Rheumatoid Disorders and their Antihomotoxic Therapy

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Key words: the field of rheumatic diseases, internal diseases, rheumatoid disorders, antihomotoxic therapy

Summary

Use of the term "rheumatoid" signifies that the context refers to illnesses which have symptomatic manifestations similar to those of rheumatism, but which are not identical to rheumatism (or even necessarily related to rheumatism) with respect to the pathogenesis or to the course of disease associated with true rheumatic disorders.

Within the framework of antihomotoxicology as developed by Hans-Heinrich Reckeweg, rheumatoid disorders elicit symptoms which may be profitably understood in the sense of progressive vicariation. Such symptoms necessarily appear when the organism — with its multiple systems of defense and repair mechanisms — is no longer capable of fully coping with the causative factor which elicits the development of an illness.

An organism which is forced in this manner to the limits of its compensation capacity will react by manifesting chronic diseases, frequently in the form of an illness in the field of rheumatic diseases.

Introduction

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In cases involving actual, seropositive rheumatism in its many and various forms of manifestation, we are confronted with serious immunological dysfunctions in the sense of autoimmune disorders.

The rheumatoid disorders on which I would like to report here are affections with which we are confronted in our daily medical practice. They are para- or post-infectious phenomena which one may also observe, as secondary diseases so to speak, after infectious disorders which the patient may have experienced, and in the course of which his or her organism may not have fully achieved regulatory equilibrium.

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Causative factor which elicits illness

I interpret the expression "causative factor which elicits illness" in a broad sense. I do so because we must assume that it is not only viral or bacterial factors which elicit disease, but also toxin burdens which the organism can no longer tolerate. We must in addition and above all consider the sequelae of suppressive forms of therapy which have compelled the organism into this "evasion phase."

Regardless of the quality of a particular stimulus, the organism consistently responds with reactions of the same form. From studies conducted by Pischinger and Perger, we know the typical progress of the alarm-reaction curve: that its course is identical for all qualities of stimulus, whether chemical, physical, toxic, or psychic in nature.

Ground regulation

It is only when the capacity of ground regulation of the organism has become overburdened or exhausted that illnesses manifest themselves. The extent of severity and the prognosis will worsen in incremental phases in accordance with increasing degrees of damage to the organism's system of resistance.

Hans-Heinrich Reckeweg discovered the patterns of order involved in this incremental development and codified them in a hierarchical system.

Regardless, therefore, of the quality of stimulus which assaults a system in which flow equilibrium prevails — i.e., an energetic field oscillating in a healthful pattern of vibration — the system will attempt to formulate an appropriate stimulus response through a process of correspondingly appropriate assimilation. The objective pursued through encountering such assaults is that the system, after having accumulated this one additional valuable experience, can find its way into a new order: but an order compatible with its individual pattern.

It is in this manner that we are called upon to learn how to consider human illness in a new light: illness as part of the human individuation process. The impulse provided by entelechy — a vital force which is inherent in the process of evolution, and which directs

an organism toward self-fulfillment — is what we may assume to be the essential factor in the healing process. The entelechy of human life strives not for maintenance of the status quo, but toward further development and toward increase in complexity, up to the condition of being in which we initially only potentially exist.

Our challenge is to mature to the achievement of that image which the Creator intended for us, when he formed us "in His own image."

Our innermost self (our "I") is all too glad as a rule to avoid transformative developments, because they are associated with the loss of familiar patterns, and with suffering. We want to maintain the stable condition of status quo ante — and the result is that we wind up in dead-end streets.

Such adherence to the familiar blocks our development by disturbing the chronological flow of those developmental processes which would normally fall due in our biographies. The result is development of instabilities, which in turn provide those conditions for enabling us to become ill, for our susceptibility to disease.

In this sense, healing must signify more than the mere curing of symptoms.

