

Bioregulatory Treatment of Dysautonomia

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Dysautonomia, formerly called neurasthenia, exists in two forms: familial dysautonomia and non-familial dysautonomia.

Familial dysautonomia is an autosomal recessive genetic disease, the result of mutation in the IKBKAP gene on chromosome 9. It occurs exclusively in Ashkenazi Jews; there are currently 350 known living cases worldwide. To date, the disease remains incurable.

Non-familial dysautonomia, a disease or malfunction of the autonomic

nervous system, is much more common. In this disorder, the human body fails to properly regulate blood pressure (e.g., orthostatic hypotension), heart rate (e.g., postural orthostatic tachycardia syndrome), temperature, vascular constriction/dilation, and blood supply to the brain. The results are unpredictable fainting, low blood pressure, lightheadedness, dizziness, problems with concentration (“brain fog”), headaches, fatigue, heart palpitations, exercise intolerance, insomnia,

hot flashes, chills, weakness, seizures, pain, and disability. The causes of non-familial dysautonomia are not fully understood but are thought to include viral infections, exposure to toxic chemicals, genetic factors (a variation in the angiotensin II type I receptor gene), autoimmune disorders (antibodies to neuronal nicotinic acetylcholine receptors of the autonomic ganglia), adrenal disorders, and trauma (injury or emotional trauma, which damages the autonomic nervous system). (See protocol in Table 1.)

DET-phase	Basic and/or symptomatic	Regulation therapy*	Optional
Sympathicodermal Impregnation	<ul style="list-style-type: none"> • Ignatia-Homaccord 	D&D <ul style="list-style-type: none"> • Advanced supportive detoxification and drainage followed by the • Detox-Kit 	<ul style="list-style-type: none"> • Vertigoheel (dizziness) • Tonico-Injeel (exhaustion) • Cralonin (cardiac weakness) • Aurumheel (low blood pressure) • Traumeel (injury) • Engystol (post-viral)
		IM <ul style="list-style-type: none"> • Tonsilla compositum 	
		OR <ul style="list-style-type: none"> • Sympathicus suis-Injeel if available; if not, use • Cerebrum compositum 	
<p>Notes: Ignatia and Moschus = basic homeopathic treatment for dystonia. Advanced supportive detoxification and drainage consists of Hepar compositum (liver), Solidago compositum (kidneys), and Thyreoidea compositum (connective tissue; also regulates glandular functions [e.g., pineal body, thyroid, and adrenals]); Coenzyme compositum and Ubichinon compositum for cellular detoxification and drainage. The Detox-Kit consists of Lymphomyosot, Nux-vomica-Homaccord, and Berberis-Homaccord. Tonsilla compositum down-regulates the Th-2 pathway and supports adrenals. Sympathicus suis-Injeel supports the autonomic nervous system. Cerebrum compositum supports the central nervous system and improves blood flow.</p>			
<p>Dosages: Ignatia-Homaccord: 15 drops 3 times per day. Regulation therapy: 1 ampoule of each medication 1-3 times per week. Detox-Kit: 30 drops of each medication in 1.5 liters of water; drink throughout the day.</p>			

Table 1: Protocol for dysautonomia

* Antihomotoxic regulation therapy consists of a three-pillar approach: detoxification & drainage (D&D), immunomodulation (IM), and organ regulation (OR)