Homotoxicological approach to psychosomatic disease

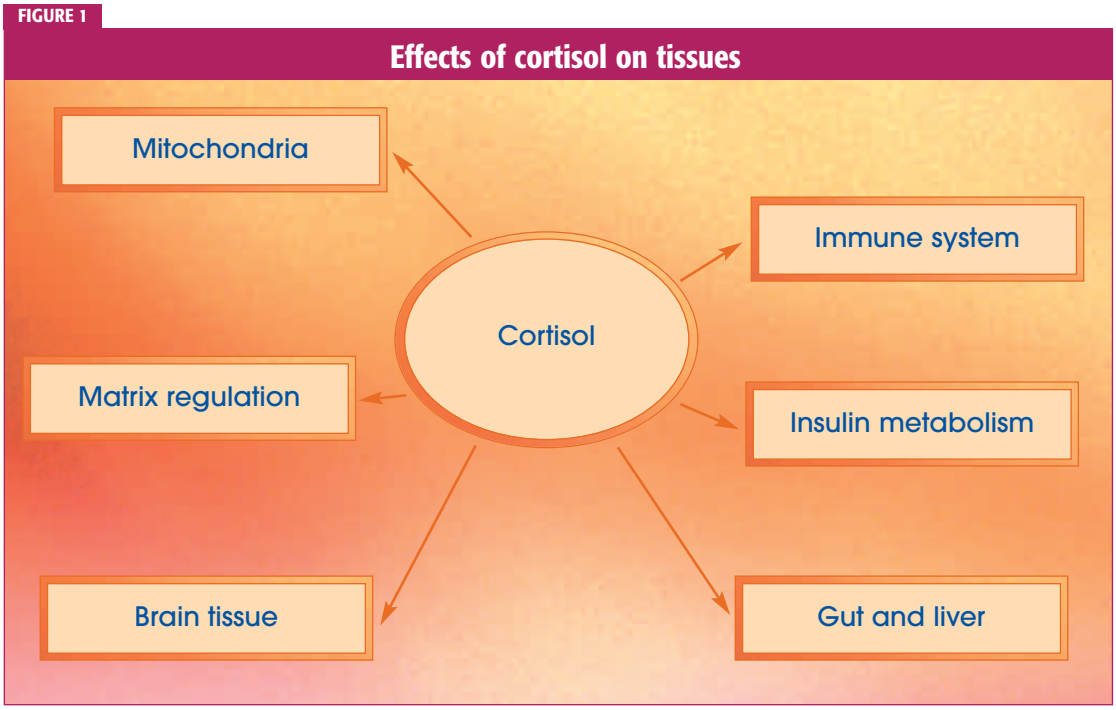
by the Medical Writer

THE EFFECT OF "PSYCHO" TOXINS

When we consult in our practices, we cannot help but be astonished by the increasing pressures on an emotional and mental level which befall our patients. No wonder that the most common complaints in holistic practices are often those of 'burn out', depression, anxiety as well as insomnia. Many, if not most, of the diseases today can be linked to poor lifestyle and unresolved emotional issues. Our modern world is taking its toll with an increase in competitiveness and information overload, as well as a development of time urgency.

The PNEI (Psycho-Neuro-Endocrine-Immune) interactions form a common language for the whole body in which diseases such as metabolic syndrome and autoimmunity, as well as diseases which are affected by the gut-brain interface, find common denominators. If we need to mention one psycho toxin above all else, it certainly needs to be the chronic stress hormone, cortisol. The physiological role of cortisol as a stress hormone is complex, but it seems its main role is to prevent the defense mechanism from overshooting in its response to prolonged stress. In the short-term, acute stress is mediated via the adrenergic system, but this cannot be sustained. If the stress is prolonged, as we see with our modern lifestyles, cortisol will be the hormone of choice. However, should this become too prolonged, we see the characteristic detrimental effects of cortisol, which has an effect on so many tissues. See Figure 1.

FIGURE 1



In the immune system, we see a shift towards TH1 in short time stress, but this is very short lived, as the continuous secretion of cortisol from the adrenal glands will cause a TH2 state, thus eventually increasing the risk for allergy, but also for diseases which need the TH1 pathway to be eliminated. These, of course, include deep viral infections, such as EBV and CMV, fungal infections and even cancer.

In the gut, we see that the hypothalamic hormone, cortico-releasing hormone, has receptors in the gut lining, thus causing an increase in the permeability of the gut with the resulting vicious cycles of allergy, intoxication, liver overload, and even systemic disease which is triggered by the antigens leaking through the gut lining.