The same applies likewise for the energetic level. But, in like manner, biochemical transmitter processes, and — in the final analysis — the corresponding morphological reactions, also structure themselves from these energetic forms of organization. These processes — which entail stimulus reception, stimulus evaluation, and the associated appropriate stimulus response — are rhythmically controlled and are subject to the bipolar rhythmic patterns of our place in space and time.

Biological being

When applied to our biological being, this situation corresponds to the synergistic antagonism of our sympathico-vagotonic system. We can observe this vital rhythmic process especially vividly at the level of the reaction response of our connective tissue: that level of our organism which organizes battles of inflammation as a superficial sign of its resistance struggle. The inflammatory process is quite evidently subject to the play of sympathicotonic stimulus provocation, at the climax of which the struggle against microorganisms or toxins takes place. This process occurs in such as way as to subsequently allow leeway for resynthesis and regeneration.

Inflammation is the expression of stimulation of vital processes through fire. Through warmth, metabolic processes are catalyzed — and processes of combustion are always the sign of purification activities.

I am depicting these processes in graphic and analogous manner, but the same principles apply to our living tissues as well. We need only call to mind the classical signals of acute inflammation.

Pain is of course also part of these processes — for the reason that it is required as a warning signal. Pain indeed cautions us that a functiolaesa — an exceeding of a tolerance limit of the mechanisms of regulation and repair which otherwise go unnoticed — has taken place.

If the organism is subsequently successful in overcoming an invasion from without, then the process of healing takes place for any kind of pathological agent which may be involved. This applies for all levels of being, including the psychic. If a conflict is acutely perceived during the moment which it unfolds, and if it is handled in an appropriate manner, then the person involved may succeed in overcoming his or her adversaries and in attaining the intended expansion of consciousness. If, on the other hand, the psyche is not mature enough to handle the conflict, if it proves to be incapable of coping with the challenge, or if it refuses to contend with the difficulty, then the problem is excluded from consciousness and left to operate in the unconscious. Biological conflicts then develop with their long-term consequences.

Analogously, we find the same principles at work on the biological structure level of our being. Often, an acute process of conflict with an invading agent is not possible for a number of reasons, which may include the following:

1. The patient's system of resistance is overwhelmed, or was weakened from the very beginning.

2. The invasion takes place on an excessively massive scale.

3. A practitioner attempts to prevent by suppressive therapeutic means the patient from autonomously dealing with his or her challenge.

Such conditions will force the organism to repress its residual conflicts, which must then be coped with on unconscious levels.

And where can we profitably look in our organism to find where these conflicts are shunted off? Where is a prime organic site for these conflicts to take place, far from our conscious attention? The mesenchymal ground-substance system of connective tissue. Rhythmic processes of reaction in this system are in fact controlled by the autonomic, involuntary nervous system. Consequently, the organism will shift to this unconscious level those toxic burdens accruing from residual burdens with which the patient has not been able to cope. There, they are removed from the vital and momentarily perceived areas of life.

As a rule, these procedures of deposition take place unnoticed: i.e., they are clinically silent. Eventually, however, the capacity of our biological ground system will be exhausted in its function as our unconscious garbage dump. This garbage dump is especially overloaded now, in our epoch, since we have not yet learned how to "separate" our waste into categories. The mesenchymal area is therefore forced to accept everything: highly toxic waste from heavy-metal pollution, the

results from chemical-reaction waste, as well as our own domestic garbage accruing from in-house operations.

I would like to take this opportunity to stress the following fact: that healthy metabolism, intact supply of organ cells, and sufficient detoxification are only possible if the transit routes of the extracellular space are free. A healthy biological ground system may be compared to a clear mountain lake. A mesenchyme overloaded with toxins and wastes of reaction, on the other hand, may remind one of a swamp permeated by clinging and creeping plants.

An organism which is forced to an excessive degree to the limits of its compensation capacity accordingly reacts with development of chronic illnesses — which we frequently find manifested in the field of rheumatic diseases.

