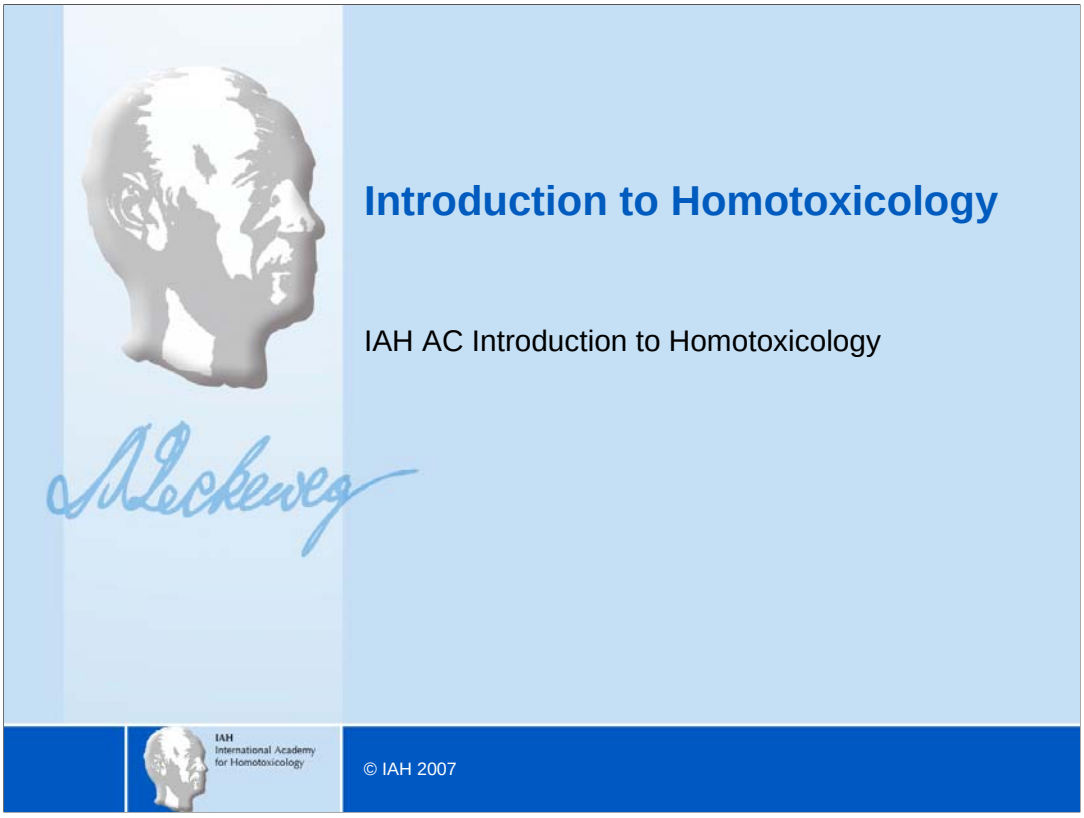
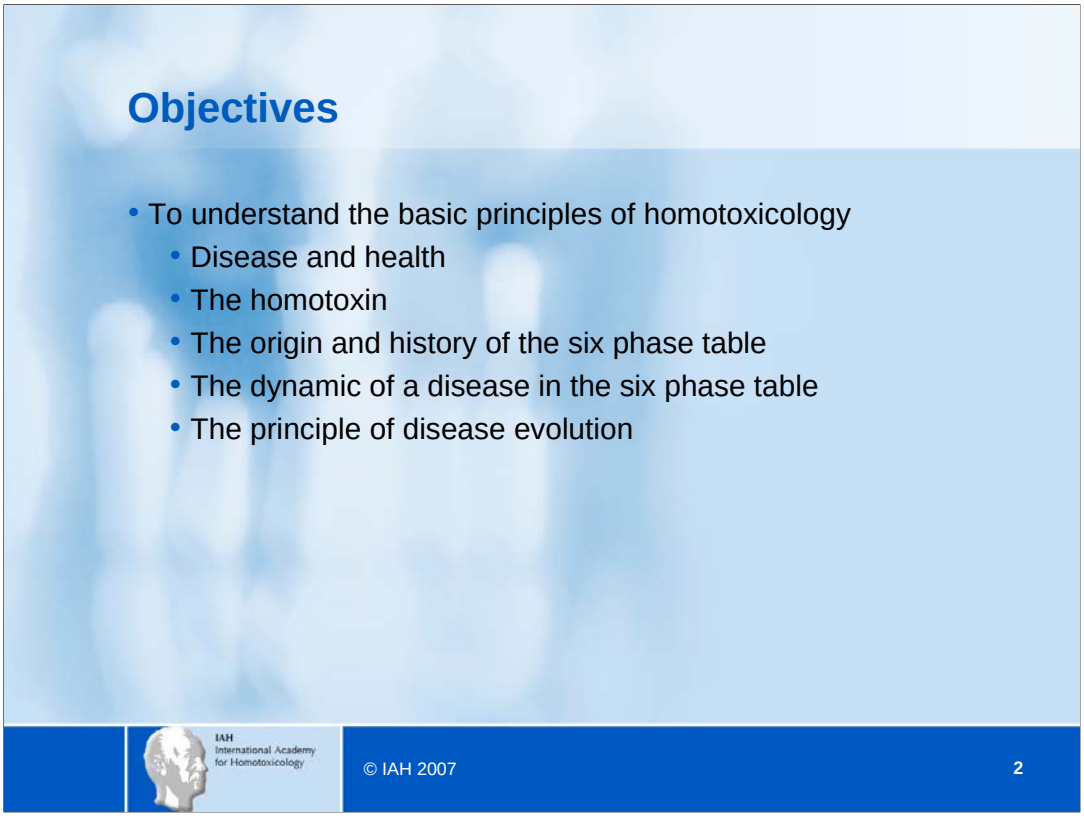


Homotoxicology, developed by the German doctor Hans-Heinrich Reckeweg, is the scientific concept behind antihomotoxic medicine. It is a different way of approaching the patient and his disease.

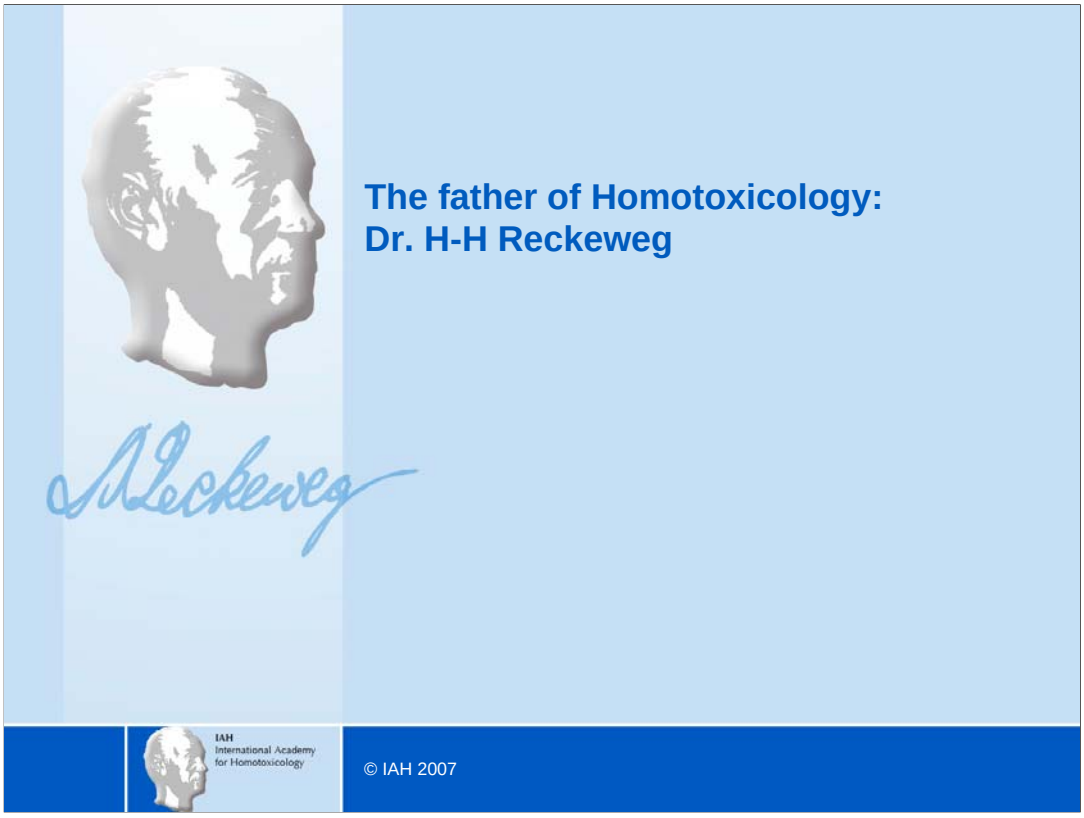
In regular medicine the concept of the ‘terrain of the patient’ is not known and therefore it often looks as if the patient is purely treated according to the symptoms he presents.



Many aspects in antihomotoxic medicine is different from regular medicine. Although the same terminology is often used, other matters are meant. Therefore it is important to well understand what disease and health means in homotoxicology.

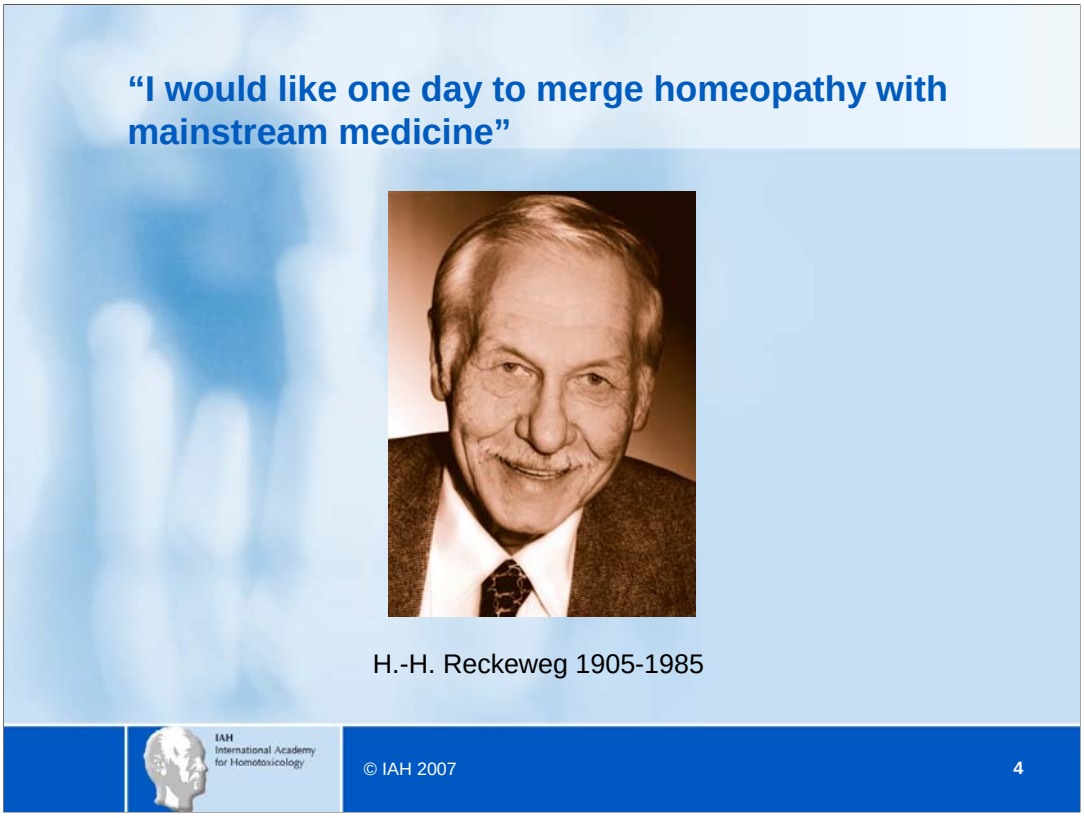
In homotoxicology the causes of disease are seen as the homotoxins. Therefore we should be able to define them. More specific information on homotoxins can be found in the lecture ‘IAH AC Homotoxins’

