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Scientific Basis
of biological
and homeopathic
Therapy



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The science of homotoxicology constitutes a new concept of disease: All diseases are regarded as antitoxic defense processes. In the last decades, molecular-biological research has established solid grounds for biological medicine and biological therapy. Thus, homeotherapy and other biological therapeutical techniques, such as acupuncture, are becoming scientifically established.

In reference to the recent results obtained in the field of electronical optics and enzymology, as well as to the experiments with radioactively marked elements, the foundation of homeopathy will be pointed out today by the law of inversion (by Arndt-Schulz) and the similarity law (by Hahnemann), the founder of homeopathy. These have been verified especially by homotoxicology and by scientific experiments.

From this it can be concluded that biological natural remedies and homeopathic practices can certainly be highly effective, provided they are used in the appropriate manner. — But the postulate of appropriate manner applies also to all allopathic medications. — Compared to antibiotics, chemotherapeutics, etc., biological preparations offer, however, considerable advantages, because they never cause injuries. Following the use of antibiotics, therapeutical injuries occur, such as the destruction or disarrangement of the desoxyribonucleic acids, in which all heredity factors are stored, and other damages, recently designated as "iatrogen pathology."

Also, in other ways, the various antibiotics may result in serious therapeutical injuries, even mutations may occur due to mistakes in the reading or interpretation of information ("nonsense proteins") or suppression of protein synthesis, etc.

The German Medical Organization, therefore, postulated, that drugs with side effects should only be administered in cases where other suitable remedies are not available. Therefore, we have to develop effective remedies which help without damage.

Reversal Effect

An experiment by Professor Hauss (Münster) shows, for instance, that a high degree of dilution produces fundamental biological effects, such as Cortisone, the corticoadrenal hormone, causes by reversal effect a considerable increase of ^{35}S -sulfate storage in the mesenchyme, even at the dilution rate of 1 : 1.000.000.000 (see figure 1).

^{35}S – cpm / 100 μg SMPS

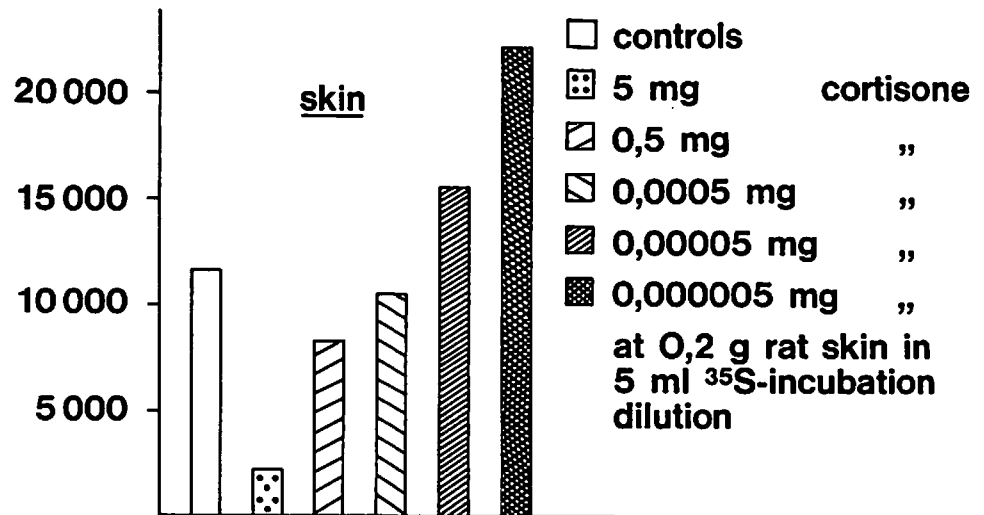


Figure 1: Cortisone experiment (by W. H. Hauss, G. Junge-Hülsing, U. Gerlach: Die unspezifische Mesenchymreaktion, Thieme, 1968, S. 30) Different prolongations of cortisone (Glukokorticoid) have effect upon 0.2 g rat skin in 5 ml ^{35}S incubation dilution. With the control (see the first column to the left) it becomes evident that, the reaction of the rat skin with cortisone, designated by the last two columns on the right, demonstrates a significant reversal effect. The storage, respectively, the augmentation of the radioactivity in the mesenchymal connective tissue of the rat skin is measured. Until 0.0005 mg the known repressive effect of cortisone is observed. Significantly augmented deposits of ^{35}S are observed from 0.00005 mg, more effective at 0.000005 mg cortisone.

This dilution rate corresponds to the dilution of one liter of water in such a quantity of water, which covers one square kilometer one meter high. For this reason it is not justifiable to deny the efficiency of homeopathic and biological pharmaceuticals simply because of the high rate of dilution. The principle of the reversal effect has been proved by other recent experiments.

"Biological" means "according to nature." Consequently, biological remedies act in accordance with the laws of nature.

According to homotoxicology, a disease has to be regarded as the biologically appropriate defense against exogenous and endogenous toxins (homotoxins) in the phases 1—3, as explained later. Respectively, diseases are the

results of an attempt to compensate for homotoxic injuries, in other words, to heal.

Homotoxon coupling

Often with 2 homotoxins, or with one homotoxin and another non-toxic body, a new non-toxic body is formed, the Homotoxon (see figure 2).

