Rheumatology

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Contributions to an Extension of Medicine

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Chronic polyarthritis (cp), otherwise known as rheumatoid arthritis, is a big medical challenge because of its chronic course. It’s the most common inflammatory — rheumatic disease with a prevalence of ca .1%, and it occurs in all races and climate zones around the globe. Men get it one third as often as women. Cp is now looked upon as a systemic disease that prefers to attack synovial structures... The clinical, morphological, chemical, radiological and other criteria of the American College of Rheumatology are used in the diagnostic classification of cp. An experienced rheumatologist uses these criteria as building stones to get an overall picture of the disease. One should think of this picture as something that’s spatial or morphological and also temporal, that is, in the disease’s course.

The disease’s course is still unknown, but research is being done on it. Researchers’ are concentrating on defense processes, and they are especially taking note of a predominance of pro-inflammatory TNF and IL 2, 6 and 8, and GM-CSF cyto-transformation of the synovia and a dedifferentiation of fiberblasts was also observed. These findings led to a therapy that emphasizes the inhibition of inflammations and a suppression of immuno activity.

However this therapy won’t do, because it has quite a few side-effects and it doesn’t cure cp.
Beginnings of a treatment for cp have existed since Anthroposophically extended medicine was founded in the 1920s. The systematic concepts that are presented here were worked out in the last five years. To some extent one might be able to look upon inflammatory activity as a hygiogenetic principle that needs therapeutic guidance.

In its views on disease and therapy Anthroposophical medicine proceeds from a picture of man that includes a material body, hysiological processes and a soul level with various stages of experienceable consciousness that's also active in man’s body in movements and other things. The fourth level of the human individuality, can also be followed in consciousness and in its bodily effects. These levels arise from the Anthroposophical Anthropology that Rudolf Steiner describes. A knowledge of basic Anthroposophy anthropology is necessary for a deeper understanding of what is presented in this issue's articles.

Various authors indicate how cp can be understood from an Anthroposophical viewpoint. The transition From pathology to therapy becomes clear in each article through the anthropological presentation. This is described in the form of bath therapy, curative eurythmy and painting therapy in addition to medicinal therapy. Thereby one gets a clear idea of essential elements in Anthroposophical medicine. One sees the individual gesture of the disease in single patients, and also its typical form. Therefore one has to look for individual therapies in the form of diet, outer applications, physical therapy, artistic therapy, curative eurythmy, consultations, and medicinal therapy to supplement the standard therapy for the disease.

This special issue arose from a rheumatology conference in Kassel in November 1999. Some of the basic viewpoints deriving from the latest research in this field are described here. Many thanks to the authors for their contributions.

For the editors, H. Merckens/\n
Pathology of Chronic Inflammations Between Dissolution and Hardening Tendencies, by Christian Kern, M.D. Rissen Hospital, Hamburg, Deutschland.

Key words: Chronic inflammation, dissolution process, hardening, chronic polyarthritis, granulomatons inflammation, blood, nerves.

A healthy man lives between the poles of the blood's dissolution and atomization tendency and the formative and hardening forces that are especially mediated by sensory nerve processes.

If a man experiences a sudden and unexpected influence from outside he can be struck numb with terror or be spellbound (figs. 1a and b). He seems to be entirely given up to what's influencing him. A terrified man has his eyes wide open with dilated pupils. The outer world goes deep down into his limbs via the sensory nerve system. His blood goes in from the periphery and his skin gets pale and cold. He opens himself up to environmental influences and he may even pass out. His consciousness can no longer assert itself against sense. The sensory nerve process brings the outer world into his limbs via the head and rigidifies him.

The polar opposite of this is the picture of a raging man (figs. 2a and b). He can cook with rage and he experiences himself entirely in his will or own existence. His senses get cloudy, he may hear a buzzing in his ears, he sees red. He flushes as his blood is driven towards the periphery. The heat in his skin radiates into the environment. He thrashes around as he does his thing; he imprints his peculiar existence on his environment. A man is all motion and comes to a boil; this kind of dissolution tendency lets a man flow out or even foam over.

An organism works on health and harmony between these two poles and dynamics – those of the blood and nerves and their centrifugal dissolution tendency and centripetal tendency to form things. Health is brought about and maintained by the rhythmic change from the sensory nerve pole's hardening tendency to the dissolution that's mediated by the blood and will pole. This becomes realized organically in lung
breathing and heart circulation. A breathing rhythm between the poles guarantees the organism's health that's constantly being shaped anew.

This rhythmic balance between one's own ill and the world's will effects is also required for healthy activity in and with the surrounding world. It's a kind of a conversation between 1 and world, a distinguishing between one's own will and things in the foreign world.

But look out if the poles become one-sided and ram into each other unhindered and unmediated. One can think of this disastrous union as follows: one partner strives to consolidate and the other to dissolve. A straining and tearing down of the site begins. The collision of the poles brings about a kind of destruction, and the complementation and intensification in a productive, organizing collaboration occurs.

Inflammation

Suppose that a splinter goes into my skin so that the dynamics of the nerve process that mediates between the outer world and me is activated (1). The foreign body in the tissue produced pain, reddening, warmth, swelling and lessening of the function of the corresponding place or organ. Signs of acute inflammation arise; the foreign thing that pushed in from outside - corresponding to the sensory nerve dynamics - must be overcome, equilibrated, dissolved and digested. Thereupon the blood dynamics is stimulated, the vascular phase of acute inflammation begins, and active hyperemia appears. Blood circulation increases up to tenfold. /Table 1: Blood and Nerve Dynamics in the Field of Tension Between Inflammation and Cancer

<table>
<thead>
<tr>
<th>Inflammation</th>
<th>fibrinous inflammation</th>
<th>purulent inflammation</th>
<th>proliferative inflammation</th>
<th>granulomatous inflammation</th>
<th>scar tissue</th>
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<tr>
<td>Watery, Serous</td>
<td>thickened, fibrinous</td>
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<td>Exudate</td>
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<td>(connec.-tive tissue)</td>
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Carcinoma
Deformation of Cells and Estrangement

Blood dynamics (dissolution) Less blood dynamics and more nerve dynamics (Direct interaction of poles) nerve dynamics only (hardening, disintegration through over estrangement)

- One now gets exudation via mediator substances that are all very metabolically active. The next step is a slow loss of movement and a calming of the blood stream almost to rigidification. The cellular phase (granulocytes and monocytes) of inflammation begins. Now a kind of digestion takes place, that ends either in the dissolution of the foreign body or in purulence. If the latter appears at the right location it leads to the ejection of the foreign body. Then one gets healing with the formation of small scars or consolidations of the affected tissue.

However if the foreign body went deeper in the blood reaction with its peripheral dynamics can't overcome the nerve process. The organism puts more connective tissue around the invasive stranger and a granuloma or tumor that tends to get hard forms. This is a place in the live organism that can't be properly taken hold of and organized by a man's higher members. The organism continually reacts to the foreign place by trying to digest it or to seal it off from the "outer world" with connective tissue cells. A world in a world arises. The interesting thing here is that this encapsulating of the foreign process can be carried by strong formative and ordering impulses that become manifest as granulomatous pictures.

That is, we see a continual attempt of the blood to dissolve or digest the granuloma, whereas the formative forces of the sensory nerve system are active in the encapsulating, rigidifying tendency. Dissolute and digestive forces are in direct contact with hard, encapsulating scars.
Now if the nerve dynamics process intensifies as it penetrates the "central man" it can happen that the latter loses his organizational structure or he no longer tries to organize and differentiate things, so that he has nothing with which to oppose the mediated foreign world. He becomes like the outer world at certain places, doesn’t know himself, and his higher members no longer seem to have anything to do with each other. The organizing forces of the astral body and ego-organization withdraw, there’s growth that ignores the organ context, and cellular parts are abandoned by forces that differentiate and arrange them.

The more undifferentiated a deformed tissue looks the more malignant and sick the process is, as everyone knows. The more cells become dedifferentiated the more they separate from the organizing and integrating power of the organism.

To sum up we can conclude the following from this (table 1):

Acute inflammations are at home in blood, digestive and dissolution processes; foreign things are digested, dissolved or eliminated. The nerve dynamics that lives in what has pressed in is overcome by the centrifugally acting dissolution forces of the blood.

In a chronic inflammation the sensory-nerve aspect pushes directly into the blood process, and the two poles beat directly on each other. The foreign thing that’s mediated via the nerve process cannot be properly grasped and overcome. A disastrous interaction of nerves and blood dynamics without a rhythmic balance produces destruction and disintegration at the corresponding places; the phenomenal picture has dissolution and the regeneration of connective, scar tissue in it (e.g. like a chronic hepatitis).

Cancer arises if a "sensory-nerve process at the wrong place" develops due to a one-sided sensory-nerve dynamics deep down into the organism that reshapes the latter with external formative impulses.

The surrounding world that’s brought into the organism via nerve processes is ordinarily divested of its foreign character by healing digestive processes; it gets elaborated and integrated. We get sick if anything foreign stays in us. Both things that are newly taken in and one’s own organ structures must be taken hold of by ones’ own organizing forces.

There’s places or events in the body in which we can study this quite well.

The organism becomes almost dead and mechanical in bones. Here something organic threatens to become as foreign as the outer world as it opens itself to gravity and the physical world. The organism surrounds bone tissue that’s getting foreign with osteoclasts cells that take hold of it, digest and degrade it – a kind of a healthy inflammation in bones. It’s known that a bone’s trabecula structure transforms itself continuously in accordance with force conditions to adapt itself to conditions in the physical world. (The similarity between osteoclasts and macrophages is noteworthy.)

Something similar happens in the intestines.

| Sensory Nerve system Rhythmic Organization | Nerves Heart/ Lungs | Fright "Breathing feeling | Mesodermal tissues bones Cartilage Tendons Ligaments Blood | The dynamics is: mediation of the foreign thing: rhythmic change of both tendencies as a breathing process mixing and digestion | Organism gets cold. Merely physical substance falls out Mingling of poles as simultaneous hardening & dissolution Warming & Dissolving of Substances |

Carcinoma
Chronic
Inflammation
Acute Inflammation  Table 2

Here one finds a picture of physiological inflammation of the histological cytological level, as a reaction to the constant exposure to foreign food substances.

The first example of the bone points to a dynamics in which one’s own material becomes estranged; the second one of the intestines to one in which foreign things are made one’s own. We saw that in cancer the cells and tissues separate from the organization and become “foreign”. But there is also the possibility that a tissue that is taken hold of by the organism and that is “its own” is no longer recognized as such. The organizer no longer recognizes his possession, or he wrongly considers it to be foreign. Auto immune processes arise that destroy it through inflammation. Renewed regeneration processes produce proliferative, scary changes. So auto immune and tumorous processes are to be looked at as a kind of estrangement of the organism, a sensory-nerve dynamics at a wrong place and degree.

One should also note that blood dynamics with its inflammatory reaction arises at the estrangement of structures and tissues on the foundation of the auto immune process — but without an ordering, healing gesture. One gets the picture of chronic inflammation.

On the other hand in a tumorous estrangement from an organism the sensory-nerve dynamics predominates, and no inflammatory blood reaction appears. (Also think of the attempts to treat carcinomas with heat and of the absence of fevers in cancer.)

Chronic Polyarthritus

The main symptoms of cp and “inflammatory, auto immune and tumorous processes in joints. Now how does the previously described super formation or the taking over of the outer world through the mediation of sensory-nerve dynamics from the periphery to the center find its way into this disease?

One repeatedly notices the following phenomena in everyday rheumatological practice: An undigested, acute soul event such as emotional shock or also simmering soul problems with recurrent crises can easily start an arthritic disease. One can confirm a worsening through the soul’s feelings and by an increase in painfully swollen joints and negative serological parameters. Weather changes and conditions can also quickly change the clinical situation. Restlessness, intellectualizations, and a general flooding with sensory-nerve stimuli also seem to worsen the disease (Table 2).

One can sum this up by saying that a soul dynamics mediated by the sensory-nerve sphere that is not overcome of from which the patient couldn’t separate himself enough pushes into the organism and remains connected with it. Thereupon blood forces are summoned which aren’t mediated by the corresponding rhythmic processes, and this can lead to the destructive gesture of chronic inflammation.

Pseudo allergies, in which certain foreign foods cannot be properly integrated in the organism via digestion, are another clinically very important bodily phenomenon that are often not sufficiently noted. These often give rise to inflammatory reactions on a regular basis. Food can’t be incorporated to the right extent and at the right place; part of it remains foreign and is redigested at the wrong time and place by an inflammatory process. Depending on the type of constitution mistakes in diet repeatedly make the disease worse.

Let’s take a look at the joint that develops the main chemical symptoms of cp (figure 3). This is where chronic inflammation and the proliferating synovial membrane or pannus have a destructive effect on bones, cartilage and their neighboring structures.

If one looks at an arthritic joint from the viewpoint described above one finds dissolution forces and digestive gestures; cartilage and bone are being torn down and destroyed within. On the outside of the thickened capsule one sees the infiltrations and accumulations of a chronic inflammatory process with fibrosis. This is a larger version of a chronic granulomatous inflammation (which is what cp is in a certain
sense; see the structure of a classic rheuma nodule). A synovialitically changed joint’s gesture is similar to that of a foreign-body granuloma (figure 4). There’s dissolution processes inside, and hardening, rigidity and stiffness outside. The inflammatory phenomena are measurable in the blood, and the patient feels the pain and rigidified joints.

The archetype of the disease is shown in every joint that’s become inflammatorily changed in a typical way; there’s a direct interaction of the blood and nerve spheres with a non-overcoming of an overly strong sensory-nerve dynamics. But what does it mean if a foreign element can assert itself in such a pathological process?

Our extremities and their joints are the organs with which we bear our will impulses out into the world and realize ourselves there. We place ourselves into the world, change it and stamp our will impulses into it through our joints. But one has to have a healthy, breathing interaction between ego and world. We saw how one-sided it is when we attack the world in rage and thereby lost it, or if the world bowls us over and scares us and we lose ourselves. In both cases there’s no mediation between the one-sidedness. Only a healthy rhythmically-mediated turning to the world and a reflection about one’s own will can bring about a deed that’s ego-permeated. But this is precisely what we find, less and less today. Mechanized, automatized deeds are commonplace. We’re mostly inserted in our schedules, timetables and wireless handsets and we’re in danger of losing ourselves on the fast lane. Our will impulses are increasingly being dictated by foreign influences. We can lose the connection with our own will stream all too easily. An externalized will that obeys the world’s demands is increasingly taking people over.

One becomes aware of a big contradiction; there’s a disharmony between the more or less conscious demands made on us partly by the world and partly by ourselves and the darker goals and will impulses through which we try to realize our biography through spiritual willing.

In chronic polyarthritis the man’s will sphere or sphere of action seems to be shattered. One can see this in the typical hand deformities and cripplings, and also in the patient’s biography. Questions arise about life’s meaning, realization of one’s biography, and a spiritualization of deeds, and this at a time when an illusory and distorted picture of a man’s spiritual identity and his task in the world in increasingly being made.

Literature

1. Steiner, R., The Invisible Man Within Us; lecture given on February 11, 1923. /// The Pathology of Chronic Polyarthritis in Four membered Men, by Lars Gerlach, M.D., Fider Klinik.

Summary

The characteristic clinical peculiarities of cp are described in connection with the threefold structure of man as a physical level of the disease. The pathological changes of the disease are described at the levels of his higher members as a foundation for a differentiated understanding and also for therapeutic ability along Anthroposophical lines. The significance of a constitutional one-sidedness in the framework of cp is explained with the hysteria and neurasthenia concepts. A differentiated look at biographical anamnesis as an important aid in the making of a higher member diagnosis is emphasized as a medical-spiritual guideline for a long-term therapy for a chronic disease.

Key words

Cp, pathology, X-ray changes, hysteria, neurasthenia, biographical anamnesis , man’s higher members.

The Disease’s Picture. Levels of the Physical Body

In cp one is typically dealing with a symmetrically appearing arthritis that usually starts in hand joints (figure 1). Fingers and wrists are the first inflammatorily swollen joints in 50% of all affected patients. Larger joints are obviously affected less often at first. Practically all peripheral joints are affected. In the further course of the disease. (fig. 2) The more aggressive and inflammatory the course the more
Fig. 1  First locations of cp in % in 780 patients of the Zurich Univ. Clinic.  

Fig. 2  First locations of cp in % in the joints of 50 patients with advanced cases.

Fig. 3: After decades of chronic polyarthritis in a right hand it's been destroyed quite a bit. (From W. Dihlmann, Rontgenatlas rheumatischer Kronkheit an. Georg Thieme Pub. Stuttgart 1985)

Tiny joints are attacked in a short time. However the spinal column, iliosacral joint, acromioclavicular joint, and the sternoclavicular joints are usually spared. The joints affected are usually mobile ones with which we realize our will in the world. Whereas spared joints tend to be more stable, less mobile and near or in the torso.

A first sign of the disease is a stiffness in the morning which then gets worse over time as the joints' structures are destroyed. Inflammations first stiffen the mobile skeleton functionally and then physically. One can document this very graphically with x-rays (fig. 3). Especially in the wrist region one can get a fusion of the bones into an os carpale. This happens normally in the fusion or ankylosis of skull bones. Here one gets a joining of bones quite early. This head principle spreads out pathologically over the whole movement apparatus – functionally in the sense of a stiffening, and morphologically in the sense of inflammatorily conditioned ankylosis. The principle of coming to rest that creates a protective skull now spreads out in the movement man, so that a spreading of the sensory-nerve principle into the limb organism takes place.

One sees another gesture of this dispose in misshapen fingers (fig. 3). For instance, the dissolution of the material between the phalanges makes telescopic displacements of the latter in the axis possible, and also out of the axis. Such a hand is reduced to a mere sense organ, for its primary function as an instrument is lost.

This second gesture of dissolution also leads to a spreading out of the sensory-nerve principle, for the joints lose their instrument function and become mere sense organs.

Thus the clinical morphological gestures of disease, fusion and dissolution lead to a spreading out of the sensory-nerve principle into the movement organism; the head pole pushes into the limb pole, as it were.

The terminal joints on all fingers except thumbs are also usually not affected by cp. Finger tips are sensitive organs of touch, so that the sensory-nerve organization is already there, and the disease doesn’t have to spread to them, or so it seems.

Threefold Joints and How They Become One-sided in Destruction

The above described gestures of disease - fusion and dissolution – can be found in individual joints too. There is three regions in a joint. First there’s the cartilage-bone form pole. Hyaline cartilage is built up with great geometric exactness. This very condensed polymer has three atmospheres pressure in it and therefore has no vessels or nerves. It’s very elastic due to the large amount of water in it.

The second region is the particular space that that is filled with synovia, a viscous fluid that’s produced by the synovial membrane in the third part of a joint.

The synovial membrane is a strip of cells that borders the inside of the articular space and stops blood vessels, nerves and lymph paths, which don’t go into said space. Synovia is really the metabolic pole of a joint, for it nourishes, supplies oxygen and eliminates the cartilage’s degradative products.

Active movement of joints also helps to take care of their cartilage. Every movement compresses the latter slightly and sends a fine stream of water from the cartilage into the bone and articular space. This acts as a shock absorber, and then in the decompression place water and nutrients are sent into the cartilage. Joints
stay alive in this rhythmic, mobile process. If one doesn’t move much for awhile the cartilage layer gets thinner and produces less proteoglycan fibers, the main constituent of cartilage. Whereas the diffusion conditions are improved and more proteoglycans are formed in people who exercise a lot (1).

Fig. 4a: Model of an intact joint
From E. Harris, Rheumatoid Arthritis
Saunders, Philadelphia 1997

Fig. 4b. Model of a joint that’s been destroyed in the course of cp

So one can distinguish between the metabolic pole in synovia, the head or form pole in the cartilage that elastically covers the solid bone, and the rhythmically mobile space in between the bones that mediates between metabolic and head forces in a respiratory and enlivening way.

In the arthritic destruction of a joint one gets a proliferating thickening of the synovial membrane, and also a dissolution and destruction of the form pole or cartilage. The form pole that tends to thicken dissolves and the finely structured metabolic pole becomes thicker. The condensation and dissolution processes intermingle and thereby wreck the middle space of rhythmic mobility (fig. 4). Therefore one can look upon the whole joint-destruction process as an interruption of its respiration.

Vital Forces Level

When the disease breaks out or shortly before that, patients often feel exhausted from chronic infections, overwork, sleeplessness or a non-restorative sleep. This exhaustion depresses them and their body feels increasingly heavy and their movements are slower. The patient often feels like he’s being led from outside and his joints swell, get stiff and are quite painful.

Other manifestations

The low vitality in this disease are auto immune phenomena that are disorders in protein metabolism. One of the etheric or life body’s main functions is a regular build up of the body’s proteins. The ego and astral or soul body work into the metabolism and break proteins in plant and animal food down into their smallest, lifeless parts, and then the life body must see to it that this is built up again into individual and live protein (2). This healthy reenlivening process succeeds only partially due to the depletion of vital forces, and so the immune system combats it because it sees that it’s foreign to the body. Rheuma factors, anti nuclear antibodies, the development of C-reactive proteins and others that are specific for inflammations are the result of such reactions.

Strange physical forces are at work in a joint and not too many life forces. The knee and ankle joints have to support several times the body’s weight when we jump. This pressure is cushioned by the articular spaces and their fluids. Forces of buoyancy, levitation and the great elasticity of the chondral tissue facilitate easy movement in spite of strong physical pressures. But life forces withdraw from the articular spaces. No new cartilage cells form after age 20, and the cartilage’s thickness in joints is reduced by half or two thirds in the course of a life (1,3). Thus a joint is a realm of a labile equilibrium between buildup and tearing down forces (4) that can become the site of destructive cp when life forces become deleted.

Breathing – The Level of The Soul Body

In the course of the disease the inflammatorily conditioned joint swellings force a patient to become quiet. But many patients preceded their cp with years of increasing inner disquiet and an urge to be hyperactive continuously. Not being able to turn themselves off and a feeling of internal vibration led to more nervous unrest, sleeplessness loss of weight, increasing tiredness and weakening. The balance between tensions and relaxation, activity and rest was clearly upset. We’ll call this a soul-breathing disorder, since breathing is a prototype for a healthy middle between tension (inhalation) and relaxation (exhalation). Our physiological breathing rhythm is connected with changes in consciousness and muscle tone. Our awakening in the morning is followed by a more irregular and shallow respiration and an increase in muscle tone.
After possibly years of such psychic breathlessness one often gets a crisis in one's life that's followed by the outbreak of cp. Other preliminary phases of the disease are frequently sinusitis, recurrent pharyngitis and restrictions in thoracic breathing-width. Older patients often get a certain heaviness in their fluids because of reduced stimulation of the venous retroflow of their shallow respiratory activity; clinically one has signs of a venous insufficiency and PM leg edemas or signs of latest heart insufficiency.

The lack of levitational forces coming from this respiratory disorder in the movement system becomes manifest in morning stiffness and swollen joints.

Frequent sleep disorders make patients more exhausted and disrupt the soul's larger waking and sleeping rhythm.

A look at a patient's first 21 years is a big help in developing therapies and in placing cp in a larger context.

During the first three sets of seven years the life and soul bodies and ego become lawfully connected with a man's sensory-nerve, rhythmic, and metabolic-limb organization (5). Shocks, chronic injuries, accidents, unwanted pregnancies, overwork and severe diseases hinder this work of man's higher members on his bodily organs.

The described respiratory disorder usually begins between the ages of 7 and 14, when the soul body works into developments from above down in a differentiating and body building way. This is when "children must learn to breathe healthily", as Rudolf Steiner put it (6), especially since the lungs only become fully developed around the age of 8 or 9 (7), and the accessory nasal cavities only at puberty (8).

Kids must develop a healthy relation to the world in this period. At this physiological level they do this by breathing in and out. At the soul and spiritual level they acquire this capacity at home and in school. The more shocks, worries and anxieties a child has before he is 10 the less strength his soul body has to develop his metabolic limb system and other things.

Patients with chronically inflamed joints often had bad experiences at 9 – 10.

Summing up, the breathing disorder that becomes manifest in the preliminary phase of cp in the body and soul of many patients is the expression of a tendency for the disease in early life. Therefore one should stimulate the "inner aeration of streams of substances" (9) to promote the soul body's bodybuilding, differentiating activity.

Warmth Organization: The Level of the Ego-body

Many patients say that they have to keep moving to feel warm. Otherwise they freeze and their extremities are cold. They also speak of long periods without fever before cp breaks out; ordinary colds and flu develop into chronic inflammations. But then they get even colder after cp sets in. Examination shows a low body temperature and a flattening of physiological peaks during the day.

This behavior of the warmth organization can definitely be correlated with cp's activity. A warming up during therapy is a good course parameter. Cold packs may reduce pain temporarily, but the basic problem of inner cooling is just intensified.

Anthroposophical anthropologists look upon warming in a man as an expression of the incarnation of the ego-organization in his body-directed activity. The ego lives in warmth and is active in the metabolism and elsewhere. Warmth is generated through a complete destruction of foodstuffs and formation of individual substances (10).

In cp the ego's activity in the metabolism is reduced greatly (11). This withdrawal of the ego from the metabolism often gives the patient a desire for sweets and spices. Sugar is easily digestible and goes directly into the blood, whereas sharp or pungent foods make one feel warm immediately.
Thus treatment should bring the ego more into metabolic activity, and the patient should wear thick cloths to hold in the newly gained warmth.

