

*SANUM Therapy,
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The *Pleo Newsletter*
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Cases in Review

- SANUM Therapy in the Treatment of Pneumonia
- Supporting the Body in Times of the Flu

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SANUM Therapy in the Treatment of Pneumonia

This is a case illustrating the effective and powerful action that SANUM Remedies provided to a female patient who arrived at my office in Glendale, AZ in April of 2003.

This 75 year old female presented a condition pre-diagnosed as pulmonary pneumonia by her M.D., Primary Care Physician (PCP). The diagnosis was via thoracic radiograph and his clinical assessment. The radiograph showed a positive mass in the lower lobe of the left lung. I was informed that there was no sputum sample assessed for microbial growth. Her PCP prescribed antibiotics and instructed her to check into the hospital due to the severity of her condition and her age. The patient refused and decided, instead, to look for a physician who practiced medicine using natural therapeutics, as did her former long-time family physician who had moved out of state.

A telephone call to this doctor, whose natural therapeutics included SANUM Remedies, resulted in a referral to me, due to my experience with SANUM.

During our initial consultation, the patient stated that the condition began as an upper respiratory, allergy-like response that moved down into her thoracic area to the left lung. The patient stated that she was expectorating green phlegm, urinating brownish-colored urine with a strong odor and coughing throughout the entire 24-hour day: waking and sleeping hours. She had been experiencing increased cough with pleural congestion over the last 12 days. The patient had last presented to her PCP one day prior to arriving at my office.

The patient had obvious respiratory congestion that was audible during the intake without auscultation. Her cough exacerbated the gurgling rales and she indeed, expectorated this phlegm from the cough.

Aside from the present condition, the patient was generally in good health. She had a very good, primarily vegetarian diet. The patient stated that she did not consume much meat, as, at times it made her nauseated. She had a history of allergies and had pneumonia 30 years ago; 16 amalgams removed in 1980, no root canals and no cavitations of which she was aware. She had a complete hysterectomy in 1975, appendectomy in the 1960's, and a right breast lumpectomy that was a benign neoplasm.

Regarding the present condition, the patient denied dyspnea, although deep breathing would sometimes bring on the cough.

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 the 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.**, and our own **Dr. Kirk R. Slagel, N.M.D., M.Ed.**

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

Lung sounds ironically revealed no crackles or wheezing. Bronchophony was positive; heart rate 88 bpm, strong and regular; respiratory rate 20 bpm and slightly labored.

For the record, I also recommended that the patient go to the hospital, but again she refused.

The patient appeared to have a bacterial condition of the lung. As the lung, being an eliminatory organ, is associated with the GI tract, I felt there was much disharmony with the lung/large intestine association. Therefore, my objective goals were to treat the presenting lung condition, but also the likely source of the imbalance, the GI tract.

I recommended the following protocol:

Diet: Primarily steamed vegetables, broths, soups.
Water intake: 1/2 weight in ounces, minimum.
No grains, dairy, or other associated allergenic foods.

On Day 1

To treat the higher pathological/opportunistic microbes:

- **Pleo Not** - (fungal remedy to affect the bacterial inflammation) 5 gtt BID X 2 days. Increase to TID on the third day.
- **Pleo Fort** - (fungal remedy to affect the GI tract) same dosage as the Pleo Not.

To treat the milieu:

- **Pleo Citro** - 1 teaspoon BID (lungs are associated with the TUBERCULINIC Miasm and T.B. is part of the *Aspergillus* fungi cyclode). *Aspergillus* produces citric acid, therefore one aspect of the Pleo Citro correlation is the connection with the T.B./*Aspergillus* cyclode. Also, Pleo Citro affects cellular respiration in a positive manner, stimulating an anabolic state over that of the catabolic tuberculinic condition presented.

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- **Pleo Sanuvis** - 1 teaspoon BID (Sanuvis has been shown to stimulate mitochondrial respiration and the removal of lactic acid. In this catabolic condition of pneumonia with likely decreased respiratory intake and perfusion of RBCs, it is indicated to support the removal of lactic acid and stimulate the cellular respiration.
- **Pleo Alkala** - 1/2 scoop in warm water between meals BID. **Alkala** is beneficial to offset the likely respiratory and metabolic acidosis from the decrease in perfusion due to the compromised respirations and as a general acid/alkaline regulation in GI support.

Recommended for her to start on Day 3

- **Pleo Rec** - 3 drops topically applied to the inner bend of the elbow and 2 drops topically applied to lower left lung area QD. **Pleo Rec** is an immunomodulating bacterial remedy. I typically use it at about 10 to 14 days into a therapy, but with this acute case, I decided to use it right away. **Pleo Rec** has general indications for the mucous membranes of the body.
- Biotics brand, GSH Plus - 1 cap BID. Reduced Glutathione, N-Acetyl-Cysteine, Glycine - general mucous membrane support and NAC has shown to help break up mucous.

