Arnie last addition

# Isn't It Strange That Smallpox Vaccinations Led to the Development of Homeopathy?

## Now It's Going to Take Homeopathy to Save Us from Smallpox Vaccinations



Sir Edmund Jenner is credited with making the observation in the early 1700s that the Milkmaids who milked cows that had Cowpox, a relatively benign skin condition, seemed to get some type of protection against the more deadly Smallpox infections that were rising to epidemic proportions in Western Europe. The Latin name for Cowpox is *Vaccinia*, so that the process of rubbing scabs from Cowpox lesions onto the skin of healthy people became known as a *Vaccination*, and this process gave "Immunity" against Smallpox, the Latin name for which is *Variola*.

This is perhaps the first known use of what was named by Dr. Samuel Hahnemann, M.D., the Father of Homeopathy, as *The Law of Similars*. The use of a Similiar substance to create protection against something more dangerous but nevertheless *Similar*. *(not exactly the same wording as in Hahnemann's writings, but good enough for the purposes of this article).*

Very quickly thereafter the Vaccination process became commonplace and Smallpox spread was checked, other physicians started looking for other "Similiars" that might exist in Nature, and the race was on to discover cures for other diseases.

Dr. Hahnemann entered Medical school in the latter part of the 1700s, and had a professor that didn't believe in this rush to find Similiars in Nature, and challenged his student to devise an experiment to disprove this theory.

Dr. Hahnemann, of course, devised the now famous experiment where he ingested the shavings of the Bark of the Cinchona Tree and developed all the full blown symptoms of a malaria patient, which disappeared after he then ingested a dilution of Cinchona Bark *(The Remedy China)*; and after the symptoms abated and he used the remedy to treat actual Malaria patients, the rest is History. He coined the word *Homeopathy* in 1797, ultimately wrote his famous books, The *Organon of Medicine* and *The Materia Medica*, and a new profession was born.

He went on to use the remedy *China* to help treat and save many Malaria victims, while traditional Allopathic practitioners were losing many patients to the Malaria Disease.

According to J.H. Clarke's *Dictionary of Materia Medica*, Dr. Hahnemann also proved the remedy *Thuja* from the Arbor Vitae tree *(The Tree of Life)*. It is a cure for VACCINOSIS. The following is a small quote from page 1420 of Volume 3 of the Third Edition:

> *"Boenninghausen found Thuja both preventative and curative in an epidemic of Smallpox. It aborted the process and prevented pitting.....These facts open up another great branch of Thuja's homeopathicity—its anti-vaccinal action. This extension was made by Kunkel and Goulon following up on Boenninghausen's experience with Smallpox. On this subject no one has written more forcibly or lucidly than Burnett (*Vaccinosis and Its Cure *by Thuja) "Arbor Vitae: nomen omen says Burnett on his title page. And in his hands Thuja has indeed proved a tree of life to numberless sufferers from the vaccinal taint. By Vaccinosis Burnett means the disease known as Vaccinia, the result of vaccination, plus "that profound and often long lasting morbid constitutional state engendered by the vaccine virus". To this state Thuja is Homeopathic , and therefore curative and preventive of it..."*

The rest of the chapter in Clarke's goes on to describe the balance of symptoms caused by what Hahnemann described as the Sycotic miasm, and the numerous physical symptoms that can be caused over time by a vaccination...and the list of symptoms is long and quite varied. The reader is encouraged to read a chapter in any *Materia Medica* before considering taking a Smallpox Vaccination.

There are many Homeopathic Products on the market that contain both *Thuja* and the Nosode of *Vaccinia* itself. The HEEL remedy *Psorinoheel-N* is one such remedy, and is an excellent remedy for the prevention and treatments of these problems.

Your author personally has received smallpox vaccinations 4 separate times in his life, prior to age 21, as a result of foreign travel, and is convinced that the vaccines were responsible for numerous health conditions that have since been antidoted, as its been 36 years since the last vaccination, and many Homeopathic drops have been sprinkled under the tongue to improve eye and chest-related problems. *Psorinoheel* has been part of that protocol but IT WILL TAKE HAVING TO BE STRAPPED DOWN AND RESTRAINED BEFORE ANOTHER VACCINATION WOULD BE INFLICTED ON THIS TESTED BODY, that has served as a direct testimony to the ill effects of smallpox vaccine.

It was one of the more surprising announcements of the 1970s when it was declared that Smallpox had been eradicated from the earth and that Smallpox Vaccinations were no longer needed. How did they eradicate that single disease when they also have immunization programs for 22 other infectious disease (Polio, Diphtheria, Tetanus, Measles, Mumps,Flu to name but a few)???

Could it be that in the last year that Smallpox shots were given that large numbers of people actually died or were severely injured as an obvious relation to the vaccination process itself that the practical decision was made to stop Vaccinating???

Why did they also stockpile the virus that produces this disease in the heartlands of the two Cold War adversaries, The United States and the former Soviet Union *(from where the Monsters of the Middle East have clearly gotten a world threatening supply)* ???

