
REPORT FROM THE MEDICAL PRACTICE

An Overview of Rheumatological Disorders

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Dr. Riley, in this article, discusses the importance of inflammation in rheumatological disorders. According to the theory of homotoxicology, inflammation is a necessary process by which toxins are cleansed from the body. Whether the rheumatic disease is of inflammatory or degenerative nature, toxin elimination, through inflammation, is to be supported.

The field of rheumatic diseases is a study in the process of inflammation." To quote from the "Textbook of Rheumatology" by Kelly, Harris, Ruddy, and Sledge, "In the rush to quieten the redness, heat, pain, and swelling of a rheumatic disease, the protective or beneficial effects of inflammation are often neglected. The capacity to recognize a foreign or injurious stimulus (homotoxin) and mount a reaction against it is essential to the maintenance of the integrity of the organism. As every practicing physician quickly learns, the more aggressive and potent is the pharmacologic attempt nonspecifically to suppress this reaction, the more defenseless is the resulting host. The preoccupation of rheumatologists with nonspecific anti-inflammatory remedies reflects our ignorance of the specific proximate or ultimate causes of many of the diseases we are called upon to treat. As knowledge about the pathologies of the rheumatic disease increases and specific treatments directed at the causes are developed, devotion to the cause of anti-inflammation should similarly wane." This quote is from one of the main allopathic textbooks on rheumatology and related disorders.

The inflammatory process plays a central role in the detoxification of the human organism. The connective tissue is the battleground where the inflammatory process runs its course. This process may vary in duration from several hours to many years depending on the etiology of the inflammatory response. The end common result of all inflammation is the activation of enzymes which catalyze hydrolytic reactions of lipids, carbohydrates, or proteins. In rheumatology, the inflammatory process results in the hydrolysis of supportive connective tissue, such as cartilage, collagen, elastin, etc. From the point of view of homotoxicology this inflammatory process is a key part of the body's attempt to eliminate or "burn up" toxins. A by-product of this inflammatory process, which is essentially healthy, may be the destruction of apparently healthy tissue. Another possibility is that the inflammatory process may be inappropriately activated because of previous suppressive therapy.

Inflammation has many mediators, the autonomic nervous system, the immune system (IgG, IgM, IgA, or IgE; and anti-

gen binding sites on cell surfaces), circulating factors (Hageman factor, chemotactic factors, etc.), and vasoactive substances that regulate vascular permeability, to name but a few. These mediators of the inflammatory process serve both to specify the area in which the inflammatory process will occur and to deliver the biological elements necessary for inflammation. The common pathway of delivery for the mediators of inflammation is of course the circulatory system. Tissue that is avascular (the cornea, articular cartilage) does not exhibit much inflammation until there is a secondary invasion of vascular granulation tissue. The total blood flow through inflamed tissue is increased. Capillary flow becomes stagnant as the capillary sphincters dilate. Concomitantly, there is an increase in the permeability of the blood vessels. These initial steps are mediated primarily by histamine, bradykinin, prostaglandins, and serotonin.

Inflammation is characterized by an acid environment. It is of interest to note that even in the absence of acute inflammation, the body has a diurnal acid-base rhythm in the connective tissue. From approximately 3 am until 3 pm, the environment is primarily acidic and the sympathetic nervous system is more active. The parasympathetic nervous system and an alkaline environment prevails from 3 pm until 3 am. This daily, rhythmic tidal flow from acid to base and back again may be a way for the detoxification to occur on an ongoing basis. Virtually all of the effects of inflammation can be reduced to the hydrolysis of proteins, lipids, or carbohydrates (which is facilitated by the hyaluronidase activity of pathogenic bacteria). The enzymes which catalyze these hydrolytic reactions are for the most part brought to the inflammatory site within the cells. Once the inflammation has succeeded in neutralizing whatever homotoxins are present, the elimination process can begin, usually accompanied by the formation of pus. Once this has been removed, resynthesis can begin. The extent of the deposition of homotoxins in part governs the success of the repair process. If there has been an extensive loss of the structural matrix of the connective tissue, repair may be more limited. One of the challenges from a homotoxicological point of view is the determination of whether a given

rheumatic complaint (i.e. - inflammatory reaction) is the result of a currently active toxic process or secondary to the previous suppression of the body's natural healing process and the concomitant retoxification (which may have triggered an auto-immune reaction.) It should be clear that inflammation is a biologically, goal oriented cleansing process, one to be supported and not suppressed. The widespread use of anti-inflammatory medication and antibiotically effective drugs will continue to run the risk of blocking critical enzyme pathways and driving toxins to deeper tissue levels, by progressive vicariation. The process of detoxification will only be made more difficult.

