Organotherapy in So-called Untreatable Diseases

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In many textbooks the chapters on therapy are quite short, and it is often that one comes across the laconic sentence:

"A causal therapy is not known."

For not a small number of doctors is this textbook statement justification enough not to think about whether anything can be done to alleviate or eliminate the cause of the patients complaints. Therapeutic nihilism is hence academically certified by the state of the art.

Doctors always have had to make their individual decisions on the basis of the knowledge available. The diagnosis of an individual case indicates only the general direction of treatment required. Only after more specific details of the health disturbance are included can the information obtained and the resulting conclusions be used to formulate a more specific treatment concept. Collective recommendations for acting and not-acting are only of limited validity in the individual case.

In principle, there are no "untreatable" diseases, but only those to which we have not yet found therapeutic solutions. The number of diseases responsive to therapy is constantly rising. The main reason for therapeutic resignation is lineal thinking in the medicical school of thought, the "one-way streets" in interconnected biological systems. The so-called scientific school of medicine works with a "single cause" and a "monosubstance" used against it, not least because this reduction to a primitive association of ideas is easily accesible with the help of experimental studies and statistical evaluations.

As a matter of fact, in biosystems the single cause does not exist. There is at best a primary process. This process gives rise to a complex network of secondary, tertiary and other consecutive reactions, material and immaterial interactions. Theories, such as the General Systems Theory and the Chaos Therapy try to explain the processes that take place in interconnected systems, the logistical formula in biology did a mathematical description. A treatment concept should draw into consideration the complex network existing within living systems, without forgetting the immaterial processes. Then it is also possible to influence pathological states which are considered not influenceable or even untreatable, from the viewpoint of the "monocausal-monosubstance-ideology".

Under a holistic point of view I would now like to present as examples the principles of treatment and results obtained in a series of "not influenceable" diseases.

- Molecular defects (sickle cell anaemia)
- Chromosome-related disorders (Down's syndrome)
- Perceptive-integrative disorders (autism)
- Apallic syndrome (destruction of the neuronal network)

Sickle Cell Anaemia

is caused by a structural defect of the haemoglobin molecule. This reduces the erythrocyte survival time and places excessive demands on the haematopoiesis system. Apart from anaemia as a cardinal symptom, bone-marrow destruction leads to life-threatening crises; hyperuricaemic states, due to citolysis, give rise to painful "rheumatic" pictures (latent gout).

Blood transfusions aimed at eliminating the anaemia, antiobiotics for fighting the bacterial complications due to bone-marrow depression (abscesses) have very little influence on the haematopoietic crisis.

An extremely emaciated Turkish boy in such a life-threatening situation with more than 30 abscesses on his body and bone marrow destruction had the following tissues of the fetal haematopoietic organs implanted:

fetal spleen 75 mg lyophilisate
fetal bone marrow 100 mg

3 subcutaneous injection-implantations of each, at 1 month intervals.
Within 3 days after the first implantation the septicaemic temperatures that had persisted for weeks returned to normal, the skin abscesses started to heal, the bone marrow and its structural defects returned to normal within 6 weeks. During the 12 years of follow-up period there were no serious haematopoietic crises, once in a while the boy had to be treated in hospital for joint pains caused by the hyperuricemia. The molecular defect in the haemoglobin molecule had obviously been repaired to a large degree by the fetal material.

Chromosome-related Diseases

in most cases arouse therapeutic resignation; the statement

"It is impossible to influence changes of the hereditary substance"

implies a tragic and wrong conclusion. The defective structure and connections of the chromosomes are of less importance for the life of the affected person than the correlated gene and genome variations with their effects on the enzyme expression and thus the further effect on postnatal metabolic processes. In many cases it is possible to influence or compensate their deficiencies. This however requires multi-dimensional integrative treatment concepts, and hence it is not possible to solve these problems by means of a lineally oriented primitive medicine.

The therapeutic concepts have to include organotherapy, enzyme therapy, intermediary catalysers, elementary therapy, homeopathy, physical and conditioning procedures (table 1).

The therapeutic procedures in the case of Down's syndrome (trisomy 21) shall be presented below by way of example.