When I called the patient on day three, she stated that she had only experienced mild relief. I decided to increase the **Pleo Rec** to 5 gtt to the inner elbow and maintain the 2 drops to the lung area. I was still concerned and wanted to be sure there was a positive reaction to the therapy, as in a few days, I would be going out of town for over a week.

I subsequently asked the patient to return to the office for a follow up visit before my departure. During that visit, the patient stated that on a scale of 1 to 10, 10 being the best, she was feeling a 6/10 on that day as compared to a 2/10 on the day she first saw me.

The patient's vital signs and physical assessment were near the same as the first visit, although as she had stated, there was improvement in her overall affect. I took this as a positive sign, but obviously further improvement of the condition was desired.

During our second visit, I prescribed the following remedies/treatments:

- **Pleo Thym, Pleo Cerivi and Pleo Reb** sips:
Administered that day and a second dose for the next day.
- **Pleo Thym** and **Pleo Reb** are glandular remedies. **Thym** is thymus gland, while **Reb** is glandular of aggregated lymphoid nodules of the small intestine. **Pleo Cerivi** is a botanical remedy made from *Cetraria islandica*. It is indicated for: diseases of the respiratory system, sinusitis, laryngitis, bronchitis, dry cough, lack of appetite.
- **Pleo Ut "S"** - immunomodulating bacterial remedy associated with the tuberculinic condition with specificity to the lungs.

Hydrotherapy - Alternating hot/cold footbath. Hydrotherapy is a powerful immune modulator. In this application, the idea is to not only stimulate the autonomic nervous system, but also to create a circulatory pumping action in the body. This would promote elimination at the cellular level by decreasing stasis of circulation,

which is prevalent when people are ill and immobile.

- **Warming Socks Treatment.** This hydrotherapy technique has been shown to stimulate the immune system and improve sleep, and thus support the healing response of the parasympathetic nervous system. One uses a pair of cotton socks, wets them thoroughly, wrings them out and places them in the refrigerator. Just before bedtime, put on the socks and then place a pair of dry, wool socks over them. The cold wet socks stimulate the autonomic nervous system with an association to the sacral plexus, which relays a response to the spinal cord. There is an additional stimulus to the circulatory system to bring warm blood to the cold area of the body, the feet, which thus promotes circulation. The wet socks will be dry by morning if there is a good response present. If they are still damp, frequent use will sharpen the two regulatory responses previously described.

Two days later the patient returned to the office for a follow-up assessment. The patient stated that she felt a 7/10 that day. On Saturday she had a hard time staying warm and was still coughing up the green phlegm. She said she was doing very light exercise, i.e. walking, and during the daytime, sitting in the hot car heated by the sun. The cough was no longer sporadic. Lung sounds were clear. The patient was instructed to stay with the protocol as improvement was obviously noted. She was given a B12 injection IM as she stated that B12 had seemed to help her in the past. The following day I left for my trip out of state, but made a point to telephone the patient the next evening. She stated that she felt significantly better, the cough was gone and her energy was up. She said for all practical purposes she felt fine considering what she felt like the previous week. I called the patient a couple of days later and she stated that she still felt great! She had just slight fatigue on occasion and rarely a mild cough.

Upon my return one week later, I made contact with the patient and found no further treatment was needed. She had recovered completely and stated that she was back to her normal routine.

I found this to be a significant example of the power of the SANUM Remedies and basic nature cure, immune modulating processes. Had she taken the antibiotics, she would have had a further disrupted GI tract, modulated microbes that may have become more pathogenic and likely promoted the cell-wall deficient forms or mycoplasma, in addition to suppressing her natural immune response to the presenting condition.

Understanding the various roles of the SANUM Remedies in the treatment sequence is very beneficial for promoting regulation of the offending microbes, a clearing of the milieu and modulation of the immune response. I encourage all practitioners using SANUM Therapy to seek understanding of the various categories of remedies and the individual indication of the remedies within each category. This applies specifically to the Isopathic/Homeopathic fungals and the immunomodulating bacterial remedies, as they are such foundation to the therapy.

Supporting the Body in Times of the Flu!

In respect to the influenza process that is being spread throughout the U.S., the greatest advantage one can have is to lead a healthy lifestyle. This offers the year-round immune regulation for general optimal body performance.

However, even the healthy have their days, so there are a number of SANUM Remedies that may provide benefits if a virus sets up shop in your house.

Milieu Regulation

A healthy diet and lifestyle with nutritious, untainted food, pure water with trace minerals, plus moderate and proportionately vigorous exercise are paramount to optimal body function and milieu regulation. Other factors that can contribute to stress and thus, tax our reserves, should also be reviewed and evaluated.

