Antihomotoxic Medicine's Position in Biological Science

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Summary

Antihomotoxic medication represents a distinct school of thought in complementary medicine. It is based on Reckeweg's innovative concept of the science of disease and has a repertoire of remedies designed on that basis. It is holistically oriented; its homeopathic antihomotoxic remedies integrate homeopathic principles with elements of organic, orthomolecular, and phytomedicine. Fixed combination remedies and catalysts not only expand its spectrum of efficacy but also extend its areas of applicability to illnesses that are ordinarily difficult to treat.

With regard to its morphology, clinical aspects, and time frame, this type of therapy can be integrated seamlessly into our present scientific conception of the world. It is better than linear pharmacological therapy at doing justice to the complex interactions within biosystems.

Medicine as a reflection of our conception of the world

In every age of human history, medicine has reflected the conceptions of the world that was current at the time. As a result, it has assumed in turn a mythical, spiritual-scientific, philosophical, and scientific cast. Anchored in the respective "scientific" world views of the times, dogmas arose that in retrospect proved to be the main hindrance to progress.

In all ages of civilization, we encounter a trinity of natural phenomena. From the creation story's "In the beginning was the word"/ "Let there be light"/ "Let there be a fixed firmament" through the Greek philosophers' spirit/energy/matter, the alchemists' Mercury/Sulfur/Salt, the anthroposophists' physical body/ether body/astral body, to modern physics' information/energy/matter, this trinity has been maintained with only one exception: In classical physics, nonmaterial phenomena are ruled out. Alongside its considerable successes, pharmacology's rule of dose and effect, which is derived from the principle of "To every action an equal and inverse reaction," has two serious shortcomings:

1. It reduces processes to linear effects and neglects side effects and interactions.

2. It excludes non-material processes and fills the resulting vacuum with the concept of the placebo.

Modern physics has inflicted a great deal of damage on this reductionist, linear thinking. Out of the Pauli exclusion principle, Einstein's equation ($e = mc^2$), systems analysis, and chaos theory grew a conception of the world more suited to understanding the interconnected processes of biological systems.

The mathematical basis for the last two above-mentioned theories was established already a century ago through biology's logistic formula (Verhulst), which (simply put) states that secondary, tertiary, and all successive processes are shaped by the immediately preceding process rather than directly by the initial impulse. If this uncontested principle, which takes side effects and interactions into account, is applied to the theory of disease, the result is a clear classification of pharmacodynamic concepts (Fig.1):

▶ The pharmacological effect is a linear process in the sense of the rule of dose and effect and is therefore only one aspect of the truth of the matter.

▶ Clinical efficacy includes side effects and interactions in addition to the linear main effect, and therefore includes more areas of therapeutic activity.

▶ The pharmaceutical picture, if cleanly delineated, extends beyond purely pharmacological effects in incorporating biographical and constitutional aspects.

Characterization of antihomotoxic medicine

The frequently asked question, "Does antihomotoxic medicine constitute a distinct school of thought in medicine?" is asking for a characterization. Providing one is the only way to substantiate and plausibly present antihomotoxic medicine's independent scientific status, which is determined by two groups of factors: the scientific concepts on which it is based and the therapies at its disposal.

The six-phase classification of disease processes forms the scientific conceptual basis of antihomotoxic medication. Within this classification, morphological, pathophysiological, and temporal factors flow together. The time factor means that the fourth dimension of physics is included. The inspired idea of the "biological division" is unique in medicine in that it delineates the boundary beyond which the organism's ability to help itself is exhausted and (nondamaging) help becomes necessary.

This has provided the basis for developing antihomotoxic therapies. Rather than "antihomotoxic," it would be more appropriate to call this arsenal of remedies "ahomotoxic," because they are toxin-free rather than countertoxic. The remedies homotoxicology has to offer go far beyond classical homeopathy and include (in addition to single homeopathic remedies) catalysts and their cofactors, nosodes, and potentiated allopathic medications. Alongside these is a group