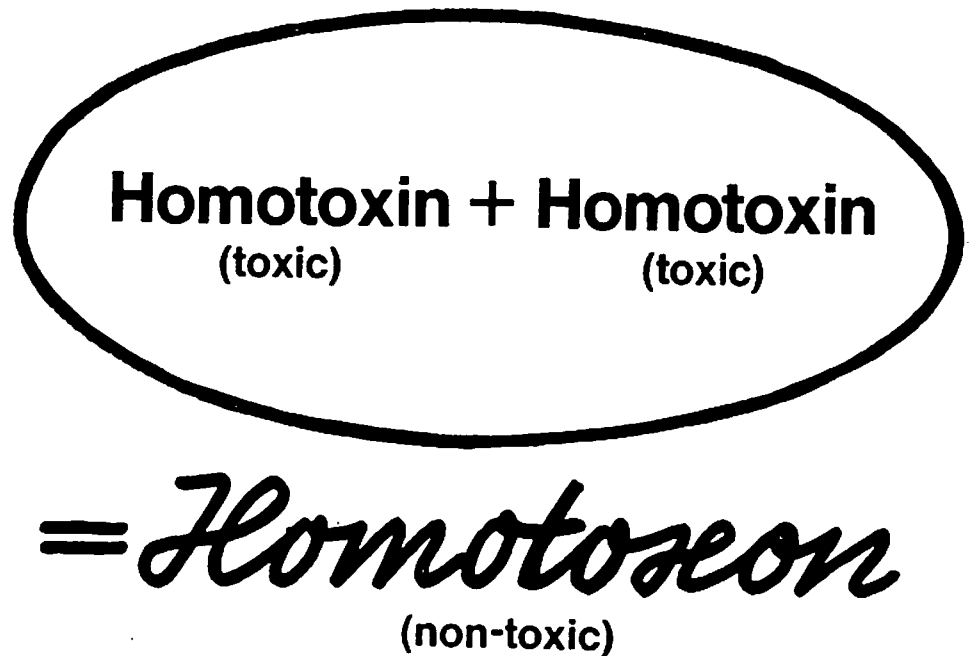


Figure 2: The Homotoxon Coupling (of 2 homotoxins – or of one homotoxin and another non-toxic factor) a new non-toxic body is formed, the Homotoxon.

Diseases are, therefore, natural processes of expediency, rendering homotoxins harmless. That is the detoxication and excretion of homotoxins. From intermediary detoxication factors such as glucouronic acid, glycine, and others, a new non-toxic substance results, the Homotoxon.

This process of Homotoxon coupling governs the entire interaction of biological chemistry, enzymology, etc., as well as molecular biology.

The Homotoxons are found in pus, in serum exudation, etc., from which homotoxins may again be released by splitting (hydrolysis); however, also in physiological excretions, for instances in faeces, urine, saliva, perspiration, sebum, ear wax, smegma, mucus, etc.

The defense against homotoxins thus manifests itself as disease, and comprises 6 phases (see figure 3). The first 3 defense phases correspond to the harmless and appropriate elimination and storage processes (of Homotoxons),

while the last 3 phases represent homotoxic injuries, and are accompanied by the concentration of homotoxins, or of Homotoxons, in one of the damaged areas.

Because all expressions of life are based on the reaction of chemically comprehensible compounds of which the organism consists, and which the organism uses, these therefore have a decisive importance for health and disease.

The Flow System

The organism is a flow system (according to von Bertalanffy). Substances that flow in food, etc., react with the organs and tissues of the flow system, and are themselves changed in the process, and finally leave the system. Compatible substances do not cause any disturbances in the flow balance. Toxic substances (homotoxins) release defensive mechanics against themselves. These reactions against homotoxins we call illness.

Conception of disease

Diseases are the expression of the defense against internal and external homotoxins (phases 1—3 in the Table of Homotoxicosis). In the phases 4—6, the diseases are the expression of damage caused by homotoxins, for which the organism tries to compensate (See Table of Homotoxikosis, figure 3).

Diseases are, therefore, in principle nothing bad. Then all symptoms of disease, to a certain extent, call for help, namely for those homeopathic, biological preparations which correspond with the symptom complex similar to the respective disease syndrome. The homeopathic remedies work as anti-toxins.

The first 3 phases, also the phases of reaction (inflammations), are relatively benign diseases by which the toxins are eliminated (pus, discharge, mucus, etc.). The biologically malign cellular phases include cirrhosis of the liver, leukemia, multiple sclerosis, paralysis, renal cirrhosis, etc., and finally also cancer. Therefore, elimination processes such as perspiration (phases of excretion), must never be suppressed, nor the inflammations (reaction phases). These may only be stimulated by biological and homeopathic remedies. The consequence of this therapy is the neutralizing and excretion of the Homotoxons, corresponding to the healing.

The Defense against Homotoxins

The anti-toxic defense is carried out by the great defense system (see figure 4), which includes 5 functions:

- 1) the reticular endothelium,

- 2) the mechanic of the anterior lobe of the adenohipophysis and adrenal cortex,
- 3) the neural reflex defense of Speransky-Ricker-Reilly
- 4) the neutralizing action of the liver, and
- 5) the neutralizing function of the interstitial connective tissue (inflammation).

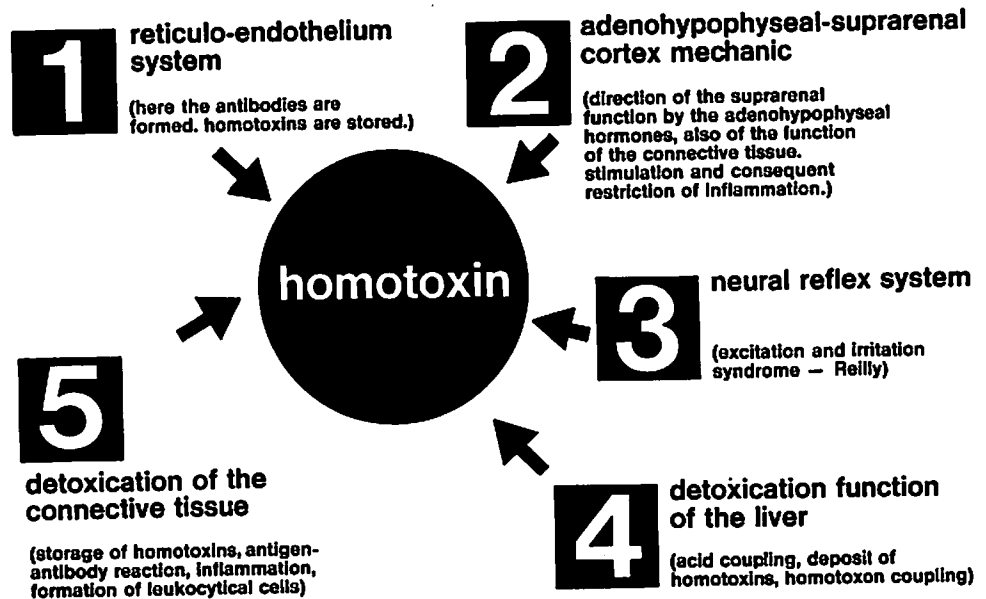


Figure 4: The functions of the great defense system are directed against the causative diseases toxins (homotoxin in central position).