Figure 5 summarizes the above. It show that cp starts in the spirit and works it way down into the body.

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<td>X-rays show</td>
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Hysteria and Neurasthenia As Constitutional One-sidedness

In planning a treatment one should know whether the patient’s sensory-nerve or metabolic organization predominates. Rudolf Steiner introduced the constitutional types hysteria and neurasthenia into anthroposophical medicine in 1920 (12).

Steiner’s hysterical, metabolic type is Brewis’ blue bloater from the realm of chronically obstructive respiratory diseases (fig. 6) (13). He has a bloated body from good building-up forces but not so good formative forces. Applied to a cp patient this means that there’s not enough degradation of substances going on. Therefore he gets joint inflammations or digestion at the wrong place. He’s very tired even though his sleep is seldom disturbed, and he has a lot of water in his swollen joints. He tends to be constipated and to be unable to digest various foods.

Whereas in Steiner’s neurasthenic and Brewis’ pink puffer type one sees the depletion of forces that ‘s usually striking in nervous cp patients. Joints are swollen more at the distal end, and the numerous sleep disturbances contribute to exhaustion. Diarrhea is common and there’s wakefulness and unrest in spite of depletion in forces.

Fasting cures improve the symptoms in hysterical types right away, but worsen those in neurasthenic types and deplete their forces even more (11).

A Bird As an Image of the One-sidedness in CP

One finds the image of a spreading out of the head principle into the movement man in birds in an extreme way. In looking at a bird’s moving gesture one notices its fast, restless flapping character. One has an image of the spreading out of the sensory-nerve process in the anatomy of a bird’s upper extremity (fig. 7); there’s fusion or ankylosis of the more numerous human bones in the wrist, palm and fingers. There’s also a large ulnar deviation in a bird’s wing that facilitates its flight. This gesture appears in rheumatic diseases as a typical sign as a result of the destruction.

A bird’s high body temperature (up to 45 degrees C) is an expression of strong metabolic activity which is a kind of counter weight to its highly developed sensory system. The rapid heart beat (300 per minute in hummingbirds) requires a very efficient rhythmic system with up to 3000 breaths/min (14) to prevent birds from overheating. Thus a bird’s strong metabolism and its mediation via the rhythmic system has a “healing” effect on its constitution.
The disease's fundamental gesture appears in a bird's eye. Its central retinal artery goes into the eyeball like a fan (15), contrary to the situation in a human eye. Here one finds an interpenetration of metabolic and nerve processes that corresponds to the pathological picture of an arthritic joint.

A cp patient – especially the neurasthenic kind – becomes increasingly birdlike. He's restless due to outer stimuli, his head and limb poles interpenetrate in the joints and whole figure, and the developing physical destruction correspond to birds' wings.

Now the difficult therapeutic task is to change this pathological tendency or predisposition that usually starts early in a person's life. The therapy aims at a differentiated stimulation of vitalization, aeration and warmth development in a man to stop the spreading of the nerve dynamics over the movement organism and to thereby create a live middle between dissolve and metabolic processes and condensation sensory-nerve processes. /// Skeleton and Joint Organization /Rheumatoid Arthritis and Arthrosis from Anthroposophical Medicine's Viewpoint, by Matthias Girke. M.D., Havelhoe Hospital, Berlin.

Summary

There's a polarity between a man's spherical bones that are connected with the nervous system and his axial bones that are connected with striated muscle. This polarity points to different actions of his threefold organism. One can develop a picture for the joint organization that includes a man's vital, psychic and spiritual nature. This gives one an understanding of rheumatoid arthritis and arthrosis that goes beyond their physical symptoms. In the case of a the qualities of the upper man that orient him towards consciousness press too far into the movement system and produce inflammations that oppose this activity. One can look upon arthrosis as an overly weak grasping of the limb system by the will. That then leads to an indirect predominance of the sensory-nerve system in the joints, and one observes inflammations that counteract this hygiogenetically.

Key Words

Skeleton, joint organization, cartilage, rheumatoid arthritis, arthrosis

At first sight man's experienceable soul-spiritual nature and his almost mineral bones are the biggest imaginable contrast. So it's hard to see the link that connects the inner man with the bones that are seemingly molded so completely by mechanical lawfulness or to find indications of how the physical reality of the skeleton expands to a man's soul and spirit. And yet precisely this region of the human organization and its diseases seems to have a close connection with man's higher members. If this helps us to get an understanding of the nature of joint diseases we should also be able to heal them.

Leonhardt(1) points to the contrast between bones' physical hardness and their biological flexibility. This in turn points to the physical organization that leads to hardening and form, and to a bone's bio activity or etheric organization which can be impressively experienced in remodeling processes. The action of men's higher members upon his skeleton can be clearly seen in the dependency of the bone building process upon the function on movements in which the astral body lives, and the ego can become manifest in intentional ones.

The Action of Man's Higher Members On His Skeleton

Bones belong to the support tissues of a human organism. But this mechanical function is only part of what his skeleton is all about. For a bone belongs to tissues that carry the shape of a man's body that in turn points to his ego organization.

Two polar tissues develop from the embryonic, mesodermal mesenchyme: The movement tissue with a development of the muscular organization and the figure-carrying tissues. The reticular connective tissues that still stand very close to the embryonic mesenchyme belong to the latter, which find their increasingly firm forms in various connective tissues with their elastic and collagenons, fibrous material, chondral material and finally bone tissues. These figure-tissues run through the human organization and show their

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close connection with the body’s form that’s stamped by the ego-organization. The shaping process shows up most clearly in the bony hardening.

The Polarity in the Skeleton

A man’s higher members take hold of his upper and lower part in a different way. There’s a difference between the spherical, unshewing bones – usually called flat bones – and axial bones. The difference in shape points to the polar activities of man’s higher members. In the embryo there’s a difference between the dermal ossification of the mainly spherical bones – and here mainly of the neurocranium, with the exception of the skull’s base – and the cartilaginous ossification of the mainly axial bones. The dermal ossification basically amounts to a turning of connective tissue to bone. By contrast with cartilaginous ossification the blood vessels that are enclosed thereby don’t seem to have a comparably active role in bone formation. In limbs the plump cartilage is degraded by the blood quality that works into it and it’s then led over into ossification.

Fig. 1 Proliferative life processes and mineral forms  
- In axial bones adapted from Leonhardt (1)  
- LIFE/etheric organization columnar cartilage  
- Zone, cartilage proliferation bubble cartilage  
- Zone/hypertrophied cartilage  
- Opening zone, cartilage degradation  
- Capillarization  
- Bone – formation zone  
- Form/mineralizing shape physical organization

Fig. 2 Form correspondence in the development of neuroblasts and osteoblasts: the morphological connection between the skeleton and nervous system.

Various formative processes over time are now added to the various shaping in space. Whereas the neurocraniums bony structures that arose dermally point to the embryonic past, the chondrally ossified limb bone will get more of a futuristic quality through growth going into puberty. The life organization’s activity becomes less in dermal bones just as it does in the nervous system when etheric forces become available for the life of consciousness after the tooth change. Conversely intensive growth processes and flexible transformations as an expression of an etheric organization unfolding in the organic realm take place in axial bones. One can especially see intensive proliferation activity at the ends of growing long bones.

Here hyaline cartilage like that in embryos and newly forming bones, confront each other, the former with water of hydration and the latter with mineral salts. An intensive proliferation of cartilage cells in the columnar-cartilage zone now unfolds in this watery milieu of cartilage. This term points to the axially-directed force that determines the proliferative liveliness. This phenomenon is explained mechanistically by saying that the dermally arising periarticular limb-bone conditions a columnar cartilage-cell alignment because of the shaft like structure that arises. One observes cartilage-cell hypertrophy in the bubble-cartilage zone which continues into the opening zone with its chondric degradation and capillary formation. And in the bone-formation zone (fig. 1). Increasing mineralization takes place here; the proliferative life that unfolds in cartilage is led into the minerally stamped form by intensive rebuilding processes. It’s precisely this region of the limb organism that shows the close interaction of the etheric body with the physical organization that bears the human form.

These formative processes now receive their molding and structuring through man’s astral organization. It turns to the thought-carried consciousness sphere in the upper man that’s accompanied by bony hardening; in the lower man it becomes a moving principle. The bearer of consciousness or nervous system becomes enclosed by the neurocranium’s special sheath. This topological connection is place in a larger context if one looks at the form language of cell development in the skeleton and nervous system (fig. 1). A neuroblast displays life processes through its ability to divide, but they partly get lost during further maturation and dendritic-axonal differentiation as it develops into a neuron, that can serve consciousness. An osteoblast also begins as a live, divisible cell with a roundish, still undifferentiated shape. The more it becomes a differentiated osteocyte that’s imbedded into an axial or dermal bone it acquires a hairy shape somewhat like that of a neuron. One can see a connection between nerves and bones in the way they
become transformed, and in fact Rudolf Steiner said that a one was a nerve formation that was taken to completion.

Unlike the resting spherical neurocranium that embraces the nervous system and therewith the instrument of consciousness development, axial bones are moved by muscles. Muscles increasingly lose contact with bone towards the head and are inserted in skin's connective tissue or in the skull's aponeuroses. The will organization and the muscles it works through no longer take hold of bones and it thereby allows a vesting quality to arise in connection with the spherical form. Steiner said that “things are in full swing in muscle forces that have died and come to rest in bone forces, for bones are ideally – not genetically – transformed muscles” (3). This metamorphosis is made visible by banded muscles, tendons, collagen fibers and bone layers. The striated muscle tissue that is connected with will development becomes increasingly immobile and finally turns into a solid form.

Fig. 3: Change in shape of the neuro and viscero cranium during a life time (7).

Thus the lawfulness of bone as a nerve formation gone to completion and those of the ideal connection between the skeleton and muscle system can mold formative processes, where the skeleton’s nerve aspect mainly points to dernal ossification and the spherical bones encasing the brain, whereas muscles take hold of limb bones. Thus the astral organization’s instruments – muscles and nerves – mold the skeleton’s formative processes, and it’s connected with the upper man’s inner qualities of consciousness and the lower man’s movement. Consciousness is intensified to self-consciousness, and deliberate movement that’s directed by thought shows the ego’s activity. And it is the latter which speaks in the skeleton’s shape. Rudolf Steiner said that a skeleton is an unconscious ego-organization. Novalis said, “The only temple in the world is a human body. Nothing is more sacred than this sublime form.” (4). From this viewpoint flat and long bones are the roof and columns of the temple, in which God’s spark – the human ego – lives.

So in upper man’s bones one mainly sees an activity of his higher members that turns to consciousness and away from organic activity, and that imprints its lawfulness into the body. Rudolf Steiner tells us that these members make copies of themselves in the upper man (5). Conversely, axial limb bones are taken hold of and shaped by a direct working in of man’s higher members. It’s the main activation of the members in the description of Steiner’s that was already cited.

One gets a mediation between the two kinds of bones through the rhythmic, metameric division of the spinal column. The spherical construction principle of the vertebral arch that encloses the spinal nervous system predominates in the upper vertebral arch that encloses the spinal nervous system predominates in the upper vertebrae. Lower down the latter fit together into a column and remind one more of the axial construction principle of the limb bones. The uprighting force that develops in the spinal column and that originally arose in the mesoderm as the impulse of chorda dorsalis mediates between spherical and axial bones and between the nervous system and the muscles that take hold of the limb bones.

The Activity of Man’s Members During Life. Metamorphoses in the Polarity of Spherical and Axial Bones

Whereas the formation of the spherical neurocranium is completed early, the limb bones are gradually taken hold of by man’s higher member until years after puberty. This different behavior of the bone polarities becomes clearly manifest in the transformation of a skull. Its upper and lower jaws aren’t developed very strongly yet in a spherical child’s skull. The skull of an adult requires a longish, oval form through the strongly developed, transformed limb organization of the head that has been taken hold of by his higher members. This limb organization disappears somewhat as a human being incarnates. This skull transformation from infancy to toothless old-age discloses the varying will activity of the incarnating and incarnating man who takes hold of the limb organization. The various connections that a man’s inner nature has with his limb system can also be causes of disease, if for instance, there’s a premature loosening of his higher members from this part of his organization. (3)

Cartilage
The above described a man’s skeleton that’s worked upon by the members of his being. Now what kind of a picture do we get for his cartilage?

Cartilage is a tissue that underlies embryonic skeleton formation, except for the dermally ossifying bones. So it develops at a time when building up forces predominate and the new organism is still protected from the influence of gravity. Cartilage in certain places retains its vitality until the skeleton stops growing; the cartilaginous epiphyses are the starting zones for a bone’s longitudinal growth. When they ossify and lose their vitality the skeleton has attained the final size. After that the embryonic quality seems to be frozen and rigidified. The cartilage becomes a largely vesselless, brady trophic tissue. Its water content remains at ca 60-70%, which gives it a good turgor. Its ash content of inorganic salts amounts to about 4%. One finds architectonically arranged fibrils in collagen isn’t quite the same as bone collagen. One often finds degenerative changes with unmasking of fibrils and parallel-fibered banding in old people, whereby cartilage cells die. Calcification and replacement of cartilage by bone can begin soon after puberty in the larynx.

The distribution of cartilage in an adult body is also instructive. We find it at the ends of ribs and in the breast bone region, in the windpipe and bronchi, larynx, nose and ears. Cartilage is mainly found in the middle man as a form bearer in the functional gesture of the rhythmic system. It’s especially in the breathing organization that’s close to the sensory-nerve system that one gets cartilage with its roundish cells that don’t look like neurons. One finds the rigidified embryonic vitality of the cartilage organization in the larynx region, where the respiratory life process becomes intensified to soul-revealing sounds and becomes disclosed to dreamlike feeling. The cartilage system’s further division into rhythmically arranged bonds and discs and in the joints discloses its particular quality. Rudolf Steiner speaks about cartilage in his Basic Points for an Extension of Medicine, and he assigns it to the middle region, which is no doubt connected with the rhythmic system.

Metamorphoses in Connection with Axial and Spherical Bones

Spherical bones enclose the nervous system as a skull and spinal column with holes for the imbedded sense organization. Axial bones are unsheathed by striated, voluntary muscle. We see the polarity of nerve organization and muscles.

Now what transformation does the nervous system that’s connected with spherical bones undergo when it passes over to the axial-bone region? Here one no longer has an independent nerve organization that leads to organ formation, but a differentiated sensory organization mainly for touching, and namely all the more distinct the further out to the periphery one gets (epicritic sensitivity). This sheds light on the connection between muscles and sense organs that becomes manifest as if archetypically in the twelve eye muscles or in fingers” palpating movements.

Fig. 4: Varying relations between the muscles and hematopoietic bone marrow. There’s lessened bone marrow in the axial bones where there is much muscle, and more r.b.m. in the skull and other bones that are close to the nervous system and where there’s less muscle. Adapted from Kahle (8).

Then muscles are connected with axial bones and what’s the change when one follows them to axial bones? At least ideally the muscles seem to become transformed into the hematopoietic, red bone marrow. The more muscles develop in the long bone region the more red marrow changes into the yellow variety. The more the movement organization recedes the more bone marrow that forms red blood is present (fig. 4) the biochemical relation of hemoglobin with myoglobin shows the close connection between blood and muscles. Rudolf Steiner pointed to this connection in some anthropological lectures; “the bone-nerve nature stands on one side, and the blood muscle nature on the other.” (6)

II. The Working of Man’s Members Into the Joint Organization

In following up the activity of man’s members in the joint system one notices that there’s more joints in the peripheral hands and feet. Close to the torso there’s a rosette of muscles that continues peripherally as tendons and ends as bones. So one has proximal metabolic activity that serves movement, and then this
activity becomes less at the distal ends, where less blood goes into the bones (9). The sensory organization awakens in this peripheral region where muscles recede and bony structures predominate. There’s a particularly large increase in epicritical sensitivity and the power of discrimination. One could speak of an awakening of the sense of touch in the balls of the fingers. Muscle spindles and other organs of the sense of movement become denser at the periphery. Thereby the distal parts of limbs develop functions of the sensory-nerve system (fig. 5).

Fig. 5. Physical Level: Muscles – tendons – bones
   Functional Level: Metabolic Processes
   Sense Perception
   Epicritic Sensitivity – Muscle spindles
   System – Metabolic Limb System – Sensory Nerve

In (10) Rudolf Steiner describes a second man whose limbs near the torso correspond to extremities, and who has his spiritual head further out at the periphery. Following the picture developed here, folded hands are the sensory-nerve organization of the upper extremities and they have their metabolic movement system with which they work into the rest of the organism near the torso.

The joint regions left themselves out of the bones’ axial arrangement when joint heads form, as in a ball-and-socket joint. The distribution of red bone marrow also shows the connection between the head organization and joints. Red marrow – withdrawn from gravity – is present in flat bones in the spherical skull with its connection to the CNS, and in the spiral column’s spongy bone near the spinal cord. There’s no red marrow in long bones’ shafts, but one finds it again around their joints, which places them near the nervous system. A joint is sheathed by the perceptual organization of the sense of movement, or by muscle spindles, tendons’ Golgi-apparatus, lamellated corpuscles in the fibrous layer of joint capsules, and nerve plexi that contain marrow. We can perceive what position a joint is in, so a joint is part of an extremity’s sensory nerve system and it’s not just a moveable hinge.

Rudolf Steiner gives us another slant on joints in the following: “There is also other organs in a human organism – I will now say something very paradoxical – that there are pieces of another skull which will develop in the future, and these are the little knee caps. We learn to interpret the human organism if we tell ourselves: You really have three skulls. One is fairly well developed and is closed off on all sides. The second one only has pieces in the shoulder blade, and the third only in the knee caps. The latter two – shoulder blades and knee caps – can be completed in one’s thought to make spherical things. Then one gets three brains.” (11). Here one could ask whether the spherical hip bones don’t fit in here somewhere.

Embryonic hyaline cartilage is a vascularized tissue that’s still quite alive and regeneratable, although this changes later when the blood quality withdraws from it.

The predominantly hyaline cartilage of the joint organization is fed by diffusion from the synovial sheath or membrane. The synovial stratum contains marrowless nerve fibers and numerous blood vessels that are obviously dependent on the number of joint movements. Folds and projections are formed. What does this morphological language tell us? Villi also form in the intestines. Their resorptive potency introduces anabolic vitalization after intestinal catabolism. This is the first step in the build-up of man’s organism through the still foreign food. These little organs obviously bear the life process that’s begun by food and one can see that they’re determined by the etheric body.

Then there’s chorionic villi swimming in maternal blood that bear resorptive feeding processes and excretory ones for developing embryos.

Another villa-forming organ is the choroid plexus in action brain cavities. No vitalizing, resorptive processes occur in the nervous system that’s the foundation of our waking consciousness. What one has there is the secretion of a low protein, high sodium, in potassium, crystal clear fluid containing practically no cells or life. Its tendency to calcify emphasizes their quality. The life process that’s born so impressively by villous structures withdraws in the realm of consciousness development. And the villi that appear in the nervous system have quite a different function than they do elsewhere.
Now where do the synovial villi belong? On the one hand they feed and maintain cartilage and the synovial stratum’s ability to regenerate is good. The etheric body works in anabolic life processes there but not in cartilage much. On the other hand there’s no resorptive processes here like in the intestines – the villi secrete viscous plasma-dialysate with its high content of hyaluronic acid. Corresponding to the sensory-nerve quality of the joint we find a step in the direction of the nervous system with its choroid villi. We get the first possibility of consciousness formation here in the form of pain, whereas intestines are unconscious (fig. 6) in healthy people.

<table>
<thead>
<tr>
<th>Physical body</th>
<th>Fluid Organism</th>
<th>Stages of Consciousness</th>
<th>Fig. 6 Villons structures in man’s threefold organism and their connection</th>
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<tbody>
<tr>
<td>Choroid plexus villi</td>
<td>Liquor formation</td>
<td>Waking</td>
<td>With the fluidic organism, and the accompany stages of consciousness, Adapted from Bucher (22)</td>
</tr>
<tr>
<td>Synovial villi</td>
<td>(Cerebral spinal fluid)</td>
<td>Dreaming</td>
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<tr>
<td>Intestinal Villi</td>
<td>Nutrition/excretory</td>
<td>Sleeping</td>
<td>Processes in contact with Maternal blood build-up.</td>
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Looking back at synovial one sees that it has a building up and nutritive function for cartilage that doesn’t regenerate much, for the etheric body is working on the synovial membrane. It also changes the influence of gravity forces on articular surfaces: a certain levitational quality is acquired (12). As in the brain’s Case the joint region seems to be somewhat taken out of gravity, or at least gravity forces work on it in a different way. Therewith the synovial stratum and fluid show their connection with the levitational quality of upbuilding etheric forces.

After the synovial stratum comes a fibrous stratum with a reduction of the metabolic process and an increasingly developed sensory-nerve organization. It contains networks of nerve fibers and lamellated corpuscles. When these work with the sense organs of the movement organization (muscle spindles, Golgi apparatus) the organic foundation for the sense of movement develops. An awareness of a joint’s position becomes possible. This and sensitive skin is oriented towards the realm of day consciousness, where synovial joints belong more to the metabolic night side. This sensory realm near the joints is wrapped in the movement function and is partly taken up into the muscle organization, as is the case for many other sense organs.

Thus the following picture for the connection of man’s members arises, which corresponds to the ones which Rudolf Steiner indicated for the head versus the rest of the body in his curative education course.

<table>
<thead>
<tr>
<th>Fig. 7: The constellation of a man’s members</th>
<th>Fig. 8: The constellation of man’s members</th>
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<tbody>
<tr>
<td>In a joint. Sense organization – ego-organization</td>
<td>in his upper and lower parts, from Rudolf Steiner’s blackboard drawing for his Curative Education course 1924.</td>
</tr>
<tr>
<td>Muscles – astral organization/synovial layer</td>
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<tr>
<td>Etheric organization/Bony joint – physical body</td>
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Whereas in the head the skull as the representative of the physical body encloses crystal clear fluid that’s abandoned by etheric life forces and the brain that’s molded by the astral body and on which ego-consciousness can awaken, things are just the opposite in a joint: here the mineralized joint region that belongs to the physical organization by life-bearing synovial fluid and by the synovial layer with its processes that belong to the etheric body. The joint region is wrapped in muscles and thereby in the astral body’s activity that’s revealed in movement. Finally a sensory activity, awakens in the otherwise dimly conscious joint region, when a conscious perception of joint positions becomes possible. This sensory
capacity is continued in the perceptions sense of touch. A man experiences himself as a touching being and as an ego when he touches an object. (fig. 7).

Rudolf Steiner points to this constellation of members as follows: "On the other hand in the metabolic-limb system the situation is such that the ego is vibrating outside in all parts of the organism's warmth and then inwards it becomes ethereal, and in the tubular bones it gets physical.

So that we have a centrifugal arrangement in the head organization from the ego out to the physical body, and, a centripetal one in the metabolic-limb organization from the ego to the physical inside. And the arrangement in the rhythmic system in between is continuously intermingling, so that one doesn't know whether it's from outside to inside or vice versa.". (13) Thus the arrangement of man's members in the joint realm is the opposite of the one in the head organization. (fig. 8).

III. Manifestations of Disease in The Joint Organization. Rheumatoid Arthritis

If man's consciousness pole leaves its physiological home and presses deeper into his organization an unphysiological constellation of members and a foreign quality arises for these realms. This is counteracted by an inflammatory process as an attempt at equilibration and healing. If this hygiogenetic principle can't change the unphysiological penetration of the upper man one gets a chronic inflammation that's devoid of the warmth of an acute inflammatory process and thereby leads to solidification and sclerosis. Therewith this hardening, capsule-forming quality - a head formation at the wrong place - becomes a picture of the original working in of the upper man that led to the acute, inflammatory response. Gisbert Husemann called it "pathology as a picture-making method".

An overly strong activity of the astral body and keyed-up consciousness often leads to infections in the upper air passages (15). Warm inflammations oppose this principle that strains and cools the organism. If the intervention of the astral organism can't be offset in this way, it works deeper into the organism and gets to the joints which also have a connection with the sensory system. Then one can get pains that are associated with infections, or reactive arthritis that's mostly HLA B 27 positive.

Similarly, the upper organization that belongs to the nervous system seems to work into the movement system too strongly in rheumatoid arthritis. Eventually one gets deformations and fusions in joints and often muscular atrophy as a result.

Acute inflammation is a response to the unphysiological intervention of the sensory-nerve system. The vascular phase of rheumatoid arthritis is followed by exudation, cell infiltration and necrosis. Synovial membranes get villi feros and secretion processes predominate and mediate an aggressive catabolism. Massive degradation processes arise in the synovia that otherwise has building-up life processes in it and a high antiprotease content to counteract catabolic processes that belong to the upper man. The filliferous synovialis develops structures that remind one of lymph follicles with germ centers (16).