The role of cortisol in cardiovascular disease and metabolic syndrome is becoming clearer. Central obesity is one of the metabolic actions of cortisol, and insulin resistance is a natural sequel. Cortisol, a catabolic hormone, also shares a receptor with, for instance, the anabolic hormone testosterone in the muscle. If cortisol is constantly excreted at high levels over time, we see a displacement of testosterone, with resulting muscle atrophy and underperformance.

From a homotoxicological point of view, the effect of stress on the extracellular matrix is especially important, as cortisol plays a role in the natural degradation and repair process of the matrix. The diurnal rhythm of cortisol is especially important here, as the ebb phase when it goes down at midnight is a time where the slightly inflammatory state can clear up any diseased tissues in the matrix and also release toxins in the bloodstream. Insomnia and overwork will disturb this vital cycle, and keep cortisol up at night. This cleansing action cannot therefore take place and it is thus of extreme importance to restore the sleep cycle to allow for this. If the degradation and repair is disturbed in the matrix, we see a rigid, toxic matrix which will prevent proper cell-to-cell communication, and matrix-to-cell communication (see the article on the Disease Evolution Table in this issue of the Journal). This will result in cellular disease and eventually dedifferentiation. Cortisol may also have a direct effect on the mitochondria, and with prolonged secretion can interfere with ATP production.

Lastly, if cortisol is secreted in a too high and prolonged fashion, the brain suffers directly. Cortisol has receptors in the brain, which it shares with aldosterone. The balance between these two hormones is needed to lay down long-term memory. If the cortisol displaces the aldosterone from its receptor, this is not possible. Newer evidence suggests that cortisol also can cause the loss of neurones in the vital parts responsible for memory, so that it plays a role in dementia. Cortisol also has an effect on the autonomic nervous system, and will increase the secretion of noradrenaline over time. This will give rise to palpitations, neurasthenia, or in other patients, to the cardiovascular disease mentioned above.

Therefore just looking at the effect of one psycho toxin, we see the complexity we are dealing with. In a holistic system, such as Homotoxicology, we can thus effectively deal with all the effects of the toxin, by applying the three pillars of Homotoxicology. In all disease involving the PNEI, we need to apply the three pillars, namely detoxification and drainage, immunomodulation as well as organ and cellular respiration support.

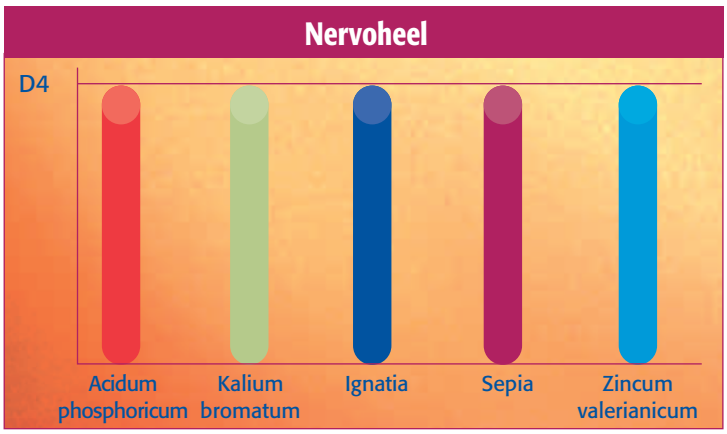
A patient with psychosomatic disease needs to be detoxified and drained according to the principles discussed in the previous issue of the Journal; immunomodulation is achieved by applying amino acids, preferably over the mucosal membrane, such as Traumeel, Engystol or suis organ preparations (this will be a particular topic in a future issue of the Journal). Organ strengthening is applied by using the appropriate tissue medicine, such as Glandula suprarenalis suis-Injeel or Thalamus compositum, as well as supporting the cellular respiration with the catalysts Coenzyme compositum and Ubichinon compositum (or Ubicoenzyme). It is especially important to support the matrix in these cases. Medications such as Thyreoidea compositum, Pulsatilla compositum and Funiculus umbilicalis suis-Injeel form a vital part in the treatment of patients with chronic stress, or in disease processes where this may have been a precipitating factor. That leaves us to treat that elusive entity, the psyche.