There is, however, apparently another manner of reaction to which our organism resorts when high-explosive material is involved: i.e., in case of especially pathological toxins.

Inflammation

Whenever such especially pernicious toxic burdens cannot be fully regulated through initial confrontation — e.g., in the form of an infectious disease — the organism launches a new inflammation battle at another blastodermic layer: in the connective-tissue structures.

Such processes evidently occur with parainfectious rheumatoid disorders. Inflammatory reactions at the joints develop. What unfathomable wisdom lies concealed within this reaction! In this second conflict, the organism attempts once again to wage its toxin battle until a final victory. At the same time, however, it signals to the patient through clinical manifestations that the fight has not yet been won. The organism furthermore provides definite indications to the therapist — i.e., the physician who can correctly interpret these coded signals — as to exactly which therapeutic steps are necessary. If we can once again learn to recognize as meaningful these patterns which develop during the course of illnesses, we can once more grasp the significance of an inflammatory process in its role leading us toward restoration of health. We can also learn to see how precisely correct Hans-Heinrich Reckeweg was when he formulated as follows: "Diseases are beneficial biological regulatory processes which serve for the processing and elimination of homotoxins."

If we can succeed in grasping the meaning of disease, and in truly evaluating our patients' symptoms, within the context of an interlinked holistic structure, then our therapeutic possibilities will not only experience considerable expansion — they will also no longer be restricted to efforts conducted toward the elimination of symptoms. The objective of therapy will then be: coming to terms with the causative factors.

Samuel Hahnemann already realized the importance of this goal: "The most elegant and most subtle way to heal illnesses is to exterminate their causes."

We are all acquainted with the therapeutic methods used by orthodox medicine for treatment of parainfectious rheumatoid disorders. It is of course necessary to employ concerted antibiotic or chemotherapeutic means to counter the invasion of pathogenic agents with diseases such as tuberculosis, gonorrhea, pneumococcal arthritis, scarlatinal rheumatoid disorders, brucellosis, typhus, or syphilis. Administration of orthodox medication for such illnesses, however, by no means marks the end of comprehensive therapy — as the following proverb from Taoistic medicine expresses: "Merely killing the invader does not mean finally shutting him out —and does not mean the conclusion of therapeutic efforts."

Therapy

Above all, however, our approach will not include the therapy of para- or post-infectious rheumatoid disorders with steroidal or non-steroidal antirheumatics. After all that we have discussed on the purposefulness of inflammatory reactions with regard to the elimination of toxins, it should be clear that the use of antirheumatics is indeed effective, but only superficially in the overcoming of symptoms. In reality, however, we have succeeded only in forcing the organism into further stages of progressive vicariations. After all, our therapy has thwarted the purpose of the inflammatory process and, above all, the purpose of this form of illness.

How, on the other hand, do we approach the therapy of para-or post-infectious rheumatoid disorders with antihomotoxic medication? Such therapy includes the following aspects:

1. Symptom-related single-remedy or combination-preparation homeopathy
2. Terrain therapy
3. Organ regeneration
4. Nosode treatment.

In finding the proper homeopathic medication (for the aspects listed above), we may profitably orient ourselves to the patient's symptom picture, and to the modalities of his or her complaints.

The following combination homeopathic preparations have proved their effectiveness in treatment of rheumatoid disorders: Traumeel, Zeel, and Discus compositum. These medications are particularly effective for periarticular injection.

Terrain therapy is of cardinal importance in therapy here —without it, no ground can therapeutically be won. Terrain therapy includes the following:

1. Medicinal preparations such as Lymphomyosot and Thyreoidea compositum to enhance channeling functions in the mesenchyme.
2. Biocatalysts such as Coenzyme compositum, Ubichinon compositum, or cAMP. Effective terrain therapy also encompasses the following:

3. Organotrope detoxification preparations such as Hepar compositum, Solidago compositum S, Mucosa compositum, or Cutis compositum
4. Immunomodulative preparations such as Engystol N or Echinacea compositum S, which are likewise absolutely essential.