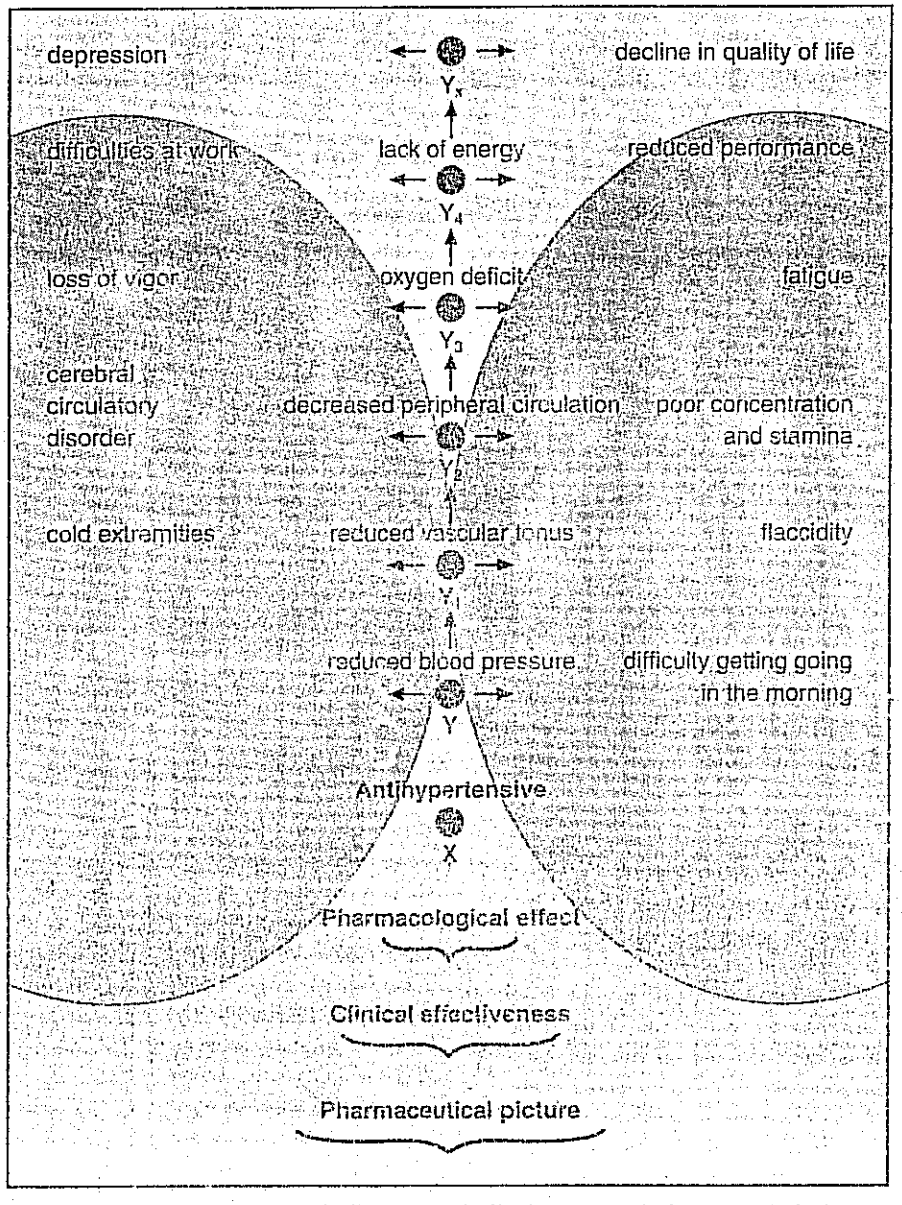

Fig.1: Scope of pharmacological effect, clinical effectiveness, and pharmaceutical picture. The effect encompasses only the linear effect of a medication. Its clinical effectiveness includes side effects and also interactions to a certain extent. In addition to these, the pharmaceutical picture includes constitutional givens and biographical actualities that are outside the scope of pharmacological linearity.

of tried-and-true combination preparations, which differ from linear pharmacotherapy in being in harmony with the complex processes at work in metabolic chains and feedback controls. "Accords" of several potencies of the same substance cover broad therapeutic objectives: facilitation of information flow in the high potencies, regulation of functions in the middle potencies, and material/substitutive effects in the low potencies.

The independent status of antihomotoxic medicine as a distinct school of thought results from its integration of natural scientific bases and the appropriate therapies. Potentiated antihomotoxic remedies contain ingredients from classical homeopathy, substances that come from minerals, plants, or organs, catalysts, and combinations of the above. Antihomotoxic pharmaceuticals are in harmony with homotoxicology's epistemological foundations.(See Fig 1.)

From the fundamental law of biology to Reckeweg's phase theory

Leading a shadowy existence amidst the conceptual onslaught of the so-called "pure" biological sciences, two basic laws of biology have survived–Haeckel's fundamental law of biogenetics and Arndt and Schulz's fundamental law of biology (stimulus rule). The latter demonstrates the relativity of the law of dosage and effect. The effect of a stimulus varies according to dosage, with a quantifiable relationship between the amount of stimulus and the quality of the response postulated. Accordingly, one and the same stimulus (e.g. the same medication) can have a stimulating, promoting, inhibiting, or blocking effect if administered in different amounts. To begin with, this biological stimulus rule does not take into account the initial condition of the individual system that is being stimulated. However, since stimuli are cumulative in biosystems, an organism's response to an individual stimulus is relatively uninformative.

