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# FEATURE ARTICLE

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## An Overview of Homotoxicology including Respiratory Ailments

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*Dr. Riley gave this lecture at the 4th HEEL U.S. Symposium in Atlanta on March 31, 1989.*

*By citing analogies and case histories he illustrates the science of homotoxicology, situated between classical homeopathy and patho-physiology. It is this bridging role of homotoxicology which so interests Dr. Riley.*

Hi, my name is David Riley. I'm a physician practicing in Santa Fe, New Mexico, and I'll give you a few words about my background and how I got involved in homeopathy and homotoxicology.

I went to Georgetown University Medical School and the University of Utah Medical School and did a residency in Internal Medicine in Salt Lake City. I had an NHSC scholarship for medical school, and was obliged to pay back the government for the money they had invested in me. The way you do that is by working in what's defined as a "health deprived area." Presently, I'm the medical director at the Penitentiary of New Mexico. I'm just about finished with a three-year sentence there. I'm out on furlough this weekend, and I've come to speak here.

My interest in complementary medicine dates back to when I was in medical school, and I began to teach and practice yoga. I began noticing when I was a resident and had clinics that a lot of people (staff included) from the hospital who had musculo-skeletal problems would come down to see me. I really began to try to expand the repertoire of skills that I had in terms of finding things that could accelerate the healing process, because, up until that time, I wasn't terribly satisfied with most of the things that I had available to treat musculo-skeletal injuries.

When I arrived in New Mexico at the State Penitentiary, I was really limited in what I was able to do because of the way the state system works. I have a staff of about 45 people with the Penitentiary and have three clinics and a hospital infirmary that I work at, in addition to the local hospital in Santa Fe, New Mexico. HEEL and BHI were kind enough to let me use their products and I've been using them with a great deal of success and appreciation for being able to bring homeopathy into the setting in which I work.

You can imagine that the prison setting is not the usual setting where you can expect to find things like homeopathy and yoga being taught. There is also a part-time osteopath who works at the prison who does manipulations and cranio-sacral therapy and we were sitting there laughing the other day, saying that this must be the only prison in the country where you could have such a wide range of possible treatment modalities being offered.

Before I give an introduction to homotoxicology, I just want to say that one of the things that really impresses me is how well these remedies work. And to me that's particularly amazing, considering the things that are supposed to antidote homeopathy. Here I am working in a population of people who actively use I.V. drugs (you can get any drug you want 24 hours a day in the Penitentiary), who actively drink 10 to 20 cups of coffee a day, smoke anywhere up to five packs of cigarettes a day, and I have had really quite remarkable successes using homeopathy.

Homotoxicology, as you saw in the video tape, was developed by Dr. Reckeweg. The thing that I think is unique about this approach is that it's a medical treatment system that attempts to integrate the principles of homeopathy with the pathophysiological understanding that's available, in the basic medical sciences of molecular biology, pathology, immunology, etc. To me that's quite unique, because I am really interested in seeing ways that you can establish bridges between allopathic medicine and homeopathy. In the past 20 years I think that allopathic research techniques have become increasingly more sophisticated as to the molecular structures of cells; biochemical pathways have been mapped out, etc. High-technology has become more integrated in basic research so that now we're able to probe at a level that's subtle enough to begin to pick up some of the principles of homeopathy.

On a more personal level, before I was involved with

homeopathy, it was quite clear to me that one of the more exciting areas of research in allopathic medicine was immunology, and that one of the big areas of interest was how to stimulate the immune system. If you go back and look at the principles outlined by Hahnemann and other people throughout the history of homeopathy, you'll find that a stimulation of the immune system is the major way to treat diseases, rather than suppression of symptoms. I think now we have the means to provide a scientific understanding of those principles.

The medical research technology that is available today is already beginning to validate the principles of homeopathy, and just to name a few of them, there's NMR scanners, there's PET scanners, a variety of immunology tests, looking at things like basophil degranulation, granulocyte function, clearance rates and chemotaxis. These are all very powerful tools that are currently available and capable of tracking the subtle effects of homeopathic treatments. I think really that one of the first ways to go in homeopathy in terms of validating it, is to begin to do some of the basic science studies that are going to provide the underpinnings for clinical trials later on.

