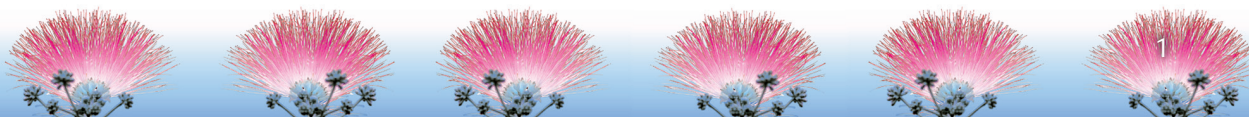


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## ABOUT THIS SERIES

The theme of “Organ-Conflict-Cure” is the synthesis of my holistic approach to a way of thinking and providing treatment. The great popularity of this topic, which I have experienced at my seminars and in the response to these books, shows how many competent therapists value the broad scope in the consideration of an organ system. They have wholeheartedly responded to my spark of enthusiasm for the physiology, the emotional/mental/spiritual themes behind organ manifestations and the possibilities for creative solutions. This tears down the unnecessary walls of separation that have been established in the therapy scene. Whether the various perspectives in homeopathy, cooperation between the diverse types of therapy or the physiological laws of the organism: I wanted to connect all of this into a conciliatory collaboration – and this has succeeded. My courses are therefore permeated with the joy of mutual competence, humour and creativity in approaching chronic illnesses. Once the paralysing fear of our age’s increasingly destructive diseases have given way to the free spirit of the healing arts, the joy in our own therapeutic work can blossom.

A holistic treatment concept is geared less towards the methods of healing than towards the self-image of the human being that people carry within themselves. What is the inner support that withstands the storms of life? Am I integrated into the greater whole of nature? Do I trust the wisdom of nature and its reflection in human beings? Am I fond of human beings as my own species with all of their qualities and aberrations? Each of us must answer these questions in life and in the healing profession. My own life experience has taught me to see through the outer appearances to the positive

potential that every person possesses. As a result, I believe that there is the sick person as he or she appears on the outside in front of me and the completely intact, spiritual person who (just like me, just like all of us) is seeking the inner treasure, the oneness, the peace and the light nature – whatever we would like to call IT. Who has not already chosen the path of illness in his or her life in order to understand more of the meaning of life? Who has not already discovered spiritual insights through suffering? Except that these insights are free of religious/philosophical super-structures, professions of faith, commandments and prohibitions. No matter what the process looks like, healing means freedom and ease. When we – as therapists and healers – allow ourselves these qualities, we also accept that other people can become ill, that they sometimes also become very sick or must even be accompanied as they die.

For me, finding the answers to this corresponds with my life path, which means switching from the level of providing therapy to the art of healing. Art is striving for and expressing the highest order. The intention is with the artist and healing artist, but whether it is art is decided by the viewers or the listeners who experience what this art does to them and what they experience as a result. This is more than just a matter of taste! The same applies to the art of healing. What level of healing am I striving for? What is my innermost intention in the art of healing? For me, it is a spiritual task to reach the souls of people. This is why I always animate patients to a creative process of self-expression because this is the nourishment of the soul. It also corresponds with my intention of forging the large bridge from the



material, physiological and pathophysiological level to the spiritual point of view and always including the fine arts in some form that fits the topic.

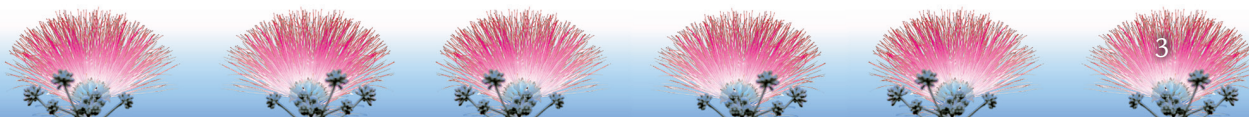
I find it fascinating and inspiring to first look at the potentials that people bring with them, the sources that they can draw upon in order to live and master their lives. It may be that the access to this source has momentarily evaded consciousness due to a crisis or disease. But this source is still there. Even more, the “voice” that we call the Higher Self or the intuition speaks a clear language and makes itself noticed – and this may even be in the form of vehement symptoms of illness and pain. The focus is fixed on the outside towards someone or something and they do not hear the voice of this source at this moment but follow their own path of suffering instead. This is human and we all have already experienced it in various degrees. Someone who has ended up in such a dead-end street should be treated holistically, which to me means seeing more, being able to feel, hear, and looking behind the scenes to perceive: to perceive what qualities, abilities, gifts and talents – in short: positive potentials – does this person have in order to come out of such a dead-end street? This is how the deeper meaning of the illness is revealed to them one day.

