Psychosomatic Issues and Homotoxicology

The New Six-phase Table (Disease Evolution Table)

Case Study: Ulcerative Colitis
For pediatric restlessness, minor infections (with or without fever) and teething pain

- Proven effective through numerous studies¹-⁴
- Can be administered immediately after birth
- Very well tolerated with no known side effects, medicinal interactions or contraindications
- Offered in two convenient forms: oral vials (monodoses) and suppositories

This issue deals with psychosomatic disease. If one looks in a medical dictionary, in many, one does not find a reference to it, in others the definition is as follows: "refers to the influence of the mind or psychological functioning of the brain on the physiologic functions of the body relative to bodily disorders or disease and the reciprocal impact of disease on psychological functioning. It can be used pejoratively, especially if it is thought that the possibility of secondary gain exists".

We need to ask ourselves whether the omission is indeed a mistake, or a forgotten entity, or is this part of a phenomenon we see more and more from a homotoxicological point of view, which is becoming apparent in so many other diseases, namely the merging of the homeopathic and the biomodulatory model?

From the homeopathic point of view, the mental symptoms of the patient are seen as an exquisite part of the patient’s disease, always present, and in fact the most important factor when making the prescription. On the other side of the bridge, the more we learn about the molecular biology of diseases, we see the interaction of the Psycho-Neuro-Endocrine-Immune system or PNEI (the E, in the eyes of many scholars, should stand for emotion, and not endocrine) in almost all of our modern diseases, whether immunological, neurological, gastroenterological or cardiovascular; thus also always present. The conclusion is that all diseases can be viewed as psychosomatic. The term as such is thus becoming a misnomer, from a homeopathic point of view as well as from the point of view of the conventional practitioner, as the psyche always plays a role in all disease.

The influence of the psyche from its inception plays an important role in homotoxicology. Reckeweg already spoke about psycho toxins which could lead toward disease progression on the Disease Evolution Table. Conversely, today it is well known that the brain is one of the organs which is the most adversely affected by endogenous and environmental toxins, many of which interfere with the neurotransmission, or can cause nerve damage themselves. This is the reason why detoxification and drainage form such an integrative part of the treatment of these so-called psychosomatic diseases, together with the pillar of organ strengthening. One of the endogenous toxins which plays a tremendously important role in brain function is the stress hormone cortisol, which if secreted in stressful situations over time, can lead to structural changes in the brain with memory impairment, but also to diabetes, immune abnormalities, etc.

We shall thus discuss practical protocols to deal with many of these so-called psychosomatic diseases which are nothing else but a deregulation of the body’s own balance or intoxication with psycho toxins or environmental toxins.

We mentioned in the last edition, the change of the Six-Phase Table to the Disease Evolution Table, and in this first of a series of articles, we discuss the newer concepts around this, and the rationale for the change.

Lastly, as always, we turn to the practice and the evidence base for Homotoxicology, where we publish abstracts of studies done all over the world, and case studies from practitioners who, in their practices, have wonderful results, often with very refractory cases, such as the one on ulcerative colitis published here.
Baden-Baden. To further develop the skills necessary for lecturing on modern homeopathy to professionals, 83 physicians from 25 countries met for three days in the Round Room of Baden-Baden’s Kurhaus for the fifteenth “Speakers’ Training” hosted by Biologische Heilmittel Heel GmbH. The event, organized by Heel’s International Marketing & Sales department, met with the complete satisfaction of the participants. Health care practitioners from all over the world polished their skills in specialized courses on presentation techniques and public speaking, and they also heard the latest updates on Homotoxicology. This version of “modern” homeopathy is the specialty of Heel’s pharmaceutical business, which has subsidiaries in eleven countries in addition to its international headquarters in Baden-Baden. The Speakers’ Training is part of a worldwide continuing education network that serves over 10,000 physicians and other health care professionals each year.
Homotoxicological approach to psychosomatic disease

THE EFFECT OF “PSYCHO” TOXINS

When we consult in our practices, we cannot help but be astonished by the increasing pressures on an emotional and mental level which befall our patients. No wonder that the most common complaints in holistic practices are often those of ‘burn out’, depression, anxiety as well as insomnia. Many, if not most, of the diseases today can be linked to poor lifestyle and unresolved emotional issues. Our modern world is taking its toll with an increase in competitiveness and information overload, as well as a development of time urgency.

