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Complementary Treatment of Post- and Parainfectious Rheumatoid Disorders

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Summary

Many articular affections which are considered part of the field of rheumatic diseases are associated with post- and parainfectious rheumatoid disorders. Rheumatoid illnesses may develop parallel to infections, or may occur as secondary diseases.

Within the context of antihomotoxicology as developed by Hans-Heinrich Reckeweg, rheumatoid diseases represent progressive-vicariation phenomena. Therapy developed from this standpoint is directed toward promotion of processes of excretion for elimination of toxins from the organism. Such therapy can effectively prevent progressive vicariation and undesired development of illness.

Antihomotoxic therapy of rheumatoid disorders is based on five elements: 1. Administration of symptomatically indicated homeopathic remedies 2. Implementation of a program for the restoration of natural intestinal flora and, consequently, for enhancement of the organism's own resistance 3. Application of antioxidants 4. Cleansing of the mesenchyme 5. Conversion to whole-food nutrition.

Definition

Post- and parainfectious rheumatoid diseases are considered to be those symptomatic inflammatory forms of arthritis which develop without evidence of pathogens in a joint. The infections which promote the development of rheumatoid diseases can be viral or bacterial in nature. Some forms are characterized by pronounced associations with the HLA B27 antigen. Rheumatoid disorders may develop parallel to infections, or may occur as

secondary diseases. Reactive forms of arthritis are elicited by salmonellae, shigellae, Yersiniae, chlamydiae, and mycoplasmas. Clinical symptoms of gastrointestinal or urogenital infections are frequently of secondary significance, and may be entirely lacking in certain cases. The time interval between the onset of infection and the arthritic symptoms is approximately 10-30 days [1, 2, 3].

Within the context of antihomotoxicology as developed by Hans-Heinrich Reckeweg, rheumatoid diseases may be understood as the manifestation of progressive-vicariation phenomena — brought about in turn by toxins which the organism has not been able to sufficiently cope with and eliminate.

These forms of arthritis primarily involve oligoarthritis with affliction of joints of the lower extremities, especially the knees and ankles. Frequently prevalent are also chronically recurring backache, sacroilitis, and botuliform swelling of the fingers or toes. Laboratory diagnosis of infectious-reactive arthritis is based on detection of the pathogen in stool or urine tests. Positive results, however, are relatively rare. When reactive arthritis occurs, the acute gastrointestinal or urogenital infection has generally already subsided. Detection of antibodies may therefore afford the required clarification. Serodiagnosis — as well as tests for Yersiniae, chlamydiae, mycoplasmas, and other pathogens — more frequently lead to positive findings.

The development of rheumatoid diseases may be traced to insufficient elimination of homotoxins. Inversely, therefore, one may conclude that stimulated drainage of the homotoxin material involved could represent a prophylactic measure for prevention of such parainfectious forms of rheumatism.

Parainfectious rheumatoid diseases

Of all the viral diseases which are capable of eliciting parainfectious rheumatoid disorders, the most common are mumps, rubella, varicella, and influenza. Influenza-induced rheumatism is characterized by aching in generally all the joints, especially the small ones. Rest affords relief. Rheumatoid disease provoked by virus toxins represents a significant defensive mechanism by means of which the organism attempts to eliminate the toxic material. If the organism succeeds in cleansing itself via the mucosal systems — e.g., through the nose or the paranasal sinus cavities — rheumatoid symptoms will rapidly subside.

In addition to virus-induced rheumatism, we also encounter bacterial infections which occur in conjunction with articular complaints. The most severe form here may be considered to be streptococcus-related rheumatism as it develops after scarlet fever or angina tonsillaris.

Likewise associated with rheumatic disorders are colitis ulcerosa, Crohn's disease (regional enteritis), as well as enterocolitis provoked by Yersiniae. Allergies and immune complex dis-

eases (e.g., Schoenlein-Henoch purpura) may also occur in conjunction with articular affections. Schoenlein-Henoch purpura is a form of allergic angitis which can be elicited by medication, food allergens, or infections.

Reiter's syndrome — as a consequence of enterococcal infection, with polyarthritis, urethritis, and conjunctivitis — may also justifiably be considered a rheumatoid disorder.

