

Treating Rheumatism Patients in Daily Medical Practice

(Principles and Antihomotoxic Therapy)

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Demographic aspects of rheumatism

I would like to begin by summarising some of the demographic aspects of rheumatism.

Although I do not have handy reference to exact figures from your country, I believe that the data which I am about to outline will be valid and of interest for you. In all likelihood, these figures on rheumatism will apply on a percent basis to your country as well.

Rheumatic diseases represent a major socio-medical and socio-economic problem for our societies. Approximately 25 percent of all cases of disability, and around 35 percent of all cases involving rehabilitation, can be traced to rheumatic causes.

Germany has a population of approximately 80 million. According to figures released by the German Association for the Relief of the Affects of Rheumatism, from 12 to 15 million Germans suffer from rheumatic disorders. This amounts to about 18.5 percent of the total population. The proportion of those suffering from rheumatism in each segment of society exponentially increases with age. Among retired Germans, over 80 percent suffer from rheumatism.

Each year in Germany, approximately 52 million working days are lost owing to rheumatic illness. Within the past fourteen years, the number of Germans has doubled who have gone into early retirement owing to rheumatism. In my country, fifty percent of the patients undergoing spa, sanatorium, or health-resort treatment do so owing to affections resulting from the complex of rheumatic diseases.

The socio-economic significance of rheumatism (example: Germany)

- Annual loss of 52 million working days
- Doubling of the number of early retirees within the past 14 years
- Half of all spa, sanatorium, or health-resort treatment is for rheumatism
- Direct annual costs in Germany: 20 billion Deutsche marks
- Indirect annual costs: 40 billion Deutsche marks



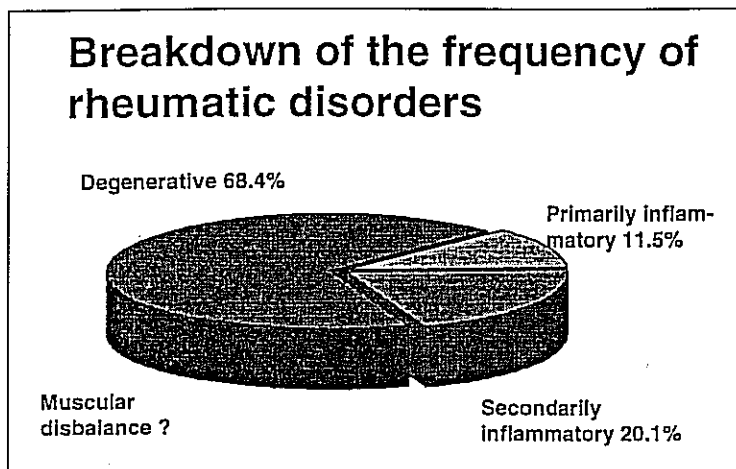
At present, the annual costs associated with the consequences of rheumatic diseases run to about 20 billion Deutsche marks: this is about 7 billion pounds every year. An additional sum of over 40 billion Deutsche marks is required annually to provide for early retirees who cannot work because of rheumatism. This is approximately 13 billion pounds each year.

For the reasons cited here and owing to the epidemic proportions of rheumatism, it should be clear that all suitable means should be employed toward countering it. The primary measures available to us as physicians in countering rheumatism include the following:

1. Specifically directed educational efforts concerning the disease
2. Prophylaxis
3. Early diagnosis
4. Optimal therapy.

General therapeutic aspects

There have been a great number and variety of commendable efforts made to more clearly differentiate the concept of rheumatism – laden as it is with nostalgic and stereotyped baggage. Now as before, there is hardly another medical topic which has been so controversial, and which has been so passionately discussed as rheumatism. Indeed: on international and national levels, there is no uniformly accepted concept of what rheumatism actually is. The World Health Organisation includes under the term rheumatism the entire spectrum of diseases of the musculoskeletal system. This scope includes all affections of the skeleton, the muscles, and the connective tissue. This concept also encompasses congenital and traumatic disorders, impingement syndromes, and osteopathy.



When we consider the normal classifications of rheumatic diseases into degenerative, primarily inflammatory, and secondarily inflammatory forms, we may observe that the degenerative forms predominate by constituting more than two-thirds of the cases. Secondarily inflammatory forms account for around one-fifth of the total victims. The term secondary affections is used to designate inflammatory reactions on the basis of degenerative disorders. The primarily inflammatory forms of rheumatism make up approximately 11.5 percent of all cases: a very small but extremely stubborn sub-set. Primarily inflammatory types predominantly take the form of gout among men, and chronic polyarthritis among women.