As we will see in detail in other lectures the Disease Evolution Table (DET) is a dynamic instrument to evaluate the evolution of the disease of the patient. It is an essential instrument in the antihomotoxic approach of the patient. The fact that in time the patient will evolve or the type of his disease will change on the table is extremely important as it will direct our decision how to treat the patient and what medication is appropriate to do so in a correct homotoxicological way



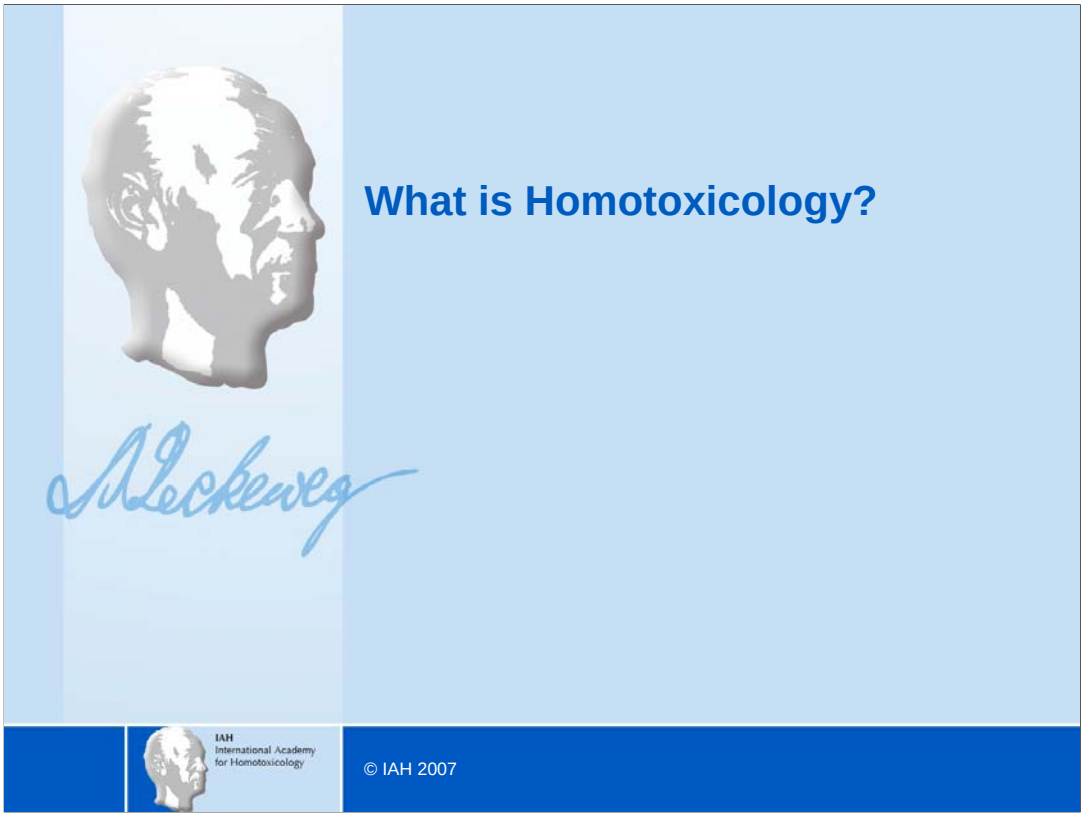
Dr. Hans-Heinrich Reckeweg was the father of Homotoxicology. Due to his immense work and publications homotoxicology became a worldwide disseminated approach in medicine. Not only the theory, but also the daily use of antihomotoxic medications is present in more than 70 countries all over the world. Today experts in homotoxicology worldwide do further research in this matter and made out of homotoxicology an acceptable approach in modern medicine

Dr. Reckeweg's conviction brought many medical doctors to treat their patients in a different way. Still now, and even more, more than 20 years after his death, homotoxicology is a well appreciated concept in complementary medicine and becomes more and more an eye opener in conventional medicine. In this way, Dr. Reckeweg succeeded to accomplish his dream: to built a bridge between conventional and complementary medicine.

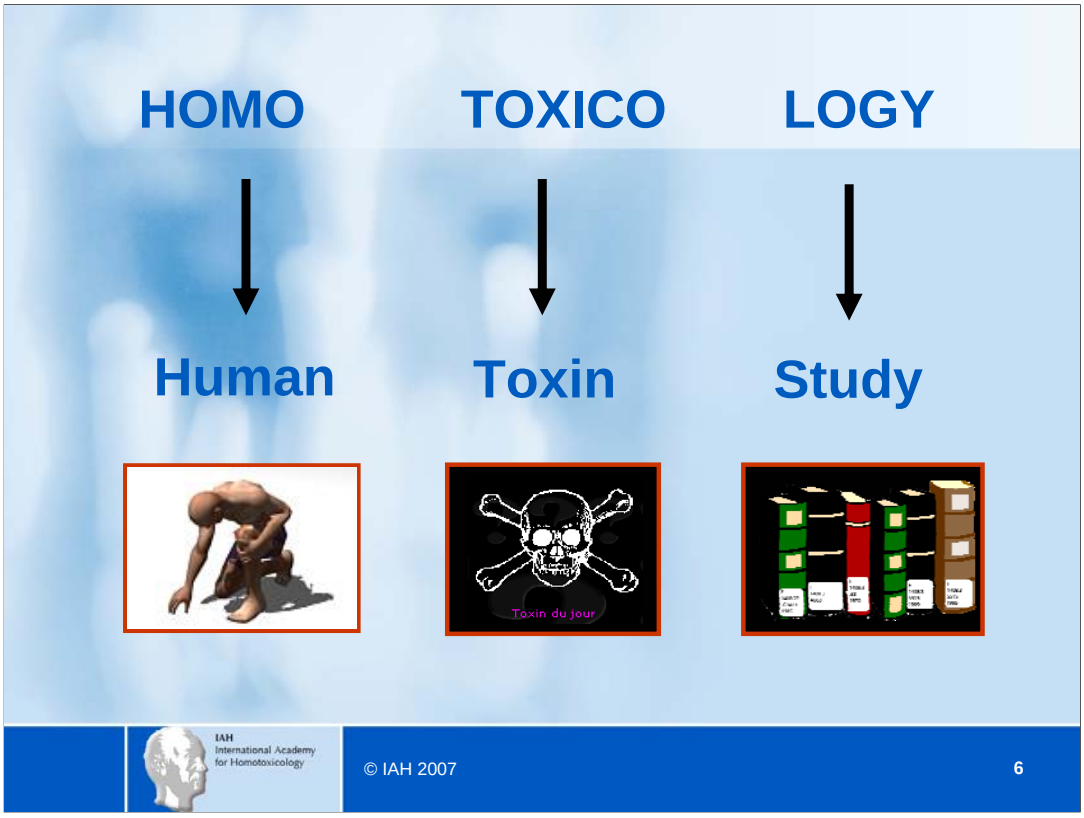


As indeed, homotoxicology is a very understandable concept, for the complementary medicine practitioner as well as for the conventional medicine doctor. Even though it sometimes seems as if both kinds of medicine are opposite, today we see that conventional trained MD's are more and more open for antihomotoxic medicine and homeopaths are less strictly bound to classical singular remedy medicine. This is due to the advances in molecular biology which makes the working mechanism of antihomotoxic medicine more apparent.

Dr. Reckeweg indeed did build a bridge between conventional and complementary medicine and by this created an integrative platform in medicine that finds its way easily into daily medical practice.

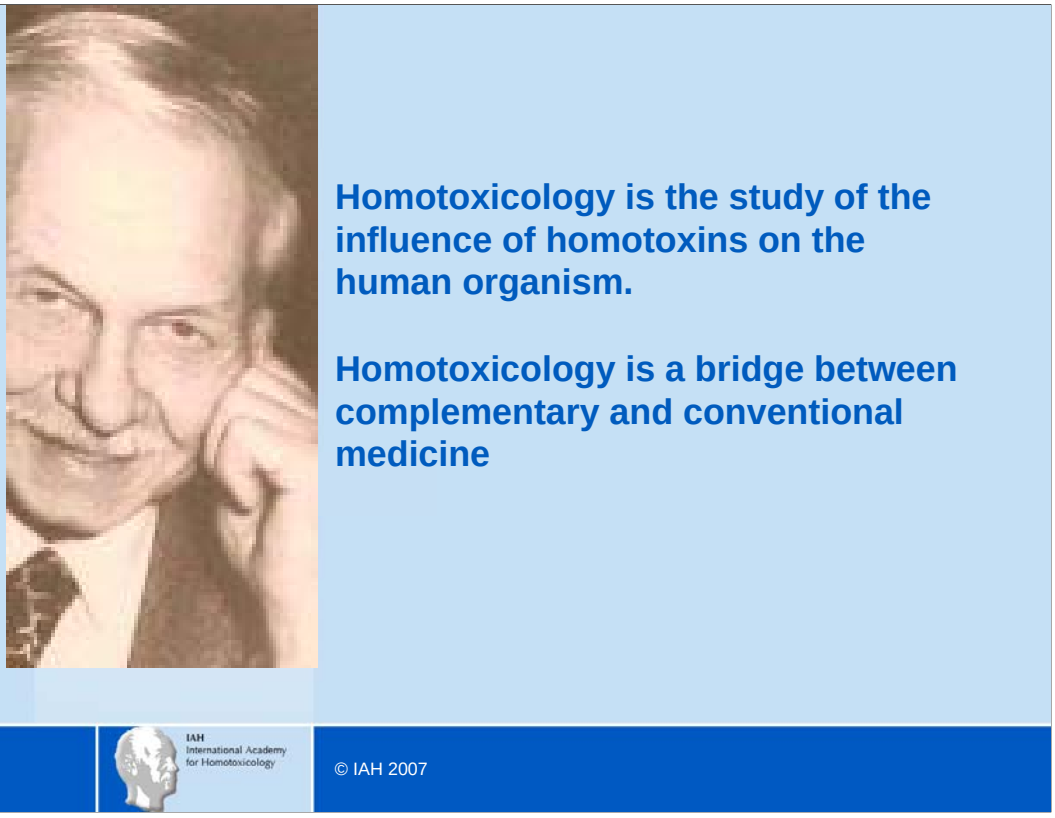


Let us study now the basic principles of homotoxicology more in depth. What is homotoxicology and in which way does it deviates from the conventional medical approach of the patient and his disease?