In the training for clairvoyants and healers that I have developed and led with Harald Knauss over the past 15 years, we have seen a constant increase in the number of therapists who want to train precisely these abilities. This is more than just the fascination of perceiving considerably more with the inner senses than with the physical senses. Above all, it is wonderful for our own spiritual growth to be able to

see through the disease, suffering and distress to what is healed and whole. These positive forces increase solely by the act of perceiving this level. The success of the therapeutic work is potentiated because we not only see everything that is in a sorry state but also the potentials for once again becoming healed and whole that the patients bring with them. This is how a holistic consciousness emerges, which I call spiritual consciousness because it once again trustingly integrates itself into the greater whole of nature, which is the mirror of the human organism. Going into an apprenticeship with nature means being astonished and modest every day. This is because just as the body heals together with the mind, it overshadows all of the remedies and measures that we have found in the healing arts.

I have discovered some insights as a result of observing these principles over the course of disease and healing:

- The location where a disease manifests itself in the organ system holds a deeper meaning.
- The level of consciousness with the aspect of forming thought patterns is closely associated with emotional and cellular vibrations. This is why a disease physically manifests at precisely the point that has an optimal correspondence of energy and matter.
- In a state of health, all organ systems resonate harmoniously as in a piece of music because they form synergies and follow harmonic laws.
- The cell clusters that belong to an organ also have a “voice” of their own – their





## ABOUT THIS SERIES

own frequency, motility or rhythm – as in a polyphonic piece of music.

- The shared identity of the natural cellular frequency (organ), emotion and thought pattern form a human theme or potential. This can be transformed into a conflict or a solution; it can heal or sicken you.
- The location of the conflict is precisely where the solution can also be found. Translating this into reality is the actual healing process. Consequently, it is not enough to be aware of a solution in theory; it must also be experienced and lived through to become real.
- The organism has extremely intelligent self-regulation mechanisms. They make attempts at healing that I call biological solutions. However, a biological solution does not yet mean healing. Only an intelligent solution that is performed by the entire consciousness results in healing on the mental, emotional and physical level.
- Every chronic illness begins with a harmless human topic, which is usually related to the skin in both the real and the figurative sense. But since it is not resolved on either the mental or the emotional level, it becomes increasingly larger and more intense, gradually sinking into the corresponding cellular manifestation. In this process, the human energy system uses sensible compensation strategies in order to survive.
- As a therapist, I see my mission as setting step-by-step physical, emotional and mental impulses for the journey of healing from the most serious manifestation of disease so that the entire energy system

moves to an increasingly less severe level until the disease leaves it through the skin.

At the beginning of my therapeutic career, these insights led me to the sources of Chinese Medicine with its theory of correspondence – a topic to which I have dedicated some space in each volume as a result. In the course of 4500 years, this ingenious theory of correspondence developed through the increasingly more finely differentiated perspective that an organ system/meridian and an emotional/mental topic form an inextricable unity. Everything that is alive occurs rhythmically and in cycles. These processes are controlled by the polar forces (yin – yang). These insights were acquired without a microscope, ultrasound, brain tomography and the dissection of corpses. Solely by mastering the observation of the Hermetic principle of “As within, so without; as above, so below” and the cross-linking of insights, the Chinese created this natural science that is still relevant to this day. It forms the basis of my homeopathic way of thinking and working since it provides the classification of organ – conflict – solution/cure “at a glance.” The circular consciousness of the theory of correspondence helps me to not fall into the linear thinking of “symptom – remedy – symptom – remedy,” which is unfortunately widespread in the world of homeopathy; instead, it allows me to perceive and treat the various levels of being in the person, as well as the spiritual aspect of his or her organs.

Apart from the Chinese classification of organ – conflict – solution, my work obviously also integrates the current insights of neurophysiology and brain research. Above all, the latter has intensively explored the relationship between the organ and the conflict and continues to do so.





