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EXPERIENCE WITH CYTOPLASM THERAPY IN GERIATRIC PRACTICE

Richard Weber

In our scientifically oriented age, the experience of practising doctors is still important for the assessment of treatment methods. Some new forms of therapy which were supposed to be promising proved ineffective in the long term. On the other hand, methods which have developed in practice and have gained a large number of convertees are still not readily accepted in hospital medicine. But it is particularly in general practice that geriatric cases collect when they have been defined as hopeless. Treatment then is often no more than an attempt to show willing.

The cases described here may help to change this. As they are cases seen in a large practice, documented on files in the usual way, they do not completely satisfy today's requirements for scientific documentation.

The subject of this report is macromolecular cytoplasm therapy.[1]

This form of therapy differs from cell therapy in that it does not use morphologically and structurally whole tissue cells or fragments. The macromolecular components are extracted from lyophilised organ powder by a special separation method. Acid vapour lysis in vacuo at normal temperatures, involving no water, releases macromolecules from the cell structure and splits them into molecular subunits. This process renders the molecules soluble in water, so that they can be used in doses according to allergological principles. The separation process does not impair the organ specificity of the macromolecules, as can be confirmed by immunological and bioassay techniques, and more recently in cell cultures. The wide range of indications in which these preparations can be used results from the fact that for each condition treated, organ-specific components are used. Various concentrations of the dried organ powder are made up into suspensions, and aqueous dilution series are prepared. In the dilutions, the molecular weight is reduced to 1 000 000 dalton. The organ substances are suspended in 2 ml of isotonic saline with an adjuvant immediately prior to intramuscular injection. The dilutions can be injected from 2-ml ampoules.

The macromolecules isolated from organ cells release other molecular biological activity in addition to immunological mechanisms. Experiments have shown stimulation of repair mechanisms, effects on DNA, RNA and protein synthesis, stimulation of interferon synthesis and immunological reactivity, and resistance to virus infections.

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1) Revitorgan Dry Substances, Dilutions, Lingual Preparations, Conjunctisan A and Conjunctisan B Eyedrops. Manufacturer: vitOrgan Arzneimittelfabrik, D-7302 Ostfildern 1 (Ruit), Germany.

The biological activity has been reported in the results of a large volume of fundamental research in animals, cell cultures and cell-free synthesis systems. In addition, significant results have been obtained demonstrating the efficacy of these preparations in clinical double-blind studies in man and animals.

I have repeatedly observed that the many specialists in internal medicine who have deputised for me in recent years select unsuitable subjects for cytoplasm therapy, in particular patients with organic neurosis, and other psychosomatic cases. Without supportive psychotherapy, these patients do not respond to this form of somatic treatment. Even where the indication is absolutely clear, in geriatric patients for example, the preparations must be selected very carefully. In addition, the physician must take the trouble to record meticulously all the symptoms present at the beginning of treatment, because some elderly patients do not always register the fact that their symptoms have almost completely disappeared. It is not at all unusual for patients to express surprise when asked about symptoms they had reported previously. Those around the patient are more aware of improvements. A rather extreme example of this is that of a 74-year-old woman who had been given cytoplasm for a certain indication, and had not noticed that at the same time the persistent tinnitus she had suffered for 15 years had also disappeared during the course of treatment. This failure to register recovery is not only observed in old patients, but also in those who have not yet reached retirement age.

The best results are usually achieved in patients with cerebral and peripheral disorders and static complaints. I have also had very good results in coronary insufficiency, particularly using Myocardium Dilutions and Geriatric Combination No. 64, even in patients who had already been treated with other recognised agents without success.

As a rule, I myself also tend to commence with "textbook" medicine before moving to cytoplasm therapy. In severe circulatory disorders,

both cerebral and anginal, the results obtained with Dry Substance are more impressive than those obtained with Dilutions. Geriatric medicine is generally the domain of the Dry Substances, in other words, higher concentrations of the organ substances are used. The Dilutions are only indicated in inflammatory, infectious and allergic conditions, and for long-term substitution therapy. Even severe coronary sclerosis and infarction respond well to Dry Substances. In cases of recent infarction, however, I do not commence this form of therapy for at least 6 weeks, but Dilutions can be given immediately for desensitisation.