Incidences of intestinal mycosis also deserve therapeutic attention, since studies by the author have revealed that 70–80% of all findings obtained in this context have been positive with respect to candida. Hyphae and mycotoxins are transported into joints and can provoke arthritis as a result of allergization of articular mucosae. [4]

Lyme disease

Lyme disease, called also Lyme arthritis, is elicited by a spirochete of the genus *Borrelia* (*B. burgdorferi*) transmitted by the bite of a tick of the genus *Ixodes* (*I. dammini*). Classical skin symptoms in the form of erythema chronicum migrans may develop 1–2 weeks (sometimes as long as months) after the bite of this tick. Further symptoms can include arthritis, carditis, and neuritis. Diagnostic verification of this disease takes place by detection of antibodies against *Borrelia* (*B. Burgdorferi*).

Therapy

In addition to administration of symptomatically indicated homeopathic medication, the following four basic elements of therapy may effectively be incorporated into treatment of post- and parainfectious rheumatoid disorders:

1. A program for the restoration of natural intestinal flora (enabling enhancement of resistance)
2. Administration of antioxidants
3. Cleansing of the mesenchyme
4. Nutrition.

The therapist whose objective is fundamental healing of his patients will recognize not only the opportu-

nity but also the cogent need to include these basic therapeutic elements in his or her program of treatment.

Life in general and all the natural processes associated with it are subject to their own biorhythmic forms. These rhythms incorporate intrinsic tension as a result of respectively opposed polarities: day and night, yin and yang, acidic and alkaline, anabolic and catabolic, sympathetic and parasympathetic. Each of these polarities represents a unity unto itself — and good health results when each of the poles is in equilibrium with its opposite.

Inflammations in the organism are also subject to this interplay between acidic and alkaline, anabolic and catabolic. Under natural conditions, all forms of inflammation pass through the following phases:

1. The first, or anabolic, phase is characterized by induction and by production of tissue-related anabolic peptides.

In this phase, hyaluronidase activity is increased: a development leading to liquefaction within the mesenchyme, which in turn facilitates elimination of toxins. Inflammatory agents such as histamine occur in increased quantities. Due to vascular stasis, blood plasma enters the tissue to an extent greater than normal, which provides for favorable conditions within the area of inflammation. Vascular permeability is enhanced, and the therapist may observe the following developments: edematization, augmentation of glycolysis, and intensification of leukocyte migration.

2. Following the first phase is the corticosteroid phase, with a maximum of activity in the tissue area affected.

3. The third phase includes readaptation after elimination of the toxic burden, and is followed by normalization of the inflow of corticosteroid, and by repression of free radical synthesis.

If, however, interruption of this normal process of inflammation takes place on any of the three above-sum-

marized levels by administration of an allopathic medication, complete readaptation is no longer possible. Such an interruption will compel the organism to temporarily deposit toxins in the mesenchyme. In the event that these toxins cannot be promptly removed from the mesenchyme — e.g., if the intestinal flora are disturbed and the cleansing function of the granulocytes is impaired — it is then only a question of time until these toxins spread to afflict other tissues. The result is development of new symptom complexes.

The following example will illustrate administration of therapy in conjunction with post- and parainfectious rheumatoid disorders, in the form of the four basic therapeutic elements:

First basic therapeutic element: restoration of natural intestinal flora and enhancement of resistance

In cases of common colds and influenza, effective therapy can include those preparations which stimulate the organism's own resistance functions: e.g., Gripp-Heel or Echinacea compositum. In case of fever, Engystol together with vitamin B12 are advisable. Appropriate restorative therapy for the intestinal tract — the largest immunological organ of resistance — may take the form of administration of living intestinal symbionts as supplied in the preparation Biobolan.

Second basic therapeutic element: administration of antioxidants

This element consists of administration of antioxidants such as vitamin A, vitamin C, vitamin E, selenium, and zinc. Free radicals exist in all healthy organisms: as atoms or as compounds with one or more unpaired electrons. Free radicals are highly aggressive to the organism and are normally neutralized by antioxidants.

The actions of a whole complex of negative factors in our modern environment, however, promote the production of free radicals: increasing environmental burdens, greater pollution, exposure to heavy-metal ions, the action of aggressive chemicals, poor

nutrition, increased radiological burdens, and psychic stress. As a result, antioxidants ingested with food no longer suffice in many cases to keep free radical production in check. The quality and the functional capability of each individual cell is dependent on the presence of a sufficiently great potential of antioxidants. [9] The longer a cell is exposed to the action of free radicals, the greater its susceptibility to disease, and the faster its passage through aging processes.