Table 1:

Basic Scheme of Drug Management of the Down's Syndrome

Basic Drug Management		Basic Organotherapeutics	Interval Therapy
Vitamin A	4,000-6,000 unid.	Lyophilisates	Coliacron
Vitamin B 1	50-200 mg	Medulla cerebri	2-3 amp./week
Vitamin B 2	50-200 mg	Cerebrum fet.	*in muscular hypo-*
Vitamin B 6	20-50 mg	Cerebellum fet.	*tonia*
Vitamin B 12	1-2 mg		
Vitamin C	500-1,000 mg	Diencephalon	Thyreoidea comp.
Vitamin D	300-500 unid.	Cerebrum front.	1 amp./month
Vitamin E	50-250 unid.	Cerebrum occip.	
The required daily dose depends on diet, absorbtion, age and the clinical symptoms.		Thalamus Cerebrum tempor.	CNS-Ultrafiltrate Mo. Wed. Fr. 1 phial
Elements, Trace-elements *to compensate individual and regional-geographic deficits*		Mesencephalon Cerebrum pariet.	LPPM-Ultrafiltrate Tu. Th. Sa. 1 phial
		Cerebrum combin. Cerebrum cortex	*2x25 phials/year*
Zinc Selenium Manganese Potassium Magnesium Iron		*Subcutaneous injection-implantations of 100 mg lyophilisate administered at* *6 month (1-3 years old)* *9 month (4-10 years)* *12-15 month (11-16 years)* *intervals*	Coenzyme comp. Ubichinon comp. *1 ampoule at 2 week intervals*
Complete Thyroid-gland Preparations			
Thyreoidinum D6, 2 globules/day Thyreoidinum D4+potassium iodide D6 1-2 globules/day		Special Indications: Liver, pancreas, mucosa *in digestive insufficiency* Thymus, spleen, mesenchyme *in immune deficiencies* Heart, lung *in congenital heart diseases* Endocrine organs *during puberty*	
Digestive Enzymes *in absorption disorders, food intolerancies*			

In all the discussions an apparent paradox is always forgotten - namely that most of the formal chromosome abnormalties are not hereditary, whereas most of the hereditary metabolic disorders (enzyme defects, storage diseases, heredodegenerations) are not manifested in the chromosomal structure.

The Down's Syndrome (Trisomy 21)

is a classic example for misjudgements in the past of therapeutic possibilities. Due to too much concentration on the formal findings in the chromosome analysis - trisomy 21, translocations, mosaics - the numerous correlating metabolic disorders have not been taken into account. There are different enzymes encoded on the chromosome 21 (table 1; illustrations 1, 2), one of them being the superoxide dismutase (SOD 1), which is important for oxygen utilization and, therefore, for energy supply. It is much more important for the metabolic functions than the basic formal abnormalty, since its deficient regulation postnatally has severe effects.

Results in long-term studies achieved through more than 3,100 persons with Down's syndrome have shown, that many metabolic disorders can be influenced therapeutically. An integrative treatment concept consisting of organo-therapeutics, intermediary catalysers and conditioning procedures (physio-, speech, psychotherapy, pedagogy) is able to improve the life of the persons with Down's syndrome decisively. The physical, mental and physiognomical development can be brought as close to the norm as is possible, should treatment be commenced as early as possible, is comprehensive and is carried through consistently.

Illustrations 3, 4, 5, 6 show, by way of example, efficiency of consistent treatment of the Down's syndrome.

Table 2:

Commercial Preparations[R] Adequate for Basic Treatment
Fixed Combinations
German Trade Names

Vitamin Combinations	Vitamins and minerals
B-Komplex Vicotrat	Cobidec
Bryonon N	Combionta N
Eunova	Mediovit N
Milgamma	Multibionta plus Mineral
Mulgatol	Omnival
Multibionta (forte)	Selenium ACE
Neurotrat	Selenium Syxyl
Polymulsin	Supradyn
Spondylonal	
Vitamin-B-Komplex (vitamin B complex)	

Table 3: Localization of genes in chromosome 21 (segment 21 q 22)

Certain:
Cytoplasmatic superoxide dismutase (SOD_1)
Alpha/beta-interferon-receptor (IFRC)
Nucleolar ribosomal organization ribonucleic acid (RNR)
Phosphoribosyl-glycinamide-synthetase (PRGS)
Phosphofructokinase, liver type (PFKL)