The defense system is activated whenever a toxin is either absorbed by or penetrates into the organism. The increased activity serves to neutralize the toxic agents (homotoxins), and subsequently to eliminate them. Frequently this elimination can result only by inflammation. Examples are suppuration, expectoration during pneumonia, excessive perspiration, etc. (see also figure 3).

In the defense against homotoxins, described as disease, the organism excretes homotoxins either through the physiological function (excretion phases), or the homotoxins are excreted through a pathological reaction, for instance as pus, etc. These reaction phases are to a certain extent enhanced excretion phases and serve to the detoxication of homotoxins-Homotoxons.

Or the homotoxins-Homotoxons are deposited (deposition phases).

In these first 3 phases the body has managed to couple the homotoxins to Homotoxons. They have not harmed the organs or cells, but they are detoxicated and/or they are deposited or excreted.

If, however,

- 1) especially dangerous or concentrated homotoxins (for example, arsenic, phosphorus, mercury, etc., carcinotoxins, lipid-soluble organic compounds and others) are active; or if
- 2) the biologically effective anti-toxic processes, recognized as phases 1—3, especially inflammations (phases of reaction) are disturbed or inhibited in their normal course; or if
- 3) the temperature or the excretions of homotoxins (in excema, discharge, flu, pus, etc.) will be suppressed and stopped by chemical drugs,

the results will be a re-poisoning. The structures of the cell and the intercellular connective tissue will be damaged (frequently caused also by the allopathic drugs used). In this reaction the homotoxins are transferred into another embryonically originated tissue structure. This corresponds to a development of an entirely different disease. The reason for this is that the homotoxins provoke diverse symptoms on diverse tissues of embryonic origin. The same biological process of antitoxic defense (called disease) can therefore manifest itself as two entirely different diseases.

		← Recovery			→ Lingering sickness		
		Humoral phases Diseases of disposition			Cellular phases Constitutional diseases		
Tissue	Excretion phases	Reaction phases	Deposition phases	Impregnation phases	Degeneration phases	Neoplastic phases	
1. Ektodermal	Perseption sweat, sebum	eczema	Acne, furuncles, carbuncles, etc.	Tinea, psoriasis, etc.	Dermatosis, eczema, etc.	Ulcer, carcinoma, etc.	
a) epidermal							
b) orodermal	Saliva, foods, catarrh etc.	Stomatitis, gingivitis, etc.	Ulcer, stomatitis, etc.	Leukoplakia etc.	Chronic atrophic stomatitis etc.	Carc. of the buccal membr. of the nose and mouth	
c) neurodermal	Neuro-hormonal cell secretion etc.	Poliomyelitis, herpes zoster etc.	Spinal neuritis, neuritis etc.	Migraine, twitching eye, Vicia infection (poliomyelitis)	Paralysis, sclerosis, atrophy of optical nerve, syringum etc.	Neuroma, gliosarcoma etc.	
d) sympathico-dermal	Neuro-hormonal cell secretion etc.	Neuritis, herpes zoster etc.	Spinal neuritis, neuritis etc.	asthma	Neurofibromatosis etc.	Gliosarcoma etc.	
2. Entodermal				pylorospasmus	Pulmonary and intestinal tuberculosis etc.	Cancer of the larynx, the stomach, intestine, rectum etc.	
a) mucodermal	Gastro-intest secret. CO ₂ , stercorin etc. soiling with faeces	Pharyngitis, laryngitis, enteritis, colitis etc.	Polyps of the mucosa, membranous, constipation, megacolon etc.	damage to the liver	Liver cirrhosis, hyperthyroidism, myxoedema etc.	cancer	
b) organodermal	Bile, pancreatic juice, thyroidal hormones etc.	Parotitis, pneumonia, hepatitis etc.	Sarcosis, struma, cholelithiasis etc.	Preliminary stages of elephantiasis etc. influenza virus infect.	Scleroderma, cachexia, enlarged spleen, menors etc.	Sarcoma of various localisation etc.	
3. Mesenchymal				angina pectoris	Mycocardial infarction, panmyelophthisis, pernicious anaemia etc.	Myeloid leukaemia, lymphosarcoma etc.	
a) interstitiodermal	Mesenchymal interstitial substance, hyaluronic acids etc.	Abscess, chlamydia, carbuncles etc.	Obesity, gout, edema etc.	Osteomalacia etc.	Spondylitis etc.	Osteosarcoma etc.	
b) osteodermal	Hemostaseis etc.	Osteomyelitis etc.	Gout etc.	Lymphatism etc.	Lymphogranulomatosis etc.	Lymphatic leukaemia, lymphosarcoma etc.	
c) hemodermal	Menstruation, blood and antibody formation	Endocarditis, typhoid fever, sepsis, embolism etc.	Vasculitis, thromb. sclerosis etc.	coxitis	Nephrosis, renal atrophy etc.	Kidney carcinoma, hypernephroma etc.	
d) lymphodermal	Lymph etc. Antibody formation	Tonsillitis, adenitis etc.	Swelling of the lymphatic glands etc.	Albuminuria, hydronephrosis etc.	Preliminary stages of tumors etc.	Cancer of the serous membranes etc.	
e) vasodermal	Liquor, synovial fluid	Polyarthrit.	Distilling of the synovial glands etc.	Preliminary stages of tumors (adenoma, adenocarcinoma)	Impotentia virilis, sterility etc.	Cancer of the uterus, the ovaries, testicles etc.	
4. Mesodermal				Myositis ossificans etc.	Dystrophic musculorum progressive etc.	Myosarcoma etc.	
a) nephrodermal	Urine with metabolic end products	Cystitis, pyelitis, nephritis etc.	Prostatitis, hyper-trophies, nephrolithiasis etc.				
b) serodermal	Secretions of the serous membranes	Pleuritis, Pericarditis, peritonitis etc.	Pleuritis exudate, ascites etc.				
c) gembiodermal	Menstruation, ovum, prostatic juice, ovulation etc.	Aphasia, metrua, ovaritis, adnexitis, prostatica etc.	Myomas, prol. hyp. hydrocels, cysts, ovarian cysts etc.				
d) musciodermal	Lactic acid, lactic acidogen etc.	Muscular rheumatism, myositis etc.	Myosarcoma, myositis etc.				
Excretion principle, ferments intact. Trends towards self-healing. Favourable prognosis.				Condensation principle, Damaged ferments. Trend towards deterioration. Dubious prognosis.			