This acute inflammatory process is followed by increasing proliferation in the synovial tissue to form pannus, which lies on cartilage structures and brings about their degradation. Pannus tissue is related to the granulation tissues in inflammations and in certain eye diseases where one gets a pannus that covers the avascular cornea. They say that it's the starting point of the development of fibrocartilagenous exostoses in arthrosis. Cartilage debris gets embraced "by a carnivorous plant", as it were (17). Now is this degradative quality of the very flexible granulation tissue followed by an upbuilding phase such as can be found in other inflammation and which can appear as a healing quality that's brought about by the organism? This indicates the characteristic sequence of development of this membrane of granulation tissue (pannus). Scar tissue arises from the destructive pannus, that's sometimes followed by the development of a chondroid tissue with collagenous connective-tissue fibers (18). A kind of a substitute for cartilage forms out of the aggressively degradative pannus as a healing gesture, in a way that's otherwise not possible in post-embryonic life. This tissue's life processes are molded by an archetypal quality, that is, the astral body brings in the archetypal pictures and lawfulness that direct these processes. The sensory-nerve system breaks into the realm of the movement organization through the chronic inflammation in
polyarthritis, especially in its advanced stages. For instance, one finds hardened and swollen finger points, where some things have gotten fused. This rigidifying organization seems to be abandoned by the movement system. Tendons can rupture, and muscular atrophy makes the rigidified forms look even more like caricatures; the end-stage of a sclerosis is reached. Other observations point in a similar direction. Rheumatoid arthritis prefers peripheral joints and nerve fibers containing a lot of phosphorus. Paralyzed limbs are arthritis-free (19).

This gives one a first picture of rheumatoid arthritis. The consciousness quality of the upper man or day side breaks into the upbuilding night side of joints. This may be because the physiological night quality or upbuilding etheric activity has become too weak to dampen the inbreaking action of the sensory-nerve system. Rudolf Steiner says, “For the strange thing is that arthritis deforms or rheumatoid arthritis is usually caused by psychic processes in people with the appropriate bodily disposition, namely, with a constitutional weakness of the etheric body. This is in people who sink their astral body into a weak etheric body on waking, so that the astral body becomes stronger than it should be due to the weakness of the etheric body, and where it’s not sufficiently paralyzed when it enters the etheric body. Here worries, sorrows, shocks and gnawing distress in the soul acts as a cause of this disease. Now... say that a... 12 year old child has an etheric body that was only temporarily weakened by a previous measles disease or the like, and that the astral body works too strongly. If this child has an ill-humored teacher who gets him into all kinds of states and psychic disharmonies, such child-like worries will predominate. Two years after that comes 14 and then it’s two more to 16, and it’s in this year that one can get a rhythmic repetition of the insult two years before puberty – this time not as fresh worries but as the organic counterpart of worry... Now how long does it take this process to become peripheral according to the periods that develop there? Another period begins at 21, that is, at 19 years before this period, and two years after it at 23 the possibility arises that the thing will progress somehow in this child. Now it’s a question of how long the process needs to become properly peripheral so that it appears as a deformation. Under certain circumstances this can go from the twelfth year where the first causes are into the thirties and even to the beginning of the forties.” (20)

An interesting study describes the connections between events in childhood and chronic polyarthritis in later life. A negative correlation between education and handicaps from ra in later years was found. Apparently little education went parallel with severe, chronic pa later on. (21). It’s possible that the lack of much education was just an indication of more social stresses and trouble in childhood.

One could also ask to what extent the kind and manner of movement shows one a predominance of the upper man. One can distinguish various qualities in men’s movements. First there are purposeful, result-oriented movements that seem to be mechanical. In other movements it’s more important how they're made, so that they acquire a kind of vital, flowing character. A third kind of movement is permeated with feeling; if a mother caresses her child the flowing movement is accompanied by her love for the child. Then there’s movements in which the spirit is present. Here one can think of the blessing gesture of an old man. The blessing gesture belongs entirely to this spiritual activity, and the outer movement is not too important. Life, soul and spirit can be seen in every human movement over and beyond the physical event to varying extents. The many demands of an increasingly mechanized environment can reduce men’s movements to purposeful and mechanized ones. Then a movement isn’t accompanied by warm feelings, but it’s one that realizes a mental image of an action and therefore a thought element. Therefore the upper, consciousness-bearing organization determines the resulting movement. It’s possible that the inflammatory reaction in rheumatoid arthritis counteracts the emphasis on physical movement and its thereby experienceable, rigidifying quality. Conversely this makes it clear how an ensouled movement that can be made in the treatment of an arthritic patient with curative eurythmy can reunite his members with the movement organization and therewith support the therapeutic process.

There’s two, polar forms of rheumatoid arthritis. The neurasthenic, slim and slender boned rheumatic is confronted by the hysterical type with a pyknic constitution. The predominance of the sensory-nerve system is particularly evident in the former type. A big inflammatory reaction sometimes sets in in the fat type, and this needs therapeutic guidance.
This understanding of ra leads to several therapeutic possibilities. Any acute inflammation should be directed and counteracted. Then one should support healing phase that follows the acute inflammation. Both of these will only succeed if one deflects the working in of the sensory-nerve system into the organism’s movement-organization.

Arthritis

Unlike ra, arthrotic changes in the joints develop rather quietly. Reactive inflammation phenomena that lead to more deformations in joints are often observed. Here one can get insufficient will activity of man’s higher members in the limbs, instead of the overly strong working of the upper, consciousness pole into the same that one has in ra. Here the hindering of this will action in the limbs can arise through outer traumas, overloads and therewith more or less physical causes. An underdeveloped etheric organization that’s unable to overcome gravitational forces pressing on joint surfaces can also lead to an arthrotic process that deforms joints. Restrictions of the movement organization that’s borne by the astral body can also lead to arthrotic activity. Neurogenic arthroses like those in polynueopathies are common, and so are muscularly conditioned wrong positions of joints, which can also lead to arthrotic transformations. They say that idleness promotes arthrotic restructuring. Whereas arthrotic changes in larger joints can arise through seemingly mechanical factors or at least external ones, this seems not to be the case in Hebard or Bouchard arthrosis in the small finger joints. So how do we explain this arthrotic process which apparently couldn’t be caused by pressure or wrong loads? A look at the joint’s threefolding can give us an answer here. The will organization withdraws from limbs as people get older, and from the head too, as we already saw. When this activity dies down in the fingers that are predominantly sensory-nervous things anyway, their joints scleroticize and solidify. The inflammatory processes that are often observed here try to offset this pathological activity, but they often develop into chronic inflammations that accompany sclerosis in the joints and give rise to the signature of the head organization in the forms.

Summary

Polar syndromes develop in arthritis and arthrosis. In ra the qualities of the conscious upper man press too deeply into the movement organization, which gives rise to an inflammation that counteracts this. One can see that the will doesn’t take hold of the limb organization enough in arthrosis; this leads to an indirect predominance of the sensory-nervous system in the joints and to inflammations that try to counteract this.

Literature

(maybe you want to insert the printed material?)

Hand Deformations as an Essential Expression of Chronic Polyarthritis, by Christian Kern, M.D., Rissen Hospital

Key words: Cp, hand deformations, MCP joint, PIP joint, DIP joint, swollen joint.

The symptoms of chronic polyarthritis (Cp) appear most frequently on finger and toe joints, although any joint with a synovial membrane can be attacked if it’s hyaline cartilage. Any doctor can easily diagnose cp from the typical deformations in the hands, and the latter are sometimes facetiously known as the disease’s calling card.

A man’s will originates in his metabolic-joint system. An individual realizes his will impulses through his limbs, creates his nest, makes a mark on the world and thereby creates his karma. The jaw joints are often affected by Cp and are part of the limb system. Our words also create karma.

If one understands the disease’s outer phenomenal picture rightly one can “read” it. We’ll try to let the essential picture of Cp appear before our soul with the help of hand deformations.

Deformities
Cp typically gives rise to symmetrical swellings in the distal metacarpol joints (MCP) and proximal middle finger joints (PIP); the wrists are often affected also, but the eight (ex. Thumbs) terminal finger joints (DIP) usually escape cp, although they can get arthrosis, psoriasis and other diseases.

We'll ignore the toes here.

The ulnar deviation of the fingers in the metacarpphalangeal joint (fig. 1)

Fig. 1: Ulnar deviation at the MCP joint (from Miehle, W., Rheumatoid Arthritis Diagnosis and Therapie, Georg. Thieme Pub. 1999/seven fingers in a healthy hand easily bend towards the ulnar side. In cp the basal phalanges move off towards ulner/volar from the knuckles in a sub-dislocated to dislocated position.

Swan's neck deformity (fig. 2)/Fig. 2: Swan's neck deformity (from H. Zeidler (editor) Rheumatology in W. Gerok, Innera Medizineder Gegenwart, vol. 7; Urban & Schwargenberg 1990/Here one often has the indicated ulnar deviation, the fingers are slightly bent in the MCP joints, bent backwards in the PIP joints, and bent in the DIP joints.

The button hole deformity (fig. 3)/Fig. 3: Buttonhole deformity (from H. Zeidler, in W. Gerok, Internal Medizin, vol. 7 Urban 1990, P. 374)/appears as a kind of a mirror image of the swan's neck, with stretching in the MCP joint, bending in PIP joint and stretching in the DIP joints.

90 degrees – 90 degrees thumbs (fig. 4)/Ibid/Here the thumb's terminal joint is flexed by almost 90 degrees and its second joint is bent at almost the same angle.

Bayonet position of the wrist (fig. 5)/Ibid/Here one sees a kind of a step at the back of the wrist and another one at the hand's heel.

So one often gets a series of alternately stretched, bent and stretched joints on a finger, or bent, stretched, and best ones.

Functionally this means that a hand can no longer be fully made into a fist or flattened.

If a patient with a swan's neck deformation wants to close his fist, somebody would first have to help him to bend the middle joints in the right direction; or he might be able to do this himself with his other hand.

This whole thing is due to a displacement of the flexor tendons/muscles from their grooves due to inflammatory changes in the collateral ligaments at the PIP joints. As a result they become extensors rather than flexors. The opposite occurs in button hole deformations, in which the extensor tendons slip over to the palm side and help to bend things in PIP joints (fig. 6)/Feb. 6: Pathomechanics of a finger/The latter explains the patho mechanism, but it doesn't really help one to understand the results of the pathological change.

The location of the swelling and deformity is just as important as the latter.

The symmetrically appearing swellings on MCP and PIP joints, and the less than 5% attack of D(distal) 1P joints is noteworthy.

Hand joints and their connection with Threefold Man. The balls of the fingers are the hands' most sensitive parts. When one writes or gropes one's way in the dark the terminal joints move the most and the middle ones less. Here the hand's fingers open themselves entirely to the sensory-nerve sphere and are entirely devoted to the outer world. Here's a place where the otherwise sleeping ML system wakes up to the world.

Things are different with the fingers' basal phalanges. Here we experience a power sphere. The heads of the metacarpals form a kind of an abutment when one grabs something, and the palms' calluses are on the other side.
When a boxer closes his fist it's the knuckles and his fingers' basal phalanges that give him a sledgehammer to make his mark on the world. The sensitive finger tips are tucked underneath and protected here. On shaking hands with someone one feels that the basal phalanges and MCP belong to the act of will. The hands embrace each other in the metacarpal-head region and press it with an intensity that depends on the quality of handshake. The two shakers experience each other's egos in a kind of meeting of wills.

Thus starting from the finger ends and the first and third joints are polar opposites; the first are sense-oriented and the third are will and power oriented. The second joints in between are needed for the two polar movements.

The distal interphalangeal joints and their surroundings are sensitive to what comes from outside, whereas the knuckle joints are entirely devoted to action, as are those of a boxer who knocks you out. But when we use our PIP joints to knock at a door to see who's there, then this is a mixture of impulses in the world and of being wide awake for what's coming.

The wrist also has a special connection with the hand's sphere of forces. If it gets painfully arthritic it weakens the whole hand.

From these viewpoints the fingers or hand seem to be threefold.

End joints – Sensory-nerve System

Middle joints – Rhythmic System

Knuckle joints/wrist joint – Metabolic-limb System

Morphologically-functionally one could also divide them the opposite way. Then the more mobile fingers correspond to the ML system, the palm bones to the rhythmic system and the wrist to the sensory-nerve system.

The Extremity As a Whole

If one looks at a whole extremity or limb and notices that the proximal ends of the bones in them are always like heads, as one also sees in the names caput humeri, etc. (1) whereas the other ends are more like limbs (fig. 7). /Fig. 7: Bone series (From L.F.C. Mees, the Human Skeleton, Form and Metamorphosis) /But this principle is reversed in the hand – the heads of the metacarpals and phalanges are at the distal ends (fig. 8). /Fig. 8: Section through a hand (From C. Toldt and F. Hochstetter, Anatomischer Atlas, Urban & Schwarzenberg, Munich 1976) /Things get increasingly weak towards the fingertips, which are particularly sensitive.

Here we see a kind of a turn around in the ML system from the carpal out

The otherwise sleeping M-LS slowly awakens from the wrist and ascends to a new sphere of consciousness. This is a consciousness that expresses itself in the M-LS and that reaches its high point in the ball of the fingers.

The secret of how a reversal is effected in the will region is hidden in the wrists. The two rows of bones in the wrist have a kind of an S-shaped line between them 91 owe this indication to R. Drexel). We find this S-form again in the collar bones and spinal column, where a new consciousness region wrests itself loose from a lower one and lifts itself above it.

This obviously the case in the spine and head region, but less obviously in the clavicles. It sort of closes off the muscular movement impulse in the upper arm so that the head can rest or move independently of the limb. This isn't attained in animals; either they have no clavicles or their shoulder muscles go directly into their neck muscles and transfer the movement impulse to the head, as in horses. The head is taken hold of
by limb impulses and it can't keep itself conscious in a free manner. One should note that this S form and sound bring ahrimanic forces into play which must be shaped by the ego.

Thus the wrist joint and knuckle joints are organs that especially serve a man's will. Will processes work their way into a new sphere of consciousness from the wrist joint and open themselves to the stream of consciousness. Psoriasis-arthritis and arthrosis of the terminal finger joints show that the emphasis there is in the sensory-nerve or "upper man" realm.

Soul gestures in the Hand

One can easily see two fundamental soul gestures in the hand, which serves the "manus" festation of the soul's will element; these are the movements of taking hold of and releasing something. A sympathetic approach lives in an embrace, in the bending of a hand into a handshake or grip, and antipathy in a warding-off, open palm, or releasing gesture. The soul gestures of sympathy and antipathy, appear in actions. A "yes" in coming to grips, a "no" in letting go, a "willing" or an "unwilling" (fig. 9). /Fig. 9: Unity of Useful and Expressive movement; after a drawing by Hans Borchert/One sees a special signature in the morphological and functional changes in Cp fingers - flexing and extending alternate with each other on the same finger and at the same time. The unified gesture that appears in a healthy person seems to be splintered or broken. The hands of a Cp patient seem to be hooked into themselves; there's a continual back and forth between yes and no, between sympathetic grabbing and antipathetic letting go, between willing and unwilling.

It's as if one had several hands with different will gestures and ways of acting conjured into one. This picture of psychic disunity also becomes very manifest in the daily life of a cp patient. Either he blusters and floods his surroundings with relentless actions, or he withdraws into a kind of paralysis of the will and loses all initiative. One often hears, "I can't say no." And so they do things they don't really want to do, or that they can't really connect with themselves.

The ulnar deviation, change to the thumb and the wrist-joint's bayonet position point to another gesture of the disease; the first two changes were often found in old-style carpenters and shoemakers after years of work. Their organism became tired after decades of overwork, became heavy and then deformed.

The thumb is missing a bone and a joint. Judging by the movement gesture it's the metacarpal phalangeal joint that is absent, since the play in the thumb's first two joints corresponds to the hinge movement in the other fingers' first two joints. The saddle point, that is, the joint that connects the thumb to the wrist, is not like a MCP joint, because a sideways motion and thereby a rotation in the joint is possible. This indicates that the thumb is a finger without a metacarpal bone, so that compared with the other fingers it's one story lower and closer to the wrist.

This is supported by the following. The epiphyses of the metacarpals are at the distal end whereas those of the phalanges are proximal. But in the thumb the third bone from the end has a proximal epiphysis, which indicates that this finger is seated directly on the carpal bones (fig. 10). /Fig. 10: Kand skeleton of a 14 and 19 years old, L & R (From F. Schmid, Atlas der normalen and pathologischen Handskelettenentwicklung, Springer Pub. 1960) / (cf. W. Schad (2)). That is, a thumb places itself more directly into the above described gesture of a transformation of the will pole into a new consciousness sphere.

Rudolf Steiner and Ita Wegman said the following in connection with rickets;" Astral activity isn't stopped at the right point along the way. Tendencies towards malformation must appear, for healthy shapes can only arise 'within the realm of the ego-organization'. In connection with the gout process they say, "An articular cartilage or connective-tissue area will only become burdened with uric acid... when ego activity lags behind astral functioning in these parts of the body. Since the whole shape of the human organism is a result of the ego-organization, the described abnormality must lead to organ deformations. The human organism strives away from its right form here." (3)

Thus the astral is active but the impulse that's woven out of the ego-organization isn't very active. The astral predominates. Animal extremities often seem to have an ulnar-deviation type deformity, such as a
distal bird’s wing, a male’s forefoot-shovel, or the forefoot of a turtle (fig. 11a and b). \{11b is the same as 4.\}

Just as an animal with its astral gesture has become specialized, so a cp patient falls below his ego-organizing level and shapes his body out of astral gestures.

This deficient input of the ego can also be seen in the soul. No bright and warm ego permeates the sphere of the patient’s deeds. There’s often a very tense mood in the soul life between the outer will impulses and the increasingly anxious question about how life can go on, which can only become noticeable via the will region’s night side since the sphere of consciousness has become rather estranged.

The biographical stream dries up and becomes interrupted. One sees this interruption of the patient’s will stream in the knuckles and wrist very clearly. In time the rest of the hand below the swelling often degenerates.

When arthritis completely takes over the hands, feet, jaws and some of the larger joints the patient is obviously unable to realize his life’s impulses anymore.

Substances and Healing Processes in An Anthroposophical Therapy for Chronic Polyarthritis that suits one’s constitution by Ludger Simon, M.D., Filderklinik (Literature 2, insert)

Summary

We distinguish between two types of cp: the thin, nervous type and the plump patient with a disrupted metabolism. Each is treated in a different way, as for instance with potentized leadum, bryonia and mandragora which relax the breathing processes and reduce pain. Winter bloomers like calcium and viscum album draw the astral body back into the etheric body and potassium carbonate and arsenic impulse the astral body and ego organization with respect to their rhythmic interaction with the etheric body. Sulfur and animal remedies like oyster shells strengthen the etheric body’s vitalizing influence on the physical body. The ego-organization’s warmth-forming and auto-regulative competence with respect to the other members is strengthened by curative eurythmy, external applications and phosphorus. Artistic therapy and reflection on the patient’s life stimulate an understanding and acceptance of his disease that enable him to develop inner calm and to transform his life creatively.

Key words

Rheumatoid arthritis, anthroposophical therapy, complementary therapies, biographical anamnnesis, psychosomatic understanding of the disease, curative eurythmy, sephia, sulfur, Levico, leadum, colchicum, viscum, oyster sells, phosphorus, arsenic, bryonia, mandragora.

A man’s heart perceives body-building processes. After 21 days it forms the embryo’s first functioning system. The ego can feel how the body is built up from will forces and is moved in the world, via the heart.

Whereas the lungs turn towards the outer world and let the outer air stream into a man, this process is connected with thoughts and sentiments that arise in connection with perception. Conversely, speaking, singing and screaming show how a man uses exhaled air as a vehicle to express his thinking, feeling and willing in the outer world.

The heart begins to beat three weeks after conception, but the lungs are first used at birth. Infections and other diseases of the respiratory system often accompany a child’s development. A man’s heart keeps ticking until the day he dies and so it stands between the portals of birth and death. The power of lung breathing has a big connection with the power to grasp the physical world in word and deed.

These two, large organ systems in man’s breast fulfill rhythmically equilibrating functions and mainly get sick through one-sided processes in the SNS or MLS. Thereby the diseases of heart and lung in the rhythmic system are models for an understanding of disease that’s based on the whole man.
So it’s probably no accident that people become aware of certain polar phenomena precisely in the realm of chronic respiratory inflammations. Around 1900 Brewis distinguished the pulmonarily-cramped “pink puffer” from the cardiohypoxemic “blue bloater”. The first type is very awake and hyper ventilated and afraid that he can’t get enough oxygen; he tends to have bronchospasms, dried up secretions, charcot-leyden crystals, and intensified degradative forces.

Whereas the bulky blue bloater is a lazy, sleepy person in whom the many materials are no longer properly controlled and molded. Quantities of purulent secretions are transported to the air passages via the blood and stay in the periphery, which leads to hydropically decompensated cardio insufficiency.

Soul-spiritual processes predominate in the pink puffer, which leads to more wakefulness, predominately degradative processes with cramps and hardening in the breathing process. Whereas the metabolic activity in the blue (blood) bloater isn’t shaped by the ego and astral body enough, and some of its products slash up to the lungs and wind up being excessive digestion at the wrong place in inflammations.

Polar Constitutions in People with Inflammatory Rheumatism

Although conventional rheumatologists know that cp subtypes have different prognoses and may be should get different treatments, they have so far been unable to arrive at the optimal therapy for each type. But in anthroposophical medicine the diagnosis of nervous, thin types and of constitutions with a disordered metabolism leads to productive dietetic, medicinal and eurythmic therapies. This distinction is analogous to the one in chronic lung diseases (pink puffer and blue bloater), and it corresponds to Rudolf Steiner’s neurasthenia and hysteria (March 22, 1920) (fig. 1). (Fig 2: Constitutional types in inflammatory -rheumatic diseases.

- Irregular-metabolic Type
  - Weak will, manipulatable, on dreamy side
  - Tends to be lazy, immobile
  - Plump, watery body
  - Cold hands and feet
  - Watery joint swellings, discharges
  - Attacks on wrists, knuckles
  - Advanced disease doesn’t trim much fat
  - Pseudo allergies in intestines
  - Inflammatory lesions in stomach’s mucous ulcers
  - Healthy till tooth change, but sickly afterwards
  - Chem. Ether from metab. Softens SNS
  - Congestion & predominance of centrifugal
  - Loosening forces from metabolism, peripheral
  - Inflammations thru digestion at the wrong place
  - Salinic fasting cure with carrot juice, sodium Sulphate, mineral water, yarrow tea is effective.

- Nervous Type
  - Hyper wakeful, cool, rational, fiery will occas.
  - Restless, compulsive movements
  - Thin, finely contoured face, shoulders
  - Hot and cold flushes, adjacent hot and cold joints
  - Pannus – springy joint swellings, usually.
  - Attacks more peripheral (PIP and MCP points)
  - Disease reduces weight
  - Allergies in air passages
  - Stomach cramps, poor digestion
  - Pale, delicate, thin, sickly before tooth change already. Light ether leads to etheric rigidification, head like man
  - Congestion & predominance of of centripetal forces from the SNS hardening, destruction mainly in the organism’s upper,
  - peripheral regions, vegetarian, sugar-free food,
  - Leafy vegetables and fruit. Fasting for over three Days makes things worse.

The fat, irregular metabolic type tends to gain weight due to a weakness in the degradative and shaping processes that proceed from the soul and spirit. The insufficiently digested food stuffs in the metabolic system remain foreign to the organism, but because of the greater permeability of the intestinal mucous membrane they get absorbed into the blood too quickly and they get deposited in certain regions that aren’t controlled by the soul and spirit very well. Such substances that have remained similar to the outer world are belatedly combatted by the immune system, which gives rise to the inflammatory reaction that sort of makes up for the poor digestion.

These patients benefit from 8-10 day juice fasts, where we stimulate the formative processes with carrot juice mineral water and eliminate superfluous materials through sodium sulfate, whereby the joint swelling go down already in 4 days, and the blood sedimentation rate and CRP go back to their normal ranges. This
fasting period should be during the waning moon for women. Afterward the diet is rice and carrots with the
Addiction of a new food every two days. Here one can observe that some added foods lead to gas,
constipation, headaches, tiredness, joint swellings, stiffness and pain – so one stops using them. Here one
is mainly dealing with pseudo allergic things one can’t tolerate, which show that the organism can’t
degrade and decompose the foreign protein in the particular food sufficiently.

Whereas for the thin, nervous type the dynamics of the SNS and degradative forces predominate. As his
Ra increases his weight declines and so fasting over three days isn’t recommended. He benefits by a
vegetarian, sugar-free diet, low milk products and other proteinaceous foods, and an avoidance of things
he can’t tolerate.

A survey of our Therapy Concept

The outer symptoms of CP are only the physical results of a complex development of disease for years
at the soul-spiritual and functional level (1). Here’s four moments in the disease’s course which help one
to think up Anthroposophical therapies.

The ego-organization mainly in the SNS Inner cooling and muscular weakening to near paralysis.

SNS one-sidedness of the astral body inner unrest, breathing difficulties, pain.

Etheric activity proliferates independently or becomes inert insufficiently aerated fluids stagnate.

The isolated physical body’s fate: deposits, hardening, deformation.

The Aim of an Anthroposophical Treatment of Chronic Polyarthritis

So the main goals of an Anthroposophic treatment of poly arthritis are (1) to loosen the upper sentient
organization from its overly strong connection with the physical body to reduce inflammation and pain.
(2) to strengthen the loosened astral body (and ego) and to simulate it to intervene in the organism’s
metabolic processes and other life processes, since it has the task of providing models to the etheric body
for its shaping processes.

(3) One also has to make the life-force body receptive for the formative intervention of the astral body and
ego-organization and to put it into the right relationship with the body’s metabolism and limbs, which may
also involve making the physical body receptive for etheric forces.

(4) The most important thing is to get the ego-organization to build things up more down below and to get
it to equilibrate between the “upper” SNS processes and the “lower” activities of the metabolic and
reproductive region through heart activity.

