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# REPORT FROM THE MEDICAL PRACTICE

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## The Antihomotoxic Therapy of Spinal Affections

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*Dr. Smrz was the chief lecturer at HEEL's first series of U.S. Roundtables in 1988. In this article he discusses the correlation between gastro-intestinal functions and sacroiliac distress, so widespread among today's patients. He examines treatment modalities, both allopathic and homeopathic, and points out why, in his practice, he prefers the latter.*

As has been widely publicized, spinal diseases have shown alarming increase: documentation by statistics from the Professional Association of Industrial Health Insurance Companies in West Germany contributes to these reports.

Painful syndromes involving the spine rank as the second most frequent cause of lost time at work, with more absenteeism occasioned only by the common cold and related diseases.

The symptom commonly designated by the term "sacroiliac pain" — to describe the complaints suffered by so many of our patients — is a general description for painful functional disorders in the sacrum or lumbar regions.

All age groups and both sexes are afflicted by these disorders, and sacroiliac distress often represents an agonizing cross to bear, both for the patient as well as for the physician. The causes of sacroiliac distress are multifactorial in nature. Almost all known pathological alterations in this region can feasibly be involved as causes.

Primarily organically related sacroiliac distress can be caused by any one, or several, of a whole range of factors:

- Defective position of the spine, of hereditary or acquired nature
- Traumatic, degenerative, inflammatory, or tumoral processes.

In addition to the many possible orthopedic causes, the physician should also consider the following areas when confronted with sacroiliac distress:

- Neurological
- Gynecological
- Urological
- Internal.

A further very important causative component often overlooked with sacroiliac distress is its association with psycho-social factors. The psychic component of sacroiliac distress is very often neglected in therapy, although excellent approaches for treating this disease can be developed here —

which can in turn lead to obtaining another viewpoint of its causes.

It is of course the spine which plays the dominant role in enabling the posture characteristic of the human being. It makes us all tall and straight — yet flexible and mobile at the same time.

When we speak of human "posture," however, this term has both inner as well as outer connotations. Both are of course closely interrelated, for the outer, visible bearing of a person reveals a great deal about his or her inner attitude.

The analogy involved here is expressed in many figures of speech. We speak about an "upright" person, we say that someone is "straight," and we use the word "cringe" to reveal both inward and outward attitudes.

We all know "rigid" people, and everyone has "stiff-necked" friends or acquaintances. Fawning and truckling are familiar to us all.

The traditional military, on the other hand, artificially imposes an outward posture in pretense of an inward attitude. Armies since the beginning of recorded history have gone to great exertions of sound and fury in the drill of ramrod posture — an effort which, strategically speaking, is actually nonsensical. No battle was ever won by standing straight and tall, or by goose-stepping along.

In actual fact, the attempt to artificially impose outward posture by force contributes toward a breakdown of the correspondence — the close association — between inner and outward bearing.

One good confirmation of this phenomenon can be found among partisan and guerrilla combat troops: they exhibit no outward show of ramrod posture, but their inner identification with their outward actions is considerably more intensive. As a result, their combat effectiveness is correspondingly greater.

Outward posture which does not correspond to the inner

being of a person is often easily recognized as unnatural. The natural bearing of a person, on the other hand, reveals to us a great deal about the true man or woman.

Perhaps all of the above may explain why sickness forces us to assume a posture which we would not otherwise voluntarily maintain.

Disease vividly demonstrates for us the discrepancy between what we are and what we act out in our lives. Take the examples of lumbago and sciatica: basically, problems of overburdening.

Patients suffering from these afflictions have in fact burdened themselves excessively — to the extent that the effects of pressure on the body are manifested as spinal disk pain.

Pain forces the sufferer to slow down and take it easy. It sends a message to us to avoid as much activity as possible. In most cases of conventional modern therapy, however, this very effective and meaningful regulatory system is circumvented by administration of analgesics, in order that the patient can go about his or her affairs as before, with as little disturbance as possible.

Truly concerned physicians should, however, take the time whenever possible to encourage patients to shed loads, to avoid burdens. And to make patients aware of the fact that the assumption of excessive burdens is very often the attempt to appear outwardly strong, efficient, and capable — and frequently to compensate for inner feelings of inferiority.

