



Arthrosis resulting from Unequal Leg-length

An Energetic Method of Cure with SANUM treatment

by Günter Vorwald, Naturopath



Every colleague is aware that nerves branch out from the spinal cord to every organ and that these regulate the circulation to individual organs, among other things. Therefore, every good physical examination should start off by assessing the condition of the spine. First of all it is established whether the head is held straight. A one-sided vertical furrow at the root of the nose indicates that the ileosacral joint is blocked on the corresponding side, since the relevant energy-block lies on the course of the bladder meridian. The check-up continues with an assessment of the height of the shoulders, and may then proceed with a percussion of the spine and palpation of the tension of the muscles. A direct check is carried out as to whether the ileosacral joint is blocked, using the thumbs applied to the sacrum, ascertaining whether, when one of the legs is lifted, the sacrum participates in the manoeuvre or remains rigid. It is important to conclude by checking for any possible difference in the length of the legs, for this sheds light on any displacement of the pelvis. Colleagues who like to be precise carry out a further check using two scales, to ascertain whether the distribution of weight between the two halves of the body is equal.

Should the therapist find, having concluded the examination, that the patient has a scoliosis and a difference of e.g. 1.5 cm in leg-length, then he will surely feel obliged to do something to straighten the patient up. Whatever, it should be clear in the case of such a finding that one of the knee-joints is under increased pressure and

may possibly already be showing signs of arthrotic change. Not only that, but some of the intervertebral discs are subject to constant one-sided stress from pressure, so that the danger of degeneration or a possible prolapse of the nucleus pulposus has at least to be considered.

The type of therapeutic efforts that are now applied in the case will depend heavily on the training received and on the therapist's conception of what has given rise to this postural error.

As a former chiropractor, of course I know the different grip techniques with which the patient can be manipulated. This procedure is performed against the background of a relatively mechanistic view of how the joints function.

Therapists who understand the cause in terms of muscular malfunction will gradually straighten the body up using manual methods or physiotherapy exercises and special breathing techniques. They will possibly also include massages.

Therapists who know about the effects of trauma on the musculature, and who understand something of A. Lowen's „character armouring“, will try to release the traumas and armouring through gentle touch and psychotherapeutic interventions.

Mayr diagnosticians know about the effects of a damaged gut and its generation of gas, especially in the descending colon, which can push the lower ribs up on one side, resulting in torsion of that section of

the spine. Proceeding logically, their efforts will begin with cleansing of the gut.

All these paths can be justified, and in the long term will result in astonishing effects.

One thing, however, which is almost always attended by dire consequences, is the trick favoured by orthopædist of altering the statics of the body by means of raised heels or insoles in one of the shoes. In so doing, generally they are simply ignoring the causes of a crooked stance. The problem is removed in the short term, but not solved.

I have developed a completely new way of straightening out my patients' bodies. The orthopædist Dr. Brand from Bad Kissingen played an important part in pointing me in this direction.

He discovered that - due to the pressure on part of the surface on a joint - every blocked vertebra transmits a special frequency. This frequency runs along the meridians - which act as conductors - and produces spasms in muscles situated well away from the blocked joint. By means of chiropractic procedures carried out on the vertebra in question, these spasms can be resolved in a matter of seconds.

I have given much thought to the question as to which muscle must be involved, if there is a difference in length of the legs, and a so-called pelvic tilt. My thoughts led me to the psoas muscles, which largely escape our customary therapeutic



efforts, because they are difficult to get at and it is hard to assess their tone. As is well known, they pass through the abdomen from the lower dorsal spine and insert into the two thigh-bones. For me, the next question was: which vertebra must be responsible for the tension of these muscles? And so I hit upon the atlas joint.

However, the critical point was: how to get rid of possible traumas as well as blocks resulting from postural errors at this vertebra. My reflections led me to the conclusion that this could not be achieved by the application of renewed force, as happens in Chiropractic.

I went back to Dr. Brand's idea. As already mentioned, he described the generation of special frequencies by inner pressure in the joint.

If it is possible even to fragment renal calculi by using frequencies that work on the body from outside, then it occurred to me that it must be possible to release a blocked vertebra using frequencies. That done, then simultaneously the associated muscle spasm should resolve itself. Of course, a different frequency would need to be used from the one which had caused the block in the first place. Thus it would be necessary - as is usual in acoustics - to employ overlapping frequencies.

Following this logic, I placed my fingertip below my ear in the region of the atlas and created a high-frequency vibration, in order to achieve this overlapping of frequencies. And with that came the breakthrough.

If this trick is performed on the correct side of the head, combined with the known fact that the human biosystem is most easily susceptible to a dynamic movement, it is impossible to fail. The psoas muscle which is in spasm relaxes immediately.

A difference in leg length of up to 2 cm, with associated pelvic tilt and scoliosis, can often be resolved in a single treatment within the space of 3 minutes, without the use of force. One single treatment is often sufficient to remove the postural defect permanently. Occasionally, the treatment requires repetition once or twice at weekly intervals. Bad postural habits may occasionally cause a part of the muscle spasm to recur. Generally, following the treatment, muscle aches arise, because from now on other muscles are busier than they were before. Any built-up heels that have already been prescribed can almost always be dispensed with.