Supportive SANUM Remedies:

- **Pleo Alkala, Pleo Citro and Pleo Sanuvis** for the purposes mentioned in the previous article.
- **Pleo Quent and Pleo Grif** are the initial remedies to reach for if a virus is suspected. **Grif** is *Grifola frondosa*, a.k.a. Maitake mushroom, but prepared through a process similar to our other Isopathic/Homeopathic fungal remedies. It is beneficial for general viruses, but also has shown effectiveness in treating Herpes. **Pleo Quent** is indicated for viral inflammation as one of the standard Isopathic remedies.
- Immune modulation would be very helpful, of course, and may be supported through the use of **Pleo Rec** and **Pleo Ut "S"**, again as previously described in the preceding case.

Pleo Ut and **Lat** may also be helpful. **Pleo Ut** is a general overall immune modulator with respect to mild to moderate conditions of the tuberculinic miasm. **Pleo Lat** is somewhat in the category of immune provocation as **Pleo Ut "S"**, however with its indications being the more severe, or chronic conditions of the tubercular miasm, whereas **Pleo Ut "S"** has specificity to the lungs.

In many respects it may be advisable to alternate four of the bacterial remedies - one each week - to modulate the immune system in a broad manner. This may be accomplished through the use of a single dose of a single remedy 1X/week. For example, one might take a single **Pleo Rec** capsule one week, the next week use a **Pleo Ut** capsule, followed by the third week with **Pleo Lat** and the fourth week being **Pleo Ut "S"**.

Another method would be to use a proportionate amount of drops, depending upon the age, vital force, type of illness, chronicity, etc. on a daily basis and possibly alternating days or weeks. For example, one might use **Pleo Rec** 4 to 5 drops topically applied to the inner bend of the elbow one day, followed by **Pleo Ut** the next. These remedies would then be used in this alternating manner for a specified duration. I will often use the bacterials for immune modulation through Friday, along with the **Pleo Sancom**, when I use the remedies in a sequential format over some weeks.

Another remedy that may be helpful is the **Polysan "G"**. The "G" stands for Grippe, which is the term used up to the middle of the last century to describe the flu. It consists of: 1 ml Spengler colloid G 9X according to Dr. Carl Spengler, with antigens from *Virus influenzae Spengler*, *Bacillus influenzae Pfeiffer*, *Bacterium pneumoniae* as well as respective antitoxins from the blood of highly immunized rabbits.

The **Polysans**, based upon the work of the 19th century physician, Dr. Carl Spengler, are used topically to stimulate an immune response to the respective antigens in the homeopathic

remedy. They are what one might call a homeopathic vaccination of sorts, although clearly not like the modern in vivo vaccinations. However, I would think the **Polysan "G"** in particular to be of possible benefit for general immune modulation of influenza.

Concepts and Applications

If you took the "Concepts and Applications" Workshop (Level 1) once before, you can take it again for only **\$50.00**. This comprehensive course on SANUM remedies is presented by Dr. Kirk R. Slagel, PPS's own Medical Education Director and SANUM consultant.

We schedule numerous C&A Workshops throughout the year. These workshops are generally a day and one-half program, designed to be concise instructional programs that detail the process and not just the products. Dr. Slagel is one of the foremost speakers on SANUM Remedies in the United States. His teaching style enables the student/practitioner to incorporate the various points of SANUM Therapy within the clinical setting in treating your patients. See the schedule below to plan your next workshop.

**Concepts and Applications
2004 Workshop Schedule**

Date	Location
January 17-18	San Jose, CA
Cancelled...to be rescheduled	
February 21-22	Tucson, 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	

Pleo Relivora

For temporary relief of coughs and symptoms of bronchitis!

Homeopathic remedy: To be used according to standard homeopathic indications. Stimulation of endogenic defensive capacities, in feverish processes, inflammatory processes of the pulmonary tract (hard, dry cough), bronchitis, whooping cough.

Drops: *Liquid dilution for oral intake*

This is the 5th botanical remedy in our product line of eight.

Darkfield Diagnostics

These are three very informative learning tools concerning the examination of native blood. The examination of native blood in the darkfield microscope is key in finding an exact early diagnosis due to the changes in the blood, that precede a disease and can be recognized in their early beginnings and be treated respectively.

The book "**Blood Examination in Darkfield**" according to Prof., Dr. Gunther Enderlein, as summarized by Dr. med. Maria M. Bleker, is \$45.00/copy. "**Introduction into Darkfield Diagnostics**" by Cornelia Schwerdtle and Franz Arnoul is \$45.00/copy. And the (VHS) video tape, "**Blood Examination in Darkfield**" by Scott Moyer is \$49.00/per tape.

Contact us for any of the above learning tools!

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Happy New Year

We look forward to serving you in 2004!

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