The structure and content of the individual books of this series are designed in such a way that both therapists and laypeople can benefit from them. In terms of their content, they present the following topics:

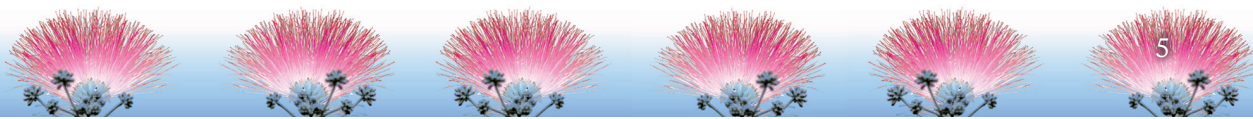
- The organ system from the physiological and spiritual perspective
- The diseases associated with an organ system
- The emotional/mental themes of an organ system
- Organ-related conflicts and their solution
- Miasmatic, organotropic and constitutional homeopathy
- Dietary advice
- Naturopathic therapies

The emphasis of the individual topics may differ greatly, but they always form a versatile, dogma-free, flexible mental “organism” that – I hope – will continue to inspire colleagues with their own ideas and actions. After all, this is the deeper meaning of my teaching activities. Consequently, this does not involve depictions of the organism’s physiology because anyone can read about this in the medical books. My efforts are focused on freeing the organ systems

from objectification and treating them as living beings with characteristics and potentials for conflicts and solutions and placing this in a larger context. In this process, I allow myself the complete freedom of creative perspectives and associations because it preserves my astonishment about the marvel of nature and the spiritual access to the body.

*Of all those that exist and express themselves by behaviour patterns, the human body is the most highly developed organism. It is capable of expressing itself and recognising a truth that extends far beyond the realm of pure sensory perception. Through remembering, imagination and intuition, the human organism can comprehend and understand the laws that are inherent to nature so that these forces, which are generally considered to be mysterious, can work for its benefit, growth and continued spiritual development ... To be precise, the human body is the most perfect instrument for the expression of consciousness.*

Harish Johari,  
Chakras: Energy  
Centres of Transformation





## PREFACE TO THIS VOLUME

Changing from the respiratory system (Volume 4) to the kidney functional circuit (Volume 5) seems obvious if we briefly visualise the holistic correlation between the two: the newborn takes the first breath of air, entering life's stage and experiencing the associated self-realisation. Breath is life. Breath is being conscious. As soon as we are incarnated in space and time, we live in a "force field" of the present, past and future. In a cyclical consciousness, there is room for the thought or – even better – the experience that even a newborn has a past, which is prenatal. Chinese Medicine associates man the "prenatal creative force" with the kidney energy. Which abilities do human beings bring with them, which gifts, talents and qualities? In short: which potentials do they have for mastering their lives in this incarnation? Like a raw diamond, they are found deep in the subconscious mind. Self-realisation is based upon these potentials. The question is just HOW these potentials are used and implemented – which means real-ised. The kidney energy represents the WHAT, the pool of possibilities. This understanding is the basis for Goethe's statement in his *Faust*:

*Acquire what you have inherited from your fathers and make it your possession.*

Expressed in laconic brevity, this insight comes to the point: we come into the world with an invisible rucksack full of potentials. This obviously also contains our predispositions for being ill and healthy. It is "obvious" because an incarnation occurs in the space and time in which the polar and simultaneously cyclical/rhythmic forces of living and dying, growing and decaying have their validity, so every creature can potentially also become Fig. Once we have entered the cycle of existence through

conception, we require a body in order to consciously experience these laws of nature. As the quantum physicist David Pribram so aptly expressed it, we can only experience everything that is part of human being – suffering, joy, happiness, unhappiness, illness, healing and enlightenment, murder and homicide, as well as the creation of art and culture, war and times of peace – in the "unveiled form of existence." As soon as we appear on the Earth, we create our own reality by means of our consciousness. We become what we think, feel and how we act – depending on which of the potential treasures we bring to light and how we realise them. We are integrated into the stream of life, which in turn is embedded in a greater whole, in nature and its laws. There is no god figure with a beard in heaven that angrily looks down upon us, prepared to punish us at any moment because we are supposedly born as sinners. These monotheistic figments of fear are the work of human beings. Because we are incarnated, we participate in the creative force and bring everything into being that corresponds with our respective consciousness – both individually and collectively. When we feel that we are threatened and manipulated by outside forces – which is a shadow theme of the kidney energy – we have allowed this from the highest perspective. During my training in kinesiology, I heard these appropriate words:

*If a vampire visits you,  
it means that you left your window open.*

It is clear that there are supportive and destructive energies in life. Deciding in which energies we invest our creative force is a life-long process of self-realisation. Why we must first experience some of the negative energies in order to learn a positive lesson is incomprehensible for the ego consciousness or the



rational mind. Yet at the end of life, we no longer ask how we have followed the path to becoming conscious of the self and how many apparent detours through disappointment, illness or distress we have chosen. Instead, at the last moment we may learn to be pleased that we have taken our chosen path.