Over the past 10 years I have only observed one case of itching, uneasiness and weakness, in an allergic patient with hayfever. The symptoms commenced 20 minutes after the injection of Dry Substance No. 64B (combination preparation). Injection of Urbason® 2) brought immediate relief. The manufacturer includes allergic patients in his list of indications.

The best results I have had with Dry Substance in geriatric patients have been with Nos. 64R and 64B. These are combination preparations containing total foetus, thymus, diencephalon and cerebral cortex, thyroid,amnion, gonads, adrenals, connective tissue, heart, kidney, aorta, liver, spleen and gastro-intestinal mucosa in varying concentrations, plus the maternal part of the placenta (decidua) in No. 64R for hypertension, and the foetal part of the placenta in No. 64B for hypotension. A single injection cures all the patient's symptoms for up to 2 years. Other patients, particularly those with allergic disorders and visual disturbance, frequently require injections every 4 - 6 months at first. I have been very impressed by the success in patients aged over 90, whom I have treated with dilutions in long-term substitution therapy.

2) Manufacturer: Hoechst AG, D-6230 Frankfurt (Main), Germany.

Results classified as "very good" meant that all symptoms had disappeared for at least 6 months, and usually longer. "Good" meant that more than half the symptoms had been cured. The patients treated were aged between 55 and 90.

The greater part of the geriatric patients had the following symptoms, listed in order of frequency: loss of performance, vertigo, pressure in the head, memory disorders, depression, circulatory impairment in the legs, trembling, angina pectoris, apathy, stiffness. In 1977 I treated 33 geriatric patients, and obtained very good results in 29, and good results in 2. There were good results in 3 patients with coronary sclerosis and angina pectoris. They were treated with Dilutions and Dry Substance No. 6 (myocardium), and Combination Preparation No. 64 and No. 70 (decidua = maternal part of bovine placenta), and No. 36 (diencephalon).

The following are descriptions of some particularly impressive results:

Dysbasia intermittens in a 62-year-old specialist in internal medicine. Following a curtailed course of therapy along the lines recommended by the manufacturer, his walking distance increased from 250 metres to 700 metres. After 8 weeks he was symptom-free and his walking distance was no longer inhibited.

An 80-year-old small-holder with impaired arterial circulation in the legs. He came to me 3 years before this treatment commenced, with moist gangrene of the toes of the right foot. A large hospital declined to carry out vascular surgery or amputation. Regular six-monthly administration of Dry Substance No. 64R markedly improved the circulation, and the gangrene healed. He walks normally and has so far suffered no relapses.

Cerebrovascular impairment in an 80-year-old farmer. He suddenly

experienced very severe vertigo, angina and circulatory impairment in the left foot. He was confined to bed, and could not even turn his head. Drugs in common use were given without success. On 22.1.76 he was given Dry Substance No. 64R. After 10 days all symptoms gradually began to improve, and after 3 weeks he had no more symptoms and was able to work on his farm. Six months later he received the second injection of Dry Substance No. 64R, and has now been well for over a year, working as far as his age permits.

A 71-year-old farmer was first given Dry Substance 64R and Dry Substance from total placenta on 12.6.75, for persistent headache in the frontal and sinciput regions, with severe vertigo, angina and dysbasia intermittens in the left leg. On 24.7.75 all symptoms had largely been abolished. The patient felt completely fit and went back to working on his farm within his capabilities. He received 6-monthly injections of Dry Substance 64R, and later Dry Substance 15 was replaced by Dry Substance No. 6 (myocardium). The patient remains symptom-free, and works as far as his age permits. In his case too, the improvement of symptoms came in the following order: vertigo, then 4 - 6 weeks later angina and dysbasia intermittens. Five other similar cases have been treated with Dry Substances 64R, 15 and 6.

