



# Therapy Without Surgery and Without Hormones? In Some Instances With Refertilization

by P.-H. Volkmann

## Definition:

Benign growth of the womb's endometrium cells outside the endometrium layer, ie, the womb's inner layer. We describe this as a so-called ectopia of mucous membrane cells.

Such cell conglomerations occur in the uterine wall, in the Fallopian tube, in the Douglas' space, on the ovaries and also in the free abdomen. With approximately a 5% frequency, they may also collect in the bladder, the lungs, or other body tissue.

The growth of these cells is hormone-dependent and, therefore, occurs only once women have reached sexual maturity. Endometriosis is accompanied by severe pain before and during menstruation. Due to the therapy-resistant pain, women often become depressive during the course of the illness. Fertility is reduced in the event of the usually present accompanying hormonal regulation disorders. Long-term organic pregnancy impediments are not that common.

## Conventional medicine therapy:

The discourse on the increase of endometriosis illnesses has, at times, been conducted in a controversial fashion since, prior to the development of endoscopic procedures, such a diagnosis was difficult to reach.

During the '80s and unfortunately this can still be observed today women were often discriminated against as malingerers, as women with psychiatric disorders or relationship conflicts.

Multiple surgery and even the total extirpation in the case of young women was the iatrogenic reaction to therapeutic helplessness. Another step was the Winobanin therapy by which women were forced into premature menopause suffering many side-effects, but often hardly improving their pain symptoms at all.

Nowadays, and in addition to the above surgery, the therapeutic scene is set by hormonal therapies with so-called GnRH analogues in the form of injections with retarded hormones such as Zoladex or by oral substances such as Winobanin, Orgametril, or Clinofem.

Repeated pelvoscopic or laparotomic operations with the aim of eliminating the bleeding foci sometimes including extirpation of one or both ovaries and, at times, of the uterus even for young women are to this day still considered "state of the art"!

My patient with the earliest total extirpation was, at the time of her operation seven years ago, a mere 22 years old! This childless woman had any chance for motherhood and a family iatrogenically and irrevocably destroyed at such a young age.

Where children are wanted, diagnosed infertility is treated with varying success both hormonally and by a number of surgical procedures.

**Known general therapeutic side-effects:**

Hormone therapies display a wide range of side-effects such as edema, obesity, loss of libido, depressive moods, insomnia, nausea, vertigo, pruritus, eczema, chest pain, muscle aches, blood pressure crises, metabolic disorders, seborrhea, hirsutism, thrombocytopenia, liver function disorders, transaminases increase, thromboembolism, muscle cramps, alopecia, and deepening of the voice.

Often, no reduction of the pain, which is at the foreground of the endometriosis illness, is achieved despite the above maximum therapies. Pain killers of the NSAID type or similar are frequently continued to be used?and even that often only with a limited success rate.

The effects for planning a family are often poor even for women who did not have total surgery since no pregnancy is possible owing to the hormones applied. In the event of a break in treatment in order to try for a child, the hormone therapies commenced for refertilization more often than not are crowned with detrimental side-effects rather than success. Pain symptoms frequently re-occur even more severely.

**Regulative correlation of the cycle:**

A regular cycle is controlled hormonally by epiphysis, pituitary gland, thyroid gland, ovaries, and uterus, and possibly also by interaction with the adrenal body, thymus, and pancreas. The overall regulation of the healthy female cycle has as yet not been completely clarified scientifically.

We have known from times immemorial that the female cycle is linked to the phases of the moon. The moon's orbiting time has not changed in living memory and is still exactly 28 days.

Accordingly, until about 30 years ago, a female cycle was considered normal where it occurred regularly every 28 days (always on the same day of the week!) plus or minus one day?a period!

All other dates were more or less pathological and even in those days options for this being influenced by conventional medicine were limited. This might explain the unresisting adaptation of the gynecologists' statements to existing facts where the 'normal' cycle period is concerned.

Nowadays, the female cycle is considered 'normal' as long as it lies somewhere between 21 and 39 days and occurs 'regularly'.

**Empirical-medical development:**

In view of the complex hormonal regulatory correlation inside the body, the susceptibility to dysfunction imposed on the systems by chemical substances that are hormone-effective or similarly foreign is easily understood.

From my own practice experience I noticed in the past mostly by chance that women with severe dysmenorrhea regularly experienced significant improvements for their period pain when receiving holistic treatment for additional conditions such as neurodermatitis, spinal syndrome, or hand-shoulder syndrome.