I also think that allopathic medicine is going to evolve toward this point of view, but I think it's right now pretty much locked into a cumbersome, Newtonian view of the world. And it's going to evolve over time and incorporate some of the principles that are well-validated and considered commonplace in other sciences. For example, the principles of relativity, quantum mechanics, and non-equilibrium thermodynamics are all principles that are well accepted in most of the other basic sciences. As medicine begins to move toward that model of reality, it's going to have to shift and find that there are more effective ways to begin to treat things. And other treatment modalities that aren't able to be measured readily or are currently overlooked will begin to enter into the medical equation.

An area of interest to me personally is the work of Dr. Jacques Benveniste, the man who published the research in *Nature* magazine last summer, involving basophil degranulation. It was an experiment that was reproduced at seven laboratories around the world, and basically said that as you began to do microdilutions — in other words, homeopathic dilutions — down to 100x, (at about 24x you pretty much exceeded Avogadro's number, so statistically there's no elements, no molecular substances left), basophil degranulation continued unabated.

Afterwards, he went through an equation that he said the head of the Nuclear Physics Department at the University of Milan had published in a paper in a physics journal proposing a mathematical formula to explain the phenomenon. He proposed that water can form permanent magnetic dipoles and calculated this mathematically. I think a balance between a materialistic view of health and disease, and one that focuses more on an energetic level will emerge, and that homeopathy will be an integral part of this shift.

One of the things that I find particularly intriguing about

homeopathy and homotoxicology is that it lies on the dividing line between an energetic and a material view of disease, and even more important, it's able to shift from one to the other as you go from high-potency to low-potency. So, therefore, you can change your focus. I think homotoxicology is unique in the field of complementary medicine, in its attempted synthesis of homeopathy and allopathic medicine, and because of this, I think it will be on the cutting edge of introducing these techniques to allopathic physicians.

Virtually all biological functions that have been elucidated in traditional scientific research are results of enzymatic reactions and chemical reactions. Dr. Reckeweg realized this early on, and uses these facts as the underpinnings for the explanation of the development of his remedies. Defects in the enzyme systems can result in a ripple effect, where one chemical reaction out of balance throws other systems out of balance. Dr. Reckeweg recognized this and devoted his life to the understanding and clarification of these principles and developed remedies, some of which help to re-establish the balance directly in enzyme systems. I think ongoing clinical and basic research, analogous to the kind that was published last summer by Dr. Benveniste in *Nature* magazine, and the research that Heel supports, and that other physicians are doing around the world, will begin to validate the principles of homeopathy.

Homotoxicology utilizes combinations of homeopathic remedies to stimulate the body's own defense system and unblock damaged enzyme systems. One of the first questions that a lot of people ask is how do combination remedies differ from single remedies that were first outlined by Hahnemann. Surprisingly enough, I think there are probably more similarities between single remedies and combinations than there are differences.

All single remedies in reality are combinations of remedies. If you look at the differences between stereoisomers in a "single" remedy you'll find that single remedies are actually made up of closely related chemical compounds, which can be chemically separated today, using gas chromatographs, mass spectroscopy, etc. During Hahnemann's time, this was not possible. Each individual remedy has its own vibrational or energetic signature that can be measured by a variety of techniques, much in the way an individual note on the piano has a unique harmonic or vibrational signature. What we call single remedies are in fact a group of closely-related chemical compounds with variations, sometimes dramatic, in biological activity and with a similar vibrational frequency.

Combination remedies, when carefully selected and tested, can be compared with single remedies, as a symphony is to an individual instrument playing the same piece of music. Both have a role in the treatment of disease and the restoration of health. I used to be a professional musician, and one of the similarities that I latched on to right away as I began studying homeopathy, was the way the physics of music is similar to the principles of homeopathy. When you play one note, you get a resonance in other notes, which is called the overtone phenomenon. The reason instruments sound different is that

different overtones are emphasized to different degrees, so a piano may emphasize the octaves of the note that's being played, and an oboe may emphasize the major thirds, etc. And in addition, one of those things that makes music pleasing or displeasing, is its ability to resonate in a way that causes harmonic confluence or dissonance. And to me that seems like a really nice way to begin to look at some of the things that are going on in homeopathy, particularly in the combination remedies. A good combination remedy has the individual constituents that complement each other the way the instruments in an orchestra complement each other.

