

HOMOTOXICOLOGY: A BRIDGE BETWEEN HOMEOPATHY AND CONVENTIONAL MEDICINE

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Introduction

Medicine, as we know it, is at a crossroad. Conventional therapies are not equipped to deal with the chronic, and chronic recurrent problems seen in patients. Ever recurring problems cannot anymore be put into the box of 'chemical imbalance' or into the box of mere 'atopy', and 'live with it' while only symptomatic relief is offered.

The reason why these problems are so difficult to treat is because we need a new model to look at them. This model has existed for years in the alternative field of medicine, but because it was often adapted from the ancient Chinese or Indian medicine as well as from homeopaths working two hundred years ago, the language and techniques are difficult to translate into our modern day concept of physiology and molecular biology. Homotoxicology, a branch of homeopathy, which could be called clinical homeopathy, may offer that model.

Homotoxicology

H.H. Reckeweg (medical doctor) postulated the theory of homotoxicology about forty years ago. It takes into consideration two concepts:

- That disease is an appropriate expression of phenomena taking place in the body to attain homeostasis. These phenomena are produced by the interaction of the different systems we have come to describe as psycho-neuro-endocrine immunology. Reckeweg called this the greater defense system (GDS). It encompasses the hypothalamus-pituitary-adrenal axis (HPAA), the immune system, the liver and gut, the autonomic nervous system and the connective tissue. This whole system will be engaged if the body comes into contact with anything disturbing homeostasis, be this a virus, a toxin, an antigen, or a negative thought or shock (homotoxins).
- If homeostasis is not reached, the noxious substance will move through different phases to either get rid of the disturbance, or if not successful, to compensate for it. This can be followed in the table of homotoxicosis. The map follows from the first attempt to excrete the toxin to inflammation. If still not rid of the toxin, the body will go into a deposition phase, which will then be followed by the impregnation

phase in which the cellular enzymes will be affected. Next follows the degeneration phase and lastly the neoplastic phase. Through careful observation it will be seen that most diseases will follow this pattern, also in reverse, if they get better. Take for instance the atopic patient who will rarely display asthma and eczema together at the same time. The eczema is the expression of the movement of the disease process to a more superficial layer (ectoderm) and process (reaction phase), whereas the asthma is in a deeper embryological tissue (mesoderm) and in the impregnation phase, which imply that the disease process has affected cellular enzymes. This then will give us a map to follow the disease process to see whether regulation is taking place in the right direction.

Homotoxicology has two aims of treatment!

- To treat the components of the greater defense system in order to optimise its ability to maintain homeostasis.
- To induce a so-called vicariation in disease, where the regulatory systems of the body is induced to shift the disease from say the impregnation phase to the reaction phase.

In summary then, homotoxicology would look at the dysregulation of our normal physiological phenomena, and the role they, the environment, and the possible trigger of the disease process play in the causing and proliferation of disease. The products are developed to induce a state of regulation, and therefore support the body in its innate ability to deal with, and cure disease. This model offers new treatment possibilities for the chronic diseases which we often, in the past, have thought to be incurable, or it offers understanding to the phenomena underlying the role of chronic stress in disease, or the phenomena we see with metabolic disease like insulin resistance. Due to the fact that it uses conventional medical diagnostic techniques to assess the patient, it offers the health practitioner the opportunity to see and treat disease in a new light.

Modern scientific research confirms the interaction between the components of the greater defence system and the thought that the symptoms are merely an expression of the activation of various parts of the system. These findings, and the implication thereof, will be discussed in the next two issues of this journal.