders, Semmelweis Verlag, 27316 Hoya

² Werthmann, Konrad: H.G.Mücke, Biophotonen als Ausdruck des Lebens (*Biophotons as an expression of life*), ebi-Verlag, ISBN 3-9520057-5-4

³ Werthmann, Konrad: For this reason, always demand an Ortopan tomogram of the teeth. If you are lacking in knowledge of how to interpret OPTs, go on a course. Tel/Fax +43 662 879912.

The intestinal mucous membrane and the bacteria layer in particular are treated using FORTAKEHL (*P. roquefortii*) or with the mixed remedy EXMYKEHL (FORTAKEHL, ALBICANSAN, PEFRAKEHL) in combination with the substitution for the excessive quantities normally eaten today of a fast as recommended by F.X. Mayr or Konrad Werthmann diet without the primary antigens. Consistent action will build up the enteral mucosa once more. Then normal quantities of IgA will be secreted into the intestinal lumen¹ and the circulation of the blood.

To be exact, the porous intestine acts as the entrance gate for microbe particles (haptens, CWDs) and toxins from the metabolic process. The sIgA seals the surface and changes the antigenicity of many “allergens” (see table 2). The most important fact in a course of therapy is therefore to relieve the strain on the connective tissue (Reckeweg) by prescribing a diet without the primary antigens and

by means of microbiological therapy (as described above) in combination with the SANUKEHLs.

Finally, I should like to share an elementary discovery that I have made. To every form of treatment of a chronic disease (everything from allergy to asthma, from neurodermatitis to susceptibility to infections, from Herpes to candidiasis, from enteral diseases to cancer), one must add a tuberculinum (30X for children, 200-400X for adults). However, before giving this nosode, it is absolutely necessary for the tuberculinic constitution to be eliminated using mainly the remedies MUCOKEHL and NIGERSAN (or Sankombi) and for excretion to be encouraged (see the article on the tuberculin constitution in SANUM-Post No. 51, 2000, pp. 4-18). For therapy over a longer period, UTILIN “S” 6X drops or LATENSIN 6X drops (10 drops once daily, part orally, part rubbed into the skin) are extremely suitable.



Explanation: the defence cells and the unconscious sphere are archaic devices, which each have a good understanding of the language of the other. It is not rare for allergies with a large number of “antigens“ to occur. Such allergies represent a so-called somatisation of subconscious fears and tensions. Here, one cannot work only with isopathic or immune biological remedies or immune absorbers; here one must address the problem carefully. But if tuberculin medications are given in addition from the start, such “allergies“ can then also be treated somatically, with the tuberculinum providing energy to the psychological weakness.

To summarise:

One may claim that isopathic remedies in the various combinations that I have described prove their worth as effective forms of therapy for modern diseases. Isopathic remedies can never give rise to CWDs. Quite the contrary: In combination with the SANU-KEHLs, they contribute to a reduction in the chronicity of an illness. Their province is not only the initial therapy, but perhaps even more strongly patients who have first been treated allopathically. Above all, this can be seen in the secondary treatment of the side-effects of modern treatment stra-

tegies. Certainly, one must follow the rules of the therapy as discussed above.

Laboratory Mr. Hauss, PhD, Eckernförde / Nordfriesland (Germany) offers measurement of the sIGA (secreted IgA) from stools, which is important for differential diagnosis of an atrophy of the intestinal mucous membrane.

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