TREATING THE PSYCHE

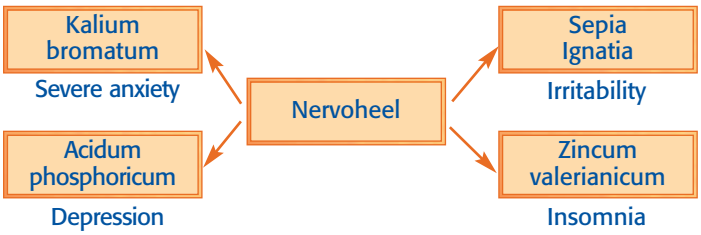
Apart from tissue medications, which will support the brain, such as Cerebrum compositum, we have a number of medications in Homotoxicology to address the different pathologies we see in our patients. These medications are used as a basic treatment on top of the three pillars and can be chosen individually depending on the depth of pathology and the main symptom in the patient. As we are dealing with mental symptoms, the materia medica of these medications becomes important.

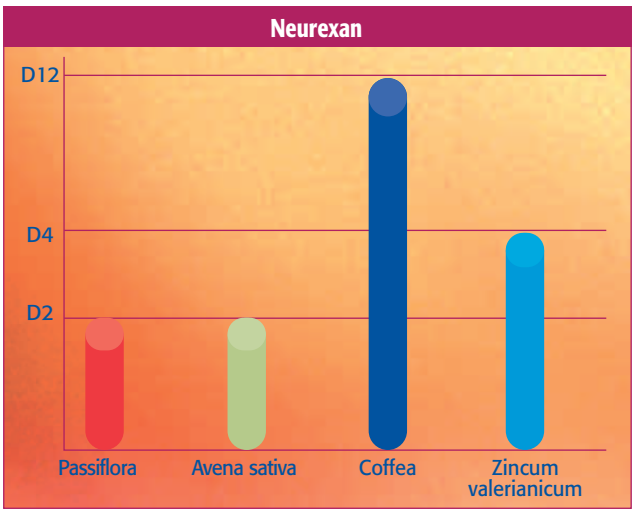
1. Nervoheel

Nervoheel is a typical basic medication with 5 constituents, in a low dilution of 4X. Three plants and two minerals form a combination with synergistic action. This medication is best used in anxious, irritable patients especially if they have a component of apathy combined with irritability and insomnia. The pathology is not very deep, and this may be due to time urgency, short-term reversal of life circumstances, or even menopause. This is the mainstay of treatment of anxious depression in the practice. If the pathology is deeper, with added phobias, Neuro-Heel/Neuro-Injeel is added.



The complementarity of the ingredients is as follows:



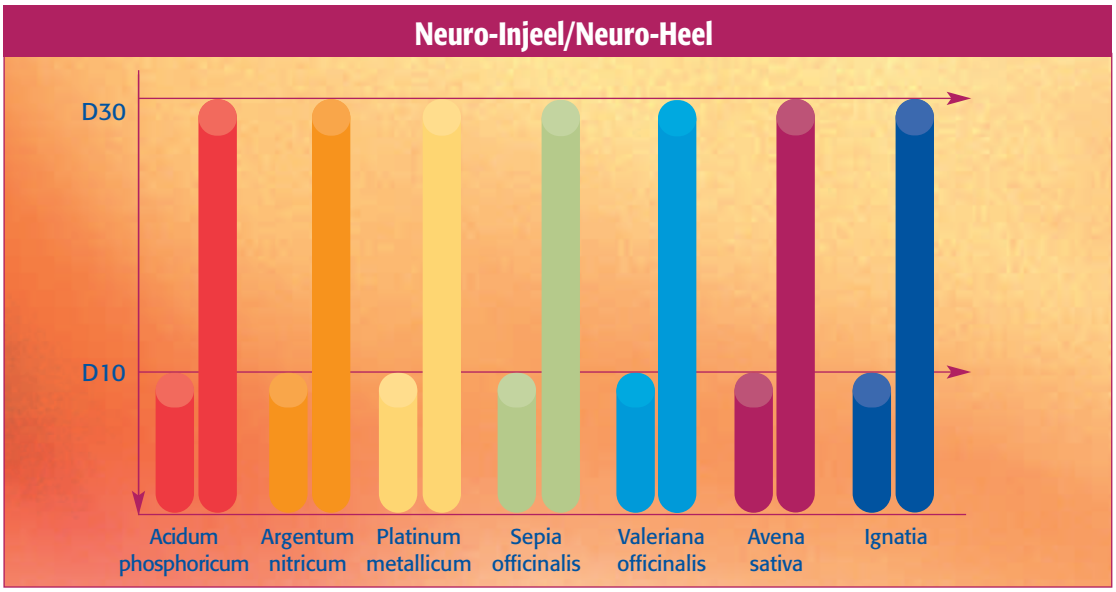


2. Neurexan

Neurexan is a typical simple combination medication, which treats insomnia, but also will relax patients who are just over stimulated in today's busy life. Like all simple combinations in low dilution, it has a fast onset of action. It is a medication which works especially well in initial insomnia. It is not designed to treat deeper psychological manifestations like the other products, but is universally used by overworked, over stimulated, stressed patients who need to relax. It can be used on its own, or added initially to the above medications, to start regulating the sleep cycle, and as the deeper acting medications start to become effective, it can be discontinued.

