"Rosetta Stone Technology" and the Gandy Applied Clinical Homotoxicology Protocol (GACHP)

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ABSTRACT

The Gandy Applied Clinical Homotoxicology Protocol (GACHP) is a practical energetic method formulated to assist the practitioner in evaluating and treating the breadth of pathology encompassed by Reckeweg's homotoxicology model (1). The first three parts of this serialized monograph incorporate the clinical application of this comprehensive protocol with reference to a number of simple experiments and clinical observations. In addition to Reckeweg's homo-toxicology model, the GACHP incorporates components from acupuncture via Chinese Medicine, an energetic model of homeopathy via Functional Medicine, most especially the VegaTest Method (2), biofeedback techniques via Applied Kinesiology (3), and a Chiropractic/ Acupuncture specialization known as a 2-state O-Ring muscle test modified from Omura (4) as taught by Roy Martina, M.D., C.A. (5).

This introduction gives context to the work of Dr. Reckeweg and introduces a clinically applicable global medical model with direct clinical utility, which I have called the "Rosetta Stone Technology."

BACKGROUND

Classical homeopathy is unusual among formalized medical disciplines in that it has a very minimal theoretical or diagnostic framework to explain the linkage between symptoms and treatment. In classical homeopathy the substance that in toxic doses can produce similar physical and mental symptoms (a proving) as those demonstrated by the patient can, in dilute homeopathic form, cure them. A biphasic or multi-phasic response to many biologically-active substances is already known. Homeopathy's extreme empirical experimental doctrine of bi-phasic response makes detailed descriptions of intoxication the equivalent of the therapeutic range of the drug, with no diagnostic intermediary. Nevertheless, the minimalist theoretical framework of this empirical science is "energetic" in that homeopathics are said to stimulate a "vital energy" leading to a "second disease" that can cure the patient's primary disease, i.e. *similia similibus curentur* (6).

Some folk medicines also directly link a given symptom to a given remedy without recourse to a theoretical foundation. In Western herbology these medicines are called "botanical specifics." In China, this empirical folk herbalism approach is termed "bian bing." These folk medicines are empirical in that improvements in health have been repeatedly observed, though without the more rigorous experimental aspect of classical homeopathic provings.

This minimalist diagnostic framework differs from that found in Western biomedicine and Galenic medicine as well as from that of traditional Chinese medicine. Chinese medicine elaborately describes human physiology in both energetic and physical terms, consistent with Taoist philosophy, and provides the primary explanatory diagnostic framework between symptoms and treatment.

Until recently Western biomedicine took a reductionist approach by attempting to unify the basic sciences (biology, chemistry, physics, etc.)(7). These underlying sciences impart credibility and explanatory power to biomedicine. Mechanical Newtonian causality through intermediary biochemical and electrochemical mechanisms forms the primary explanatory diagnostic basis between symptoms and treatment.

However, this idea that human disease can be characterized as a series of mechanical linkages has recently been challenged. The scientific philosophy embodied in the reductionist unification endeavor can be shown to be not only impossible in practice, but impossible in principle (8). The whole of self-organizing systems is more than the sum of its parts (9).

The reductionist, mechanistic biomedical approach is being supplanted by a new medical paradigm (10) just as Relativity and Quantum Mechanics ushered in a new paradigm in physics. Furthermore, this new paradigm encompasses not only the insights of Western biomedicine but also includes medical models describing the "energetic physiology" of man (e.g. Chinese medicine, homeopathy, acupuncture, etc.) in addition to other missing components suggested in the critiques of other "anomalous medicines" (e.g. holistic, environmental, and psychoneuroimmunology).

Reckeweg's theory of the Six Phases of Homotoxicology is basically a mechanical model of pathogenesis, drawn primarily from biochemical and biomedical science, which offers a rational simplification of the disease process and has powerful practical consequences. The Six Phases are qualita-

tive degrees of seriousness of pathology. Each represents a detoxification strategy, from Phase 1 with a good prognosis (e.g. sweating), to Phase 6 with a poor prognosis (e.g. a neoplasm). Homotoxicology is intended to be a bridge between classical homeopathy and the conventional Western medical paradigm.

Reckeweg used evidence from within the boundaries of biochemical science to support his model. However, certain aspects of homotoxicology (such as "disease as teleologically directed detoxification")(11) if carried to their logical conclusion, are not entirely consistent with the standard reductionist biomedical model. For low potency homeopathics Reckeweg used an enzyme analogy to explain the effects of homeopathic remedies. However, to mechanically explain the actions of homeopathic dilutions above Avogadro's number (in which no molecules are left) Reckeweg could only suggest a linkage between homeopathy and the biochemical paradigm by explicitly stepping far outside of biochemistry. He suggested a new Faster Than Light (FTL) physics (12). Without this FTL device, or some other revolutionary paradigm, Reckeweg's model could not adequately link the mechanistic paradigm to the empirical, yet energetic homeopathic paradigm.

