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Focus-teaching and Regulations-pathology

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Around 1910, when Paessler and Hunter founded the focus-teaching, the mistake of one-sidedness slipped in, as is so often the case at the arising of a new scientific question. They limited their investigations to the role of the germs found in the focuses. They assumed that "the distant effect of a focus is transmitted by the periodic or more continuous influx of bacteria, possibly also by toxins in the blood circulation;" in consideration of this type of origination, the focus-happening was taken to be a septic process (Doerr 1936). Therewith, the focus-research became so fixated on the local bacterial process that, to this day, many doctors are of the opinion that one can conclude the focus-effect from the presence and type of local inflammatory changes. Through this conceptual one-sidedness, the focus-research, after great attention in the beginning, was pushed into an outsider-role because it could not explain why identical local processes cause distant effects at one time and not another time. To this day, one has to deal with the fact that the theory of focus-infection has released an eclectic misjudgment: whenever a focus-happening is at all under consideration, one should mostly look for "large" focuses because "small" focuses

would disseminate only insignificantly.

But even during the time of intensest ~~attention~~ investigation, there were one-pointed proofs that this theory, together with its expansion into focus-toxicity and -allergies, was conceived much too narrowly.

The most important observation that a focus-aggravation relates to a considerably wider realm than a - misconstrued - antigen-antibody-reaction, was the discovery of the second-phenomenon by Huneke in 1928. Therewith was proven that not only bacterial, but also abacterial tissue modifications can cause distant effects, and that, with the speed of effects of neuraltherapeutic measures, the immunologic reactions-path for a focus-happening may not be singly decisive. It so happened that this observation did not become acknowledged - it could not fit in anywhere with the knowledge-level of its time.

Likewise, the work of the Viennese dermatologists Kerl, Stein and Urbach who reported repeatedly 1930-1935 that non-bacterial allergies heal only after a focus-elimination, either spontaneously or they become accessible to a specific desensitization, remained without being noticed. According to this observation, "a focus-infection frequently is only an allergy-predisposing factor, not an allergy-releasing factor" (Urbach 1935).

Second-phenomenon and effect as predisposing factor proof that also with bacterial focuses, immune-processes may not necessarily be in play to cause distant effects, but may appear only facultatively. Therefore, quite generally spoken, the obligate effect of a focus must be searched in another realm. Corresponding to the nearly immediate effect of neuraltherapeutic

interventions, Siegmund tried in 1950 to declare the focus-effect via the vegetative nervous system, in particular the stromal band nerves. For this, he involved Ricker's relations-pathology and Speransky's neural-pathology. Bacterial and a-bacterial fields of disturbance, accordingly, cause a change in the excitability of the stromal band nervous system. Thereby, identical impulses (irritants) may be answered very differently, and diverse impulses may often be answered identically: decisive for the intensity of response is the starting condition of the total functionality. The focus is, according to Siegmund, a disturbance-field because it changes the total excitability of its surroundings and thus creates the conditions for organisms, or its single systems, to react in ways which generally do not pertain to them.

However, this consideration remained a hypothesis because nerval-vegetative processes were then not precisely measurable and also not reproduceable. Only the last works of Bergmann about the regulatory-pathologic side-differences,hold (nowadays, 25 years later distinctly provable by measuring techniques) references to the participation of the vegetative-vascular innervation within the nonspecific defense happening.

The non-immunologic effects of focuses, also second-phenomenon and predisposing effects, were indicators for the existence of a further regulatory mechanism beside the immune, nervous and hormonal systems. This surmise became nearly a necessity, when Lutz succeeded in finding a serum-extract which could not be made to fit into the usual effects-scheme of specific substances, due to its extremely unspecific ways of working. Pischinger identified it as a threefold-unsatiated conjugated water-soluble fatty acid, which I was able to describe in 1956 in its largely contrary effect to Corticoids.