Appropriate dosage is critical in the administration of antioxidants. The following are recommended doses [5, 15, 16, 17, 18]:

* Vitamin C: one teaspoon, i.e., approx. 5 g of ascorbic acid

* Vitamin E (in Tocobolan): 200–400 mg

* Selenium (in Selenolan): 3 dragées, i.e., 150 mg of selenium.

In order to gain an appreciation of the importance of antioxidants, one need only consult recent studies on free radicals and their role in chronic polyarthritis. Tests have revealed that the normal hypobaric conditions found in healthy joints are not present in chronically arthritic joints, even when at rest. Upon imposition of loads to such joints, the capillary system is closed off. When blood circulation is subsequently restored, the destructive action of the free radicals commences: biomolecules are destroyed, nerves are damaged, and erosion of bone structures is intensified. The inflammation, once fully in progress, will lead to hypoxia in the joint.

Despite this development, reactive oxygen species are paradoxically formed, including oxygen radicals. It is known that free oxygen radicals promote fibroplastic proliferation in cell culture, and can contribute as well to pannus development among chronic-polyarthritis patients. It has also been demonstrated that hydrogen peroxide can inhibit proteoglycan synthesis in cultures of bovine cartilage. Verified deficiencies of vitamins C and E in afflicted joints supports the conclusion

that therapy with antioxidants is important for cases of chronic articular inflammation. [12]

Third basic therapeutic element: cleansing of the mesenchyme

As already stated, toxins are temporarily deposited in connective tissue. The mesenchyme, however, also furnishes the transit route between vascular endothelium and the respective destination cells: i.e., it provides the path along which not only the oxygen is transported toward the cell, but also for the products of metabolism away from the cell. The pH which prevails here determines the rate with which these substances are conveyed. Lymphocytes and granulocytes are also found here: their functions include the neutralization of toxins and of the creation of antibodies. The immune complexes formed in these processes are then consumed by phagocytes and decomposed.

If, however, the quantity of immune complexes exceeds the "appetite" of the phagocytes, the immune complexes remain where they are, or are deposited in the tissues of the body. The result may be autoimmune diseases and allergization. Administration of proteolytic enzymes such as bromelain can release immune complexes fixed in tissues and can crack them once they have broken away. They are then offered to the phagocytes as an appetite-whetting snack. [14]

Essential preparations for drainage of the connective tissue are Lymphomyosot, in conjunction with Acidum lacticum-Injeel (forte). Processes taking place in the connective tissue play a highly essential role in rheumatic phenomena.

Three medicinal plants which effectively exert cleansing action on the connective tissue, and which can accordingly positively influence rheumatic processes, are the dandelion (*Taraxacum officinale*), the juniper (*Juniperus*), and the stinging nettle (*Urtica*). The preparation Galium-Heel contains *Urtica* and *Juniperus*, and Hepar compositum and Injeel-Chol have as constituent *Taraxacum*. [13]

Fourth basic therapeutic element: nutrition

The importance of nutrition for treatment of post- and parainfectious rheumatoid disorders is presumably widely enough known by now. At the same time, it is shocking to see how few colleagues take advantage of this essential element of therapy. A house can be no better than the materials of which it is built. If I offer the body poor-quality material, it is only the logical result that diseases will ensue. Diet containing large amounts of preserved, fried, low-vitamin, oversugared junk food represents just this type of material.

Recent studies have revealed in greater detail the harmful effects of sugar. As a result of hyperinsulinism, sugar shifts the equilibrium normally prevailing among anabolic and catabolic processes toward the catabolic. In the final analysis, most civilization diseases associated with insufficiency can be traced to an imbalance in favor of catabolism. High levels of sugar consumption — around 1 kg per week per capita in typical industrialized countries — suffice to bring about excessive insulin production. Since the organism attempts to maintain equilibrium between anabolic and catabolic hormones, and since insulin is an anabolic hormone (it controls fat-cell synthesis), the body is forced to retard production of another hormone: namely, STH. Since STH in turn controls cell rejuvenation, the consequences of STH deficiency should be readily apparent. [6]

Insufficient consumption of fresh foods leads to a shift of pH in the intestinal tract. One subsequent result is alterations in intestinal flora, with corresponding lowering of immunity. Further consequences include promotion of the proliferation of clostridia and candida fungi.