In considering antihomotoxic therapy of rheumatic disorders, their assignment in the Six-Phase Humoral-Cellular Table of Homotoxicosis plays an important role. For this reason, it is necessary to differentiate according to the following two criteria:

1. Inflammatory rheumatism = inflammation phase
2. Degenerative rheumatism = degeneration phase.

Essential differentiation criteria for antihomotoxic therapy

- Disorders with autoimmune response
- Disorders without autoimmune response



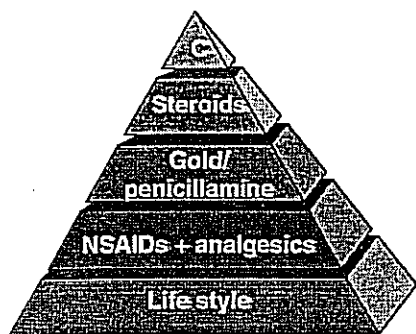
In order to enable simplification of the considerably complicated and sometimes confusing disorders and syndromes associated with rheumatism, it will suffice at this point to answer the additional question of whether or not an autoimmune response is involved in a particular case. Antihomotoxic therapy is, namely, effective to only a limited degree in the treatment of diseases involving autoimmunity.

When we consider therapy of rheumatic disorders from the allopathic viewpoint, it may help to visually summarise the hierarchic structure of appropriate therapy in the form of a pyramid. It is likewise possible to visualise natural and antihomotoxic therapy in the form of a similar pyramid. The bases of these two pyramids are identical – only the direct superstructure is somewhat differently organised. Antihomotoxic therapy finds its place in the superstructure of the pyramid representing natural therapy.

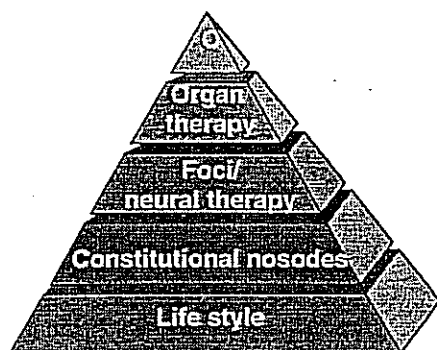
Conventional medicine has difficulty with functional autonomic-reflectory phenomena. In addition, orthodox therapy can successfully treat only around 40 percent of the recurring complaints associated with chronic diseases: and rheumatism is a chronic disease. The remaining 60 percent of the patients seek out alternative therapy.

In conventional therapy, the predominant form of therapy is prescription of non-steroidal anti-inflammatory drugs (NSAIDs). Nowadays, almost all our patients read the package inserts which come with their drugs – the figure is currently 92 percent – and they learn that application of NSAIDs is associated with approximately 250 adverse reactions, adverse interactions with other medication, and exclusion criteria. As a result of such information, and its absorption into the patients' consciousness, a great number of rheumatism patients forego the use of such medication. Compliance rates have sunk to 15 to 18 percent in such cases. Interestingly, the compliance rate rises to 90 percent for cases of self-medication.

Pyramid from the allopathic viewpoint



Pyramid from the naturopathic viewpoint



Inflammatory and degenerative components

Until now, no complete elucidation of the details of the genesis of inflammatory rheumatic disorders has proved possible. Among the majority of such patients, genetic disposition is involved. A link to an antigen of the HLA system may confirm such disposition. Microbial pathogens or infectious diseases may often elicit the development of rheumatic diseases. Such processes can provoke in the organism an immune response, which in turn primarily affects the synovial membrane.

Degenerative diseases always develop from disproportion between burdens applied to a joint, and the ability of the joint to bear such loads. In cases of primary arthrosis, cartilaginous deficiency is involved: a phenomenon which, again, has not been fully elucidated. Cases of secondary arthrosis can develop as consequence of nutritive disorders affecting cartilage, harmful imposition of physical burdens, traumata, inflammatory processes, or circumstances purely associated with ageing phenomena. During the course of arthritic processes, secondary developments can take place in the form of inflammation of the articular capsule with soft-tissue swelling, formation of effusion in joints, and pain.

Psycho-social components

The role played by psycho-social factors in the genesis and further development of rheumatic disorders is significant. Rarely, however, is the significance of these factors appreciated to the degree which they deserve.