Probable:
Phosphoribosyl aminoimidazole-synthetase (PAIS)
Cystathionine-ß-synthetase (CBS)
Surface antigen S 12
Surface antigen MF 13
Surface antigen MF 14

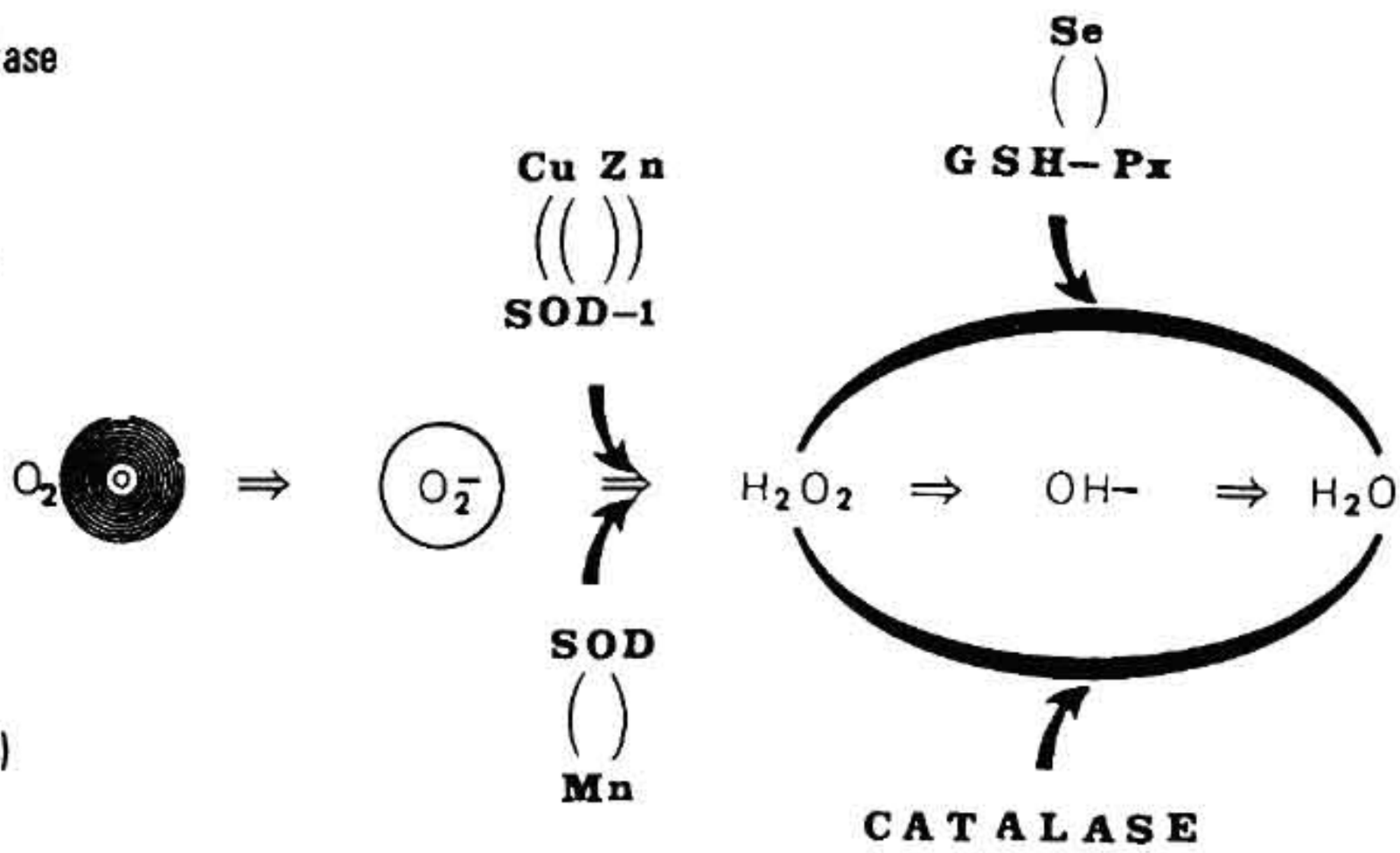

Illustration 1: The CuZn-superoxide-dismutase system (see text)