Now that 30 plus years have passed since the last official vaccination with more than half of the world's population *(anyone born since the 1970s)* virgin to this deadly virus.

Why, by the way, did they stockpile the Smallpox Virus *(Variola)* itself instead of just stockpiling the Vaccinating Virus *(Cowpox/Vaccinia)* itself.

In the event of a return of Smallpox all that we would have needed is the vaccine not the POISON itself which by the nature of its hidden stockpiles is what caused the current crisis ????

WHY WERE THEY THINKING THAT IT WAS SO IMPORTANT TO KEEP A SUPPLY OF A SUPPOSEDLY ERADICATED VIRUS ON HAND, WHEN ALL THEY NEEDED WAS THE SUPPOSEDLY SAFE VIRUS THAT IS NEEDED TO TREAT IT ?????

These are all questions that need to be answered somewhere other than in a medical journal, but the saving grace is that we have a renewable source of *Arbor Vitae* trees from which to get our life saving remedies. We didn't need to stockpile these trees as they grow freely in the safety of God's green earth.

Vaccinia treats Variola, but *Thuja* seemingly treats and prevents both of them !!!!

We have come a full circle. Homeopathy came as a result of the treatment discovery that helped stop Smallpox, and now Homeopathy is available to save the day from the scourge of any epidemics caused both by Smallpox, or its treatment agent, Cowpox. All that we have to now do is come to our senses and use the Homeopathy !!!! ♦

**The Author grants permission for you to copy this article and distribute it to every possible location, to assist in stopping the insanity of the new Smallpox vaccinations. Thank you.**

# Toto, We're Not in Kansas Anymore

## *Or,* Homotoxicology Isn't Fiction Anymore, As We Have Scientific Proof That It's Real


*Prefaced by Bruce H. Shelton, M.D., M.D.(h) DiHOM, HEEL USA Medical Director, USA*

### Preface

*With the 1996 publication of the Bystander Reaction and the subsequent research by noted German researcher Dr. Hartmut Heine, Ph.d. on the Subject of Ground Substance Regulation, there is now actual scientific evidence that there is an actual basis for explaining why and how Homotoxicology works in healing Illness.*

*Dr. Alta Smit, M.D. is one of Heel's International Speakers, and recently wrote the following overview of Homotoxicology, based on these very real principles. It makes for some very eye opening reading...*

### A Brief Overview of Homotoxicology

#### 1. Introduction

Homotoxicology is a system of biological medicine developed by Heinz Heinrich Reckeweg, who by being a medical doctor and a homeopath, observed disease processes and combined with research available at the time *(1960)*, developed a system of treatment, which is remarkable modern to this day. A number of his postulations are now being supported by contemporary molecular research, and in observing relatively new syndromes, one can see the logic of his thinking. Insulin Resistance is such a relatively newly described disease, which follows his postulations and makes it true.

#### 2. The Map and the Territory

In any disease process it would make sense to observe both the process of regulation in order to support or manipulate it and to observe the progress, or lack of it, in the organism.

Symptoms as we see it are merely the attempts of the body to maintain a balance after an external or internal event has upset it. Reckeweg postulated that the imbalance in the organism is mainly due to homotoxins. While it may be too simplistic to ascribe all disease to homotoxins, eventually accumulation of homotoxins is the final outcome even in genetic diseases, or in a deficiency of nutrients, or even in a psychological stressor.[1]

The human body, being an open energetic system, will react in a certain fashion till the toxin is eliminated and balance is restored.

The body will deal with these homotoxins in a very specific order, depending on the strength of the homotoxin and the strength of the regulatory system. We can follow this process in the body very clearly, and Reckeweg has given us a map to do so in the so-called table of homotoxicosis, which we will describe later on.

#### 2.1 The Territory

There are three levels where disease can be seen to enter the body. Each will mount a defense against the homotoxin, and will leave fingerprints in the form of symptoms. By looking at these fingerprints we can follow the course of toxins through the body.

The autoregulatory system is our first line of defense. If this is not successful in dealing with the toxin, the matrix or ground regulation system will be activated as it is the barrier between the cell and the effector organs of the autoregulatory system.

Only when the first two fail to eliminate the toxin, will disease reach the cell *(see Figure 1)*.

The Three Points of Entry in Disease

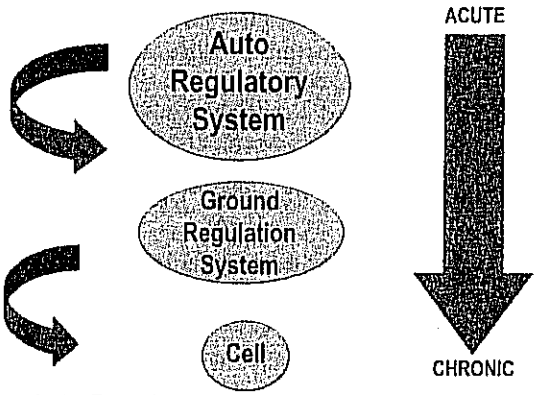


Figure 1.