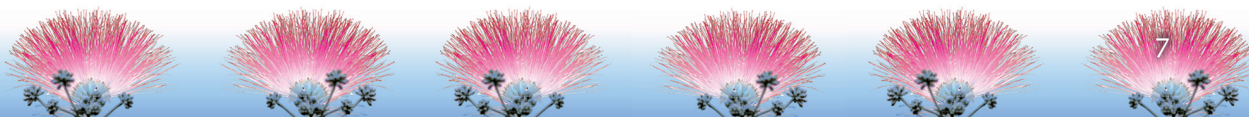
During our life span that starts at birth, the most important task of the kidney energy is to give us a sense of security in being part of the greater whole and stabilising this feeling – in addition to saying “yes” to this life that we have chosen and recognising a deeper sense in it. There is no doubt that this is a big task!

We come into the world and are perfectly equipped for achieving a life that is filled with meaning, happiness and creativity. But each of us is also born with an Achilles’ heel, an innate weakness that makes us vulnerable. It is this “point” that allows death its access, and we are mortal beings for as long as we have a body.

But the cycle of being has more in store than just what we bring with us into life and what we realise and acquire. For each of us there is also the moment of the great letting go, of dying when we (once again) leave what we have borrowed for this lifetime – the body. When we die, we leave behind everything that is a part of earthy life, including illness and a sick, weak or disabled body. This vehicle – the temple in which the consciousness has been able to mature in all degrees – has served its purpose. Now, as Pribram says, the “veiled form of existence” (once again) has its turn. Sometimes we are visible (incarnated), and sometimes we are invisible (excarinated). What remains is I AM. There is an entity of existence that is not born and does not die. This is the life principle that lasts for eternity. We also carry it within us.

The task of the incarnated time on Earth is to experience it consciously. This is why human beings developed consciousness training right from the start.

No organ system goes so intensely to the roots of our being as the kidney functional circuit. Where do we come from? Where are we going? Who are we? These are the questions of meaning that we cannot discuss intellectually but only experience on our own in order to find our own answer to them. The kidney themes are significant, as will be explained in the following sections. The spiritual key functions of the kidneys – maintaining the stasis, security, support and backing, solidity and stability – directly affect our earthly existence. What gives us support and security? What can we depend on? What undermines our security the most? A survey of European cultural history provides the clearest response to these questions for people in the West. The invisible, mysterious, and intangible – the incomprehensible – is what frightens us. This is experienced as a threat. This is why we had the institution of the Inquisition, the countless witch-hunts, the numerous wars and eradication of all those who did not fit into their own limited, dogmatised image of the world from 1231 – 1956 A.D. Fear is the great shadow theme of the kidney functional circuit. The fear of uncertainty also affects our kidneys, just like every instance of uncertainty and disorientation. This is why some people need a cell phone on each ear with which they can tell others at any time where they are at the moment and what trivial things they are doing. The ear is the functional key or opener for the kidney. The consequences of this may be evident by now.



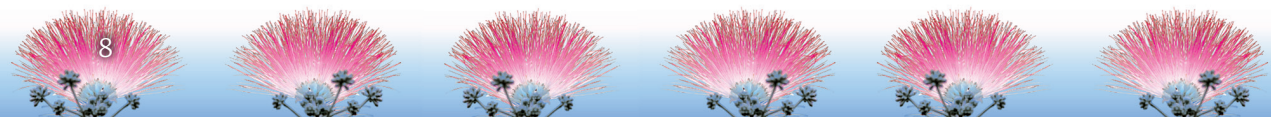


## PREFACE TO THIS VOLUME

On the other hand, no organ system is better suited for giving us the security with regards to what we sense instinctively, intuitively feel and perceive through sensitivity, as well as where we are validated by inspiration. There is definitely a higher authority that is larger than our “ego self.” Intensive involvement with the kidney functional circuit expands the spiritual horizon to the insight that the physically experienceable, calculable world is just like a silver dollar floating in an ocean of endless creative forces. What we perceive here with the clairvoyant and intuitive senses is much more secure and richer than the limited perspective on the little silver dollar island. After all, the wonderful aspect of this life is that we have access to what apparently lies in the dark, uncertain and nebulous realms. We are best equipped with the intuitive equivalent of the five physical senses to convince ourselves that the growth and decay, living and dying are cyclical processes that only change the outer garment. The invisible realm or the beyond is a world in the visible world and not just somewhere out there. An entire lifespan is necessary to see through and dissolve the barriers and separating walls erected

