



## Mycoplasmas - underestimated pathogens of respiratory tract infections

The number of patients suffering from an upper respiratory tract infection is currently on the rise. But a virus is not always the cause; it can also be bacteria. And it is mycoplasma in particular that is currently making a name for itself. Official reporting figures are currently only available from Saxony, but these are worrying. In 2018, there were 1238 reports, in 2023 there were 2019 cases and by mid-September 2024, 12,248(!) new cases of the disease had already been reported.

Mycoplasmas are the smallest, free-living prokaryotes with a very small genome. But mycoplasmas are not only very small, they also have no cell wall. This makes direct detection difficult, as they can neither be stained according to Gram nor detected with a light microscope. Cultivation is very difficult and is only possible with special culture media. The first evidence of these bacteria was obtained from cattle in 1898, and the first mycoplasmas were isolated from humans in 1937. To date, six human pathogenic species have been identified, one of the most important of which is certainly *Mycoplasma (M.) pneumoniae*.

*M. pneumoniae* is transmitted by droplets and binds to cells of the ciliated epithelium in the respiratory tract. The incubation period is two to four weeks; children are more frequently affected by an infection than adults. During the course of the infection, the bacteria are often present intracellularly, which can also lead to persistent infections, which in turn can promote the development of autoimmune diseases.

Both the upper and lower respiratory tract can be affected by a mycoplasma infection. Clinical symptoms include a non-productive cough (which can be similar to whooping cough), fever, chills, sore throat, hoarseness, headache, myalgia and a general feeling of illness. In some cases, it even develops into bronchopneumonia; this is particularly common in children and adolescents aged 5-15 years.

Unfortunately, the clinical symptoms of a respiratory disease caused by *M. pneumoniae* do not differ from those caused by other atypical pathogens such as chlamydia or viruses. If it is unclear which pathogen plays a role, treatment can still be supported with SANUM medicinal products.

Experience has shown that the use of the combination of NOTAKEHL® D4 capsules and QUENTAKEHL® D4 capsules is recommended for this purpose, as well as FORMASAN® drops to support the cleansing of the connective tissue. Among the SANUKEHL® preparations, SANUKEHL® Myc and SANUKEHL® Pseu are particularly important:

- **Mykoplasma:** SANUKEHL® Myc



- **Chlamydia:** SANUKEHL® Myc und Pseu
- **Viruses:** SANUKEHL® Pseu

### Trading forms:

#### **NOTAKEHL® D4** Capsules

20 capsules.

##### **Dosage**

Adults and adolescents from 12 years: 1-3x 1 capsule daily.

#### **QUENTAKEHL® D4** Capsules

20 capsules

##### **Dosage**

Adults and adolescents from 12 years: 1-3x 1 capsule daily.

#### **FORMASAN®** Drops

30 ml bottle

##### **Dosage**

Adults: acute up to 12x 5-10 tr. daily; chronic: 1-3x 5 drops daily.

#### **SANUKEHL® Myc D6** Drops

10 ml bottle

##### **Dosage**

Adults and adolescents from 12 years: 1-2x 5-10 drops daily.

#### **SANUKEHL® Pseu D6** Drops

10 ml bottle

##### **Dosage**

Adults and adolescents from 12 years: 1-2x 5-10 drops daily.