Rheumatological diseases can be divided into two major categories: inflammatory vs. degenerative disorders. Rheumatoid arthritis, the most well-known rheumatic disorder, has as its basis an inflammatory response involving the immune system. There is data within the allopathic medical community to suggest that some initiating event, such as an external etiologic agent, may in some cases be responsible for setting the disease process in motion. From the homotoxicological point of view the inappropriate suppression of an elimination reaction is frequently a probable etiology. The elimination of toxins, not the suppression of inflammation, is the most appropriate way to cure the disease. In rheumatoid arthritis there is a striking correlation between the presence of rheumatoid factors (antiglobulins) and the extent of the disease. The presence of bacterial debris, initiating an auto-immune reaction, is a model that has been studied in the allopathic medical community. It is compatible with a homeopathic model of symptom suppression (with antibiotics) and circulating antibody-antigen complexes (bacterial debris, antibiotics, etc.), unable to be eliminated because the body's natural defense systems have been circumvented.

Homotoxicological treatment of rheumatoid arthritis should be broad based and multi-focal. First, if a precipitating event can be determined then nosode therapy directed at the precipitating illness could be initiated. For example, if a patient had repeated bouts of a strep pharyngitis that were "successfully" treated with antibiotic therapy and subsequently (perhaps, years later) developed the gradual onset of rheumatoid arthritis, then treatment with a strep nosode might be indicated. The second phase of therapy could be directed at connective tissue detoxification. There are several protocols depending on the particular disorder and the organs affected. Most utilize Ubichinon compositum, Echinacea compositum, Galium-Heel, and Lymphomyosot. (Psorinoheel, and sulphur-containing compounds are also frequently added.) Since the liver is often involved its detoxification is frequently indicated as well. Rheumatoid arthritis (and all of the chronic inflammatory disorders of rheumatology: lupus, scleroderma, Reiter's syndrome, etc.) is by definition the result of a progressive vicariation. The detoxification process may be more complicated and involve the use of nosodes, sarcodes, and catalyst preparations, in addition to the usual remedies. As the layers of suppression and progressive vicariation are removed the treatment will become more clear and focused. Therapy with Traumeel (or remedies for specific joints) will not uncommonly be the final similimum, prior to a constitutional remedy. It is of

interest to note that Traumeel is a remedy that supports the elimination of inflammatory toxins. The homeopathic Hepar sulfuris in Traumeel supports the regeneration of damaged sulfide enzymes by improving intracellular respiration and oxidation processes. Echinacea purpurea, Echinacea angustifolia, and Mercurius solubilis Hahnemanni all support the biological elimination of toxins through a natural resolution of the process of inflammation. Once the layers of suppressed illnesses have been uncovered and eliminated, the constitutional similimum can be seen more clearly and prescribed for the patient.

Degenerative arthritis, secondary to a wide variety of conditions (obesity, injury, etc.) is usually a much more straightforward matter to treat. BHI Arthritis, Rheuma-Heel, and Zeel are the three consistently successful remedies, with Traumeel frequently indicated as well. I have had excellent results applying Traumeel to the swelling associated with acute sports injuries. I instruct patients to apply Traumeel (and/or Zeel) liberally and cover with a plastic wrap to minimize evaporation before going to bed at night. The swelling and pain associated with acute sprains usually resolves within 48 hours as opposed to the week or more it might take otherwise. As a general rule I use Traumeel as the remedy of choice for inflammatory conditions from acute sprains to rheumatoid arthritis and reserve Zeel as the remedy of choice for osteoarthritis.

In degenerative and inflammatory arthropathies, one can frequently utilize remedies that are specific for certain joints or associated with certain conditions. For example cimicifuga for cervical arthritis, colocynthis for sciatica and lumbar pain, ferrum for shoulder and arm rheumatism, gelsemium for cervical pain, etc. Colnadul, a combination of colocynthis, dulcamara, and natrium carbonicum, seems to be particularly effective when the myalgias are worse in wet weather.

Intra-articular injections of a mixture of Traumeel and Zeel have proved quite effective for a variety of joint disorders. I have successfully treated three frozen shoulders and one case of shoulder-hand syndrome with intra-articular and bursal injections of Traumeel and Zeel. I have also injected the medial collateral ligaments in seven patients who had chronic knee pain yet a stable knee exam. I injected approximately 1cc of an equal parts mixture of Traumeel and Zeel into the points of maximal tenderness. Four of the seven had dramatic results with complete relief of pain after one injection. This therapy can of course be integrated with oral homeopathy and other treatments such as bee venom.

I also try and integrate yoga or some other physical discipline into the treatment regime of any patient with a rheumatic complaint. This is frequently one of the most crucial components because as the patients become more experienced at yoga they gain a sense of mastery and are able to feel more in control of their destiny. Integrating a variety of therapeutic modalities seems to have been the most successful approach in my hands.

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