by the intellect or ego consciousness. As long as we are fixated upon what can be measured, touched and counted, we will need systems of belief, dogmas and fearmongers. This gives a false sense of security and sets boundaries created by human beings. It excludes a human quality that causes things that are stuck, rigid and dried up to flow once again: humour. Where there is humour, an inner powerfulness is at work. Where this is not allowed, it is possible that people have power over others because the construct of power arises from the inner feeling of smallness and nothingness. These are also kidney themes. When something affects us deeply it affects our kidneys. This is an existential theme related to the danger of losing the ground and foundation from under our feet and the sudden insight: there is nothing more to discover than the reality of the silver dollar image of the world.

The following opening words were written by an ingenious observer of human nature who also understood how to humorously and profoundly put the meaning of life into poetry – William Shakespeare:





## 6. HOMEOPATHY FOR THE KIDNEY-BLADDER FUNCTIONAL CIRCUIT

**Table 4: Conflicts of the Urinary Apparatus and Proven Remedies**

Particularly highly proven remedies are printed bold

Organ Site	Conflict	Remedy
Blockages of the renal collection ducts	Severe existence/refugee conflict: everything lost; being bombed or thrown out of the homeland/home/house.	<b>Ars, Caes -met, Plut-n, Uran-n</b>
Dialysis	Incapable of living; complete dependence.	Ser-ang
Glomerulonephritis (inflammation in the renal corpuscles)	Cellular respiratory distress, trauma, oxygen undersupply in the capillary network.	<b>Apis, Plb-act, Uran-n</b>
Urinary bladder inflammation (cystitis)	Taking stock of the current situation is unclear/unresolved. Feeling of something “sticking” to me that does not belong to me. GONORRHOEA!!!	Berb, Camph, Med, Petros, Thuj
Ureter inflammation (ureteritis)	Not being able to draw boundaries for the public/professional territory.	Acon, <b>Cact</b> , Cann-i, Bism, Camph, <b>Canth</b> , Lyc, <b>Oci</b> , Parei, Phys, Stict
Urethral mucous membrane inflammation (Urethritis)	In the man: territory marking conflict; cannot mark the spatial boundary of his field of work.	Cann-i, <b>Canth</b> , Med, Ter, Thuj
Numbness and lack of feeling in the ureter	To clarify in cases of cancer: chemotherapeutic treatment and radiotherapy.	Arg-n, <b>Caust</b> , Mag-m
Calcium deposit (nephro-sclerosis)	Rigidification in thinking, GOUT, high level of irreconcilability.	Cad-m, Cal-ren, <b>Carc</b> , Ferr-m, <b>Uran-n</b>
Voiding disorders in the man	Not being able to recognise and separate the territorial boundaries of work and private life. What belongs where? What belongs to me? What belongs to you?	Agar, <b>Ars</b> , Canth, Clem, Lil-t, <b>Nit-ac</b> , Nux-v, Pareir, Petr, Prun, Puls, Sars, Ter, Thuj
Urinary stream double or with several divisions in the man	Clarify: Strain through conventionally treated or hereditary gonorrhoea, which means wanting to step out of line with regard to convention.	<b>Thuj + Med</b> , Agar, <b>Cann-s</b> , Canth, Coch, Kali-chl, Merc, Merc-c, Nit-ac, Petros, Puls, Sep
Withholding urine despite the urge to urinate	Fear/fight conflict: The child experiences fights or physical abuse between the parents. Trauma, having observed something terrible and fear of being discovered. A person who was frequently hit.	Am-c, <b>Ars</b> , Bar-c, Bell, Canth, <b>Caust</b> , Con, Cupr, Gels, Lyc, Nux-v, Meny, Pareir, Sel, <b>Sep</b> , Tarent, Ter