Figure 5: Vicariation Phenomenon between asthma and eczema (progressive and regressive vicariation). If histamine, the homotoxic factor of both illnesses, is restricted at the excretion by means of eczema, (therapeutically by X rays, tar applications, etc.), the progressive vicariation into the bronchial asthma results. The body attempts to detoxicate the histamine through expectoration, where it could be found in sputum. But also it can follow the progressive vicariation to cancer (tar application), pylorospasmus, damage of the liver, angina pectoris, coxitis and others.

Figure 3:

Table of Homotoxicosis (abbreviated)

Recovery ←

Tissue	Humoral phases Diseases of disposition		
	Excretion phases	Reaction phases	Deposition phases
1. Ektodermal			
a) epidermal	Perspiration, ear-wax, sebum	Furuncles, erythema, dermatitis, eczema, pyodermias etc.	Atheromas, warts, keratosis, clavi etc.
b) orodermal	Saliva, Colds, catarrh etc.	Stomatitis, rhinitis, thrush	Nasal polyps, cysts etc.
c) neurodermal	Neuro-hormonal cell secretion etc.	Poliomyelitis in febrile stage, herpes zoster etc.	Benign neuromas, neuralgias etc.
d) sympathetico-dermal	Neuro-hormonal cell secretion etc.	Neuralgias, herpes zoster etc.	Benign neuromas, neuralgias etc.
2. Entodermal			
a) mucodermal	Gastro-intest. secret., CO ₂ stercobilin etc. toxins with faeces	Pharyngitis, laryngitis, enteritis, colitis etc.	Polyps of the mucous membranes, constipation, megalocolon etc.
b) organodermal	Bile, pancreatic juice, thyroidal hormones etc.	Parotitis, pneumonia, hepatitis, cholangitis etc.	Silicosis, struma, cholelithiasis etc.
3. Mesenchymal			
a) Interstitiodermal	Mesenchymal interstitial substance, hyaluronic acids etc.	Abscess, phlegmons, carbuncles etc.	Obesity, gout, edemas etc.
b) osteodermal	Hematopoiesis etc.	Osteomyelitis etc.	Exostose etc.
c) hemodermal	Menstruation, blood and antibody formation	Endocarditis, typhoid fever, sepsis, embolism etc.	Varices, thrombi, sclerosis etc.
d) lymphodermal	Lymph etc. Antibody formation	Tonsillitis, appendicitis etc.	Swelling of the lymphatic glands etc.
e) cavodermal	Liquor, synovial fluid	Polyarthritits	Dropsy etc.
4. Mesodermal			
a) nephrodermal	Urine with metabolic end products	Cystitis, pyelitis, nephritis etc.	Prostate hypertrophy, nephrolithiasis etc.
b) serodermal	Secretions of the serous membranes	Pleuritis, Pericarditis, peritonitis etc.	Pleural exudate, ascites etc.
c) germinodermal	Menstruation, sperms, prostata juice, ovulation etc.	Adnexitis, metritis, ovaritis, salpingitis, prostatitis etc.	Myomas, prost. hyp., hydroceles, cysts, ovarial cysts etc.
d) musculodermal	Lactic acid, lactic acidogen etc.	Muscular rheumatism, myositis etc.	Myogeloses, rheumatisms etc.
	Excretion principle, ferments intact. Trends towards self-healing. Favourable prognosis.		

→ Lingering sickness

Biological cesura

Cellular phases Constitutional diseases		
Impregnation phases	Degeneration phases	Neoplastic phases
Tattooing, pigmentations etc.	Dermatosis, lupus vulgaris, leprosis etc.	Ulcus rodens, basalioma etc.
Leukoplakia etc.	Chronic atrophic rhinitis etc.	Ca. of the muc. membr. of the nose and mouth
Migraine, twitching eye. Virus infection (poliomyelitis)	Paresis, sclerosis, atrophy of optical nerve, syringom. etc.	Neuroma, gliosarcoma etc.
Asthma, ulcus ventr. et duodeni etc.	Neurofibromatosis etc.	Gliosarcoma etc.
Asthma, hoarseness, ulcus ventr. et duodeni, carcinoidal syndr. etc.	Pulmonary and intestinal tuberculosis etc.	Cancer of the larynx, the stomach, intestine, rectum etc.
Toxic liver damage, pulmonary infiltration, virus infection etc.	Liver cirrhosis, hyperthyroidism, myxoedema etc.	Cancer of the liver, gall bladder, pancreas, thyroid, lungs.
Preliminary stages of elephantiasis etc. influenza virus infect.	Scleroderma, cachexia, enlarged labia minora etc.	Sarcoma of various localisation etc.
Osteomalacia etc.	Spondylitis etc.	Osteosarcoma etc.
Angina pectoris, myocardosis etc.	Myocardial infarction, panmyelophthisis, pernicious anaemia etc.	Myeloid leukemia, angiosarcoma etc.
Lymphatism etc.	Lymphogranulomatosis etc.	Lymphatic leukemia, lymphosarcoma etc.
Hydrocephalus etc.	Coxarthrosis etc.	Chondrosarcoma etc.
Albuminuria, hydronephrosis etc.	Nephrosis, renal atrophy etc.	Kidney carcinoma, hypernephroma etc.
Preliminary stages of tumors etc.	Tb. of the serous membranes etc.	Cancer of the serous membranes etc.
Preliminary stages of tumors (adnexa, uterus testicles)	Impotentia virilis, sterility etc.	Cancer of the uterus, the ovaries, testicles etc.
Myositis ossificans etc.	Dystrophia musculorum progressiva etc.	Myosarcoma etc.
Condensation principle, Damaged ferments. Trends towards deterioration. Dubious prognosis.		

