

*SANUM Therapy,
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The *Pleo Newsletter*
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The SANUM Preparation Sanukehl Brucel

Its Action Principle *Brucella melitensis* in Therapy

By: **Joachim Hartmann (biologist), Germany**

Edited By: Kirk R. Slagel, N.M.D., M.Ed.

The gram-negative pleomorphic bacillus *Brucella melitensis* belongs to a genus of pathogens responsible for mostly chronic infectious diseases in humans and animals. So-called "brucellosis" has three main variants:

1. Malte Fever

Pathogen: *Brucella melitensis* Vectors: sheep, goats

2. Bang's Disease

Pathogen: *Brucella abortus* Vector: cattle

3. *Brucella suis*

Pathogen: *Brucella suis*

Vector: pigs, hares, reindeer

Host specificity is not strict; almost all domestic and wild animals, guinea pigs and even birds can become infected with Brucellosis. Ultimately, all *Brucella* species are human and animal pathogens, which has led to a situation in bacterial nomenclature where only the species *Brucella melitensis* is listed, under which all the others are subsumed.

Since *Brucella* species are bound to their host animals, they are considered obligate parasites under natural conditions. As an animal disease, they mainly induce abortions; the danger to humans comes from the pathogen's excretions in infected animals, which gets into their milk, feces, urine and sexual organ secretions. Humans become infected mainly through working around and with the host animals, e.g. assisting in abortions, slaughtering and meat processing (even if the worker has the slightest of skin lesions). Another channel of transmission is via the digestive tract through the consumption of raw milk or milk products. Interestingly, Brucellosis also represents the most frequently caught infectious disease in laboratories that deal with microorganisms.

In humans, it follows local lymphogenic spreading of the pathogen to a generalized infection in the bacteriemic stage. The distinguishing feature of Brucellosis is a moderately high fever that recurs repeatedly over months and years (**Undulating fever**). In its most severe form, a typhous clinical picture with long-term high fever can even be fatal. Other characteristics include organ manifestations due to granuloma and abscesses in the spleen and liver, as well as endocarditis, joint affections, etc. This manifold disease picture of chronic Brucellosis, which is not easy to recognize in its nonspecific subfebrile form, also encompasses neurological and psychological symptoms.

Advance Notice

SANUM Therapy in Practice Workshop 2004: **Advanced Clinical Correlations** (in conjunction with Level 1 Introductory Seminar Concepts and Applications) with guest speakers such as:

Dr. Thomas Rau, M.D., Director of Paracelsus Clinic, Switzerland (this lecture is not part of Dr. Rau's Foxhollow Lecture Series). Other guest speakers: **Dr. Lida Mattman, Ph.D.** and **Dr. Michael Margolis, D.D.S.**

Weekend April 30 - May 2, 2004 in Glendale, AZ at Pleomorphic Products SANUM, Inc. facility.

Growing *Brucella* in vitro is typically intracellular in granulocytes and monocytes, and can also **occur strongly pleomorphic in a cell-wall-free form** - one reason for the long persistence of the pathogen after the symptoms have faded. In this form, the germs also escape the effects of antibiotic therapy and thus become foci for new fever attacks and organ manifestations.

As a gram-negative bacterium, *Brucella melitensis* has a very complex structured lipo-polysaccharide cell wall. Serological investigations have isolated three defined polysaccharides from *Brucella melitensis*:

1. The so-called "native haptens"
2. Polysaccharide B
3. Cell-wall lipopolysaccharide

Bound up with the lipopolysaccharide structure are the classic antigens A and M described for *Brucella*, which have been identified as polysaccharide side-chains. Lipopolysaccharide from *Brucella* has been put into use for active immunization, in which the production of protective anti-bodies is induced and yet no thymus dependent immunological memory is generated, which would be necessary for any long-term defense against *Brucella*.

Polysaccharide B is a serologically inactive low-molecular-weight (ca. 5000 D) polysaccharide, a cyclic glucane such as occurs in the bacterial species *Rhizobium* and *Agrobacterium*. It reacts neither with cattle serum nor with that of inoculated cows. It represents a classical haptens, which originates in the soluble cytoplasm of the bacterium.

The "native haptens" reacts with the serum of infected cattle, yet not with that of cattle who have been inoculated with weakened living germs of *Brucella melitensis*. It has been shown that it is identical with a side-chain of the cell-wall polysaccharide of *Brucella* with a smooth colony form and consists of an unusual pentasaccharide polymer. It is well suited in identifying infected animals in herds by using the radial immune diffusion test, in which antibodies in animal blood lead to precipitation of the *Brucella* haptens.

The preparation **Sanukehl BruceI (Pleo San BruceI)** contains all the named polysaccharides, so that this agent has an immunizing effect, as well as the classical antigen and antibody binding effect of the haptens, which qualify it as an intermediate agent for nosode therapy

Julian lists the following as positive diagnostic for the *Brucella melitensis* nosode:

1. Feverish condition with heavy perspiration during physical exertion and at night
2. Muscle and joint pains, primarily in the lower limbs
3. Anorexia, emaciation
4. Headaches, irritability, nervousness
5. Emotional lability, sleeplessness
6. Fainting spells, dizziness
7. Constipation: hard, dry stool
8. Herpes

Improvement: warmth, especially in sun.