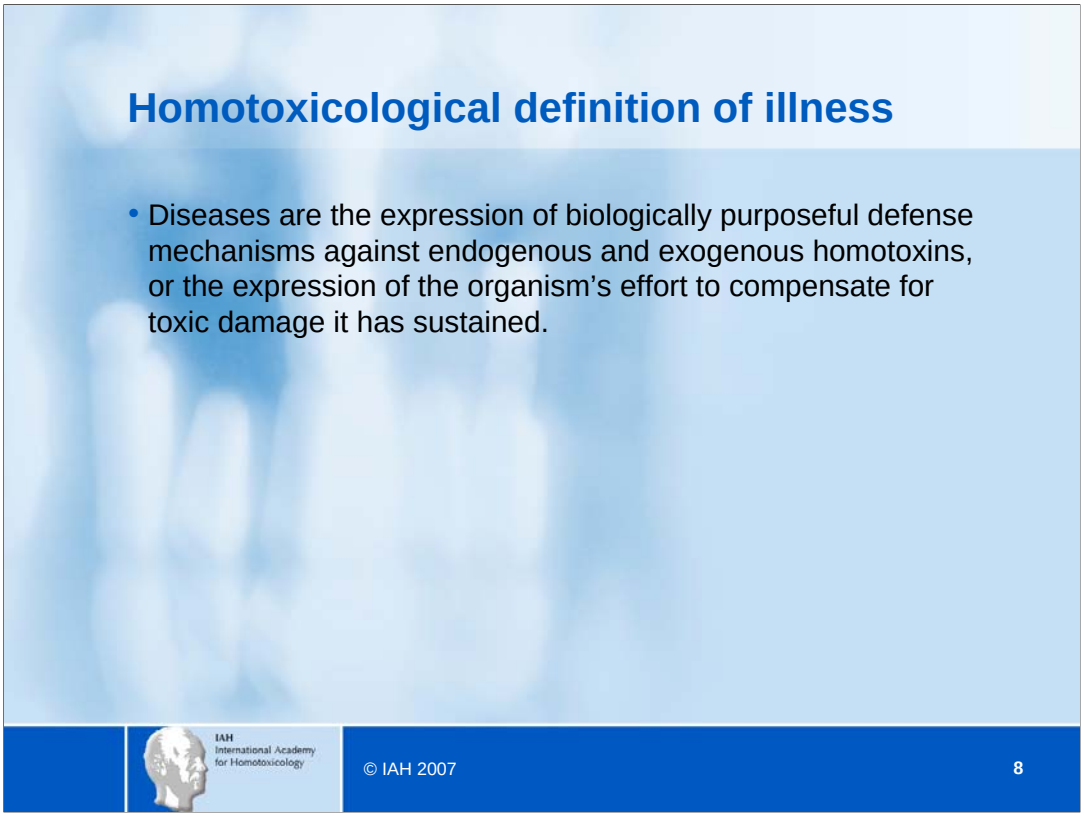
The term Homotoxicology is derived from three words ; “homo” meaning man, “toxico” derived from toxin or poison, and finally “logy”, derived from the Greek ‘logos’, meaning study.

To summarize, we can describe Homotoxicology as the study of the influence of toxic substances on humans.



In homotoxicology we study the way the presence of homotoxins will influence the functions of the cell and by this the function of the whole human organism. The reaction or rigidity of the defense mechanism against the homotoxin will define the clinical status the patient is in. Symptoms are an expression of the body's effort to get away with the toxins.

As the approach in homotoxicology remains clinical, research has been done on the mode of action of this type of medications. Homotoxicology is very relied to conventional medicine and very acceptable for 'open minded' conventional medical doctors as the working mechanisms behind antihomotoxic medication can be explained in terms of the molecular biological models of this conventional medicine. On the other hand, and this in contrast to conventional medications, most antihomotoxic medications contain a micro doses or even nano doses of active components and are therefore non-toxic. Few side effects and contra-indications, no interactions with other medications, safe and effective, classify homotoxicology to complementary 'gentle' medicine. In this way homotoxicology is building a bridge between both conventional and complementary medicine. The bridge refers to the strong conventional medical diagnosis and the gentle, non toxic treatment of complementary medicine.

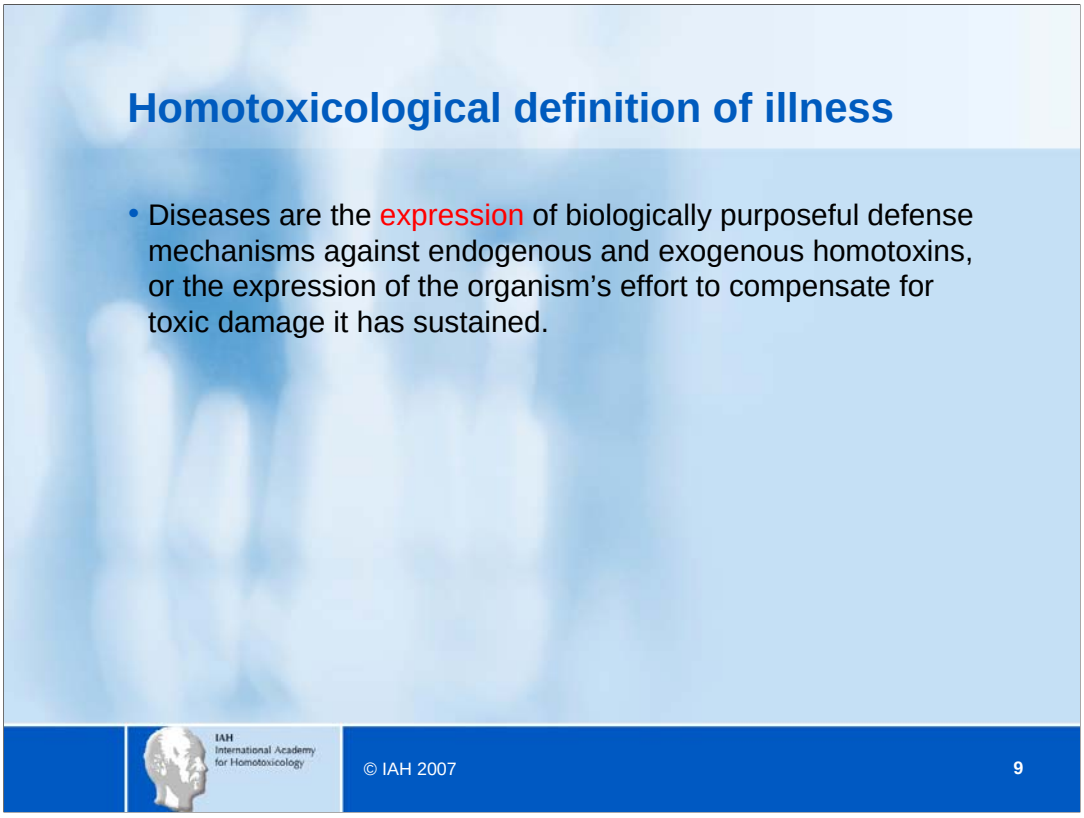


From a homotoxicological point of view, illness is caused by the body's reaction to the presence of disruptive homotoxins. What we recognize as the clinical symptoms of illness is what surfaces after the defense system has reacted to the threat.

This means that illness is not the presence of symptoms as such, since these should only be seen as proof of ongoing defense activity.

As long as clinical symptoms are only viewed as a threat to the quality of life of the patient and the entire treatment is geared to the removal of these symptoms, the results will be superficial and we are actually mortgaging the patient's long-term health.

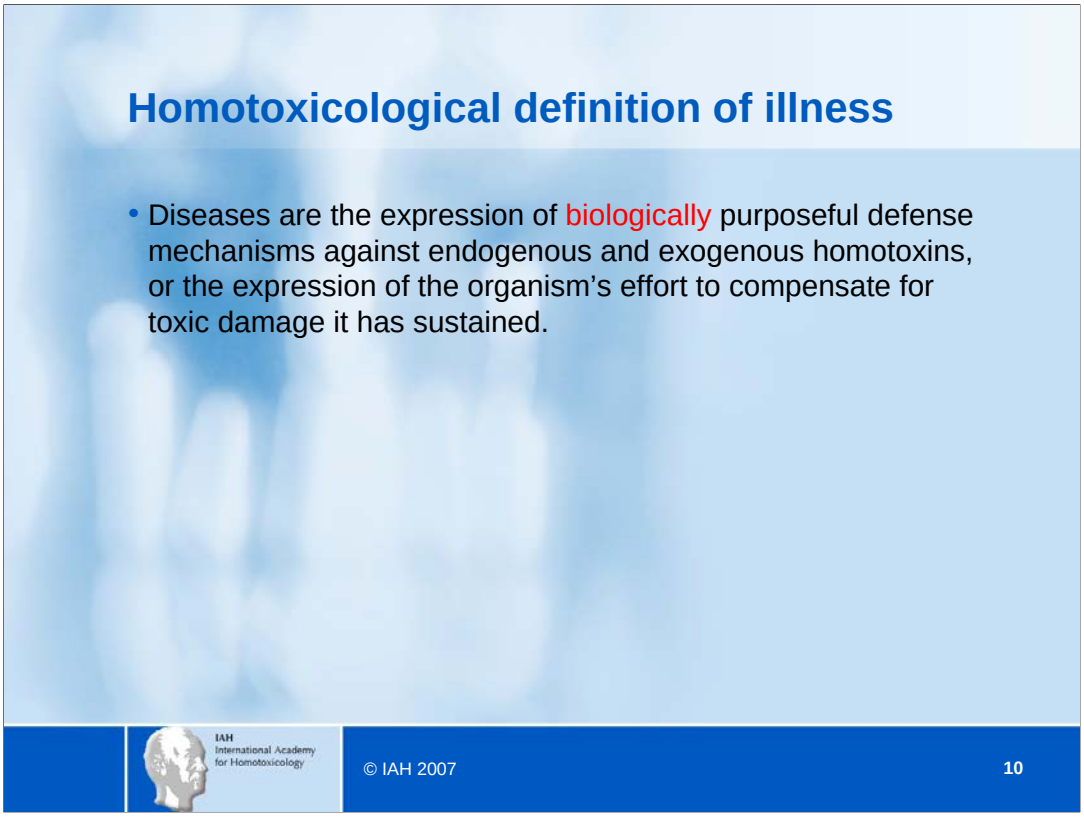
A biotherapeutic treatment takes into account the causative homotoxins and, by stimulating the body's own defense system, will affect the actual causes of the illness. Biotherapy is always a regulation therapy, and never a suppression therapy.



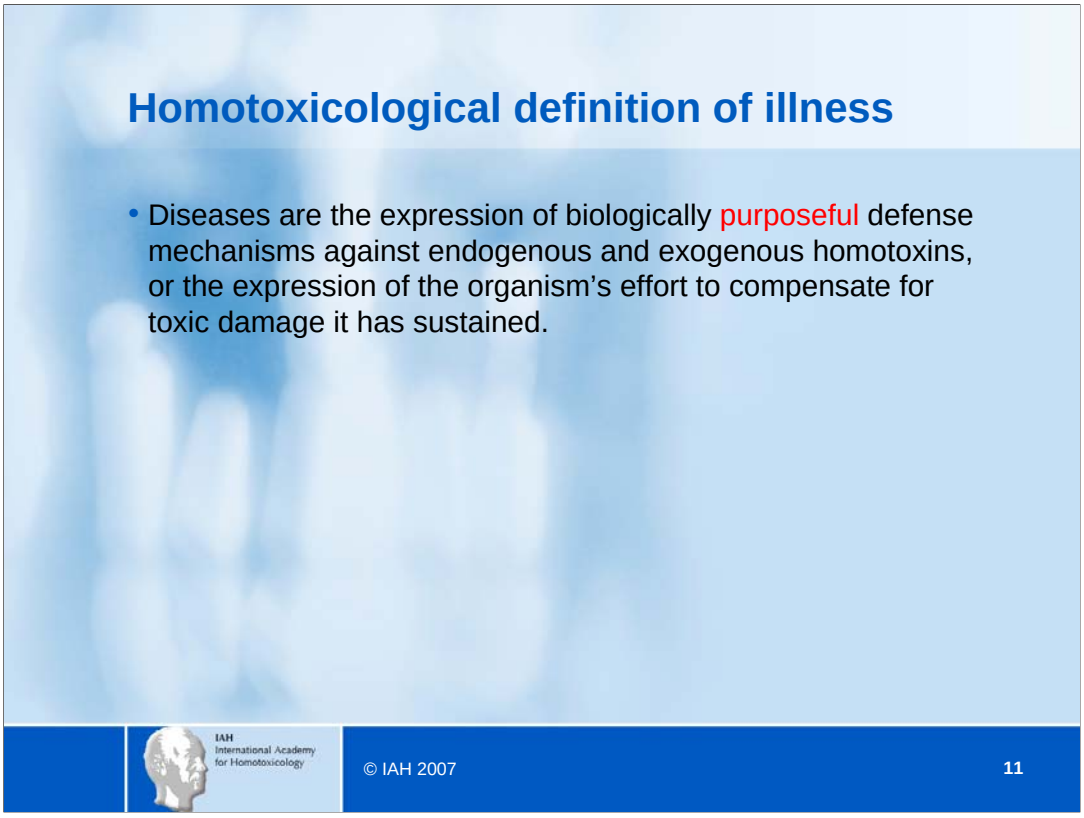
Expression : What we see is not what we get. The symptoms are only the result of a defense activity of the organism against toxic burdens. If for example an inflammation is there, causal treatment means that we will have to do something about the inflammation triggering homotoxins, which can be done by the regulation of the defense activity. Just a suppression of the symptoms is comparable with pushing an iceberg under the water, hoping that it will never appear again. Stopping the pushing will make the iceberg reappear. This phenomenon explains the recurrence of diseases in conventional medicine.