I think that Dr. Reckeweg's emphasis on molecular biology is particularly important for other reasons as well. Presently in homeopathy and allopathic medicine, we are limited, for the most part, to what the patient tells us, before we can begin to treat whatever problem may be present. Diseases actually begin long before the onset of symptoms, and the sequelae of disease may reverberate through a person long after the symptoms or primary disease is resolved. If therapy can be directed at recognizing and treating diseases before there is a clear symptom picture, or if after the disease is resolved, there are still lingering effects, if therapy can be directed at supporting these enzyme systems or organs, we will have made significant advances.

I think that through the use of such techniques as electrodiagnosis and other diagnostic techniques, some of which will be discussed in workshops here, it's possible to extend the diagnostic window and treat diseases when the focus is on a more subtle enzymatic or energetic — or whatever you want to call it — level. Dr. Reckeweg has developed a whole series of remedies directed at specific enzyme systems that are present in all cells and essential for intra-cellular functions.

The Heel products have outlined an approach to the immune system, based once again on a synthesis of homeopathy and its principles integrated with the knowledge of the basic medical sciences. Dr. Reckeweg's concept of the greater defense system is all very well outlined in the books in front of you, so I'm just going to mention them, rather than repeat them in great detail. His outline of the greater defense system is comprised of the reticulo-endothelial system, (antibodies and antigens for the most part), the endocrine system, the nervous system, the liver and its detoxification functions, and the connective tissue.

He coined the phrase "homotoxins" from which homotoxicology comes, to refer to toxins that affect humans. All diseases are biologically and chemically goal oriented, with the goal being to re-establish a balance or homeostasis. When we get sick and have a disease, that's the outward manifestation of the ongoing battle between homotoxins and the flow system.

Dr. Reckeweg categorized this struggle into three different processes. One is called the excretion phase, in which toxins can be readily excreted by the body's own defense system. The second phase is called the deposition of toxins, and the body's systems may be able to handle it, but it's being overwhelmed

by toxins at that point. And the final one is the degeneration of the body through the action of the toxins being deposited in intracellular structures.

He also developed a two-dimensional model for the progression and regression of disease. This is present on pages 18 and 19 of the book on homotoxicology that all of you have. For most of you that are familiar with it, and even those of you who are not familiar with it, diseases on the right side are more serious and involve deposition of toxins. That means intracellular and cellular degeneration, which then spreads to other tissues and organ systems. As you look at the table, you'll see that as symptoms shift to the upper left corner the body is able to excrete toxins, and the symptoms in the lower right corner represent more serious degenerative processes. It's an interesting table in terms of being able to track symptoms.

There are not many differential diagnosis books in homeopathy, I can really only think of four or five at the most. The Heel *Ordinatio* (and also the book on homotoxicology) is a differential diagnosis book. In the book on homotoxicology with the table of progressive and regressive vicariation, you have a way of beginning to follow symptoms and have a sense of which way the patient's moving and whether you need to shift therapies and begin to do something else.

The Heel line of products has several interesting characteristics, and it's worth spending several minutes just outlining the basic categories of remedies available. Homeopathic preparations originate from three different sources: the plant kingdom, the animal kingdom and the mineral kingdom. Examples are, respectively, *Arnica*: comes from a plant, *Apis*: comes from bees, and *Natrium Muriaticum* or *Nat. Mur.*: is table salt. Dr. Reckeweg frequently tried to utilize members of these three different areas when developing a remedy. The Heel line of products falls into several different categories: the composite preparations, *Homaccord* preparations, *nosode* preparations, catalyst preparations, *suis organ* preparations, and the specialty preparations. And there's also the homeopathically prepared allopathic remedies.