#### 2.2.1. The Auto Regulatory System

Reckeweg called this system the Greater Defense System, and its counterpart in modern medicine is what we call psycho-neuro-endocrine-immunology. *(PNEI)*. The Greater Defense System is more than just PNEI, though, as it also includes the neural reflexes of the sympathetic parasympathetic system, the liver and the mucosal membranes *(see Figure 2, next page)*. The mitochondrium forms an important part of this system in that it provides all the energy necessary for these systems to function properly.

We also know from modern research that these systems cannot be separated. They will share receptors, as well as products, and can often manufacture a product which we will traditionally associate with another system. If we look at the interaction between the neuroendocrine system and the immune system, we see that the immune cells have receptors for instance for cortisol, achronic stress hormone, and in turn the immune system will produce intracellular messengers called cytokines which can act on the brain and hypothalamus. One such cytokine is for example Interleukin 1 which produce fever. Interleukin 6 will produce illness behavior, making us want to go to bed if the immune system is activated to a certain

[1] *Reckeweg H.* Homotoxikologie: Ganzheitschau einer Synthese der Medizin. *6. Auflage. Baden Baden Aurelia 1986.*

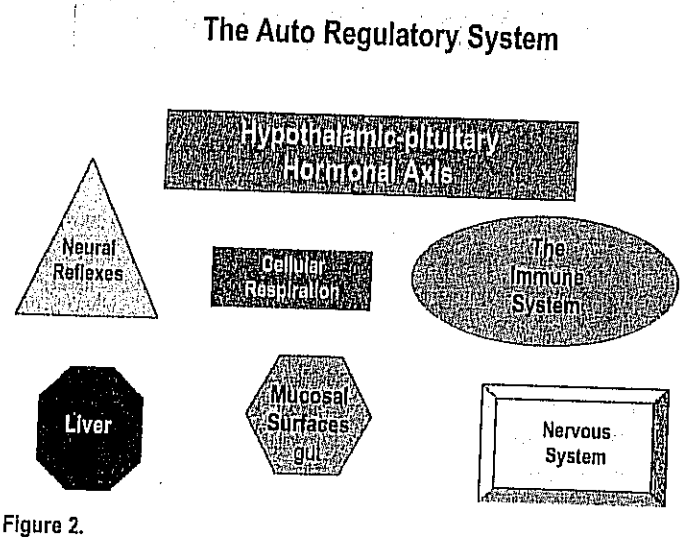


Figure 2.

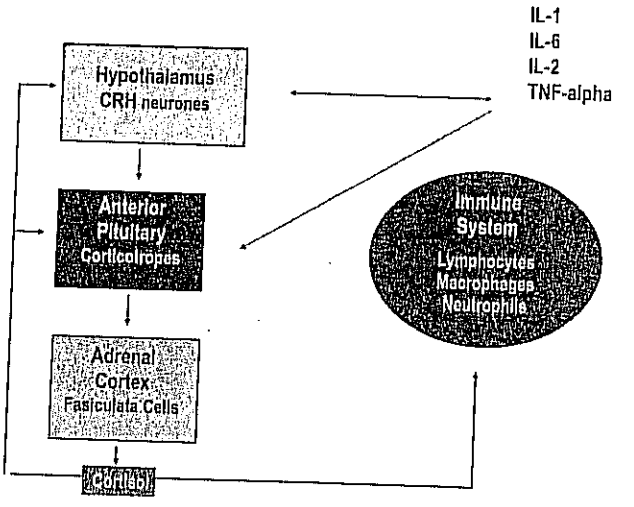


Figure 3.

extent *(see Figure 3)*.

The implication is that if we see disturbance in one of these systems, there will be evidence of disturbance in another. It will thus depend on the patient's weak spot, the so-called locus minorae resistentiae, the weak spot, and this is where we will see the disease process first. This is often genetically determined, but we must still look for dysregulation in the others. For example, patients with immune diseases right of the biological cut have mostly problems with the gut, the liver, as well as the sympathetic and parasympathetic system. We must thus restore the auto regulatory system as a whole.

### 2.1.2. The Matrix or Ground Regulation System

This forms the final biophysical layer between the cell and the regulatory organs. This system was largely forgotten since Virchow, a physician who worked in Vienna and a contemporary of Freud, saw a cell through a microscope and postulated that all disease originate on a cellular level. Another physician working there at the time, Rokitansky, wanted to still bring in the humeral theory, but was largely ignored.

Pischinger and Heine, two modern researchers, brought this back into balance, and the newer molecular biology texts increasingly recognize the role of the matrix.