Another comparison can be made. Clinical symptoms are only an expression of something deeper like the words someone speaks are only an expression of his thoughts. Suppression of words, a ban on speaking, can never change the cause of talking, which are the thoughts in the mind of the speaker. Treatment of the mind, as in psychotherapy, will automatically result in different expressions.

In the same way the suppression of fever in viral infections will seem to be effective in the short term. In the long term it will only increase the proliferation of the virus as fever has a microstatic effect as cytokines work the best at these higher temperatures.

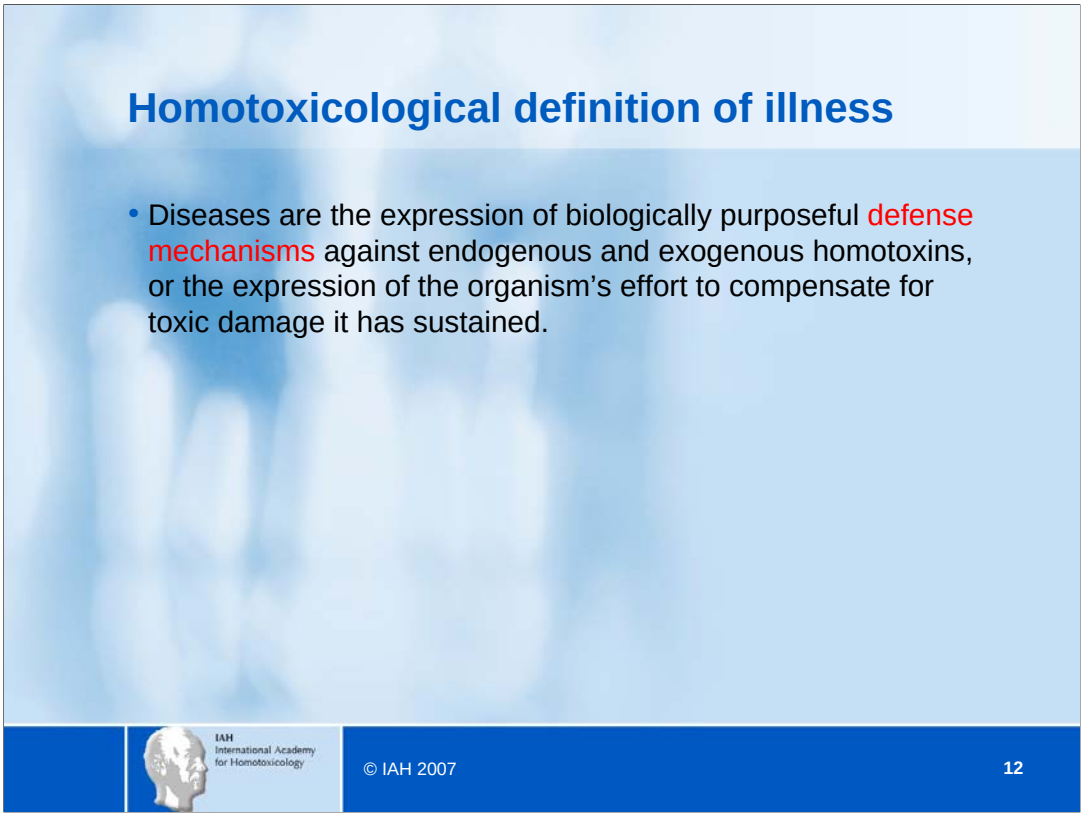


Biologically: “Bios” means “life”, “logos” means “word”, “study" or even “rule". "Biological" means "in accordance to the rules of life". Every therapeutic action that goes in against this biological fact, goes in against the basics of life. If we suppress an inflammation and this inflammation process was meant to eliminate homotoxines and their negative influences on the tissues, we stop a cleansing process and remain with the intoxication effects. By blocking the cleansing effect of an inflammation process we take a measure against life as the homotoxins remain and will on long term intoxicate more in depth, what means the effects of the homotoxins will be more seen into the cell instead of in the extra cellular matrix.



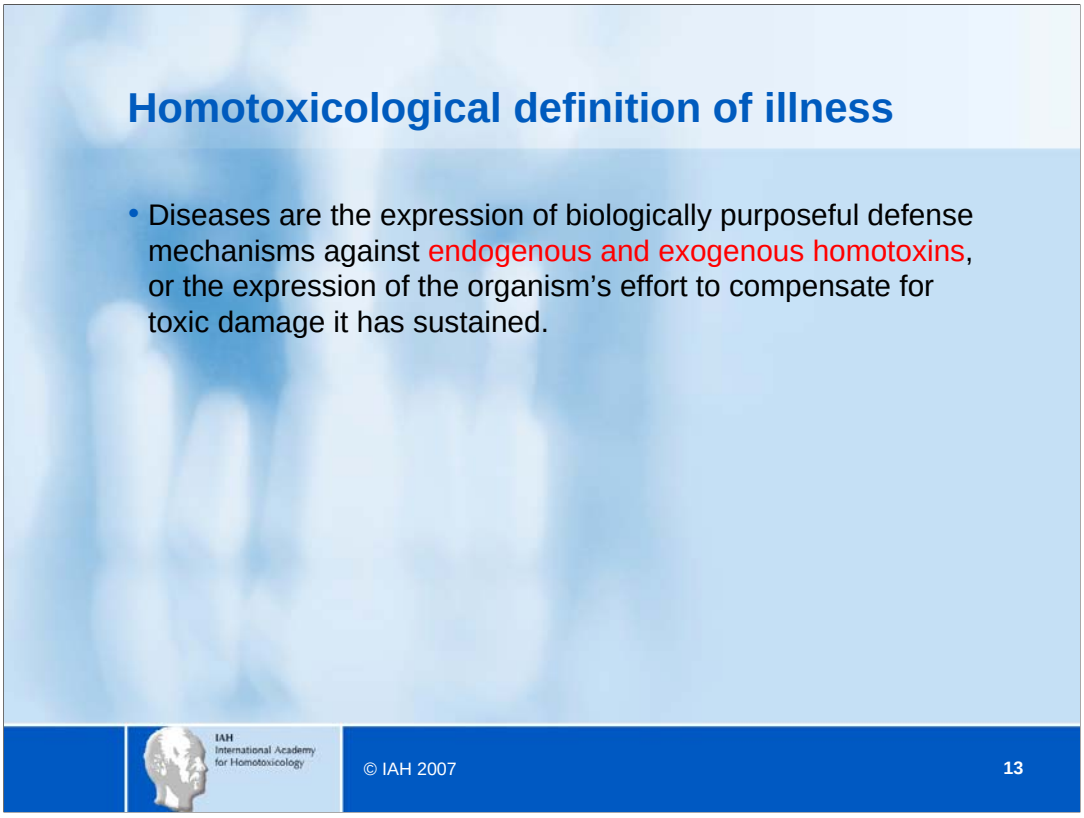
Purposeful : This term is extremely important in the homotoxicological definition of disease. It means that the reaction of the defense system will be in proportion to the needs to reach the target. This encompasses every regulation aspect homotoxicology is referring to. Mobilization of defense will be at the level that is needed to reach the target which in most cases is the elimination of the homotoxin and his negative interactive activity with the cell and his environment and to restore homeostasis. The regulation of the level of activity is done over a complex mechanism of autoregulating systems, interacting one another and this over many different mediators and feedback systems.

Most reactions of the defense system are purposeful, but inappropriate reactions (unpurposeful) can occur and create diseases on their own. Auto-immune diseases for example are an inappropriate reaction of the defense system. The immune system is attacking body own tissues which under normal conditions would be tolerated instead of attacked. The same is true for allergic reactions such as hay fever. The reaction of the defense system is not in relationship to the danger of the aggressor (the dust or the pollen) and therefore not purposeful.



The defense mechanism is there to protect the organism from toxic burden. It is not only functional when antigen is intruding into the system. The defense mechanism should be a standby system at all times. In case of disruption of homeostasis it can thus mount the appropriate response; be it immunological, hormonal or enzymatic, etc… Only by being standby and alert all of the time an effective and purposeful defense is possible. Failure of the system will result in intoxication.

Regulation mechanisms are tightly controllers via positive and negative feedback systems. Blocking or bypassing these feedback systems prevent regulation and will lead to chronic diseases.



We define a homotoxin as ANY substance that is toxic for the human organism (homo=man, toxic=poison). The toxicity can be a direct biochemical molecular effect, a physical blocking effect or even a disturbing interactive effect. So not only the homotoxin itself is of interest for us but also, and maybe even more, the effects it creates (even on distance) on the cell.