There are 30 composite preparations, approximately, available primarily in ampule form, and they are generally made up of a *sarcode*, a homeopathic remedy from one or more of the categories mentioned above, and sometimes a catalyst. These preparations, as all homeopathic preparations, act to stimulate the defense system of the body. The *Homaccord* preparations and the *Injeels* (which just means injectible Heel) are composed around one or more potency cords. By this I mean that an individual constituent of a combination remedy is present in multiple potencies. As a rule, the *injeels* contain only one potency cord and the *Homaccords* have more than one.

The Heel *nosode* line of remedies is quite extensive and it's comparable to the *nosodes* that have been employed for many years in homeopathy, such as *psorinum*, *tuberculinum*, and *medorrhinum*. The catalyst preparations are unique to Heel, and represent one of the more intriguing new developments

within the field of homeopathy. These preparations are based on the enzyme systems of the body such as the citric acid cycle and the quinones, and I think they're quite intriguing.

I remember spending a lot of time in biochemistry wondering why I was learning all of these enzyme systems which promptly became irrelevant as I got into clinical practice. Now, lo and behold, when I got interested in homeopathy and homotoxicology, I went back and pulled out my biochemical pathways map and began studying them once again. One can quickly see that the intracellular enzyme cascades and pathways form the mainstay of the intracellular respiratory cycle, which takes place in the mitochondria of each cell. These compounds are involved in oxygen transfer, dehydrogenation and oxidation reduction reactions. It's really intriguing to consider approaching these from a homeopathic point of view, because really, when you think about it, long before diseases appear, people begin to have disruptions and alterations in the biochemical pathways. So if you can begin to provide ways to treat these people at this step, you are far ahead of the game.

The suis organ preparations are comparable to sarcodes in classical homeopathy and come from pigs, hence the name "suis". Pigs have been chosen because of the biological similarity to humans. These preparations are primarily indicated for diseases in the cellular phases, or on the right side of that chart, and as a rule should probably not be given as often as other remedies.

The specialty preparations include Lymphomyosot, Traumeel, Vertigoheel, Gripp-Heel and Engystol, to name but a few. And I think these are probably the most commonly-used remedies that Heel produces.

I would like to present a case now to illustrate ways to actually integrate homotoxicology with both allopathic medicine and classical homeopathy.

Several months ago, I was called to see a patient on a semi-emergency basis by one of the P.A.s (physician's assistant) at the state prison. When I arrived I was told that we had received an inmate from another prison who was in severe respiratory distress. The physician's assistant felt that the gentleman needed to be sent immediately to the local emergency room. When I walked into the examination room, I immediately agreed.

Sitting in front of me was a middle-aged gentleman who was breathing very rapidly, 35 to 40 times per minute, audibly wheezing. He could not talk and carry on a conversation, because it interrupted his attempts at breathing. He was using all of the accessory muscles of respiration.

Additionally, as I looked over the patient's medications I noticed that he was on Brethine, Alupent, and Prevental inhalers, Theodur and Prednisone. I really didn't have much room to move as far as adjusting therapy from an allopathic point of view. I realized that I wasn't going to get a history from this gentleman because his whole focus was on breathing. I began to review his chart, and as I began to review his chart, I gave him one tablet of BHI Asthma sublingually and told

him that we'd be transferring him shortly to the local emergency room where he would undoubtedly need to be hospitalized and would probably be put on intravenous steroids and would be there for three or four days at a minimum if everything went well.

Three or four minutes later, as I was reviewing his chart, he ceased wheezing and started talking to me.

The first thing he said was, "What the hell did you give me? I never had anything work that fast before." And so, we talked and I said, "Well, you know, I've never had anyone respond this fast, and I have never had anybody in this much of a crisis when I gave him this medication." So I said, "Well, maybe we could delay your transfer to the hospital for a little while, and we'll see how you do." I had him continue taking that remedy every 15 minutes for the next two hours, and he really wasn't wheezing at all and was breathing normally. He actually said he wanted to go down to the gym and work out. I encouraged him not to do that, and said that we'd just go ahead and hold off sending him to the local hospital and that I wanted to see him the next morning, and to keep taking this remedy tonight and to keep taking all his medication.