Psycho-social components

- The spine provides us with stability
- Joints afford us flexibility
- Two diametrical poles to which the human being is oriented in inner as well as outer senses

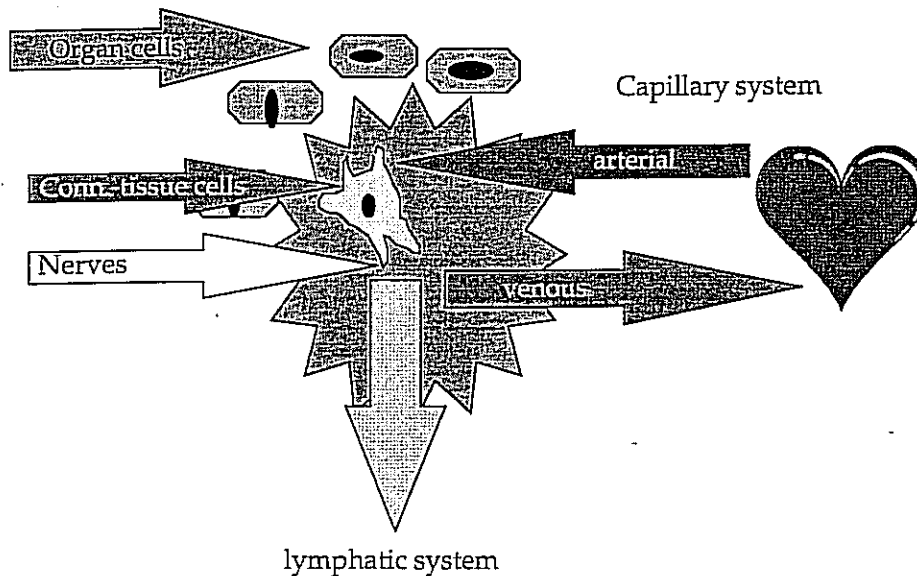


The spine provides us with stability, and the joints afford us flexibility. Stability and flexibility, though, are two diametrical poles to which the human being is oriented in inner as well as outer senses. If we listen to the sayings and figures of speech in each of our separate languages, they often reveal these analogies between the inner and outer being of us all. Most often, we pay little attention to such everyday expressions. But we often speak of an upright person. Or we say that someone is straight or straight-arrow. And we sometimes notice that someone tries to wriggle his way out of everything. Similarly, we all know people who kow-tow before others. We say that someone has a heavy burden to bear – or that we cannot stand something. And we may know a stiff-necked person.

This analogy between the inner and outer states of the human being accordingly takes noticeable form in the respective symptom pictures which appear in the musculoskeletal system. Pain plays an especially significant role here: after all, it is pain which most effectively forces us to take it easy, to search our souls. Pain tells us to go easier on ourselves – or to change our attitudes, our posture toward the world.

The matrix and its significance in the development of rheumatism

The ground regulation system as elaborated by Pischinger (the matrix)



In line with its interpretation of the genesis of disease, biological medicine considers not only the cell, but also the surrounding cell milieu (intercellular substance, ground substance, extracellular matrix), as the smallest functional unit of a biological system. In 1995 and 1997 the researcher Heine explained in very easily understood manner this system of ground regulation in its relation to the development of rheumatic affections. Owing to its molecular chains, the system of ground regulation represents a molecular screen consisting of high-polymer saccharides. As proteoglycans (PGs), these saccharides are in turn linked via their protein chain to hyaluronic acid, a high-polymer glycosaminoglycan (GAG). As a result of their negative electrical charge, the PGs and GAGs ensure isoionia, isosmia, as well as isotonia – and, in turn, overall homeostasis in extracellular space. Additional glycoproteins such as collagens, elastin, and fibrolectin are embedded into the network of PG and GAGs.