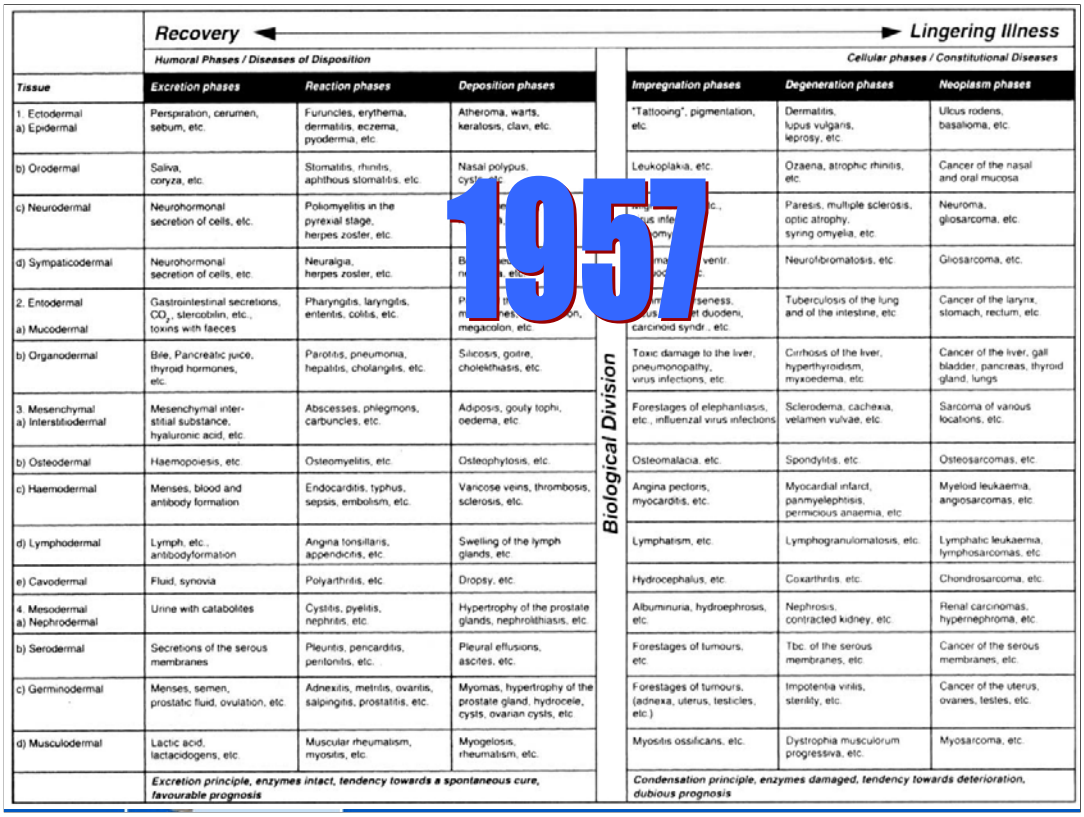
We differentiate between endogenous and exogenous homotoxins.

Exogenous homotoxins are substances that are by definition already toxic for the human organism in certain conditions (see preceding slide). Some of them are very well known by the leman (tobacco, alcohol, drugs in many ways) others are lesser known (aromatics, colorants, sweeters in food) or not known at all by (cadmium, evaporation of glues, gasses, radiations,…).

Endogenous homotoxins are created in the body itself. Mostly they are intermediate or waste products of metabolic processes (e.g. $CO_{2)}$. Other endogenous homotoxins are the result of an imbalance of hormonal secretion (e.g. oestrogen/progesterone), an inhibited or absent mediator or intermediate substance secretion (e.g. insulin in diabetes, serotonin in depression) or to fast reuptake (e.g. of to low levels of serotonin in depression) or just in contrary a to increased repeated stimulation by exaggerated mediator supply (e.g. thyroid hormone in hyperthyroid dysfunction).

Essential is the interfering or blocking activity of the homotoxin on normal functioning of the organ systems or interactive steering or regulating systems (hormonal system, nervous system,…)

For more detailed information on homotoxins see the lecture 'IAH AC Drainage and Detoxification'



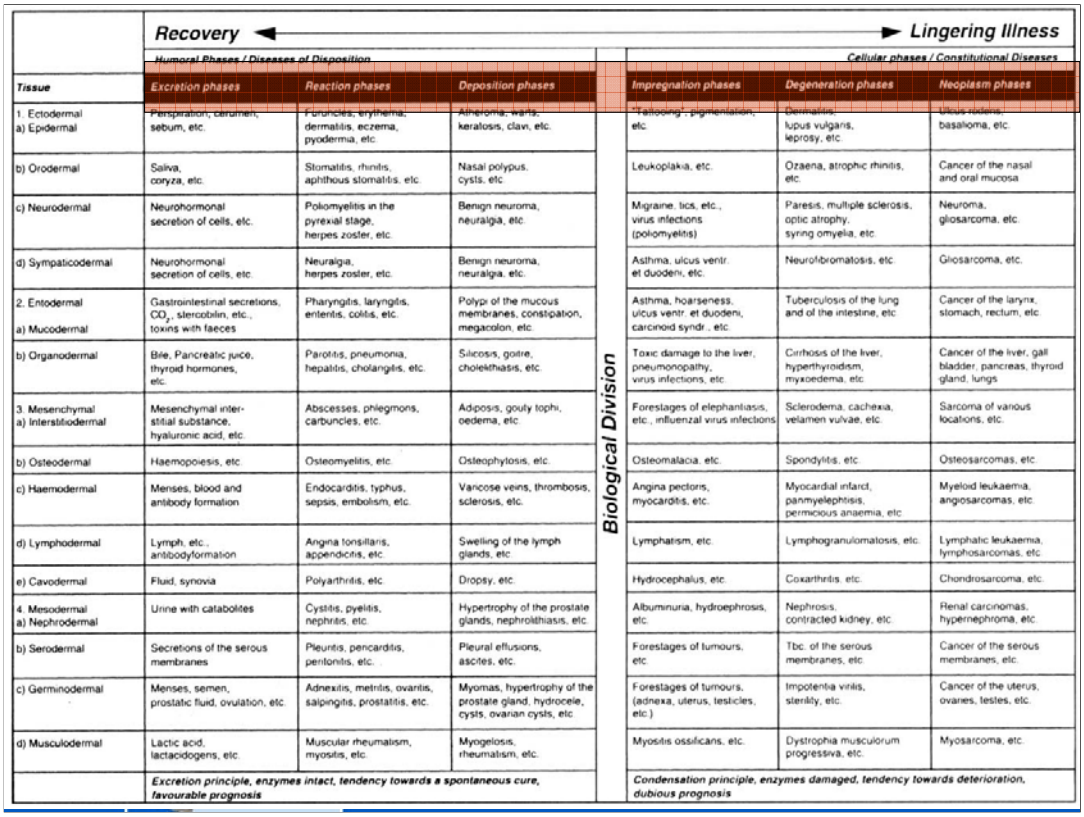
	Recovery ◄			► Lingering Illness		
	Humoral Phases / Diseases of Disposition			Cellular phases / Constitutional Diseases		
Tissue	Excretion phases	Reaction phases	Deposition phases	Impregnation phases	Degeneration phases	Neoplasm phases
1. Ectodermal a) Epidermal	Perspiration, cerumen, sebum, etc.	Furuncles, erythema, dermatitis, eczema, pyodermia, etc.	Atheroma, warts, keratosis, clavi, etc.	"Tattooing", pigmentation, etc.	Dermatitis, lupus vulgaris, leprosy, etc.	Ulcus rodens, basalioma, etc.
b) Orodermal	Saliva, coryza, etc.	Stomatitis, rhinitis, aphthous stomatitis, etc.	Nasal polypus, cysts, etc.	Leukoplakia, etc.	Ozaena, atrophic rhinitis, etc.	Cancer of the nasal and oral mucosa
c) Neurodermal	Neurohormonal secretion of cells, etc.	Poliomyelitis in the pyrexial stage, herpes zoster, etc.			Paresis, multiple sclerosis, optic atrophy, syring omyelia, etc.	Neuroma, gliosarcoma, etc.
d) Sympaticodermal	Neurohormonal secretion of cells, etc.	Neuralgia, herpes zoster, etc.			Neurofibromatosis, etc.	Gliosarcoma, etc.
2. Entodermal a) Mucodermal	Gastrointestinal secretions, CO_2, stercobilin, etc., toxins with faeces	Pharyngitis, laryngitis, enteritis, colitis, etc.	megacolon, etc.	carcinoid syndr., etc.	Tuberculosis of the lung and of the intestine, etc.	Cancer of the larynx, stomach, rectum, etc.
b) Organodermal	Bile, Pancreatic juice, thyroid hormones, etc.	Parotitis, pneumonia, hepatitis, cholangitis, etc.	Silicosis, goitre, cholelithiasis, etc.	Toxic damage to the liver, pneumonopathy, virus infections, etc.	Cirrhosis of the liver, hyperthyroidism, myxoedema, etc.	Cancer of the liver, gall bladder, pancreas, thyroid gland, lungs
3. Mesenchymal a) Interstitiodermal	Mesenchymal interstitial substance, hyaluronic acid, etc.	Abscesses, phlegmons, carbuncles, etc.	Adiposis, gouty tophi, oedema, etc.	Forestages of elephantiasis, etc., influenzal virus infections	Sclerodema, cachexia, velamen vulvae, etc.	Sarcoma of various locations, etc.
b) Osteodermal	Haemopoiesis, etc.	Osteomyelitis, etc.	Osteophytosis, etc.	Osteomalacia, etc.	Spondylitis, etc.	Osteosarcomas, etc.
c) Haemodermal	Menses, blood and antibody formation	Endocarditis, typhus, sepsis, embolism, etc.	Varicose veins, thrombosis, sclerosis, etc.	Angina pectoris, myocarditis, etc.	Myocardial infarct, panmyelophtisis, permicious anaemia, etc.	Myeloid leukaemia, angiosarcomas, etc.
d) Lymphodermal	Lymph, etc., antibodyformation	Angina tonsillaris, appendicitis, etc.	Swelling of the lymph glands, etc.	Lymphatism, etc.	Lymphogranulomatosis, etc.	Lymphatic leukaemia, lymphosarcomas, etc.
e) Cavodermal	Fluid, synovia	Polyarthritis, etc.	Dropsy, etc.	Hydrocephalus, etc.	Coxarthritis, etc.	Chondrosarcoma, etc.
4. Mesodermal a) Nephrodermal	Urine with catabolites	Cystitis, pyelitis, nephritis, etc.	Hypertrophy of the prostate glands, nephrolithiasis, etc.	Albuminuria, hydroephrosis, etc.	Nephrosis, contracted kidney, etc.	Renal carcinomas, hypernephroma, etc.
b) Serodermal	Secretions of the serous membranes	Pleuritis, pericarditis, peritonitis, etc.	Pleural effusions, ascites, etc.	Forestages of tumours, etc.	Tbc. of the serous membranes, etc.	Cancer of the serous membranes, etc.
c) Germinodermal	Menses, semen, prostatic fluid, ovulation, etc.	Adnexitis, metritis, ovaritis, salpingitis, prostatitis, etc.	Myomas, hypertrophy of the prostate gland, hydrocele, cysts, ovarian cysts, etc.	Forestages of tumours, (adnexa, uterus, testicles, etc.)	Impotentia virilis, sterility, etc.	Cancer of the uterus, ovaries, testes, etc.
d) Musculodermal	Lactic acid, lactacidogens, etc.	Muscular rheumatism, myositis, etc.	Myogelosis, rheumatism, etc.	Myositis ossificans, etc.	Dystrophia musculorum progressiva, etc.	Myosarcoma, etc.
	Excretion principle, enzymes intact, tendency towards a spontaneous cure, favourable prognosis			Condensation principle, enzymes damaged, tendency towards deterioration, dubious prognosis		

Biological Division

1957

The Disease Evolution Table (Formerly called the six-phase-table) is an instrument to evaluate the evolution of the patient's disease. A proper use of it in practice gives not only an idea of the severity of the patient's disease, but will also help the practitioner in setting up an effective therapy plan.

The table on the picture was the first original Disease Evolution Table or six phase table of Reckeweg, translated from German into English (German version 1957).



