

Long COVID from the Perspective of Anthroposophic Medicine – Symptoms and Treatment Options

Recommendations of an international expert commission for health professionals

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Abstract

A growing number of people are affected by a Long COVID syndrome with often long-lasting, significant impairment of their health. Different pictures with prolonged hyperinflammation, damage and functional restriction of the musculature, the heart, the nervous system and the sensory organs occur. A relatively large group of rather younger patients shows symptoms of post-viral chronic fatigue syndrome/myalgic encephalomyelitis syndrome (CFS/MES). These patients more often had a rather mild COVID-19 course and may subsequently develop long-lasting CF/ME symptoms. This article presents aspects for an understanding the disorder as well as a multimodal treatment concept of Anthroposophic Medicine.

Definition

Acute COVID-19 disease: the first four week of illness.

Persistent post-COVID syndrome (PPCS; ICD 19: U09.9) or Long COVID: mostly used synonymously with post-COVID, especially for post-COVID symptoms that persist longer than 12 weeks (1, 2): residual symptoms/permanent damage or post-infectious symptoms existing four weeks or more after the onset of the disease.

Risk factors, triggers, prevalence

The severity of the acute phase and the triggering mutation of the pathogen do not correlate with the frequency and severity of Long COVID. Three months after disease onset, approximately ten

to 65 percent of all registered adult COVID patients report persistent symptoms (3, 4, 5). In childhood, these symptoms occur much less frequently (6, 7).

Patients with severe symptoms show a high incidence of complex post-intensive care syndrome (PICS), the first signs of which may already appear in the acute phase. Approximately half of patients receiving intensive care experience a Long COVID symptom (8).

The frequency, duration and extent of long-term pulmonary sequelae, immunosuppression and general impairment of quality of life are significantly related to the severity of the acute phase (9).

People over the age of 55 and with pre-existing conditions (known risk groups for severe COVID-19 disease progression: distress, exhaustion, depression, anxiety disorder, overweight, etc.) are significantly more often and more severely affected (10).

Competitive sportspeople also seem to be more affected (11). The frequency of other symptoms does not show such a clear correlation with the course of the disease, the level of inflammatory laboratory parameters or the severity of the acute disease.

Children only seem to be affected by Post or Long COVID significantly less. Because of many asymptomatic courses in children (12), only preliminary assertions can be made (13). In children, too, pre-existing conditions can facilitate Long COVID symptoms (6, 7). Still unclear, as they have been little studied, are the psychosocial consequences of a long lockdown.

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7 Robert-Koch-Institut (RKI). COVID-19 und Impfen: Antworten auf häufig gestellte Fragen (FAQ). Available at <https://www.rki.de/SharedDocs/FAQ/COVID-Impfen/gesamt.html> (29.7.2021).

8 Jaffri A, Jaffri, UA. Post-Intensive Care Syndrome and COVID-19: crisis after a crisis? Heart & Lung 2020 June 18. DOI: <https://doi.org/10.1016/j.hrtlng.2020.06.006>. [Crossref]

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Symptoms, pathophysiology and diagnosis

Cardinal symptoms:

- Tiredness/fatigue/general weakness;
- Breathlessness/SOB especially on exertion, including a feeling of constriction and chest pain with or without objective restriction of lung function (obstructive/restrictive);
- Palpitations without objective impairment of cardiac function;
- Headache, especially during/after exertion;
- Cognitive disorders (concentration, memory, "brain fog" etc.);
- Anxiety can accompany all of the above disorders in specific ways (see below).

Symptoms may present as a dry irritating cough, in the form of pain (head, muscle, joints, chest) and myopathy (CIM). With cardiac involvement: acute myocardial infarction, microinfarctions, ventricular or atrial fibrosis with ischemic/non-ischemic cardiomyopathy, myocarditis, symptomatic/subclinical dysfunction, various arrhythmias. Hair loss and various exanthema may occur on the skin.

In children, the main symptoms are fatigue, sleep disorders, taste and smell disorders and headaches.

Despite the frequent gastrointestinal complaints of the acute phase, they appear less frequently in PPCS. However, severe gastrointestinal motility disorders have been described.