Thus for instance it is known that asthma can change to excema or the reverse (see figure 5), or after treatment of excema of the hand, an angina pectoris, or after treating leucorrhœa (discharge) an inflammation of the ovaries, etc. may follow. This shifting of a disease (phase) to another is called vicariation phenomenon (see also figure 6).

Recovery ←				→ Lingering sickness		
Tissue	Humoral phases Diseases of disposition			Cellular phases Constitutional diseases		
	Excretion phases	Reaction phases	Deposition phases	Impregnation phases	Degeneration phases	Neoplastic phases
1. Ektodermal						
a) epidermal	Perspiration, ear-wax, sebum	Furuncles, erythema, dermatitis, scabies, pyodermites etc.	Psoriasis, warts, eczema, clavi etc.	Tattooing, pigmentations etc.	Dermatosis, lupus vulgaris, leprosis etc.	Ulcus rodens, basaloma etc.
b) orodermal	Saliva, Colds, catarrh etc.	Gonorrhœa, rhinitis, thrush	Chronic tonsillitis, stomatitis	Leukoplakia etc.	Chronic atrophic rhinitis etc.	Ca. of the muc. membr. of the nose and mouth
c) neurodermal	Neuro-hormonal cell secretion etc.	Poliomyelitis in latent stage, herpes zoster etc.	Serous meningitis, epilepsy	Migraine, twitching eye, Virus infection (poliomyelitis)	Paralysis, sclerosis, atrophy of optical nerve, syringoma, etc.	Neuroma, gliosarcoma etc.
d) sympatho-dermal	Neuro-hormonal cell secretion etc.	Diabetes mellitus, hyperthyroidism, Addison's disease etc.	Neurofibromatosis	Diabetes mellitus, Addison's disease etc.	Neurofibromatosis etc.	Gliosarcoma etc.
2. Entodermal						
a) mesodermal	Gastro-CDs, stomachic taste etc.	Gastritis, duodenitis, colitis, etc.	Chronic gastritis, duodenitis, colitis, etc.	Chronic gastritis, duodenitis, colitis, etc.	Purpura and eczematous tuberculosis etc.	Cancer of the larynx, the stomach, intestine, rectum etc.
b) organo-dermal	Saliv. gland, Thyroidal hormones etc.	Goiter, thyroiditis, diabetes mellitus, etc.	Myxomatous degeneration of the thyroid gland, diabetes mellitus, etc.	Myxomatous degeneration of the thyroid gland, diabetes mellitus, etc.	Myxomatous degeneration of the thyroid gland, diabetes mellitus, etc.	Cancer of the liver, cell bladder, pancreas, thyroid, lungs
3. Mesenchymal						
a) interstitial-dermal	Mesenchymal tissue, connective tissue, hyaline acids etc.	Osteoarthritis, rheumatoid arthritis, etc.	Osteoarthritis, rheumatoid arthritis, etc.	Osteoarthritis, rheumatoid arthritis, etc.	Osteoarthritis, rheumatoid arthritis, etc.	Sarcoma of various localisation etc.
b) osteo-dermal	Hematopoiesis etc.	Osteomyelitis, osteoporosis, etc.	Osteomyelitis, osteoporosis, etc.	Osteomyelitis, osteoporosis, etc.	Osteomyelitis, osteoporosis, etc.	Osteosarcoma etc.
c) hemodermal	Menstruation, blood and antibody formation	Ecdysiosis, typhoid fever, sepsis, embolism etc.	Ecdysiosis, typhoid fever, sepsis, embolism etc.	Ecdysiosis, typhoid fever, sepsis, embolism etc.	Ecdysiosis, typhoid fever, sepsis, embolism etc.	Myeloid leukaemia, angiosarcoma etc.
d) lympho-dermal	Lymph etc. Antibody formation	Tonachitis, appendicitis etc.	Dysentery, lymphadenitis, etc.	Dysentery, lymphadenitis, etc.	Dysentery, lymphadenitis, etc.	Lymphatic leukaemia, lymphosarcoma etc.
e) vasodermal	Liquor, synovial fluid	Polyarthritia	Dropsy etc.	Dropsy etc.	Dropsy etc.	Chondrosarcoma etc.
4. Mesodermal						
a) nephro-dermal	Urine with metabolic end products	Cystitis, pyelitis, nephritis etc.	Prostate hypertrophy, nephritis etc.	Prostate hypertrophy, nephritis etc.	Prostate hypertrophy, nephritis etc.	Kidney carcinoma, hypernephroma etc.
b) sero-dermal	Secretions of the serous membranes	Pleuritis, pericarditis, peritonitis etc.	Pleuritis exudata, scitis etc.	Pleuritis exudata, scitis etc.	Pleuritis exudata, scitis etc.	Cancer of the serous membranes etc.
c) germo-dermal	Menstruation, sperms, prostatic juice, ovulation etc.	Acne, sterility, ovaritis, epididymitis, prostatic etc.	Myomas, prostatic hypertrophy, cystitis, ovarian cysts etc.	Myomas, prostatic hypertrophy, cystitis, ovarian cysts etc.	Myomas, prostatic hypertrophy, cystitis, ovarian cysts etc.	Cancer of the uterus, the ovaries, testicles etc.
d) musculo-dermal	Lactic acid, lactic acidogen etc.	Muscular rheumatism, myositis etc.	Myopathies, rheumatism etc.	Myopathies, rheumatism etc.	Myopathies, rheumatism etc.	Myosarcoma etc.
	Excretion principle, ferments intact. Trends towards self-healing. Favourable prognosis.			Condensation principle, Damaged ferments. Trend towards deterioration. Dubious prognosis.		