It is here that the GACHP has theoretical utility. The GACHP provides an observable system connecting the empiricism of homeopathy to the explanatory foundation of biochemistry, and both to the more sophisticated energetic framework of Chinese medicine. These multiple "bridges" act to strengthen the explanatory and therapeutic power of each.

The energetic basis of Chinese medicine that links phenomena to therapy is connected through the GACHP to the biochemical mechanisms described in the West. A paradigm that can include an energetic as well as biochemical description of the human condition is already finding practical application in several emerging "functional medicine" technologies.

Unfortunately, there is currently no accepted system for energetic evaluation of the patho-physiological Phases described by Reckeweg. The protocol described in this article is the first practical attempt to identify the location and severity of organic pathology using energetic evaluation methods. The experiments described here use Bioenergetic Regulatory (BER) techniques to define a protocol that rapidly identifies the organs, tissues, and correspondingly active Phase of the Table of Homotoxicology. This is determined by biofeedback from internal patho-physiological processes of the energetic system. The protocol then uses this diagnostic information to determine the most effective therapeutic strategy.

Until the Gandy Applied Clinical Homotoxicology Protocol (GACHP) was developed, the clinical application of Reckeweg's theory was necessarily based on symptoms and Western disease terminology. From Western disease terminology a cross-reference can be consulted (13) which provides the pathophysiological processes categorized by Reckeweg's Six Phases, the tissues likely to be active, and appropriate remedies.

The GACHP protocol offers a direct link to Reckeweg's theory and to the appropriate remedies. For those using the Heel remedies it provides an additional option beyond simple cross-referencing via a therapeutic index.

A biofeedback response to either specific homeopathics (VegaTest system) (14) or to the specific topography of acupuncture points where biofeedback occurs (Electro-Acupuncture According to Voll) (15) are different but compatible methods the physician can use to obtain diagnostic information. Both VegaTest and EAV approaches were incorporated in the GACHP. The GACHP uses the kinesiological biofeedback (16) response of the body to an electrodermal response (17) to evaluate a patient and determines likely pathology and possible remedies. Language such as the body's "self-diagnostic" capacity and tapping into the body's "energetic information system" are used to describe these techniques. Bioenergetic Regulatory (18) technologies in general have begun to link biophysics, homeopathy, and Chinese medicine in new ways (19) and help provide the context for the "congruent bridgework" of the GACHP.

If it is accepted that Reckeweg's theory reflects scientific and rational intellectual categorizations of patho-physiological processes, the organizing question can be stated as:

Are the boundaries defined by the Phases of Homotoxicology reflected in the body's actual "energetic information system"? If so, how can this information be accessed by BER techniques?

The several theses supported by the GACHP are:

1) The six biochemically defined Phases of pathogenesis from Reckeweg's theory are reflected in the energetic physiology of humans.

2) These Phases are consistent with the response of specific acupuncture points to stimulation and the body's response to specific homeopathics.

3) Qi in the acupuncture system (20) has a relationship to the energetics of homeopathy and to Reckeweg's Six Phases of Homotoxicology that can be demonstrated through kinesiology biofeedback techniques.

4) The determination of the organ and tissue in whose Phase a particular pathophysiological process is occurring has immediate applicable diagnostic and therapeutic utility.

The entire GACHP monograph is divided into four parts:

Part I provides experimental evidence supporting the GACHP thesis. This experimentation supports the external consistency of the GACHP by correlating test results with observed pathology, and compares the relationship of the remedies identified by the GACHP remedy testing to the pub-

lished Therapeutic Guidelines regarding the Heel remedies. Experiments demonstrating the internal consistency of the GACHP explore the behavior of identified GACHP test acupoints and homeopathic remedies as reflected by biofeedback measures.

Part II outlines procedures for clinical application of the GACHP, experiments supporting the innovations needed to perform the protocol, and experimental observations and methodology.

Part III discusses a single aspect of the GACHP; a means to determine embryological origins of the pathological tissue in each Phase by acupoint response. This series of acupoints suggests a possible connection between morphogenesis and the acupuncture energetic system.