All of this is associated with the phenomenon that homeopathic medication acts only gradually. It does not suddenly relieve pain. The patient is granted time — during the period which the homeopathic regulation requires — to reflect on the nature and extent of his or her illness.

Sufficient therapeutic consultation with the patient is therefore of critical importance.

In addition to consultation, homeopathy offers an entire spectrum of medications which favorably influence the psyche.

The preparation *Nervoheel*, for example, represents an outstanding basic therapy which can be administered for all psychosomatic disorders, for all persons with a tendency to depression, and for menopausal neuroses.

*Selenium-Homaccord* is an effective preparation for such complaints as excessive fatigue, ennui, and mental exhaustion. These complaints occur frequently among office workers — precisely the same group who so often suffer from pronounced sacroiliac distress.

In case of insomnia, physicians should consider therapy with *Merianaheel*. Inner harmony and relaxation — among the greatest benefits of healthy sleep — are prerequisites for outer relaxation of the human musculature.

*Cerebrum Compositum* is one of the injection preparations which can be best recommended for regulative influence on the overall functions of the brain. Goethe stated the great truth that man should learn from his organs. And we can say, conversely, that man himself is just as capable of teaching

his organs.

This thought leads to a question: Is there a certain order among the bodily organs which can serve as an aid to orientation in understanding and treating disease?

How can we know which organ to consult in specific cases, in the sense of learning what we need to know about therapy and enhancement of health?

In the study of embryonic development, we learn that the mesoderm is the source for later formation of those organs most responsible for human movement and flexibility: the bones, muscles, ligaments, heart, and circulatory system.

Among many patients, unresolved aggressions play a significant role in sickness. In an outward physical sense, such conditions are expressed by muscular hardening, especially in the striated muscle system. One further expression is an increase in blood pressure.

These circumstances can well give rise to the decision for effective administration of the following suis organ preparations:

- *Musculus Suis-Injeel*, and *Forte*
- *Cartilago Suis-Injeel*, and *Forte*
- *Cor Suis-Injeel*, and *Forte*
- *Discus Intervertebralis Suis-Injeel*, and *Forte*.

These preparations are most effectively drawn up as a mixed injection and administered as wheal therapy at the left and right of the spine.

Further classification of sacroiliac distress must include mechanical degenerative disorders, as opposed by inflammatory alterations.

These degenerative alterations include the various forms of kyphosis, scoliosis, Scheuermann's disease, osteochondrosis, spondylosis, and the like.

The inflammatory alterations involved with sacroiliac distress include specific and non-specific types of spondylitis, as well as the various rheumatic inflammatory disorders.

Both the mechanical degenerative disorders as well as the inflammatory alterations stated above require therapeutically differentiated concepts — the elements of which, eventually, must be mutually incorporated.

At this point, however, I would like to digress and offer a look at allopathic therapeutic possibilities and what they offer to the general practitioner.

Physicians generally recommend antirheumatic agents, with or without cortisone, for spinal affections. Over the past two decades, however, the medicamentous therapy of painful spinal affections has developed into a veritable *Chronique Scandaleuse*. Since the beginning of the 1970's, at least thirty new preparations have been introduced onto the German market alone as antirheumatics. Promising-sounding names, exaggerated claims, and a great deal of media hype have announced their arrival as practically the last and victorious crusade over one of the oldest enemies of mankind.

not even go so far as to take changes in enzymatic patterns into account. In addition to these causes associated with old age, however — phenomena which originate in the cartilage substance and in the joint itself — additional factors can initiate or promote the development of arthrosis types. The following are chief among these:

- Constitution
- Endocrine activity
- Local and general circulation alterations
- Disturbances in static and dynamic processes
- Damage from the influences of lysosomal enzymes.

Biological therapy with Composita preparations takes all these causal factors into account. But at this point I would like to return to a consideration of Zeel.

Is it actually possible to scientifically confirm the effectiveness of a homeopathic agent on cartilage, or is merely a placebo effect at work in the therapy here?

The following tests were conducted to demonstrate the therapeutic effectiveness of Zeel.