For purposes of organ-regenerative therapy, suis organ preparations such as the following are also recommended: Cartilago suis, Discus vertebralis suis, and Os suis.

The most effective and elegant method to treat parainfectious rheumatoid disorders is therapy with nosodes. The success of this therapy is after all logically understandable, since it in fact results from close association with the causes of disease involved.

This principal by which nosodes act may be comprehended on a higher level of analogy in the words of Perceval, who spoke after his initiation: "The wound can be closed only by the spear that opened it."

Nosodes are produced from pathogenic agents, constituents from viruses or bacteria, or pathological tissue. These materials are subjected to homeopathic processes to produce nosodes. Their virulence is eliminated by the manufacturing processes, but their informative action is amplified by the homeopathic process of attenuation. The administration of nosodes represents an excellent opportunity for once again therapeutically provoking immunological reactions: precisely against the prime causative agent involved.

Progressive auto-sanguis therapy

These four basic pillars of antihomotoxic therapy of parainfectious rheumatoid disorders may be wonderfully interlinked with each other in the form of progressive auto-sanguis therapy, a technique using isotherapy with the patient's own attenuated blood. I recommend that the individual stages of this therapy be administered in the same sequence as given for the treatment concept. In other words:

1. In the first stage, administration of symptom-related medication
2. In the second stage, the broad range of terrain-therapeutic techniques
3. In the third stage, suis organ preparations
4. In the fourth and last stage, application of the etiological nosodes.

Absolutely essential, furthermore, is administration of the respective allopathic medication in homeopathically attenuated form. These are the allopathic preparations which were originally administered for therapy of the patient's initial illness and which under certain circumstances were also responsible as causative agents of the secondary illness.

During the course of twenty years of medical experience, I have had extremely positive results in the application of antihomotoxic therapy, particularly in the treatment of parainfectious rheumatoid disorders. The basic principle of treatment is the same for all forms of rheumatoid disorders, both for the virus-related as well as for the bacteria-induced types. It is only in the case of nosode treatment in which we attempt to coordinate the particular nosode used with the patient's etiology and the causative factors entailed. Otherwise, the remaining possibilities of antihomotoxic therapy are the same.

The form of parainfectious rheumatoid disorders most commonly encountered in my practice involves the consequences of focal-toxic processes which are induced by streptococci.

Case example

For the reasons stated above, I would like to conclude with a case from my practice as an example for the success of antihomotoxic therapy for rheumatoid illness associated with streptococcus. The patient was male, 34 years old. His case history included a tonsillectomy in 1987, performed due to recurring angina tonsillaris. He subsequently developed chronically recurring sinusitis frontalis. In 1992 the patient was admitted to a hospital to investigate the possibility of rheumatic fever, after the corresponding symptoms had developed in conjunction with a bout of influenza.

Examination in the hospital revealed the following: painful swelling in the left wrist, the right knee, the right ankle, and the right carpometacarpal joint of the thumb. The swelling in the right knee was accompanied by effusion. The patient's temperature was elevated: 38.7°C.

Lab results revealed the following: erythrocyte sedimentation rate was noteworthy at 70:101. Leukocytes at 9600 demonstrated a shift to the left, accompanied by an increase of monocytes to 14%. Also apparent from the electrophoretic standpoint was an alpha-2-globulin increase to 14.1%. All rheumatoid factors were negative. The puncture specimen obtained from the knees revealed a picture to be expected from samples from primarily non-bacterial origin.

The patient was symptomatically treated with Diclofenac (2 x daily 75 mg), and received adjuvant therapy in the form of Pepdul (1 x daily). Over the following days, the patient developed a symptom complex which included colitis and bloody diarrhea.

The colonoscopy findings were as follows: "Chronic, partially erosive colitis, focal in nature, with small crypt abscesses. Typically fully developed manifestations of chronic-inflammatory intestinal disorder have not yet developed on the basis of presently available material."