Worsening: long periods of exertion, warm room, sea breeze, dampness, storms

Clinical diagnostic picture:

1. Malta fever, especially in the chronic stage
2. Myalgia
3. Subacute rheumatoid arthritis
4. Orchitis and Epididymitis
5. Neurasthenia

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The Therapy of Hyperacidity Phenomena and Blockages: Treatment Options for Widespread Ailments

By: Nancy Naujocks, Germany

Hyperacidity phenomena: bright erythrocyte borders, Symplasts, extensive Filit formation and blockages, severe agglutination, no microorganisms in the plasma and no emergence of microorganisms from the erythrocytes over time, is being found with increasing frequency under the darkfield microscope. Medicating with Alkala or other mineral-salt combinations is often not an option because of deficient excretory capability. Also, doses of homeopathic Phosphorus or Sulfur or Arsenicum album frequently yield no satisfactory result. Being brought to this avenue by problems I was

experiencing, I was encouraged to try a therapy involving organic acids with my patients, and the results have been good. One such therapeutic case is described below.

Case History from the Author's Practice

A 48-year-old male patient was treated, a "manager" type with stress symptomatology, irritability, restlessness, flat rapid breathing, sleeplessness, quick to tire, faulty memory, strong tendency to perspire, difficulty breathing at night, pruritus without skin phenomena, yellowish skin tinge, red face, tendency to acne around the chin and on the back, joint pains, headaches, continual sensation of repletion, heartburn, fluctuating BP, mean pulse 100, elevated uric acid, elevated cholesterol, fatty liver, progressive nearsightedness, pH of morning urine 5.5 to 5.8.

In his physical appearance (large, slender asthenic, finely-limbed with a history of lung disease), the patient represents an Aspergillus type, but which is now overlaid with Mucor (congested, swollen fingers, considerable swelling of the upper and lower eye region). The darkfield microscope revealed, "snow flurry" to such an extent that other organisms were hardly recognizable.

Therapy for this Patient

The patient first received an injection of Notakehl 7X, Fortakehl, Quentakehl, Pefrakehl and Coenzyme comp. I prescribed the following to be taken at home:

- ❖ 2 Fortakehl tablets 3x daily;
- ❖ A Pefrakehl suppository rectally in the evening;
- ❖ A diversion mixture consisting of a liver/gallbladder and a kidney / pancreas / lymph / spleen and intestinal remedy in the evening;
- ❖ A dose of Sulfur C200 once a week;
- ❖ Dr. Werthmann's hypoallergenic diet.

After two weeks of this treatment, the darkfield was free of "snow flurries". Instead, the darkfield now revealed extensive "rouleau formations" of the erythrocytes, along with roof-tile-shaped agglutinations, very thickened erythrocyte borders, enlarged erythrocytes, intestinal loops, considerable Filit formation; all in all, the picture that presented itself was that of severe congestion and blockage, hyperproteinemia and hyperacidity. More extensive examination revealed a dead tooth as the disturbance field in the mandibular region (tooth 42, with bladder link). The patient was urgently advised to have this tooth removed properly as quickly as possible, which he did.

In the next therapeutic step, the patient received Mucokehl tablets (one in the morning), Mucedokehl capsules (one at noon), Nigersan tablets (one in the evening) and one capsule each of Recarcin and Utilin 6X per week. In addition, the patient received a dose of Arsenicum album C30, and, for diversion, he continued to receive the mixture described above plus, for intestinal cleansing, a FX Passage (W rwag) twice daily.

After this therapeutic step - duration about 2 weeks - although the patient felt better subjectively (he said he slept better and the headaches were also subsiding), the digestive tract was still severely disturbed, the externally visible congestions still not entirely eliminated. Along with this, the darkfield showed practically no change, the blockage was still there.

(continued on Page 3)

At this point, I took several drops of blood from the patient, using them to look at various remedies for suitable characteristics. A solution containing rhodizonic acid, Utilin "S" and Notakehl did not yet yield fully satisfactory results - nor did Citrokehl, Sanuvis and Formasan. Using radiesthesia, I finally hit upon a combination of the two acids Acidum citricum C30 and Acidum formicum 6X as the right combination for this patient.

This combination was administered orally, after which the blood was monitored starting the very next day. The agglutinations were shown to be largely broken up, remaining so even after several hours had passed; the plasma contained many microorganisms of all possible valences, the leukocytes being clearly elevated, as well as being more active. The erythrocytes now exhibited considerable border trim and, after a while, crenocyte formation with large Endobionts. Large Symplasts and Skleroplasts had also formed. For one day, the patient felt unwell, with headaches and fatigue, nevertheless, we continued on with Mucokohl, Mucedokohl and Nigersan, as well as with diversion. After two days, the patient felt physically better, and his psychological state had improved progressively from the first therapeutic step on. The blood count now also improved steadily, parallel to increasing regulation of digestion. A few more therapeutic steps were necessary for a complete cure. What was crucial here was that the organic acids that were administered first were able to break up the severe blockages in the patient's body, thus successfully creating access for the SANUM remedies.

