HOMOTOXICOLOGY AND CANCER

Homotoxicology can offer an alternative approach to cancer. Recent research in cytology confirms that oncogenesis starts at the cellular level, and progresses over decades before any symptoms or biochemical parameters can be detected. This long process gives the general practitioner a window of opportunity to discuss complementary prevention programs with his or her patients, particularly those with a family history of cancer.

The extracellular matrix in which cells bathe provides information to the cells, directing their function and activity in the global scheme of things. When this “environment” is contaminated by toxins it passes along faulty information sequences and results in cellular dysfunction. Tasks such as cell division are corrupted. This insidious process is often the conception of oncogenesis. Unless the misinformation leaking from the extracellular matrix is corrected, the misguided processes can continue for decades eventually bearing a tumor. The benefit the practitioner can derive from the slow course of oncogenesis is an opportunity to mediate the process in an attempt to arrest progression.

Homotoxicology offers great potential as it works gently to remove underlying toxins that, if accumulated, could, depending on the patient’s constitution, cause cellular chaos and possible neoplasia. The latest in cancer research has contributed new evidence about oncogenesis which reveals processes that can possibly be manipulated over time in the hope of intervening the pathogenesis of neoplasia. One such discovery is the theory of maturational arrest compared to dedifferentiation. It has been assumed that tumors arise from dedifferentiation of mature cells. The latest research now reveals that tumors form from partial or complete arrest in differentiation. In their work, “Mechanisms of Disease”, Slauson and Cooper purport that neoplasia is born from cells involved in tissue renewal; they clearly state that: “tumors are composed of neoplastic stem cells and their well differentiated progeny, which form a “caricature” of their tissue of origin.”

Because homotoxicology’s underlying purpose is to detoxify the body and can be targeted to different systems to detoxify the patient’s affected tumors and redirect healthy tissue renewal, the application of drainage methods with antihomotoxic remedies can be useful in the complementary approach to cancer. Further evidence from research points to the role of certain viruses in the formation of tumors, another avenue for the complementary intervention with antihomotoxic remedies.

With this new evidence, we see how homotoxicology can play an important role in cancer management.

Homotoxic physicians use Galium aparine extensively in their approach to cancer. According to German researcher Boerckie, Galium aparine as a homeopathic composite, can halt the process of oncogenesis. It favors healthy granulation tissue of ulcers. Leading expert in, and professor of clinical homotoxicology, Dr. Ivo Bianchi considers Galium aparine to be highly cleansing and draining of toxins, not only those at the cellular phase of oncogenesis, but also secondary phases of neoplasia. Dr. Bianchi purports that Galium-Heel is highly anti-inflammatory and anti-degenerative. Keeping in mind that the inflammatory process is at the origin of all disease processes and the arrest of maturation seen at the onset of oncogenesis, the remedy Galium-Heel matches the disease process.

The treatment of cancer is more complicated, but no less conducive to the use of antihomotoxic remedies. As a general rule, treatment starts with the administration of drainage remedies: Galium-Heel, Lymphomyosot, and Glyoxal-comp are staples.

Glyoxal-comp. unblocks damaged respiratory processes mainly by catalyzing enzymes associated with cellular respiration while it is highly neutralizing to toxins released by damaged cellular processes. Unlike Galium-Heel, Glyoxal-comp. should not be given frequently, and it must be allowed time to work. Glyoxal-comp. works slowly but very effectively.

The type of cancer will define the remedies to use. In general, protocols for draining and eliminating can be initiated during the cellular phase of oncogenesis, but in secondary phases of neoplasia the Bianchi purports that Galium-Heel is highly anti-inflammatory and anti-degenerative. Keeping in mind that the inflammatory process is at the origin of all disease processes and the arrest of maturation seen at the onset of oncogenesis, the remedy Galium-Heel matches the disease process.

VETERINARY HOMOTOXICOLOGY

The anti-viral capacity of ENGYSTOL

ENGYSTOL can be thought of as a broad spectrum antiviral (as a homeopathic alternative). It has clinical applications in viral infections, infections with fever, and respiratory conditions. It works remarkably well on myotic and allergic dermatitis; two cases of feline military dermatitis were resolved in approximately five weeks with application of Engystol as injection and oral therapy, and several cases of allergic dermatitis. Engystol’s precise action is difficult to pinpoint at this time and research is ongoing; because of its wide scope of successful clinical applications, it is clear that it mediates the immune system in its action against pathogens.

GENERAL PROTOCOL FOR FELINE LEUKEMIA VIRUS

ENGYSTOL: 1 ampule i.v. or orally 3x week for one week, then 1 ampule 3x week for 3 weeks + ECHINACEA COMPOSITUM: 1 ampule orally 2x week for 3 weeks.

Rx Tip: The first dose of Engystol and Echinacea can be given i.v. together; subsequent doses can be given orally as frequent injection can cause bleeding or hematoma in FLV positive cats.

ALLOGIC DERMATITIS

ENGYSTOL: 1 ampule s.c. 2x week for 2 weeks + 1 tablet ENGYSTOL 2x day for 3 weeks.

Rx Tip: Prescribing Engystol tablets provides a fragmented dose which contributes significantly to the efficacy of the product in this case.

VACCINATION

ENGYSTOL: 1 ampule ENGYSTOL s.c. orally, with vaccine + 1 ampule 2x week orally for 2 weeks.

Rx Tip: For extra protection and optimum immune effect from Engystol, prescribe the ampules at a rate of 2 per week orally for 2 weeks, or the tablets at a rate of 1 tab 2x day for 10 days.

We are grateful to the following homotoxic practitioners, who have pioneered clinical homotoxicology, for their contributions to the information in this article: Dr. Ivo Bianchi, leading authority in clinical homotoxicology. Dr. Bianchi has several clinical practices in Italy and is a professor of medical homotoxicology. Dr. Jaroslav Boerckie, is a leading authority in veterinary homotoxicology, who teaches at the international level. For more than a decade, Dr. Serrentino has been referred post-surgical cancer patients by veterinary oncologists for follow-up treatment in patients who had not been treated with chemotherapy, she also works with chemotherapists to minimize toxic effects with homotoxic methodology that she has developed. Dr. Hans-Heinrich Reckweg, founder of Heel who has formulated antihomotoxic remedies and pioneered their use in cancer treatment, he has inspired their use by practitioners worldwide.