The final report for the patient's hospital stay included the following tentative diagnosis:

1. Tentative diagnosis of Crohn's disease (regional enteritis), accompanied by inflammatory disorder of the large intestine and by acute polyarthritis

2. Condition following sinusitis frontalis and infection of pharyngeal infection; condition following tonsillectomy (1987)

Medication prescribed upon discharge:

One Diclofenac (75 mg) 2 x daily, and one Pepdul every evening.

Administration of steroids, due to colitis symptoms was discussed.

The patient visited me in my office immediately after discharge from the hospital.

My therapeutic intervention took place in exactly the manner which I have described here — from not only the pathogenetic but also the biocybernetic standpoints requiring consideration for the phenomena which evidently take place in an organism developing a parainfectious rheumatoid disorder. My patient consequently received the following medication in the form of progressive autosanguis therapy:

1. As symptom-related combination homeopathic medication: twice weekly Podophyllum compositum and Traumeel (intravenously).
2. In the second stage for terrain cleansing, the preparation Lymphomyosot, the two organotropic preparations Hepar compositum and Mucosa compositum, as well as the biocatalyst Coenzyme compositum.
3. In the third stage, the patient received the preparations Hepar suis, Colon suis, and Tonsilla suis as organ regeneration aids.
4. In the fourth stage, the following nosodes were administered: Sinusitis-Injeel, Tonsillitis-Injeel, and Streptococcus haemolyticus-Injeel.

Within four weeks, the patient experienced improvement in his articular symptom complex with regard to pain, swelling, and restriction of movement. We were able to gradually eliminate the administration of antirheumatics. The lab results gradually normalized with respect to the left shift of the blood count, and the erythrocyte sedimentation rate returned to the ideal value of 2/5. The therapy was systematically and faithfully conducted for a total of six weeks, with two applications per week of progressive auto-sanguis therapy.

In accordance with results from prior stool analysis, adjuvant therapy also took place in the form of microbiological treatment with Ventracid, Mutaflor, or Omniflora.

During the last summer, the patient's chronic sinusitis was superimposed with allergic pollinosis. We consequently conducted the additional therapy of counter-sensitization in the form of isotherapy with the patient's own blood (as developed by Theurer).

One and a half years have now passed, and the patient is completely free of symptoms involving his intestinal tract, his joints, and his chronically inflamed sinus cavities.

Conclusions

As is hopefully evident, it is indeed worthwhile to obtain an understanding of a more holistic, biocybernetically oriented understanding of the concept of disease, and of the symptoms associated with disease. Such an approach enables the development of entirely new, highly subtle, logically based, and successful concepts of therapy.

It is truly high time that we as therapists cease to consider the form level alone, and orient ourselves increasingly to the causative, effectual level of energetic being.

We may thereby learn to understand a chronic illness as a consequence which manifests itself on the biologically cellular level — one which, however, is the result of energetic convulsion which returns at defined intervals of time. In conjunction with this energetic convulsion, defined quantities of energy are introduced into our system in single or multiple form, for which a healthy interim between the arrival and processing phases has not been observed.

We may therefore again recognize the loss of biorhythm mentioned at the beginning as the initial causative element of being ill. By virtue of such energetic convulsions which we cannot deal with in the proper time frame, we slide "Bit for bit into the next catastrophe." (Gerhard Ohlenschläger)

Our responsibility as therapists is to examine quite honestly and critically whether we — through the prescription of drastically suppressive pharmaceuticals — have not actually further contributed toward even more violent convulsions of our patients' living systems which are already agitated to such a serious degree. And whether we could and should not instead apply reinvigorating, alleviating regulation therapy to lead the patient's system bit for bit back to a healthy rhythm of life.

In such a manner we may well again become conscious of the actual scope and seriousness of our therapeutic activity —and especially of our inductive responsibility for coming generations.

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