Joint cartilage samples were taken from patients who required endoprosthetic joint replacement. The hardness of the cartilage was initially determined by the free-falling ball test. The samples were then incubated in a solution of nutrients and Zeel, and their hardness was determined under the same test conditions again. The test setup was a standard system for determining hardness by measuring the penetration caused by a free-falling ball, as a function of time. Test results demonstrated that Zeel significantly increased the penetration depth of the samples — a phenomenon which may justifiably be interpreted to mean that the elasticity of the material was also increased. Exposure in Zeel therefore enhanced the elasticity of the cartilage samples.

Therapy with Dexamethason is associated with damage to cartilage: the inhibiting effects of Dexamethason on chondrocyte metabolism can be followed by observing the diminution of endoplasmic reticulum of Golgi's complex and of the mitochondria. With the aid of biological substances, the inhibiting effects of Dexamethason on the synthesis processes of the chondrocytes can be counteracted — with the result that the biological substances have a regulating effect on cell metabolism.

A further phenomenon which deserves sufficient attention is the following: arthrosis processes can be initiated by both inhibition as well as by overstimulation of chondrocyte metabolism.

Therapy consisting of regulation by homeopathic means, on the other hand, ensures that overstimulation cannot take place.

The above-stated test results confirming the effectiveness of Zeel are especially important in view of the fact that they enable objective, scientific verification of earlier attempts to intuitively explain successful therapeutic results gained with this preparation. We are now in a position to see what we

had earlier been obliged to believe.

Another phenomenon of importance here: inflammation which persists sufficiently long will eventually lead to arthrosis. And this leads to consideration of the administration of Traumeel, in addition to the therapeutic possibilities outlined above.

Mixed injections of Traumeel and Zeel have proved especially effective when administered as deep, paravertebral infiltration to the left and right of the spine. In therapy of the inflammatory-rheumatic lumbar-spine syndrome, administration of anti-inflammatory medication cannot lead to improvement in cases in which spinal affection has proceeded to the destructive stage.

Their application is justified, nevertheless, since suppression of the inflammatory components will enable proliferation to take place in a less active manner.

From the beginning of treatment, however, biological therapy must accompany such measures. It is especially important in the acute phase to consider administration of combination injections with the following preparations: Bryonia-Injeel, Aconitum-Injeel, and Ferrum Phosphoricum-Injeel.

For oral administration, we can highly recommend Rheuma-Heel and Bryaconeel, given alternatively. For massive-dose therapy against pain, it has proved effective to administer Colocynthis-Homaccord. The best administration for pain relief here is for the patient to allow 10 to 20 drops to drip directly onto the tongue, every 15 minutes until the pain subsides.

One very important factor which should not be neglected in the therapy of spinal affections is the intestinal tract. Significant and long-term improvement of the spinal syndrome is not possible without sufficient account taken of the intestinal tract environment.

The physician will often discover that female patients who visit his practice with spinal damage will also particularly frequently suffer from constipation. But the presence or absence of constipation alone will not suffice to indicate disorders in the intestinal flora: specific information is also vitally necessary on the patient's nutritional habits, in order to determine to what extent eubacteria or dysbacteria may prevail in his or her intestinal tract.

The conventional, sophisticated food usually consumed in industrialized countries features an imbalance of refined carbohydrates such as sugar and processed-flour products. Such a diet automatically leads to disturbances in the intestinal tract environment.

The immune system plays a critical role in all inflammatory disorders. It is for this reason that the gastro-intestinal tract is of such great significance as a chief organ in the immune system.

The intestinal wall, with its Peyer's patches, is connected to the subsequent mesenteric lymph nodes, the spleen, and other RES organs via a system of lymph passages.

"New hopes through the new principle of action ..." were, for example, announced by Eli Lilly for its new antirheumatic pill Coxigon. The promotion motto was, "The big advance toward causal therapy." The drug company NSD Frosst Pharma also announced the dawn of a new era of therapy — thanks to its product Osmogit. Ciba-Geigy used the picture of a broken and discarded crutch to illustrate its slogan: "Forget rheumatism with Tanderil." If it were only so easy.

Coxigon had to be taken from the German market once the fact could no longer be concealed that its active constituent had cost the lives of 61 rheumatism sufferers in England alone. Osmogit was so frequently responsible for destruction in the gastro-intestinal tract that its new era of therapy was over after only half a year. Around the world, 51 deaths due to Osmogit were registered.

