

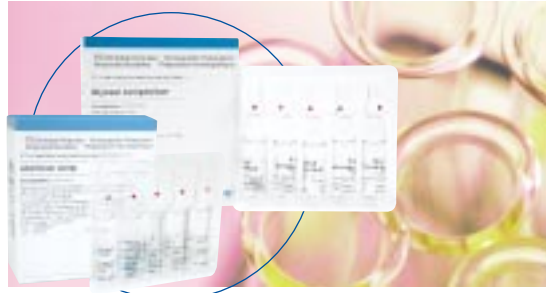
# Antihomotoxic Catalyst

## Incorporating Antihomotoxic Enzyme Preparations into your Protocols

by Dr. Alta A. Smit

Dr. Reckeweg states that Ubicoenzyme has powerful regenerating action on blocked respiratory enzymes and is thus indicated for all impregnation, degeneration and neoplasm phases. According to the rationale of homotoxicology, disturbances in the Krebs's cycle characterize precancerous stages and neoplasia. The physician can consider incorporating antihomotoxic enzyme preparations for affections on the right side of the homotoxicology chart. As well, enzyme preparations have been successfully used in the treatment of elite sportsmen (for the regulation of the energy balance) for many years.

The use of enzyme preparations in homotoxicology aims to stimulate intermediate functions in the cellular respiration process. With this in mind, it is easy to see Reckeweg's area of application for his homeopathic



enzyme preparations: any condition in which the cellular phases are dysfunctional, dysregulated or damaged can potentially benefit from antihomotoxic enzyme preparations added to a medical protocol.

Dr. Reckeweg had the foresight to formulate specific enzyme formulas that are applicable to specific catalytic mechanisms. The main preparations used in homotoxicology today are Ubicoenzyme/Ubichinon comp. and Glyoxal comp.

### Application

It is clear that antihomotoxic enzyme preparations have a large scope of application. If we consider Dr. Reckeweg's directives applying these preparations to "all diseases which can be included under the cellular phases; that is, impregnation, degeneration and neoplasm phase, and which are characterized by enzymatic dysregulation or blockage, or by disturbances in cell respiration", he lists disturbances in cell respiration as a wide scope of application, such as neuralgia, migraine, toxic neuritis, paresis, dermatosis, neuro-dermatitis, pruritis, liver damage, ulcers, myocardial impairment, anemia, pre-cancerous and neoplasm phases. The list goes on and covers almost all areas of physiological dysfunction and disease.

To condense Dr. Reckeweg's experience into a quick reference for the use of these enzymes, the practitioner should keep in mind the global application of these enzyme preparations, which is a dysfunction of cellular respiration. The practitioner must first be well versed with the physiological processes and biochemical mechanisms that have lead the patient to his/her present state of disease.

**In general, enzymes are given as soon as the disease process enters the deposition phase and onwards to the right on the six-phase table.**

### Indication

Ubicoenzyme /Ubichinon comp injection therapy is particularly indicated during the progressive vicariation phase. Dr. Reckeweg formulated these preparations to stimulate detoxification and resistance against toxins thus reactivating blocked enzyme systems. Dr. Reckeweg recommends Ubicoenzyme/Ubichinon comp. after vaccination to prevent secondary reactions and specifically to repair vaccination damage.

Glyoxal compositum is a potent intermediary catalyst. It contains methylglyoxal which engages in hydrogen transfer, reviving the metabolism to literally burn toxins.

Dr. Reckeweg stresses to use Glyoxal comp sparingly. It should not be used when the patient is in a highly reactive phase. Once it is administered, the physician should monitor the patient and refrain from giving a fresh dose as long as there is therapeutic action.

Like all of the antihomotoxic enzyme preparations, Glyoxal compositum stimulates detoxification by activating enzyme systems and is thus applicable to states of neoplasia as well as viral diseases and their secondary effects.

### Dosage

This will depend on the condition treated and the reactivity of the patient.

In most cases the oral dose is three times a week, but if a patient is very hyporeactive, like we see in patients with Chronic Fatigue Syndrome or Chronic Fungal disease (these patients are in Th2 rigidity), we would employ the catalysts more frequently and as reactivity returns, we taper the dose down. Certain products then, like oral Ubicoenzyme and Glyoxal comp can thus be given daily in the beginning, but as regulation takes place, the dose should be tapered down to three times a week. In general the catalysts are given for four to six weeks in cycles.