In this context, I should also draw readers' attention to the fact that particular care is sometimes required with women who present with a unilateral inward rotation of a leg, which fails to respond to the best manual methods. I have stated on a number of occasions that such women have suffered abuse during childhood, the inward rotation representing an attempt to suppress the trauma. In such cases, I urgently request you to hand the patient over to a female colleague who practises body-oriented psychotherapy (e.g. G. Boysen's method) and not to persist with energetic manual methods.

There is another reason for resistance to treatment. If there is a jaw misalignment, meaning that with every chewing movement the lower jaw is pushed to one side, then all efforts to work on the spine, the pelvis or the legs will be futile. The unilateral muscle-tension in the jaw will have a knock-on effect on the neck muscles, resulting in displacement of the cervical vertebrae. The consequence of this will be a scoliosis from top to bottom. Only a dentist can get to the root of this problem. The patient will then require a dental splint to ensure edge-to-edge occlusion.

One further particular problem occurs when regulatory dental treatment is being carried out to correct trusions in the mouth and jaw area. During this period, any manipulative treatment of the spine is almost impossible and must be postponed until the maxillo-orthodontic intervention has been concluded, for the pressure on individual teeth results likewise in scolioses with matching difference in leg-length, especially, if the correct occlusion is not established for some length of time.

(In my mind I can already hear the protests of my esteemed colleagues, who are used to thinking in quite a different direction and place great importance on the principle of treating the feet first, if the spine is to be straightened. Whilst I have a high regard for these ideas, my experiences have led me to prefer the method I have described.)

By way of illustration of my method, maybe I can let my colleague Keicher speak, who was my test



person at a SANUM conference when I did a demonstration treatment.

This is what he e-mailed to me after a week:

„The muscular ache which began after the demonstration, had cleared up in the course of the Sunday. The thing that fascinated me most was that I managed the entire car journey home - about 500 km - without any hip complaints or negative phenomena of any kind. And that has remained the case to date. The same is true of the shoulder problems which I had had on the Saturday, and which had gone after the demonstration; they have not recurred to date either.“

That should speak for itself, and my patients have had similar experiences.

Should one or both ileosacral joints or individual vertebrae remain blocked after treatment, there are very simple possibilities for resolving such blocks. No special treatment couch is required. Any colleague can learn the necessary manipulations in one day.

Nevertheless, it makes sense to incorporate recent immunological research results into one's treatment plan, and to get patients as far as possible to eat the foods which match their metabolic type. For this reason I recommend that you read: D'Adamo: „Four blood groups - four strategies for healthy living“, Piper TB. This vindicates the observations of the Mayr doctors, that the cleansing of the gut plays an important role in any treatment of chronic diseases.

Any further diagnostic procedures and treatment of affected organs can of course be carried out in a wide variety of ways. I have found both Yamamoto's diagnosis and Kinesiology to be very effective. Nonetheless I know from experience that Voll's electro-acupuncture (EAV) and other possibilities are able to furnish a comprehensive treatment plan which matches the patient's needs.

As well as that, homœopaths and isotherapy practitioners know that an arthritic or arthrotic process has a tubercular background. Of course, that makes it sensible to continue treatment with SANUM remedies, among others, so as to exert a positive influence on the joint changes that have already set in.

Therefore, I may employ the following treatment plan:

Compensation of the vitamin- and mineral-deficiency:

- **Ascorbic acid**
100mg (1 tsp.) in the morning at breakfast. (If the stomach is sensitive, give in the form of Calcium ascorbate).
- **MAPURIT Caps.**
= Vitamin E + Magnesium, 2 in the afternoon.
- **Calc. phos. 6X**
1 tablet 4 times at intervals over the day.
- **Calc. fluor. 6X**
ditto
- **ALKALAN powder**
1 tsp. in the afternoon, dissolved in water.

Intestinal cleansing:

- **Sauerkraut juice**

1 dsp. at midday

- **FORTAKEHL 5X tabs.**
= Penicillium roquefortii, 1 tablet in the evening.
- Colonic irrigation and Mayr's intestinal massage, if necessary.

Activation of the metabolism:

- **CITROKEHL**
= Acidum citricum 10X, 30X, 200X
- **SANUVIS**
= Acidum L(+)-lacticum 4X, 6X, 12X, 30X, 200X
- **NIGERSAN 5X**
= Aspergillus niger
as a combined injection, once weekly, paravertebrally.

Regeneration:

- **SANKOMBI 5X**
= Mucor racemosus + Aspergillus niger
applied externally in the affected area
- **Organ preparations**
available from various companies in case of need.

Inflammations:

- **UTILIN 4X**, caps.
= Bacillus subtilis M.U. 345
1 on Saturdays before breakfast with a lot of water.

The author invites you to Vorwald seminars on this energetic spinal therapy.

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