The cell on its own is actually an abstraction. The cell does not come in contact with the blood vessels, nerves, veins and lymph vessels which deliver nutrients and messengers and remove toxins. It relies for this on the biophysical layer made up of highly polymerized sugar protein complexes called Glycoaminoglycans *(GAGs)* like hyaluronic acid, chondroitin sulfate and heparin or when they are linked to a protein backbone, they are called proteoglycans *(PGs)*. This molecular sieve must be crossed by the entire metabolism. [2]

Sugar protein complexes are phylogenetically considered the best carriers of information. Heine and Pischinger could show that if the matrix is disturbed by a pin prick in one place, the disturbance is communicated to the whole matrix in seconds. This makes it an ideal system through which to give any information to the body. The acupuncture point is an anatomical structure originating in the matrix, a bell like structure, and it offers a wonderful 'window'into this system.[3]

Unfortunately, because of the chemical and electrical charges on the GAG's and PG's, they also become the place where toxins are dumped. These toxic substances can stay in the matrix for years, and may even be present in the matrix by the time we are born. Experiments on the island of Sylt in the North Sea have shown that neonates already have toxins in this connective tissue via placental transfer in utero.[4]

Scientologists detoxify drug addicts in high heat saunas, and could show that even 25 years after the last dose of LSD, one can still have a 'drug trip' during this form of detoxification. The reason is that the LSD was stored in the matrix till it was mobilized. This will have implications when we detoxify patients. It is important that the first line channels of detoxification like the liver and kidneys are well primed before we detoxify the matrix. If we mobilize these old toxins too early they may have harmful effects on the body, or may even be re deposited in compartments where it is very difficult to get them our, like the brain. For instance, heavy metal deposition in the brain is a very undesirable and difficult to deal with. Experiments with ovarectomized mice, has shown that if they are fed with DDT, and endocrine disruptor with estrogenic activity, and then fasted, enough DDT will be mobilized from the matrix to cause breast cancer.[5]

The matrix has its own biorhythm, and is dependent on for instance cortisol and thyroid hormone to be activated. During the early hours of the morning, the body goes into an ebb phase with a low cortisol, and it is during this ebb phase that the matrix will purge itself from toxic material. We know from Chinese medicine that the liver clock switches on at one o'clock in the morning, which means it is now ready to deal with the toxins mobilized from the matrix. Stressed patients, or patients who through a change their sleep-wake cycle has lifted or disturbed the diurnal rhythm of cortisol, will not be able to detoxify, as there may be a 'misfiring' between the matrix and the liver. Cortisone in high doses as medication will also lift the innate rhythm of the body, and result in matrix toxicity. We can see that in patients who has been on cortisone therapy, as they become swollen and puffy in the matrix.

[2]*Heine H. (Hrsg)* Lehrbuch der Biologischen Medizin. *2.Auflage. Stuttgart. Hippokrates 1997.* [3]*Pischinger A.* Matrix and Matrix Regulation. *Heine H ed. English Edition. Bruseh HAUG International 1991.* [4]*Blech Joerg.* Giftdeponie Mensch. *Stern 1995; 20:46-56.* [5]*Rigsby RM, Capcrell-Grant A., Mudakhar B.V.* Xenobiotics Released from Fat During Fasting Produce Estrogenic Effects in Ovarectomized mice. *Cancer Res 1997;57(5):865-9.*

Patients who are hypothyroid have been described as having myxoedema' in the older textbooks. The same swelling will be apparent in the matrix if the matrix biorhythm is disturbed. Many toxins are hydrophilic and will draw fluid into the matrix. The result is edema, which we in clinical medicine see as cyclical edema in females or as cellulite.

It is thus important to recognize this toxicity in the matrix and to restore the biorhythm first before draining it. Products classically used for stimulation of the matrix include Thyroidea compositum and Pulsatilla compositum. Only after stimulation drainage then can take place through Lymphomyosot. In general, all diseases classified as falling on the right side of the biological cut on the table of homotoxicosis *(see below)* will need stimulation of the matrix first and then drainage. It is also highly important to restore the biorhythms of the body, like the sleep wake cycle, the sympathetic and parasympathetic balance etc. when treating the ground regulation system.

It is clear from the above that if the molecular sieve of the biophysical layer fails, is polluted that there will be distortion of information to and from the cell. If the disturbance is severe enough, cellular disease will ensue.

Newer molecular biological research shows that the matrix is the seat for many messengers which codes for intracellular phenomena. For instance, if one grows cells in a Petri dish without matrix, they grow in a disorderly fashion, but if put in a small layer of matrix, they grow on a pyramidal fashion and then stop in an orderly fashion. The signal controlling cellular growth is thus located in the matrix.

A full account of the matrix and its metabolism can be found in the small booklet by Prof. Heine called *Homotoxicology and the Ground Regulation System (GRS).*[6]

### 1.3. The Cell

This is the last frontier for disease, and will occur if both the auto regulation and ground regulation system has failed to secrete homotoxins and to restore balance.