Right there I had a man on maximum doses of anti-asthmatic medication, and yet here was a homeopathic preparation that was working.

The next day, he was still doing fine. I was able to take a much better history since he was able to talk and breathe at the same time. It turns out that this man had had the onset of asthma 13 years ago. It started when he'd been in a county jail and there had been a fire. The jail hadn't burned down, but unfortunately, he had the dubious distinction of being the only inmate that was not removed from his cell during that fire. They had forgotten that he was there, and so he stayed there, exposed to the smoke for about 45 minutes. Ever since then, he had not been well. Other significant problems that he had were hypertension, probably secondary to the medication that he was on; a long history of drug and alcohol abuse, although he said he wasn't using I.V. drugs or alcohol at this time, and seemed reliable; and a past history of hepatitis. His liver function tests were elevated, but he didn't have any symptoms that could be referred to his liver such as jaundice or pruritus. He said he had always had a very difficult time relaxing as an adult, his parents had been really demanding, and he was constantly overwhelmed by the stress of daily activities to the point of having insomnia and feeling that he was always on the verge of a nervous breakdown. He said he thought he might have had a nervous breakdown after he was abandoned in the county jail.

At this point, I instructed this gentleman to continue his allopathic medication, with the instruction to try and not use the inhaler unless he felt he really had to. I figured that was the easiest place to begin to see what I could do for him in terms of reducing his medications. I kept him on the BHI Asthma and began a series of twice-weekly injections of Lymphomyosot, Tonico-injeel, Mucosa compositum and Hepeel to begin a detoxification and drainage process.

During the next three weeks, I was able to gradually decrease his allopathic medication dosage, to approximately half of what it had been. He was off his steroids completely at that point, and was pretty much just carrying around his inhaler as a security blanket. At the end of three weeks, I rechecked his liver function tests which had normalized.

At that point I decided to switch him over to Pulsatilla compositum, beginning to integrate both classical homeopathy and homotoxicology. I thought that the fear of abandonment, which is a classic indication for Pulsatilla was of primary importance at this point, and began to give him that. I gave him this orally and instructed him to use the BHI Asthma if he had any acute exacerbation. I kept him on the Pulsatilla compositum for one month. He had a couple of exacerbations and so he used his inhaler once or twice.

After he had been on the Pulsatilla compositum I discontinued that and then placed him on Calcium carbonicum 30c for one month.

I also instructed him in some breathing exercises that I use in yoga classes. At this point, actually somewhere along the line, about a month into this, I sent him off for pulmonary function tests which were essentially normal. So at this point, I have a gentleman who has normal pulmonary function tests and is on an inhaler that he primarily carries around for security.

I think that this case is illustrative of how homotoxicology can be used as a connecting bridge between a variety of different therapies. I think it's also important to point out some of the limitations in strictly applying Hering's law. It's not uncommon to find that mental or emotional problems are secondary to physical ailments. Now of course, the case I presented was kind of the exception that proved the rule, because I think that all this man's asthmatic crises dated back to when he was abandoned in the county jail. But I think it's important to keep this in mind if you approach it from a strictly classical point of view, and somebody comes in with back pain and is depressed. You might want to look at the depression as the fundamental symptom from which to treat. I think in this case, the most effective treatment would be to treat the back pain and the depression would probably go away. So it's important to keep in mind that this is really a four-dimensional system, and you need to look at whatever is the most prominent system at the time.

I have a fair amount of patients with emphysema, COPD, etc., with some constriction in breathing. They have reactive airway disease and they've been smoking, so they have damage to their lungs, abnormal pulmonary function tests, and Santa Fe is at 7,000 feet which doesn't help.

For some of these people, I've had them on chronic use of Tartepedreel which is a Heel preparation that's used for asthma as well, and with some of them I've used Drosera Homaccord which is a preparation based on drosera, most commonly known as the remedy that's used for pertussis.

I use a lot of the allergy preparations that are available from BHI and Heel. The Southwest is not exempt from allergies.