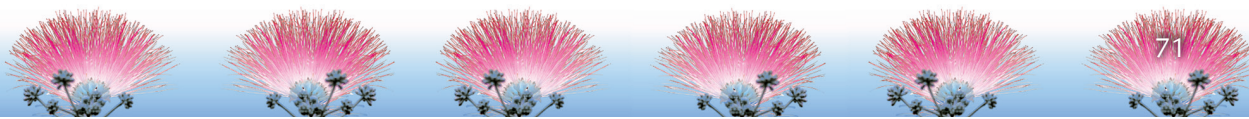
### 6.3 The Urinary Bladder and Its Conflict Solutions

The urinary bladder deserves special attention. The disorders associated with it are almost countless since it is the implementing (yang) organ of unresolved conflicts. It is a sycotic organ in the urinary apparatus since it receives and releases watery substances as a hollow organ. It maintains control over this due to its double system of ring muscles (sphincter internus and externus). This is clearly reflected in the behaviour of patients with respect to whether or not they have good control of the bladder. Voiding disorders are a major theme in children (bedwetting) or in old age when both men and women may develop a leaky bladder. This is accepted as being so normal in our society that a separate branch of industry has developed around the embarrassing topic of incontinence instead of posing this question: has nature actually planned for us to become like small children in old age and no longer be able to control our bladder? Should this be seen as the rule or as the exception? Fortunately, the number of the colleagues who also question what is seen as normal – because it is convenient – is increasing. When a person of 80 or 90 years has a “weak bladder,” I believe that this belongs to the area of exceptions and is comprehensible. But unfortunately, this “embarrassing topic” also applies to many younger people and I see this as an occasion for thoroughly investigating what has escaped the control of these individuals, what they no longer can hold and carry or what they cannot let go of when the urine just has a sparse flow.

The latter case is typical in male territorial conflicts when the prostate swells and the urine cannot drain completely as a result. This

involves the masculine dignity. A man must urinate while standing. Dog owners would never force their male dogs to urinate while squatting like a female. But through the treatment of many men in my practise, I have been able to intensively study the male conflicts and have learned that the presumably hygienic instruction that a man should pass water in a sitting position triggers an archaic or biological conflict. Unfortunately, this means that he not only leaves the water in the toilet bowl but also his biological ability of marking. The man must stand, shift his weight to the balls of the feet in order to place pressure on the Ki 1 kidney point (Ting Point) and adjust the statics of the pelvis in such a way through natural gravitation that he can completely empty the bladder. I do not debate this topic with women who argue about the hygiene of this position because there is a simple solution for it: the man leaves the toilet as he found it. There are rags, toilet brushes, paper towels, etc., with which the urine can be removed. It is typical for our zeitgeist to turn trivia into major dilemmas and trigger an avalanche of genuine problems as a result. The emptying of the man's bladder is a prime example of this.

There have been many funny hours with regard to this situation in my practise work with patients for whom I had to demonstrate how a man should urinate while standing (teetering on Ki 1), paces off his territory and gets a precise sense of whether the boundary is really secured; if it is not, then he mentally marks this point with his urine. This is funny because I – as a woman – can only communicate this to a limited extent, but a man immediately feels the rightness of my “prescription” and knows that he can do it better. Emptying the bladder in standing is an archaic/biological behaviour



that women simply cannot eliminate. We can certainly prompt a carefree human being to clean the toilet himself and demand that he does this because women are obviously not here to remove the traces of man's urine.

Bladder problems in the man also have the following causes:

- He has lost or was dismissed from his work (his territory).
- He was sent into retirement early and does not feel adequately valued.
- He has been given a younger boss with the message that he “can be thrown on the scrap heap.”
- He has no space of his own at home.
- He has not created his own realm (territory) at home.
- He must be in charge of the household and take care of the children for an undetermined period of time while his wife pursues a lucrative profession.

It should be obvious that none of these life situations necessarily lead to voiding/maturation disorders or even bladder or prostate cancer. It is the way in which someone is dismissed and how a person who identifies with his work and his territory is treated. If the man was as indifferent to this as the woman – who can change her place of activity much more easily – there would not be so many male patients who are ill with kidney and bladder problems. Until the time of his death, the man requires a territory that he can protect, secure and mark. Consequently, there is no reason why older men must have a leaky bladder. If so, then they are lacking prospects in life, a task, a life goal and a territory. The experiences that I and many other colleagues have had shown this to be true. If

male seniors have a goal, a territory and a task, the prostate detumesces and/or the urine flows once again. Based on their age, this may flow a bit slower but it will flow in standing due to the inner sense of security. Because they are traumatised about losing their territory, some patients can no longer stand securely on their legs, suffering from fits of dizziness (theme: I can no longer fill the space) and urinary retention. As soon as they resolve the conflict, they can stand securely once again. It is touching to experience such patients when they can once again stand up for themselves “like a man” and report that their urine is once again flowing in a strong stream.