Once disease occurs on this level, the cellular proteins and even the DNA may be affected, resulting in tissue damage, inadequate repair, or even in dedifferentiation and cancer. It may not be possible to restore health totally when disease occurs in this phase, but it is imperative to restore the 'self help' as far as possible, by restoring the auto regulatory system and the ground regulation system. Most diseases on this level is impaired mitochondrial function and we generally add one or more of the catalysts, either Co-enzyme compositum, Echinon compositum or Glyoxal compositum when disease occurs on the right side of the biological cut. Procainum compositum is mainly used once the disease is in dedifferentiation.

## 2. The Map

As said above, two tools are used in homotoxicology to monitor the progress of a patient in dealing with a specific homotoxin or disease.

The first of these is the table of homotoxicosis postulated by Reckeweg, and the second, an assessment of the rhythms of regulation in the body. One of the major problems in our patients today is a loss of reactivity, and an increase in chronic disease like allergy, auto immunity and cancer.

The older physicians already recognized this, and would often induce fever in a patient with chronic disease, in order to force the immune system into reactivity.

Through the constant suppressive therapies, environmental toxins and psychological stress, this reactivity is often lacking in our patients. With this we mean that patients do not get acute disease, and cannot mobilize their defenses to fight acute disease and will immediately go into the chronic form. An example would be a patient who gets a cold, but then develop sinusitis with in a few hours.

This lack of reactivity is also recognized by conventional medicine. Recently, an article published in the Immunological Letters of 2002, examine the so called 'hygiene hypothesis', wherein the authors asked the crucial question whether through vaccination and taking away acute disease in childhood, we have increased the incidence of chronic diseases like auto immunity and cancer in later life.[7]

### 2.2.1 The Six Phase Table or Table of Homotoxicosis

Reckeweg postulated this as part of his theory on homotoxicology. It comprises two axes, where the movement of disease *(and toxins)* through the body are described. As mentioned before, this does not follow a random pattern, but has a very predictable pattern.

On the horizontal axis we find six phases, which can be grouped together into humeral, matrix and cellular portions, and on the vertical axis, we find embryological tissues, or systems. Although the ancient medical systems, like the Auyrvedic Medical system of India, and also Herring, a contemporary of Hahnemann, used similar concepts to follow the pattern of disease through the body, Reckeweg put it into a more modern context, and organized it into these distinct phases *(Figure 4, next page)*.

On the horizontal axis then we find two humeral phases, namely excretion and reaction, two matrix phases called deposition and impregnation, and two cellular phases of degeneration and dedifferentiation In the middle of the matrix phase, we find the biological cut, which demarcates the start of impairment of the cellular enzymes and an acceleration toward the chaos of dedifferentiation or cancer.

What it all means is that when the body is disturbed by a toxin, it will first attempt to excrete it through phenomena such as diarrhea, vomiting, a runny nose or sweating. If this is not successful, the body will then employ deeper defenses, most resulting in inflammation. This is the reaction phase and most of the '-itises' in medicine will be here, like cellulitis, acute sinusitis, rhinitis etc. this inflammation is a very important healing tool for the body and should not be just be suppressed.

Should it be suppressed, or the body is not successful in dealing with the toxin on that level, the toxin will now reach the ground regulation system or matrix, and will be deposited there if the matrix metabolism cannot clear it. This is the deposition phase and it is often a silent phase, as we saw with those drug addicts in a previous section. More obvious examples of this phase would be fatty infiltration of the liver, lipomas, fibroids in the uterus etc.

We now cross the biological cut if the body still cannot eliminate the toxins, and we get into a territory where cellular function will be affected through the ground regulation system. This phase is characterized by miscommunication

[6] Heine H. Homotoxicology and the Ground Regulation System(GRS). *1st Edition. Baden Baden. Aurelia 2000.* [7] Sewell DL, Reinke EK et al. The Hygiene Hypothesis. *Immunolog Lett. 2002; 82(1-2):101-110.*