Angina pectoris in a 75-year-old female patient. Following a severe nocturnal attack resembling infarction, we administered Dilutions 6 + 64, 6 + 69 (69 = combination for vegetative dystonia, containing diencephalon, cerebellum, cerebral cortex, foetal brain, spinal medulla, liver, pancreas, mixed mucosae, spleen, thyroid, placenta, young thymus), and Dry Substances 64B and 70, after which the anginal pain lessened. Five weeks after the end of treatment, she was symptom-free. She is now treated regularly at 6-monthly intervals with Dry Substances 64B and 6, and feels fit. She has no more circulatory symptoms.

Severe angina pectoris following extensive infarction of the anterior wall in a 56-year-old man. In February 1975 he suffered severe, extensive anterior wall infarction. He was treated in hospital for several weeks, but his ECG did not change, and he was still in considerable pain on discharge. Although he continued medication he suffered severe angina pectoris attacks almost every night and 2 or 3 times a day. Four weeks after discharge he was given two courses of Dilution 6 + 64 and one course of 6 + 70 (5 injections each). The nocturnal angina ceased and the daytime attacks lessened, but he was still not fit. On 6.7.76 he was given Dry Substance (DS) 64R, after which his overall condition improved and angina attacks became less frequent. Instead of 30 capsules of Nitrolingual[R] [3)] per week, he only needed 7. On 28.10.75, DS 6 + 15 was tried, bringing rapid improvement. He only experienced 2 attacks of angina pectoris in 3 weeks. On 23.2.76, DS 64R, then no attacks until 9.4.76. He was given DS 64R again on 2.7.76, and now receives this at 6-monthly intervals. He is fit and symptom-free. The last check-up was at the end of March 1978. The ECG had still not improved. Two similar cases with a bad prognosis and good recovery are known to me.

Visual disorders in a 72-year-old patient. Severe degeneration of the macula in both eyes had been diagnosed by an ophthalmologist 3 years previously, and vision loss was almost total. Also prostate condition, cardiac impairment (myocardial defect in ECG), and memory disorder. The patient was first treated with DS 64R and DS 20 (adrenal) on 12.2.76. There was improvement in the vision in the left eye, and the cardiac symptoms also improved. At the patient's request, another injection was given on 26.3.76, this time DS 52 (combination of retina, choroid and optic nerve), and DS 70. There followed further minor improvement of all symptoms. There was subsequently some lessening of the therapeutic success due to influenza. 26.8.76 : DS 64R + 70.

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3) Manufacturer: G. Pohl-Boskamp, D-2214 Hohenlockstedt/Holst., Germany.

The patient felt very fit generally, and all symptoms were gone, with the exception of the vision disorder, which did however improve. 21.10.76 : DS 64R and 20, at which point the patient's sight further improved, as his ophthalmologist also confirmed. He was now able to read newspaper headlines again. 20.12.76 : DS 64R and 6, continued improvement. 29.1.77 : DS 64R and 70, plus CONJUNCTISAN A^{R} Eyedrops[4]. 17.3.77 : constant improvement; DS 64R and 70. On 14.4.77 the patient reported improved vision and general condition. The next injection (DS 64R and 70) was given on 12.5.77, when the patient's condition was the same. At this consultation the patient revealed that his GP, also a specialist in internal medicine, had told him that his ECG was normal for the first time in years. Further injections of DS 64R + 70 were given on 14.6.77, 21.10.77, 19.1.78 and 20.3.78. It can be stated in brief that a patient who was almost blind was able not simply to maintain his vision, but to improve it continuously as a result of treatment with Dry Substances and later also with CONJUNCTISAN A^{R} Eyedrops. The improvement has remained steady until the present day, in other words, for over 2 years. In this case, only Dry Substances were given, at intervals largely determined by the patient, since he checked his vision every day, and at the slightest sign of regression he presented himself for further treatment. In the course of therapy it was found that the best combination for this patient was DS 64R and 70. CONJUCTISAN A^{R} Eyedrops brought further slight improvement in sight. An additional success was normalisation of the ECG, which had been pathological for many years. Parallel to this, the patient's subjective cardiac symptoms also improved. The patient is still in treatment.