The same applied to couples who came to my practice to receive naturopathy treatment for their wish to have a child: once we had stabilized the hormonal regulation, period pains that had often not even been mentioned suddenly disappeared. These ladies had not mentioned them in their medical history because nowadays painful periods are obviously considered just as normal as pronounced cycle times deviations.

A 14-year-old who I had treated already for some time even discussed the event of her menarche with me since she knew better than parents or doctor that she had not really had her first period. In response to my perplexed enquiry as to what else her undoubted vaginal bleeding might have been then, she replied brashly: "That was no period! Don't you think I will know when I have my first period? I had no pain at all?and periods always hurt badly. Everybody in my class told me so!"

## **General naturopathy rehabilitation steps:**

For the above treatments, I had regularly worked in accordance with the following therapeutic program that resulted from my applied kinesiology (AK) patient examinations:

- At first, an intestinal rehabilitation of candidiasis and, where applicable, of pathogens such as ameba, giardia, etc. Remedies used at the time were mainly Nystatin, Sempera, and partly eg, Metronidazol. Fungal therapy was always performed under a sugar-free diet including advice of healthy natural foods. The necessity for fungus treatment was emphasized strongly by also pointing out the potential development of resistance that is amply known from the US.  
The fungal or antibiotic therapy is concluded by symbiosis guidance with probiotica such as 3-SymBiose in the first step of the first month and in the second month with 3-SymBiose plus? together with black currant oil and magnesium-calcium.
- In parallel to the intestinal rehabilitation, I carried out a comprehensive hypoallergenic orthomolecular therapy (HOT) using minerals, trace elements, vitamins, and unsaturated fatty acids in accordance with AK test results. In the process, great emphasis was given to pure substances without chemical additives such as magnesium stearate, colorings, flavorings, preservatives, etc. For myself as well, the main source of such preparations at the time were American imports that have a somewhat dubious legal status, however, owing to their medicinal properties without approval for Germany.
- Concluding the treatment, we took a close look, by way of AK, at daily nutrition in such a manner that patients turned up to the appointment with a bag full of their own foodstuffs in small, ready-to-eat portions. The samples were to be brought in greaseproof paper or things such as liquids in small jars. I have always discouraged plastics for wrapping purposes owing to the danger of contamination posed by neurotoxic softening agents.
- Once a nutritional change to natural healthy foods, or at least to food low in additives, had been achieved, this was followed, depending on case and reason for the treatment, by an AK examination and therapy of the hormonal glands?tested at the chakras?with further HOT substances as well as phytopharmaceuticals and, where applicable, homeopathic preparations.
- On occasion and in conclusion, a neural therapy of scars and other interference fields, a bio-resonancy, a homeopathic potent autohemic treatment in special meridian points (PEB), an ear acupuncture, or an AK-tested occlusal splint for bite correction of the mandibular joint.

## **Current treatment of hormonal disorders, eg, endometriosis:**

The above experiences as well as the inclusion of manual procedures such as osteopathy techniques and acupressure treatment in conjunction with changing the HOT to German resources have meanwhile resulted in the following generally satisfactory procedure.

(The food supplements used are produced by the German hypo-A company that I have set up myself for the optimization of my therapies. Hypo-A processes only pure raw materials that I have preselected bioenergetically with AK to produce hypoallergenic capsules without any additives whatsoever.)

1. Change to natural ecological fresh foods while strictly avoiding additives of all kinds. Even so-called natural additives are chemical noxious substances, which, on occasion, can cause intolerance reactions. Foodstuffs labeled as 'free of any declarable additives' are also on the list of foods that cannot be recommended since they do, after all, still contain additives of undefined type and quantity. In conjunction with other substances, they may have a negative influence on the body's ability to regulate itself.