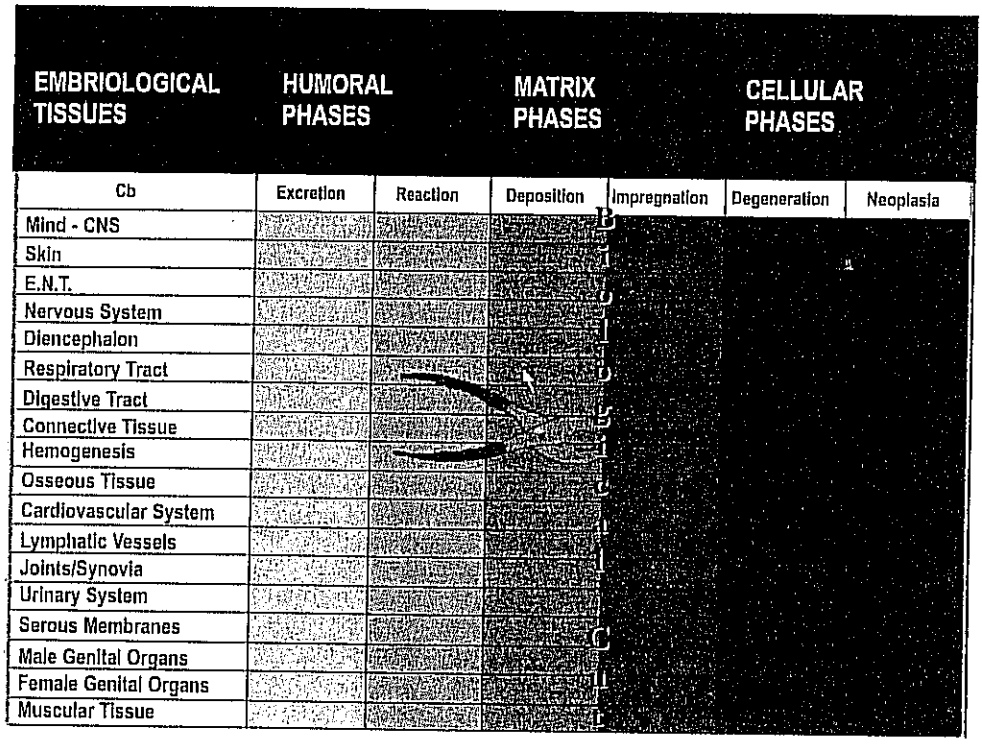


Figure 4.

between cell and matrix as well as increasing disturbance in the biorhythms of the auto and ground regulation systems. It forms the line between self regulation and loss of self regulation. The impregnation phase has special significance in homotoxicology as this is the last phase before there is destruction on a tissue level.

It is a phase where reversal of the process is still possible, unlike where in the degeneration phase and dedifferentiation where it often is not possible.

Examples of disease in this phase would be asthma, and the so-called syndrome X or metabolic syndrome seen in insulin-resistant patients.

If the organism is not supported here or cannot overcome the toxin by itself, the breakdown is so severe, that tissue destruction occurs. Diseases like osteoarthritis, cardiomyopathy, ulceration etc would fall into this phase.

Dedifferentiation is when the loss of communication between the Ground regulation system, and the cell has become so impaired that abnormal growth will take place, leading to cancer.

At the 36th Congress of the International Society of Homotoxicology in Baden Baden, *(October 2000)*, Prof. Kaucher, a mathematician from the University of Karlsruhe, gave a mathematical model of this movement towards chaos and could illustrate the biological cut as the point where entropy follows this course towards eventual destruction.

On the vertical scale we have the different embryological tissues. Disease will move from the more superficial tissue to the deeper tissue if it gets worse and improvement can be seen when it becomes more superficial again. Reckeweg describes this with histamine as an example of a homotoxin.

In the ectoderm it will present as eczema, uticaria, pruritis etc. In the neuroderm it will present as Asthma *(autonomic nervous system component)*, in the entoderm as duodenal ulceration and asthma, in the haemoderm as arrhythmias and myocardial infarction and in the mesenchyme as inflammation and pain.

If a patient with asthma thus develops eczema, it is a sign that there is an improvement, as the skin is a more superficial embryological tissue than the lung. Reckeweg called this Progressive Vicariation when it goes from the left of the table to the right and into deeper tissue, and Regressive vicariation when it goes from the right to the left and from the bottom to the top on the vertical scale. It goes with out saying that we will always endeavor to avoid progressive vicariation and to promote regressive vicariation in treatment.

Reckeweg used the example of slow poisoning with Arsenic as an example to illustrate the table of Homotoxicosis.[1] First an excretion phase will ensue as vomiting; if this is not successful, gastroenteritis and a skin rash will represent the reaction phase. Deposition in the nails and keratosis on the skin will be indicative of the deposition phase. *(The scourge of many a murderer, who was convicted after exhuming of bodies!)* Derangement of the liver enzymes follows, as the impregnation phase, then damage of the

**SIX PHASE TABLE OF DISEASE**

| excretion | reaction | deposition | impregnation | degeneration | dedifferentiation |
|---|---|---|---|---|---|
| | REACTIVE HYPO-GLYCEMIA | NASH SYNDROME<br><br>CENTRAL OBESITY | METABOLIC SYNDROME | DIABETES MELLITUS TYPE II<br><br>CIRRHOSIS | VARIOUS COLO-RECTAL, BREAST, PANCREATIC CANCERS |

Figure 5.

myocardium in the degeneration phase and lastly a skin cancer, which is very typical of chronic arsenic poisoning.

If we take a fairly 'modern' illness like insulin resistance and follow the peer review literature, we can also make a case for the truth of this table in a disease which was only really mentioned in clinical medicine the first time a couple of years ago *(see Figure 5).*

If we take excess dietary sugar and complex carbohydrate as homotoxins, we see that the body will at first deal with it by utilization and normal excretion. If this is not successful, reactive hypoglycaemia will ensue where there is an early indication for inappropriate handling of a sugar load. The insulin regulation now becomes abnormal. If that is not corrected, a deposition of fat will occur, either as central obesity, or in organs such as the liver. A new syndrome, the so-called Non Alcoholic Steatohepatitis, *(NASH Syndrome)*[8] has been associated with insulin resistance. Sugar also binds non-enzymatic to the proteins of the body, to form the so-called advanced glycosylation end products, or AGE's, which are deposited in the matrix. An example of this is the HB A1C, the glycosylated heamoglobin, which we test in diabetics to see how well they are controlled over time.