	Recovery ◄				► Lingering Illness		
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Tissue	Excretion phases	Reaction phases	Deposition phases		Impregnation phases	Degeneration phases	Neoplasm phases
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d) Sympaticodermal	Neurohormonal secretion of cells, etc.	Neuralgia, herpes zoster, etc.	Benign neuroma, neuralgia, etc.		Asthma, ulcus ventr. et duodeni, etc.	Neurofibromatosis, etc.	Gliosarcoma, etc.
2. Entodermal a) Mucodermal	Gastrointestinal secretions, CO_2, stercobilin, etc., toxins with faeces	Pharyngitis, laryngitis, enteritis, colitis, etc.	Polypi of the mucous membranes, constipation, megacolon, etc.		Asthma, hoarseness, ulcus ventr. et duodeni, carcinoid syndr., etc.	Tuberculosis of the lung and of the intestine, etc.	Cancer of the larynx, stomach, rectum, etc.
b) Organodermal	Bile, Pancreatic juice, thyroid hormones, etc.	Parotitis, pneumonia, hepatitis, cholangitis, etc.	Silicosis, goitre, cholelithiasis, etc.	Biological Division	Toxic damage to the liver, pneumonopathy, virus infections, etc.	Cirrhosis of the liver, hyperthyroidism, myxoedema, etc.	Cancer of the liver, gall bladder, pancreas, thyroid gland, lungs
3. Mesenchymal a) Interstitiodermal	Mesenchymal interstitial substance, hyaluronic acid, etc.	Abscesses, phlegmons, carbuncles, etc.	Adiposis, gouty tophi, oedema, etc.		Forestages of elephantiasis, etc., influenzal virus infections	Sclerodema, cachexia, velamen vulvae, etc.	Sarcoma of various locations, etc.
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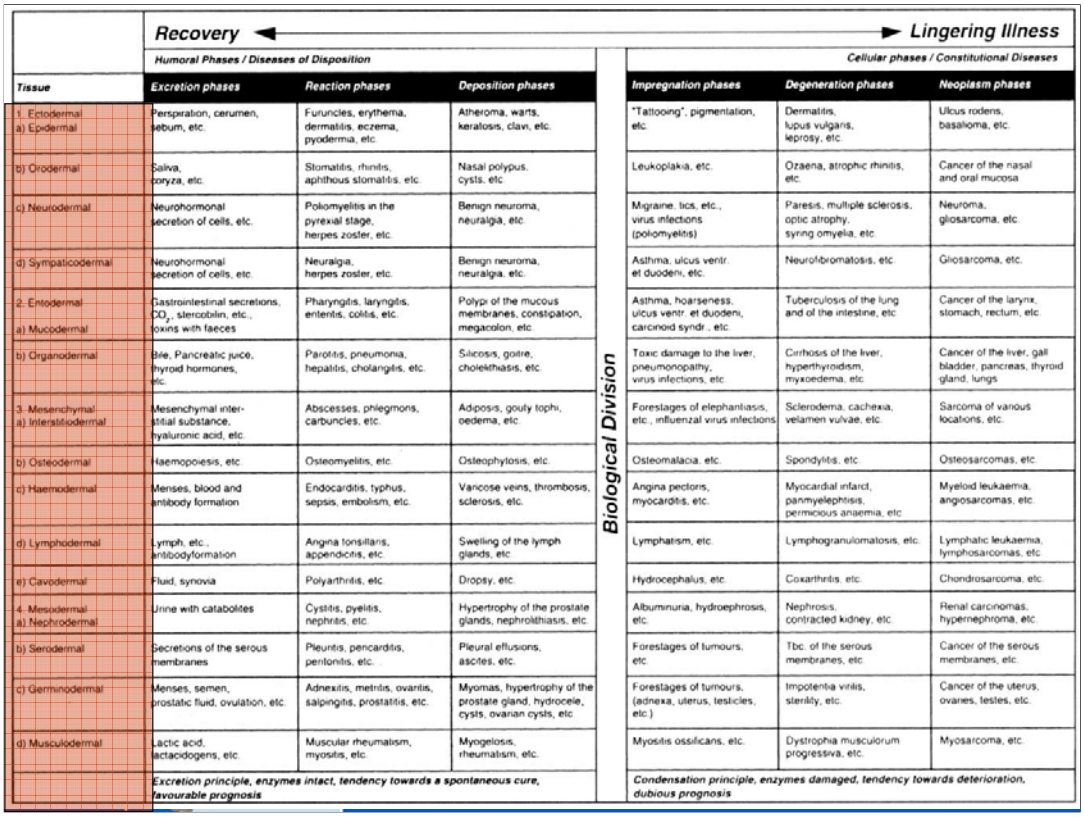
	Excretion principle, enzymes intact, tendency towards a spontaneous cure, favourable prognosis				*Condensation principle, enzymes damaged, tendency towards deterioration, dubious prognosis*		

On the horizontal axis we see six phases on this initial version. The inflammation phase (current name) was called ‘reaction phase’ because of the body reacting to the homotoxin. The current dedifferentiation phase (inverse of embryological differentiation of cells) was called ‘neoplasma phase’ because of the new building of tissue in tumors.

Interesting is also the fact that there were 2 blocs of 3 phases each, divided by a biological division. On the left side of this division all the diseases occur where the causal homotoxins or their effect are extracellular. On the right side of it the presence or effect of the homotoxin is mainly intracellular.

The reference to the extra cellular matrix, or even Living Matrix, as we know it now in modern histology today, was not existing at the time this table (1957) was created as this concept was not known yet (Ground Regulation System, Pischinger, 1975). Although Reckeweg referred to it by including the mesenchymal level as a separate level (mesenchym should be under the mesodermal layer) the matrix only became important in a new six phase table early 90ties. Today we know that the Living Matrix has three levels which interact with each other: the extra cellular matrix, the intra cellular matrix and the intra nuclear matrix. We will discuss this later on in this lecture and even more in detail in the lecture ‘IAH AC Living Matrix, Histology and Physiology’

As Dr. Reckeweg was strongly interested in toxicology only few references are taken up on mind related diseases. Also this is completely different in the latest version of the table.



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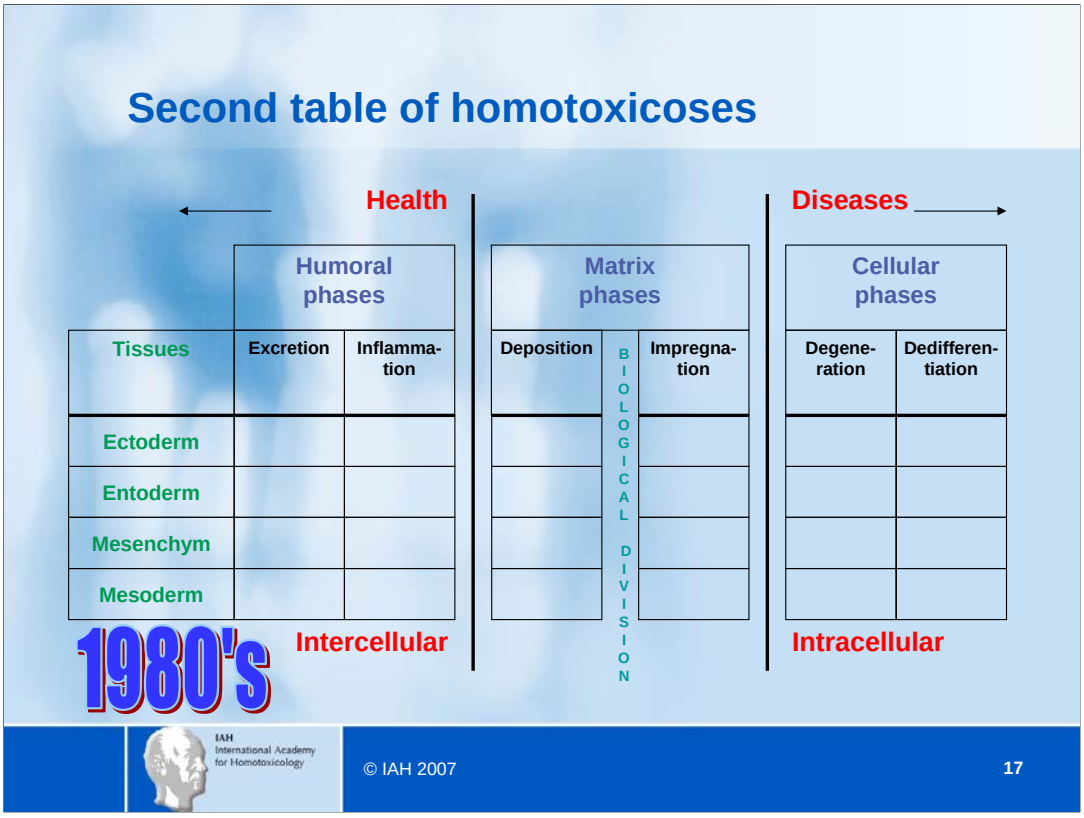
2. Entodermal a) Mucodermal	Gastrointestinal secretions, CO_2, stercobilin, etc., toxins with faeces	Pharyngitis, laryngitis, enteritis, colitis, etc.	Polypi of the mucous membranes, constipation, megacolon, etc.		Asthma, hoarseness, ulcus ventr. et duodeni, carcinoid syndr., etc.	Tuberculosis of the lung and of the intestine, etc.	Cancer of the larynx, stomach, rectum, etc.
b) Organodermal	Bile, Pancreatic juice, thyroid hormones, etc.	Parotitis, pneumonia, hepatitis, cholangitis, etc.	Silicosis, goitre, cholelithiasis, etc.		Toxic damage to the liver, pneumonopathy, virus infections, etc.	Cirrhosis of the liver, hyperthyroidism, myxoedema, etc.	Cancer of the liver, gall bladder, pancreas, thyroid gland, lungs
3. Mesenchymal a) Interstitiodermal	Mesenchymal interstitial substance, hyaluronic acid, etc.	Abscesses, phlegmons, carbuncles, etc.	Adiposis, gouty tophi, oedema, etc.		Forestages of elephantiasis, etc., influenzal virus infections	Sclerodema, cachexia, velamen vulvae, etc.	Sarcoma of various locations, etc.
b) Osteodermal	Haemopoiesis, etc.	Osteomyelitis, etc.	Osteophytosis, etc.		Osteomalacia, etc.	Spondylitis, etc.	Osteosarcomas, etc.
c) Haemodermal	Menses, blood and antibody formation	Endocarditis, typhus, sepsis, embolism, etc.	Varicose veins, thrombosis, sclerosis, etc.		Angina pectoris, myocarditis, etc.	Myocardial infarct, panmyelophtisis, permicious anaemia, etc.	Myeloid leukaemia, angiosarcomas, etc.
d) Lymphodermal	Lymph, etc., antibodyformation	Angina tonsillaris, appendicitis, etc.	Swelling of the lymph glands, etc.		Lymphatism, etc.	Lymphogranulomatosis, etc.	Lymphatic leukaemia, lymphosarcomas, etc.
e) Cavodermal	Fluid, synovia	Polyarthritis, etc.	Dropsy, etc.		Hydrocephalus, etc.	Coxarthritis, etc.	Chondrosarcoma, etc.
4. Mesodermal a) Nephrodermal	Urine with catabolites	Cystitis, pyelitis, nephritis, etc.	Hypertrophy of the prostate glands, nephrolithiasis, etc.		Albuminuria, hydroephrosis, etc.	Nephrosis, contracted kidney, etc.	Renal carcinomas, hypernephroma, etc.
b) Serodermal	Secretions of the serous membranes	Pleuritis, pericarditis, peritonitis, etc.	Pleural effusions, ascites, etc.		Forestages of tumours, etc.	Tbc. of the serous membranes, etc.	Cancer of the serous membranes, etc.
c) Germinodermal	Menses, semen, prostatic fluid, ovulation, etc.	Adnexitis, metritis, ovaritis, salpingitis, prostatitis, etc.	Myomas, hypertrophy of the prostate gland, hydrocele, cysts, ovarian cysts, etc.		Forestages of tumours, (adnexa, uterus, testicles, etc.)	Impotentia virilis, sterility, etc.	Cancer of the uterus, ovaries, testes, etc.
d) Musculodermal	Lactic acid, lactacidogens, etc.	Muscular rheumatism, myositis, etc.	Myogelosis, rheumatism, etc.		Myositis ossificans, etc.	Dystrophia musculorum progressiva, etc.	Myosarcoma, etc.
	Excretion principle, enzymes intact, tendency towards a spontaneous cure, favourable prognosis				Condensation principle, enzymes damaged, tendency towards deterioration, dubious prognosis		

On the vertical axis we recognize the 3 embryological layers: the ectoderm, entoderm and mesoderm. As mentioned in the former slide the mesenchym refers to the prestage of what is called later on the extra cellular matrix. From a pure embryological point of view it should be classified under the mesoderm and not occur as a separated tissue differentiation.