The most common long-term neurological disorders (PCND) include: sleep disorder, dizziness, taste and smell disorders (14), polyneuropathy (CIP), ischemia/apoplexy due to inflammation of endothelium and coagulopathy, autoinflammatory demyelination, encephalitis (15). The central nervous system seems to be affected more than the peripheral. The most common mental and psychological disorders include: memory disorders, impaired concentration, lack of presence of mind ("brain fog"), stress intolerance, anxiety (16) and depression, post-traumatic stress symptoms (PTSD), obsessive-compulsive disorder (OCD), subjective distress and deterioration in quality of life. Here, nocebo effects must also be taken into account, which can be attributed to pandemic measures such as social distancing. Ten to 15 percent of those affected take psychoactive substances, ten percent have suicidal thoughts.

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Pathophysiology

With regard to the pathophysiological processes, two polar tendencies are evident in severe courses:

- Persistent inflammation (endothelial inflammation, myositis, myocarditis (with elevated serum parameters: CRP, D-dimers, LDH)), increased thromboembolic events (22).
- Fibrosing stiffness in the lungs and other tissues, chronic proliferative inflammation with fibrosis.

Immunologically, both the triggering virus (persistent reservoirs, viral fragments/spike proteins, reverse transcription into the human genome) and autoantibodies and immune regulation disorders can play a role here. An excessive first phase up to a so-called cytokine storm can be followed by a similarly excessive reaction, such as the compensatory anti-inflammatory response syndrome (CARS) and the persistent inflammation, immunosuppression, catabolism syndrome (PICS).

Persistent inflammation-related damage can occur in the lungs and airways . Innervation disorders and weakened respiratory muscles may also contribute to complex respiratory insufficiency after COVID.

Myocardial lesions occurring in the heart are already signaled in the acute phase by elevated troponin levels. Myocarditis, right heart strain, renin-angiotensin axis dysfunction, coagulopathy, neurovegetative influences and systemic prolonged hyperinflammation can lead to rhythm and conduction disorders, micro-fibroses and cardiomyopathies.

Endothelial inflammation and disorders of the blood-brain barrier play an essential role in damage to the sensory and nervous system.

23 Sahanic S, Sonnweber T, Pizzini A, Widmann G, Luger A, Aichner M, Böhm A, Weiss G, Tschurtschenthaler C, Petzer V, Haschka D, Theurl M, Lener D, Wildner S, Bellmann-Weiler R, Wöll E, Löffler-Ragg J, Tancevski I. Persisting pulmonary impairment following severe SARSCoV-2 infection, preliminary results from the CovILD study. *European Respiratory Journal* 2020;56:4143.

Diagnosis

An individual medical history is required, which also includes the time before falling ill with COVID, and a complete physical examination, which is specifically supplemented by laboratory and functional diagnostics (pulmonological, cardiological, neurological). The change in quality of life can be evaluated by questionnaires (e.g. SF-36, E5-QD) or by Management of Daily Life questionnaires.

After the initial staging, regular follow-up examinations and a final examination are indicated.

Extended understanding of disease from the perspective of Anthroposophic Medicine

The dynamics of infectious diseases are determined by the interaction of the microorganism with the affected person, their susceptibility to the pathogen and their fabric of forces. COVID-19 in the first instance clearly shows the importance of age and biographical development. Genetic disorders (Down's syndrome) can significantly reinforce the relevance of the ageing processes. The vitality of the body decreases with age and can be impeded by obesity, metabolic diseases such as diabetes mellitus and others. A significant role in post-COVID is played by disorders and dissociations in the patient's fabric of forces. These normally proceed in a dynamic equilibrium between a dissolving and hardening tendency. In contrast, chronic inflammation and a degenerative, hardening (sclerosing) tendency dominate and persist in Long COVID, which are experienced mentally as exhaustion and are accompanied by the weakening of generative vital processes.

The decisive factor is whether, especially at night, during sleep, the inflammatory degenerative tendency recedes in favor of vital generative processes. This day-night rhythm can be severely disrupted in Long COVID. From an anthroposophical perspective and therapeutic experience, the focus here is on strengthening of the warmth organization ("I-organization") in order to achieve the changeover from persistent inflammatory processes to a day-night rhythm with nightly predominant generative processes. Other, often younger patients suffer predominantly from a post-viral dissociation of their bodily vitality. This is where treatment primarily starts, to support the patients so that they can direct the organism again with the power of their individuality, perceive themselves, and deploy their vitality. In doing so, it is essential to revitalize the body itself and make it receptive to psychological impulses. It is about overcoming both the psychological alienation/dissociation from our own body and the clear feeling in some patients that their individuality is cut off from the spiritual sphere.