A number of clinical studies have revealed that lacto-vegetarian diet leads to amelioration of the symptoms of patients with polyarthritis. Fasting is also positive in this respect. [8] The fatty acids contained in fish oil have

proved to be highly efficient inhibitors of icosanoid biosynthesis. These inflammation mediators are products of the oxidation of arachidonic acid. The most important icosanoid involved in articular inflammation is prostaglandin E₂: it aggravates the sensation of pain. Together with thromboxan, prostaglandin E₂ elicits inflammation — in a manner similar to leukotriene, which additionally determines the extent of swelling. Further inhibitors of icosanoid formation which are ingested with food have been identified as the following: the antioxidants (vitamins A, C, and E), as well as the trace elements occurring in enzymes (manganese, copper, zinc, and selenium). [7]

Examples from medical practice

A mother brought her 7-year-old daughter to my office and related that the girl had complained repeatedly for around four weeks of pain in the joints of her hands. The general practitioner initially consulted was not able to make conclusive findings and advised the administration of analgesics as the only resort. In my interview with the mother, I learned that the child had suffered from flu three or four times during the previous year, otitis media, as well as several cases of slight colds. The mother also replied upon questioning that antibiotics and antipyretic agents had usually been prescribed until then.

My program of therapy was as follows:

For the evening or at night, I prescribed an ointment dressing with liberal amounts of Traumeel Ointment, accompanied orally by a "cocktail" composed of the preparations Galium-Heel, Rhododendroneel, and Traumeel drops. Dosage was eight drops of this mixture, taken four times a day. As adjuvant medication, I administered 100 mg of vitamin E (2 x 1

capsules of Tocobolan daily). The girl bravely allowed me to inject the following mixture: Gripp-Heel, Lymphomyosot, Streptomycin-Injeel, Penicillin-Injeel, and Tonsillitis-Nosode-Injeel. If she had not been willing, I was prepared to let her drink a cocktail of these preparations in my office.

When she returned in two weeks, the girl's symptoms had all but disappeared. Two additional weeks later, she suffered from no symptoms at all. The mother had in addition almost completely eliminated sugar from her daughter's diet.

The second case involved a young man who consulted me to determine whether I could prescribe a different antirheumatic from the one his family doctor had applied. The general practitioner had prescribed the antirheumatic six months earlier, after having diagnosed rheumatism. This patient complained of pain in his knees, with slight edematous swelling of these joints. In addition, his erythrocyte sedimentation rate was slightly elevated (23 to 12).

This young man also complained of constant fatigue. I learned from his case history that his symptoms developed about two months after a vacation in Kenya. While in Kenya, he had suffered from severe diarrhea, which had been locally and successfully treated by administration of Immodium. I therefore suspected that his articular complaints could possibly have resulted from suppression of the enteritis.

I administered an injection containing a mixture of Galium-Heel, Salmonellen-Nosode, Lymphomyosot, and Injeel-Chol. I notified the man that he might notice initial worsening of his symptoms (adverse primary therapeutic reaction to homeopathic medication). I administered Traumeel,

Zeel, and procaine as wheal therapy to his knees. Oral medication was a mixture of Galium-Heel, Nux vomica-Homaccord, and Veratrum-Homaccord, with dosage of 20 drops of the mixture, four times daily. Adjuvant therapy was Rheuma-Heel tablets, 2 tablets twice daily, in addition to Biobolan tablets with the same dosage (Biobolan contains living intestinal bacteria). I also prescribed that he drink rampion tea (*Phyteuma*). For his fatigue, I advised that he drink the contents of one ampule of Royalbolan (royal jelly) daily.

The young man phoned me the next day and said that that he had experienced considerable intestinal pain, and that he had a peculiar feeling of tingling in his knees. I administered the injections twice weekly over a period of six weeks. The patient also received foot reflex-zone massages, since he had complained of continuously cold feet: a symptom related to kidneys. After six weeks, we reduced the injections to once weekly for the following four weeks. By then, the patient had no more complaints, and his symptoms have not returned since the completion of his therapy one year ago.

These examples will hopefully illustrate the value and the necessity of biological therapy — conducted, moreover, without the occurrence of side effects.

References available from Menaco

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