Important is the order in which the phases and the embryonic layers (and resulting tissues) are classified. Reckeweg clearly was inspired there by Hering as both are referring to Hering's law in homeopathy. Hering's law states that diseases will evolve in time from the outside to the inside, from lesser important organs and tissues to more important ones, from non cellular to cellular diseases.



In the end of the 80's fundamental changes where done to the existing table. To understand them we have to remind on certain histological aspects that where discovered and implemented in that time. The main feature was that the matrix phases were added to the existing concept of Reckeweg.

The terrain of the patient

- «La bactérie n'est rien, c'est le terrain qui fait tout.»
- "Bacteria are nothing, the terrain is everything"

Claude Bernard
19th century

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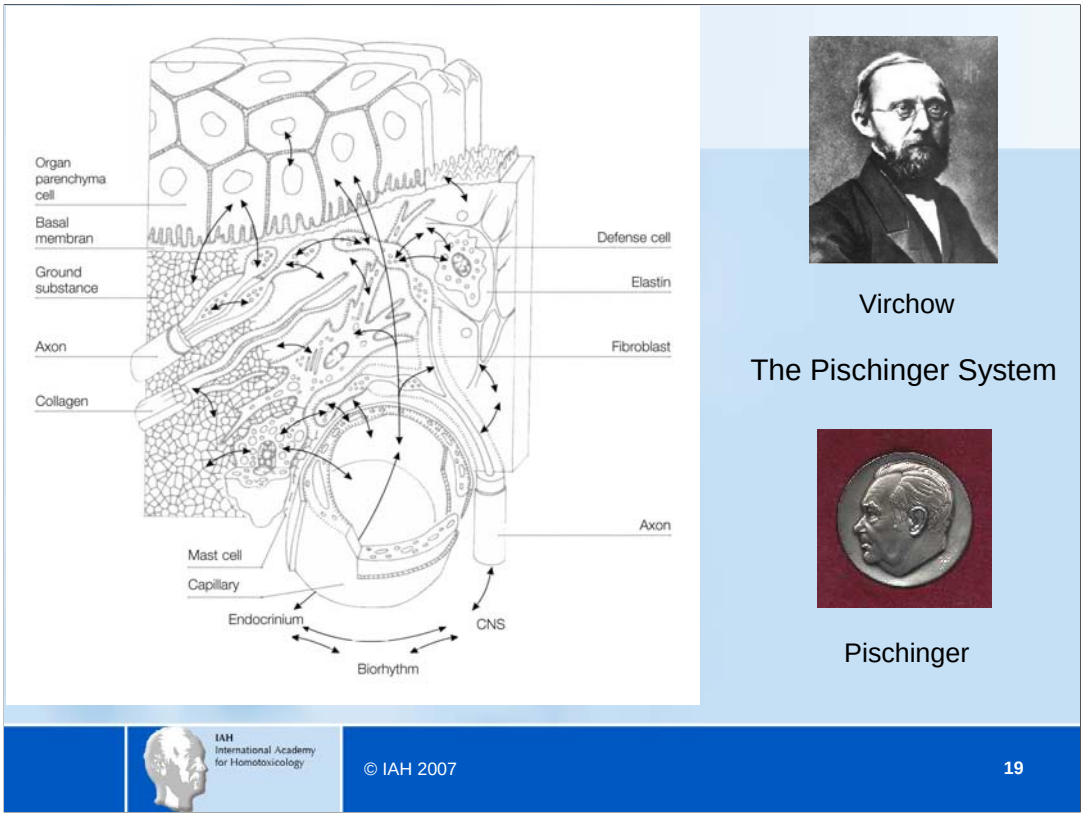
In the 19th century the French histologist Claude Bernard developed the terminology 'internal terrain' or internal environment. He was referring to the direct environment of the cell, structural an physiological. The life quality of the cell is directly related to the purity of his direct environment as that is the area where it takes his nutrition and energy from and deposits his waste products in.

Even Louis Pasteur, the discoverer of micro-organisms in modern medicine, referred to Claude Bernard mentioning that a bacterial infection is more related to a changed internal terrain of the patient rather than to the presence of a the bacteria or other micro-organism.

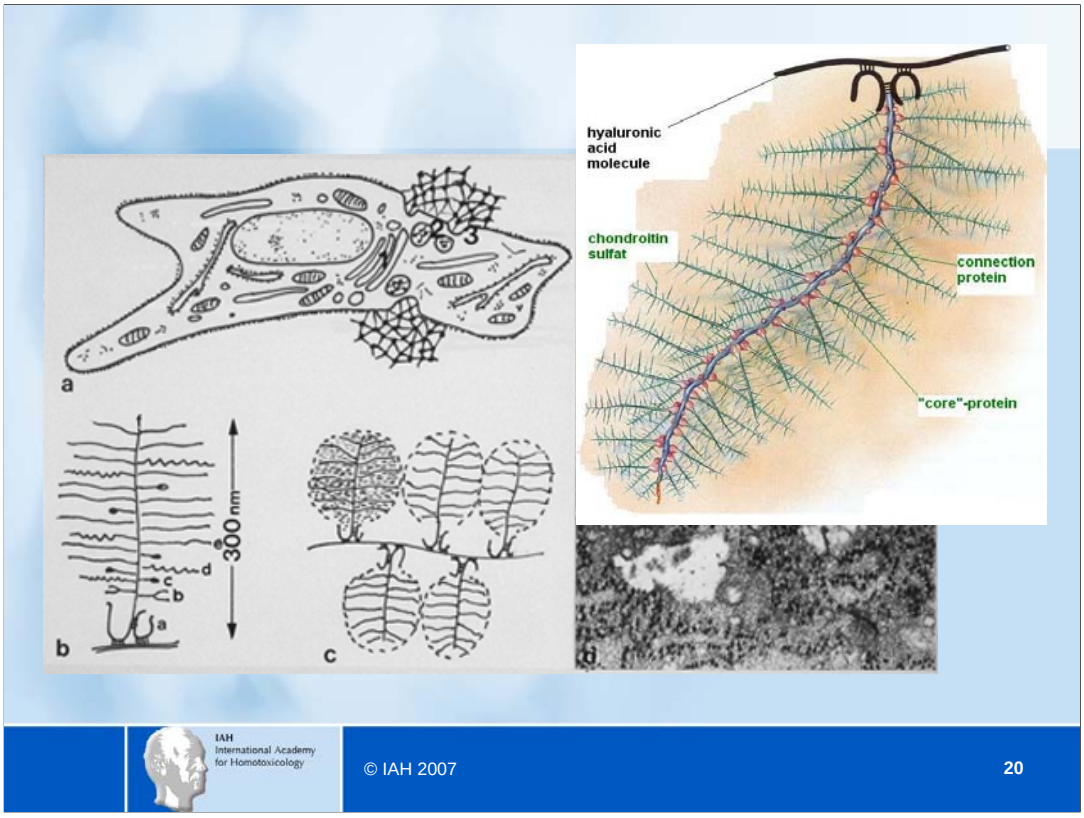
The bacteria is not the cause of a bacterial infection, but the internal terrain of the patient which became a culture medium that benefited the proliferation of the micro organism. That is why antibiotics, from his point of view, are not a causal treatment for all the patients (individual terrain) in the same way. In a very good terrain an antibiotic can be a pure symptomatologic treatment due to the fact that it was not necessary to give one.

Antibiotics are directly inhibiting the bacteria's proliferation. Causal treatment would be to cleanse the terrain in such a way that it becomes a poor breeding ground for the bacteria and his proliferation is inhibited by deprivation. That benefits the defense system that in the same time delay has to eliminate less aggressors and above all: a clean and accurate terrain will give lesser chance for recurrence.



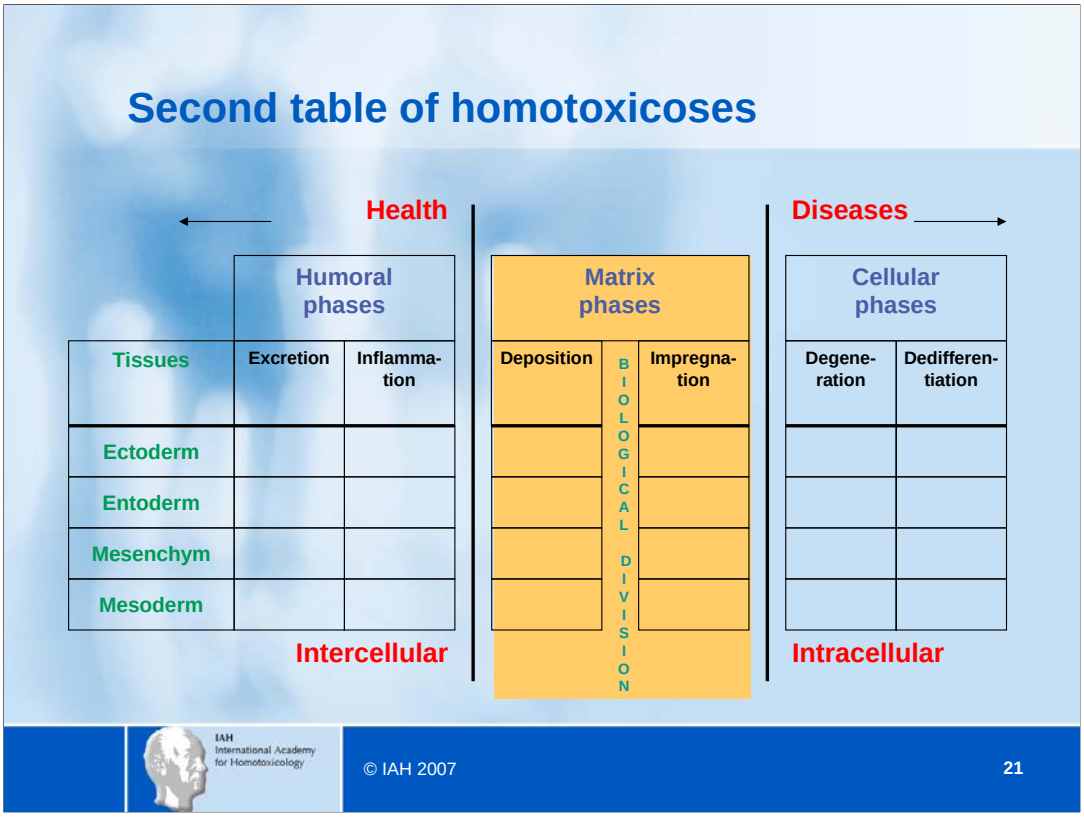
The internal terrain of Claude Bernard is a histological fact. In modern histology it is called today the Living Matrix (LM), composed out of different levels or components (extra-, intra cellular and intra nuclear). The extra cellular matrix is a transmission area between all the regulative systems and the cell. Nerves, capillaries, lymph vessels,… they all end or start in the ECM. None of them ends or originates in the cell. Interactions between the different systems (nerve system, blood stream, defense system, basic structure,…) take place over the exchanges of highly differentiated mediators that will steer over the extra cellular matrix (ECM). In this way the cell is directly related to the extra cellular matrix and the quality of function and facilities is depending on the purity of the ECM matrix and its transmission qualities.