The use of analgesics, of course, cannot be entirely avoided with severe cases of pain, even with biological therapy. It is precisely here, however, that the preparation Discus Compositum — to take one example from above — represents a valuable aid. It can be effectively injected in conjunction with an analgesic or an antirheumatic agent, with the result that allopathic antirheumatic preparations with side effects can be reduced in dosage, or can even be eliminated.

Scheuermann's disease is one of the degenerative alterations associated with spinal affections. It is the most common spinal disease encountered among young persons. This syndrome should be considered as a form of prearthrosis; it is, furthermore, widely accepted that one frequent consequence of Scheuermann's disease is relapsing sacroiliac distress among adults. Here as well, Discus Compositum has proven effectual as basic therapy.

Discus Compositum brings a wide range of therapeutic effects into play against disorders of the spine, the joints, and the ligaments of organs and joints.

For all degenerative disorders, it is critically important that cell metabolism be stimulated. The preparation Coenzyme Compositum is effective in this regard.

Coenzyme Compositum contains vitamin factors which supply the individual constituents of the citric acid cycle directly to the cells (in a sequential manner calling conveyor belt feed to mind). These constituents act as inductors for the enzyme system.

This therapeutic action can be extremely suitably enhanced by other homeopathic agents with enzyme-stimulative action, as well as by trace elements and intermediate enzymatic agents. The therapeutic action of these medications is directed toward enzymatic systems which have been inhibited in their functioning, or rendered inactive by iatrogenic damage.

Coenzyme Compositum can furthermore be effectually supplemented by administration of Ubichinon Compositum.

These two preparations enable optimal cell regeneration. They can particularly effectively compensate for detrimental progressive vicariation — in the sense of Hans Heinrich Reckeweg — and can return such development from the area

of cellular phases back into a phase on the more desirable left side of Reckeweg's Biological Section.

Scoliosis encountered among adults involves lateral deviation of the vertebral motor segments and leads to early attrition and back pain. Scoliosis with angles of deviation of 60 to 80° is especially dangerous. In cases of lumbar scoliosis, such conditions lead to sacroiliac distress. The preparation Zeel is particularly effectual here, in addition to the medications stated above. Zeel has extremely strong effects on the metabolic processes which take place in cartilage.

Since many conventionally trained physicians are utterly dubious about the effectiveness of homeopathic agents, I would like to discuss a few interesting aspects of the effects of Zeel.

In completely general terms, it can be asserted that arthrosis disorders occupy the most prominent position among the diseases of the rheumatic complex.

Contrary to rheumatic fever, chronic polyarthritis, and spondylitis, arthrosis develops and manifests itself exclusively in joints. Since the cartilage is cut off from the lower-lying bone-marrow vessels by the intervening zone of ossification, the only remaining possibility for supply of nutrients to the chondrocytes is diffusion from the joint space. Nutrients must find their way, together with the synovial fluid, through cartilaginous substance to the chondrocytes.

A primary obstacle along this path develops in the course of alterations in cartilaginous substance. With increasing age the quality of the basic substance deteriorates, and the path of diffusion from the joint space to the chondrocytes is rendered increasingly more difficult. Deterioration as well in the metabolic situation has undesirable influence on the effectiveness of chondrocyte synthesis with respect to the proteoglycans — with the result that type 2 collagen synthesis is converted to collagen type 1 (disadvantageous for the joint).

For our purposes here, synovial membrane, synovial fluid, and cartilage should be considered an entity. Alterations also take place in the synovial membrane and fluid — a process which includes as one of its manifestations a depolymerization of the hyaluronic acid of the synovial fluid.

This depolymerization is one cause of a reduction in the viscosity of the synovial fluid — which then of course can no longer optimally fulfill its lubrication functions. The high-polymer molecule hyaluronic acid — which has a molecular weight between one and six million daltons — exhibits extraordinary characteristics. It can take up one thousand times as much water as its own weight and is, in addition, a million times more viscous than water. Even a one-percent solution is so viscous that a small amount of this solution, suspended between two objects, can be used to lift relatively heavy weights.