Figure 6: Diagram of the progressive and regressive vicariation (Vicariation phenomenon). The progressive vicariation results from retoxification during inflammation, suppressed excretions, etc. An entirely different disease develops on other tissues of other embryonically originated tissue of another blastocyte with other symptoms. In the Table of Homotoxicosis, the change of the phase from left to right and/or downwards (progressive vicariation) is biologically unfavorable, and must be therapeutically avoided. Conversely, the regressive vicariation, following biological therapy, is favorable and often characterized by reappearance of detoxicating mechanics and elimination of homotoxins, relapses of previously repressed illnesses due to nonbiological treatment. By examining the Table of Homotoxicosis the change from right to left and/or upwards can be seen. In many cases this expresses itself as a crisis and healing.

The progressive vicariations are dangerous for this reason too, because it is difficult to recognize the connection between these two totally different illnesses as for instance: the connection between tonsillitis and epilepsy, or between diabetes and sclerodermy, or between arthrosis, nephrosis, asthma, etc., or the connection between tonsillitis and sarcoma (see figure 7).

Also so-called auto-aggression diseases must be regarded as progressive vicariations. These are often the consequences of allopathically suppressed inflammatory processes; this fact can be proved with impressive graphs and illustra-

tions of the toxic conversions occurring in the course of an inflammation. Conversely, a degeneration phase possibly can be still cured by regressive vicariation in a process of inflammation (phase of reaction).

In this manner are open also possibilities of cancer-healing by regressive vicariation. The organism itself may attempt to go this way by suppuration and inflammation of the cancer.

Vicariation Phenomenon

The tissue and phase change of the homotoxins is called vicariation phenomenon (effect). There exists a biologically unfavorable and dangerous progressive vicariation, which is based on ferment damage. The progressive vicariation is associated with re-intoxication, corresponding to the shifting of the phase from left to right and/or downwards. The biologically favorable so-

		Humoral phases Diseases of disposition			Cellular phases Constitutional diseases			
		Excretion phases	Reaction phases	Deposition phases	Impregnation phases	Degeneration phases	Neoplastic phases	
1. Ektodermal	a) epidermal	Paronychia, ear-mea, sebura	Furuncles, erythema, dermatitis, eczema, pyoderma etc.	Atheromas, warts, keratosis, claw etc.	Tattooing, pigmentations etc.	multiform exudative erythema	Uous rotura, basoma etc.	
	b) orodermal	Saliva, Colic, catarrh etc.	Gonorrhoea, rhinitis, Thrush	Kasal polyps, cysts etc.	Leucocytosis etc.	Chronic atrophic rhinitis etc.	Ca. of the muc. membr. of the nose and mouth	
	c) neurodermal	Neuro-hormonal cell secretion etc.	Poliomyelitis in tertiary stage, herpes zoster etc.	Danish neuroomas, neuritis etc.	Migraine, twitching etc.		epilepsy debility	Neuroma, gliosarcoma etc.
	d) sympathico-dermal	Neuro-hormonal cell secretion etc.	Neuritis, herpes zoster etc.	Danish neuroomas, neuritis etc.	Asthma, ticus nervi etc.	Neurofibromatosis etc.		Gliosarcoma etc.
2. Entodermal	a) mucodermal	Gastro-intest. secret. CO ₂ stercochia etc. toama with faeces	Pharyngitis, laryngitis, enteritis, colitis etc.	Polyps of the mucous membranes, constipation, megacolon etc.			Cancer of the larynx, the stomach, intestine, rectum etc.	
	b) organodermal	Saliv. pancreatic juice thyroid hormones etc.	Parotitis, pneumonia, hepatitis, cholera etc.	Silicosis, struma, atherosclerosis etc.			Pulmonary and intestinal tuberculosis etc.	
	c) mesenchymal	Mesenchymal interstitial substance, hyaluronic acids etc.	Abscess, phlegmons, carbuncles etc.	Obesity, gonorrhoea etc.				Cancer of the liver, gall bladder, pancreas, thyroid, lungs
	d) osteodermal	Metastases etc.	Osteomyelitis etc.	Exostoses etc.				Sarcoma of various localisation etc.
3. Mesodermal	a) interstitial	Menstruation, blood and antibody formation	Endocarditis, typhoid fever, sepsis, embolism etc.	Viridus, thrombosis etc.				Myeloid leukemia, angiosarcoma etc.
	b) lymphodermal	Lymph etc.	Arteriosclerosis	Exanthema etc.				Lymphatic leukemia, lymphosarcoma etc.
	c) vasodermal	Liquor, synovia etc.	polyarthritia	Chondrosarcoma etc.				Chondrosarcoma etc.
	d) nephrodermal	Urine with metals and products	nephritis	Prostate hypertrophy, nephritis etc.				Kidney carcinoma, hypernephroma etc.
4. Mesodermal	a) nephrodermal	Secretions of the serous membrane	Pleuritis, pericarditis, peritonitis etc.	Pleuritis, pericarditis, scabies etc.				Cancer of the serous membranes etc.
	b) serodermal	Menstruation, sperms, prostatic juice, ovulation etc.	Adhesitis, metritis, ovaritis, salpingitis, prostaticitis etc.	Myomas, prostat. hypertrophies, cysts, ovarian cysts etc.				Cancer of the uterus, the ovaries, testicles etc.
	c) germinodermal	Lactic acid, lactic acidogen etc.	Muscular rheumatism, myositis etc.	Myogonosis, rheumatism etc.				Myogonosis etc.
	d) muscudodermal							

Recovery ←
→ Lingering sickness

Excretion principle, ferments intact. Trends towards self-healing. Favourable prognosis.

Condensation principle, Damagad ferments. Trend towards deterioration. Dubious prognosis.

Figure 7: (Malignant) diseases caused by nonbiological treatment of tonsillitis, are developed in progressive vicariation. They are identified by the transfer from the reaction phase to other reaction phases (polyarthritia and polyneuritis – transfer downwards) and the disastrous transfer over the biological cesura to the right, with development of entirely different illnesses, such as asthma, liver damage, cardiac insufficiency, albuminuria, nephrosis, arthrosis, agranulocytosis, leukemia, sclerodermia, diabetes, epilepsy, erythematosis, and finally sarcoma. Therefore through allopathic suppressive therapy a relatively harmless reaction phase (tonsillitis) is changed from the humoral phases into the dangerous cellular phases (constitutional diseases), with lingering sickness.

called regressive vicariation is characterized by a detoxication, which reoccurs from right to left and/or upwards (see the Table of Homotoxicosis figure 3).