Pischinger succeeded in discovering this regulatory mechanism and he described it (last time 1975) as "System of Basal-Ground-regulation". He found humoral processes which are measurable and reproduceable at at any time. These non-specific humoral actions prevail over the cellular and specific-immunologic defense processes.

This system of basal-regulation is composed of:

1. the extra-cellular tissue-fluid (the "taken along original ocean" in their electrolite content),
2. the cells of the soft connective tissues, the reticular cells or fibroblasts, also of undifferentiated cell material which has no holding or supporting function, nor specializes as blood or vessel-cell,
3. the nerve thread web,
4. the capillary system.

It has been proven electro-microscopically that neither the nerve-end-threads nor the capillaries are ever in direct contact with the specific organ cell. The final transfer of sensations (stimulants, irritants) and metabolic processes is always actuated via the tissue fluids, their composition being decisive for this function.

The cells of the soft connective tissues, which are also in the adult organism totipotent cells (Maximow), play into the cellular defense, according to the investigations of Pischinger and collaborators: they can mutate into other cellforms when there are changes in the biopotential and in the ph-value, also under irritant (stimulant) influences; changing namely into histiozytes, monozytes, plasmcells and possibly also into small lymphozytes.

Topographically, basal tissue is ubiquitous, excepting the uppermost epithelial layers of skin and mucous membranes. It forms a dense net which penetrates all organs and organ systems, but also, it forms organ-like constructs in form of the reticulo-endothelial systems, the spleen and the lymphknots. Especially the latter are the control-switches for cellular immune-reaction: the tissue-fluids reach the lymph~~knots~~ Nodes directly via the lymph-tracks and thus gain influence directly on the cells in there, among them the immune-competent lymphozytes.

The basal tissue stands as singular body tissue in direct connection with the nerve-end-fibers, excepting the adrenal marrow and the brown fat.

Local disturbances lead, via this ubiquitous system, to total reactions, as was proven by Stichinger with the sting ("Stich")-phenomenon, and as is reproduceable daily by neural therapy and acupuncture.

We are dealing here with the phylogenetically oldest communications system between living cells and the cells of simplest multi-cellular organisms. If one, with a certain justification, imagines the development of finely differentiated organisms in the way of a building-block system, in which the well-proven is expanded by additional functional mechanisms, but not displaced by them, then one understands that the basal system is of decisive importance even for the human organisms.

This basal system is not limited to defensive tasks. In it lies the steering for basic life functions and the management of water, acid, base, oxygen and electrolytes, also enduring performances which support life itself. It largely controls by

its energy function the intensity (but not the specifics) of the immune response. In this way, the process-form for the response to stimulation is determined by the basal system as to defense in the form of acute, subacute, chronic-recidividing, chronic-progressive or consummating reaction course, while Noxe and specific immune performance mainly determine the specific picture.

The basal system steps in fully nonspecific, energetically for the defense action

1. by lowering of the irritational threshold (Perger)
2. by changing the ways of reactions (Perger)
3. by limiting the reagibility (Perger, Pischinger, Kellner)
4. by changing the utilization of O_2 (Pischinger, Kellner)
5. by changing the unsaturated compounds in blood and tissue-fluids (Pischinger, Kellner)
6. by side-differences in the total reagibility (Bergsmann, Pischinger, Kellner).

Focus-forming tissue changes of bacterial and a-bacterial nature, however, constantly penetrate into this basal tissue, e.g. by scars after disturbed wound-healing or persistent chronic inflammations, among them, apical and ostitic jaw processes. Therewith, a permanent irritant is set which changes the basal functions in the above-listed sixfold way gravely.

The irritational threshold is lowered in proportion 1:50 up to 1:1000 compared to a healthy person. The healthy testee, given other-vaccine or self-vaccine, shows a total reaction only at administration of ca. 500,000 germs; while aggravated persons show the same responses with a dosage of 500-10,000 germs. The

vaccines were used for these tests because of their rather precise dosage-measurability, but the same irritational-threshold-changes may be tested in case of physical irritations, heavy metals, eggwhite, etc. but such aggravations are hard to measure (Perger).

