The Disease Evolution Table (DET)*

by Bruno Van Brandt

Homotoxicology is a living science, and therefore will adapt itself as new knowledge become available. However, being a universal truth, the modern science should in fact only confirm the original idea, and call for an update on terminology. In this first part of a series of articles, we will deal with the history and the newer concepts of regulation.

Since the original development of the Disease Evolution Table (formerly called the Six-Phase Table) by Dr. Hans-Heinrich Reckeweg in the 1950's, new insights from modern medicine have been integrated into this revised table. Not only the name of the "Six-Phase Table of Homotoxicosis" has been changed to "Disease Evolution Table", but also the classification of groups of phases and even tissues have been updated and renamed. Last but not least, more modern examples of diseases in medicine were added to assist the practitioner with the classification of these diseases. The biological division has been renamed to the regulation/compensation division, to indicate the point where the regulation has to be supported and manipulated by the practitioner to induce self-regulation again (see below).

WHAT IS THE DISEASE EVOLUTION TABLE?

Reckeweg postulated the Table of Homotoxicosis (or Six-Phase Table) 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 Ayurvedic medical system of India, and also Dr. C. Hering, 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.

The Disease Evolution Table (DET) is thus a practical instrument used in Homotoxicology to evaluate the possible natural evolution of diseases in a patient. It is based on the different physiopathological principles that govern both modern conventional medicine and complementary medicines. Beside a merging classification of examples of diseases according to phases and tissue levels, it is above all, a dynamic model which follows the chronological evolution of the patient's health over the years.

To understand the Disease Evolution Table, insight into some phylogenetic and ontogenetic dynamics is necessary, which lead to a process of assessing the interaction of organs and tissues that last throughout life, in both physiological and pathological manifestations. It then becomes possible to explain such concepts as disease evolution, *pathobiography*, and *morbid evolution*, or to demonstrate it simply through the patient's clinical history.

Reckeweg's conception of Homotoxicology challenged the static and individual paradigm of every pathological process, and took it forward to a new and more dynamic vision that allowed for not only an explanation of the changes of phases but also correlating them with the origins of the tissues and organs involved. Thus, it became possible to appreciate the fact that disease development and/or progression, during an individual's lifetime, are nothing more than the continual unfolding and reactions of natural biological processes - whether progressive or regressive - indicating either a deterioration of a disease state or the recovery of health ("*restitutio ad integrum*"). This endowed Homotoxicology with such a fundamentally radical importance that it has been the mainspring of its development and the growing interest on the part of numerous members of the various medical professions practically in every country throughout the world.

The original idea dates back to a German-American physician, Dr. Constantine Hering (1800-1880), who during his work at Leipzig University in Germany, was called upon to present some research that would help discredit the science of homeopathy, then in its infancy. Hering set about studying and observing the practice of homeopathy for several years and, on seeing the surprising results obtained with homeopathic treatments in inflammatory and infectious processes, gave up his post at the University and devoted himself to investigating and practicing homeopathy.

HERING'S LAW OF CURE

Based on his investigative work, Hering came up with a series of guidelines that shed some light on how disease processes - but also physiological responses indicating the recovery of health - manifest themselves clinically, and how a doctor could actually deduce or predict the prognosis/outcome based upon pathological changes and/or clinical symptomatology. This was the starting point for Reckeweg (1905-1985) in determining and developing the concepts of Disease Evolutions (formerly called "progressive vicariation") and Health Recovery (formerly referred to as "regressive vicariation"), dynamic morbidity, pathobiography, and in supporting the concept of the six phases of Homotoxicology.

Hering's laws have been clearly defined and not only can they be further validated with the aid of homotoxicological principles, but even confirmed on a daily practical basis through patients' clinical histories. They embrace the following aspects:

I. Law of Centrifugal Healing

According to this law, recovery of health takes place in a centrifugal direction; it moves from the inside to the outside, changing tissues following an order determined by embryonic origin, seeking the path of least resistance, or those that are genetically determined as points of least resistance; in Homotoxicology this equates to Health Recovery - moving from the phases on the right towards the phases on the left, seeking the best (least resistant) exit route for homotoxins.