Associated with the trend towards elimination (excretion principle) and frequently characterized by relapses into earlier phases, reappearance of inflammations occurs, which had been earlier suppressed. This suppression had interrupted the cleaning process of the inflammation, since the inflammation is the purification of homotoxins, which are transformed in Homotoxons (see also figures 2, 5 and 6).

Special dangers are inherent in the suppression of a tonsillitis with sulphonamides, as well as with other chemotherapeutics, antibiotics, etc. Through progressive vicariation, this suppression may develop into a severe, chronic disease, with side effects and therapy damage, recently called "iatrogenic pathology" (see figure 7). This malignant course of events should, and can usually, be avoided with the exclusive application of homeopathic and biological remedies.

With vicariation phenomena caused by re-poisoning, the phase is frequently shifted across the biological cesura, which separates the (benign, humoral) phases 1—3 from the (more or less malignant, cellular) phases 4—6. First occur the impregnation phases, which are described as re-intoxication phases. They are associated with damage of cell structures (especially ferments). These frequently remain unnoticed and represent a weak point (locus minoris resistentiae). By repeated re-intoxication, or by the influence of concentrated homotoxins, the conversion into the degeneration phase can occur. The joint action of carcinotoxins causes the neoplastic phases. In these not only the respiration of the cells is disturbed, but also the genetic material has usually suffered mutation.

In phases 4—6 the body succumbs increasingly to the toxicity of the so-called endogenous (internal) homotoxins, which occur continuously due to the damage of the cell ferments, the genetic mutation and the lesion of other cell structures.

However, in phases 4—6 the organism tries to maintain life as long as possible (for instance release of pus in carcinoma tumors).

The homeopathic remedies realize this way by the Homotoxon-coupling (see figure 2).

Over the regressive vicariation the healing is supported and carried through to the definite recovery as evidenced by homotoxin-Homotoxon excretion.

Bacteria furthers the healing

The body itself frequently initiates a febrile and critical increase of a healing reaction (with help from bacteria), for instance flu, tonsillitis, etc. Even the bacteria serve as biologically suitable aides, through which deposited poisons are dissolved and modified (by the hyaluronidase, secreted by the bacteria). The consequence is an accelerated and promoted regressive vicariation, always with a tendency towards excretion of homotoxins-Homotoxons.

This natural healing must be stimulated with homeopathic remedies. The consequent effect is the regressive vicariation. Characterized mostly by the excretion of the Homotoxons which have been coupled from the tissue homotoxic matters (see figure 2) and appear now as pus, slimy excretion, etc. In these can be found the originally responsible homotoxins as histamine and other biogenic amins, the flu-virus, etc. by hydrolysing..

Biological History

All diseases suffered by the same individual must be interpreted as a biological history of a unified process of defense against homotoxins. Differently developed tissues of the three embryonic blastoderm tissues react differently to the homotoxin, which results in the change of symptoms, as previously mentioned.

The anamnesis has to be correctly analyzed, because:

1. the current illness is in biological connection with one totally other illness of the anamnesis and
2. this second illness can be worked out during the biological treatment of the current illness, characterized by excretion of the originally responsible homotoxins.

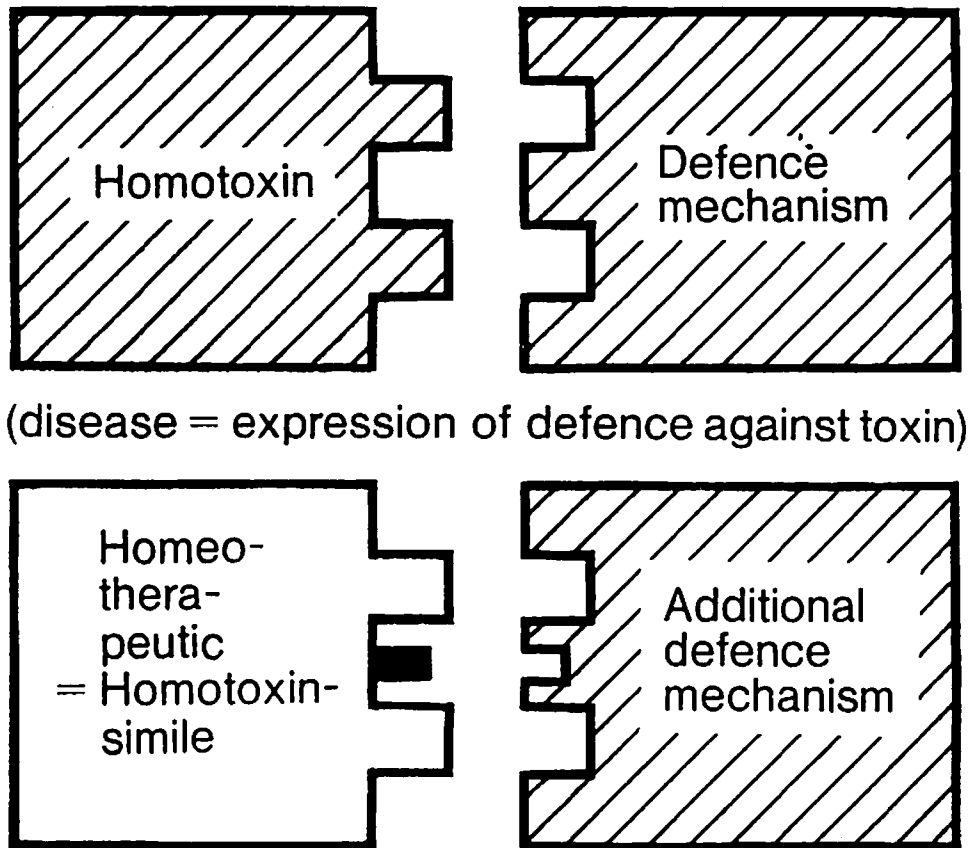
For instance: A nephritis, caused by suppression from tonsillitis, can be healed by biological treatment, which causes the reappearance of the tonsillitis.

The homotoxins burn in the fire of the reaction phases (Reckeweg).