The PNEI (Psycho-Neuro-Endocrine-Immune) interactions form a common language for the whole body in which diseases such as metabolic syndrome and autoimmunity, as well as diseases which are affected by the gut-brain interface, find common denominators. If we need to mention one psycho toxin above all else, it certainly needs to be the chronic stress hormone, cortisol. The physiological role of cortisol as a stress hormone is complex, but it seems its main role is to prevent the defense mechanism from overshooting in its response to prolonged stress. In the short-term, acute stress is mediated via the adrenergic system, but this cannot be sustained. If the stress is prolonged, as we see with our modern lifestyles, cortisol will be the hormone of choice. However, should this become too prolonged, we see the characteristic detrimental effects of cortisol, which has an effect on so many tissues. See Figure 1.

In the immune system, we see a shift towards TH1 in short time stress, but this is very short lived, as the continuous secretion of cortisol from the adrenal glands will cause a TH2 state, thus eventually increasing the risk for allergy, but also for diseases which need the TH1 pathway to be eliminated. These, of course, include deep viral infections, such as EBV and CMV, fungal infections and even cancer.

In the gut, we see that the hypothalamic hormone, cortico-releasing hormone, has receptors in the gut lining, thus causing an increase in the permeability of the gut with the resulting vicious cycles of allergy, intoxication, liver overload, and even systemic disease which is triggered by the antigens leaking through the gut lining.

The role of cortisol in cardiovascular disease and metabolic syndrome is becoming clearer. Central obesity is one of the metabolic actions of cortisol, and insulin resistance is a natural sequel. Cortisol, a catabolic hormone, also shares a receptor with, for instance, the anabolic hormone testosterone in the muscle. If cortisol is constantly excreted at high levels over time, we see a displacement of testosterone, with resulting muscle atrophy and underperformance.

From a homotoxicological point of view, the effect of stress on the extracellular matrix is especially important, as cortisol plays a role in the natural degradation and repair process of the matrix. The diurnal rhythm of cortisol is especially important here, as the ebb phase when it goes down at midnight is a time where the slightly inflammatory state can clear up any diseased tissues in the matrix and also release toxins in the bloodstream. Insomnia and overwork will disturb this vital cycle, and keep cortisol up at night. This cleansing action cannot therefore take place and it is thus of extreme importance to restore the sleep cycle to allow for this. If the degradation and repair is disturbed in the matrix, we see a rigid, toxic matrix which will prevent proper cell-to-cell communication, and matrix-to-cell communication (see the article on the Disease Evolution Table in this issue of the Journal). This will result in cellular disease and eventually dedifferentiation. Cortisol may also have a direct effect on the mitochondria, and with prolonged secretion can interfere with ATP production.
Lastly, if cortisol is secreted in a too high and prolonged fashion, the brain suffers directly. Cortisol has receptors in the brain, which it shares with aldosterone. The balance between these two hormones is needed to lay down long-term memory. If the cortisol displaces the aldosterone from its receptor, this is not possible. Newer evidence suggests that cortisol also can cause the loss of neurons in the vital parts responsible for memory, so that it plays a role in dementia. Cortisol also has an effect on the autonomic nervous system, and will increase the secretion of noradrenaline over time. This will give rise to palpitations, neurasthenia, or in other patients, to the cardiovascular disease mentioned above.

Therefore just looking at the effect of one psycho toxin, we see the complexity we are dealing with. In a holistic system, such as Homotoxicology, we can thus effectively deal with all the effects of the toxin, by applying the three pillars of Homotoxicology. In all disease involving the PNEL, we need to apply the three pillars, namely detoxification and drainage, immunomodulation as well as organ and cellular respiration support.

A patient with psychosomatic disease needs to be detoxified and drained according to the principles discussed in the previous issue of the Journal; immunomodulation is achieved by applying amino acids, preferably over the mucosal membrane, such as Traumeel, Engystol or suis organ preparations (this will be a particular topic in a future issue of the Journal). Organ strengthening is applied by using the appropriate tissue medicine, such as Glandula suprarenalis suis-Injeel or Thalamus compositum, as well as supporting the cellular respiration with the catalysts Coenzyme compositum and Ubichinon compositum (or Ubicoenzyme). It is especially important to support the matrix in these cases. Medications such as Thyreoida compositum, Pulsatilla compositum and Funiculus umbilicalis suis-Injeel form a vital part in the treatment of patients with chronic stress, or in disease processes where this may have been a precipitating factor. That leaves us to treat that elusive entity, the psyche.

TREATING THE PSYCHE

Apart from tissue medications, which will support the brain, such as Cerebrum compositum, we have a number of medications in Homotoxicology to address the different pathologies we see in our patients. These medications are used as a basic treatment on top of the three pillars and can be chosen individually depending on the depth of pathology and the main symptom in the patient. As we are dealing with mental symptoms, the materia medica of these medications becomes important.