Vision disorders in a 62-year-old woman, diagnosed by ophthalmologists as bilateral exudative macular dystrophy. Several ophthalmologists had told the patient that her vision could not be expected to improve. Treatment of this patient was approached as with the case described

[4] Manufacturer: vitOrgan Arzneimittel, D-7302 Ostfildern 1, Germany.

above, in that the patient reported for a new injection of Dry Substance as soon as she noticed a deterioration in vision. It should be mentioned that 15 Dilutions were given according to the manufacturer's recommendations in October 1976, but failed to produce any additional improvement. Treatment commenced on 18.11.74 with DS 60 (combination of corpus luteum, young male gonads, adrenals, liver, spleen, pancreas, mammary gland, parathyroid) and DS 52. The patient's general condition improved, and so did her sight after 5 weeks. She was initially only able to read writing on the television screen if she stood directly in front of it, and later was able to read such writing from about 6 metres. She received the following treatment with Dry Substances: 18.11.74 : DS 60 + DS 52; 9.10.75 : DS 4 (connective tissue) + DS 15; 30.10.75 : DS 60 + DS 52; 31.1.76 : DS 60 + DS 52; 19.7.76 : DS 60 + DS 52; 1.10.76 : DS 64R; 15.1.77 : DS 64R; 9.4.77 : DS 64R + DS 70; 1.7.77 : DS 64R + DS 15; 28.9.77 : DS 64R + DS 70; 23.11.77 : DS 64R + DS 70; 30.12.77 : DS 64R + DS 70. Improvements are maintained for an average of 3 months. The first improvement was not observed for 5 weeks, but subsequently became apparent after only 10 - 12 days. The best combination for this patient was DS 64R + DS 70, although the first marked improvement was observed after DS 60 + DS 52. In summary it remains to be stated that a marked improvement in vision occurred contrary to ophthalmological prognosis, and has been maintained by the necessary therapy since 18.11.74, a period of more than 3 years. The patient is still receiving treatment.

Vision disorders in a 70-year-old woman. She was first treated for general weakness on 26.6.75, when DS 64R and DS 15 were given. The treatment was successful, and was repeated at 6-monthly intervals. DS 64R was replaced by DS 6 on 24.2.77. This patient had initially made no mention of her vision disturbance, and on 21.7.77 she informed me spontaneously that her ophthalmologist had determined a 30% improvement in vision only a few days previously. The patient

stated that the ophthalmologist had diagnosed circulatory impaiment of the eyes.

A 68-year-old female patient asked for treatment of her severely impaired vision, which she had had for the past 18 months. The condition was said to be cataract or possibly retinopathy. She had to use a powerful magnifying glass to read. I treated her with injections of DS 40 (lens), DS 52 (as above) and DS 58 (foetal eye). Eight days later the patient was able to read the price indicators in the shops, and small writing on the television. Eleven weeks after the injections the patient's husband informed me that the improvement in vision had been maintained. Treatment with CONJUNCTISAN A^{R} Eyedrops continues.

Severe auditory impairment in an 83-year-old female patient. At her request I treated her with DS 64R + 15 in April 1974. After 10 days her hearing had improved considerably; she could understand careless speech again, and heard the doorbell and alarm clock. This amazing improvement in hearing has been maintained.

Hypotension and tendency to frequent fainting, vertigo, breathlessness, circulatory impairment in arms, and symptoms of general exhaustion in a 67-year-old female patient. Dry Substances 64B, 60 and 15 were administered on 2.8.76 and at 6-monthly intervals. Complete recovery from all symptoms until the present time. Blood pressure 135/80 mmHg.

Migraine since childhood in a 67-year-old female patient. About 3 years ago she began to experience cerebrovascular symptoms: vertigo, pain in back of head, fatigue and depression (mainly in the mornings). A tendency to palpitations, vision impairment (glaucoma). On 31.3.75 she received DS 64B. After 3 weeks, all symptoms had improved or disappeared. Regular injection of DS 64B maintains the improvement. The glaucomatous impairment of vision is also no longer evident.

