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Biotherapy in the Dermatological Practice

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While dermatological diseases were once treated almost exclusively with external agents, today a new attitude has developed due to advances in endocrinology, cell research and relational pathology, not least under the influence of ideas developed by Hoff. The skin organ is placed as part of a whole with regard to the entire organism and is viewed holistically. I think here mainly about homeopathic and biological methods, but also about vitamin and hormone therapy. Cortisone has brought a new era to the field of dermatology. Nevertheless, we have today become more cautious with the internal and external application of cortisone, because here as well, significant side effects, in the sense of homotoxin theory suppression symptoms of homotoxins, can occur, i.e. vicariation effects in the sense of progressive vicariation. In this case an active substance prevented from cutaneous elimination, usually histamine, is suppressed and becomes effective again at other tissues, thus triggering no reaction phases but only impregnation phases. It is therefore not unusual if we attack skin diseases with internal measures, to avoid on one hand such retoxifications, on the other hand to lead back the toxic substances in regressive vicariation to the physiological excretion and to attempt to eliminate them.

In the presence of damaged enzymes — I think here of liver damages, as are observed, for instance, in lupus erythematosus, etc. — we attempt to regenerate the damaged enzymes with trace element factors which are available in homeopathy to such a great extent. Here, for instance, the sulfide containing compounds by which enzymes can be de-blocked or made functional again with sulfhydryl groups, e.g. the co-enzyme A and other important sulfide containing com-

pounds, such as glutathione, methionine, etc., should be considered.

After I had familiarized myself with the homotoxin theory, an attempt to influence skin diseases, mainly those which in normal practice are difficult to treat, with the method of an anti-homotoxic stimulation therapy appeared to me to be justified. Reaction phases such as furuncles and forms of acne of widely differing types initially offered the simplest possibility of applying the anti-homotoxic detoxification method which acts through an excitation of the defense mechanism. I have therefore treated with Traumeel a number of cases of furunculosis and acne cases of widely differing form, both excretory symptoms with simple blackheads as well as those of a suppurative type and also mainly the stubborn types of acne conglobata and indurativa. Stimulated by the arguments of Kaiser, who had performed series experiments with Traumeel and autologous blood, I have verified these experiments and have also been able to extend the indications to the extent that I have treated especially suppurative forms of acne and not only neurodermatitis. The results were good throughout and encouraged further experiments to be made. One case may illustrate this: an 18-year-old high school pupil with pronounced acne conglobata and indurativa, who was completely disfigured by the abscesses in the face, received for a quarter of a year Traumeel (Traumeel ampules, currently available only in Germany) along with injections of autologous blood, this being done twice weekly for 6 weeks. Subsequently I injected only once weekly. Afterwards I gave the patient 10 drops of Traumeel 3 times per day. The acne has healed completely under this therapy with-

out recurrence. Nevertheless, some scars remained, which have recently started to fade.

I also saw very good results with Traumeel and autologous blood in recurrent furunculosis and in sudoriparous abscesses. Twice weekly injections of Traumeel with 1-2 cm autologous blood, plus administration of 1 tablet of Traumeel 3 times daily before meals should be performed generally as routine therapy in these cases.

Further experiments covered the treatment of other skin conditions of different types, especially such cases which had defied all previous therapies as *crux medicorum*. Here it was a question in part of individual cases, so that no conclusive assessment is yet possible. Nevertheless, they may offer a stimulus to subject similar cases to the same therapy. I think here of the treatment of lichen ruber planus generalisatus with Schwef-Heel. I have already treated such a case with satisfactory success a long time ago; in that case the lichen ruber planus healed completely. Since lichen ruber planus is a disease which we can deal with only to a limited extent in many cases, I consider the indication of administering Schwef-Heel to be important and recommended it for further verification.

A very rare case, which I tackled right at the start of my biotherapeutic experiments, was a histologically verified, previously twice operated and subsequently recurrent cutaneous cornu on the small toe, which was larger than the toe itself due to the proliferation. I administered 1 tablet of Osteoheel 3 times daily for the bone-hard outgrowth similar to exostosis. The cutaneous cornu receded in response to this sole medication within 14 days. This success was so astonishing that I treated several further keratotic diseases with Osteoheel. Extended keratiasis in the face of a young girl which had been removed previously by surgery also healed in response to Osteoheel.

Although some particularly well healed skin diseases have been highlighted, it must nevertheless be stated in response to this that other cases which did not react so favourably were also treated. The experiment with the cutaneous cornu encouraged me to treat several other cases resistant to therapy, e.g. also the tylositas articuli (knuckle pads) of a

colleague with pathological changes on the extensor sides of the middle finger joints, a very rare disease, which previously had responded to no therapy. But here Osteoheel was also completely ineffective.

I can only confirm the statement by Kaiser that in the treatment of neurodermatitis and endogenous dermatological diseases the liver must also be taken into consideration. Here 1 tablet of the preparation Hepeel taken orally 3 times daily has served me well.

In the case of other skin diseases, such as lupus erythematosus and also in the case of psoriasis, simultaneous liver function therapy appears to me to be of great significance. Thus, in the case of a 30-year-old patient with eczematous psoriasis, which was localized only on palms and soles of the feet, with sole medication of 1 tablet Hepeel orally 3 times daily, the psoriasis healed without recurrence within three months, as a follow-up observation showed one year later.

I have been able to give only a few short extracts from my practical experience and to refer here to some possibilities of holistic therapy in the biological sense. If one concerns oneself with the problems of the relationships among widely differing diseases, one can also confirm the statement in dermatology that "everything acts on everything" and that very intimate relationships caused by active substances exist between all diseases, tissues and organs. It is necessary to take the relationships into consideration, because we shall come only with them to final successes in the sense of healing and not only to elimination of symptoms. Regressive vicariations especially, by means of which internal diseases affect the skin, characteristically have the habit of appearing so that it is certainly easy to follow the regular course of the phase shifts and to intervene biotherapeutically when the relationships exposed by the homotoxin theory are known. Dermatology surely offers good preconditions for this under the aspects of homotoxin theory.

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