1. Nervoheel

Nervoheel is a typical basic medication with 5 constituents, in a low dilution of 4X. Three plants and two minerals form a combination with synergistic action. This medication is best used in anxious, irritable patients especially if they have a component of apathy combined with irritability and insomnia. The pathology is not very deep, and this may be due to time urgency, short-term reversal of life circumstances, or even menopause. This is the mainstay of treatment of anxious depression in the practice. If the pathology is deeper, with added phobias, Neuro-Heel/Neuro-Injeel is added.

The complementarity of the ingredients is as follows:

2. Neurexan

Neurexan is a typical simple combination medication, which treats insomnia, but also will relax patients who are just over stimulated in today’s busy life. Like all simple combinations in low dilution, it has a fast onset of action. It is a medication which works especially well in initial insomnia. It is not designed to treat deeper psychological manifestations like the other products, but is universally used by overworked, over stimulated, stressed patients who need to relax. It can be used on its own, or added initially to the above medications, to start regulating the sleep cycle, and as the deeper acting medications start to become effective, it can be discontinued.
3. Neuro-Heel/Neuro-Injeel

Due to the fact that this is in a potency chord with higher dilutions, the effect is on a deeper mental level and is also used in patients with deeper pathology, or severe life circumstances with which they are not coping. There is compensation on a deeper level with phobias and delusions.

The complementarity of the ingredients is as follows:

- **Acidum phosphoricum**
- **Argentum nitricum**
- **Platinum metallicum**
- **Sepia officinalis**
- **Valeriana officinalis**
- **Avena sativa**
- **Ignatia**

4. Tonico-Heel/Tonico-Injeel

This medication is very well suited to our modern lifestyle. It addresses the collapse and mental exhaustion which comes from over ambition, ‘workaholism’, and time urgency. It is thus a ‘burn out’ medication and well suited to the patient with neurasthenia. It also treats depression, dysthymia and memory loss. In terms of the architecture of this medication, Aurum metallicum forms a counterpoint which makes this an excellent medication for depression, especially following business reversal such as being fired, loss of money or a failed project.
The complementarity action of the ingredients is as follows:

5. Ypsiloheel

Ypsiloheel is often forgotten in the repertoire when we treat psychosomatic disease. It is well known for its effect on globus hystericus, but this pressure and ‘uptightness’ flows through the whole medication. It is thus used in labile hysterical patients, where one has the feeling that there will be a breakdown of some sort if not treated. It is also useful in menopause when these symptoms may temporarily be exacerbated.

In conclusion, thus, in psychosomatic medicine, we treat the soma with the three pillars, and the psyche with a selection of combination medications, which needs to be used as long as it takes to complete the three pillar regime (normally 6-12 weeks).
The homeopathic antiarthritis preparation Zeel comp. N: a review of molecular and clinical data


SUMMARY

Zeel comp. N® (Zeel) is a homeopathic medication that has been widely used for many years for the treatment of arthritic disorders in a large number of countries worldwide. In recent years, a growing body of clinical and molecular evidence has been accumulating that shed light on the possible antiarthritic effects of this preparation. A number of studies report anti-inflammatory effects from Zeel. In *vitro* studies have indicated Zeel-mediated inhibition of the pathways involving the enzymes cyclooxygenase-1 and -2, and also the 5-lipoxygenase pathways, affecting levels of both eicosanoids and leukotrienes. Thus, Zeel may reduce the main two classes of molecules responsible for arthritic pain and inflammation. This review describes recent research on Zeel and discusses the need for further studies to clarify the role of the compound in the antiarthritic armamentarium of complementary medicine.

**Key words:** arthritis, leukotrienes, homeopathy, cyclooxygenases, prostaglandins

Efficacy of a homeopathic preparation in control of post-operative pain - A pilot clinical trial


SUMMARY

**Background:** despite modern surgical technique and anesthesia, post-operative pain following ambulatory surgery remains an important cause of delayed hospital discharge, readmission, and post-operative visits to the primary care physician. Traumeel S® is a homeopathic complex preparation widely used in German speaking Europe for trauma and orthopedic pain.

**Methods:** we performed an open, quasi-randomized triple-arm clinical trial to evaluate the efficacy of two regimens of Traumeel S® in minimizing post-operative pain and analgesic consumption following elective hallux valgus surgery. A total of 30 patients were assigned to the single injection, the injection + oral intake (PO) or the control group. Repeated measures of maximal pain at rest during 13 days postoperative were evaluated using a linear mixed effects model. The total consumption of analgesics was also compared between the three groups.