The Astralic Therapy Approach through Potentized, Poisonous Plants: Relaxation of Breathing Process in
The Service of Plain Alleviation

The first goal in the treatment of CP is to loosen the soul forces from their overly tight, consciousness-
enhancing grip on the physical body and to bring them into a healthy, breathing interaction with life
processes. Poisonous plants are particularly good here, since poisons form through the action of astral
forces on physical processes. Let’s take a look at the dynamics of the forces in a flowering plant.

A Plant as an Inverted Breathing Process Between Heaven and Earth

Every rooted plant interacts with minerals’ lawfulness. It weaves water and dissolved earth salts into its
body with the sun’s help as it produces its own substances and shape. Later it streams out essential oils and
sends out pollen, fruits and seeds. Between a plant’s condensation of minerals in its root and stem-
formation and the streaming out of warm, living substances in the flower and fruit region it develops a
rhythmic, breathing, transformative process around its earthly-cosmic functions axis. Every leaf has
solidification elements in and underneath it which are located around the conduction vessels for water and salts, whereas it tends to spread out towards the periphery and to develop flat surfaces. Then there's the alternation of the hardening tendency in the roots that leads to permanent shapes, building up in the leafy shoot, another condensation tendency in the flower bud, another loosening in the aromatic unfolding of flowers and dispersal of pollen as the green plant withers, new growth in the fruit, followed by a fourth hardening condensation in the seeds (2). Thus a plant breathes in and out between the centripetal condensation and centrifugal streaming out of its vitalized substances and eventually give the enlivened mineral substances in enlivened water to animals and men.

The Inversion of A Plant's Processional Direction Through Breathing Activity

A man develops just the opposite way in that he has centripetal, condensing processes in his head and skin in which condensations like nails, hair, teeth and forms that are coming to rest predominate. Dissolving processes gain the upper hand down in the metabolism and in the blood, where the centrifugal streaming of self-made substances is turned around into the inner blood circulation (fig. 2). /Fig. 2: A standing man inverts the spatial orientation of phytomaterial processes

Sensory-nerve activity (like root and stem formation)
Centripetal condensation of ponderable substances (imponderables move in the opposite direction). Waking soul activity Production of own living, Substance upbuilding warmth
Crystallization principle (Sal process) Ideation-Thinking
Rhythmic system (like leaf form)
Rhythmic reversal of processes
According to mercurial principle

Breathing – swinging mediation
Activity of limbs and metabolism (like plants' flowering process)

A plant's direction of forces in the region where it rhythmically sends out its inner stream of substances into the surrounding air is inverted in a standing man. He displays the inverted tree of the bronchial system that brings fluids to meet the air streaming down. The alveoli in the tree's crown that are like inverted drops with the liquid outside bring the outer air into the blood, while the carbon dioxide that's dissolved in the blood evaporates and is exhaled upwards. This inside and upside down plant in man has an inverted degradative function.

Thus seen from the earth's biosphere a plant's rising, assimilative stream of fluids is counteracted by the devitalizing, degradative stream of respiratory forces which first molds air-filled spaces in live fluids and then radiates oxidative, degradative process into the chemism. Plant assimilation and animal or human dissimulation are two counter-moving phases of a global, rhythmic cycle of functions in the earth's life process.

Cartilage, Joint space and Up-righting As Fruits of Breathing Forces

Cartilage, connective tissue and joints with viscous fluids in inner spaces into which neither blood nor nerve penetrate are molded by the mercurial process. Most of man's cartilage is connected with ribs, trachea, bronchi, larynx and ears. To this extent joint formation is the result of breathing activity, in which a man's soul forces live and shape things right down into the physical body.

The metabolic power of the shoulder muscles as a strong expression of the will predominates in the arms' creation of shapes. The blood-warmed muscle metabolism at the finger tips ends in firm tendons, and movement is strongly directed by the sense of touch. One has to look for the mercury mediating process in turning wrist-joints, where one can also perceive the pulse. The carpals are harnessed to a functional unity, just as the formative activities of individual organs merge in the blood and are fused into a unity in the heart beat. One generally finds cp's most severe destruction of cartilage and bone in the arm's neck-lung region, and also its earliest manifestations there. This is an expression of the special connection of peripheral arthritis to breathing and to man's neck region, which becomes clinically manifest in its frequent association with chronic tonsillitis/neck
Pains and Goiter/Auto Immune Thyroiditis (3)/

Plant Poisons and Human Pain

Pain is based on a breathing that's twisted into the physical body; emotional and/or bodily things lead to a convulsion of the degradative processes that are mediated by breathing, that intervene too directly in physical organs and make one aware of the irritated body. That's why a plant that's the counter image of breathing can have a healing effect on a man's disordered breathing processes, especially if it's one-sidedly developed in its stems and leaf region. This emphasis is similar to the convulsive hyper ventilation in a man's experience of pain, especially if poisonous substances arise in the plant's metabolism through intensified degradative processes; then the plant becomes an image of the human pathological process, and in a potentized form it can make the picture of the pathological process so clear to the man's ego that healing occurs through the stimulation of equilibrating breathing rhythms.

Animals and men acquire the capacity to drive oxidative, degradative processes and thereby the presupposition for sense perception and consciousness into the organism in this rhythmic interaction of air and blood that continues into the aeration of cells' metabolism. Inner aeration enables muscular limbs to take hold of the earth and walking and standing men to continually overcome gravity. When we wake in the morning we can observe that the first "inhalation" of light when we open our eyes is followed by deep breathing that enables us to first raise our upper body and then our whole one. Then we can keep ourselves in the labile equilibrium in which we connect ourselves perceptively with our physical surroundings and also emancipate ourselves from gravity through our will. A patient's post operative mobilization also shows that deeper breathing makes an adaptation of blood circulation to upright conditions possible and prevents circulatory collapses. So in a way we owe the overcoming of gravity to breathing activity and its forces.

This breathing activity in our midsection enables us to liberate our arms from the outer ambulatory function. Unlike animals who also stand in gravity we can use our arm power to make various movements independently of the same and thereby give expression to the inner light processes of our soul life.

Soul tensions are expressed involuntarily in constrained breathing and they can put the transformed breathing activity of the semi-fluid cartilage system under such pressure that the mercurial forming of substances in connective tissue and its visco elastic-movement function falls prey to the deformative effects of physical forces.

Bryonia dioica (Bryony) /Fig. 3: Drawing by Florica Marion. From L.Simon, Schmerz therapy with homeopathically potentized Heilpflanzen Hang Pub., Heidelberg 1987.

The dioecious wild vine or bryony produces an enormous root with a milky juice. Unlike its tropical relatives which produce very large fruits it has only pea-sized, red ones. Whereas most cucurbits put their substances into juicy, swelling fruits, bryony sends this stream of sulfuric-mercurial substances down to the cool earth where its salt pole is. As in other cucurbits its middle region is a vine with tendrils that climbs up fences, hedges and bushes. The leaves are stalked and have five lobes. The mosaic of leaves fuses functionally into a large surface between light and darkness that envelops all other plants around it.

So if one lets a bryony plant appear before one's mind's eye on a cucurbit background one experiences a build up to a mercurially mobile, huge leaf which is then punctured by a descending congestion of watery, sulfuric fruiting processes into the salty roots.

If one looks for something similar in a healthy man's organism one finds it in the surface of his skin; mucous membranes, and the joints' synovial membranes. A sick man then develops another similarity to bryonia formations when sulfuric-warming and watery-dissolving processes become displaced to the salty, shaping process of the senses and nerves in the body's periphery and thereby
permeate serous membranes in an inflammatory way. Thus, a displaced, insufficiently mastered metabolic process leads to catch-up digestion in the organism’s peripheral serous spaces and also to digestion of healthy tissue.

The complex of symptoms that corresponds to this plant formation consists in stabbing pains and pressure feelings that arise at every movement (which stimulates the metabolism), but not when the patient is resting. Pressure with one’s hand also lessens the pain: Local subcutaneous injections of bryony D3 t.i.d. to achieve a lasting, even effect. This can be accompanied by 15 drops bryony D3 t.i.d. to achieve a lasting, even effect. Later on a change to D6 s.c. and D4 drops is recommended.

Mandrake, Satan’s Apple, (Mandragora offic.) (fig. 4)

Whereas bryony’s leaf and stem region grows very rapidly, the one in mandrake (Mandragora offic.) is compressed into a few millimeters. It lives on warm, dry, sandy soils in Asia Minor and around the Mediterranean that are dried out by the sun. Its parsnip like root is sometimes branches out and weighs several pounds; the flowers grow directly out of it. Its dark green leaves at first stand erect but later spread open and lie on the ground in a rosette. The plant flowers the next year around February to April on separate stalks directly out of the root (white to violet blooms). The new leaves develop somewhat later and whither as the dark yellow “apples” with a strong apple-like odor develop. The leaves and roots are poisonous due to their atropine, hyoscyamine and scopolamine content (like hyoscyamus niger and atropa belladonna), whereas the fruits are almost free of alkaloids and can be eaten. They contain much sulfur and essential oil.

Whereas the other nightshades are summer plants that often bloom at night or under trees or under their own leaves, mandrake flowers open to sunlight in the spring. The restriction of alkaloid formation to the roots and the development of sulfur and oils in the edible apples seems to be the result of a harmonizing development from darkness to daylight, which overcomes a one-sided feature in the family.

On the other hand a new one-sidedness appears in the way that mandrake’s leaves and flowers sit almost directly on its root, unlike the highly geometrical arrangements and displacements of leaves in belladonna, hyoscyamus and other family members. The stem which otherwise follows plant growth between earth and sun is here compressed into the root region, so that the planetary forces of the moon (roots), Mercury (leaves) and Venus (petals) are close together and touch the super solar impulses that work in pollination and seed development (4).

The edible, sulfurous, ripening apple corresponds to a stronger metabolism in man that’s pushed towards the strongly developed sensory-nerve region that corresponds to mandrake’s fat room and leads to a depositing of metabolic products in the limbs’ sensitive periphery.

The rhythmic-mercurial function of the heart’s action that proceeds from the interaction of earth and sun corresponds to a plant’s juicy stem, but this almost disappears in mandrake in the compressed permeation of sandy-salinic crystallization and sulfuric loosening in its flowering and fruiting processes on sandy beaches or near them.

Mandrake’s form and active process becomes physically visible in a cp patient when the hyaline cartilage in joints starts to become degenerated and the bone’s hardening forces intermingle with the dissolving blood forces that work into a joint from the synovial membrane. Such joints usually become warm or slightly too warm, deformed or rather immobile. The arthritic creaking at every little movement may remind one of a mandrake in its warm, sandy environment. After years of this disease it has a strongly hardening, scarring, proliferating and thereby disfiguring character. X-rays then show the presence of a secondary arthrosis, almost no joint gap, and much destruction of the joint surfaces. The patient has aching or stabbing pains that lessen through rest or by raising the joint (similar to those from belladonna).

There’s a distinct resemblance between overly warmed, disfigures and creaky joints and mandrake
on its warm and dry site, and an s.c. D6 injection of it often works wonders on the disease. Or I often give an ethonolic decoction of it s.c. 1-2x a day (1 ml) (D4), or D3 or D2, orally, or maybe rheumadoron 102A, 4-12 drops t.i.d. in a slowly increasing dosages. The colder the pathological process becomes the lower the potencies one can use become.

Colchicum autumnale

Meadow saffron – naked ladies – a natural pictures of watery, cool congestion.

Meadow saffron on damp, limestone meadows in Europe pushes its light purple on white flower with six petals up between lonceolate leaves in the fall, when other plants are withering and ripening their seeds. It’s a monocotyledon with delicate, thin roots. The shoot is only 1-2 cm long and has a thin connection with a heart or egg shaped nodule which nourishes the belated development of flowers and fruits. The seed capsule remains near the bulb: three very long, thread-like styles grow up and are enclosed by six petals that are fused at the bottom into a silvery white tube. This color of the flower embedded in the earth reminds one of a full moon. It seems to be blooming in the moon light, like a kind of a nightshade in the autumn. (Fig. 5). Fig. 5: Colchicum autumnale (meadow saffron): A, B: blooming plant; C: fruiting plant; 1: cross-section of corn; 2: stem swelling into a new nodule; seed capsule above; 4: flower bud; 8: pollen; 9: seed capsule, popped open; 10: section of seed capsule 11: seed, natural size and enlarged ones; 12, 13: enlarged after removal of the seed’s cover (drawn by W. Muller). From Kohler’s Atlas of Medicinal Plants, Gerauntermans 1887. Reprinted by Th. Schaefer Pub. Hanover, p. 49.

While the petals wither in September and October, grains of pollen move down the 8 inch long pistils and get down to the bottom around Christmas time. The dark seed capsule rises the next spring with three lancelote – about 8 inches high. So first one has a brief blooming time in the fall, an extremely long maturation of seeds near the earth, and then a relaxation of the polarity between the flower and root regions, which gives rise to hardly any stem, green leaves, and a trivalved capsule or fruit away from the ground in the green, mercurial spring. There’s an intermingling of the sulfur and sal principle in autumn, a slowing of the seed process in winter, and a straightening out of the polarities in the spring which leads to the manifestation of the plant’s mercurially, mediating realms of forces.

[Separate page on] Colchicum Alkaloids

There’s about 20 alkaloids in naked ladies, especially in its seed shells (1.2 – 1.2% of the seed’s weight); there’s also some in the bulbs, but not much in the leaves or flowers (1). According to 2,3) there’s 0.2-0.6% of the main alkaloid colchicine in seeds, 0.8 – 1.8% in flowers, 0.08-0.2% in bulgs and hardly any in leaves. Fresh bulbs are gathered in the spring for homeopathic preparations and the seeds for photo therapeutic purposes (4). Chemically isolated colchicine is a pale yellow powder that darkens on exposure to light; easily soluble in ethanal, chloroform and water; its salts decompose in water.

Bioynthesis of the alkaloid proceeds from aromatic amino acids via sinapine acid or annnic acid (from phenyl alanine) and 3-hydroxy tryosine (from tryosine). There’s so many oxidative modifications on the way to colchicine that one can hardly recognize its building blocks anymore (5). There’s a close connection between the formation of alkaloids, neurotransmitters, melanine in skin, and catechamine in the adrenals, that is, these are functions that from an Anthroposophia anthropological viewpoint are organ-specific metamorphoses of protein decomposition through the direct “burning” effect on the upper astral body in the physical body in the nervous system and correlated organ regions (6).

About two seeds of colchicum are lethal to man, or 20 mg colchicine, so one gives up to 6 mg a day for severe gout cases. The tincture contains 0.06 – 0.12% colchicine, so the homeopathic tincture contains about 0.6 – 1.2 mg/ml.

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Biological Toxic Effects of Colchicine on the Physical Plane

Colchicine accumulates specifically in the tubulin of micro tubules and in other contractile protein elements. Thereby:

The mobility and phagocytotic activity of leukocytes is inhibited (that is, their migration into a gout or arthritis region and their degradative activity therein).

In cell division it combines with the tubulin in mitotic spindles, inhibits the aggregation of these proteins, and even dissolves micro tubules, thereby blocking, mitosis; the separation of chromatids still occurs, but an undivided restitution core with twice the number of chromosomes forms.

Although colchicine has an antimitic effect it’s completely nontoxic for plant cells, and it’s used to produce polyploid plant cells.

It has long term biological effects on all members of the plants and animal kingdoms. It holds up axial growth in many plants but makes them wider, so that one gets pseudo succulent dwarfs; roots often get thicker also (see fig. 6) (7) Fig. 6: Colchicine experiments with dandelion seedlings: 1a: seedlings in distilled H2O (5 days). 1b: After 6 hours of 0.1% colchicine treatment (seedlings 5 days old). 2a, b: 14 day seedlings in earth grown without and with colchicine. Note the succulent cotyledons, thickened hypo cotyls, and short main root in b.//Some promotion of axial growth was observed when the colchicine concentration was changed.

However, high doses of colchicine are poisonous to capillaries in animals and men and produce vomiting, bloody stools, and stomach aches. Older animals avoid the plant, but younger ones often get bloody fops and some get killed.

Some authors say it has a chologogic effect on animals, a weakly diuretic and on men and animals, and an anti fermentative one on dehyrases. Someone else observed a slowing of collagen emphasis and greater collagenase activity which seemed to indicate an anti fibrotic effect.


Abnormal Seasonal Rhythms. The Secret of Winter Bloomers

Most flowering plants germinate out of a swelling seed after it’s been in the cool, dark earth for awhile, sends a root towards the earth’s centers and a stem away from the earth’s gravity. A dark environment promotes this upward growth and gives rise to a pale stem with long internodes (etiolation). Once it gets into light the plant’s upward growth is slowed down and green leaves spring out of the nodes. Flower buds eventually stop the shoot’s growth altogether, unless it’s a woody plant. The plant’s substance formation is brightened up with very fine, permeable leaf formations which let the flower’s colored flame light up for a short time. The substances stream towards the sun in the flower’s aroma which mainly comes from essential oils. This introduces the dying of a plant’s green, vegetative organs or of the whole plant if it’s not perennial. The organs darken to earth color and fall back to the ground, while seeds ripen and eventually give them their life force, warmth, light and other interiorized imponderables from the past summer to the earth. The next generation of plants suck in the sun’s warmth that was stored in the earth. This is a vitalizing process that starts with seed formation in the fall, develops great vitality in root processes and runs out into the plant’s axially structured growth processes. A devitalizing process comes to
meet this that increases in the formation of leaves and flowers until the latter dissolve in the aroma from essential oils. This second devitalizing process that becomes a slow combustion is connected with the elaboration of sulfur, the latter leads a plant over into ethereal oil, or to an inorganic substance that still has a copy of life in it (6).

Colchicum makes this general process outwardly visible. The plant that blooms in late autumn develops at a time when other vegetation's fruit is ripening through a devitalizing "combustion" process, plants are withering and bringing forth seeds in an ash-like condensation.

Young meadow saffron sucks up warmth and light forces of spring and early summer for its flowers and fruit development, which becomes manifest in the swollen, food-storing nodule from the previous year. It withdraws from the burning devitalization process that's occurring in grasses, flowers and fruit trees in order to devote itself to the vitalizing forces that were saved from spring via the nodule underground.

The above can help one to understand plants that flower in winter. They grow in a living, ensouled earth and their roots get etheric forces out of the cosmically enlivened earth. They grow and flower out of an invisible, etheric sunlight and warmth that streams into them from the other side of the earth; this makes them independent of direct light and warmth from the sun (7). The peculiar ability to store up etherized warmth gives these winter blooming plants the therapeutic power to stimulate inner warming in a chronic patient; this places him on the ego-level of thermal autonomy and emancipates him from out physical heat (8). Compared with mistletoe it's probably more the shaping light which colchicum stores up that it can give to a patient.

Colchicum's connection with the Astral World

The moon is higher than the sun in winter. Sunlight becomes more silvery and cooler and it stimulates men's thoughts and feelings and their sensory-nerve processes in general. Colchicum's pole flowers seem to have bloomed in moonlight and to have received particular astral forces from the wintry heavens.

Visiting insects show that flowers are lightly touched by astral forces; enlivened substances are lightened up there so that sentient processes become possible. Flowers open and close, and their odors and colors are perceptible to animals and men. The enlivened substances of fruits are also aromatized, lightened and refined.

A plant separates itself from its environment and forms an independent shape through its physical forces; etheric forces work on it from the cosmos, and it becomes an independent being in the universe through the influence of astral forces from without. (See (9) chap. 4). Ordinarily astral forces only interact with plants in their flower regions, but not in poisonous ones. There one sees dark, muddy colors and foul smells that arouse our antipathy. This shows that the astral forces are bypassing the etheric and are working directly into the physical plant, and especially into the roots in many poisonous plants. (Nightshade alkaloids are formed in the roots and then transported to other plant parts) (10). All of the European plants that bloom in winter are poisonous, and so it could be that irregular seasonal plant cycles are an expression of direct intervention of astral forces and are indirectly connected with a tendency towards poison formation. Smells and insects that are attracted by them are another indication of a plant's astral qualities. Colchicum's single flower opens to the sun for only 5 - 10 days and is visited and pollinated by bees, bumble bees, flies, butterflies and little night snails who like the nectar in the flower tuber (11).

Most of the plant is permeated by colchicum alkaloids and is thereby the bearer of strong astral forces that concentrate their activity deep in physical minerals, so that the formation of green stems and leaves is inhibited (fig. 6).

Goiter and Arthritis - Concerning the Polarc Active Principle of Colchicum in Men
Although one would expect that colchicum's stem growth would be promoted in the dark, it isn't, but what does grow is the flower's tube, which becomes about eight inches long. A flower is a shoot of limited growth that bears seed-ripening organs (12), but in this plant it's the stem that has limited growth, and so it has a partial flower character. However this inhibition is overcome that next spring when one gets a strong vitalization in the leaves, stem and fruit.

The fact that the flower is violet or white and that it doesn't smell very good indicates that the predominance of forces from the vitalizing realm of the root region. The blue in a flower sort of arises from looking through the light sphere around it and down into the dark root process. Thereby one can see why Rudolf Steiner speaks of a “very bright devitalization” in connection with colchicum autumnale (13).

The vital forces of colchicum that remain behind in the life processes of the wintry earth (in the Bulb) have to be dissipated and destroyed in man's digestive approaches with an enormous effort. They must be brought to rest and then led over into a vitalization of substance that's in accordance with the human being. The whole man must make a tremendous effort to bring about this vitalization with the help of astral forces in his chest and neck region. The astral forces are one-sidedly bound in the physical body in Cp with goiter or thyroid disorders, which can lead to swallowing pains, over sensitivity in the neck's skin, etc. Oral colchicum brings out astral and ego forces and induces them to bring their degradative power to bear on the medicine rather than on the physical body. After a degradative activity that's directed more to the outside, the astral body and ego swing the other way into assimilative processes to bring about an inner vitalization and blood formation at the ego-level.

Thereby colchicum becomes a remedy for enlargements of the thyroid gland and for diseases in the MLS that are connected with the deposition of semi-vitalized substances, which got that way because the radiation of etherized substances from metabolic organs didn't harmonize properly with the countering formative processes in the head system, especially at the astral-organization level in connection with kidney radiations (14).

Goiter comes from a neurasthenic tendency. The astral body should work from sensory-nerve activity in the upper man via the rhythmic breathing and blood weaving in the etheric and down into the physical body, but instead it takes direct hold of the neck-chest region with its degradative, awakening quality. Thereby a man becomes “too organically intellectual” (15). This neurasthenic congestion is met by a badly organized metabolic activity from below (hysteria), that's not etherized enough by man's higher members taken hold of enough by the astral body or “cooked” enough by the ego, and which therefore pushes chaotic, degenerated and poorly shaped substances at the astral body that's congested in the thyroid region, where it eventually appears in the goiter that's permeated by diffuse or modular cells.

Every metabolic process has its polar counterpart in the head's sensory-nervous system and also in the limbs' peripheral ends (16). One finds the collision of the degradative astral body with the poorly shaped physical-etheric, metabolic activity described above for neck goiter in the corresponding wrists and knuckles or ankles and balls-of-feet of ra patients. People with diseased thyroids but without ra may also have temporary joint pains, synovial swellings and stiffness.

Thus colchicum corresponds to pathological situations in men where one has a direct collision between the degradative astral body and the inadequate physical-etheric, metabolic activity in the physical body, and no development of the respiratory and circulatory processes that mediate functionally between the physical-etheric and the soul-spirit. Instead of loosely modulated rhythms in the etheric one gets compressed pressure symptoms at the physical level in mercurially molded organ formations which direct breathing processes (thyroid) (knobby garters) or joint swellings with Baker cysts and viscous, cool fluids in between the joints. Ra patients who once had thyroid diseases or who have enthreates tendencies towards goiter often benefit from colchicum treatment. The same applies to people with huge sensitive noses who sniff a lot of air. Patients who need colchicum usually have stabbing or aching, pressure pains that are sometimes alleviated by cold things.
Practical use of Colchicum Corn From An Anthroposophical Viewpoint

The remedy is made from the poisonous corn immediately above the thin roots, so it has a stimulating effect on the astral body that's congested in the neck/lung region (neurasthenia). The remedy replaces the one-sided degradative activity of the astral body and frees the latter to get into a mobile interaction with the etheric body. Thereby it encounters the assimilative stream in the metabolic system via the blood circulation and it can then work in a differentiating and formative way on proliferating, independent metabolic processes because of the colchicum poison’s “morphologizing” forces. (R. Steiner).

Potencies of D10 are indicated when the astral body’s degradative forces predominate and one gets things like breathlessness and pressure in the circulatory system that remind one of hyperthyroid. Symptoms – Here one’s mainly dealing with nervous types whose constitution is more related to the poisonous colchicum plant because mental, degradative activities predominate in them. Of course the same applies if joint pains increase when one injects a low potency s.c.

Conversely, D3 – D6 stimulates the astral body to intervene in the etheric-physical when a joint sort of becomes a corn when constitutional slackness predominates, there’s too little degradative power available, and one gets undifferentiated proliferation and cool, watery swellings. Such patients tend to have weak thyroid activity. So one can go down stepwise from D6 – D3 s.c. and even down to drops of colchicum corn D2 (17) for hysterical types who have too little degradative and formative forces. Overall, s.c. injections of D3 are the most effective, although one may get local skin reddening. If they get bigger than two inches across one could go to D4 and further away from the joint.

