Production and Action of Antihomotoxic Medicine's Potentized Suis-Organ Preparations

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Introduction
In several countries, including Germany and France, there is a long tradition of therapeutic use of organ preparations. Depending on the level of integration at which organotherapeutics are applied, they may provide physiological support or aid in tissue regeneration in addition to having greater or lesser substitutive effects. Consequently, such medications are used first and foremost in chronic or degenerative diseases but may also be administered for organ hypofunctions or age-related disorders.

The potentized suis-organ preparations used in antihomotoxic medicine constitute a clearly defined category within the many different single and combination preparations derived from organs, cells, cell fractions, extracts, ultra-filtrates, lysates, derivatives, and enzymes (for an overview, see (10)). In Schmid’s classification system, the suis-organ preparations are considered organ preparations because they contain all of the tissue components of the respective organ (e.g. liver or thymus cells) but also connective and vascular tissue, matrix substances, and other components” (10).

From the legal perspective, organ preparations constitute a distinct category of substances according to § 3 of the German Federal Drug Act. The subject of this article, however, is the suis-organ preparations, which are produced in accordance with the German homeopathic pharmacopoeia (HAB) and must therefore be evaluated in terms of the legal requirements for homeopathic remedies.

That Dr. Hans-Heinrich Reckeweg, the founder of antihomotoxic medicine, chose the hog as the source animal is a unique feature of antihomotoxic suis-organ preparations. The many chemical and biological similarities between this species and the human body have even led to attempts to use hog organs for transplantation in humans. From the homeopathic perspective, these many physiological and morphological similarities mean that a hog-derived homeopathic organ preparation can be seen as a “similar” for the homologous human organ in spite of the fact that it comes from a different species. Reckeweg therefore ascribes stronger effects to hog organ preparations than to those derived from cattle or sheep (9, p. 616).

Potentized Suis-Organ Preparations
The suis-organ preparations used in antihomotoxic therapy are homeopathically produced in accordance with Regulation 42 of the official German homeopathic pharmacopoeia (HAB). They consist of diluted and potentized organ tissues derived from healthy hogs, as the designation “suis” (from the Latin sus, suis = pig) indicates. The suis-organ preparations expand the classical homeopathic repertory to include organ hypofunctions and degenerative organ damage. Schmid defines organ preparations as “preparations that contain several or all of the tissue components of an organ; that is, not only the specialized cells of the respective organ (e.g. liver or thymus cells) but also connective and vascular tissue, matrix substances, and other components” (10).

Source Material and Production
The legal basis for the production of medications from animal tissues is outlined in the German Federal Health Ministry’s Zoonosis Guidelines for reducing the risk of drug-related transmission of disease from animals to humans.

All hogs intended as sources of homeo-
The animals are fed vegetable fodder grown exclusively at the rearing facility itself and augmented only with purchased protein and mixed mineral supplements. Feeding meal processed from mammalian slaughterhouse scraps or garbage is contractually prohibited. At regular intervals and as needed, the animals are monitored both by the state Animal Health Service (in accordance with the health regulations for livestock operations) and by the herd veterinarian. Before leaving for the slaughterhouse, the animals are examined by the official district veterinarian.

In accordance with the Federal Health Ministry’s Zoonosis Guidelines (15 August 1991), the pigs are slaughtered before the age of six months at the nearest EU-certified public slaughterhouse. Slaughtering of donor animals is scheduled for a time when no other animals are being slaughtered. The slaughterhouse’s official veterinarian examines the live donor animals and inspects the meat after slaughtering. In accordance with Point 4.1 of the Zoonosis Guidelines, inspection of the meat must reveal no cause for complaint; that is, it must result in the rating “suitable for human consumption.” To further ensure the safety of suis-organ preparations, each animal undergoes additional testing for microbial contamination, inhibitors, and serological indicators of zoonosis.

Records of ancestry and of examinations by the herd, district, and slaughterhouse veterinarians are kept in a separate file for each animal.

Subsequent removal of the requisite organs takes place in climate-controlled rooms that are separate from the rest of the slaughterhouse and designated by the local government exclusively for organ removal. After each day of organ removal, the rooms are cleaned and disinfected in accordance with regulations. The organs are cooled immediately upon removal. Subsequent detailed preparation of the removed organs is performed by approved veterinarians under laminar airflow in a dedicated organ laboratory in the self-contained laboratory facility of Heel GmbH.