A normally low level of effort proves exhausting for many. Even breathing loses its naturalness. Dyspnea, fatigue are often accompanied by anxiety. Not infrequently, there are also cognitive impairments in the ability to think and concentrate and in memory retention. Some patients say that they experience something alien within them that feels

different from other infectious diseases they have been through. They often feel powerless and paralyzed inside.

1. Support of the warmth organization – medicines for general weakness, fatigue

Anthroposophical mistletoe treatment is not only used in oncology but also offers a very effective way of stimulating the warmth organization and vitality in non-oncological clinical patients, thus strengthening the patient's self-regulation. Suitable mistletoe host trees are:

- Hawthorn (*Crataegus*) especially in weakness of the cardiovascular system,
- Lime mistletoe (*Tiliae*) for intensive warming, especially in weakness in the lung area and the immune system,
- Maple mistletoe (*Aceris*) to vitalize the metabolic system (not available in the United States, *Quercus* or *Mali* could be considered).
- Birch mistletoe (*Betula*) for depressively tinged exhaustion and to vitalize the kidney/adrenal system. (not available in the United States, *Tiliae* could be considered).
- Pine mistletoe (*Pini*) in disorders of the sensory and nervous system (33).

Preparations that can be considered for this are:

- **ABNOBA Viscum Crataegi, Aceris, Betulae, Pini:** 0.02mg 2 x/wk, after 8 amp., followed by 0.2mg s.c. 2 x/wk
- **HELIXOR P Series Pack 1:** 1 amp. 2 x/wk, repeat if required
- **ISCADOR P Series O:** 1 amp. 2 x/wk, followed by Series Pack 1
- **ISCUCIN Crataegi, Tiliae, Pini Potency Series I WALA:** 1 amp. s.c. 2 x/wk Potency Series I, repeat if required (equivalents available at Uriel)

This treatment can be supplemented with potentized gold and meteoric iron (*Ferrum sidereum*), especially in cases of anxiety and depression

- **Aurum D 10 / Ferrum sidereum D 10 amp. WELEDA:** 1 – 3 x/wk s.c. or
- **Aurum D12 trit. WELEDA:** 1 saltsp. 1 – 2 x/d
- **Ferrum sidereum D 20 tab. WELEDA:** 1 tab. 1 – 2 x/d

Fatigue in the context of chronic persistent inflammatory processes/ post-viral syndrome

- **Ferrum hydroxydatum 5% trituration WELEDA:** 1 – 2 saltsp. 3 x/d, on failure
- **Ferrum hydroxydatum 50% trituration, Apotheke an der WELEDA:** 1 x ¼ - ½ level teaspoon in the morning.

For conspicuous feelings of cold, circulatory insufficiency – quickly invigorating and warming effect

- **Camphora D 1 WELEDA:** 5 – 10 gtt in water 1 – 3 x/d
- **Camphora D 3 amp. WALA:** 1 amp. s.c. 3 x/wk – 1 x/d.

2. Respiration

In case of a protracted course of COVID-19 pneumonia and weakness

- **Bryonia/Stannum amp. WALA:** 1 amp. s.c./d (upper abdomen or between the shoulder blades) (Uriel equivalent is Bryonia 3X amps/Stannum 17X amps)

For cough, loss of appetite, persistent inflammatory processes in the lung tissue, exhaustion

- **Roseneisen/Graphit pillules/amp. WALA:** 1 amp. s.c. 3 x/wk/ 10 – 15 pillules 2 - 3 x daily (Uriel equivalent is Rose Iron Graphite pellets/amps)

For cough, loss of appetite, persistent inflammatory processes in the lung tissue, exhaustion

- **Verbascum comp. WELEDA:** 3 x 20 gtt.