These AGE's has been implicated in some of the complications of diabetes and even in the development of Alzheimer's disease.[9]

The next phase is impregnation, where we see hypertension, dyslipidaemia, and hyperuricaemia, the so-called metabolic syndrome.

Insulin also has immune effects, by stimulating the release of Interleukin 6 and Tumor Necrosis Factor. This will be apparent in the degeneration phase as osteoporosis, or in the case of NASH syndrome deterioration as liver cirrhosis. The development of Type II diabetes can also be classified here.

Lastly, more evidence is accumulating that increased blood sugar as well as insulin plays a role in the development of several cancers, like colorectal, breast, myelomas etc. Pancreatic cancer has been associated with the cirrhosis after NASH syndrome as well.[10, 11,12]

We can thus take a very newly described syndrome and still use the table of homotoxicosis to follow the disease process.

We can also use the table to prognosticate and to formulate treatment. We have a concept in newer homotoxicology, called phase remedies, where we apply certain products when a patient is in a particular part of the table, and others when a patient is in another. Dr. Arturo O'Byrne delivered a brilliant paper on this at the recent medical week congress.

In general, we would apply a remedy with a plant and a mineral during the humeral phases. In the matrix phases we would add a catalyst and maybe a suis organ product as well, but in the dedifferentiation phases we often use products with all of these but also a nosode.

In using the table as prognostication, we can see if a patient is in degeneration, there may be more support necessary with allopathic drugs, or it may take along time to get to regressive vicariation.

## 2.2 Recognizing Patterns of Regulation

Our whole existence is based on rhythms. Biological systems are energetically open; we take in higher energy in the form of nutrients and eliminate lower energy in the form of waste products. Oscillation and feedback allows the organism to act in a non linear fashion and is thus the basis for spontaneous self organization and healing. We have many oscillations in the body, ranging from rhythms which can be measured in seconds *(e.g. the heartbeat)*, to minutes *(e.g. intestinal peristalsis)*, hours *(e.g. the sleep wake cycle)*, to days *(healing and regeneration)* and years *(e.g. growth). (Heine 2000.)*

The ability to receive feedback and to respond appropriately is thus of vital importance to the organism for normal regulation. Thus looking at the table of homotoxicosis, we can say that the more the condition moves towards the right of the biological cut, the more disorder we would find in the biorhythms, and feedback mechanisms. As this is imperative for self regulation, an organism with severely disturbed rhythms will need support and restoration of these vital oscillations. This is the ultimate goal of biological medicine.

We can use the oscillations in the adrenal gland and the immune system to illustrate this. Keeping in mind the above mentioned interaction of all the organs of the autoregulatory system, it will affect all of them when there is a disturbance in one of them. It is important to stress that any regulatory process is non linear, and that feedback also take the form of oscillations. It means that there is no process that suddenly will switch on an off, but rather a series of on and then less then on again in smaller amplitude, them less and so forth till balance is restored.

When the body is confronted by a stressor, the adrenal gland will start to make stress hormone. Desoxycortisol is made first, then shuttled to cortisol, then back to desoxycortisol in a lesser amount and so forth.

Desoxycortisol will give the immune system a stimulus to convert Th0 helper cells into Th1 cells. This will provide cellular immunity via the messengers or cytokines of the immune system. Tumor necrosis factor, Interleukin 2 and Interferon alpha are the messengers in this case. When the desooxycortisol is converted into cortisol, the immune system is stimulated to produce TH2 cells, which by virtue of their messengers/cytokines, namely Interleukin 4,5, 10 and 13 , will inhibit the Th1 response. Thus the oscillation will start between desoxycortisol and cortisol as well as Th1 and Th2, till homeostasis is restored. *See Figure 6.*

Sometimes, through various factors, the immune system

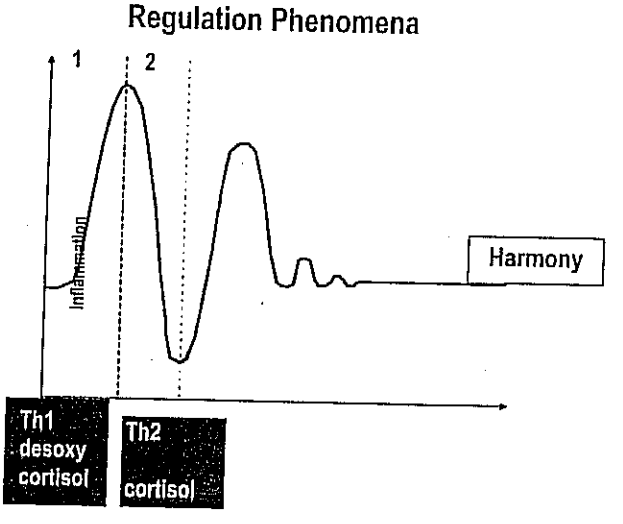


Figure 6.