**Results:** the single injection and injection + PO groups experienced lower pain scores as compared to the control group (p = 0.02 and 0.05, respectively). There was no significant difference between the single injection group and the injection + PO groups. Similarly, the mean total consumption of analgesics was lower in the single injection and the injection + PO groups than in the control group but the difference was not statistically significant.

**Conclusion:** in this pilot study, Traumeel S® demonstrated efficacy in minimizing post-operative pain following repair of hallux valgus. These promising results should be validated in a randomized, double-blinded, placebo controlled trial.

**Key words:** homeopathy, Traumeel S®, hallux valgus, pain management
Therapeutic possibilities of the preparation Nervoheel® in the treatment of patients with somatic conditions suffering from anxiety disorders

Reprint from Milopolskaya IM. Russian Biologicheskaya Meditsina 2002;01:30.
Original language in Russian.*

SUMMARY
In this study, performed on a population with borderline psychic disorders in the medical (somatic) polyclinic, the results with the homeopathic preparation Nervoheel® (Heel, Germany) in chronic psychosomatic patients with high levels of comorbid anxiety disorders are presented.

Positive improvement in 30 patients with reduction of both psycho-autonomic and somatic disorders (cardiovascular, gastroenterological, dermatological and others) confirmed the suppositions about the benefits of including into the complex somatotropic therapy the biological preparation Nervoheel®, possessing autonomic-correcting and mild anxiolytic properties.

Nervoheel® is safe and does not cause any side effects or other undesirable interactions with somatotropic preparations, and does not require any kind of adaptation for somatic patients of different age groups.

*Free translation

Experience of application of Oculoheel® in correction asthenopia in persons whose work is connected with eyestrain

Reprint from Shalduga TG, Kapustnik VA, Poljakova LA. Ukrainian Biologicheskaya Terapiya 2004;1:41.
Original language in Russian.*

SUMMARY
This is an investigation of clinical efficacy of the combination antihomotoxic preparation Oculoheel® (eye drops) in correction of asthenopia in persons whose work is connected with eyestrain. 20 patients (average age 42.5±1.2), with signs of asthenopia and a functional spasm of accommodation, were surveyed and treated. For an estimation of a baseline condition of the eyes, assessment of visual function was carried out. Patients complained of a feeling of weakness, fatigability at reading and at work at a close distance, as well as a pain (which is “cutting” in character) in the eyes, forehead and sinciput. Deterioration of sight and the occurrence of double vision were also assessed. Objectively, in the majority of these subjects, when assessed by visual analysis, a threshold of stability in achromatic vision, speed of visual perception, and accommodation were decreased. All patients received Oculoheel® (eye drops) in a dosage of 1-2 drops in each eye 3 times daily up to achievement of a comfortable condition of eyes.

The estimation of effectiveness of therapy was assessed according to the clinical criteria, improvement of the general condition and restoration of productivity by patients, duration of treatment, occurrence of complications and tolerability of the preparation.

In all the subjects receiving Oculoheel®, by day 3-4 of treatment, eye pain had decreased, sight had improved and dilatation of the vessels’ conjunctiva had disappeared. All patients tolerated the given treatment very well and no adverse events were reported.

Thus, the research confirms a high therapeutic effectiveness of Oculoheel®. The positive clinical effect of Oculoheel as assessed on subjective, and objective symptoms and signs, permits the recommendation of the given preparation for correction asthenopia and to prevent myopia in subjects who professionally are prone to long periods of eyestrain.

*Free translation
Ulcerative Colitis

by Luigi Piroli, M.D.

Case presentation

• Italy, 1997-99
• Patient A.R., a 54 y.o. male with a diagnosis of Ulcerative Colitis

Medical History:
• Patient refers that from childhood has always had a very “delicate intestine”. Any occasion of even slight dietary abuses immediately was followed by intestinal cramps and diarrhea.
• For decades had known to have “colitis”, but in the last 5 years has been labeled as Ulcerative Pan Colitis from diagnostic colonoscopy and biopsy.
• Any dietary abuse is followed by severe intestinal cramps and bloody diarrhea.
• Recently had been prescribed corticosteroids to control bleeding and in preparation for surgery which the patient wanted to avoid at all costs and had thus become open to other forms of treatment. Medical dietary recommendations were to “eat light” without too many other explanations.
• The patient’s family and social life had become a continuous source of renouncements and embarrassments.

Physical Exam:
Patient appeared underweight, tired and dehydrated. Upon palpation of the abdomen, tenderness was diffuse and significantly painful over the descending colon even with light pressure.