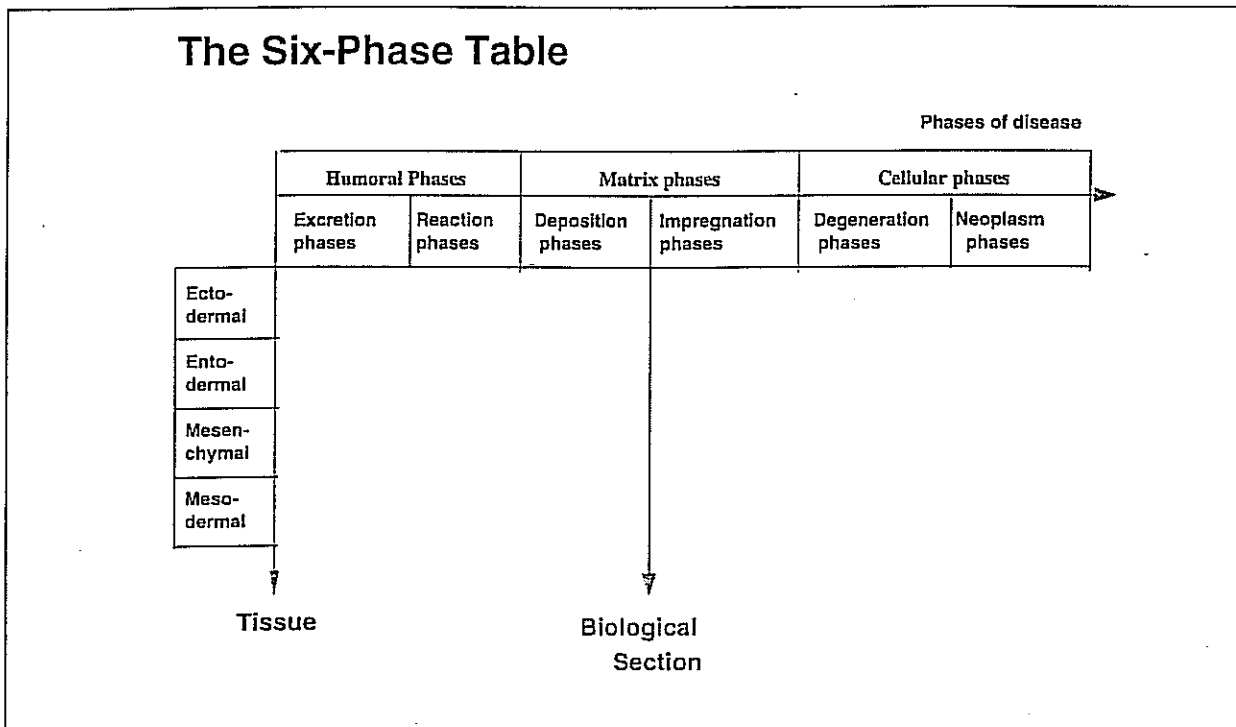
Mechanical loads applied to the ground regulation system lead to alterations in electrical-charge relationships – and, in turn, to transformation of these mechanical stresses into biochemical and electrical energy. The ground substance can, as a rule, easily compensate for the application of such mechanical loads. Application of excessively great loads, or of those applied over prolonged periods of time, however, leads to development of adaptation syndromes. These adaptation syndromes come about by virtue of the fact that immunocompetent cells migrate through the ground substance. Also contributing is the fact that stationary fibroblasts react in a matter of seconds to all types of information transmission possible within the ground regulation system, in the form of synthesising ground substance. Hauss confirmed these phenomenon in studies made in 1994.

In these processes, fibroblasts do not differentiate among the values which characterise the information. Under certain conditions, this can cause the formation of ground substance to adapt to faulty pathological information. And it is subsequently this faulty pathological information which leads to increased formation of inflammation mediators within the context

of adaptation syndromes. Or, the result may also be deficiencies of supply to existing cartilaginous substance. The next step in the process is the development of inflammatory and degenerative rheumatic disorders.

The Six-Phase Humoral-Cellular Table of Homotoxicosis

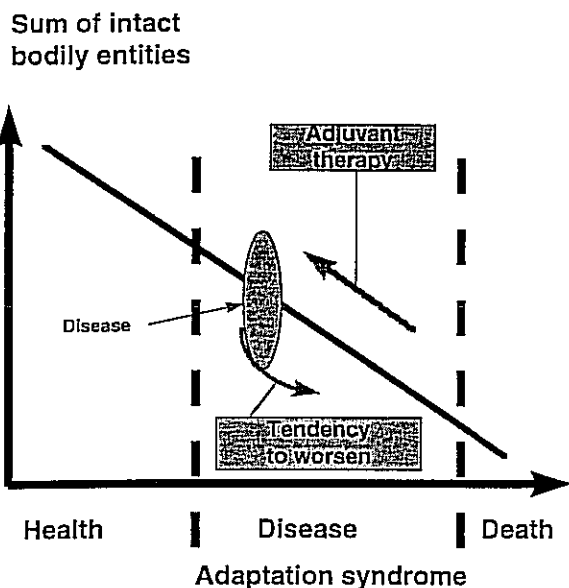
Hans-Heinrich Reckeweg organised the dynamic phenomena associated with the development of disease into the Six-Phase Humoral-Cellular Table of Homotoxicosis, divided into the two main phases of humoral and cellular processes. The Biological Section serves as the interface between these two phases. As Reckeweg explained, the Biological Section represents a fateful line between the deposition and impregnation phases: i.e., between extracellular and intracellular deposition of toxins.