These developments initiate the degenerative joint disorders which appear in old age to a greater or lesser degree. Although these developments will vary in severity, depending on the individual patient, we are all subject to them during the course of our lives. The processes outlined above, furthermore, do

The intestinal flora play a key role in the immunological functioning of the intestinal tract. Isoagglutinins — which are responsible, for example, for blood-group identity — cannot be formed without the contact with the outer world which bacteria provide for the intestine.

Starting with the newly born, the effectiveness of the immune system is closely linked to the condition of intestinal flora. Lymphocytes will flow into Peyer's patches of the intestinal wall only if *Lactobacillus bifidus* is formed in the infant's intestine as a result of consumption of mother's milk.

As is well known, prematurely born infants kept for the first part of their lives in a bacteria-free environment will suffer from insufficient development of their immune systems owing to the lack or shortage of intestinal flora.

Pathophysiological alterations in the intestinal flora of a small infant have serious later consequences for the immune situation during the entire adult life.

In the intestine itself, intestinal bacteria stimulate the lymph system to provide lymphocytes and macrophages in great quantities in the intestinal mucosa, to serve here as a cellular immune barrier. The B-lymphocytes, moreover, are capable of synthesizing immune globulins; they line the intestinal wall, up to the lumen, with these immune globulins and the associated symbionts. In this way, a protective zone against agents of disease is provided. This entire system is designated the MALT system: mucosa-associated lymphoid tissue.

In cases of dysbacteria, products of putrefaction and fermentation originate in the intestine and are resorbed by the surrounding tissue. As a result, they disturb microcirculation in the vicinity of the spine.

These toxic products of metabolism; biogenic amines, ammonia, indole, and phenol; as well as other associated substances lead to added burdens on the liver, as well as to an impairment of the immunological functions of the intestinal mucosa.

Initially, then, the patient's diet must be changed so as to ensure emphasis on raw vegetables and sour-milk products. Medication for the intestinal tract environment should then be provided in the form of *Veratrum-Homaccord* and *Nux Vomica-Homaccord*, administered as a combination preparation.

Regeneration of the intestinal flora can subsequently follow, with bacteria preparations such as *Colibiogen* or *Omniflora*.

At this point I would like to expressly emphasize once more: Long-term and effective therapy of spinal affections is not possible without sufficient account being taken of the intestinal flora.

Detoxification of the burdened liver can follow with administration of the following: two tablets of *Hepeel* daily, as well as alternated injections of *Hepar Compositum* and *Mucosa Compositum*.

In addition to all the therapeutic measures stated above, the physician must not neglect to emphasize the importance of physical exercise.

The old fashioned convention of advising patients recovering from operations on intervertebral disks to take it easy, is of course completely false. The goal of total recovery from spinal affections requires active therapeutic measures which include vigorous physical exercise carried out on a sensible basis.

As a result of the slanted configuration of the vertebral body, it is most often the two lowest lumbar disks which are subject to prolapse or protrusion. Such pathological mechanisms should be countered to as great a degree as possible by encouraging post-therapeutic measures which ensure straightening or kyphosis of the afflicted lumbar spine.

If a previously supine patient is placed in the upright sitting position, the intervertebral disks must suddenly assume up to 210% of the load (depending on the situation of movement) which he would normally assume in a standing position.

The types of exercise most suitable for sufferers of spinal affections are swimming and vigorous athletic exercise. These are heartily recommended.

In conclusion, I would like to present the following summary catalog of symptom areas together with those preparations which have proved most effective in their treatment:

General spinal affections: *Discus Compositum*

Localization in the cervical spine area:

*Gelsemium Homaccord*

Thoracic vertebral column: *China Homaccord* or

*Ranunculus Homaccord*

Lumbar spine: *Traumeel* or *Ammonium Muriaticum Injeel*

Extreme pain of sacroiliac distress: Mixed injections containing *procain®*, *Aesculus®*, *Variolinum Injeel*

Meteorosensitivity: *Rhododendron Injeel*

Spinal affections with fever: *Engystol*

Inflammatory accompanying symptoms: *Traumeel* and *Neuralgo-Rheum Injeel*

Sciatic pain: *Colocynthis Homaccord*

Sciatic pain, especially at night: *Iris Injeel*.

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