For persistent signs of inflammation, mucus and tissue remodeling, also in the case of disorders of lung perfusion, s/p pulmonary embolism

- **Pulmo/Mercurius Amp. WALA :** 1 amp. s.c. 3 x/wk (Uriel equivalent Pulmo 8X/Mercurius 17X amps)

3. Cardiovascular system

For exhaustion, circulatory and blood pressure regulation disorders, tachyarrhythmias, possibly also sleep rhythm disorders

Cardiodoron® Tr. WELEDA: 10 – 25 gtt 2 – 3 x/d. (Uriel equivalent is Onopordon comp. liq/amps, Onopordon Aurum amps, Aurum/Onopordon amps and Primula Onopordon pellets/amps)

For myocardial involvement, in elderly patients with a tendency to arterial hypertension, mild heart failure in myocardial relaxation disorder, in cardiac arrhythmias

Cardiodoron®/Aurum comp. WELEDA: 10 – 15 gtt 3 x/d. (Uriel equivalent is Onopordon comp. liq/amps, Onopordon Aurum amps, Aurum/Onopordon amps and Primula Onopordon pellets/amps)

Supplementary for myocarditis

- **Cor/Aurum II Amp. WALA:** 1 amp. s.c. 1 x/d – 2 x/wk (Uriel equivalent is Cor Aurum ampules and pellets)

For exhaustion, chronic persistent pain, post-viral burn-out syndrome

- **Crataegus/Ferrum sidereum/Saccharum tostum Amp. WELEDA:** 1 amp. s.c. 3 x/wk.

For arterial hypotension, dizziness, tendency to faint, feeling of weakness and coldness

- **Skorodit Kreislauf Globuli WALA:** 10 pillules 2 – 3 x/d
- **Skorodit Kreislauf Inject Amp. WALA:** 1 amp. s.c. 3 x/wk – daily
- (Uriel equivalent is Scorodite Prunus amps and pellets)

For s/p thrombotic events, weakened circulation in the venous area and general weakness, also in young patients

- **Kalium aceticum comp. D6 Amp., Verreibung WELEDA:** 11 amp. s.c. 1 x/d or 1 saltsp. 3 x/d (amps not available from Weleda in the United States; Uriel makes a non-trademark version of amps)

4. Gastrointestinal System

For appetite disorders, nausea, indigestion

- **Absinthium D1/Resina laricis D3 Dil. WELEDA:** 10 gtt 3 x/d before meals, also counteracts a tendency to infection.

alternatively

- **Bitter Elixier WALA:** 1 teaspoon to tablespoon 3 x/d (alcohol-free).
- (Uriel equivalent is Chicory Ginger Bitters)

5. Musculoskeletal System

For myalgias, muscle weakness

- **Magnesium phosphoricum acidum D6 WELEDA:** 50 gtt 1 x/d Take dissolved in water throughout the day
- **Plantago Primula cum Hyoscyamo Amp. WELEDA:** 1 amp. s.c. 2 – 3 x weekly or 1 amp. per os daily (Uriel equivalent is Malva Tiliae Body Oil and Prunus 5% Body Oil)
- **Primula Muskelnähröl WALA:** apply locally (Uriel equivalent is Prunus 5% Body Oil)

6. Sensory and Nervous System

For loss of smell, disorders of the sense of smell

- **Bulbus olfactorius D5 Amp. WALA:** 1 amp. s.c. 3 – 7 x/wk. or per os
- **Jasper D6 – D12 Verreibung,** z. B. Apotheke an der Weleda: 1 x 1 salt sp. daily (True Botanica may have an equivalent) (Uriel equivalents are Bambusa Argentum (pellets/amps containing Jasper 12X and Medulla Arnica (pellets/amps) containing Jasper 17X)

For loss of taste

- **Topas D15 Amp. WALA, D12:** (extemporaneous production) 1 amp. s.c. 3 x/wk or 10 gtt/pillules/1 saltsp trituration 1 x/d (True Botanica may have an equivalent)

For headache, weakness, possibly iron deficiency

- **Ferrum/Quarz Kapseln WELEDA:** 1 – 3 x/d, if required supplemented by
- **Ferrum sidereum comp. Amp. WELEDA** oder **Ferrum/Sulfur comp. WALA:** 1 x/d - 2 x/wk s.c. in the neck area (Uriel equivalent is Ferrum Quartz tabs; take 10 to be equivalent to 1 Ferrum/Quartz capsule)