2. Intestinal rehabilitation using a newly developed HOT combination preparation (hypo–A 3-SymBiose) with three different approaches:
  - The living cultures *Lactobacillus acidophilus* and *Bifidobacterium lactis* improve the symbiosis of the small intestine. As metabolic waste products, they produce among others antibiotically effective substances such as lactocidin, acidolin, etc. as well as fatty acids as further mucous membrane protection. These excreta inhibit growth of, for example, *Klebsiella*, *Salmonella*, streptococci, pathogenic coliform bacteria, or *Candida* species. Multiplying of the symbionts supplied is assured by the crude fiber inulin, which is indigestible for humans.
  - The combined B 12 vitamins, folic acid, and vitamin D 3 improve the barrier function of the intestinal mucous membranes and support proper digestion and absorption as well as detoxification of the liver.
  - Zinc as an essential trace element is part of more than 200 enzyme and hormone systems in the body and has, in combination with the silica used, among others a surface-stabilizing effect. In addition, silica aids detoxification of the enterohepatic circulation through absorption and export of free bile acids via the straight intestine.
3. Extensive HOT with pure trace elements, minerals, vitamins, fatty acids, etc, for a period of about 4–6 months or until pregnancy where so desired.
4. Consistent rehabilitation of scars and interference fields, near-complete elimination of contaminating material from the teeth, eg, piercing from the body and, as far as possible, exclusion of noxious substances from the living environment.
5. Following successful treatment, testing for residual nutritional intolerance such as wheat, milk, nuts, etc, accompanied by strict avoidance of harmful substances.
6. Where applicable acupuncture, phytotherapy, homeopathy, heavy metal extraction, osteopathy, autohemotherapy, etc.

**Table of outcomes for some cases of endometriosis and, in some instances, a desire to have children**

patient	age	Endo- metriosis	desire to have children	number of oper- ations	total oper- ations	Second- ary amenorrh ea	Hor- mones	outcome following holistic naturopathy treatment
1	28	+	-	3	-	+ ia h	+ <sub>-</sub>	free of pain after 4 months
2	39	(+)	+	1	-	-	+ <sub>-</sub>	pregnant after 9 months
3	42	-	+	1	-	-	+ <sub>-</sub>	pregnant after 5 months
4	33	+	+	2	-	+2 y	+ <sub>-</sub>	pregnant after 7 weeks*
5	28	+	-	2	-	+7y ia h	+ <sub>-</sub>	free of pain after 4 weeks
6	34	(+)	+	-	-	-	+ <sub>-</sub>	pregnant after 7 months"
7	30	+	-	7	+	+8 y ia	+ <sub>-</sub>	condition significantly improved*
8	29	+	+	3	-	-	+ <sub>-</sub>	free of pain after 8 weeks*
9	43	+	-	1	-	+1 y	+ <sub>-</sub>	free of pain after 4 weeks
10	39	(+)	-	-	-	-	+ <sub>-</sub>	free of pain after 9 weeks, pregnant after 7 months

\* patient still being treated      y = years      ia = iatrogenic      h = hormonal      \_ = poorly tolerated

" following partner treatment for ca 50,000 viable sperms, after four months HOT ca 40 million

All the above patients encountered problems with on average three different prescribed hormone therapies and, in some instances, had come into my treatment for specifically that reason. Some of the surgeries had been performed in university clinics.

For the above patients, results stated were in most cases achieved following application of points 1–5 of the above treatment proposal. None of the patients received hormone substitution therapy. With HOT, the amazing reduction in pain symptoms is often already achieved within a few weeks. Patient #5 for example did no longer want injections with Zoladex 10.8 because of the 3-month hormonal blockade and, after only four weeks of HOT treatment, declined the injection that was then due. While on holidays, she had her first menstruation after a few days even though she did not even take the NSAID prescribed by me owing to the symptoms being so insignificant. Patient #10 had come to me for treatment of the dysmenorrhea/questionable endometriosis that had been pre-diagnosed as well as for spinal syndrome with slight lumbar disk prolapse. Under treatment, the prolapse had vanished within four months. Shortly afterwards, the non-intended pregnancy occurred. The healthy and spontaneously delivered child is by now nearly three years old.

During the information session in the course of taking a medical history, I always point out the possibility of an unexpected pregnancy unless contraception is used.

A healthy female body with good regulatory ability? and that is the expressed aim of all our treatment measures? can still become pregnant normally even at 40 years of age.

#### Table of applied procedures / therapeutic aids:

patient	age	HOT	intestinal rehabilitation*	phytotherapy	NMU test	TUW test	living environment rehabilitation	visceral osteopathy	heavy metal extraction	occlusal regulation
1	28	+	+	+	+	-	-	-	-	-
2	39	+	+	+	+	+	+	-	+	-
3	42	+	+	+	+	+	+	+	-	+
4	33	+	+	-	-	-	-	+	-	-
5	28	+	+	-	+	+	-	-	-	-
6	34	+	+	+	+	-	-	+	-	-
7	30	+	+	-	+	-	-	-	-	-
8	29	+	+	-	-	-	-	-	-	-
9	43	+	+	+	-	-	-	+	-	-
10	39	+	+	+	+	+	+	-	+	+

**HOT:** hypoallergenic orthomolecular therapy

\* previously Nystatin and diet, since 2000 3-SymBiose phytotherapy eg, with Phyto-Hypophyson C, L or Phytocortal, etc.