Historically, the credit for having introduced the time factor (the fourth dimension in physics) and the significance of the individual's constitution and biography goes to Reckeweg and his six-phase division. In accordance with the state of knowledge at the time, three phases were assigned to the humoral system and three to the cellular system. However, the intercellular matrix is interposed between the vascular system and intracellular space. This mesenchymal transition zone constitutes the milieu of cells and is responsible for their nourishment and metabolic protection. In putting phase theory into practice, it was indispensable to include this space that is of such importance for cellular functioning.

Deposition of foreign substances in the matrix and their bonding with endogenous structures (impregnation) are processes that take place in the matrix. Here, too, is the fateful dividing line Reckeweg called the "biological division," beyond which the body's self-help mechanisms are no longer sufficient to repair the damage. Beyond

this dividing line between deposition and impregnation, the path to degeneration or dedifferentiation is predestined unless help intervenes.(See Fig. 2)

Initially Reckeweg had a visionary concept of this division into phases and the biological division; only later did scientific confirmation become possible. Antihomotoxic medicine's phase theory will persist and find a place in the thinking of physicians if it is incorporated into a logical structure and is teachable and learnable. For this to happen, antihomotoxic medicine must be incorporated into our modern scientific conception of the world. Prerequisites to this are establishing a scientific foundation for the principle of homeopathy and replacing prevailing linear trains of thought with an understanding of integrative medicine.

Scientific foundations of the principle of homeopathy

With regard to size differences that are conceivable to us, three areas applicable to biosystems can be delineated:

- biophysics: elements and subatomic particles (10^{-35} - 10^{-23}), quanta. Important for information and induction.
- biochemistry: molecule formation (10^{-22} to approximately 10^{-8}).
- morphology: formation of material structures.

Although conventional pharmacotherapy–and therefore also the prevailing school of thought in medicine–likes to call itself a pure biological science, it is subject to two fundamental errors when it works only in gram, milligram, and microgram doses, because matter is present even beyond the Loschmidt number (10^{-23}). The electron (e-), with a resting mass of 10^{-27}, is one example. In addition, effects on biosystems are not restricted to material influences, since energy processes (electromagnetic waves, radiation, interaction quanta) can have far-reaching effects.

Homeopathy works with various dilutions, some containing the diluted substance and some not. In the lower and middle potencies up to 15X, stimulation and substitution may be the primary effects. Most elements occur in biosystems in concentrations of 10^{-2} to 10^{-12}, while hormone precursors occur in concentrations of 10^{-15} or lower. In potencies of 30X or higher, we are dealing with the effects of mass-free particles (photons, neutrinos, gravitons, gluons, strings), and the principles of information and induction move into the foreground.

The dilution process known as dynamization plays a decisive role here. The information transmitted to the carrier substance through repeated contact with the active substance can be passed on even when the active substance is no longer statistically present.

Only with the advent of cluster research has it become possible to understand the workings of carrier substances containing no trace of the active substance. Clusters, also known as nanoclusters or quantum dots, represent molecular patterns. Water molecules, for example, can form monomeric to septameric clusters that surround dissolved particles of the active substance like cages. The stability of these tetragons, pentagons, hexagons, and septagons is symmetry-dependent. In solutions, water molecules tend to form pentagons and hexagons, with pentagons predominating 8:1. So-called magic numbers, which demonstrate especially stable formations, may be the basis of water's "memory" in solutions. The cyclic water pentamer seems to be the fundamental structure in the hydration of biomolecules.
(See on page 264)

One of Reckeweg's visionary ideas was the introduction of "accords" consisting of several potencies. Because misinformation in the realm of physics can result in dysfunction in the realm of biochemistry and eventually even in malformation in the realm of morphology, potency accords with their combination of high, middle, and low potencies cover the entire spectrum of a chain of disturbance.

The clinical and morphological foundations of phase theory

The morphological foundation of six-phase division can be presented easily and without contradictions.

Excretion includes the elimination of toxins and non-metabolized foreign substances via bodily fluids as the embodiment of the humoral transport system. The basic process is the elimination of toxins in solution by means of fluids discharged from terminal vessels. When only detoxification through fluid discharge is involved, the term excretion applies, but when cells with signs of inflammation are also discharged, the process is assigned to the inflammation phase. Inflammation represents an intensification of endogenous defense processes.

