

Treatment of Spondylopathies and Arthroses with REGENERESSEN®

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Attention is the cause for many diseases of the locomotorium, and this not only in a mechanical, but also in a biochemical sense. For the concentration of RNA in the skeletal parts, though rising till the age of forty, decreases with advancing years. So a substitution of RNA often can be an alternative to surgical treatment. Even a slipped disk can heal spontaneously, showing that regulating metabolic processes must have taken place. If there is no immediate danger of nerve lesions, a biological treatment should be preferred to surgery in this case. RNA-substitution by REGENERESSEN normalizes a disturbed protein-metabolism. Their effect can be retarded for some weeks, because the affected tissues are of the slowly regenerating kind.

For the orthopaedic treatment of older patients the referent generally uses 10 to 20 ampoules of *Osteochondrin S* together with 10 ampoules *RN 13*. Basis for the treatment of spondylosis deformans and osteoporosis are *Osteochondrin S* and REGENERESSEN of *vertebra* and *connective tissue*, supplemented by the secondarily affected organs *parathyroid gland*, *testis* resp. *ovary*, with osteoporosis also *bone marrow* and *osteoblasts*.

Because the musculature in many cases

is also affected by arthroses, the REGENERESSEN of *musculature*, *vessel wall*, and *placenta* are given; for a better blood circulation the regulatory organs *thalamus*, *hypothalamus*, and *pituitary* are added. The referent stressed the importance of the treatment of the "secondarily disturbed organs". In his experience, especially with older patients the whole success depends on the inclusion of these organs in the treatment. This can be done without any hazard to the patient, because even with large quantities of REGENERESSEN there is no danger of an acute or a chronic toxicity. Merely in rare cases there may be a slight local reaction, like with any other medication.

In some cases of very serious inoperable gonarthroses the referent has used REGENERESSEN of *cartilage* and *synovia* for intraarticular injections. After treatment for some time, a better articular mobility, decrease of pain, and a longer length of walking resulted. With such serious cases he proposed to start with frequent injections four times a year or even a permanent therapy, reducing these later on according to the constitution of the patient to two or one application a year.

Referring to intraarticular injections, the referent uses them only exceptionally,

for the effect of REGENERESSEN with intramuscular injection is generally sufficient, and the intraarticular application is rather painful and stressing for the patient.