Part IV (for possible later publication) discusses in theoretical terms the relationships between the various medical models. This part compares and contrasts models to stimulate discussion and to communicate the Reckeweg thesis to new medical communities. A future research program is outlined to explore systemic relationships in an integrated biological/energetic medical model.

Definition of Special Terms

Certain terms have entered common usage in order to clearly communicate phenomena peculiar to kinesiology-based testing and the VegaTest system. In order to introduce the reader unfamiliar with this field to the bare minimum "jargon" the following primer is offered.

Note: Performance characteristics for the VegaTest system have not been established by the United States Food and Drug Administration.

A Positive Indicator Muscle Test, also called a Kinesiology Test, is the neuromuscular phenomenon of a change in a healthy muscle's strength, a muscle becoming weaker than it normally is, or a muscle already weakened by specific "information" becoming normal again. Weakness is not due to pathology, fatigue, or greater applied pressure, but is due to a systemic response to additional "information" placed within the "circuit" of that individual. The hand muscles that hold the thumb to the fingers are typically used for convenience as indicator muscles. Here "circuit" means that a new substance, representing new information, is put in direct contact anywhere on the body or is indirectly contacted via electrical wires and an electrode held in the hand. There are no external sources of electricity in this testing approach, in contrast to electrodermal skin resistance testing in EAV and VegaTesting.

Therapy Localization (TL) is when an area of the body is contacted with the palm or fingertip of either the patient or practitioner. When a subject "Therapy Localizes" to a part of the body that has pathology directly below the TL location, a positive muscle test will result. This is to say that a normal muscle will become weak. This is the same as adding that part of the body "to the circuit".

A *cross* is when an indicator muscle that was previously weak because of information "in the circuit" becomes normalized (returns to normal strength) by additional information that has a causal relationship to the previous information. Not every *cross* is related to remedy testing as will be seen below. For example, the palm of the hand (or dorsal aspect of the hand in some cases) when placed over a sprained ankle (TL) results in a weak indicator muscle. When a homeopathic remedy, such as Traumeel, is placed in the circuit (e.g. when a sample of Traumeel in a glass vial is placed in the circuit of metal connected to the injured person, or is rubbed directly on the ankle), resulting in normalization of a weak muscle, this is a *cross*.

Alternatively, if instead of Therapy Localizing the ankle, a homeopathically potentized sarcode made from ligament or muscle were placed into the circuit, a positive (weak) muscle test would result. The addition of Traumeel would *cross*, or normalize, the weak muscle, in the same way as if the hand was Therapy Localizing the ankle.

When remedy testing using the VegaTest method, filters made from homeopathic remedies at specific potencies are used to "ask specific questions" of the body's information system. For example, the "Effectiveness filter" (Ferrum metallicum 12X or Plumbum metallicum 800X) causes the indicator muscles to become weak. With both a pathology and the Effectiveness filter in circuit, if an effective remedy is crossed to, the indicator muscle will normalize. This leads to a two-part question: "Is this an effective remedy?" and "Is this an effective remedy for this particular pathology?" The "Toleration filter" (Manganum metallicum 30X or Hypothalamus 800X) confirms that a remedy will not be suppressive nor will it increase the toxic load of a patient.

At many points within this protocol the patient will need to be stressed. A toxic substance of any sort in a glass vial will suffice for a mild energetic stress that temporarily clears the information system. It results in a positive muscle test until removed. After removal, the body reacts differently to the substances in circuit; hidden or borderline problems will be moved past the threshold response level and will become testable. Vigorous physical percussion of the abdomen, thorax, and back is needed at least once at the beginning of this protocol.

Filter layers include homeopathic remedies (21), certain food colorings (22), or specific positions of the body which can influence the gain of bioenergetic information from the body. For example, in the ankle injury example above, if the Platina 200X filter layer was in circuit, the Traumeel would probably have crossed, even if the Effectiveness and Toleration filters were included. However, if the Platina 200/400/800X filter layer was in circuit, the Traumeel might not have *crossed*. This filter would tend to filter out many aspects of physical trauma but emphasize the emotional aspects. A higher

potency Arnica or a flower remedy relating to the emotional aspect of the trauma would more likely effectively *cross*.

Two additional concepts warrant introduction. The term "Phase" is a reference to the Six Phases of Homotoxicology described by Reckeweg. The term "Place" refers to the occurrence of multiple organs in the same "Phase." The first organ found by the protocol is termed the 1st Place organ, the 2nd the 2nd Place, etc. The number of Places seems limited only by the severity of illness. The test for the "1st Place" is the same as the test for the "Phase". These two terms are used interchangeably. Tests are performed with acupoints or homeopathics, as desired. The term Phase/Place is used occasionally to remind the reader that the method applies to either the Phase test alone or the Phase plus one or more Place tests. At times the test is termed "Phase vial." This refers to the homeopathic remedies in a glass ampule that are convenient for testing. The reference to the "vial" does not mean, in most cases, that the parallel acupoint equivalents could not also be used to test for the Phase and the Place. A referral to only one of the parallel methods is typically used for simplicity.