Viscum album

This mistletoe with white berries pushes a sucker into a host tree and keeps itself away from the influences of terrestrial, mineral substances thereby. The host’s leaves protect it from the heat and light of summer, it blooms in February to March, and brings forth its white fruits in the following December. Thereby it keeps warm, loosening sulfuric forces and hardening terrestrial processes away from it, and it’s able to stay juicy and green throughout most of its parts. Although it draws water and salts from the host tree. The latter has already enlivened them. Mistletoe evaporates a lot of water from its leaves and it has a slimy, viscous consistency. For about four weeks in June the outermost shoots oscillate rhythmically, and eventually it becomes a spherical bush. Its sinker and fruits proceed from the mercurial stem and leaf region, and the green flowers stay within the plant's spherical form (fig. 7)/ Fig. 7: Mistletoe (Viscum album)

Forces radiate in from beyond the earthly realm and enliven substances that enter plants. They would tear the earth apart and dissolve it if it weren't for heavenly bodies which mingle their influences with them and "modify the dissolution process" (18). Here the astral has a "lightening effect" on etheric substances (19), as one can see in the metamorphosis of green leaves to flowers and of green carpels to ripe fruits. One can see how this initially green, mercurially mobile plant becomes transformed by the cold winter light in the formation of bushes with slimy, white berries but green flowers, and of others with no berries but yellowish-green flowers and anthers. The etheric vitality is separated from the physical materials by the host tree to a greater extent than in regular flowering plants. Mistletoe is molded and permeated by astral forces right down into its shoot and it isn’t just touched by them.

We have similar slimy islands in our joints from which both the hardening principle of the earthly-minerals and the dissolutive ?? sun principle of the circulating blood must be excluded. However this separated, live, fluidic act excessive formation of substances, malignant proliferation, and depositions.

The trunk or branch on which mistletoe grows is like live, tuned-up earth, and to this extent it's connected with a man's arms which are lifted out of a supporting role and are used to gesticulate,
hold instruments, do manual work, and serve the inner light processes of consciousness. Whereas colchicum is tucked into an enlivened earth and to this extent has a special connection with sick joints in the legs and feet.

Trees growing on wet ground often have more mistletoe growing on them. For instance, this is particularly true of solis alba and other willow species. Willows help to loosen, structure and aerate wet soils near brooks and damp places. White willow stabilizes banks between waters and solid ground and facilitates an exchange of water and air. Therefore we prefer willow mistletoe for most rheumatic diseases because — pictorially speaking — the synovial membrane and capillary walls around a joint, as the nourishing bank of the mercurially determined, fluidic inner space of a joint — become dense and impermeable.

We begin with Wala’s Iscubin Salicis, a strength, 1 amp. s.c. in the upper leg and away from the joints 2 – 3 times a week, and then depending on the inflammatory activity we go down via B, C, D, E, F, G to the strength that gives the best clinical effect in terms of warming and alleviation of pain. Patients with fairly strong constitutions and etheric bodies can easily tolerate stronger doses of mistletoe. But the poisonous effect of stronger doses can momentarily stimulate inflammatory action in the joints of neurasthenic patients with a lot of degradative astrality and a weakened etheric body. In such cases we prefer Abroba Viscum pini D-30 to start with, and then as the inflammatory activity declines one can slowly come down to D10 or D6 to stimulate inner warming and shaping.

To get indications on when to change doses and on how effective the treatment is one can ask the patient about his pains, stiffness, warmth feelings and general mobility. The blood sedimentation rate and C-reactive CRP protein in serum will slowly decline if the right doses of viscum are given. Side-effects are redenings near the injection sites, fever, tiredness, more joint pains with a possible increase in CRP – as with Iscador 10 – 30 mg/dose.

Large doses of mistletoe in inflammatory rheumatic patients can lead to an increase in ? – globulin, which is an expression of antibody formation through the activity of B-lymphocytes. If the ? globulin fraction is about 20 percent at the beginning of mistletoe therapy I’ve found that it’s best to stay with Abroba viscum D-30 or Iscucin st. A for a while, and maybe go to Iscucin D after a year. If the ? globulin fraction increases again thereby one should think about going back to higher potencies or dilutions, especially if the patient is doing relatively well. The need for adrenal-cortax hormones indicates about the same thing.

Cp patients with normal (20 – 12%) ?globulin or below usually profit for Iscucin G or H, Abnoba viscum st. 3-2, or Iscador 10-30 mg, whereby the low values normalize and the immune system gets stronger in 1 – 3 years.

Marsh Tea (Ledum palustre)

The Nordic marsh plant Ledum palustre gives one a graphic and instructive example of a loosening of the astral body from a rheumatically congested joint region and its subsequent insertion in the etheric to facilitate inner respiratory processes (fig. 8). /Fig. 8: Ledum palustre (Marsh tea)

Marshes in the north are stagnant, poorly aerated, cool, wet regions that don’t have very many plant and bacterial processes in them. The water’s mercurial life processes fall out of the mobile interaction between water and air and into salinic condensation until physical laws gain the upper hand over the withdrawing life, and the chemism of substances tends towards deposition but not towards mineralization, due to insufficient degradative action by bacteria.

A low moor with its wet grasses, reeds, rushes and sedges corresponds to the fat, hysterical cp patient, whose constitution is characterized by the predominance of physical and etheric forces and by a displacement of incompletely carried out metabolic processes in joints at the limbs’ periphery.
A high moor impresses us by its cool, dark stillness and melancholic mood, its slow growing heather with a tendency towards deformation, decomposition and deposition. The water level with very little oxygen and nutrients high above the ground-water level, with its cosmic nourishment from precipitation makes the separation of a high moor from the life processes of the surrounding landscape clear. Here one sees the connection between a high moor and a neurasthenic type with his predominance of soul-spiritual activity in the nerves and senses and its direct, condensing penetration into the body's physical processes.

Low moors with hardpan bottoms often become high moors in cool, northern climes. High moors are sort of the end of moor development, and they are a kind of a macro-cosmic counterpart to the thin constitution of a neurasthenic type, whose disease tends to harden, so that it's more difficult to treat.

Marsh tea, Ledum palustre, is a three foot high shrub with evergreen leaves that are curled in at the edges, and it grows at the edges of northeastern high moors in Europe. The dense, brown glandular hairs on the undersides secrete an aromatic, essential oil. A perennial shrub in such a cold clime is in danger of drying out, because it's difficult for the roots to get water to the leaves while the ground is frozen. But a marsh tea plant manages to deal with the extreme differences in temperature and the uncertain water supply through very finely regulated transpiration and breathing activity on the undersides of its leaves. Its almost horizontal and much-branched creepers on and in the ground help to give the unsteady moorland some structure.

It brings about a breathing fluidic process that's permeated by light and warmth through its leaves' low transpiration and exuded essential oils; and in its shining, warmly aromatic flowers it brings a strict, dark, sober melancholic mood into high moors, where one seldom sees bright flowers otherwise.

Its brownish-black secondary roots or creepers send structuring forces into the gelatinous ground. Its white, convexly opened flowers take in astral forces but keep them from making poisons in the plant. The hairy-leaf region shimmers in shades of green and reddish brown between the flowers and the naked shoot region, in which it weaves air and water, astral and etheric things together.

This "northern rosemary" presses in towards high moors' open water and has a harmonizing effect on the earth's biosphere with its mercurial-sulfuric action.

Hence the un lignified, blooming shoots of marsh tea have an etherically warming, aerating lightening effect on the interaction between the MLS and RS when the astral body in the NS is intervening directly into the physical body, and this leads to the formation of a high moor, or rather to joint swellings that are either overheated or cold and doughy. The accompanying aching or stabbing pains are influenced by cold and heat. Thus Ledum is particularly good for neurasthenic conditions where the breathing middle between warmth and cold, hardening and dissolution, sal and sulfur gets lost because of weakly withdrawing etheric forces and the ego's failure to order things and one eventually gets a salinic tendency via stagnation and viscous deposits. A good way to treat this is to use oil dispersion baths, 10% Ledum oil for rub ins and especially s.c. injections D6 near the joints followed later by D4 (20).

Comparative Summary of the Above Healing Plants

A brief comparison of the five plants for CP patients shows that they all have a one-sided development of their stem and leaf region that mediates mercurial processes. Slimy mistletoe's spherical bush formation on its host tree and bryony's leafy vines that cover neighboring plants are the one, proliferative pole. The other one is mandrake with its congested rhythmical middle, the insertion of colchicum in the living earth, and the sloping and eventually dying shoots of Ledum that are warmed etherically from above and yet have to evaporate water very sparingly.
We can see images of human disease in each of these one-sided plants, if we transfer them to the processual order of a man's three systems (see fig. 9a). Fig. 9a: Pain alleviating plants for CP. Go from bryony's rapidly growing, mercurial stem-leaf sphere to the sinking and inhibited development of the shoot-axis in Ledum, Colchicum and Mandragora. Fig. 9b: Schematic joint destruction in CP.

Healthy joint; 2. Swelling of joint and cartilage with widened joint-cleft and expanded mantle. This (3) leads to removal of calcium from the bone cysts in bones close to joints, degradation of subchondrue, lamellas, erosion of epi-metaphyseal?? bone (through proliferating pannus) and narrowing of the joint cleft; 4. Advanced destruction of joint surfaces and closed joint cleft; 5. mutilation and wrong position.

Homeopathic doses of these plants can help a patient to eliminate similar tensions and one-sidedness from the organism's mercurial middle. The ego is awakened by the image of its own one-sidedness and it initiates the overcoming of the distortions that are graphically represented by the remedy.

The Constitutional Therapy Approach: Restoration of the Dynamic Relations Between a man's Members

After the pains in a patient's rhythmic middle have been reduced, the next goal of an Anthroposophical constitutional therapy is to strengthen his weakest member, so that once the ethereal astral and ego forces have been equilibrated they can take care of assimilation, shaping and degradation of the physical body in an orderly way. Sulfur, arsenic and phosphorus are good mediators for the intervention of his higher members in his physical organization, and so are the calcium carbonate in oyster shells, potassium carbonate as an image of vegetative warping, and the oversensitive (eyes) squid sepia offic.

Sulfur — a Master of Flexible Flowing

Sulfur gives one a bright and warm impression when it lies before us as a crystalline mineral or a powder. It's smell discloses that small quantities of it are continuously being converted to gaseous sulfur oxide. If one holds a piece of it to one's ear it begins to crackle slightly for it uses the slightest addition of warmth to break up its calm crystalline state. It melts at 114 degrees C, goes through yellow, red, brown and black stages as a liquid until it evaporates at 444 degrees C and burns spontaneously with a blue flame. Thus it can easily get out of its mineral state and stay fluidic from some time before it vaporizes and burns.

Life unfolds in watery things while it develops proteins. Protein is the basic biological substance, and it comes in all viscosities from fluidic to gelatinous. And sulfur permeates the proteins of live organisms. Sulfur bridges stabilize protein's secondary structure, sulfur promotes protein formation and other assimilative processes; every protein synthesis begins with the first methionine in the peptide chain, which is an amino acid containing sulfur that's essential to animals and men. So sulfur is a kind of a spark that starts protein formation.

Like sulfur, protein has a formative function in all organisms; collagen is the most abundant one in man. All metabolism, growth and change in shape is based on proteinaceous enzymes that are permeated by sulfur.

Plants create the proteins which men and animals need in their food. For the sulfur metabolism of animals and men proceeds from plants' live, organically bound sulfur that exists in a reduced form as an SH group in the essential amino acid cysteine [methionine has a -s-ch3 group]. So the live, ethereal part of a plant makes proteins.

According to this sulfur can be used therapeutically to stimulate assimilation in physical substances and processes. The degradative impulses that proceed from the astral and support consciousness are pressed back, a man becomes tired and falls asleep, so that the ethereal body becomes more active in
upbuilding processes. Sulfur makes one tired and gives one deep sleep so that one wakens refreshed, warm and mobile. It mobilizes inner deposits, loosens stools and improves diuretic flow. It’s particularly good for dark-haired patients with a weak metabolic system who have trouble synthesizing protein with enough sulfur in it. Cp patients often have dark hair, ashen skin color, stiff, hardened and cool joints, and immobile ideas and impulses at the soul level.

Sulfur D6 (D4) as a knife tip of the powder are very helpful here. Potassium sulfate CAELO at 250 g./put one-two tablets of this in body-temp bath water in A.M. or P.M. for neurasthenic Cp patients and others who have little vitality and who don’t sleep well. (21) The H2S that’s liberated from the bath water is a model for the astral body to loosen itself from the physical and etheric bodies. So sulfur per os energizes the etheric, and sulfur baths loosen the astral body.

Although homeopathists think that sulfur worsens inflammatory symptoms, I’ve never observed to be the case.

After up to 12 sulfur baths, we switch to Urtice doica baths, because this tea unites the fiery-loosening force of sulfur and iron into a breathing mercurial process.

Arsenic – the Concretizing formative force

Unlike sulfur, arsenic has no connection with plants and organisms’ etheric upbuilding processes. It’s not very soluble and it avoids the fluidic element as it sublimates. It’s a poison in larger amounts and it blocks cell respiration by inhibiting enzymes that contain sulfur. However it’s essential to the life of men and animals in trace amounts; it promotes well-formed growth, animal development, systoles, and the formation of gallic acid.

The astral body can use arsenic’s forces to shape fluids, differentiate cells, and shape growth. Arsenic stimulates the astral body to connect itself more with the physical and etheric bodies on waking and at other times. Therefore it’s good for hysterical types who vegetate all day.

After giving a pain-palliating plant to loosen the astral body from the physical body we give 1-20 drops of Levico water D2 diluted in four tablespoons of water in the A.M. and at midday in a slowly increasing dose with pansas, or in slowly increasing and then decreasing doses. 10-15 drops of arsenicum album D4-D6 in A.M. and noon is also possible. Levico contains arsenic in a natural sulfuric acid dilution; the acid energizes the astral body and pulls it into the etheric body. The the iron in it strengthens the up-waking, contractive force of arsenic in a loose connection with its functional counterpart copper that’s also in it, and they stimulate the dynamic interaction between outer breathing and the inner regulation of respiratory processes in fluids through the renal system.

To shine out of Oneself. Phosphorus and the Ego – Secret

White phosphorus is so full of light and warmth that it has to be kept under water. In open air it soon begins to smoke and then to burn spontaneously with a pale light. The smoke sinks back to water and becomes phosphoric acid, or combines with calcium to become apatite that’s present in large amounts in the bones of men and animals and in the earth’s crust (fig. 10). /Fig. 10: Phosphorus Block P - Red P – White P – luminous phosphorus gas – Warmth – Phosphorus pentoxide

Phosphoric acid - phosphates, one can also heat phosphorus in a closed flask, whereby it becomes red phosphorus with various properties depending on the manufacturing conditions and an amorphous, slimy consistency. Further condensation for this through high pressure and heat gives black phosphorus with a metallic luster; it’s conductive, dense and like a salt or solid. Whereas the red modification is mercurially changeable, and the white one is at the sulfuric side of the P spectrum and it has the tendency to dissolve into light and warmth. Coming back on the other side it sinks to the ground as phosphorus pentoxide, goes into the liquid phosphoric acid form, and can then crystallize out as phosphates, as it does in every bone formation. Thus the power of phosphorus goes up from rest into the mobile dynamics of light and warmth, disappears from view and after it’s
saturated with the imponderables light and warmth in a highly energized state it comes back to rest in the ponderable salt condition.

Phosphorus has a similar tendency in living things. The rather insoluble phosphates in the earth’s crust move up to the humus layer and become phosphoric acid. Plants compete for it and it limits their growth. They concentrate it in the tissues that tend to grow the fastest, such as in buds on a stem, developing leaves and flower buds. After these leafy organs are fully developed phosphorus is withdrawn from them and becomes available to retard growth elsewhere. Withering organs are almost devoid of phosphorus. It’s found in fruit and it’s scattered over the earth in seeds. A plant’s life process drive the previously oxidized phosphorus back into its reduced, solar form via three intermediate stages from crust to the flaming up of the flowering process (see fig. 10). The phosphorus that’s connected with plant life flames up in light and air as flowers open, swells fragrantly in the closed inner space of the seed capsule, and then becomes maximally condensed in brown or black seeds. Flower, fruit and seed appear as living pictures of the threefold phosphorus secret in the chord of its white, red and black modifications.

A man who weighs 150 pounds contains about 875 g of phosphorus (1.25%) in his brain, blood, muscles and bones especially. Birds and other animals also contain more than plants do.

We smell sulfur with our chemical senses; its vapor spreads out to develop chemism and to unite with surrounding substances. Whereas phosphorus appeals to our eyes when it begins to shine spontaneously. A distinguishing characteristic of the human I is that it consumes its own body to kindly the light and thinking of self-consciousness, and in this respect it’s closely related to phosphorus. The latter can also go from rest to impulsive movement, to a streaming out into its surroundings and to an unfoldment of chemical processes there. There phosphorus is more impulsive than sulfur in this respect, and it's better able to swing back to the quest of salinic condensation out of the light-warmth state where everything is in movement.

Calcium is the big opponent of phosphorus in the organic world. Calcium makes a man pale, coagulates blood, contracts muscles and binds him to the earth through the skeleton, until the whole body becomes earth at death. The action of phosphorus in nerve and blood counteracts rigidification. It generates the light of consciousness, stimulates breathing, brings warmth and flow into blood, inner movements into muscle metabolism and finally flows out into bones’ movements. Thus when one thinks of making a movement a phosphoric light impulse from the nervous system goes through breathing into blood movement and then into muscle movement, which becomes physically active in the metabolism’s will impulse, and then flows into bones’ outer movement and comes to rest in the physical world.

Phosphorus is an instrument of the human ego for the path from above to below that takes hold of the physical organs’ life from the soul-spiritual consciousness process and down through the movement of air and blood, phosphoric activity brings light and warmth into a man, gives his skin color, stimulates life processes, changes, developments and movement.

One sees an exaggerated phosphorus process in stage-fright that stays in the upper man’s thinking activity, and another one in an outburst of rate in the lower man’s will. The phosphorus process is overpowered by calcium action in fright’s rigidity.

Potentized white phosphorus makes the I more capable of asserting itself against the astray body with its animal gestures. White phosphorus strengthens the ego-organization in the ethereal body, stimulates transformation of substances and blood movement, and enables the ego to shape the physical body right into the bones. A patient’s apathy and asthenia indicates an overly weak phosphorus process in blood and nerve. Phosphorus D5 or 6 is quite effective here. Neurasthenic people have one-sided phosphorus process that’s mostly in the their nervous system. In such cases one gives them P D12 in the A.M. and noon and after 6 – 8 weeks one gives small doses of gradually lower potencies. In the evening it may be better to give P D25 – 30 to drive the ego out of the body for a deeper sleep.
Sea Breathing, Plankton Life and Oyster Shells

A lot of microscopically small algae and other plankton plants grow and float around in the shallower, well illuminated parts of the Mediterranean and North Seas. Winds move and circulate the water and let plenty of oxygen in. Ostrea edulis (oysters) start as transparent larvae that digest much nutritious plankton and then excrete it again.

Unlike snails, scaphopoda and cuttlefish, bi valve mollusks have no throat or rough tongue. They don’t need them because they just suck in seawater containing plankton and take it into the primitive intestine and blood system. Degradative products, carbon dioxide and reproductive cells are passed out into the sea.

The eggs of true oysters (ostreidae) are fertilized in the female, producing over a million larvae each with cilia and a sail (fig. 11).

After a few days of free growth in the sea’s plankton where the spat is still hardly bigger than ¼ mm and can easily swim with the help of gas or oil bubbles in it, it increasingly surrounds itself with a three-layered calcite shell. Each mollusk has an ax-shaped foot between its two shells that it can push out through blood pressure or pull back in with two pairs of long muscles; it can dig with it. But it soon looks for a suitable site, excretes some sticky filaments from its byssus gland in a groove in its foot, lets its flatter half-shell fall on it and remains attached there for the rest of its life. The muscular foot then shrivels. The valves are held together at their narrow end by an elastic ligament. A large central muscle serves to close the valve against the pull of the ligament, sometimes for weeks at a time. One finds large numbers of oysters on bare rock under water. Edible oysters are ready for harvesting in three to five years; if not eaten they live for 20 years or more.

Oysters breed in the summer especially in June and July. Eggs are release at full or new moon. Crassostrea virginica can release up to 15 million eggs at one time, which shows you how strong oysters’ protein-formation process is. Fertilization takes place 8 days after egg release, on the average European oysters are hermaphroditic; to avoid self-fertilization their sperm mature sooner than their eggs. The individuals of Crassostrea virginica change their sex three or four times a year.

So oysters have a strong etheric upbuilding process that’s closely connected with the sea. Like all mollusks they filter out the sea’ dead slag and they build up a particularly tasty, live protein. Their shells grow, sink and become attached to rock, while their protein is being kept in a live, lunar condition. It’ as if the plant life in the sea had been purified and continued in the direction of a dull animal life.

Like all fish, oysters breathed air that’s dissolved in water. Unlike other mollusks, oysters are immobile and have no eyes. Their soul stays outside of their body in a kind of sleeping state. This animal only tastes the seawater and then opens its valves if the composition is beneficial to its nutritive upbuilding process.

The protein-forming metabolic process predominates in oysters and in many cp patients, and the soul-spiritual impulses of both remains sleepy and withdrawn. Their physical bodies are no longer sufficiently enlivened and so they fall out of the organizations and succumb to gravity. Patients like this are dull and tend to get fused writs and knee joints. The oysterification of patients can be observed in joints, where one has a metabolic process in cartilage that’s devoted to protein formation with a liquefying, dissolutive tendency within, while a rapid stiffening and hardening process sets in outside.

If a patient seems to be psychically asleep and his body becomes too earthy a medium to high potency of oyster can stimulate him to overcome this oysterification, to enliven his hardening body inwardly and to take hold of its minerals in such a way that it isn’t taken over by the outer world’s physical processes.
Cuttlefish and the Hypersensitivity of their Sentient Body. Fluctuation of Sensation in Excretory Processes

 Whereas in cephalopods the mollusca phylum develops in a quite different direction than muscles do. The calcification tendency is held back so that they only have an internal shell on their head and back, or in some cases none at all. Their eyes are fairly complex and together with rapid jet propulsion they make them into hungers. The muscular foot is divided into 8 or 10 tentacles equipped with suckers, that have cartilage inside to strengthen them. There's a muscular mantle around the viscera, which can be pressed downwards in front (fig. 12). Fig. 12: Cuttlefish (Sepia offic.) From T. Goeb, Inkfish, Snails and Mussels, in Goethanische News, vol. 3 Zoologie, Freiss Geistesleh, Stuttgart, 1982/ Sepia offic. is built along these lines and it lives in tropical and temperate waters. It has a cuttlebone on its back that's covered by skin and protein. It stares at its surroundings with large, alert eyes. Its mood is reflected by chromatophores ?? and it idocytes ?? in its skin. If the pigment cells are contracted by smooth muscle the fish gets pale at that place while the pigment is deposited within. When these cells expand the skin over them becomes brown, black, red, yellow or orange-red. The animals' ganglionic system can barely cope with its many sense impressions. A cuttlefish becomes brown or black if it feels threatened (fig. 12). Then the muscles in the mantle contract and the ink sac's contents and the water in the mantle cavity are ejected forwards through the funnel. This propels sepia offic. backwards about 30 feet, leaving a cigar-shaped, black phantom behind to fool the attacker. Sepia contracts its chromatophorer, becomes nearly transparent, and speeds away. Whereas if an oyster is attached it closes its valves or it makes pearls around foreign objects. An oyster responds to an overpowering influx from the perceptual world by a centripetal encapsulation. Whereas sepia reacts by nervously congesting fluids and then relaxing after they have been hurled out.

 An oyster is sort of beside itself in rigidified fright, whereas Sepia nervously fluctuates between an anxious retreat and a losing itself in an outbreak of rage. Both animals correspond to a man in whom the ego's influence lessens. An oyster's ethereal body is lazy and relatively loosened from its physical body — that's represented by its limestone shell. Its astral body remains more asleep outside the body as is also indicated by its changing sex.

 The more mobile ethereal body of Sepia takes hold of its physical body more, but its astral body uses it too much for sensory activity. Its hypersensitive astral body takes hold of the physical-ethereal metabolic region, and this leads to an expulsion at the moment of greatest excitement. A man who is like a cuttlefish is a sentient being too much, and he loses himself between anxious retreat and angry aggression. He can't rest in himself enough with such feelings and his soul is devoted to the sense world too much. An oyster is an image of fright, where a man’s soul and ethereal body seem to be outside of the physical body that's too earthly.

 Mollusks’ three systems aren't really separate; they interpenetrate. In Sepia the esophagus bores through the brain, and the cecum goes through the heart in other mollusks.

 Instead one has a different threefolding, namely, a mantle with the head and sense organs, which "excretes" a mineral shall, an intestinal sac that encloses all of the life processes, and a mobile, muscular foot with more sensory capacities.

 The foot with sensory activity, secretion, reproduction and locomotion displays astral functions. The calcifying mantle with sense organs has physical characteristics, and the intestinal sac shows live protein formation through ethereic forces. These three members of animals are more independent and spatially separated in mollusks, whereas in vertebrate animals they intermingle more.

 The neuroendocrinical function axis between the head and abdomen where substances of hypothalamic origin accelerate the rate of secretion of a given hormone by the anterior pituitary gland and other glands is a classic example of this interaction of man's members which results in a threefold differentiation in physical-etheric processes through the astral body and ego. A mollusk remedy becomes a model for the autonomization of lower members to a man who has deficient,
mutual perception between his upper and lower parts, for there’s little connection between an oyster’s physical shell and its ethereal organization and sleeping astray body (somewhat different in Sepia). This medication from an animal works mainly upon the ethereal body, and its minerals indirectly stimulate a tightening up of the overly loose interconnection of functions, which becomes manifest as an impulsive secretion from the central glands and a better perception of pheripheral hormone secretion by the head organ.