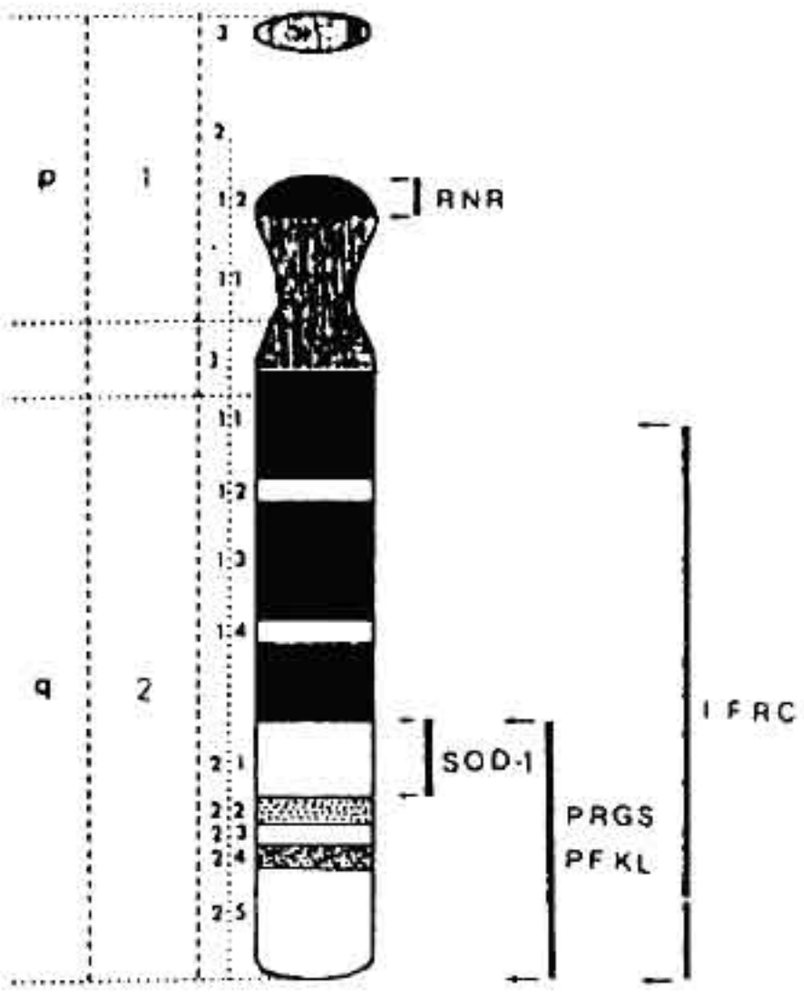

Illustration 2:
Diagram of a metaphase-chromosome 21. Localization of the five certain genes:
RNR = ribosomal RNA ; SOD-1 = superoxide dismutase 1; PRGS = Phosphoribosyl-glycinamide-synthetase; PFKL = Phospho-fructokinase (liver type); IFRC = interferon receptor

Illustration 3:
Physiognomical development in a girl with Down's syndrome between 2 and 11 years of age

Illustration 4:
Development of facial expression of a girl with Down's syndrome over a period of 4 years

Illustration 5:
Physiognomical development of a boy with Down's syndrome between 10 months and 10.8 years of age

Illustration 6:
Physiognomy as an expression of the personality of a girl with Down's syndrome during an observation period of 11 years.

are considered as hardly influenceable through therapy. Apart from the classic **autism** there is a broad, multi-facetted spectrum of **behavioural, speech, and learning disturbances** as well as **social conspicuousnesses**. Presumably, these have a common denominator: The - acoustic, optical, tactile - perceptions differ, it is not possible to integrate the sensory informations down to one logical concept of action. Here "logical" is used in the conventional sense as understood by the "normal population", for the affected person however, his or her action is an absolutely logical consequence of the wrong information he/she has perceived. Sometimes you may find,