**NMU test:** nutritional intolerance test

**TUW test:** toxic environment test

**bite regulation** as per AK diagnostics with tested occlusal splint

## Common causes for increases in hormonal disorders

In my opinion, the additives that are so widely used in foods today and that amount to more than 20 kg of pure chemicals per person annually are the central disruptive factor for regulatory ability. The allergy survey conducted in Leuna-Bitterfeld might be drawn upon as proof of the "improved" living conditions resulting from Western food chemistry.

Antibiotics as triggers for chronic dysbioses and candidoses of the bowel together with the development of nutritional intolerance? which are possibly triggered in the same way? are further significant causes of hormonal disorders.

From pharmacology we know the justified reservations against an application of more than three active substances per patient and day. There is a fear of unknown and potentially dangerous pharmacological interactions in the body.

Nonetheless, many hospitals demonstrate to us time and again that even 15 different medications, some of them taken several times a day, are meant to be beneficial!

The interactions for more than 100 different chemical additives per day, which are hidden in fast foods, bread, cold meats, cheese, beer, wine, chips, take-away pizza, sweets, etc, to name but a few, could certainly not be assessed as to the long-term and multiple effects they are having. And medications add even more to that! And who has ever gone to the trouble of scientifically examining the government-approved chemical bomb 'Old Gouda' (this is a cheese that is artificially/chemically aged) when it is heated to find out about carcinogenic or hormonal activity or hormonal inhibition and allergenic characteristics?

## Summary

In summary it must be said that hormonal regulation disorders from dysmenorrhea through PMT and endometriosis to male and female infertility can be treated very well by naturopathy methods? without any side effects and at very little expense.

In addition to a healthy natural nutrition, therapeutic success is based on the above procedures of which, besides the rehabilitation of the bowel, HÖT is certainly the most important foundation. The main advantage of the above course of action lies in the improvement of the patient's basic regulation. Health and well-being is assured even in those areas to which we as therapists have no direct therapeutic access. Adjuvant procedures such as acupuncture, traditional homeopathy, chiropractic, or osteopathy work more quickly, more effectively, and with more improved long-term results than without the above basic therapy.

Pregnancy as the female body's regulative hormonal peak performance becomes the touchstone of the physician's skill. The patients' awareness of the necessity for a healthy food intake and life-style, of behavioral changes where required, of modifications to the living environment where it is polluted by toxic substances, etc, leads to an overall positive attitude to one's own health and the health of the desired child.

For parents who have prepared themselves in such a way, a child is not an 'entitlement at health insurance expense', but a gift from the heavens? and is perceived as such. In the months prior to conception, the partners adjust to this child through their own actively healthy behavior.

They experience development and birth far more intensely as reward for their own consideration, effort, and input. A birth usually free of complications is the first compensation for their labor. The greatest thing, however, is the fact that after such action a newborn finds its way into a far more healthy living environment since this health has been achieved through conscientious effort? at optimum health already prior to birth through the mother's HÖT and thereby perfectly prepared for adversity in our often turbulent world.

**Table HOT regimen hormonal regulation disorders**

<b>preparation:</b>	<i>week</i>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>hypo - A salmon oil</b>	3x2	3x3	3x3	3x3	-	3x2	-	3x3	-	3x1
<b>hypo - A trace elements</b>	3x2	3x2	-	-	-	-	-	1-2	3x1	1-2
<b>hypo - A magnesium calcium (3-5 months!)</b>	3x1 2an.									
<b>hypo - A 3-SymBiose</b>	-	-	3x1	3x1	3x1	3x1	2x1	-	-	-
<b>hypo - A evening primrose oil</b>	-	-	-	-	3x2	-	3x3	-	3x1	-

<b>preparation:</b>	<i>week</i>									
	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
<b>hypo - A Nigella</b>	3x2	3x1	continue oils in daily alternation							
<b>hypo - A vitamin B-complex plus</b>	3x2	3x2	3x1	1-2	1-2	intermittently				1-2
<b>hypo - A vitamin A and E</b>	intermittently			3x2	3x2	1-2	1-2	1-2	1-2	-
<b>hypo - A Q 10 vitamin C</b>	1-3	1-3	1-3	-	-	3x3	3x3	1-3	1-3	1-3
<b>hypo - A 3-SymBiose</b>	-	-	-	-	3x1	3x1	3x1	2x1	2x1	2x1

