Auto-sanguis therapy done with breast milk orally cures a case of stubborn eczema in a nursing infant

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Childhood eczema, while usually due to some type of an allergy, can be one of the most difficult medical problems to deal with. This patient was an otherwise healthy female who was the product of a normal pregnancy with an uneventful delivery. The umbilical cord unexplainably had only two blood vessels and she was found to have a persistent atrial heart septal defect. From the first week at home, the baby's eyes drained copious amounts of mucous and starting at 6 weeks of age a facial skin rash began that waxed and waned but was still present at age 8 months, when she finally came to a homotoxicology practitioner.

Her allopathic pediatricians had told her that the problem was due to dry skin because of the dry, hot southwestern US climate where she and her parents resided. A very perceptive chiropractic physician had also noticed that her kidneys were toxic and adjustive care was offered to resolve this. The patient received no food other than breast-feeding from her mother who takes only natural thyroid replacement and no other allopathic drugs and was otherwise very healthy with no known allergies herself. There is an older sister in the family who is totally healthy and the children's father is very healthy, also with no serious illnesses in his background. Mother neither smokes nor drinks alcohol.

When initially seen, the patient was a very healthy appearing 8 month old with an excoriated facial rash covering both cheeks and her chin. She had just had a blood count and was found to have 18% eosinophils, indicating severe allergies.

She was tested with a MSA (Meridian Stress Assessment) device and was found to need Pulsatilla compositum and Graphites-Homaccord plus a full filter imprint of the complete MSA program.

She returned again 6 weeks later and was noted to be "somewhat" improved. She again tested on the MSA but on this visit an oral Reverse Shelton-Imhäuser protocol was made using a drop of the child's saliva plus a drop of her mother's breast milk. It was designed to be taken twice daily for each bottle and progressed weekly to the next bottle. See method described at the bottom of this article.

The mother called two days later and reported that the child was much more comfortable, had stopped scratching her face and was sleeping through the night for the first time. She was next seen a full 60 days later and the skin on the face was 90% improved and a repeat MSA exam was updated and the patient was sent home with a new saliva/breast milk Reverse Shelton-Imhäuser.

The child actually has stopped breast-feeding as of this writing but her face completely normalized after the second round of Reverse Shelton-Imhäuser therapy. The way that this is explained to patients is that "what's wrong" with you is in your body fluids, so making a serial dilution of it stimulates your immune system to desensitize the body to the problem.

The Reverse Shelton-Imhäuser

NECESSARY SUPPLIES

- A. Six- 6cc rubber-stoppered sterile glass bottles Six- 6cc dropper bottles
- B. A supply of 20% ethanol homeopathic diluent (such as Everclear®) diluted 4:1 with bottled water
- C. Allergy syringes to transfer 1/2cc amounts of fluids
- D. One ampoule of each of the following remedies:

Galium-Heel

Viscum album-Injeel forte

Ubichinon compositum (Ubicoenzyme)

Mucosa compositum

Coenzyme compositum

Lymphomyosot (Lyphosot)

METHOD

- A. Fill the 6 rubber stoppered bottles with 5cc of the 20% diluent and label them one through six.
- B. Fill the dropper bottles as follows:

Add each ampoule to a separate bottle and then add enough of the 20% diluent so that each bottle contains a total of 5cc of solution (as each product may contain a different amount of solution in it).

- C. Label the bottle with:
 - Galium-Heel: #7 SIXTH WEEK
 - Viscum album-Injeel forte: #8 FIFTH WEEK
 - Ubichinon compositum: #9 FOURTH WEEK

- Mucosa compopsitum: #10 THIRD WEEK
- Coenzyme compositum: #11 SECOND WEEK Lymphomyosot: #12 FIRST WEEK
- D. Draw 0.1cc of the patient's saliva and mother's breast milk (may also be done with the patient's blood) and add it to bottle #1. Succuss it ten times, then withdraw 1/2cc from the succussed bottle #1 and add it to:
- Bottle #2—Succuss it 10 times, withdraw 1/2cc and add it to:
- Bottle #3—Succuss it 10 times, withdraw 1/2cc and add it to:
- Bottle #4—Succuss it 10 times, withdraw 1/2cc and add it to: Bottle #5—Succuss it 10 times, withdraw 1/2cc and add it to:
- Bottle #6—Succuss it 10 times, withdraw 1/2cc and add it to:
- Bottle #7—Succuss it 10 times, withdraw 1/2cc and add it to:
- Bottle #8—Succuss it 10 times, withdraw 1/2cc and add it to:
- Bottle #9—Succuss it 10 times, withdraw 1/2cc and add it to:
- Bottle #10—Succuss it 10 times, withdraw 1/2cc and add it to:
- Bottle #11—Succuss it 10 times, withdraw 1/2cc and add it to:
- Bottle #12-Succuss it 10 times. End of process

Bottles 1-6 are work product and shouldn't be given to the patient.

ADMINISTRATION

Start with bottle #12: 5 drops twice daily for a week. Then, take bottle #11: 5 drops twice daily for a week. Continue at the same dosage and duration with bottles #10, #9, #8 and finally #7.

*The Imhäuser method was originally described by Dr. Hedwig Imhaüser. This technique has been adapted by Dr. Bruce Shelton through his clinical practice and experience.