Four drops Conchae D-30 once a week relieves headaches at menstruation time, and sepia is good for metabolic-limb problems and depressions from menopause, pregnancy, childbed and bleeding.

Sepia is also a good bet for tension, muscular excretions in the neck with a strong tendency to dermographism or skin eruptions during excitement, and dark pigmentation such as multi moles on skin. Here we are dealing with hyper sensitive people who like colors and painting. Strong emotional stresses can lead to rapidly swelling joints; maybe with tendencies towards cyst formation in joint capsules. Try sepia if CP gets worse while menses gets weak, or if it starts after hysterectomy in menopause or child bed. I’ve found that 5 glob. Of Sepia LM 18-6 three times a week is good for such sensitive patients. This medicament tells the patient: “You’re becoming too much of a sentient being; use your ego to overcome the fluctuations between a sympathetic merger with the perceptual world and abrupt withdrawals.”

Potassium Carbonate keeps us from Vegetating

Potassium, the alkalimetal impulses biochemism, the interiorization of light in photosynthesis and all upbuilding processes, and so sprouting plants have more Kalium in them than any other salt-forming element – and this gets into the liver, muscles, heart, red corpuscles and skin of the man and animals who eat them.

So potentized Kalium in a remedy tells the patient: “You’re becoming too much like a plant. Overcome the plant activity in you that’s threatening to proliferate.”

Kalium helps weak, tired, sleepy people with watery congestions in the face, hands and feet who become too similar to plants. The incarnating soul and spirit finds it difficult to penetrate the ethereal fluids to form them and excrete them. Such men wake up depressed and they hanker for sour foods that will pull their astral body together and into the lower members. They often wake up around 3 – 4 A. M. since the metabolism that’s directed by the physical and ethereal bodies couldn’t be worked through by the soul and spirit during the day. The astral body’s deficient breathing power leads to saclulation of bubbling fluids in the form of edemas and back pains in the loins, spinal column and kidneys. The aching, stabbing pains are improved by heat, pressure and movement because they stimulate the soul and spirit.

Weleda gets Kalium from grape juice to stimulate the astral body to push back vegetating tendencies. The carbonate component of the remedy stimulates breathing and the astral body’s degradative activity which creates the foundation for liberated light as the substance of consciousness via the exhalation of carbonic acid. K2Co3 gives the ego-organization an acid-base model for the harmony between bodybuilding, phyto related upbuilding activity and consciousness creating degradative, astral activity. The interaction of carbonic acid processes in the lungs and kidneys with the Kalium in heart and blood provides the foundation for a harmonious interaction of liver and muscle.

So calcium carbonate in oyster shells stimulates the ethereal body to heal when the physical falls out of the organization and a man becomes too earthy. Potassium carbonate stimulates the astral body (also ego) to overcome the lowering of consciousness and paralysis that arises when a man becomes too much like a plant. And Sepia stimulates the ego-organization to overcome the overly strong connection with the sense world that’s mediated by the astral body when a man becomes too much of a sentient being (22).
External Applications

Cp patients are people who are strongly oriented on the outer world. This makes them responsive to external applications since a man’s soul and ego are very much present in his skin. Oil compositions with arnica and insect poisons have proven their value, such as arnica cp/formica for inert patients who tend toward cool depositions, and arnica cp. Cuprum or solutum ulgiaosum wala cp oil is good for neurasthenic types. Rheumatic salve M with sea salt is helpful for constitutions that seem to be structureless, since it stimulates sensory-nerve activity, and Weleda’s arnica/symphymum salve is good where tendons are more involved. Oil dispersion baths can stimulate the creation of one’s own warmth when the outside temperature drops. Cold packs should be avoided.

Traction, extension exercises, and manual therapy can loosen the cramped astral body and thereby stimulate recirculation in joints with congested fluids. Breathing therapy can often help to expand a cramped thoracic region and to enliven breathing. Then one also has to use various exercises to train the patient to perceive with his lower senses more.

One can work on limb activity via the regulation of the metabolism with curative eurythmy, so that the physical is taken hold of by the etheric again, levitated, and warmth and human shapes are brought into the body through lively, ensouled movement.

Form drawing and painting induces the soul and spirit to create mobile transitions and breathing connections between contrasting form and color elements and thereby to shape things in the etheric.

The Biographical Motif  Cp as a mirror of a forgotten heart dimension in one’s life

Cp patients are molded more by their lungs than by their heart. They orient themselves on the outer world and thereby are in danger of losing the inner heart-motif of their life. Their soul and will power pour out into their physical work. They need an outer confirmation of their self-consciousness, and they try to keep their home spic and span. They drive themselves for years until the lungs’ etheric organization and the finer breathing processes in the connective and cartilage tissues are ruined. The lungs are ruined by excessive bodily activity and breathless, hectic movement, since lungs enable a man to overcome physical things and free himself from gravity (23). The predominance of the physical works back upon the soul as a melancholic or exhausted-depressed mood.

It often seems as if a hyperactive patient was being slowed down by his higher self so that he can finally reflect upon himself. His disease forces him to become outwardly quiet so that an inner quiet becomes possible. Most of these patients feel an inner despair and often have a deep inner longing for a disease that will free them from their hopelessness.

In the early, pre-clinical phase of the disease they lose too much of their soul warmth to the outer world. Emotional tensions often shoot into the joints before the man becomes aware of them; he has his heart in his hand. A joint is an eye that’s directed into the will region to find out what’s going on there.

My experience is that 95% of such diseases are mainly a psychosomatic problem which then solidifies into a bodily disease. The causes are usually shocks experienced in childhood. It’s interesting that a Cp patient’s soul-problems are usually just below the surface of his consciousness. He’s almost always thankful if one addresses this soul level. Sometimes one then notices that his pains disappear after taking a few minutes. If they suddenly appear again it’s usually because of acute emotional conflicts.

One should look for three typical soul reactions in discussions with Cp patients.

Focus on soul shocks and fears that aren’t perceived by the patient and that shoot into the limbs as cramps and rigidification or paralysis.
Secondly one may be dealing with deeply felt sadness where one has joint effusions that are like tears that can’t be excreted.

Thirdly the patient’s fiery rage towards various people can lead to overheated joint swellings.

A therapist has to deal with anger and impatience to make the patient aware of his overly great expectations of himself and others, and to get him away from his disappointments and into patient waiting.

At the close of the biographical anamnesis we try to make the patient aware of what his arthritis may be telling him. His swollen hands are saying, “I don’t have any more strength.” “Now I’ve got to put my hands in my lap and I need your help.” Or his shaky legs are saying, “I can’t walk any more like this.” “The ground has been taken from under my feet.”

So pains are signaling the existence of feelings that remained unelaborated by the ego and the patient should now become aware of them so that he can overcome his fear of this chronic disease and start to rearrange his life accordingly. Surprisingly many patients know that the only obstacles to progress are the ones they are placing in their own path, and their disease makes them try to start out on a new tack.

A patient can experience the nature of pain and the reason for his disease if he can approach the latter’s ego-dimension. He can help to bring about his own cure thereby. The joints are dull inner eyes for the will region and as they protest against the previous way of life this dull perception is raised to clear ego consciousness, and thereby the will is freed for a creative transformation of a life’s course.

Literature (printed in German 1 – 21)

An Anthroposophical Therapy Concept For Inflammatory Rheumatic Diseases

Results of A Two Year Pilot Study by Ludger Simon, Thomas Schietzel, Christian Görtner, Hans Christoph Kimmell and Michael Schulte

Summary

Ten CP patients and eight others with chronic inflammatory rheumatic diseases were Anthroposophically treated in a prospective, uncontrolled manner and followed up for an average of 12 months. The main goal variables were the local and systemic inflammatory activity (joint index, C-reactive protein in serum), how do you feel, and functional capacity (AIMS questionnaire). Individual therapies consisted of various combinations of curative eurythmy, gymnastics, diet, outer applications, artistic activity and medicines of plant, mineral and animal origin. A meaningful subjective and objective improvement in systemic and local inflammation activity, functional performance, complaints, depressed states, anxiety and gregariousness was observed on all patients. This was done without invasive strategies (joints), or the use of large quantities of conventional rheumatics and NSAR.

Introduction

Practitioners of the Anthroposophical line of therapy don’t consider it to be an “alternative medicine” but to be an extension of conventionally gained knowledge about disease and healing processes with the aid of spiritual scientific findings and Goetheanistic methods of looking at biological phenomena (1-3).

The general therapeutic goal here is to support healing processes through the stimulation of autoregulative processes at the levels of body, soul and spirit, and to avoid surgery and suppressive drugs as much as possible.
A large number of arthritic patients have been treated in the clinics and practices of the Anthroposophical line of therapy since it began around 1920, and the results have been published (4-12). No clinical studies on the evaluation of Anthroposophical treatments of rheumatic diseases has been done because of difficulties with the diagnosis and with the scientific documentation of the disease’s course (13-16).

In the following we’ve set ourselves the task of assessing the efficacy of our treatment of inflammatory rheumatic diseases in a two year study on a small number of patients. A larger multicentered, nonrandomized clinical trial that will take four years is planned (17).

Patients and Methods

The clinical phase of our investigation went from August 1992 to February 1994. Nineteen patients were admitted in the seven months allotted for this at Herdecke Hospital. The final investigations were made in January and February, 1994 to exclude seasonal improvements in symptoms. The observation range was 8 – 16 six months (12 two months average).

All patients between 15 and 70 who asked for treatment during the recruiting period (19) were taken into the trial without further selection. One of the 19 turned out not to have arthritis.

Of the remaining 18 (15 female, 3 male), 10 had cp (according to the ACR criteria of 1987 (18, 19), five had chronic spondyl arthritis according to the ESSG criteria (20), two had polyarthritis in the framework of collagenoses, and one had adult immobile syndrome (fig. 2).

Fig. 2: Descriptive Date of Patients

<table>
<thead>
<tr>
<th>Patient Group</th>
<th>I. A chronic Polyarthritis</th>
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<tbody>
<tr>
<td>Patient Numbers</td>
<td>3 7 8 10 11 12 14 15 16 17</td>
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<tr>
<td>Sex</td>
<td>f f f f f f f m f</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Cp ------------------- CP</td>
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<tr>
<td>Age on Admission</td>
<td>35 15 46 48 21 47 65 45 51 68</td>
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<tr>
<td>Age at Dis-Start</td>
<td>24 15 42 47 17 45 62 43 44 67</td>
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<tr>
<td>Disease Dura (mos)</td>
<td>129 2 53 17 49 20 22 27 73 10</td>
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<td>Treat – Dura(mos)</td>
<td>14 11 9 16 11 12 15 10 16 14</td>
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<tr>
<td>On admission</td>
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<td>No. fulf. Remissions criteria</td>
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<td>On admission</td>
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<td>No. fulf. Remissions criteria</td>
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<tr>
<td>Criteria at end</td>
<td>3 2 3 2 1 1 0 2 3 1</td>
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<tr>
<td>Function class (Steinbrocker) at admission</td>
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</tr>
<tr>
<td>At admission at end</td>
<td>2 1 2 2 1 2 2 1 2 2</td>
</tr>
<tr>
<td>X-ray stage (Steinbrocker)</td>
<td>3 1 2 2 3 2 2 2 2 2</td>
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</tbody>
</table>

II. Seronegative Spondyl arthritis

| 5 18 19 |
| f m f |
| m f f |

The median age of patients at the study’s start was 41 (15 – 65). Disease duration since the first joint swelling or pains was a median of 5.4 years (2 months to 26.8 years. Median treatment duration = 12
months. Median age at disease's begin = 36.6 years. Only five patients had a blood sediment BSR rate of over 80 mm.

One patient had been taking methotrexate (MTX), another sulfasalazine, a third chloroquine, three other patients had one or more unsuccessful therapy attempts with these drugs or auranofin six or more months previously. The other 12 patients had never had such drugs. Eight out of 18 patients had had nonsteroidal antirheumatics (NSAR) with an average daily dose of 47% of the maximum daily amount recommended by the manufacturer, on a regular, often daily basis. Cases 16 and 18 were taking 5 or 10 mg of prednisolon daily on admission. Cases 4 and 10 had stopped taking a steroid about four weeks before admission because of a fear of side-effects. One patient had been taking an opiate, an oral cortico steroid and an NSAR (details in fig. 2).

All 18 had chronic synovitis in more than three joint regions on admission. Of these, 10 patients had cp (ra). One of those was in Steinbrocker stage 1, seven in stage 2, and two in stage 3. The functional condition on admission was class 3 in one patient, and the other 9 were in class 2.

A second group of five had seronegative spondyl arthritis, i.e., one had span dylitis ankylosans, two had psoriasis arthritis, and two had undifferentiated seronegative seronegative spondyl orthopathy. And group III had two with polyarthrosis collagenosis and one with a paralytic syndrome-type arthritis. Fig 2: Medicinal Fore-treatment of Patients

<table>
<thead>
<tr>
<th>Pat. No.</th>
<th>Prednisolon daily dose</th>
<th>Prednisolon daily dose</th>
<th>Analgetics daily dose</th>
<th>Analgetics daily dose</th>
<th>Drugs taken earlier.</th>
<th>Initial Basic Therapy</th>
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<td>2 On Admis.</td>
<td>acetamin (20mg)</td>
<td>acetamin (20mg)</td>
<td>2g sulfasalazine a day</td>
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<tr>
<td>7</td>
<td>2 On Admis.</td>
<td>10 mg</td>
<td>acetamin</td>
<td>acetamin</td>
<td>2g sulfasalazine a day</td>
<td></td>
</tr>
<tr>
<td>8</td>
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<td>30 mg (17%)</td>
<td>acetamin</td>
<td>acetamin</td>
<td>2g sulfasalazine a day</td>
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</tr>
<tr>
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<td>5</td>
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<td>acetamin</td>
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Fig 3: Questionnaire on Therapy's Efficacy and Tolerability (on a scale of 0 – 100)
1. How effective are the anthro medicines that you've taken for your rheumatic pains and complaints?
2. How tolerable are the medicines that you are taking for your rheumatic disease?
3. How satisfied are you with your present state of health?

We wanted to describe the efficacy of Anthroposophical therapy and to include the patient's opinion on this. Since the patient number was small we skipped an assessment of joint-destruction progression through x-rays. The primary goal criteria were, 1. The systemic inflammatory activity as per BSR, CRP in 5., albumin/globulin quotient in the serum electrophorus number of thrombocytes and hemoglobin; 2. Local inflammatory activity as per the sum of the PI indices for pressure pain, joint swelling and local overheating in the joint man in the Dusseldorf rheuma register (21-23 and D. Ritchie's articular index for the assessment of joint tenderness (24). 3. The functional capacity was mainly judged from the AIMS questionnaire where the AIDS sum score (the
average value of the nine subdimensions of the instrument was the main goal variable (25, 26). Changes in fist-closing strength (Vigorimeter), button test, and a modified 25 mile walk, including getting up from a chair, were also used to describe the outcome (27-29). 4. The patients were also asked how depressed and pained they were in an AIMS questionnaire and the three-question on in fig. 3. Another questionnaire on long term changes in rheumatic complaints is shown in fig. 4. // Fig. 4: Patient questionnaire on long term changes in rheumatic complaints

1. Have your joint pains lessened through Anthroposophical treatment or have they gotten worse?

2. Has your joint-stiffness in A.M. improved or gotten worse through the Anthroposophical treatment?

3. Has your daily mobility improved or worsened through Anthroposophical treatment?

4. Have you gotten more strength or innerve verve (or less) in the course of treatment?

5. Have you gotten warmer or colder through Anthroposophical treatment?

6. The number of fulfilled Pinals criteria for complete clinical remission were also used to judge the success of therapy in the group 1 patients (30).

The statistical significance of the changes/improvements in P.I., BSR, and AIMS was determined. The signed rank statistics for paired data of Wilcoxon (1945, 1947) were also drawn in. then the three individual tests were summarized into a significance test by Holm's method.

Therapy for most of the patients consisted of a 3 – 7 week stationary phase followed by an ambulant one. Spot checks at one to six-week intervals were made of the complaints and disease.

On the basis of the Anthroposophical picture of man and an extended anamnisis plus findings we developed a combination of the following therapies (11, 12).

Anthroposophical medicaments of mineral plant and animal origin, especially insect-poison preparations (from apis mellifica, formica rufa, and vespa crabro (31), mistletoe (viscum album) in high potencies (8-10) and other things like Atropa belladonna, Bryonia dioica and Rhus tox (32). These are injected s.c., i.c. or i.v., or administered externally or orally.

Then there's dietetic therapy on the basis of a vegetarian sugar-free diet, or maybe a one-week juice fast followed by added food with low allergens (33).

Outer applications such as ginger or cabbage wraps, oil dispersion baths, rub ins, meal-salve bandages to reduce local swelling and pain and to stimulate particular organ functions inner warming.

Gymnastics, curative eurythmy, therapeutic speech formation, modeling, painting and music.

Then one digs into the past medical history, and if the patient desires this can be continued as biographically oriented conversations with the doctor in charge.

If patients were taking conventional corticosteroids on admission this can be continued for awhile and then reduced or eliminated as the Anthroposophical-therapy components become effective.

NSAR and corticoid steroids were sometimes used in our investigation, although the latter were only used orally and were reduced stepwise. We never used intra articular drugs, surgery or chemical and radio synoviortheses.
In case 10 with a very active rheumafactor-positive cp an existing basic therapy with methotrexate MTX was found to be ineffective and therefore stopped. In case 3 the sulfasalazine therapy was stopped due to pregnancy. Although such stoppages had led to worsening of cp in the past, with Anthroposophical treatment this time it remained in remission. The chloroquine treatment with ASS for case 18 was retained throughout the pilot study. In case 16 we replaced the previous corticosteroid, NSAR and opiate with sulfasalazine with good results, but discontinued it after 12 months with no bad results (observation period – 20 months). The use of conventional drugs could be avoided in 16 out of 18 patients.

Results

The mean values of the goal criteria changed as follows over the average one year observation period for the Anthroposophical therapy outlined above. The values for the 10 cp. Patients in group I are given in brackets [ ] [ (see figs. 5 and 6).

4.1 Systemic inflammatory activity: The BSR sank by 69% of the starting value, from 44.8 to 13.8 mm/1h [70% from 45.3 to 13.7 mm], the CRP from 4.3 to 1.3 mg/dl [5.3 to 1.9], the number of thrombocytes from 380,000 to 310,000 ul [416,000 to 335,000], the albumin globulin quotient of the serum electrophoresis rose from 1.35 to 1.7 [1.3 to 1.6], and total hemoglobin rose from 12.2 to 13 g/l [11.7 to 12.7].

4.2 with respect to local inflammatory activity the summed index for pressure pain in joints fell 61% from 35.2 to 13.6 [48 to 16.6], the swelling index from 33.2 to 10.3 [41.4 to 12.9], and the summed index from the number and development of over warm joints sank from 5.2 to 0.3 [4.6 to 0.2] points.

Fig. 5: Median change in the three primary goal-criteria under therapy.

Fig. 6. Median change in the secondary goal criteria under therapy max fist closure, right and left (mber) and Standard deviation. (Tables that I cannot reproduce)

4.3 Ability to Function: On the AIMS questionnaire (scale of 0 – 10) for the treatment period the general mobility rose from 7.2 to 9.0 [6.9 to 9.1] points, general bodily activity from 5.3 to 7.5 [4.7 to 7.5], ability to do household chores from 7.9 to 9.6 [7.3 to 9.5], writing hand mobility from 7.5 to 9.0 [6.1 to 8.5], and independence w.r.t. daily routine from 7.2 to 9.1 [6.2 to 9.3] points.

In three of the ten cp patients there was an improvement by one of Steinbrocker’s function-classes, and the other 7 didn’t get worse. In the button test for two hands there was an average speeding up from 26.6 to 17.6 sec (28.3 to 17.0 sec), for the right hand from 40.8 to 28.6 sec [44.4 to 29.3 sec], and for the left from 34.8 to 22.9 sec [39.0 to 23.9 sec]. The average distance of the finger tips away from the palm in a closed fist decreased from 0.6 to 0.12 cm [1.0 to 0.3 cm] for the right hand and from 0.5 to 0.1 cm [0.8 to 0.1 cm] for the left. The grip strength in millibars as per vigorimeter (max of three tries) increased from 571 to 805 mb on the average [469 to 710 mb]. The time needed for getting up from a stool and walking 25 meters dropped from 18.9 to 8.5 seconds [15.8 to 8.1 sec] (see fig. 6).

4.4 With respect to how-do-you-feel the psychosocial subdimensions of the function questionnaire AIMS shoed an increase in social activity from 5.0 to 5.8 [4.2 to 6.7] points. Patient’s anxiety decreased from 5.6 to 3.7 points [5.5 to 3.7], depressive activity declined from 3.8 to 3.4 [4.3 to 2.6] points, and the pain level from 5.8 to 2.8 [6.5 to 3.6]. The AIMS sum-efficiency of Anthroposophical medicaments (see fig. 3) was deemed to be 73 on a scale of 0 – 100 [70], the tolerability was 98.4 [98.1], and the overall satisfaction with one’s own state of health was 77 [76]. The results from the questionnaire about the longer-term changes in rheumatic complaints (fig. 4) (0 – 100) showed less pain 67 [60], less stiffness in the A.M. 65 [60], better mobility 80 [80], more verve and strength 72 [78], and better inner warmth 73 [67].
5. Pinals' remission criteria 30 for rheumatoid arthritis (cp): the number of fulfilled Pinals' remission criteria rose from 0.8 to 1.8 (average) by the study's end. Nine of the 10 cp Patients had an increase of at least one criterion (some had three) by the end of treatment.

6. Of the patients that were taking conventional anti rheumatic drugs case 19 was excluded from the evaluation because she took analgetics for her migraines. Only two of the original seven patients were still taking non steroid anti rheumatics (NSAR) at trial’s end and their average intake had been reduced from 47 to 12% of the maximum daily doses.

Fig. 7: Statistical data

<table>
<thead>
<tr>
<th>Pain index (PI) before/after therapy</th>
<th>BSR b/a therapy</th>
<th>AIMS summed score before/after difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. pat. Before after Difference</td>
<td>No. pat. Before after Difference</td>
<td>Before after difference</td>
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</tbody>
</table>

Two of 18 patients were taking a median daily dose of 7.5 mg of a prednisolone equivalent on admission. Supplementary steroids were added during the treatment of four of five cases with a BSR of over 80 mm/1h, and four patients were still taking a mean 8.75 mg of a prednisolone equivalent at the end.

Aside from a basic therapy of chloroquine that was continued throughout (plus ASS) in one case, and some sulfasalazine that was temporarily used in another, the other 16 cases were considerably improved without the use of anti rheumatics with long after effects.

7. The statistical significance of the PI, BSR and AIMS (summed score) was tested by the above described confirmatory data. The individual tests are based on the before and after parameter values.

The Wilcoxon test shows whether the median difference is significantly different from zero. One can write the test problems as H0k: Mk = 0 versus H1k: Mk = 0 (two sided tests), where K = PI, BSR or AIMS. Here Mm1 is the median difference in PI values in the therapy group, etc. Such differences reflect the therapy's effect. //Fig. 8: /results of single tests Pain index (PI) differences, n = 18, 5yn rank = 74, prob - /s/ = 0.0005/BSR differences, n = 18, sgn rank = 84.5, prob - /s/ = 0.0001/AIMS summed score differences, n = 18, sgn rank = -78.5 prob - /s/ = 0.0001 //Fig. 9: Multiple comparison ala Holm, ? = 0.01

<table>
<thead>
<tr>
<th>Parameter</th>
<th>S.</th>
<th>P. value</th>
<th>j</th>
<th>o/4-j</th>
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</thead>
<tbody>
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<td>1</td>
<td>0.0033</td>
</tr>
<tr>
<td>AIMS</td>
<td>-78.5</td>
<td>0.0001</td>
<td>2</td>
<td>0.005</td>
</tr>
<tr>
<td>PI</td>
<td>74.0</td>
<td>0.0005</td>
<td>3</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Fig. 7 shows the data used for confirmatory analysis, and fig. 8 gives the results of the three tests. Here Sgn is the value of test statistic S and prob /s/ is the corresponding P value.

Fig. 9 gives the results of the three tests with rising p values and sinking /s/ values. One checks whether Pj is greater than ?/(n+1) – j for j = 1, 2, 3. If this is the case for j = 1 then the medians M1 to Mj-1 can be considered to be different from the overall level ?., the other medians Mj to Mn aren't significantly different from zero.

But if, as in this case, on can find no such 1, then one can consider all medians to be different from zero. Therefore the improvement of the treated patients with respect to PI, BSR and AIMS combined is statistically significant. The probability that this statement is true is at least 99%.

Discussion

So the efficacy of Anthroposophical therapy plus in some cases conventional anti rheumatics was observed for an average of 12 months in an uncontrolled study of patients with cp and other inflammatory rheumatic diseases. In all of these cases we observed distinct decrease in local and
systemic inflammatory activity, palliation of the complaints associated with arthritis, and an improvement in the ability to function and to be socially active with less anxiety and depression.