3. Neuro-Heel/Neuro-Injeel

Due to the fact that this is in a potency chord with higher dilutions, the effect is on a deeper mental level and is also used in patients with deeper pathology, or severe life circumstances with which they are not coping. There is compensation on a deeper level with phobias and delusions.



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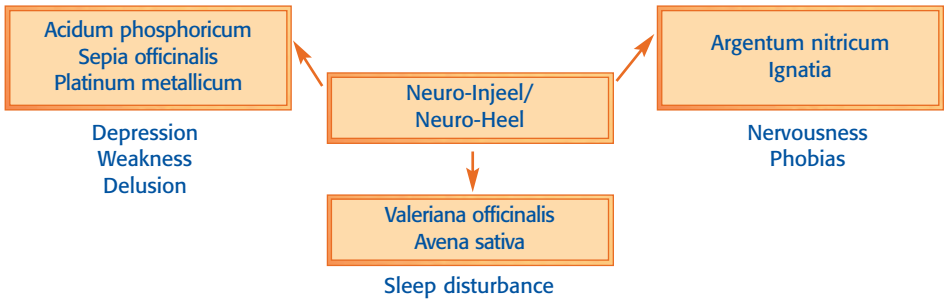
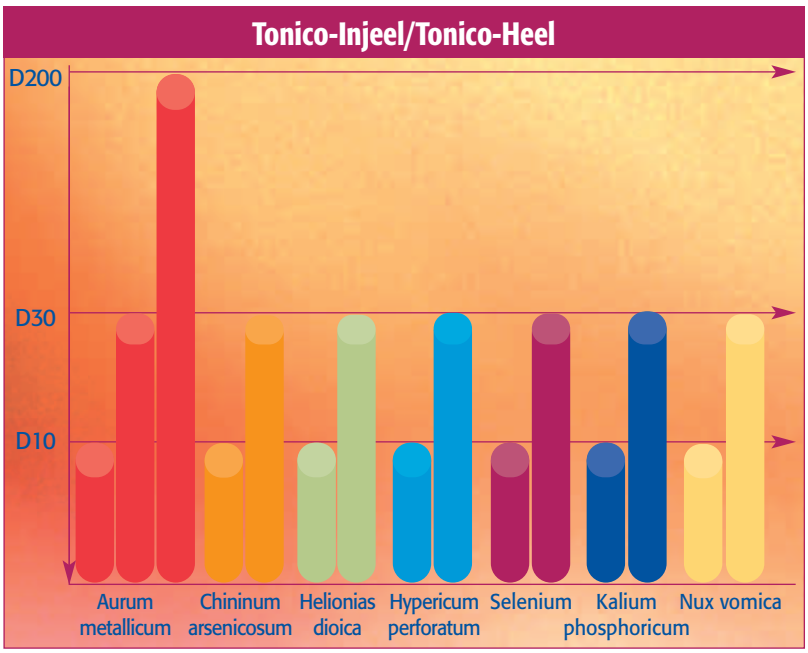
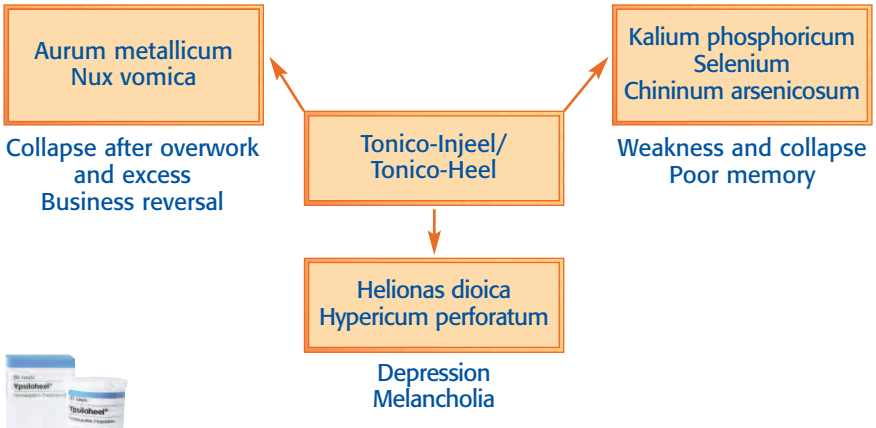