The GACHP in the Larger Context of "Rosetta Stone Technology": 26 Experimental Categories from Microcosm to Macrocosm

Energetic output from the body can be separated into 26 separate filters which become activated by contacting vials containing specific homeopathic remedies and potencies with the fingers and toes extended straight. Each of the 26 filters represents an interdependent, non-reducible system. The filters themselves are an integration of the microcosm with the macrocosm, i.e., the physical with the energetic physiologies (and medicines) of West and East, respectively. The GACHP parts are preliminary studies limited to system #7 (the embryological system) and to system #9.b.1. (organized organic pathology within organs.) These two domains, illustrated below in the 26 system categories, were the minimum necessary to create an energetic analogue to homotoxicology. System #9.b.1 is the most clinically relevant.

Several experiments were carried out before the Functional Organ Pathology and Organic Organ Pathology Screening tests (see #9 a and b. below) were developed. The screening tests were developed after the experiments determined that some organ system disorders were not encompassed by the Reckeweg model as reflected by the GACHP, i.e. some organ dysfunction is "functional" and thus not included in the GACHP while other actual organic pathology (#9.b.2) does not cross to the GACHP tests.

Certain experiments were also carried out before screening for oscillation was incorporated into practice. Like nervous-stem disorganization, oscillation can mask information from the kinesiology tester. It is a condition that makes these individuals less responsive, or unpredictably responsive, to therapies. Individuals with an oscillating reading comprise about 10% of a patient population and usually are the "problem patients" who have seen multiple doctors without success, and who have biorhythm dysfunctions such as sleep disorders as seen in all of our Chronic Fatigue Syndrome and fibromyalgia patients. (See Appendix).

Twenty-six system categories

1. BIOELECTRIC
2. CHEMISTRY (protein-glyco-lipid-mineral)
3. GENETIC (& nucleic acid enzymes)
4. NUTRITION/ENERGY PRODUCTION AND EXCHANGE/ O2—>CO2
5. ENZYME (protein)
6. CELLULAR ORGANELLS
7. CELLULAR (TISSUE) DIFFERENTATION/EMBRYOLOGY Spongia 200C, 6X
   a. Subdivided by tissue specific sarcodes (embryosodes) or by points, traditional and new, on the Pericardium acupuncture channel.
8. MICRO-MACRO STRUCTURES
9. ORGAN ANATOMY/FUNCTION/ENERGETICS Iris germanica-Injeel forte
   a. Functional Organ Pathology (Kalium Sulfurate 200X, 10MM, C-7/T-1 and bilateral BL-28)
   b. Organic Organ Pathology (Calcium Carbonate 6X, 30X, 200X, 10MM, L-1/2 and bilateral BL-51
      1. Organic pathology according to Reckeweg and identifiable by the GACHP
      2. Unknown. Explanations may include:
         a. Chaotic organic pathology.
         b. Old inactive sites of pathology may not be identified.
         c. Inactive depositions outside the tissues, e.g. gallstones, and some topical sites may not be identified.
         d. Pathological process occur not of a type identifiable by the GACHP
         e. Organs have other detox "phases" not yet defined.
         f. The GACHP misses some organic pathology included in Reckeweg's schemata.

tion of the muscle test. However, using the point unilaterally is still insufficient. A laterality stress test shows this.

With both Bioclock Regulator and the VegaTest Effectiveness vial still in the circuit have the patient focus his/her eyes on both of your forefingers placed side by side. Begin moving them with increasing speed back and forth through both eyes' field of vision. You will find that this, by itself, will not cause the muscle test to fail again. However, if you suddenly, without warning, separate your fingers, and thereby force the patient to decide which finger to follow with their eyes, the muscle test will now be weak again.

6) Repeat step 4 on the opposite ear point which will normalize muscle strength. The test in step 5 will no longer cause the correction to fail.

7) The length of treatment needed to stabilize the oscillation problem is not yet clear. A clear association of improved clinical and subjective findings when the patient is prevented from oscillating is, however, quite clear. I suggest that tacks are no longer needed when the patient is negative for the oscillation test with no ear tacks even after using step 5 as a challenge.

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