

# Classical and Modern Homoeopathic Medicine

*In the fourth, final part of his major article on homotoxicology, Professor Michael Kirkman, C.I.Biol, Director of Academic Affairs UKGB International Society of Homotoxicology and ICM Adviser in Homotoxicology, compares classical and modern homoeopathy and assesses the involvement of the Bystander Reaction.*

The classical practice of homoeopathic medicine relies primarily upon the patient interview from which the information elicited becomes the basis for the selection of an individual potentised remedy according to the law of similars. The homoeopathic remedy is finally chosen which, in physiological doses in healthy people, produces a symptom pattern most closely resembling that of the sick patient.

With modern or *progressive* homoeopathic practice, the determination of a medicine is based on *vibrational resonance* as defined by a balancing of the energy field represented at topical acupuncture points. With either method, the potential for self-healing under the influence of a potentised homoeopathic medicine is greatly and profoundly enhanced.

Actually, there is a unifying principle behind both classical and modern homoeopathic practice which can be understood or at least conceptualised in terms of bio-energetic resonance. Fundamentally, disturbances within the energy field (*chi or vital force*) generate the compensatory energetic and physiological mechanisms that represent the system's best effort to heal itself. These adaptive mechanisms are experienced as "symptoms" by the patient and are observed as "signs" by the physician.

In the classical approach, the *vital force* is "telling us", through the unique and characteristic symptoms, what remedy it needs to resonate with the bio-energetic system. The clinician then compares the symptom picture of the person with the toxicological data accumulated through *provings* of individual medicines compiled in the homoeopathic *materia medica*. Since the information consists only of provings of single homoeopathic medicines, the classical prescriber chooses the single remedy that he feels is most similar to the symptom picture presented by his patient.

With the advent of *computerised electrodiagnosis*, the disturbed field is measured directly to determine which homoeopathic remedy or combination of remedies is needed to achieve the proper bio-energetic resonance. The clinician who uses electrodiagnosis is not limited to single remedies because he can determine with the bio-energetic technology those combinations which the system "reports" will best achieve the desired balance.

Electrodiagnosis can also be utilised to provide pre-diagnostic screening information regarding chemical or environmental irritants, which can then be cleared at the beginning of the homoeopathic medical program to allow the deeper-acting, constitutional remedies to be that much more effective. As Dr William Bergman, Medical Director of Hahnemann Health Associates, in New York has predicted, in the next 5-10 years we are bound to see many applications of the combination of both classical and modern homoeopathic practice in a unified health care system that integrates the bio-energetic perspective with biological/nutritional and behavioural modalities.

## **Homotoxicology – its basis and current approach**

The basis of modern homotoxicology is to be found in the work of Professor Alfred Pischinger and his system of Ground Regulation or Biological Matrix, which was developed as a theory, viewing the body as an 'open system', by Dr H-H Reckweg, as described in Part 1 (December issue).

As an extension of homoeopathy, Anti-Homotoxic Therapy views all diseases as objective-orientated processes for defence against pathological toxins. For those sceptical of hard

evidence as to how the "imprint" of the original substance remains in the solvent, I suggest two key pointers:

a) The work of Professor Jean Cambar, Professor of Pharmacy, University of Montpellier, whose 'proof' has been reported as follows:

"It revolves around the metal cadmium, which is notoriously toxic too, and has a particular ability to destroy the kidneys. Cambar incubated cultured mouse kidney cells with homeopathic solutions of cadmium prior to the application of a toxic dose of the metal. He consistently found that this pre-treatment has a protective effect on the tissue culture, even with solutions which are so dilute that no atoms of cadmium remain - a true homeopathic effect! According to Mr Galen Ives at the 1999 Blackie Memorial Lecture, Cambar's experimental method is impeccable. The control solutions are prepared by *exactly* the same method of serial dilutions and succussion as the experimental solutions: the *only* difference being the presence or absence of cadmium in the starting solution."

b) However, the most promising line of research has come from the use of Nuclear Magnetic Resonance (NMR). This technique is sensitive to changes in the way water is organised at a molecular level. Mr Ives states that the best work he had seen using NMR was conducted by Dr Demangeat at the Service de Medicine Nucleaire at Hagenau in France.

He was able to show that homeopathic potencies differed *not only* from controls *but also* from each other. The results indicate that at a molecular level, water in potencies is organised differently from controls and further suggest that the particular manner of this organisation is specific to particular remedies. (Ref: Demangeat L, Demongcol C, Gries P, Poitevin B, Constanstinesco A. 'Modifications des temps de relaxation RMN a 4 MHz des protons du solvant dans les tres hautes dilutions salines de silicic/lactose.' J. Med. Nuc. Biophy. 1992;16(2):135-45).

### **Six phases of action**

Let us now consider Dr Reckeweg's six phases of Action, phases 1-3 being humoral, phases 4-6, cellular.

*Phase 1 = Excretion Phase:* This stage is characterised by physiological elimination products, expelled via the tissues.

*Phase 2 = Reaction Phase:* Characteristic for this phase is the pathologically intensified expulsion of elimination products via the tissues, possible accompanied by fever, inflammation or pain.

*Phase 3 = Deposition Phase:* Typical here is the development of benign deposits which may possibly give rise to secondary symptoms, such as those resulting from spatial deficiency or stress due to excess body-weight.