After the results of all examinations and tests have been compiled and the source material has been passed by quality control, the organs (liver, thyroid, cornea, muscle, ovary, etc) that have been removed in accordance with the guidelines outlined above are first finely ground and then processed to a fine suspension in 85% glycerol (a substance suitable for processing proteinaceous animal tissue) in accordance with HAB Regulation 42. This mother tincture is then potentized to the desired level in accordance with HAB regulations. The resulting separation of information (or structure) from matter is not restricted to potentized organ preparations but is characteristic of homeopathically produced medications in general. As with all other homeopathic medications, there is also an overlap between pharmacological and energetic effects at levels of dilution where molecules of the source substance are still present.

The above-mentioned safeguards with regard to animal husbandry, hygiene, and production, removal, and testing of source materials fulfill the legal requirements of the Zoonosis Guidelines. In combination with additional clinical, pathological/anatomical, microbiological, and serological testing, some of which exceeds the legal requirements, these safeguards minimize the risk of removed organs being contaminated by zoonosis pathogens hosted by pigs.

For the most part, the authors who have developed conceptual models agree on the action of potentized organ preparations.

Reckeweg, as the inaugurator of antihomotoxic medicine, sees the use of potentized suis-organ preparations as meaningful primarily in cases of cellular damage to the homologous human organ (specifically, in diseases of the impregnation and degeneration phases of the six-phase table), but these medications can also be used on an experimental basis in tumors in the dedifferentiation phase. Reckeweg also points out that the effect of a similar organ may be more profound than that of the original organ, since the latter mechanism would fall into the domain of isopathy (9, pp. 555 ff.). For Reckeweg, therapy based on the principle of similarity permits more fundamental and profound effects than isopathic therapy because the “similar” stimulates additional mechanisms in the patient. According to the laws of homeopathy, the action of a similar (such as an organ preparation derived from a different
species) can be expected to affect the diseased human organ. With increasing homeopathic dynamization, biochemically measurable, substance-based effects give way to the energetic mechanisms of the informational level of homeopathy.

According to Schmid, the dynamic principle of regulation comes to the fore in potentized organ preparations, in contrast to non-potentized organotherapeutics, which reflect natural concentrations of organ constituents and have primarily substitutive effects (11).

As we see, these authors share the concept that organotherapeutics in general and potentized organ formulas in particular—including suis-organ preparations—act on the homologous human organ, where they regulate hypofunction or malfunction.

The characteristics of materials processed according to HAB guidelines as formulated by the German Commission D, responsible for medication-processing guidelines under the former German Federal Health Office, offer a concise summary of this concept. “The use of a homeopathically processed organ preparation is based on the concept that the action of the preparation supports a weakened or malfunctioning homologous target organ in humans.” Furthermore, such preparations are listed as indicated for “supportive therapy in cases of hypofunction or malfunction of the homologous target organ in humans”. For reasons that remain unexplained, these statements by the Commission have not yet been published in the federal legal gazette and have therefore not acquired the full force of law with regard to authorization of use.

As the choice of the word “supportive” suggests, potentized organ preparations are used primarily in combination with additional homeopathic medications; that is, as a basis for differentiated treatment with other homeopathic preparations.

Autoimmune disorders have been recognized as one particular type of illness for which potentized organ preparations are especially indicated. Reckeweg believed that in such disorders, suis-organ preparations work either by producing antifactors against the autoantibodies that cause the illness, by neutralizing these autoantibodies, or by removing fragments of cells and molecules that would otherwise constantly provoke autoantibody formation (9, p. 615). Bergeret and Tetau also confirm that organ preparations are indicated in this type of illness: “In this therapy, administering preparations derived from the spleen or lymph nodes, or in some cases the thymus, makes it possible to limit autoantibody production. Furthermore, the diluted and dynamized similar organ seems to interrupt the feedback loop between lesion and autoantibodies through a mechanism analogous to isotherapeutic desensitization” (1).