On the basis of what we have learned between the time of Reckeweg's contributions and now, we may assume that the dynamics of a pathological process will take the form of flowing transition from one phase into another. In other words, more recent knowledge would not allow drawing of sharp or fixed boundaries between the phases. Modern homotoxicology therefore explains the development of disease no longer on the basis of two main phase blocks, but three: the Excretion Phases, the Deposition Phases, and the Degeneration Phases.

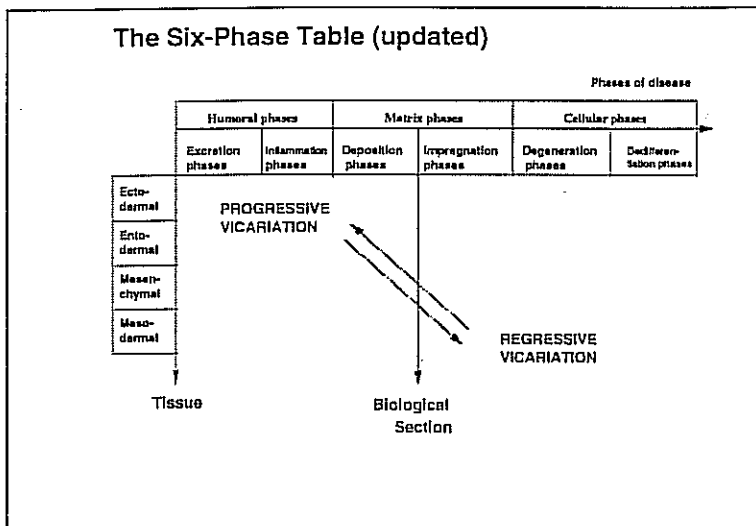
Based on our consideration of the ground regulation system, all substances and information within our organism must pass through this same ground regulation system. To the extent to which our organism is capable of employing entering substances or information for its purposes, or of rendering them harmless and excreting them, the organism will lie – within its limits of adaptation – in a condition of homeostasis. Or, to the extent to which this is not possible, it will depart from a state of homeostasis and will develop toward a state of illness.

Stress on ground regulation system



In this context, the two matrix phases of deposition and impregnation attain special significance. By virtue of the processing in the ground regulation system of information – of whatever type – two developments are possible, depending on the intensity and the duration of toxic burdens. Simple processes of deposition and condensation may occur. Or, as the second alternative, the reception of false information may lead to impregnation and, in turn, to automatic processes involving continuous reproduction of such spurious information. In the further course of the development of disease, uninterrupted reproduction of such faulty information leads to the formation of deficient material and, consequently, to degeneration. The desperate attempt of the organism to more rapidly renew cellular substance on a continuous basis finally leads to degeneration: i.e., to metaplasia.

Vicariating rheumatic processes



Reckeweg coined the term "vicariation" to designate the metamorphosis of one phase of disease into another. He further used the term "progressive vicariation" to mean worsening, and "regressive vicariation" to mean an improvement. Reckeweg meant the physician to understand these phenomena in such a way that the lack of therapy, or faulty medical treatment, could cause an existing state of disease to transform into a more serious process. Such metamorphosis can take place in the form of a disease which passes in manifestation to another organ originating from a different germ layer.

With regressive vicariation, the organism returns along the same path, in the reverse direction. Administration of appropriate therapeutic measures may enable the organism to reactivate its inherent self-healing mechanisms – leading consequently to enhancement of information flow within the matrix.

The rheumatic process may be profitably understood in the sense of an adaptation process within the matrix: an example of progressive vicariation. The application of homotoxicology therefore theoretically works on the assumption that it would be possible to reverse these pathophysiological processes by means of suitable therapeutic measures. The elicitation of this reversal, in the sense of regressive vicariation, is accordingly the objective of antihomotoxic therapy.

Antihomotoxic therapy

Antihomotoxic medication takes the form of combination homeopathic preparations, or single-remedy medication for injection which we call Injeel preparations. Combination homeopathic preparations contain a complex of single homeopathic remedies selected for a particular indication area. Administration of such medication covers those modalities which most frequently occur in such an individual indication area. The Injeel preparations represent so-called multi-potency remedies: in other words, one substance in a combined sequence of ascending attenuations.

Tests conducted at the State College of Veterinary Medicine in Hanover have revealed that homeopathically attenuated substances produce effects which are different from those of purely chemical dilutions. Linear dosage-effect relationships are evident among purely chemical dilutions. These tests have on a reproducible basis verified non-linear relationships resulting from homeopathic attenuations.