*Phase 4 = Impregnation Phase:* The conspicuous feature of this phase is its quiescence. During this stage, homotoxins and re-toxins penetrate the cell's interior, cellular enzymes and cellular structures sustain damage and the cellular membranes become dysfunctional. The impregnation phase may remain latent and subsequently form a *locus minoris resistentiae*.

*Phase 5 = Degeneration Phase:* It is characterised by the destruction of intracellular structures through homotoxins. This leads to an accumulation of degeneration products. According to Reckeweg, dyscrasia and organic dysfunctions have already become prevalent at this point.

*Phase 6 = Neoplasm Phase:* Under the effects of toxins, this phase instigates the new formation of tissues. Reckeweg interprets the neoplasm phase as the organism's biologically

purposeful attempt to sustain life as long as possible despite the multifarious damage that has been inflicted upon it. To these ends, all accumulated homotoxins are compressed into carcinomal tissue (the so-called Condensation Principle).

The initial three pathological phases are separated from the subsequent three phases by means of the "Biological Division".

Every improvement or every worsening of a pathological condition represents a phenomenon of vicariation. The shift of a phase from left to right and/or downward is termed progressive vicariation. Regressive vicariation, conversely, is reflected in a shift toward the left and/or upward in the model of homotoxic phases.

### **An example of vicariation**

Through progressive vicariation, quinsy can lead to numerous other illnesses that are completely different and considerably more dangerous, such as polyarthritis or nephritis, and possibly to diseases of a degenerative character positioned on the opposite side of the biological division, eg. myocardial insufficiency, arthrosis, nephrosis, etc.

Heel's anti-homotoxic, biotherapeutic preparations act to bring about the desirable process of regressive vicariation (phase alteration in the direction of the physiological excretion phase), ie. their objective is detoxification and elimination of the toxins' harmful effects (from *Biotherapeutic Index, Ordinatio Antihomotoxica et Materia Medica* (1997) Biologische Heilmittel, Heel GmbH, p12).

Anti-Homotoxic Therapy is based on the concept of correcting the biological milieu to correct the real underlying problem. Thus, Reckeweg created a series of single and complex remedy preparations to encourage detoxification of the bio-system. Such remedies appear to stimulate and trigger the immune system and patho-physiological responses, and seek to restore homeostasis, harmony, and body balance.

The preparations are manufactured under strict EU Homoeopathic and GMP standards and are available in the UK and in 50 countries worldwide. In-depth, positive, clinically controlled trials on many of the preparations have been carried out and published, thus providing modern-day, medical rationality of Reckeweg's System (see Table 1).

Table 1. Some Heel products tested for specific symptoms.

<b>SYMPTOM OF INFLAMMATION</b>	<b>PRODUCT</b>
Effusion	Traumeel
Oedema	Lymphomyosot
Rheumatic and arthritic swelling	Zeel
Conjunctivitis	Belladonna-Homaccord
Gastritis	Gastricumeel
Sinusitis	Euphorbium compositum

### **The Bystander Reaction**

Before one can discuss the function of anti-homotoxic remedies in the inflammatory process, it is important to understand Dr Pischinger's ground regulation system. Pischinger defines the system of ground regulation as a functional unit encompassing the vascular pathway, the

connective tissue cells, lymphatic system and the autonomic nervous structures. The extracellular fluid serves as a uniting force and an information highway that links and directs the elements of the ground regulation system. This huge system regulates everything that enters the system at the cellular level; it regulates the cell milieu. One of its most important functions is to feed individual cells and to remove by-products of cellular activity. In its regulatory capacity the ground regulation system is involved in every inflammatory reaction and is thus responsible for all vital activity of the organism; one might say it is where health and disease begin.

Low and middle potency homeopathic dilutions work well as anti-inflammatory agents because they activate regulatory lymphocytes through a reaction known as the Immunological Bystander Reaction. Figure 1 below is a simplified version of the Bystander Reaction published by Prof. Hartmut Heine, MD. In simple terms, the anti-homotoxic substance stimulates macrophages to produce antigen motifs, which activate non-antigen-specific lymphocytes to bind the motifs to their receptors and become Th3 regulatory lymphocytes. These Th3 cells home in to the nearest lymph node, where they multiply and are released into the bloodstream. When the Th3 lymphocytes lock into a similar motif they synthesise and release the Transforming Growth Factor beta (TGF- $\beta$ ), which decreases the activity of Th1 and Th2 lymphocytes, thereby quenching the inflammation.

Anti-homotoxic preparations arouse the Bystander Reaction by presenting low potency components that have similar motifs as the lymphocytes causing the inflammation. This conforms to the simile principle of homeopathy. Preparations such as Traumeel and Zeel contain low- and mid-range potencies that stimulate the formation of Th3 cells with compatible motifs.



Figure 1. The Bystander Reaction. [Click to view](#)

The introduction of homotoxins into the system engages the inflammatory response to repair physiological damage within the specific constitution of the patient, ie. within the patient's own immunological portrait. The self-regulating control of the inflammatory process is not affected. In this sense, anti-homotoxic preparations are not only symptom-specific, but patient-specific; they work within and along with the patient's own metabolism and, more specifically, the patient's own immune system.