Therapeutic approach

Ulcerative colitis (affecting mucosa from different portions of the colon to the rectum) together with Crohn’s Disease (affecting mucosa of the small intestine) comprise the two major GI pathologies referred to as Inflammatory Bowel Diseases (IBD) due to a chronic state of apparently dysregulated mucosal immune function of the GALT, triggered by luminal flora and/or other contents probably based on inherited predisposition/abnormalities of the intestinal epithelial cell barrier and/or inherent inability to regulate inflammation once started (Harrison’s Principles of Internal Medicine).

Therapeutic Rationale:
I. Dietary - Avoidance of GI-Irritants
• Patient was Blood-Type 0 and was suggested to very strictly follow a diet for this blood-type (these individuals are basically to avoid all dairy products and grains in any form).
• Avoid known intestinal irritants (alcohol, spicy foods, processed foods, coffee, high-fiber foods, sweets, deep-fried foods, barbequed foods, acid foods like tomatoes and vinegar, etc.).
• Liquid poly-vitamin/mineral supplements.

II. Treatment of Dysbiosis - Probiotics to re-establish a normal intestinal flora (Eubiosis).

III. Biotherapeutics - Typical example in the usefulness of the application of the concept of 3 Pillars.
Biotherapeutic approach

DET phase: Degenerative, Endodermal
Case of classical application of the 3 Pillars of Homotoxicology

Symptomatic or Basic Medications (week 1 and 2):
- 1 Arnica-Heel vial +
- 1 Podophyllum compositum vial +
- 1 Veratrum-Homaccord vial

Materials & Method: (may be used orally, best mesotherapeutically. Can also use drops)
- Contents of the 3 vials are mixed in a 10 cc syringe
- Use “meso” needles (4 mm x 27 g)
- Multiple small mesodermal or subcutaneous injections on the abdomen along the anatomical projections of the L.I. (ascending/transverse/descending colon)

Points of Injections:
- Projections of L.I.
- Frequency: 3x/wk, for 2 weeks

Application of the 3 pillars

Home therapy started after 1 week (to avoid possible toxic overload).

1st Pillar: Drainage & Detoxification (start after 1 week of mesotherapy with basic remedies - thus, at week 2)
- Nux vomica-Homaccord drops (8-10 drops 3x/day) - GI
- Lymphomyosot drops (8-10 drops 3x/day) - Lymphatic
- Hepeel tablets (1 tab 3x/day, sublingually) - Liver
- Solidago compositum vial (orally, 1 vial 3x/week) - Kidneys

2nd Pillar: Immuno-regulation/Modulation (add at week 3, for 2 weeks - thus weeks 3 & 4)
- Echinacea compositum S vial (orally, 1 vial 3x/week)
- Pulsatilla compositum vial (orally, 1 vial 3x/week)

3rd Pillar: Cellular Support/Regeneration (add at week 5, for 2 weeks - thus weeks 5 & 6)
- Mucosa compositum vial (orally, 1 vial 3x/week)

Frequency:
- 2 complete consecutive cycles, with 1 week rest in between (starting each time with the first week of abdominal mesotherapy)

Maintenance

Follow-up every 2-3 months and interventions according to symptomatology.
This patient required 1 cycle 4 times in the first year + home therapy with the basic symptomatic medications (vials taken orally, 1 of each 3x/week) almost continuously.

Results:
After 3 months, patient’s symptoms had significantly improved and it was no longer necessary to take prescription medications. After 9 months colonoscopy results confirmed significant reduction in inflammation (from a pan inflammation that had become “patchy”). Patient has been living a ‘normal’ life after 1 year.
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.

REFERENCES

*Formerly known as the Six-Phase Table
Enjoy the outdoors and leave your allergies behind!

- Scientifically demonstrated to effectively reduce typical seasonal allergic symptoms such as runny nose, sneezing and itchy eyes\textsuperscript{1-3}
- As effective as cromolyn sodium nasal spray\textsuperscript{1}
- May be used at the onset of symptoms or in prevention
- Offered in two convenient galenic formats: tablets and nasal spray
- Suitable for the whole family (including children, pregnant and nursing women)
- Can be combined with other natural or conventional medications and is ideal for long-term treatment
- Well tolerated: no known side effects such as drowsiness and is not contraindicated for hypertensive or cardiac patients

\textsuperscript{3} Arrighi A. Homotoxical versus conventional treatment regimens in the prophylaxis and treatment of pediatric seasonal allergic rhinitis: a comparative clinical study. \textit{J Biomedical Therapy} Spring 2006;8-10.

* Also known as Luffa comp.-Heel in certain countries.