Recent measurements of intraocular pressure have apparently all been normal. I also consider that the disappearance of the patient's migraine and quite marked endogenous depression is worthy of note.

Insomnia in a 42-year-old teacher. Dry Substance 64R temporarily improved his sleep, and considerably improved his physical condition. As he had to take 15 mg of Valium^{R}[5] each night in order to sleep, he was given DS 23 (epiphysis) on 30.12. By the third day his insomnia had gone, he became tired at normal times, and now has uninterrupted sleep at night. His last consultation was in March 1978.

Agoraphobia, angina pectoris and exhaustion in a 63-year-old woman. She was treated with DS 64B + 6 on 6.10.75. After 3 weeks, not only had her cardiac symptoms disappeared, but also the agoraphobia, from which she had suffered for years. It did not recur during the period of observation until March 1976.

Bronchial asthma in a 52-year-old female patient whom I had treated in my practice for 20 years without success. Visits to special sanitoria and hospitalisation had also been unsuccessful. One desensitisation (CS)[6] abolished all the patient's symptoms, and she was completely fit. This treatment was given in the spring of 1974, and there has so far been no relapse.

80-year-old female patient who had undergone surgery for inguinal hernia. Psychological decompensation, completely confused state, temporal and geographical disorientation, lack of energy, and severe bilateral periarthritis for 4 weeks after the operation, at which time I commenced treatment. Injection of DS 64R + 43 (articular capsule cartilage, synovial fluid). After 3 weeks the patient was

5) Manufacturer: Hoffmann-La Roche AG, D-7889 Grenzach-Wyhlen, Germany.

6) CS = Theurer's countersensitisation = modification of autohaemotherapy, involving addition of REVITORGAN SERUM ACTIVATOR.

fully recompensated and able to keep house for herself as she had before. There was no regression in her condition during the follow-up period until October 1975.

A 54-year-old female patient with severe biliary cirrhosis of the liver and intrahepatic pericholangitis, cholangiohepatitis and cholangiogenic periportal fibrosis. She had been unable to work for several years, was confined to bed, and no clinical therapeutic success had been achieved. In early summer 1969 I took on this patient, who was in a desperate state, having been in hospital care for 16 months. Immediately prior to commencement of treatment in my practice, the University Hospital in Giessen had defined her as a "hopeless case", and had informed her husband that she probably had 3 months to live. I immediately administered Dilution No. 65 (combination of foetal thymus, adrenals, parathyroid, liver, kidney, pancreas, spleen, foetal vessels, umbilical cord, pituitary, diencephalon, foetal membrane, skin, bone marrow) in a mixing syringe with Dilution No. 23 (epiphysis), alternating this with a mixing syringe containing Dilutions 26 (liver) and 14 (pancreas), and a mixture of Combination Preparations 61 (liver, pancreas, thymus, gall-bladder, spleen, kidney, heart, amnion, aorta, intestinal mucosa, adrenals, thyroid, diencephalon, testes) and 68 (foetal thymus, pituitary, diencephalon, spinal medulla, adrenals, young male gonads, liver, pancreas, muscle, foetal joints, foetal vertebral column, kidney, placenta, nucleus pulposus). Initially I administered these 3 times a week, then twice a week. This has continued until the present time in 1978. Soon after treatment started, after the fifth injection, Mrs. K. was able to get up, and now runs her own household without outside help. She can take a limited amount of strain. A relapse with ascites was reversed by additional administration of Dilution No 25 (parathyroid) and reduced intervals between injections. The patient does not tolerate Dry Substances. The clinical findings and the highly pathological condition of the liver have not improved significantly throughout treatment, but the patient still reports that she feels well.

References can be obtained from the author.

Author's address: Dr. Richard Weber, Specialist in Internal Medicine, Mohrhoffstrasse 2, D-2812 Hoya /Weser, Germany.