Table 4: **Autism - Symptoms**

The cardinal symptoms concentrate on:	The cardinal symptoms may be associated with the following facultative symptoms:	Use of one single toy and this frequently for a long time; Plays only on its own, not with other children.
Restriction in communication, imagination, and social contacts.	Reduced willingness to interact (social isolation); Relations with objects (things), not with subjects (persons).	Takes part in games with other children only on instruction from and with the assistance of adults.
Separation from the social milieu; Repetition of the same activities (sounds, words, games);	Lack of or only brief eye contact;	Stereotyped movements "Bizarre" behaviour;
Opposition to changes in habits;	Gazes into space.	Unmotivatied laughter or shouts; Mixture of hyperactivity, restlessness, athetoid numbness.
Preferene of ritual behaviour patterns; Limited fields of interest ("island intelligence").	Lack of expressive language; Extremely limited vocabulary; Speech potential is limited to a few phrases compulsively repeated;	Hypersensitivity to certain acoustic signals, (noise, babble of voices, aircraft sounds, high sounds) or optical (flashlight, neon light) phenomena.
	Echolalia ("parrot reaction"); Linguistic expression is limited to one or a few objects or events.	Island intelligence development possibly even to a high level in certain single and few fields.
	Preference of activities which do not imply social contacts; Preference of a few, similar things and actions;	

spots of what we may call "island intelligence" - first-class performances in very limited fields (music, painting). The most serious deficits exist in social behaviour and learning ability. The cardinal symptoms (table 4) illustrate the combination possibilities with the resulting multitude of individual clinicl pictures.

These disturbances, in most cases labelled as "autism", for decades have been considered psychic diseases and treated as such - with little or no success. Actually there are organic maturation and differentiation deficits in the cortical fields of the brain. Here the phylogenetically most recent part of the brain, the forebrain, is affected most. Therefore sweeping successes are only to be achieved with an "posterior maturation treatment". Included as part of such a treatment are lyophilisates of fetal cerebral tissues, intermediary catalysers and enzymes alongside with conditioning processes (psychological counselling, speech therapy, behaviour and occupational therapy). The treatment has to be carried out for a number of years. The accompanying psychological therapy has to carefully break down conditioned behaviour patterns and increase concentration and attention spans.

Apallic syndrome

is the name, according to KRETSCHMAR, of a coma due to the acute loss of voluntary cerebral functions. It is caused by accidents - traffic, drowning, intoxications, strangulations. Final states of degenerative cerebral diseases are not to be included here. The assumption that there is a dysfunction of the pallium is wrong. Patients who wake up from the coma, generally, possess all the knowledge stored in the grey substance beforehand. What is disturbed are the connections of the neuronal network. However in some cases it is possible to repair these disorders partially or completely.

After coma has set in the sooner you begin with the treatment, which includes organotherapeutics, the better are the chances for its success. The treatment concept has to be comprehensive, the programme however requires a lot of time. It includes (table 5):

Organotherapeutics (lyophilisates, catalysers, hydrolysates, dialysates, ultrafiltrates

Metabolic stimulators (pyridoxine, Piracetam, etc.)

Methods for conditioning (physiotherapy, electro-stimulation, speech training)

Mental stimulation (music, TV, story-telling)

In the successful case the patients wake up from their coma during the 3rd of 4th week of treatment and are ready to cooperate. Follow-up treatment is carried out for years, in order to eliminate as many residual defects - motor dysfunctions, speech deficits, convulsive diseases - as possible. Regeneration of affected functions is possible for many years. Limitation of the therapy to physical means of treatment is not justifiable.

Table 5:

Therapeutic programme in the destruction of the neuronal network (apallic syndrome)

1. Infusions

of "Cerebrolysin", "Encephaboö", "Actihaemyl", "Vitamin-B-Komplex" (vitamin B complex) alternating
in 500 - 1,000 ml glucose solution

2. Injection-implantations

subcutaneous of
Medulla cerebri 100 mg
Cerebrum fetale 100 mg
Cerebellum fetale 100 mg
Cerebrum frontale 100 mg
Placenta

in 4 - 6 month intervals

3. Elimination

of all dispensable accessories of intensive care medicine (tubes, needles, splints) in order to facilitate and stimulate the physiological functions.

4. Conditioning Measures

Physiotherapy, 3 - 4 times/day for 10-15 minutes
Eating and speech training, speech therapy
Skin and mucosae çare

5. Mental Stimulation

Music, TV, story-telling

6. Basic Drug Management

"Vitamin-B-Komplex"
Vitamin E
Intermediary catalysers
CNS-Ultrafiltrates

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