*ıha K, Van Thiel DH, Shah N.* Non-alcoholic Fatty Liver Disease: Pathogenesis and Role of Anti-Oxidants. *Nutr Rev 2002;60 (9): 289-93.* [9]*Craft S, Dagogo-Jack SE, Wiethup BV et al.* Effects ypergiycaemia on Memory and Hormone Levels in Dementia of Alzheimer Type: A Longitudinal Study. *Behav. Neurosci 1993;107(6) 926-40.* [10]*Colangelo LA, Gapstur SM, Gann PH., Dyer* Glycaemic Load and Breast Cancer Risk: A Case-Control Study. *Ann Oncol 2001 12(11): 1533-8.* [12]*Ferlin M et al.* Insulin-like Growth Factor Induces the Survival and Proliferation of loma Cells Through an Interleukin-6 Dependent Transduction Pathway. *Br J Haematol.2000 Nov; 111(2):626-34.*

can get stuck in either the Th1 or Th2 phase. It does not mean that it doesn't go into the other some of the time, but it means that the normal oscillation between Th1 and Th2 is disturbed and that he patient will respond predominantly with a Th1 or Th2 whether that is the response needed or not. A Th1 state is needed to fight intracellular viruses like Ebstein Barr Virus, also to fight Fungi and Parasites. The Th2 state is needed to make anti bodies against bacteria and also to respond to antigens like pollen, etc.

Patients who get stuck in Th1 will be get Rheumatoid arthritis, Inflammatory bowel diseases like Chron's or Ulcerative Colitis and examples of patients stuck in a Th2 state will be Chronic Fatigue Syndrome, or patients with allergies like hay fever or asthma and severe eczema.

When we thus treat any of these above syndromes, we would like to see the patient restore the oscillation between Th1 and Th2 rather than just increasing Th1or Th2.

Another very regulatory cell, the Th3 cell needs mention here as well, as this will be the cell which will restore the balance between Th1 and Th2 par excellence. This cell occurs mainly in the GALT *(Gut Associated Lymphoid Tissue)*, and is a type of suppressor cell. It secretes the cytokine transforming Growth Factor Beta, which will normalize the baseline oscillation between Th1 and Th2, thereby restoring harmony. This principle is used in the homotoxicological treatment of inflammation, when we give Traumeel, as Traumeel will induce these Th3 cells via the immunological bystander reaction.[6,13] Traumeel is thus a regulatory medicine, with which we can use to restore the normal oscillations of the immune system. A Th1 state is always an inflammatory state, and by giving Traumeel we, bring a balance between the Th1 and Th2, thus curbing an over-reaction of Th1 and the inflammatory cytokines. Heine and Andra could recently document the induction of Th3 cells in patients with early Rheumatoid arthritis.[13]

As most of the Th3 cells occur in the gut lining it makes good sense to give remedies by mouth when we want to achieve immunomodulation. It thus becomes preferable to give these medications by mouth. The compositae often comes in Oral Vials, and they are often the superior immunomodulators.

When a patient is 'stuck' in Th2, or a so called Th2 rigidity, when we start to treat this, we would like to see the patient become reactive again, and would thus like to see phenomena like acute banal infections rather than the chronic viral reactivation, as well as things like tendonitis which will signify that the patient is trying to restore the normal immune oscillations by going into a Th1 state. These phenomena should thus be looked for and welcomed rather than suppressed. This will be further discussed in the monographs dealing with immune regulation. We will thus not stop treatment till we have restored the normal oscillations and till the patient respond to homotoxins by excretion and reaction rather than by deposition and impregnation.

These two methods of observing the disease process and the patient's response to it can be invaluable tools when treating patients, as it helps us to formulate treatment and to observe the progress of the patient on therapy.

## In Summary

*Homotoxicology forms a bridge between homeopathy and allopathic medicine. By using regulatory type biological medicines, which has been developed to support the normal way the body heal itself, and by intimately knowing the mechanisms the body use for this healing, we can apply them in the correct way, and also monitor the progress of the treatment we are applying. This makes homotoxicology ideally suited to the treatment for the intractable diseases and also the newer described syndromes like CFS and Fungal Eosinophilic Rhinosinusitis.* ✦

*Note: The Footnotes cited in this article may also be found on Dr. Alta Smit's website: http://www.altasmit.com*

[13] *Heine H, Andra F. Zum* Antiinflammatorischem Wirkungsmechanismus eines Antihomotoxikum Compositum. *Aerztezeitschrift fuer Naturheilverfahren 2002; 43(2):96-104. (English abstract).*