*Regular healthy nutrition without additives is the fundamental prerequisite for the success of this treatment!*

### **Table interpretation of example food additives with E-numbers**

The tables below reveal the dysfunction potential of common food additive. To date, the tables could be expanded to about 5000 different substances with some of them having the potential for altering the genetic make-up and causing cancer. All the chemicals below have been permitted in the European Union to be processed in foodstuffs and medications for human consumption! All of them interfere to various degrees with natural regulation mechanisms in the body, intestines and hormonal systems! Certainly, none of them has been examined for heating! Intake of chemicals: >20 kg/person/year.

**Colorings**

<b>102</b>	tartrazine	yellow	synthetic, allergy-inducing, suspected liver toxicity
<b>104</b>	quinoline yellow	yellow	synthetic, allergy-inducing
<b>110</b>	orange yellow S	orange	synthetic, allergy-inducing
<b>122</b>	azorubine	red	synthetic, allergy-inducing
<b>123</b>	amaranth	red	synthetic, allergy-inducing, prohibited in the US since 1976
<b>124</b>	cochineal red A	red	synthetic, allergy-inducing
<b>127</b>	erythrosine	red	synthetic, allergy-inducing
<b>161g</b>	canthaxanthin	orange-red	synthetic, advise against consumption, suspected liver toxicity

**Preservatives**

<b>210</b>	benzoic acid compounds		synthetic, allergy-inducing, eg, asthma, urticaria, reflux, liver toxicity when taken with artificial colorings, at higher doses dogs suffer epileptic fits Case: epileptic fit after children's birthday party (ref???)
<b>211</b>	sodium benzoate		
<b>212</b>	potassium benzoate		
<b>213</b>	calcium benzoate		
<b>239</b>	hexamethylene tetramine		synthetic, advise against frequent consumption, allergy-inducing
<b>249-250</b>	potassium, sodium nitrite		synthetic, formation of nitrous amines, increased risk of cancer, especially where the food has been heated
<b>251-252</b>	sodium, potassium nitrate		
<b>280-283</b>	propionic acid - propionate		synthetic, advise against consumption, causes stomach cancer

**Antioxidants**

<b>310-311-312</b>	gallates - propyle, octyl dodecyl		synthetic, allergy-inducing
<b>320</b>	butylated hydroxyanisole (BHA)		synthetic, build-up in the body, intolerance reactions, or allergies possible, enlarged liver
<b>321</b>	butylated hydroxytoluene (BHT)		synthetic, intolerance reactions or allergies possible, toxic for skin, mucous membranes, and liver, carcinogenic

**Various additives not allocated to certain groups**

<b>572</b>	magnesium stearin (filler substance for tablets and capsules)		lubricant for pelleter, indigestible waxy soap with melting point at ca. 150 C, inhibits release of pharmacologically active substances, promotes intestinal dysbioses
<b>620-625</b>	glutamic acids		flavor enhancer, in precooked meals, allergy-inducing (may cause nausea, circulation disorders, urticaria, head and stomach aches: Chinese restaurant syndrome!)
<b>621</b>	sodium glutamate		
<b>625</b>	magnesium glutamate		
<b>951</b>	aspartame		sweetener synthetic, allergy-inducing
<b>952</b>	cyclamic acid		sweetener synthetic, advise against consumption, prohibited in US
<b>953</b>	isomalt		sweetener synthetic, advise against consumption over 20 mg
<b>954</b>	saccharin		sweetener synthetic, advise against frequent consumption

## \* REFERENCES

Leuna-Bitterfeld allergy survey:

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<http://www.clinnephrol.com/dustri/42allergologie/42all0205.htm>

<http://www.greenpeace-regensburg.de/home/themen/chemie/phtalate/phtalate.html>

Food additive Tables:

<http://www.minutella.ch/e/index.htm>

<http://mars.planet.co.at/animals/schutz/enummern.htm>

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<http://lifeline.msn.de/cda/page/center/0,2833,8-3988,00.html>

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Author contact:

Peter-Hansen Volkmann

23569 Lübeck Hauptstraße 53

Tel: 0451-302310

Fax: 0451- 304179

[www.naturheilkunde-volkmann.de](http://www.naturheilkunde-volkmann.de)