Homotoxicology has also given a scientific foundation to homeotherapy. With the homeopathic a second "healing" disease is produced (according to Hahnemann). Now, however, homotoxicology defines disease as the expression of a defense against homotoxins, and as an attempt to repair damages caused by homotoxins.

With the homeopathic remedy an additional defense mechanic against homotoxins is induced, which is still in reserve (see figure 8). The dosage of the same substance, against which the organism fights (the illness is a manifestation of this fight), would in concentration augment the toxic situation. In homeopathic dosage, the same toxin — given as a remedy — mostly must be ineffective, because the receptors of the great defense system are already occupied by the concentrated original homotoxin, which had provoked the initial illness, i. e. the natural defense against these same homotoxins.

But with better effects by a similar prolonged toxin as for instance by the aluminium tartrate, mostly the arsenic intoxication cannot be healed by arsenic dilutions. With better effects by a similar attenuated toxin as for instance by aluminum tartrate and the aluminum tartrate intoxication by arsenicum album attenuations.



(disease = expression of defence against toxin)

Figure 8: The mechanics of homeotherapy

The upper part of the illustration shows, on the left, the homotoxin with the stimulated defense mechanism (on the right), whereby this detoxication process of the homotoxin is called "disease". The homotoxin is opposed by the similar counterbalanced toxin, i. e. the homeotherapeutic simile. Through this a similar additional defense mechanic is mobilized (see lower right), which also attacks the homotoxin the same way.

Therefore are explained also the accelerated healings by application of homeopathic ampules in the form of Nosode-injections, i. e. in cases of Dupuytren contraction, cystic mastopathia with danger of cancer development and others.

The use of a similar homotoxin is therefore of the utmost importance in order to stimulate a supplementary defense system, which effectively supports the first defense mechanic (called disease) as accelerated natural healing.

The nosodes of the same illness are therefore effective because every human body possesses another chemical albumin constellation. For this reason the nosode works as a homeopathic simile, apparently, even in the same illness.

In the lower part of the illustration one sees the homeotherapeutic (= homotoxin-simile), which resembles the pathologic homotoxin, against which an additional defense mechanic is induced.

In this way it is still frequently possible to dissolve blockages of enzymes by toxins and side effects of drugs (phases 4—6) and to transform them by regressive vicariation into (completely different) phases, i. e. diseases on other tissues of another embryologically originated blastoderm tissue, i. e. inflammations. This corresponds to a dissolving, a rendering harmless (Homotoxon coupling) and an excretion of poison (through the mechanic of regressive vicariation) in reaction phases, for instance diarrhea, tonsillitis, fistula, eczema, sepsis, etc.

When the physician identifies all the phases of an illness as vicariating phases of a homotoxicosis, he has clear and certain guide lines for the measures which are biologically correct and suitable for the patient. In turn, he recognizes, which of those measures are dangerous and have to be avoided.

The purpose of a natural phase transformation is the attainment of regressive vicariations up to the physiological excretion phase. Thus there results, according to the rules of homotoxicology, a sovereign biologically natural therapy, the aim of which is a detoxication and elimination of toxic damage, i. e. the true healing.

Healing is defined as becoming free of homotoxins and of damages by homotoxins.

Health can be defined as freedom from homotoxins and from damages provoked by homotoxins.

This lecture makes clear how easily harm could be done to the patients through the careless use of powerful antibiotics, etc.

The natural anti-toxic reactions, which must be defined as illnesses, are interrupted by suppressing therapy. Many different enzyme functions may be obstructed in this way by antibiotics and synthetic chemicals, etc. Further the responsible homotoxins cannot be detoxicated and the danger of progressive vicariation is imminent. In most cases the connection with the previous allopathic treatment is not visible without the homotoxic research.

The action of the homeopathic remedy (see figure 8) is a stimulating effect corresponding to the proper disease toxins. The homeopathic remedy accelerates the natural healing process of the body's defense system. It stimulates the antitoxic defense by induction of ferments, which produce specific factors through out the diverse mechanics of the defense system, which in turn neutralize the pathogenous toxins and eliminates them.

For this reason the following of a biologically appropriate diet containing no homotoxins is indispensable not only for patients, but also for healthy persons, who ought to avoid toxic agents in their nutrition to prevent disease.

Especially the pork contains many toxic substances which can provoke illness, for instance the flu-virus and others.

In our daily food the toxins contained in pork, designated as "sutoxins", are particularly dangerous, because they have a high amount of calories and abundant fat content, and are consequently not immediately burned, but instead deposited in the body (obesity). Pork also contains the virus which causes influenza, furthermore a large quantity of imidazoloids which, (for instance histamine) causes an inflammatory disposition (development of boils, furuncles, discharge, abscesses, phlegmons, appendicitis, cholangitis, etc.

Pork consumption generally causes inflammations. It is especially dangerous — but usual — to suppress these inflammations by non-biological remedies. This provokes many dangers of retoxication (progressive vicariation). For this reason it is better not to eat pork or any of its derivatives (for example, ham, sausage, bacon, etc.).

Biological therapy includes not only diet, massage, hydrotherapy, acupuncture, neural therapy, osteopathy, leech therapy, vaccinations and cellular therapy, but also hematogenous oxydation therapy, oxygen insufflation, the un-specific protein therapy, and last but not least also surgical interventions for the elimination of suppuration, and in particular the therapy based on biological and homeopathic natural medications, exceptionally effective as injections.

With organic preparations, nosodes and catalysators, also by vitamins and other intermediary working substances, i. e. the members of the citric acid-cycle (Krebs), quinones and others the homeopathic therapy can be formed more effectively yet.

Many other possibilities and connections of the diverse illnesses between themselves shall not be discussed here, as for instance the evasive, exchangeable alternative phases, i. e. fistulas, eczema, etc., which avoid the manifestation of a latent cancer, etc. These connections shall be demonstrated and discussed at a later time in a greater description.

The recovery reached through biological treatment is a result of homotoxins neutralization, carried out by the various anti-toxic defense systems; this was proved in detail by scientific material of homotoxicology. Consequently homeopathy owes its ultimate scientific basis to the homotoxicology.