4. Tonico-Heel/ Tonico-Injeel

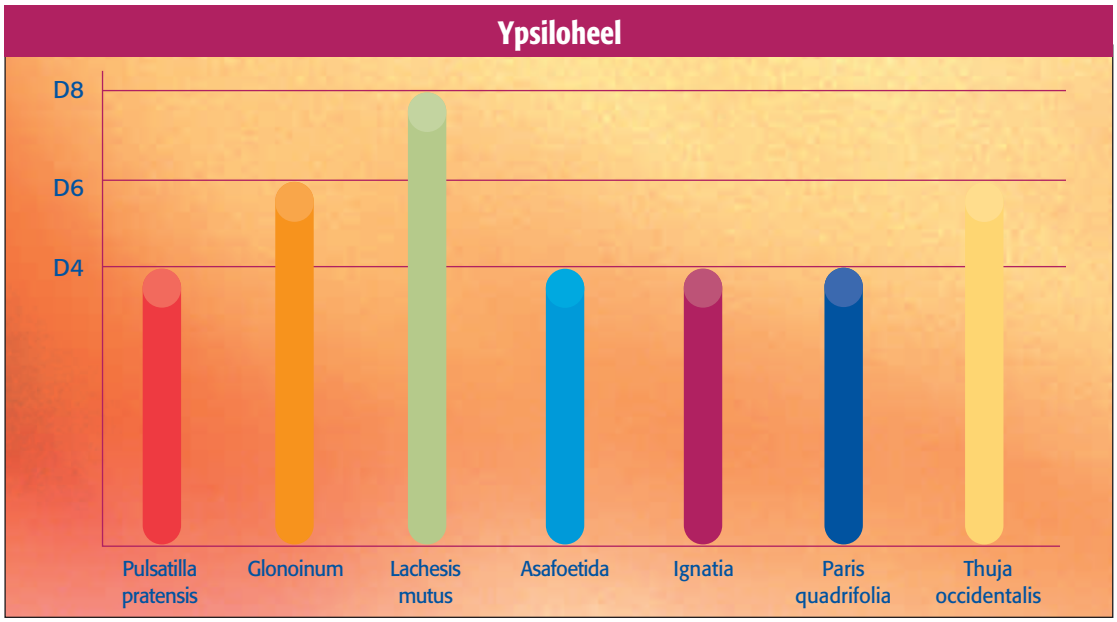
This medication is very well suited to our modern lifestyle. It addresses the collapse and mental exhaustion which comes from over ambition, 'workaholism', and time urgency. It is thus a 'burn out' medication and well suited to the patient with neurasthenia. It also treats depression, dysthymia and memory loss. In terms of the architecture of this medication, Aurum metallicum forms a counterpoint which makes this an excellent medication for depression, especially following business reversal such as being fired, loss of money or a failed project.

The complementarity action of the ingredients is as follows:



5. Ypsiloheel

Ypsiloheel is often forgotten in the repertoire when we treat psychosomatic disease. It is well known for its effect on globus hystericus, but this pressure and 'uptightness' flows through the whole medication. It is thus used in labile hysterical patients, where one has the feeling that there will be a breakdown of some sort if not treated. It is also useful in menopause when these symptoms may temporarily be exacerbated.



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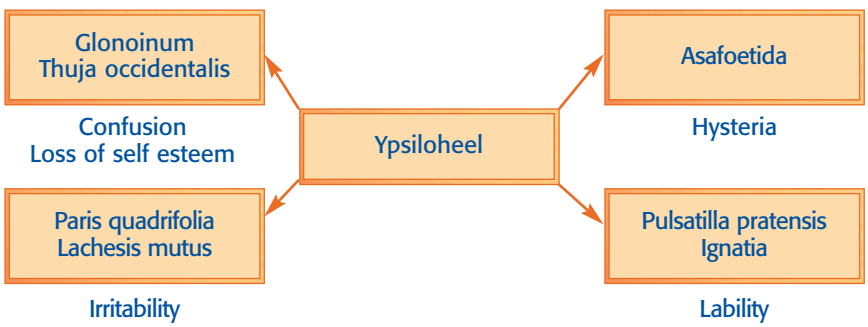

In conclusion, thus, in psychosomatic medicine, we treat the soma with the three pillars, and the psyche with a selection of combination medications, which needs to be used as long as it takes to complete the three pillar regime (normally 6-12 weeks).