By virtue of their composition, antihomotoxic preparations may be administered according to indications. In other words, they can be included into the physician's therapeutic concept in familiar, conventional manner.

The adjuvant administration of antihomotoxic preparations may also enable the physician to significantly reduce the required dose of allopathic medication. This benefit offers the added benefit of considerably reducing the danger of adverse side effects.

In the following I would like to list those preparations most important in the antihomotoxic therapy of rheumatic disorders:

Traumeel S

Traumeel is the classic biological antiphlogistic for degenerative processes of the musculoskeletal system which are inflammatory in nature, or which are associated with inflammation. A study by Conforti and Bellavite provides outstanding verification of the antiphlogistic and analgesic effects of Traumeel S. These researchers confirmed effects of Traumeel S on neurotransmitter substances.

Zeel	Zeel is the classic biological antirheumatic for all degenerative articular disorders
Lymphomyosot	Lymphomyosot is indicated for tendencies to form edemas. It is the drainage remedy of choice for the mesenchyme (in modern terms, the matrix)
Mucosa compositum	Activation of non-specific resistance in cases of mucosal diseases.
Echinacea compositum S Engystol (N) Galium-Heel	Stimulation and activation of the body's own system of non-specific resistance
Hepar compositum	Stimulation of liver detoxification
Solidago compositum S	Stimulation of kidney detoxification
Vertigoheel	Vertigo of various origins, also when related to the cervical spine
Gelsemium-Homaccord	Osteochondrosis of the cervical spine
Cimicifuga-Homaccord	Osteochondrosis, especially of the cervical spine
Colocynthis-Homaccord	Osteochondrosis, especially of the cervical spine
Ranunculus-Homaccord	Intercostal neuralgia
Spigelon	Headache of constitutional origin


China-Homaccord S	Osteochondrosis
Discus compositum Amp.	Neuralgic-rheumatic disorders of the spine
Coenzyme compositum Amp.	Stimulation of blockaded enzyme systems
Ubichinon compositum Amp.	Stimulation of toxin-defence mechanisms and reactivation of blocked enzymatic systems

Suis organ preparations

Suis organ preparations promote the activation of immunological processes. This therapy includes the administration of medication produced from attenuated substances from the homologous healthy organs of swine.

Suis-organ preparations

- Cartilago suis-Injeel
- Discus intervertebralis suis-Injeel
- Os suis-Injeel



Cartilago suis-Injeel

Adjuvant therapy for articular disorders

Discus intervertebralis suis-Injeel Osteochondrosis of the spine; cervical syndrome

Os suis-Injeel

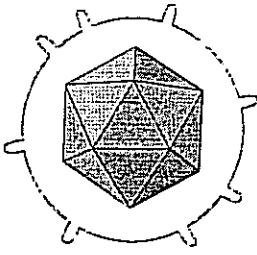
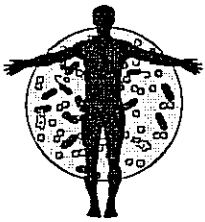
Osteoporosis; osteomalacia

Nosodes

Nosodes represent mnemonic substances obtained from apparently healed diseases. They once more provide the organism with fresh information on how it can resume its struggle of resistance with the original pathological agent.

Nosodes

- Psorinoheel (a broad-spectrum nosode)
- Arthritis urica-Nosode-Injeel
- Coxsackie-Virus-A₉-Injeel
- Coxsackie-Virus-B₄-Injeel



Psorinoheel

Broad-spectrum nosode

Arthritis urica-Nosode-Injeel

Coxsackie-Virus-A₉-Injeel

Coxsackie-Virus-B₄-Injeel

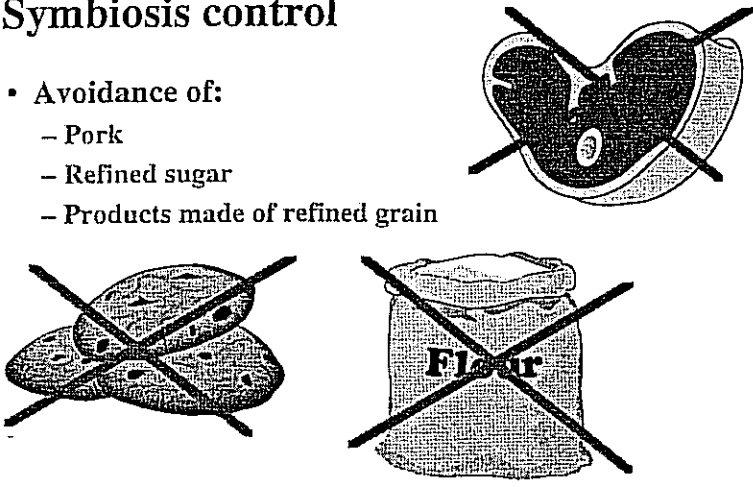
Conversion to whole-food nutrition and symbiosis control