The way of reactions changes: from the three-phased reaction in the acute inflammation, the changes go via one-phase reactions in allergic and periodic inflammatory illnesses up to reactionary freeze with chronically progressed and consummating illness processes. This may be followed by length-section determinant, non-specific parameters (electrolyte, cholesterin, Jodometry acc. to Pischinger etc.) and by bioelectric measuring methods (Perger, Pischinger, Kellner). Remarkable is that electrolyte-process-changes can be grasped only at their active stage, while the test results of Oxymetry and of Jodometry reveal pathologic starter values also during inflammation-free intervals.

Until recently, we paid primary attention to these pathologic reactionary courses, but it seems that the therewith connected regulatory limitations are more important. In acute inflammation, as also with energetically high performance, electrolyte-variations between 25 and 30% from the starting value, are observable, that is, firstly minus 15-20% and in the second phase plus 10-15% from the starting value. With allergies of the delayed type, this reagibility already reduced to minus 10-15% from the starting value, with chronic-progressive processes (especially with consummating inflammations and malignancies) it is with ± 3% practically frozen. The changes of Oyxhemoglobin values in the venous blood and the values of unsaturated compounds

in the blood serum under lasting aggravation, which has been observed especially by Pischinger, is here briefly quoted: both are lowered in case of chronic-recidividing processes. In the test attempt and in the length-section-observation, they show the same restrictions of reagibility as the electrolytes.

But of special importance is the fact that there are distinct side-differences in the non-specific regulations. 1965, Bergmann described blood-panel-differences in case of one-sided pulmonary processes, and therewith re-discovered a forgotten observation. These side-differences, have been repeatedly proved and proved again with all kinds of non-specific parameters, bioelectric and thermic measuring methods, by Pischinger, Kellner, and Bergsmann himself, and also at our Badener Institute. They are undisputable, but they are partly strongly influenced by the vessel-system: in sitting and standing they express stronger than in lying down (Bergsmann). The connection with aggravational factors is clear: the stronger aggravated side always shows the more restricted reaction and reagibility, even when these aggravations clinically don't manifest (Kellner).

Thus one must state, that through aggravations by focus or disturbance fields serious changes in the mesenchymal regulatory system are caused already before the activation of the immunal processes. They appear to be obligate, only, the focuses and disturbance fields have no monopoly for releasing them.

Without claiming completeness - simply because it was impossible to examine everything as yet - one finds regulatory-pathologic changes with the following aggravations:

1. Mycoses of the intestinal tract (Kellner, Perger, Schuh)

2. corroding metals in tissue contact, such as endoprotheses, tooth-metal ligations, shrapnel splinters (Gasser, Perger)
3. artificial materials in tissue contact (Kellner)
4. ionizing rays (Kellner and collaborators, Perger)
5. heaviest traumatic shock conditions (Perger)
6. chemotherapies with immune-suppresives and cytostatica, corticoides, antibiotics (especially in prophylactic application), antirheumatics and antiphlogistica (in case of high dosage and long-range usage) (PIschinger, Perger) and heavy metals therapies (Perger).

By just these other designated aggravations, the focus-happening is lifted out of its to-date asserted special position and is placed as an important,but not a singular,factor in the regulatory happening.

Besides this, the focus has the faculty to release (cause) immune-reactions. That this is possible also from the root-canal, Keresztesi and Steffen have already lectured in this congress. These need not necessarily be bacterially caused, but also through other- and denatured self-~~eggwhite~~ albumin (Kerensztesi and Steffen, HIller, Schug-Koestlers, Gaebelein, etc.) - so that the question arises whether pathologic self-~~eggwhite~~ albumin-exhaust products in a focus play a supportive role in the development of auto-aggressive illnesses.