There was a statistically significant improvement in local and systemic inflammatory activity and in functional capacity and the way all of the patients felt, as measured by the three main variables: presure pains in joints, blood sedimentation rate and the combined scores on the AIMS questionaires.

The use of analgesics by seven incoming patients could be reduced to about ¾ of the average daily dose later, whereas the pain-killing needs of the other 11 patients were taken care of by Anthroposophical therapy plus in one case prednisolone (malignant cp and systemic vasculitis.) Conventional anti rheumatic, long term drugs were used for only two out of 18 patients.

The use of cortico steroids could be restricted to the acute phases of the worst cases, where it supports the efficacy of Anthroposophical therapy until the latter can do the job by itself and it facilitates the use of curative eurythmy. In evaluating these results done should consider that the patients were mostly looking for an alternative to conventional methods, and that most of them knew little or nothing about Anthroposophy or its medical therapy.

The clinical experiences described here and the Anthroposophical medical approach will shortly be investigated in more detail in a multicentered comparative study on patients who are definitely known to have poly-arthritis for up to three years. The observation period will be four years long and will include the measurement of joint destruction (x-rays). This trial is being promoted by BMBF (formerly BMFT) in the framework of their focus on unconventional lines of medicine.

Literature – Lines of medicine (1-28)

A path towards the treatment of Chronic Polyarthritis (cp) with Curative Eurythmy, by curative eurythmist Gabrielle Olschwant, Filder Klinik.

Key words

Chronic polyarthritis, vowel exercises, I and O in curative eurythmy.

When one wants to travel on a different road one should first look for some road markers and a guide. The vowels I (fig. 1) and O (fig. 2) shall accompany us on our path. Before we start out let’s look at the road signs; they say that I reveals the person that a man is and that O reveals a man’s soul. This is how Rudolf Steiner described the curative effect of these two vowels in lecture two of his Curative Eurythmy course (1). This gives us an indication of how we can look upon these two sounds in terms of the effect they have on our members when we practice them.

By looking at the eurythmy figures (2) for these vowels one can get indications for the use of the latter in the treatment of Chronic Polyarthritis. The thing one notices in the I (ee) is the diagonal figure and movement that radiates from a center. So we don’t find symmetry and a center that’s give at the outset — we see the possibility of a falling apart of the upper and lower man and the difficulty in keeping a center in such a diagonal figure. A eurythmic center doesn’t arise because it’s given by a particular posture in space or by the way one holds one’s arms; on the contrary, the asymmetric movement and position tends to pull the figure away from a center. So the center has to be created against resistance through inner movement. //Fig. 1; 1. Eurythmy figure by Rudolf Steiner (2) //Fig. 2: O (oh), Eurythmy figure by Rudolf Steiner (2) // The I eurythmy figure (wood) has a yellowish-orange dress, that is, the main movement arises out of warmth and light. The space around the figure (veil) is a fiery cinnabar red, and a cooling, almost crystalline blue gives it its so-called character. This gives a polarity of a bright yellowish-orange and red, and blue as a third color, and we can say that these colors represent warmth, fiery warmth, and cold.
Thus an I must first elaborate it's free center in the polarity between light and dark, warmth and cold, above and below in the diagonal arm positions, and form and movement of the falling veil. It takes a strong force to attain this free center in making the I vowel, namely the force of the person who must now hold the opposites apart in such a way that a free center and a connection between man's polar forces can arise. One can now see why Steiner connected the I with the forces of a man's personality or individuality in lecture 2 of the curative eurythmy course.

If we look at someone whose joints have already gone through a number of inflammatory and hardening phases one sees that individual ways of moving have been increasingly replaced by typical ones. One could say that the individuality can express and reveal itself through the movement less and less. An I that's done in curative eurythmy can help a Chronic Polyarthritis patient to take hold of the movements of his legs, arms and whole body as a person again.

Let's take a closer look at our second accompanier on our journey (fig. 2), which is quite different from the stretching, radiant I movement. In an O we have a best, round movement that's close to the body before us. The inner sides of the arms are closer to the center. The movement is more symmetrical than that of an I. Even though not all of the veil forms (fig. 2) are inserted into these symmetrical forces, the overall character is nevertheless symmetrical. The space that the arms surround must be ensouled before one gets the feeling where the center is; it doesn't arise automatically.

We find something reddish as the main feeling in the movement, a greenish yellow in the space around the figure (veil), and blue as its so-called character. The warm but not fiery basic red warms the space that the O-shaped arms surround and ensoul. The little bit of blue in the yellow prevents the movement from flowing outwards too much – so that it remains directed toward the center. The third color, blue in the head and arm, (and feet) keeps the warm, reddish feeling in the O-space so that it doesn't overflow like the porridge in Grimm's fairytale, which kept on running out of the pot because the mother didn't know the right word to stop it from cooking.

Movement pictures of Neurasthenic and Hysterical RA patients

The Neurasthenic Movement Picture

One can already see the movement picture at the very beginning of ra for the two constitutional types. The patients we treated had ra for four years or less; and their center of gravity was more or less back over their heels. This results in a break in the pelvic region between the upper and lower man, and there's no real contact with the ground, which leads to tensions in the lower back and shoulder region and thereby the whole midsection, that results in congestions in the breathing region.

Each patient looks at his own movements to see whether he did them right. But the flow of movement at the etheric level is weak and jerky and one gets the impression that the movements are hasty and not very rhythmical. They're lacking at certain weight and a strong, inner condensation at the physical-etheric level. The etheric body increasingly disappears from a patient's eurythmic movements the more he tries to do the vowel as perfectly as he thinks it possible – which increases his physical muscle tone through the activity of the upper astral body. One could say that the vowel-movement's etheric qualities are weakened by the increased activity of the upper astral body. In spite of the soul's increased activity it's difficult to ensoul the movements by communicating inner experiences to them. The movements all seem to be the same and colorless, and they don't move out into space much but seem to be fettered to the physical figure.

The Hysterical Movement Picture

Hysterical patients are also mainly on their heels. This makes it hard for them to walk in a flowing and rhythmical way, even if their joints would gradually permit it. There's strength and heaviness in the rump down to the feet in particular. The arm movements are usually weak and not carried to completion, and the head follows them almost compulsively. The dreamy gaze follows but doesn't
control them, and doesn’t really perceive them accurately. The patients can often not remember which exercises they did the day before, let alone last week.

It's difficult to get such patients to have an objective experience of vowel movements for they often have strong sympathies or antipathies for them. The exercises give rise to strong feelings, but it’s hard for them to get these into the movements.

The answers to the following questions are of importance for the choice of sounds, the size of the movements that are made by arms and legs, and the sequence of the sounds.

1. The beginning and the course of the ra disease; degree of inflammation; getting better or worse?
2. Other diseases now or previously, accidents or shocks, deaths?
3. Constipation or diarrhea or alternations of the two?
4. Preparation of food, allergies, incompatibilities?
5. Regular menses or cramps and headaches?
6. How much stress can he stand?
7. Most importantly, how were the patient’s members involved in the development and progression of ra.

Comparison of the Above Two Movement Pictures

Before we translate the movement pictures into a therapeutic process let’s take a look at the range of sounds that we work with in each group of patients. We start a lesson with I to point to the uprightness of the human figure. Then we elaborate this by doing the series I-A-O. In the first one and a half weeks of curative eurythmy we concentrate on the two vowels I and O, especially with the legs. This work on vowels out of the center is supposed to prepare patients to get into metabolic consonants. Both types of patients generally work with B, M, R, L and S – which consonants one uses depends on the basic constitution, the degree of inflammation or the ra stage, and the digestive disturbances, breathing problems, etc., that the patient has.

It’s best not to do any Ls or Rs, not even with the fingers and toes, if the ra patient is in a very inflamed stage of his disease, because they might make it worse. What one does here is I, O, B, S and M, while sitting down, if necessary. It’s good if one lets the sounds arise from the figure’s center, that is, from the neck to shoulders and the whole back out through the arms to the hands. Once the inflammation has gone down one can also do Ls and Rs from the center to the periphery. In some patients, especially the hysterical kind, one can work from fingers to arms to shoulders and back, and then with the movement of the whole arm. Thereby the whole trunk is brought into a breathing, streaming movement, which continues down to the legs especially if the exercises are done everyday.

Treatment of a Neurasthenic Constitution

Now let’s take each movement picture singly and try to describe the treatment for each type. The patient with the neurasthenic constitution have to try to let go in all regions, and that’s difficult for them. First he has to drop his ideas of how this or that movement should or shouldn’t be done, get rid of his inner tension and then relax his physical muscles. As far as his thinking is concerned he’s standing there and doing “nothing”. He fails to see how a decent eurythmy exercise can arise out of this “inactivity”. But he soon sees that letting go is much more difficult than tensing up – that it requires a lot of inner activity. The first sound that’s supposed to arise from this relaxed posture is an I in the erect figure. The erect I is not to be confused with a stretching from bottom to top – it begins from the center and goes to the ends at bottom and top simultaneously. The exerciser should
keep his knees loose and his weight in the balls of his feet to establish good ground contact. Then one does an A with the legs and an O with the arms in the middle. One tries to let these three vowel gestures flow into each other. If this succeeds the I-A-O man stand before us momentarily, with an upright I from the center, a strong ground contact and feeling in the legs in A, and an ensouled middle in O.

After this one usually has the first of several sitz breaks to relax. It's an important experience for the patient if he can feel that his hands and arms get warm during this period of doing nothing, whereas he hadn't gotten warm before while he was moving actively. This show him that he wasn't loose enough during the action, but that he had let go during the pause and thereby gotten warm. After the patient has experienced this warming up several times it'll motivate him to work at curative eurythmy more. Next the vowels are worked on intensively with the legs, which are the most limb-like part of our movement man. When we do vowels or consonants with the legs the ego-organization and astral body are working into the physical body via the etheric body. After that the consonants are done with the arms, and then quite a bit later with both arms and legs.

So after an up-righting I and an IAO one does a lot of Is with the legs. One can do this sitting down if necessary, but it's better to develop the I in various directions in space standing up. The next step is to do the I while walking, which is particularly difficult for an arthritic person to do, because he has to stand on one leg and stretch the other one downwards in an I. He has to practice this shifting of weight from one foot to the other, the streaming stretch movement in I, the holding of the center, and the not falling into the stride, for quite a while before he masters it. But when he does one will generally notice that he also becomes able to make his everyday walking more individual than the typical arthritic person can. After one has gotten firmly established in standing and walking Is one can start M and R for most neurasthenics. The M is done in a flowing peewit step at first, and then the forwards and backwards arm movements are added. The metabolic R is done with a bending and stretching movement of the legs with the knees bent on the weight shift, with a bending of the mid section. This R movement rhythmisizes things and brings the movements of joints into flux.

Warmth streams through most patients when they do the whole R with arms and legs. This loosens the tensions and hardenings. R is an air sound that relaxes and rhythmisizes the astral body.

For the L one first does the arm movements, because one can't get a vivid L feeling from the x position of the legs alone. L is most closely connected with the water element, and the arms dip down so that a feeling of heaviness arises in the space between them, and then go upwards from this center to loosen and liberate things.

Most patients can only do Ls below the shoulders for the first few weeks. The L has a watery streaming character, and it enables the etheric body to transform itself. The body-bound etheric forces can be freed with and through the L, and can then dive back down into the body. It's especially important for neurasthenics to work with this water fountain. He has a closer connection with the aery, rhythmic, dynamic R, and it's hard for him to shape the more phlegmatic, condensing and loosening L in a wavy way. But it's very important for all of his joints to be bathed by this warm, watery stream. To add the x-legs one can first try it out on the edge of a stool, but a standing L takes hold of the whole movement organization much more. When x-legs knock knees are added while standing one always sees that the arm movements become denser, more etheric, warmer and more streaming further down and that it can therefore become freer further up. The patient also feels this change through the addition of knock-knees. Suddenly his arms become heavier, more watery, fuller and the liberating, loosening phase of the upper L occurs more easily by contrast with the strong, earth-bound legs with knock-knees. L's warming effect often starts in the neck, back and midriff, and it then warms the whole body.

The Therapeutic Procedure for an Hysterical Constitution

The idea in an ra patient with an hysterical constitution is that the movements are supposed to connect the waking-consciousness forces upstairs and the feeling forces in the midriff with the forces
of the lower organization – which are very strong in these people. Here again one starts with I, IAO and O. As Rudolf Steiner said in lecture two of his Curative Eurythmy course, the feelings for the respective vowel should flow into the muscles. When this happens we have streaming ethereal forces and a shaped movement that gets a good grip on the physical body via the muscles. Now one has to develop new capacities through various vowels for patients with a hysterical constitution, namely, a strengthening of concentration and alertness as one immerse oneself in the sound, and continuity when one does the movement. The latter has to proceed from the center and not from the legs. Mainly one has to strengthen the ego’s immersion in the vowel movement. As Steiner said, “the I(ee) reveals a man’s personality, and O reveals a man’s soul.”

First I is worked on as the uprighting element in a figure. Then one does I with the legs while standing and walking. Levity, light and warmth qualities of the I sound are important for hysterics. In walking an I it’s important to develop a really luminous feeling in the upper man, so that the upper body and gaze aren’t drawn into the leg movements but can remain in the uprightness.

The O is also practiced intensively with arms and legs with the goal of ensouling and enlivening the middle. Then comes IAO.

The first consonant one works with is B. This is an explosive sound, that is, the movement starts in the streaming periphery and is brought toward the center, whereby a space is enclosed by the arms. This space that’s encircled by the arms must be perceived by the corresponding B feeling and permeated by it. Thus we’re dealing with a eurhythmic creation of an inner space.

Next comes the leg movement for B. It’s particularly hard for hysterics to form the round, streaming and yet contoured B-movement and still end in a structured form tat remains ensouled. They manage to coordinate their leg and arm movements much faster than neurasthenics can. It’s important to feel that one is resting in one’s midriff and back, somewhat as we try to develop when we do an I. No real inner connection can arise between the different arm and leg movements without this resting in the inner center and in one’s back, and an overall B feeling only forms through this inner center. It’s a real challenge for the patient to attain this overall B-feeling. What other work one does on consonants depends on whether the joints’ inflammatory processes have died down enough so that one can do R and L. If they haven’t it’s best to do S and M. Formative and shaping forces work very strongly in S, as one sees when one looks at the S figure with its gray dress, brown veil, and black character – and this is the only consonant or vowel that’s shaped out of these colors. It’s a kind of an ashification process and it’s the opposite of a fiery process that flames up.

But after the inflammation dies down one begins R and then L. The R addresses the astral body that lives in the aery element, whereas L stimulates the etheric body that gets shaped and transformed by the higher members. One should try to do the movement of both arms and legs for L and R as soon as possible. The heavy, condensed leg movement is lightened by the arm movement, and a very strong connection with one’s midriff arises.

Looking back at the road that we walked on we see that it was characterized by the finding of movement pictures. The selection of sounds, and the development of a therapeutic method. The way we went is a very one-sided one; but it’s just an attempt to arrive at new findings and possibilities through work with two, basic human constitutions. The latter also gives curative eurhythmists a chance to fill their work with doctors and therapists with new contents and to shape things more intensely, so that both sides can make a contribution to the finding of a therapy and of a method for therapeutic work.

Literature (attach printed list)

Bath therapy for Rheumatic Diseases, by Bernhard Deckers, bath specialist at Filderklinik
Colchicum Alkaloids

There's about 20 alkaloids in naked ladies, especially in its seed shells (0.2 – 1.2% of the seed's weight). There's also some in the bulbs, but not much in the leaves and flowers (1). According to (2,3) there's 0.2 – 0.6% of the main alkaloid colchicine in seeds, 0.8 – 1.8% in flowers, 0.08 – 0.2% in bulbs and hardly any in leaves. Fresh bulbs are gathered in the spring for homeopathic preparations, and the seeds for phytotherapeutic purposes (4).

Chemically isolated colchicine is a pale yellow powder that darkens in water.

Biosynthesis of the alkaloid proceeds from aromatic amino acids via sinapine acid or cinnamic acid (from phenyl alanine) and 3-hydroxy tryosine (from tryosine). There's so many oxidative modifications on the way to colchicine that one can hardly recognize its building blocks anymore (5).

Summary

Baths for RA have proved to be an effective outer application in terms of making a sick organism ready for other therapies. This involves the addition of various medicaments to the baths and the rhythmic use of the latter in the evening over a period of about four weeks. Specific effects which patients experienced are described.

Key Words

Bath prescriptions, salt bath, sulfur bath, oil dispersion baths, stinging nettle bath.

Introduction

The idea of bathing RA patients has taken hold at the Filder Clinic (near Stuttgart) as a firm part of the therapy concept. Local outer applications tend to draw the patient's attention to his sick joint, and so it's better to work on the overall pathological process.

The patients are in the early stages of their disease and their new life situation makes them feel uneasy. They had no immuno suppressive basic therapy and so they're responsive and open both physically and mentally.

How the Baths are Given

When baths are prescribed for a patient he gets them in the evening on M W and F for at least four weeks.

Naked patients in their beds are rolled to the bathtub and transferred to it by dropping them in. The warmth, air and light in the bath area were suitably prepared earlier.

A bath takes 15 – 20 minutes. In phase one the patient perceives the water temperature and color and he has experiences of smell, taste, movement and equilibrium. This gives rise to a reflective, meditative mood in which the patient's interest is more directed to his surroundings. He may say something about the course, other patients, therapists and the hospital. Then his bed is prepared for the night with large bath towels. In the second phase the patient is left in the bathroom by himself.
At the beginning of the third phase the therapist has the feeling that he's disturbing the patient. The latter usually says that he's sorry that the bath is over already. One often awakens the bather out of a dreamy state. He has to be helped to make the somewhat shocking transition from the water's buoyancy, warmth and restfulness to the cold room, the effort of standing up, and getting into the resting pack. Some patients think that getting wrapped up is the best part of the whole thing. Childhood memories of being tucked in arise, or possibly of not being tucked in. Then it's back to the room with another rest of about one half hour. Then the resulting stimulation is elaborated with some movements before the patient lays him down to sleep.

One can look upon the bath situation as a return to the mother's womb with its floating relaxation, "a perceptual activity that's pushed down to a lower level" (Rudolf Steiner, GA 319, lecture 6), a half dreamy consciousness with no sense of time, which all make the organism receptive for the slightest effects from the environment. This quality of rest and receptivity for percepts can be a model for the sick joint, which has lost its sace and its quiet and therefore the possibility of receiving that which wants to become "articulated".

And even the therapist won't be able to regulate the temperature property if he doesn't attain a state of inner calm and attention to detail.

The temperature of the bath is an important factor in its success. The patient should feel warm, but not sweaty; his whole skin should feel warm from within and not from the warm water or from hot water bottles in his bed. One should try to emancipate his warmth organism from the outer climate.

Some patients sigh, laugh, cry or sing when they're clipped in the bath, and relaxed facial muscles or a beneficial tiredness are also signs of the success of this application. Baths are best given in the PM because they strengthen anabolism. AM baths put patients asleep too much at the wrong time. This also applies to the use of rosemary and phosphorus. Also a patient is more receptive for environmental processes in the PM. The baths shouldn't be too hot or too cold, so that the patient's attention is drawn less to the temperature than to the substances and processes in the water.

Salt Bath

Up to three Kg of Dead Sea Israel salt is used per bath (the ratio of K to Na is about 2:1). It's dissolved in the water with a lemniscatic movement. This makes the H2O feel more "inert", and the brine covers the whole skin with a flexible film. Fidgety patients are often calmed by it. This application tends to offset hardening processes in the beginning.

Sulfur Baths

Here one uses 1 –2 tablespoons of potassium sulfate per bath, as per DAB 6, plus a few drops of lemon juice, both after the patient is already sitting in the tub. This produces an opaque brew, and the sulfur smell is not unpleasant. The bath is supposed to stimulate the patient's metabolism, and it's like an incubating warmth from below.

Oil Dispersion Baths

Here again the temperature shouldn't be too hot or too cold, so that the patient can perceive the substance and process. We've modified the recommended use of Junge's dispersion apparatus to avoid the appearance of globs of oil on the tub and water surface. The place where the oil comes out is constricted by putting the control wire of the company's kit into the oil reservoir. One now holds the apparatus' lower opening under water to get more suction and to avoid initial air contact. The oil gets sucked into the water without giving off warmth and substance to the air, and one only sees the oil as a coloration of the water. Although its effect on patient is greater. Rather than an incubating warmth the oil bath has an aery warmth, an arnica-oil bath has a blood warmth, whereas a phosphoric-oil bath produces warmth from the periphery.
Stinging Nettle Bath

A patient with a sleeping disorder who had thought that an arnica bath seemed to be pressing blood into her fingers, said that the warmth from a stinging nettle bath was soothing and could consistently give her a good nights rest. We put one to two handfuls of dried Urtica dioica leaves in boiling water for about five minutes and add the strained liquid to the bath. For some patients we get a better effect with Weleda’s Urtica dioica ferro cultura.

Anthroposophical Artistic-Therapy for Chronic Polyarthritis

Elaboration of a Therapeutic Approach Through the Evaluation of First Pictures, by Doris Meyer, art therapist, Lindenallee 28, D-31542 Bad Nenndorf

Summary

Certain artistic methods have proven themselves in practice for chronic polyarthritis. Various pictorial phenomena were put into tabular form. We found that one can only arrive at correct diagnoses by looking at both the objective pictures and the patient's subjective statements.

Key Words

First Picture, Therapeutic approach, artistic diagnosis

Introduction

We did a study in 1997-8 to arrive at a therapeutic approach that's generally applicable to Chronic Polyarthritis patients. I was introduced to several dozen patients at the Lower Saxony Clinic in Bad Nenndorf, and it turned out that most of them had Chronic Polyarthritis. They were very responsive to artistic therapy and they benefitted the most from it. Some of these patients had already suffered with their Chronic Polyarthritis for years, while others had recently contracted it. Chronic Polyarthritis is still incurable and it may mean much pain and restricted activity for life, but these patients bear their lot very patiently.

The goal of this study was to see the characteristic aspect of this disease from the patient’s first pictures, and to deduce the therapeutic consequences from this.

Patients and Methods

A total of 50 patients with Chronic Polyarthritis who were treated with the usual basic therapy were taken into the study; 49 were evaluated, 13 men and 36 women from age 30 and on up. Most of the diseases had begun between the ages of 40-50 (fig. 1). Psychic stress was the cause in 30.3% of the cases, infection in 4%, and several had lost an important person in their life. The cause was unknown in the other 64%.

Each patient was given 13 colored solutions of equal strength, and the same paper. They could paint anything they wanted and no suggestions were made. See tables 1 - 4 for data on the patients and phenomena in the “first” pictures.

The latter were evaluated according to choice of color, color density or substantiality, unpainted surface, movement, arrangement of elements in the picture. //Fig. 1: Age at start of Chronic Polyarthritis, F/M // Fig. 2: Colors used most often in 73 First Pictures: Apple green, gold, yellow, viridian green, siena, lemon yellow, carmine, cinnabar, cobalt blue, reddish purple, indigo, ultramarine, violet, mixed colors, and Prussian blue.
Table 1: Amount of Paint used in 73 first pictures.  

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Table 2: Unpainted surfaces in 73 first pictures  

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Table 3: Shaping Processes  

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<td>Transitions</td>
<td>13%</td>
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Table 4: Picture arrangement for  

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<tr>
<td>Bottom Heavy</td>
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</tr>
<tr>
<td>Elements grouped grouped around a center</td>
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Fig. 4: Patient aged 46, CP since 35. Horizontal bands, little movement, no transitions between color surfaces.

Fig. 5: Patient aged 56, CP since 39 gushing motif, not much form. Some transitions between surface with different colors. Firmer above than below. Distribution tendencies and color clumps.

Fig. 6. Patient aged 47, CP since 17. He smeared the color on in clumps. It looks lighter above than below. Pointillism.

Fig. 7. Patient aged 79, CP since 29. Diagonal bands of color with no transitions. Picture is open above and below and gives aery impression. Lifeless.

Fig. 8. Patient aged 56, CP at 48. Short, horizontal color bands. Unpainted bottom leaves picture hanging in air.

Fig. 9. 58 years old patient with arthrosis in arm and shoulder. Unlike the CP patients she drew repetitive elements that are floating in space.

Results

Some patients painted two first pictures, giving 73 pictures, which were evaluated according to the criteria mentioned above.

Amount of paint used

East patient could have diluted his paints or mixed them, but few did. Tables 1 and 1 indicate the amount of water color used and the amount of unpainted surfaces. The greens, yellows and reds were used the most, which indicates the patients' delight and interest in color.

Prussian blue was used the lease and bright, colorful pictures arose. One often saw similar things, such as the colored bands in figs. 4, 7 and 8.

The Chronic Polyarthritic patients were very careful about how they used the paints, and if the ran over the edge of the paper they wiped the board clean. They tried many colors, but seldom changed any. Whereas arthrosis patients thought that the given solutions were too weak; they needed more paint.

One colored surface was placed next to another without touching but without any space between. Usually the whole sheet got painted.

The colored bands that were often placed mechanically alongside each other indicate the patient's need for structure and support. (fig. 3).
Unpainted Surfaces

More than half of patients left no white surfaces, but painted the whole sheet (tab. 2).

Movement

The movement in about two thirds of the pictures was rated as medium. A quarter of the patients had little or no movement in their first pictures, and this indicates depression and inner rigidity. The color’s movement is suppressed or controlled by the painter’s own dynamics (tab. 3).