For "brain-fog", cognitive weakness and disorders (retentiveness, ability to concentrate)

- **Scleron® Tbl. WELEDA:** 1 tab 1 – 2 x /d (Uriel equivalent is Arnica Plumbum Mel pellets/amps)
- **Helleborus niger D12 Amp. WALA, HELIXOR :** 1 amp. 1 – 3 x/wk (Helixor Helleborus is available at Uriel, and you can also consider Helleborus comp D and E as an alternative)

7. Sleep disorders

For difficulties falling asleep and staying asleep

- **Valeriana comp. Glob. WALA:** 7 – 15 pillules 1 x/d in the evening (Uriel equivalent is Valeriana Conchae pellets or valeriana e rad 3X amps)
- **Calmedoron® Tr. WELEDA:** 15 – 20 gtt 1 x/d in the evening (Uriel equivalent is Avena Valeriana pellets/amps)

8. For vital weakness, depression and emotional irritability

- **Aurum/Apis regina comp. Amp., Glob. WALA:** 1 amp. s.c. 1 x/d – 2 x/wk : 10 – 15 pillules 3 x/d (Uriel's closest equivalent is Aurum Hypericum amp/pel)

complementary or alternatively for depressively tinged exhaustion and weakness

- **Aqua Maris D3/Prunus spinosa D5 Amp. WELEDA:** 1 amp. s.c. 3 x/wk (Uriel equivalent is Levico Prunus amp/pel, also Aquavit liq and Aquavit 1% amps)

can be supplemented with

- **Levico D1 Tropfen, WELEDA:** daily. Gradually increase from initial dose (5 gtt) to target dose (20 gtt daily) and continue as long as needed (Uriel equivalent is Levico Prunus amp/pel, also Aquavit liq)

Composition of the German medicinal products mentioned: **Verbascum comp.:** Cetraria islandica, ethanol. Decoctum Ø, Achillea millefolium, Flos, ethanol. Infusum Ø, Pimpinella anisum, ethanol. Decoctum Ø, Verbascum densiflorum, Fructus immat. Dil. D2. **Cardiodoron:** Ethanol. Digestio (1:3,1) from Onopordum acanthium, Flos rec., produced with 1% Hyoscyamus niger, Herba rec. Ø, ethanol. Digestio (1:3,1) from Primula veris, Flos rec., produced with 1% Hyoscyamus niger, Herba rec. Ø. **Skorodit Kreislauf Glob./Inj.:** Camphora Dil. D3 aquos., Hypophysis bovis Gl Dil. D7, Prunus spinosa e floribus et summitatibus ferm 33d Dil. D5, Skorodit Dil. D5, Veratrum album e radice ferm 33c Dil. D3. **Bitter Elixier WALA:** Gentian roots (Gentianae luteae radix), Wormwood herb (Artemisiae absinthii herba), ginger roots (Zingiberis rhizoma), calamus roots (Acori calami rhizoma), black pepper fruit (Piperis nigri fructus), sugar. **Ferrum sidereum comp.:** Ferrum sidereum Dil. D8, Quarz Dil. D20, Sulfur Dil. D6. **Scleron:** Plumbum mellitum Trit. D12 (Plumbum mellitum base substance: produced from plumb, honey and cane sugar). **Calmedoron Tr.:** Avena sativa Ø, Coffea tosta, ethanol. Decoctum Dil. D60, Humulus lupulus Ø, Passiflora incarnata, Valeriana, ethanol. Decoctum Ø.

Nursing measures, external treatments

Principle 1. Strengthening the warmth organization

Heat treatments have a primary role as they promote the harmonizing intervention of the warmth organization, especially in patients with a fibrosing course, exhaustion with a feeling of cold.