All this acts confusingly at first. One finds obligate the clear regulational-pathologic effects of a focus-happening and the aggravations which work similar to a focus. If the aggravation remains isolated, it comes to appearances of a type of vegetative dystony. The restriction of reagibility, however, can activate

toxins which would never become activated in their normal reactions ways : as example, certain allergies (Kerl, Urbach, Stein) and the multiple sclerosis are here quoted (Aiginger and Neumeyer, Perger). Additionally, facultative immune reactions may occur against bacteria in the form of septic reaction, of bacterial toxicosis or allergy, but also as immune-response to other-eggwhite and/or self-eggwhite-exhaust products.

The consequences of this new orientation of the focus-teaching on regulations-pathology lie at hand:

1. Without regulations testing, no chronic inflammation can be designated as focus with certainty.
2. Regulations-pathologic processes are,not only by bacterial processes, but also by a-bacterial tissue-changes and a series of other aggravations,released of which several have already been quoted.
3. The action of focal aggravations as predisposing factors proves that toxins exist which become activated only by a prior narrowing of the reagibility. This principle starts with the allergies and appears to be valid up to maglignant formations and, thus, it lies far beyond focus-investigation (Urbach, Kerl, Perger).
4. Most of all, one finds new starting points for therapy of chronic-recidividing and chronic-progressive inflammations, as long as a normalizing of the basal system is still possible.

The aim of this therapy is the restoration of normal non-specific regulation and, thus, secondarily also normal immune performance. However, this is not possible in all cases, as one is not yet in the position to resolve the regulations-freeze

of consummating inflammations and malignancies. Not rehabilitable in this sense are the major part of genuine PCP, the Mb. Bechterew, the other auto-aggresive illnesses like sclerodemia and lupus erythematodes, as well as the chronic-progressive multiple sclerosis. Inspite of these restrictions, the possibilities are significant. 1949-1970, 4716 patients have been examined regulations-pathologically, 3181 cases were under treatment for a longer time, 2652 experienced a focus elimination. Among them were 1383 cases with inflammatory join diseases. If one limits oneself to the description of these 1383 cases, one is first surprised about the small percentage of seropositive PCP compared to the stationary patients of clinics and hospitals: there were 247 cases (17.9%). That means, that the patientry of a clinic embraces a negative selection and the rheuma problem is therewith distorted. Of these 247 cases of seropositive PCP, 142 cases (10.3%) could not work with our methods because of fixated reactionary freeze, and therefore remained with antiphlogistic and immune-suppressive therapies. With 105 of these cases (7.6%) it was possible to reach an essential mitigation through careful elimination of focuses and aggravations; provably through essentially lowered need for drugs and noticeable reversal of illness conditions. But it is to be said that in not a single seropositive case of duration was it possible to eliminate complaints completely.

82,1% of the cases, in total 1136 patients, had seronegative joint and spinal illnesses with limited but not lame basal regulation: monarthritis, oligoarthritis, spondylarthritis and periodic coursing polyarthritis, as also more rarely fevrish joint rheumatism.

In these cases, the therapy was three-phased: firstly, the treatment for the inflammatory stage, whereby the antiphlogistic therapy was carried out with the least possible aggravation of the basal system in selection and dosage. In the second phase, exclusive of an interval free from inflammation, the focus elimination was carried out as protective therapy with electrolytes and antihistamins; and in the third phase, an after-treatment with (Reizkoerper)therapy and water cures for the lifting of the irritational threshold and for the normalizing of the reagibility.

Thus, with 656 patients (47,4%) a complete freedom from complaints was reached for at least five years, whereby it is to be noted that this happens only after about three years of therapy. With further 480 patients (34.7%), mild complaints of short duration still arise especially in connection with additional aggravations such as feverish cold-infections, exhaustion, etc. These respond well to light analgetica such as Salicylate, but a social limitation in profession or family does no longer exist.

The discovery of the basal system by Pischinger made possible a new orientation in focus research, namely the bridging into regulations-pathology. The review which I here presented may appear confusing at first sight: the double-layered defense activities, non-specific regulation and immune-response, conditions also a two-fold reaction to every aggravation, inclusive of the so-called focuses - one obligatory non-specific and one facultative immune-reaction.

Literature

not translated