

Biopuncture and Homotoxicology for gastrointestinal disorders

By Jan Kerreschot, MD

1. What is Biopuncture?

Biopuncture is a therapy consisting of injecting antihomotoxic products into specific spots. Most of these injections are given under the skin or in muscles. Although these products have been used for several decades, the specific name "biopuncture" was created to give more exposure to the possibilities of this particular technique, both for the general public and for medical doctors¹. It can be used for sports injuries^{2,3}, acute and chronic inflammation⁴, pain control⁵ and bioregulation⁶. The therapeutic strategy in biopuncture concerns two major keys: what to inject, and where to inject it. Both are individualized in each patient, and adapted during every session.

2. Which products are injected?

Biotherapeutics are medical products that do not suppress the neuro-immunological responses or interfere with the physiological defense systems of the body. These remedies are injected in order to regulate natural healing, to regulate inflammatory processes that have been suppressed and to stimulate the detoxification mechanisms of the human body. All these techniques are described in more detail in the textbook "Biopuncture in General Practice" (published in Belgium, 2004). The products injected include antihomotoxic remedies such as **Traumeel**, **Zeel**, **Coenzyme compositum**, **Lymphomyosot**, **Hepar compositum**, **Hepeel**, **Colocynthis-Homaccord**, **Ignatia-Homaccord**, **Engystol** and **Spascupreel**. Many biopuncturists also add lidocaine 0.3% or procaine 0.5% to the antihomotoxic products.

3. Where are these injections given?

Most of the injections are given into or just under the skin; others are given into ligaments or specific muscle points. The exact place where the practitioner injects the product is as important as the product itself. Some of these points are trigger points or acupuncture points. Injections into and around joints are also common. This article will focus on the use of subcutaneous injections for the treatment of gastrointestinal disorders.

4. Frequency and duration of injection strategy

Usually the patient comes for injections on a weekly basis, and may need between five and ten sessions for healing. In acute phases, like recent inflammations, one can see the patient twice or even three times a week. Chronic patients start with weekly injections, and then go down to injections once every two weeks, every four weeks and finally every six weeks. To make the injections less painful, a biotherapeutic ampoule can be diluted with physiological liquid: by doing this, the solution is less irritating to inject. To make the injections less painful, one can also add a local anesthetic (low concentration), like lidocaine 0.3% or procaine 0.5%, use the smallest needles available, and use pincer palpation.

5. The extra dimension of injection

The fact that one can administer these biotherapeutic products as injections gives an extra dimension to the remedies, which can be compared to a turbo effect. These are extra effects that cannot be achieved by giving the same remedies orally. Daily practice has proven this again and again, and more and more physicians are realizing that. The first impression of application by injection is a more rapid onset of therapeutic action than by oral administration. But, more important than this, one can notice segmental reactions when giving injections into the segment, neuromuscular reactions when injecting into muscular trigger points and direct influence on the extracellular matrix (ECM) because the injections are given directly into the mesenchyme.

6. Treatment of gastritis with biopuncture

When treating gastritis, several antihomotoxic remedies (e.g. **Traumeel**, **Nux vomica-Homaccord**) can be used. Biotherapeutic injections are given into the gastric area, three finger widths under the xiphoid (see fig below). One can also give injections on the back at the midline between the spinal processes of T2 - T9. If necessary, biopuncture can also be combined with an orthodox treatment (conventional medication) or other therapeutic measures like diet, oral antihomotoxic or phytotherapeutic medication. When functional dyspepsia is involved, one can also add a liver detox with **Hepeel**.



Case:

A man (35) had acute gastritis. He received antihomotoxic therapy with **Nux vomica-Homaccord** (3 x 10 drops a day) and an injection therapy with **Nux vomica-Homaccord** in the stomach area (s.c.), in exactly the spots he had indicated as painful. After one injection he was a lot better (quick responder). Finally, he received three injections within one week and I suggested that he should discuss with his general practitioner whether or not he should go and see a doctor for endoscopic investigation.

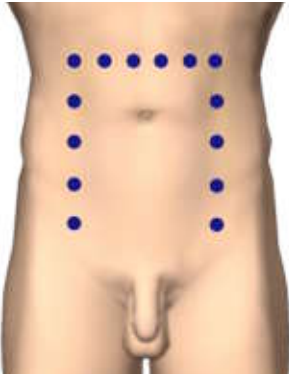
Case:

For the past few years, an architect, 36 years old, had been complaining of nausea, meteorism and vomiting, all of which got worse after taking alcohol and rich foods. The man was ambitious, competitive and impatient. Gastroscopic examinations had revealed a gastric ulcer; he was given Zantac[®] (ranitidine) 2 x 150 mg a day for three years. He felt much better with this therapy, but each time he stopped the ranitidine, the symptoms reappeared after two or three days. As he did not want to continue taking these tablets for the rest of his life, he came to see me to find an alternative solution. Although he was very suspicious about homeopathy and apprehensive about having injections, he agreed to give it a try. We made a deal by agreeing that he would allow me 7 treatments to make him feel better.