- **Warm footbaths (34)** 1 x/d in the morning
 - with oak bark, have a fortifying and structuring effect
 - chestnut foot bath especially for venous circulation disorders, feeling of heaviness in the legs, muscle pain
 - with rosemary tea or bath milk have a vitalizing effect
- **Kidney compresses with ginger powder**, also have a harmonizing effect on breathing, 1 x/d for 5 consecutive days, then 1 – 3 x/wk.
For instructions, see <https://www.pflege-vademecum.de/ingwer.php?locale=en>
- **Kidney Einreibung with Red Copper ointment (Kupfersalbe rot) WALA** for patients who are anxious, little weakened in vitality but have little emotional access to their condition (**Uriel makes red copper ointment**)
- **Beeswax packs** on individual hypothermic, cold-sensitive areas of the body.
- The **pentagram Einreibung** in anthroposophical nursing supports reorientation for the vital body out of the warmth organization.
- **Whole-body hyperthermia** under inpatient conditions.
- **Oil dispersion baths**: for instructions, see <https://www.pflege-vademecum.de/odb-grl-oel.php?locale=en> .

Principle 2. Harmonization of the breathing

- **Yarrow lung compress** for residual lung damage 1x/d for 5 consecutive days, then 1-3 x /wk, for instructions, see <https://www.pflege-vademecum.de/sg-luw.php?locale=en>
- **Upper abdominal compress (diaphragm compress) with rosemary-copper oil** 1 x/d for 5 consecutive days, then 1-3 x/wk: deepens and slows the breathing, improves diaphragm mobility, relieves cramps, also in fibrosing changes of the lungs. For instructions, see <https://www.pflege-vademecum.de/rosm-ku-zfw.php?locale=en>

Principle 3. Fluid and circulation

- **Yarrow liver compress** for weak vitality, to initiate treatment (if necessary **Millefolium 10% ointment WELEDA CH**) 1 x/d for 5 consecutive days, then 1-3 x/wk. for instructions, see https://www.pflege-vademecum.de/schafgarben_leberwickel.php?locale=en
- **Rosemary-copper diaphragm compress**, 1 x/d for 5 consecutive days, then 1-3 x/wk. For instructions, see <https://www.pflege-vademecum.de/rosm-ku-zfw.php?locale=en>

Principle 4. Regeneration of tissue disorders

- **Thorax Einreibung with rock salt + 3 gtt rosemary oil** for fibrosing lung changes 1 x/d for 5 consecutive days, then 1-3 x/wk
- To stimulate the metabolism in general: **yarrow liver compress**, 1 x/d for 5 consecutive days, then 1-3 x/wk., for instructions, see https://www.pflege-vademecum.de/schafgarben_leberwickel.php?locale=en

Principle 7. Psychosomatic complaints / pain

- To support embodiment in general: **rosemary-copper diaphragm compress**; 1 x/d for 5 consecutive days, then 1-3 x/wk., for instructions, see <https://www.pflege-vademecum.de/rosm-ku-zfw.php?locale=en>
- For post-traumatic symptoms: **pentagram Einreibung with Aurum Lavanula comp. ointment WELEDA** for three consecutive days, for instructions, see https://www.pflege-vademecum.de/aurum_lavandula_salbe.php?locale=en (Uriel equivalent is Aurum Lavender Rose cream)
- Invigorating rhythmic effect: alternately **rosemary footbath** 1 x/d in the morning and lavender footbath 1 x/d in the evening.
- Head: **spray Formica D1 WELEDA as a spray 1:5 or Arnica tincture 1:10** on the head, 2 – 3 sprays every 2 hours until improvement occurs. Application is also possible as a head cover.
- Chest: **Back Einreibung with Solum oil WALA** to open the rearward space (Uriel equivalent is Solum Aesculus Oil)
- Heart: **Heart lobe or organ Einreibung with Aurum / Lavandulae comp. cream WELEDA** for impairment of mental functions, "brain fog", for functional heart complaints, anxiety (Uriel equivalent is Aurum Lavender Rose cream)
- Abdomen: **Oxalis upper abdomen compress/Einreibung** after traumatic experiences; see also <https://www.pflege-vademecum.de/oxalissalbe.php?locale=en> .
- Muscle/joint pain: **Einreibung with Aconite Schmerzöl (Nerve Oil) WALA** (Uriel equivalent is Lavender Quartz Oil)
- Feeling of exhaustion: **oil dispersion baths with prunus, rosemary.**

Body and Movement Therapies, Art and Talking Therapies

Body therapy (See all American pharmacies for equivalents)

Rhythmical massage therapy with Oxalis 10% oil WALA for anxiety (35), (Uriel equivalent is Oxalis 20% Cream)

Betula/Arnica oil WALA for pain and cramps,
Rosemary oil for exhaustion.