II. Law of Disease Evolution and Health Recovery

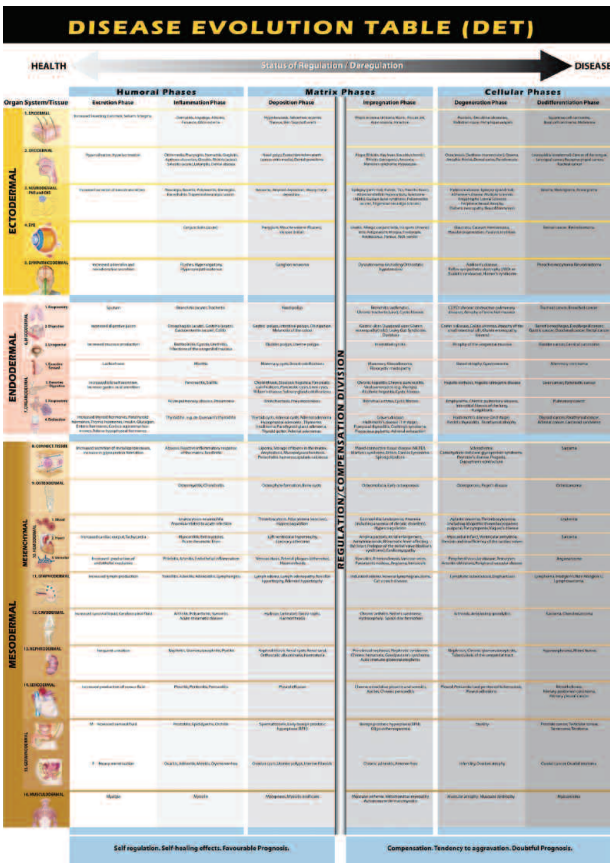
According to this law, recovery of health would take place with regenerative changes occurring first within the more vital organs and gradually progressing towards less vital/important organs, or from the most metabolically important organs to excretory organs. In Homotoxicology, these changes would be shown as a Health Recovery process on the Disease Evolution Table (DET), with clinical manifestations that typically move from the right to the left and/or from the lower levels to the upper levels.

THE MODERN VIEW OF DISEASE PROGRESSION

Since Reckeweg developed the theory of Homotoxicology and the Table of Disease Evolution, we see his dream of merging homeopathic and conventional medicine becoming more of a reality. Through modern molecular biology, many of the concepts which were postulated by past scientists are now confirmed.

We know now that toxins can disturb a number of functions in the organism, but as knowledge of processes on a cellular level emerges, we realize that we need to update our terminology. Regulation in the body is an intricate process, and every living cell is not only in communication with its neighbors, but also with the surrounding matrix and through, this with all the cells in the body. This well-known fact in biological medicine is now also seen in conventional medicine, and it is becoming known that if the cell-to-cell or cell-to-matrix communication is lost, this results in disease such as autoimmunity and dedifferentiation. The matrices which facilitate this information transfer and regulation are not confined to the extracellular matrix, but to a continuum between the extracellular, intracellular and the intranuclear matrix. Disturbance on any level will be thus communicated to all these structures at once, but it will depend on the ability of the regulatory phenomena of the various levels to determine to what extent this disturbance will affect the structure. Some authors, like James L. Oschman, physicist and biologist, call this continuum the "living matrix". We thus see that the postulation that diseases moving through the humeral, matrix and lastly cellular phase, reflect the ability of the organism to regulate in the face of a toxin, or disturbance, and does not necessarily refer to the location of the disturbance in that structure.

For instance, toxins in the extracellular matrix can disrupt the intracellular matrix and even the intranuclear matrix, so that disease can develop even if the toxin is not directly in that location. For this reason, the biological division is really a division between the ability of the patient to regulate, and where compensation is the only way the organism can respond without help from biological medicine. If regulation is thus not possible over the various matrices, we see a disease progression (older term vicariation) and if the regulation is possible or induced by medication, we see a disease regression. This division thus plays a crucial role in the development of treatment strategies. Subsequent articles will deal with the horizontal and vertical axes, and the use of the table as a tool to plan therapy and follow progress of the patient.



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*Formerly known as the Six-Phase Table