If foreign substances are not successfully eliminated by the body by means of the above-mentioned methods, they constitute a burden on the matrix, the transition zone between the humoral and cellular systems. This process is called deposition as long as foreign substances are not bound up with endogenous structures. However, if they are incorporated into the macromolecules of the matrix, impregnation is taking place. Then the matrix can no longer perform its filtering and protective functions for the cells, and over time degeneration and dedifferentiation (tumor formation) may occur. In biological terms, tumor formation can be interpreted as an attempt to maintain life even under unfavorable conditions (deficits in oxidative metabolism).

The basic morphological processes find clinical expression in acute, chronic, and degenerative disease states as well as in malignant degeneration. When a principle such as Reckeweg's division into phases lays claim to scientific accuracy and universality, it must be possible to apply it to causal, structural, and temporal criteria. This is indeed possible for phase division in the form in which it has been actualized. An example is given in Table 1.

Certain groups of remedies such as fixed combination remedies or catalysts with their cofactors present fundamental problems with regard to our concepts of therapy. These can be summed up in the question, "integrative or reductionist medicine?"

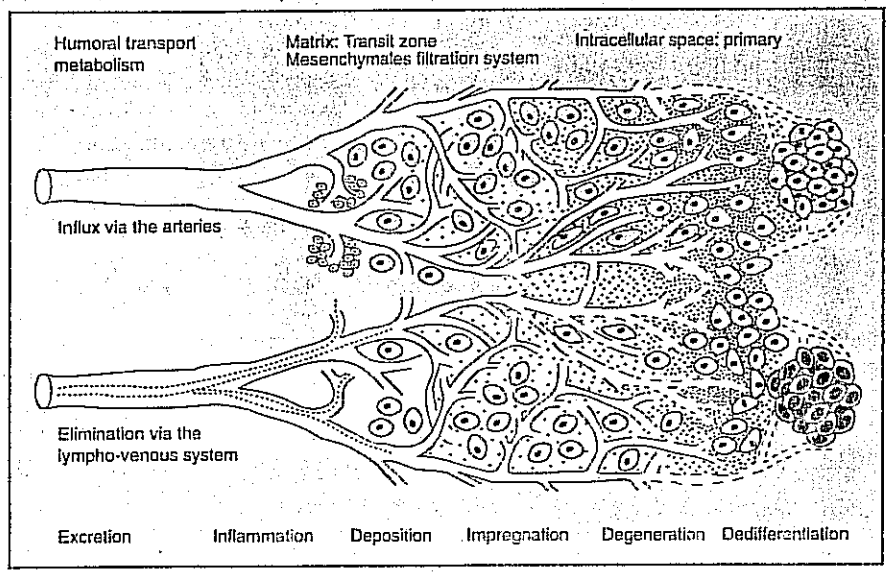

Fig.2: The humoral transport system attempts to remove harmful substances by means of excretion or inflammation. When this system is overburdened, unmetabolized foreign substances are laid down in the matrix (deposition) or bound to endogenous structures (impregnation). As a result, the matrix loses its filtering and protective function for the cells. This can lead to degeneration or dedifferentiation (tumor formation).

In its attempt to present itself as a pure biological science, 20th century medicine has taken a reductionist direction. From all the thousands of factors vital to a biosystem, individual factors that are suited to statistical analysis are extracted as so-called "hard data." In epistemological terms, this means that a complex bioscience is reduced to "scientific" criteria in order to make it accessible to formal scientific (statistical) methods. Conclusions about the complex biosystem are then drawn from the individual statistical results. Therapeutic conclusions based on such reductionist data are necessarily inadequate or incorrect when applied to a single individual because they are based on average values for a collective; when applied to individual symptoms, they are incapable of grasping the total biological situation of a sick person.

In contrast to analytic and reductionist medicine, which dissects, reduces, and linearizes, integrative medicine is oriented toward the biosystem as a biological unity. Objective findings and the patient's subjective condition are integrated into a holistic image that is necessarily individual and cannot be collective. For the most part, conventional pharmacotherapy makes use of single substances and applies them to single symptoms. An integrative form of therapy makes use of both material processes (remedies) and non-material processes. In an integrative concept of treatment, a patient's constitution, lifestyle, environmental influences, and soul-spiritual processes belong together. Combination remedies play a significant role in the pharmaceutical aspect of all this.

Combination remedies

Combination remedies attempt to achieve synergistic effects among their components to optimize their individual effects. They make it possible to:

- reduce the dosage of individual substances
- decrease side effects
- broaden the range of efficacy
- simplify therapy, thus improving patient compliance.

Under certain circumstances, they can also prolong the therapeutic effect and contribute to achieving a constant level of effectiveness. Incidental benefits include treating multiple symptoms simultaneously and reductions in cost.