Confirmed Mechanisms of Action

When introduced into the body, any organ preparation (even a potentized form, as long as it still contains some of the original substance) initially serves as a complex mixture of antigens and thus triggers multiple immune responses. According to Heine, the immunocomplexes that develop in these reactions activate the reticuloendothelial system (RES) and are eliminated by its cells. Simultaneously, the cells involved (monocytes, granulocytes, T cells) release many different biologically active substances (lymphokines, cytokines, prostaglandins, leukotrienes, free radicals, and others) that intervene in the regulation of living substance (6). As a result, a neuro-endocrino-immuno-psychological axis is also stimulated. This process presupposes, of course, that the RES can be sufficiently activated and that the organism is capable of responding to regulation.

So-called anti-idiotypic antibodies (anti-antibodies) are especially important. They block autoimmune antibodies, which are produced in increasing quantities during the aging process or after infections. By binding to the Fc receptors of macrophages and granulocytes, anti-idiotypic antibodies also activate phagocytosis and the release of the biologically active substances listed above. According to various reports, organ preparations also trigger the phenomenon of “physiological leukocytosis” described by Pischinger, a process that increases leukocyte breakdown and the release of mediators (2, 3, 4, 12). The body uses these extra mediators in attempts to control regulatory disturbances. These effects have been confirmed with regard to nonpotentized organ preparations, and similar effects can also be observed when potentized preparations are used.

In studies of the immunological effects of potentized organ preparations conducted at the University of Bonn, all of the tested preparations induced either significant or highly significant stimulation of phagocytosis, and several also produced significantly positive changes in lymphocyte response (4). Thus basic research, at least, confirms that potentized organ preparations trigger effects in biological systems.

Kment et al. have published several papers dealing with the effects of nonpotentized organ preparations on complex aging processes. These researchers studied specific parameters of vitality (including tissue respiration, lipofuscin content of various organs, collagen quality, skin quality, and motor activity) in experimental animals given long-term treatment with freeze-dried placenta or testis cells. With regard to all parameters, findings for the treated animals corresponded to data on biologically younger untreated animals. In other studies, Kment et al. demonstrated that when an organ homogenate is admin-

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Figure 2: Procedural steps and safety precautions from the source material to the finished medication.

- Grinding and suspension in 85% glycerol in accordance with Regulation 42 (HAB)
- Further potentization with ethanol in accordance with the HAB
- Quality control in accordance with current regulations (in-process monitoring, finished medication)
istered, the recipient’s homologous organ constitutes a “target organ” (in a sense analogous to hormonal effects) for specific components of the homogenate. Further studies led the same researchers to conclude that the effects of organ preparations are due to cellular regulatory mechanisms (8).

Practical Applications

Potentized suis-organ preparations are administered for diseases of the homologous human organs and are usually combined with other medications. Such therapy may consist either of a standard combination (in the form of a commercially available combination medication or composite preparation) or of an individualized selection of complementary (preferably biological) medications.

On the basis of the mechanisms described above, it seems reasonable to assume that potentized organ preparations are especially indicated in the matrix and cellular phases of the six-phase table. In these phases, endogenous responses are no longer sufficient to overcome disturbances to health. In such cases, the partially substitutive, partially informational potentials and immunological efficacy of potentized organ preparations can be used to good advantage. Many case studies by physicians and prospective studies conducted by the manufacturer confirm that these preparations are indeed effective for the above-mentioned indications when included in individualized therapeutic plans that consider the patient’s entire symptomatic and constitutional picture. Vill’s studies document sometimes surprisingly rapid improvement or normalization in anywhere between 3.8 and 91 percent of patients, depending on the type of pathological change (13). In each case, subjective psychological and physical revitalization was apparent and expressed by the patients themselves.

In summary, the efficacy of potentized organ preparations in chronic-degenerative diseases or specific organ hypofunction can be considered confirmed by the literature (including the materials characteristics of the Commission D). Modern medical science must respond to the megatrend of wellness and vitality on the one hand while dealing increasingly with chronic illnesses on the other. In this context and on the basis of information presented in this article, potentized organotherapeutics, especially if integrated into holistic, naturopathic treatment plans, can make valuable contributions toward meeting the needs of patients.

References


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