The "Lesson" from the Clinical Observations

The first successes of the overall treatment described here can be viewed as a lesson that encouraged one to carry out the same treatment with organic acids in homeopathic form as an "icebreaker" on other patients. In these repeat performances, **I noticed that the Sanum remedies Sanuvis, Citrokehl, and Formasan are valuable aids when one needs catalysts for the various other Sanum remedies.**

What is needed is free access for the catalysts, which my observations show can be achieved with the two organic acids mentioned here. Thus, if there is blockage present, then I employ these acids in the form of single remedies at various potentiations to break up blockages; I have to date been able to "break up" a number of such cases that had to date resisted therapeutic access.

In so doing, I check out the level of homeopathic potentiations (since they can be very different from patient to patient) using radiesthesis means, which has so far always been successful.

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Pleo Oku

How supplied:	Potency	Quantity
Dropper bottle	2X	10ml

Characteristics: Pleo Oku (Okoubasan) consists of the dried bark of the branches of Okoubaka aubrevillei, a tree, which has its habitat primarily in West Africa. In popular medicine, the pulverized bark has been applied internally as a detoxicant. Thus, this old remedy of the natives protects the chieftains' tasters from intoxication. Nowadays, Okoubaka aubrevillei is also used for food poisonings and healing of infectious diseases of the gastro-intestinal tract. On the basis of its contents of tannin, catechols, and phenylcarbonic acids, this plant is a typical tannic drug with strong phagocytosis promoting effect.

General Indications see the *German Materia Medica* for specific indications Homeopathic remedy: To be used according to standard homeopathic indications. May be used for conditions in the following: ***gastrointestinal tract infections.***

This is the fourth botanical remedy in our product line of eight.

The Wisdom Corner

"Nothing great was ever done without much enduring".

-ST. Catherine of Siena

Happy Holidays!

"The Internet is an audience of one, a million times over."

-Peter Guber

NEW FORMAT - More is Better!**Workshop in California**

Pleomorphic Products Concepts and Applications workshop has been expanded to a day and one-half in length. This is due to the requests of the many doctors and healthcare practitioners that, during the past C & A classes have expressed interest in increasing the duration of the class to allow for more clinical information.

We heard those requests and New for 2004 the Concepts and Applications class will be conducted all day Saturday and one-half day on Sunday. This expanded format will allow greater depth of information, increased review of SANUM therapies and more importantly, additional time for you, the participants, to review clinical data in the context of the class.

So, register today for the upcoming Concepts and Applications class held January 17 & 18, 2004 at the Embassy Suites Hotel, 2885 Lakeside Dr. in Santa Clara, CA. Pleomorphic Products has arranged special hotel rates for the workshop. Please call 408-496-6400 and ask for the Pleomorphic Products Special Hotel Rate to make your reservations and for directions.

Saturday Registration 8:30 a.m. 9:00 a.m.
Class 9:00 a.m. 5:30 p.m.

Sunday Class 8:30 a.m. 12:30 p.m.

Doctors and Healthcare Practitioners \$150.00

Office Staff \$95.00

Full-time students with academic I.D. * \$45.00

Doctors and healthcare practitioners paying the full \$150.00 will receive a \$50.00 credit voucher toward the purchase of Pleo Products as in previous workshops and NEW for 2004, a copy of Dr. Slagel's Concepts and Applications, set of 5 audiotapes or CD's.

If you have previously participated in the Concepts and Applications class, you may participate in the new, extended classes for only \$50.00. This fee covers your registration and materials, but does not include the product voucher or audio version of the class.

**Students must be enrolled in an accredited academic institution and have a current class schedule and I.D. These must be faxed to our office in advance of the class so that schedule verification can be made.*

Lyn Porter

Pleo consultant Lyn Porter has new phone and fax numbers. They are:

Phone: (480)948-8899
Cell: (480)529-7171
Fax: (480)948-2299

Concepts and Applications 2004 Workshop Schedule

Date	Location
January 17-18	San Jose, CA
February 21-22	Glendale, AZ
March 27-28	Bridgeport, CT
April 24-25	Portland, OR
June 5-6	Washington, DC
June 26-27	Atlanta, GA
July 24-25	Denver, CO
August 14-15	Chicago, IL
September 4-5	Austin, TX
October 2-3	Kenmore, WA
October 23-24	Tempe, AZ
November 13-14	Orlando, FL
December 4-5	Santa Monica, CA

Advanced Clinical Correlations

April 30, May 1-2	Glendale, AZ
Extended weekend Seminar	

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