In miasmatic therapy, the topic of the bladder includes hereditary gonorrhoea. This can be recognized by its fishy smelling fluorine, cystitis, conjunctivitis and the usually unilateral gonarthrosis. These symptoms can arise separately through the years without any recognition of their correlation. The fatal aspect of gonorrhoea is that it always survives and immediately goes underground when we try to “seize” it. It is not deadly, but it also does not allow healing. It constantly keeps the system in a semi-sick state, and this is one of the reasons why there are so many people who never feel truly healthy. It literally sticks to them – the sycosis in the form of the gonorrhoea – whether they have experienced it themselves or inherited it. It is therefore important to fundamentally clarify during the anamnesis whether these symptoms have occurred in the life of the patient. Of every ten chronically ill patients who enter my practise, seven to eight have gonorrhoea in their system. These statistics are no different for my colleagues who work with miasms!



On the other hand, many unexpectedly short and sweet healing processes can be attributed to the “recognized” gonorrhoea. It is treated with *Medorrhinum* and *Thuja C 30* in a weekly alternation.

Among the gonorrhoea symptoms, the bladder inflammation in particular is the epitome of the sycotic deceptive manoeuvre. Its cause is usually seen as the *Escherichia coli* bacteria, which rises to the bladder through the urethra. Bacteria and leukocytes – but less frequently erythrocytes – can be detected in the urine. But depending on the immune situation, bacteria are eminently important helpers in cell building and the decomposition of cells. When bacteria gain the upper hand, something is wrong with the immunocompetent cells. Once again, this is rooted in an activated miasm, which is the sycosis in this case. As long the gonorrhoea is in the system, the patient will be susceptible to infections and have a weak immune system. Since the woman’s urethra is short, bacteria can ascend into the bladder more quickly. With respect to the pelvic organs, it is also more sensitive to stagnant moisture and damp cold. However, the tendency towards forms of cystitis should always be clarified in relation to inherited gonorrhoea. Cystitis is generally treated with antibiotics. If the bladder inflammation reoccurs after this step, it is almost certain that the cause is an active sycotic miasm in the form of gonorrhoea.

Cystitis must be distinguished from the neurogenic bladder or irritable bladder since no bacteria are detected for this psoric symptom. Instead, the personality of the patient (who tends to be female) should be taken into account. The irritable bladder is just one of the criteria that are related to overstimulation. The

most important remedy for this is *Oxytropis lamberti* (Oxyt, purple locoweed).

Two things are important for the bladder:

1. That it holds the urine that flows into it.
2. That it completely releases the urine.

Especially effective remedies are: *Adren*, *Benz-ac*, *Equis-a*, *Kali-ar*, *Onon*, ***Phos***, ***Ser-ang***, *Solid* and *Ter*.

The term “drainage” is also used in the treatment of bladder disorders, which often have a psychosomatic nature. Drainage is related to the overall urinary apparatus. This can be compared to building a house. There may be much water on the property, which arbitrarily searches for a path. As a result, drainage pipes with many small openings to collect the water and direct it into orderly channels are laid around the foundation of the house. A well-designed drainage system also includes a defined outflow into a target container, which is usually a pond, stream or river in nature. This is also precisely the situation with the urinary apparatus, which also is known to have the collecting ducts for the secondary urine. In order for the outflow in the direction of the bladder, as well as the collection in the bladder and its emptying, can occur without any difficulties, the human body requires impulses when there are obstacles or psychosomatic blockages anywhere along this path.

The most important drainage remedies are:

*Apis*, *Berb*, *Canth*, *Chin*, *Clem*, *Coff*, *Form*, *J uni-c*, *Ser-ang*, *Solid*, *Thlasp*, *Ur-ac*, *Urt-d*, *Urt-u* and *Uva*.

My experience with human beings (and mammals!) has shown that these remedies in low potencies, taken daily for two to three weeks,