In addition to medicamentous therapy with antihomotoxic preparations, the patient should attempt to place his or her diet on a whole-food basis – in accordance with the illness being suffered. To be sure: I believe that I may assert with certainty that there is no such thing as a rheumatism diet. We have learned from experience, however, that many kinds of food are not beneficial for the rheumatic patient.

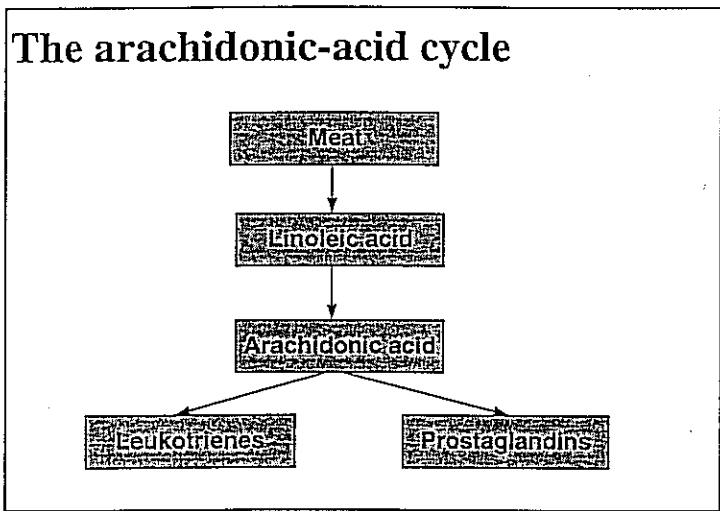
From my standpoint, an absolutely essential step toward such a diet is the avoidance of pork, sugar, as well as products made from refined grains. Pork contains large amounts of histamine and imidazole. Consumption of these substances leads to catabolic dysfunctions in the human organism. Imbalanced catabolic effects can also result from a high proportion of carbohydrates in the diet – and from consumption of meat from animals fattened on carbohydrates.

Symbiosis control

- Avoidance of:
 - Pork
 - Refined sugar
 - Products made of refined grain



More extensive insights have been gained in recent years on the consumption of pork. We now know that pork contains great amounts of linoleic acid – around ten times the content of other kinds of meat. Linoleic acid is one of the precursors for production of arachidonic acid. As you know, inflammation mediators for leukotriene and prostaglandine originate in arachidonic acid. If, consequently, the production of arachidonic acid is stimulated by increased intake of linoleic acid, the result is an increase of inflammation mediators produced in the arachidonic-acid cycle.



Behavioural therapy

I have outlined medicamentous therapy and change of diet and their beneficial effects on rheumatic processes. Two additional essential elements in this context are physical therapy and the behaviour of the patients themselves. Many forms of therapy, of course, are primarily passive in nature. Some require only limited participation on the part of the patient: for example, regularly taking medicine, going to the doctor, or visiting the physiotherapist. Active participation, however, is especially essential for rheumatism patients. Psycho-social factors aggravate most rheumatic syndromes and not insignificantly influence their course.

Prophylaxis is not always possible for inflammatory articular disorders. In addition to physiotherapeutic measures, effective treatment of rheumatism may also include psychological pain-management therapy and patient training programs.

Appropriate athletic activity and lifestyle can also positively influence the condition of patients suffering from degenerative afflictions. Organisation of the patient's workplace according to ergonomic principles is beneficial, as is loss of weight. Posture training with respect to the spine can also help. Training to learn the most beneficial movements for the joints may likewise aid in relieving loads applied to them.

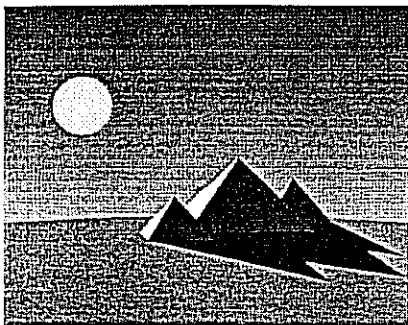
The patient may also experience relief from painful muscle tension and pain at tendon insertions by learning physiologically proper posture, in combination with relaxation exercises and relaxation massage.