When I first moved to Santa Fe I was surprised because the pollen season is different from other places I have lived. One of the prime allergy seasons is February. In mid-February the junipers start to bloom and the pollen count gets very, very high. This year was one of the highest. I have been using, with quite a bit of success, primarily BHI Allergy and Heel's Euphorbium, both as a liquid preparation and as a nasal spray. And all of a sudden I wasn't having a whole lot of success, and I really couldn't figure out why, because it had been working great. I would probably say 60-70% of the people that I put on the remedy for allergies get better. Once again I began thinking that I need to be a little bit more specific with this because if it's really the junipers, I ought to try that, and so I just tried homeopathic preparations of juniper and had great success.

I've always been interested in the medical management of orthopedic problems, and I've had probably some of my most striking successes using particularly Traumeel and Zeel, both as ointments and ampules for the treatment of musculo-skeletal problems.

My most striking case was with a 56-year old gentleman who's a diabetic and out of control. He says, "Why should I worry about diabetic control; I'm in here for life. If I live ten years longer, that's ten more years I'm not interested in." The man's an artist, a very nice guy and I have a good relationship with him.

All of a sudden last summer he had an onset of a completely frozen shoulder. It came on over about a six weeks' period of time, and initially he just had pain which gradually got to the point where he couldn't even stick his left hand in his side pocket. He couldn't move his arm in any direction. I was concerned, initially that his problem might be related to the fact that he was a diabetic.

So I sent him off, at that point, to see an endocrinologist who said yes, he has a frozen shoulder but it's not from his diabetes. I think he ought to have nerve conduction studies. So I had a neurologist do E.M.G.'s and nerve conduction studies, and he said "Well, he has normal nerve conduction studies, and his EMG is normal, I don't know why he has the problem, but he's got a bad shoulder." So I had an orthopedist who comes out to the Penitentiary look at him and he said, "Well, I don't really see anything that I can do here. There's no radiographic abnormalities, no previous fractures, etc."

At this point I'd already tried physical therapy. The osteopath who works at the Penitentiary part time, had worked on it and had some limited success. This guy now had five to ten degrees range of motion. He still couldn't put his hand in his pocket.

I was pretty much stuck and didn't know what to do. So at that point, I went ahead and got an arthrogram which showed that the man had a small capsule. I thought that perhaps he had capsular adhesions in his shoulder joint. I gave him an injection with 20 mls of a mixture of Kenalog and Lidocaine and normal saline, and he actually had some

improvement. His range of motion increased to 20 degrees, he was really excited about that because he could now reach into his back pocket and take his wallet out. He still couldn't comb his hair with his left hand, but he was feeling better. But two weeks later he was pretty much back to where he had started from and his shoulder was stiff and painful.

At that point, I decided, well you know, maybe I should start trying some intra-articular injections. So at that point I got 6 cc's of Traumeel and mixed it with the normal saline and the Lidocaine and used it as a high-volume injection, with the intention to expand the joint capsule as well as inject a homeopathic preparation. So using a posterior approach I did that and two days later the man had normal range of motion and remains with normal range of motion ever since. I found out afterwards that orthopedics generally do this type of procedure under general anesthesia. Not being an orthopedist, I didn't know that at the time I did it.

But since then, I've begun using more of these products as injections. I have a large population that has chronic knee problems, with a stable knee exam. I've begun using mixtures of small amounts of Traumeel and Zeel, injecting them into the coronary ligaments of the knee and having good results

in terms of relieving pain. These are people who have a stable joint, they don't have findings on physical exams to suggest that they have cruciate tears, etc.

One of the main diversions for inmates is physical activity, and basketball, for example, is a big sport. In the winter I see a fair amount of people with injuries. Some of them have more serious problems, and one of the other things I use frequently for acute injuries is Traumeel ointment, liberally applied. I'll then wrap some saran wrap around it and then put an ace bandage over that. This works out quite well for reducing the swelling. My experience, generally, is that when somebody has a significant enough knee injury to have an effusion and needs a cane or a crutch, they're going to have an effusion and pain for at least a week. Since I've been using Traumeel, I've found I've been able to cut the time down to two or three days. If I see somebody on a Friday, I can almost guarantee that by Monday they're going to be doing a lot better.

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