There are certain disadvantages, however, to using combination remedies. These include loss of freedom to adjust the dosage of individual substances and difficulty in identifying the pharmacological effects of the individual components.

Intermediary catalysis

Some intermediary catalysts are single remedies, while others are combination pharmaceuticals that can also include non-specific catalysts in addition to spe-

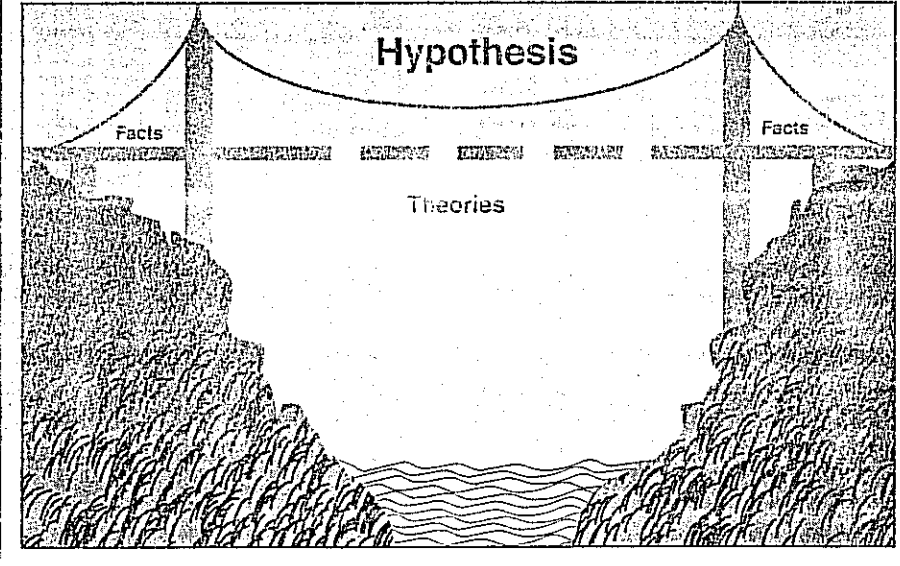

Fig. 3: Gaps in knowledge are initially bridgeable by visions, hypotheses, or theories before they are finally closed through empirical knowledge.

Cellular Phases	Humoral Phases		Matrix Phases			
	Excretion	**Inflammation**	**Deposition**	**Impregnation**	**Degeneration**	**Dedifferentiation**
Cause						
HIV	Outbreaks of sweating Diarrhea	Frequent recividist infections	Lymphadenopathy syndrome	Aids-related complex (ARC)	Aids	Kaposi's sarcoma
Lyme disease	Flu-like symptoms	Erythema chronicum migrans	Hepatomegaly Splenomegaly Lymphonodulitis	Papilledema Acrodermatitis Arthropathies	Encephalo-myelitis Acrodermatitis atrophicans	Gumma
Form of Reaction						
	Hyperemia Exudation Sweating	Redness Swelling Pain	Lymphonodulitis Hepatomegaly Splenomegaly	Amyloidosis Hemosiderosis	Necrobiosis Fibrosis Atrophy	Benign neoplasia Malignant neoplasia
Organ Manifestation						
Skin	Hyperemia Urticaria Sweating	Dermatitis Vesiculation	Eczema	Lichenification Hyper-pigmentation	Firosis Sclerodermia	Melanoma Basal-cell carcinoma
Liver	Swelling Increased secretion	Hepatitis	Hepatosis	Fatty liver Thesaurismosis	Cirrhosis Liver atrophy	Hepatoma Carcinoma
Lungs	Secretory bronchitis	Acute pneumonia	Chronic infections	Hemosiderosis Sarcoidosis Thesaurismosis	Pulmonary fibrosis Emphysema	Lung cancer
Time frame						
	Seconds Minutes Hours	Minutes Hours Days	Days Weeks Months	Months Years	Months Decades	Decades

Tab.1: Reckeweg's phase division projected onto causal, structural and temporal criteria

cific catalysts and their co-factors. Non-specific catalysts are geared to the functional relationships that exist among metabolic chains and feedback loops. Intermediary products and cofactors of the citric acid cycle, the respiration chain, and detoxification mechanisms make up most of the individual remedies. Combination preparations such as **Coenzyme compositum** for the citric acid cycle, **Ubichinon compositum** for the respiration chain, and **Glyoxal compositum** for depolymerization processes are synergistic combinations of single remedies. These preparations are unique in the field of medicine in that their appropriate use requires a knowledge of the corresponding metabolic processes. The catalyst combinations are irreplaceable in treating mitochondrial disorders and energy-deficit syndromes.

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