I gave him injections with **Nux vomica-Homaccord**⁸ into the gastric area, three finger widths under the xiphoid at weekly intervals. I told him to continue the ranitidine at 2 x 150 mg a day during the injection therapy. Since he was feeling better after 4 weeks of treatment, I told him to go down to 1 x 150 mg a day the next month. We continued the same injections for another month, and he stopped the ranitidine completely after two months. He was quite happy with that because he had been taking ranitidine (2 x 150 mg a day) for three years! Later on, I saw him every two months, and he had no more complaints. I also prescribed him **Nux vomica-Homaccord**, 10 drops three times a day.

7. Treatment of enteritis and colitis with biopuncture

When treating enteritis and colitis, several antihomotoxic remedies (e.g. **Traumeel**, **Nux vomica-Homaccord**, **Colocynthis-Homaccord**, **Veratrum-Homaccord**) can be used. Biotherapeutic injections can be given into the abdominal area (see fig below). One can also give injections at the back side, on the midline between the spinal processes of T9 – L5. If necessary, biopuncture can also be combined with an orthodox treatment (conventional medication) or other therapeutic measures (e.g. diet, oral antihomotoxic or phytotherapeutic medication).



Case:

An osteopath (26) had Crohn's disease for three years. His doctor had put him on Pentasa® (mesalamine) suppositories and these made him feel much better. However, he got much worse since stopping the Pentasa® suppositories because of interstitial nephritis. It was at that point that he came to see me.

I prescribed **Nux vomica-Homaccord** (3 x 10 drops / day) and an intestinal flora treatment with Perenterol® (6/D). I also gave him s.c. injections with **Nux vomica-Homaccord** (on the abdomen in the painful area) and on the low back (on the midline). He returned to work after three weeks and showed no more signs of intestinal inflammation after twelve sessions. Although these results can be due to a natural recovery, the patient confirmed that he felt a substantial improvement which he never felt with the Pentasa® treatment. I suggested that he go and see his doctor for a regular check-up, and to contact me if any new inflammation appeared.

8. Detoxification of the liver

A biotherapeutic complex is injected s.c. into the reflex zone of the liver (see also "Biopuncture in General Practice" fig. 24 p. 68) to stimulate drainage (detoxification) of the liver. One can also give injections at the back side on the midline on the dorsal level (approximately between the spinal processes of T6 - T10). Liver "detox" is indicated for patients with hepatitis, migraine, eczema, Crohn, ulcerative colitis, hemorrhoids, allergy or gastritis. What is injected? **Hepeel**¹⁰, **Chelidonium-Homaccord**, **Hamamelis-Homaccord**, **Traumeel**, **Nux vomica-Homaccord** for acute and subacute problems, **Hepar compositum** and **Coenzyme compositum** for chronic situations.

Case:

For the past four years, a busy car salesman, 34 years old, had been complaining of nausea and vomiting, which got worse after eating rich and spicy foods. For a few weeks, he had itchy, painful hemorrhoids. His doctor suggested that these should be removed. He came to see me because he did not have the time to have his hemorrhoids operated on. Three times a week for two weeks, I gave him injections with **Hepeel** and lidocaine in the reflex zone of the liver. These injections were given subcutaneously. A few days after the sixth session, he phoned to tell me he wanted to cancel his next appointment because he believed he was completely cured: he had no more digestive problems, no more hemorrhoids, and all this without any other treatment (quick responder). When I met him again a few months later and asked about his health situation, he said he was still OK, without having had any other treatment.

9. Conclusion

Biopuncture is a therapy consisting of injecting antihomotoxic products into specific spots. Most of these injections are given under the skin or in the muscles. When treating gastrointestinal disorders, subcutaneous injections are given in the abdominal and back area. These injections are a wonderful tool in everyday practice to support the oral antihomotoxic approach.

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- ⁸ *Nux vomica-Homaccord* is known for treatment of functional disorders in the gastro-intestinal and hepatic region, meteorism, and disorders which get worse after consumption of alcohol, coffee or nicotine.
- ⁹ Guslandi M et al., *A pilot trial of Saccharomyces boulardii in ulcerative colitis*, Eur J Gastroenterol Hepatol. 2003, 15:697-698. *Saccharomyces boulardii* is known as Broncho-Munal, Imocur or Perenterol.
- ¹⁰ Gebhardt R, *Antioxidative, Antiproliferative and Biochemical Effects in HepG2 Cells of a Homeopathic Remedy and its Constituent Plant Tinctures Tested Separately or in Combination*, Journal of Biomedical Therapy 2004, 2, 8-12.