In the case of chronic complaints, the Feldenkrais Technique and posture therapy as developed by Alexander have proved beneficial.

Biofeedback has demonstrated highly effective results in psychological pain therapy.

Biofeedback

- The patient can hear his or her muscular tension



Approximately 7 percent of all pain patients occasion approximately 70 percent of costs arising in pain therapy. The reason for this is that – after determination of the organic causes of pain – psycho-social matters attain primary importance and additionally begin to play a major role of their own. Pain can be learned. Subconscious desire for sympathy may lead the pain patient to subconsciously influence his or her pain in such a manner as to secure attention, care, and support from others. The secondary benefit from the disease is not relief from pain itself, but the attention and care granted by a fellow human being. In a number of her studies, Professor Flor from Tübingen was able to evidence that unconscious behaviour can influence pain in all its possible directions.

In biofeedback therapy of rheumatism, electrodes measure muscle tension at the site of the disorder and convert it into an audible signal. Since this enables the patient to hear his or her muscle tension, it is possible for him or her to systematically reduce this tension, and to bring it under control.

Pain-management training teaches the patient how to change his or her attitude to pain and to the disease being suffered. The patient learns techniques which entail relaxation exercises, distraction techniques, creation of pleasant thoughts, and the enjoyment of agreeable experiences.

A third technique, also clinically tested by Professor Flor in Tübingen, involves operant conditioning. This technique is especially indicated for chronic pain patients who can no longer work owing to their disability, who assume compensatory positions and posture owing to rheumatic pain, and who consume a considerable amount of analgesics. For these patients, the interpretation particularly often applies that their pain behaviour has been learned according to the principle of punishment and reward.

Since it is especially difficult to motivate such patients to actively contribute in a therapeutic program, it has proved effective initially to encourage them to carry out passive patterns of movement. Then it is often possible to gradually increase their active contribution: beginning from the passive end of the scale, and moving slowly toward move active movement sequences. At the same time, the patient's therapists attempt to teach him or her new patterns of reward behaviour: i.e., by reinforcing social contacts and motivating the patient to active behaviour at work and during leisure.

Pain-management training

- **Passive**
- **Passive-active**
- **Active-passive**
- **Active**



Always with participation of persons closest to the patient, including family members and/or close relatives

It is absolutely essential that the persons closest to the patient, including family members and/or close relatives, participate in the plan of therapy. The therapist should by all means

include them in the therapy and inform them of its details. After all: it is these persons – with their expressions of sympathy – who have usually rewarded the pain behaviour of the patient and who have contributed as initiators to the development of his or her disease into chronic form.

In Germany, complex therapeutic procedures in close collaboration among physicians, psychologists, and physiotherapists have not yet developed to a great extent. In the USA, on the other hand, these methods have been in routine use in centres for the treatment of pain for some good time now. Incorporation of family members in the therapy is also more customary there than in Germany.

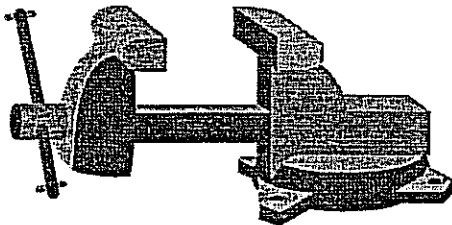
Conclusions

As physicians, we are daily confronted with the complex phenomenon of pain among our rheumatic patients. By no means, however, should we fall victim to purely mechanical patterns of thought exclusively concerned with achieving relief of pain through analgesics and antiphlogistics. The sufferer from rheumatism, after all, demonstrates a significantly more complex structure of suffering than that served by such simplistic approaches. This complexity must be appropriately dealt with – in the sense of regressive vicariation and by means of a complex treatment strategy. In this context, strong analgesics and powerful antiphlogistics must be reserved in daily medical practice only for temporarily relief of extreme cases. Over the long term, however, the patient is truly served only by a correspondingly complex form of therapy with the following components:

1. Whole-food, healthy nutrition
2. Physical therapy
3. Psychological pain management
4. Integration of the patient into an intact and healthy environment, as well as
5. Natural, holistic, and biological therapy.

To repeat: rheumatic symptom pictures represent complex phenomena which can, accordingly, be successfully treated only by complex measures. Massive sledge-hammer techniques lead to hyperstimulation of the patient and to subsequent damage. The appropriate stimulation of dormant defensive mechanisms of the patient – under the standpoint of **Nil nocere** – should be our foremost guiding principle in the therapy of rheumatic diseases.

**"Man can in fact become
the master craftsman of his
own fate."**



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