Picture Arrangement

In about almost all of the pictures the center was not the focal point—it was above and below it in about equal amounts. Burdensome heaviness above also indicates depressions (tab. 4).

Evaluation of the Phenomena in The First Pictures

The overall impression one got from many pictures was of little movement, contrast or transition. They seemed dry and seldom watery. This is an expression of the astral body that lives in aeriform things.

Some patients don’t intervene in the events on the sheet at all. The matter isn’t elaborated and it’s left to itself. The astral body’s ordering action is absent, and the etheric can’t be taken hold of. Formative power is absent.

In both cases the ego-organization isn’t intervening in the organism enough. Thereby one-sidedness develops because man’s members aren’t interacting.

The harmonious arrangement of colors in the pictures may be due to a capacity to experience such things or to an anxious avoidance of contrasts or to a sense of order, but so far I haven’t been able to determine which it is.

Some patients are too weak to cover the whole sheet. Weak coloration in the bottom part of the picture gives one the feeling that the patient isn’t standing firmly on the ground. The lower part is very airy in many cases, whereas there’s a burdensome heaviness in the upper part, so that the patient seems to have lost the ground under his feet and a mountain seems to be on his shoulders.

If a patient has a strong ability to experience things in his middle region he’ll tend to work with colors carefully and close things off outwardly. Movement is restricted and living flow gets held up.

We find both dissolution (inflammation) and hardening (chronification) in CP.

The dissolution tendency predominates in arthritis, and hardening processes in arthrosis. One can see this in figs. 4 – 9. The clumps of paint in fig. 6 indicate a predominance of arthrosis. We see the inflammation processes more in fig. 5; dissolution tendencies predominate and the form pole can’t assert itself.

Therapeutic Consequences

Goals of Therapy

These first pictures enabled us to develop an art-therapy concept that can be applied to every Chronic Polyarthritic patient. There’s tendencies in the first pictures that make the pathological processes visible and help one to select the right therapy. The most striking things about Chronic
Polyarthritis patients’ first pictures are: /1. Colored surfaces bounded b others. /2. Strong dissolution tendencies. /3. Halted movement.

The following therapeutic goals arise from this: /1. Make transitions /2. Promote formative and shaping forces /3. Promote mobility

Therapeutic Methods

These include light-dark exercises with wet on wet colors, diagonal strokes with charcoal, and dynamic form drawing with graphite. All of the one-sidedness that appeared in the first pictures can be counteracted with these three methods.

Light-dark exercises with wet on wet aquarelle techniques (fig. 10).

A tall wet sheet of paper lies before the patient and the suggestion is made that he paint the whole thing from bottom to top with horizontal strokes of lemon yellow. Then he’s supposed to start from the bottom with Prussian blue and let the horizontally stroked blue get thinner and thinner. Light and dark meet each other and make green. The light and darkness should be about equal with as little of a transition as possible.

Green calms the soul and enlivens the sensory-nerve system. This painting exercise has a strong effect. The patient has to make an effort to make nice transitions and he thereby becomes closely connected with the happenings. If he presses the brush against the paper too hard he gets stripes, and so he has to watch that. The result is always satisfactory; a little work of art arises for the most untalented person. This gives him joy and encourages him to go on. This task:

1. orders light and darkness (levity and gravity), 2. grounds the patient and gives him more support, /3. gives him comfort and joy, /4. produces a new color that warms his body and soul. /5. Creates very fine nuances and transitions that consolidate the whole thing.

Fig. 10: Patient’s pictures; light-dark exercise. Fig. 11: Form Drawing Fig. 12: Form drawing Fib. 13 Diagonal Hachure

Form Drawing (figs. 11 and 12)

Paralyzed movement forces were remobilized and re-enlivened through form drawing. Many movements such as in fig. 11 have to be revitalized.

Fig. 12 shows an exercise where an interpenetration of forces from above and below is carried out. This strengthens the rhythmic system and stimulates a healthy equilibrium between anabolic and catabolic processes.

Dragonal Hachure with Charcoal (fig. 13)

This technique is good for acute inflammation and strong dissolution tendencies in bones. The exercise facilitates the well structured substance-buildup that these patients need so much.

One can make fine transitions, contrasts and boundaries with this technique. Corresponding to life processes, the work remains influx and is constantly changing right to the end. The hatches are taken hold of and shaped rhythmically and breathing and drawing rhythms gradually harmonize. Dark arises through willed activity, and light through doing less.

Outlook

59
I've often used the above techniques and they have been mostly well received. Some patients' hand deformations prevent them from doing the hachure, but they like to do form drawings. The wet on wet technique can stimulate inflammation processes, so it should be used sparingly.

Art therapy can't cure Chronic Polyarthritis, but it can counteract onesidedness. Many patients said that the light-dark exercise had a big effect on them. Some of them became quite warm during the exercise, and some took the motif with them during sleep. The finished picture made a big impression on them and they were all happy about the result. Many a patient who was bowed down by pains could be erected again in his soul through art therapy, which made him feel better.

I hope that my contribution will inspire my colleagues to do more research and will show them that art therapy can help patients even when they are not in an Anthroposophical setting. Art therapy addresses forces in people that can bring about healing, although this is ignored by conventional medical men.

I thank Helixor Foundation in Rosenfeld for funding this research project. //

Viewpoints on the Integration of Conventional Drugs with the Anthroposophical Therapy Concept for Chronic Polyarthritis and other Collagenoses, by Ludger Simon, Filderclinic.

Summary

Critical viewpoints on the medicaments that are used in the conventional treatment of ra arise from the Anthroposophical understanding of disease and view of man. And the first one is that basic anti rheumatics that have long term effects should be replaced by curative eurythmy and other Anthroposophical therapies. The same applies to palliative, nonsteroidal antirheumatics. Whereas cortico steroids can help one to gain time while a patient’s members are becoming harmonized. One can gain helpful viewpoints for the use and dosage of corticoids by distinguishing between the two constitutional subtypes of CP. Effective Anthroposophical medicaments and vitamin D are also available for prophylaxis and for the treatment of steroid osteoporosis.

Key words

Ra, Anthro Therapy, complementary medicine, anti rheumatics with long lasting effects, basic therapy, corticoids, NSAR, steroid osteoporosis.

Aside from rare cases of pure substitution therapy, conventional pharmacotherapy has an inhibitory effect on certain partial pathogenetic processes in the organism. Such direct manipulation of the physical body often has undesirable effects on the soul-spiritual realization of a man and on his life forces. Whereas Anthroposophical therapy mainly works in his higher members and on the regulation of the higher functional levels in relation to the physical body, which eventually tends to have a salutary effect on the latter's pathological processes.

Cortico steroids

However, if the patient's ego and life-forces organization have been weakened to such an extent that a new ordering can't be stimulated through his own forces fast enough it may be necessary to also treat the physical body directly with conventional medicaments. Here we use corticosteroid and practically nothing else, to break through the inflammatory activity of a severe disease on the physical level until the superordinate functional levels can be treated Anthroposophically so that the physical suppression can gradually be replaced through the stimulation of the individuality's own ordering forces. A supplementary oral corticoid therapy is often necessary for very sick patients with a neurasthenic constitution, to support the much weakened etheric body during the first year of treatment. Since the astral body's direct effect on the physical body is strong in neurasthenic constitutions, the light ether that's closely connected with the upper astral body in the nervous system presses into the other organs, whereby the latter become too cephalic and they rigidify
etherically (1). Such patients need to redirect their astral formative forces towards the chemical ether forces of the renal system, perhaps initially through prednisolone.

Whereas in hysterical types with a disrupted metabolism cortisone strengthens the chemical other that's usually overabundant in such constitutions. A lower initial dose and a quicker dose reduction is indicated here.

Steroids in a daily dose of 5 – 7.5 mg inhibit destruction of bone and cartilage and thereby have a long term therapeutic effect (2).

We're generally able to reduce the original prednisolone equivalent dose of (0.3 – 1.5 mg/kg bw) 20-100 mg to 5 – 7.5 mg/day while the BSR and CRP have been normalized or are only slightly high. A rule of thumb is that the weaker the etheric body is and the more neurasthenic the constitution, the higher the initial dose and the slower the dose reduction should be, to give the etheric and physical bodies plenty of time to recuperate. In some cases of hysterical, metabolic disorder with much exudation even high doses don't seem to be enough. Here one should gradually reduce the dose anyway to 5 – 7.5 mg/day or even eliminate it, and on will find that BSR and CRP don't increase much.

One can almost always do without NSAR because the steroids reduce pain and swelling and they don't injure the stomach's mucous membranes, although they slow the healing of ulcers.

Prophylaxis and treatment of steroid osteoporosis

Cortisone directly inhibits osteoclasts and stimulates an outpouring of parathyroid hormone and inhibition of calcitonin, through less enteral calcium resorption and more renal calcium excretion, which eventually stimulates osteoclastic activity. The spinal column and other parts of the axial skeleton get degraded the most. But the bone structure is generally better preserved than in post menopausal osteoporosis. It's true that the trabecular framework becomes thinner, but it's basically unbroken, as one sees in x-rays. That is why steroid osteoporosis cases respond to bone upbuilding measures better than post menses cases do. (3) - The bones' mineral content can be completely restored in one to two years – in younger people at least (4). Hence steroid osteoporosis is mainly hazardous for patients who have received steroid for some time, who don't move around enough, are in menopause or pregnancy, or have osteoporosis already. I've observed that neurasthenia and anxiety tend to degrade bone also.

Even without pharmacological intervention though, Chronic Polyarthritis leads to a general disappearance of bone mass (5) and to resorptions that are 2 – 5 times less than normal. Periarticular osteoporosis in rheumatoid arthritis is a second way that the skeleton is involved in the main disease. Its cause is said to be inhibition of movement due to pain, and a local inflammatory metabolic processes such as the increase in blood in the diseased joint region (6). It's characterized by a thinning out of the cortical and trabecular bone and by a strange turning around of the trabeculae (7) which otherwise so wonderfully follow the lines of force into which the loaded bone is placed through the man's movement. Looked at like this cortisone has a positive, inhibitory influence on the path organically conditioned bone disintegration at the ends of limbs, at the cost of undesirable bone-degradation in the spine.

Steroid therapy for very active CP inhibits the general catabolic situation and makes the formation of new blood and of other things possible, which one can see in the rapid retrogression of inflammatory anemia. Thus in my opinion the risk of steroid osteoporosis is offset by the inhibition of systemic catabolism, which makes upbuilding forces available.

After the constitutionally adapted Anthroposophical therapy has gotten a good start and systemic inflammatory activity has died down, I give, maybe after the second month, a knife tip of Weleda's Calcon #2 to direct the apatite and cucurbita flowers of Calcon #1 into bone upbuilding, thereby avoiding ordinary calcium's renocalcifying and stomach-ulcerating effects (8). Plus 5 – 10 drops of
AM and noon of Weleda’s Agaricus comp./phosphorus for calmer patients and the same w.o. the P for nervous ones, together with phosphorus D12 – D30 or Capo4 D6 – D12 (or Calcon #1) in the AM.

For a manifest steroid osteoporosis I also give Calcetiol, Doss, 1 tbs. Daily (Vit. D3), daily curative eurythmy and maybe fluorite D6 – 30 (9) or pyromorphite (Vit. D3), daily curative eurythmy and maybe fluorite D6 – 30 (9) or pyromorphite (PbPO4) cyclically. Calcitonin and biphosphonates like alendronate have to many side effects to use (10).

Regular movement is the best therapy for all kinds of osteoporosis, and that includes movements that are willed and directed by the ego, that take hold of the limbs with soul-spiritual expressive power, as is naturally the case in dancing, and that’s practiced therapeutically in everything.

Intra articular Steroid Injections

A single intra articular injection of triamcinolone hexacetonide (20-49 mg) (make sure everything is sterile) can eliminate symptoms for months and replace oral corticoids for an arthritic, large joint in cases that proved resistant to Anthroposophical therapy.

Nonsteroidal Anti rheumatics

These can be dispensed with by using Anthroposophy plus corticosteroids if necessary, and this is salutary for the following reasons.

NSAR reduce local pains and swellings, but they have no influence on systemic inflammatory activity and destruction of pannus tissue, as one can see from x-rays. In fact they may even contribute to this destruction, because the removal of pain induces the patient to move around too much.

1200 to 2400 patients still die each year from mucous membrane lesions in the stomach and duodenum that were induced by NSAR. They also cause ulcerations and perforations in the lower intestines, a narrowing of the whole intestine, inflammations and collagenous colitis, and worsening of any previously existing diverticulitis or other intestinal inflammation. Such things can apparently not be prevented by prostaglandins or proton-pump inhibitors (12).

The mentioned inflammatory erosive mucous-membrane lesions give rise to a clinically measurable increase in the permeability of intestines which promotes the passage of poorly digested proteins into the blood and lymph and thereby induces inflammatory immune reactions (13). Anthroposophically speaking this means that the outer world that’s not overcome by the ego can spread out in the metabolic system, and so NSARs intensify the hysterical metabolic disorder and indirectly support the underlying pathological process. Side-effects such as nausea, diarrhea, headaches are further indications of degradative weakness in the gut (14).

They hinder the main therapeutic goal of inner warming by lowering temperature and producing night sweats.

Anti rheumatics with Effects of Long Duration (Basic Drugs)

But the most important goal of Anti rheumatic therapy is to eliminate basic drugs, since these medicaments are the ones that intervene most in arthritic patients through an incompletely explained inhibitory effect on protein synthesis, genotypes, and immune regulation.

Female ra patients often breed monsters, and so it’s best for them to go childless.

Basic drugs also may do some good; MTX can promote the creation of rheumatic nodes and sulfasalazine can induce anti nuclear antibodies. But anti metabolites like MTX and azathioprine can induce malignant tumors, and there’s always the danger of infection from basic drugs.
All of the reliable data about these medicaments is based on controlled studies that mostly lasted only 5 – 12 months. There’s only a few controlled studies of over a year’s duration and none over two years. Although conventional basic therapy is in principle supposed to be a lifetime affair, there’s very little data to go on (15).

Of 122 studies on Chronic Polyarthritis between 1937 to 1990, 57 were controlled and of these 50 were double blind. The observation time in 35 of the 57 studies was less than six months and in only two of them over one year but less than two years. Only 50% of the 16,071 patients were still taking their anti rheumatic after 1-1/2 years and only a third after four years because of undesirable side-effects and not enough beneficial effects (16). So one has to be careful about applying such results to cases that last for years or decades (17), especially when it comes to recent drugs like leflunamide (Arava) and TNF-ox inhibitors (18). After the initial success of a conventional basic therapy for two or three years one often observes a relapse that makes it necessary to discontinue it (19). Schmidt says that in principle these successes are only temporary (20).

Because of their high risks conventional long term therapies should only be used if CP has broken out on the physical plane. Whereas Anthroposophy can already be used before the disease starts and may prevent it from reaching the deforming, polyarticular stage.

When to Discontinue a Basic Conventional Therapy

One can always replace a conventional basic therapy with Anthroposophic treatment if it hasn’t been given for more than seven years. It may be advisable to get other doctors’ advice on the efficacy of the basic therapy first, because patients can often not assess their disease’s course properly. If the basic therapy has induced a long term palliative effect one could phase it out over 6 – 12 months, but if it was ineffective one could terminate it instantly without endangering anything, although the patient should be willing to give up alcohol and nicotine and to stick to a diet. If he’s unwilling to do so or if he has psychic disorders and personality problems it may be necessary to continue an effective conventional basic therapy.

A doctor’s task becomes more difficult and requires more of a sense of responsibility when it’s a question of discontinuing conventional immuno suppression, and so he needs therapeutic experience in Anthroposophical medicine and sufficient chemical familiarity with the clinical picture, especially if the pathogenic activity is high. A trusting relationship between doctor and patient is also important. It’s helpful to ask oneself here: can I understand this patient and his particular clinical picture to such an extent that I can like him with all of his psychic one-sidedness? Do I have the strength to accompany him lovingly even if he has a relapse? If so, the doctor’s inner moral attitude towards the patient becomes an effective model for the latter’s understanding of his disease and for loving work on his body.

Does Conventional Basic Therapy Have Any Effect on the Arthritis Patient’s Soul-spiritual Development?

According to an unpublished study (21) more than 90% of Chronic Polyarthritis patients in the early stage first seek help from unconventional medical practitioners or naturapaths. They reluctantly accept conventional basic therapy because they’re afraid of winding up in a wheelchair. If they suppress the patient’s symptoms he fails to reflect on things and to come to grips with what his disease wants to tell him. In three cases after discontinuing a basic drug I noticed that the patient suddenly became aware of the soul-biographical background of his disease. Although it would be hard for me to prove it, I suspect conventional basic therapy suppresses the ego’s biographical learning process in connection with the individual course of such a disease. Another thing that contributes to this suppression is the view that the disease is a treacherous self-destruction of the body by an immune system that’s gone beserk. The main motive for my work became the replacement of this drug that intervenes in a man’s existence maybe even to the ego level by Anthroposophy.
My suspicion is backed up by the positive soul development in early Chronic Polyarthritis patients under Anthroposophical therapy that we were able to observe. An understanding of one’s disease through one’s past life counteracts fears. A “basic” Anthroposophical therapy stimulates an affirmative attitude toward the disease and brings about changes in a patient’s movements and lifestyle which may in some cases lead to a full healing of arthritis. Instead of taking a conventional immuno suppressing medication that works on symptoms for fear of winding up in a wheelchair, the patients’ will to reflect on his situation and to creatively, flexibly and sensibly shape his own existence should be stimulated and encouraged right from the beginning.

In spite of the dangers described the immuno suppressive, basic therapy drugs shouldn’t be demonized – even though I think we should do all in our power to replace them with effective Anthroposophical therapies. They might be necessary and lifesaving for very active courses with the involvement of inner organs if Anthroposophical therapy and corticoids don’t’ do the trick.

Christian Kern, M. D. at Risen Hospital in Hamburg told me of a patient who was getting increasingly depressed after more than a year of Anthroposophical therapy. After MTX was added enough inner forces were liberated to enable her to cope with her biographical crisis and to pick up her tasks in her marriage and family anew (22).

This counter example to my other views above shows that when it comes to the treatment of arthritic people we shouldn’t cling to our Anthroposophical goals too much, and that we should sometimes be ready to jump over the shadow of our world conception, as it were, for the common struggle for the right therapeutic path remains the basic motif of our efforts to arrive at an Anthroposopically extended art of healing.

Dealing with Difficult Courses of Disease, by Ute Schendel, M.D., Osterstr. 39, D-31848 Bad Munster

Literature: [printed 1 – 22 articles]

Every doctor knows patients who still have some joint swellings and restricted movements due to pannus formation in spite of doing artistic therapies, work with biography, diets and Anthroposophical medicaments. So what does one do there? Should on just say, “Well, it was a lot worse” and be satisfied with the status quo? Some patients even try to cheer their doctor up by telling him that they’re satisfied with the results and are willing to suffer if things don’t get better. Some refuse steroids and so-called basic medicaments. Meanwhile the destruction of bone and cartilage continues, as one can see on x-rays.

Our own experience and numerous studies show that up to 74% of the destruction is complete by the end of the disease’s third year; after five years one half of the patients are unable to work very well, and 30% have a permanent disability. The currently incomplete study on Anthroposophical therapy versus school medicine for early Chronic Polyarthritis will no doubt change these figures.

But what do we do with a chronically progressive and often acutely recurrent arthritis which hasn’t responded very well to previous therapy? The suffering patient who takes his life in hand can ask himself: If my sick body was my child for whom I’m solely responsible, could I expect the surrender to destiny and the ability to suffer for which I’m prepared from this child, or would I permit the use of conventional therapies so as to do everything possible to prevent joint deterioration. Sometimes a single steroid shot can stabilize a joint for years. Or an adjuvant low dose of MTX can help to cut back or stabilize the disease’s activity.

It’s often hard to tell whether a more intensive therapy or a wait-and-see attitude is in order, and it may be helpful to consult with other doctors and rheumatologists on this. Otherwise the anxiety that Anthroposophical doctors have about the rheumatic drugs of school medicine may be picked up by the patient.

“Metabolic activity that’s not carried out by the ego becomes manifest in rheumatism”, say I. Wegman and Rudolf Steiner, and this gains a new dimension here in the social organism.
Another, somewhat unusual way of looking at this is to try to understand school-medical therapies through their effect on man’s threefold organism. In this case our immune system and ego are hyperactive at the wrong place and stimulate our metabolic system’s defensive reactions to such an extent that they destroy parts of the physical body, which the astral body feels as pain. If the desired healing of ego-functions through Anthroposophical therapy isn’t occurring sufficiently, low doses of steroids, MTX and/or lefunamide may enable a patient to lead a normal life again and to work at the stabilization of his ego-function, which will also have a positive effect on his etheric body. It’s still too early to tell whether TNF or receptor anti bodies and other things that only block parts of the immune system will be able to support our holistic therapy.

Patients often wonder if their previous diet and holistic therapies that were used to strengthen their natural healing forces weren’t in vain if they now have to add school medicaments. One sees their fear and resignation, which are a manifestation of their weak egos. But a patient has to have a positive attitude towards a therapy before it can succeed or become reliable, and this requires a strengthened ego-organization. Here one has to make him see the necessity for continuing the previous treatments, because they’re the real basic therapy that maintains the organism’s ability to regulate things at all levels, so that low doses of school medications can unfold a beneficial effect. Here we can help patients by fearlessly and alertly perceiving our medical task in an age of new therapeutic possibilities.

Rudolf Steiner’s Biographical Look At Rheumatic Diseases, by Wolfgang Schad, Witten University Professor.

Summary

Anthroposophical pedagogy pays attention to the etiology of certain somatic diseases from improper behavior on the part of teachers. For instance Rudolf Steiner points to the consequences of a teacher’s uncontrolled outbursts. We sympathetically follow up rheumatic arthritis that was caused by uncontrolled cholera. Pupils are most sensitive around the age of 9 to 10, and the aftereffects mostly show up at age 40 to 50.

Key words

Etiology of Rheumatism, biographic temperaments, psychosomatic

The Anthropology of children and the pedagogical activity that flows from it stands at the center of the almost 200 pedagogical lectures that Rudolf Steiner gave. But in one of the last of these in Stuttgart Steiner spoke more about educators in general (1). There he talks about the effect that the teacher’s temperament has upon his pupil’s health or disease later on in life. Here Rudolf Steiner draws our attention to one cause of rheumatic disease.

The names of our temperaments come from the humors in the Hippocratic medicine of the second century B.C. Humor pathology was later put in question by Rudolf Virchows’ cellular kind (2), but the temperaments based on it were retained in psychology and in pedagogical anthropology until past the middle of the 20th century (3). Expressions such as “what a raging choleric”, “what an unbearable phlegmatic”, and “what a weepy melancholic” are still heard in some places. The terms for temperaments were increasingly used and still are used to caricature people. But spiteful glee is no golden humor.

Rudolf Steiner gave the knowledge of temperaments a whole new content by showing the interaction of the etheric body with itself and with man’s three other members (4): when the etheric body is worked on by the ego one gets a choleric, by the astral body and sanguine, by the etheric body, phlegmatic, by the physical body, melancholic. And since we all have four members, we all have four temperaments – and this makes us human. (Angels only have one).
“The whole class should laugh heartily and also be seriously moved at least once in every session” through a teacher’s efforts, and it belongs to one’s social skills and soul hygiene to activate all four temperaments. Someone who was alone a lot in one life could compensate for this by being predominantly sanguine in the next one (5).

Picking up on Rudolf Steiner’s suggestion to make man comprehensible to 10th graders by bringing his organs and organ functions into connection with his soul and spirit (6), it’s always helpful to relate the temperaments to particular organs. At age 16 one is just beginning to get interested in the riddles of one’s own existence. So it’s a helpful exercise to have students describe the positive characteristics of each temperament, for the negative ones are easy to think of. And then it’s a big relief to them to hear that they have all four temperaments.

In the lecture from the Essentials of Education (1) RSE 530, Rudolf Steiner said that a teacher’s temperament has an effect on his pupils. Here Steiner wasn’t criticizing teachers for having a healthy temperament, nor did he moralize about uncontrolled temperaments, he just described the biographical consequences for the pupils, and he said that the teacher should try to work on his temperament.

A sanguine temperament is good for teaching, but if the teacher flits from one impression to the next his pupils will later have little vitality and little interest in life. Why? Because the kids unconsciously withdraw their soul mobility and openness to counteract the teacher’s gay superficialities and therefore decades later they become apathetic and dead.

A phlegmatic teacher can radiate a lot of helpful calm, certainty and security, but his slow speech and boring pauses can suffocate children and make them fidgety to compensate for their boredom. This later develops into habitual neurasthenia. Rudolf Steiner said that the reason people were so nervous (in 1924 already) was that they had all had materialistically phlegmatic teachers with a lack of warm human interests.

Whereas a melancholic teacher can be profound, modest and can pay great attention to his pupils; or as Goethe says: like rainbows, delicate poems only show up on dark backgrounds; that’s why an element of melancholy please a poet’s genius (7).

But if this temperament deteriorates into whining, autistic introversion and general pessimism the kids will unconsciously ward this off. This inner rebellion against this chilly soul later leads to heart irregularities.

Then there’s the choleric father or teacher who may have leadership qualities, energy, initiative and a willingness to put ideals ahead of his own personal interests, but if he gets too impetuous and vehement his charges will feel oppressed and anxious whenever they get close to him. All of this goes deep down into their soul life and can come back in later life as gout and arthritis. Then they can look back through their lives and can probably find the causes.