AUTO-SANGUIS THERAPY

According to the teachings of Reckeweg’s homotoxicology, virtually every illness may be defined as either a defensive reaction by the organism against toxins or as the expression of toxic damage. It follows, therefore, that the blood of each patient contains those pathogenic poisons (homotoxins) typical of the disease from which that patient suffers.

Through withdrawing a patient’s blood, then homeopathically potentising it over several levels and subsequently re-introducing it by means of hypodermic injection, Reckeweg holds that precisely these pathogenic poisons undergo modification to yield a homeopathically active therapeutic agent ideal for application in stimulation therapy. This agent stimulates the body’s defense systems thus increasing detoxification and promoting the healing process.

According to Burgi’s Principle, the injection of appropriate homeopathic preparations intensifies efficacy of the potentised auto-sanguis blood to an even higher degree.

Auto-sanguis therapy is a treatment designed to exert a counteractive effect against exogenic and endogenic homotoxins (including toxic deterioration of byproducts from the body’s own cells), thus promoting the healing of chronic disease in harmony with the laws of nature.

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AUTO-SANGUIS: PROCEDURE

1. Withdraw 2-3 cc of the patient’s blood
2. Expell contents of syringe
3. Using the syringe and needle initially used for blood withdrawal, aspirate the appropriate Heel remedy (injeel, suis organ, etc.). It is best to use no more than 3 remedies. Once the remedy is in the syringe, cap the syringe and shake vigorously, about 10 times to potentise the mixture.

This is the first potentisation which is then injected into the patient s.c. or i.m., (and i.a. & i.p. in an experimental nature).

Potentisation can be carried out up to 5 times. The number of stages you select should be adjusted according to your prognosis, professional judgment and familiarity with the patient.

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CONDITIONS THAT MAY BENEFIT FROM AUTO-SANGUIS THERAPY:

- Iatrogenic conditions
- Chronic viral and bacterial infections
- Precancerous stages
- Hepatic damage
- Migraine
- Chronic eczema
- Bronchial asthma
- Duodenal and gastric ulcers
- Arthritis
- Lymphatic diathesis

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PROTOCOL FROM A CASE STUDY

Case study by: Drs Ivo Bianchi & Jo Serrentino

RE: 40 year old female Caucasian

CONDITION: Lower back pain due to strain and possible cervical hernia. X-rays showed a small deviation (less than 5 degrees) of vertebra #5, without arthrosis or calcification. This deviation was congenital and no damage seemed evident. The condition worsened because of irritation of the sciatic nerve due to overexertion.

PROCEDURE: 1-2 cc of patient’s blood was drawn into a sterile syringe. The blood was discarded, leaving only minute traces of the patient’s blood in the syringe. 2 cc of Discus compositum, 2 cc of Traumeel and 2 cc of Zeel were then aspirated into the emptied syringe (that still had traces of the patient’s blood). The injection was given s.c. in the region of the 5th vertebra.

RESULTS: Although this patient’s condition was not serious or degenerative, but rather from injury, it was very painful and restricted movement. A treatment to relieve and, mostly halt the progress of the condition, was imperative. The auto-sanguis treatment was followed with intravenous injection of Traumeel and with the oral administration of Zeel, Traumeel and Discus comp. fragmented over two weeks.

The patient claimed relief almost immediately, with a slight exacerbation within hours of the treatment lasting about 4 hours. The following day the patient was able to resume normal movement which progressively improved to full recovery without recurrence within the three year follow up period.