For detailed information on this please consult the lecture ‘IAH AC Living Matrix Histology and Physiology’.



The extra cellular matrix itself is built out of a fine meshed three dimensional web of proteoglycans and glycosaminaglycans (mucopolysaccharides). A proteoglycan is built out of a hyaluronic acid molecule, on which, connected through binding proteins, the core protein is fixed. Horizontally, in tree-like structure, transverse proteins are fixed that carry sugar complexes (glycosaminoglycans, e.g., chondroitin sulphate).

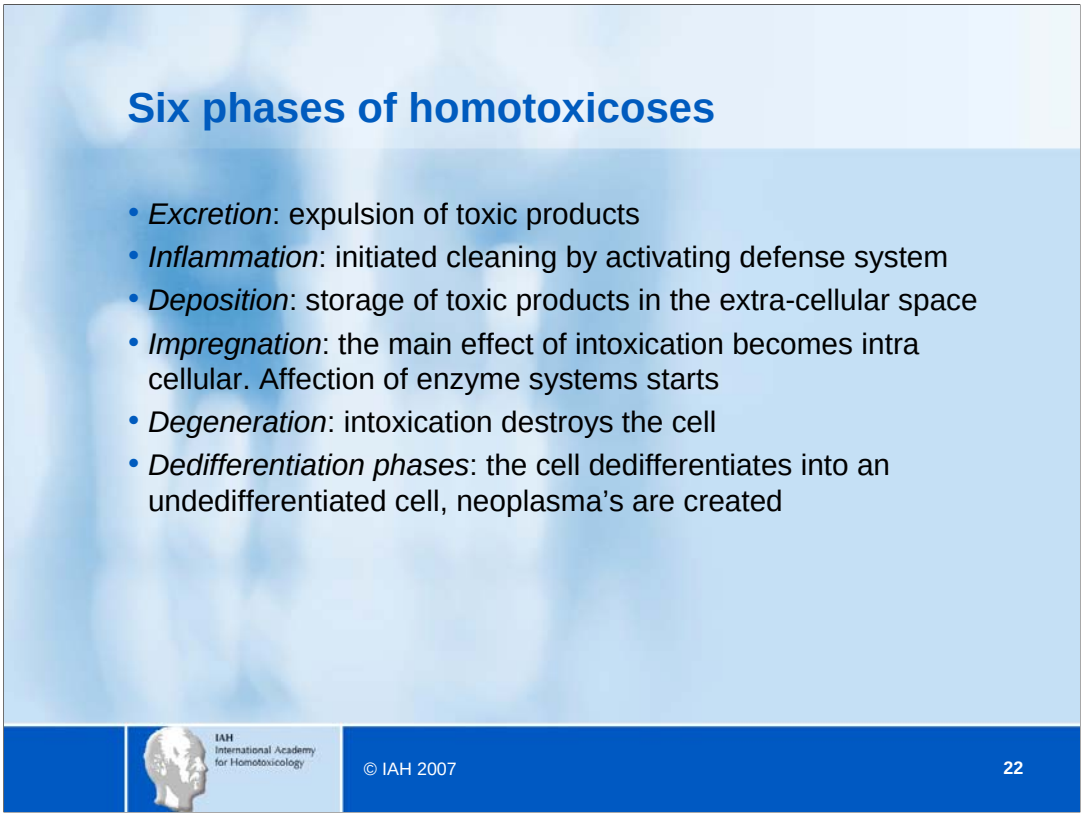
For more detailed information on the matrix structure see also here the lecture ‘IAH AC Living Matrix Histology and Physiology)



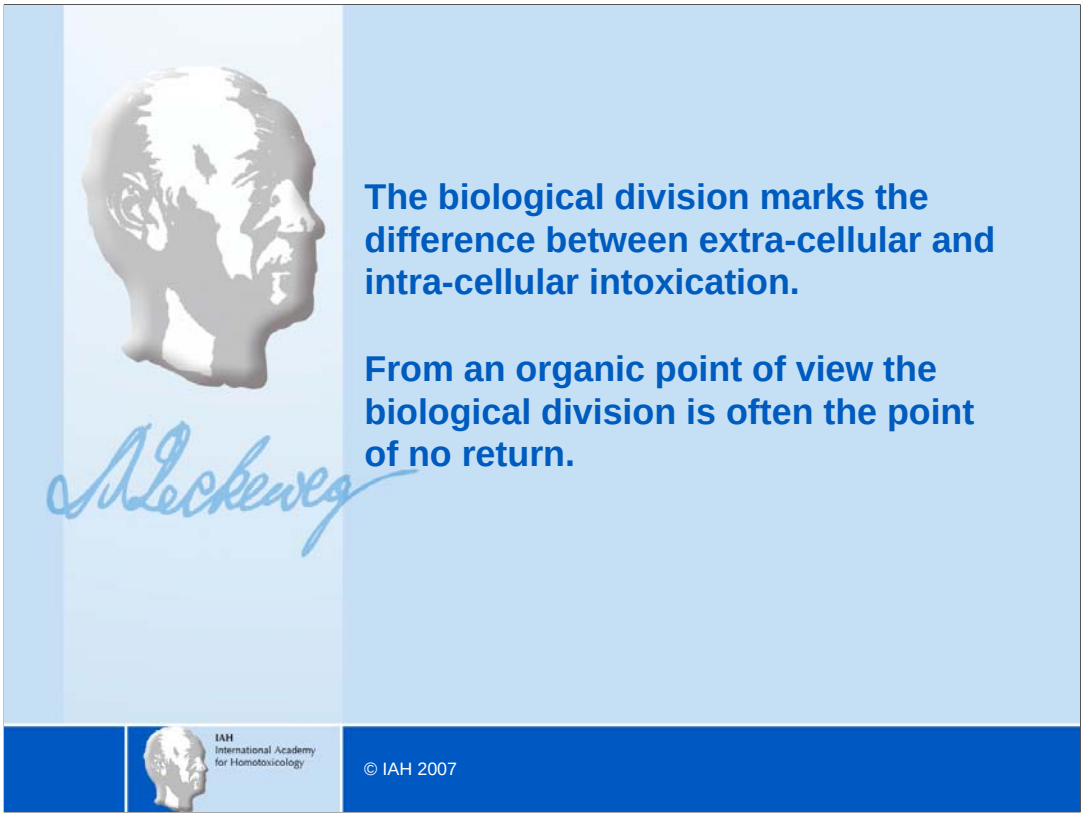
The main reason why in the 1980's the matrix was incorporated into the six phase table was because of the fact that in that time homotoxicologists thought that deposition of homotoxins was thought to take place in the matrix. Of course today we query this fact.

In this version of the table t as well he embryological classification of the tissues remained (as in Dr. Reckeweg's table) but the phases where classified in 3 blocks of 2 phases. From an initial division of the table in two blocks (humoral and cellular phases) the table was divided into 3 blocks, integrating the matrix as a histological fact (humoral, matrix and cellular phases)

To be more correct in the nomination of the phases the 'Reaction phase' became 'Inflammation' phase as the reaction of the defense system is an inflammation in the second phase. The 'Neoplasma phase' became 'Dedifferentiation phase' due to the characteristic of the omnipotent facilities of the dedifferentiating cell (the opposite of the embryological differentiating cell).



Here we see the main characteristics of the six phases on the table. We will go more in detail on the characteristics of each phase later on.

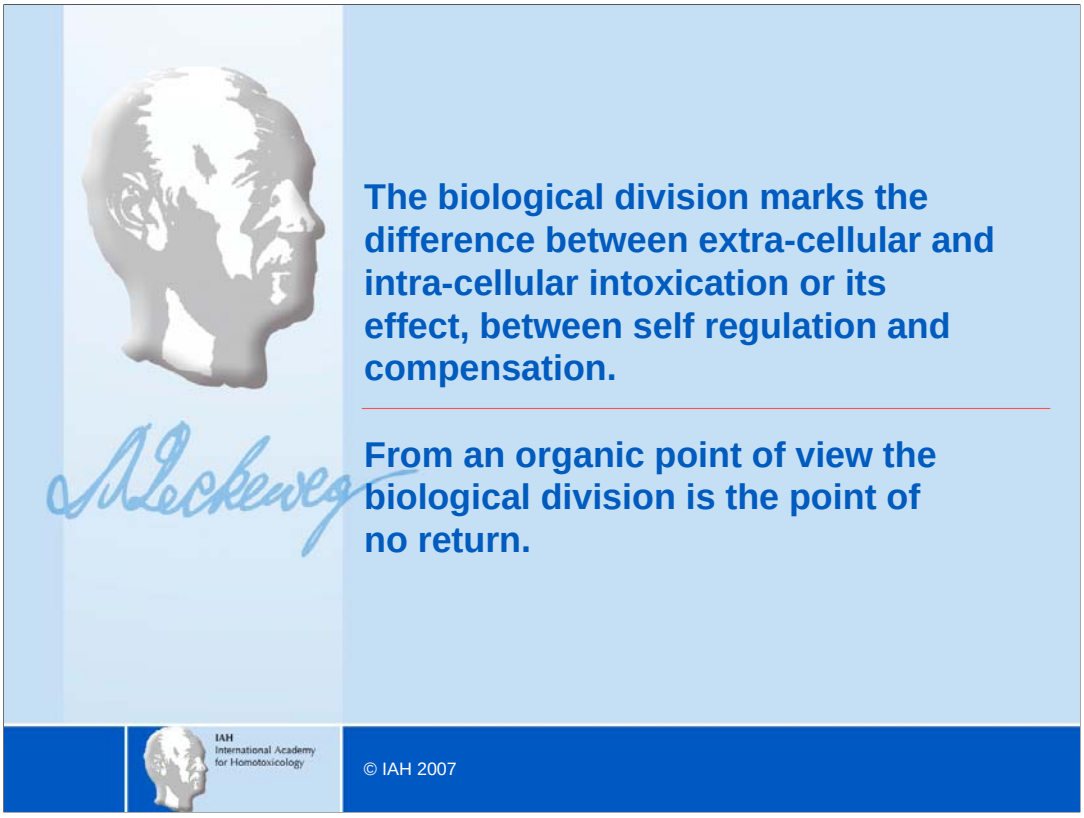


The biological division is the imaginary line that divides the deposition and impregnation phases in the former Dr. Reckeweg's six-phase table. This means that it runs down the centre of the six-phase table and through the middle of the matrix phases. It is not simply a dividing line. It is symbolic and its strategic therapeutic value is enormous.

Every intoxicating effect that crosses the biological division incurs often irreparable damage to the cell. Or the homotoxin itself, or his effect will endanger the cell's health as destructive impact at cell nucleus and intercellular structures will occur.

This is why the biological division is the dividing line between diseases with a good prognosis and diseases with a dubious prognosis, between relative intracellular purity and intact condition and an intracellular intoxication or deficiency status, between reparable inhibition of function and irreparable damage. In general terms, it can also be said to form the dividing line between largely acute and largely chronic pathologies.

When the biological division is crossed, therapy will have to be more in depth. After all, the phases to the left of the division can show full recovery if the body's own defense mechanism is properly stimulated and adequate drainage and detoxification is achieved. Not only will the clinical symptoms disappear but the terrain of the patient will give lesser chance to new aggressions and intoxications. On the right side of the division the cell is involved, even damaged. This is where the 3 pillars of homotoxicology will have to be integrated into the therapy strategy. These 3 pillars are: 1. drainage and detoxification, 2. immunomodulation and 3. cellular activation and organ regulation.

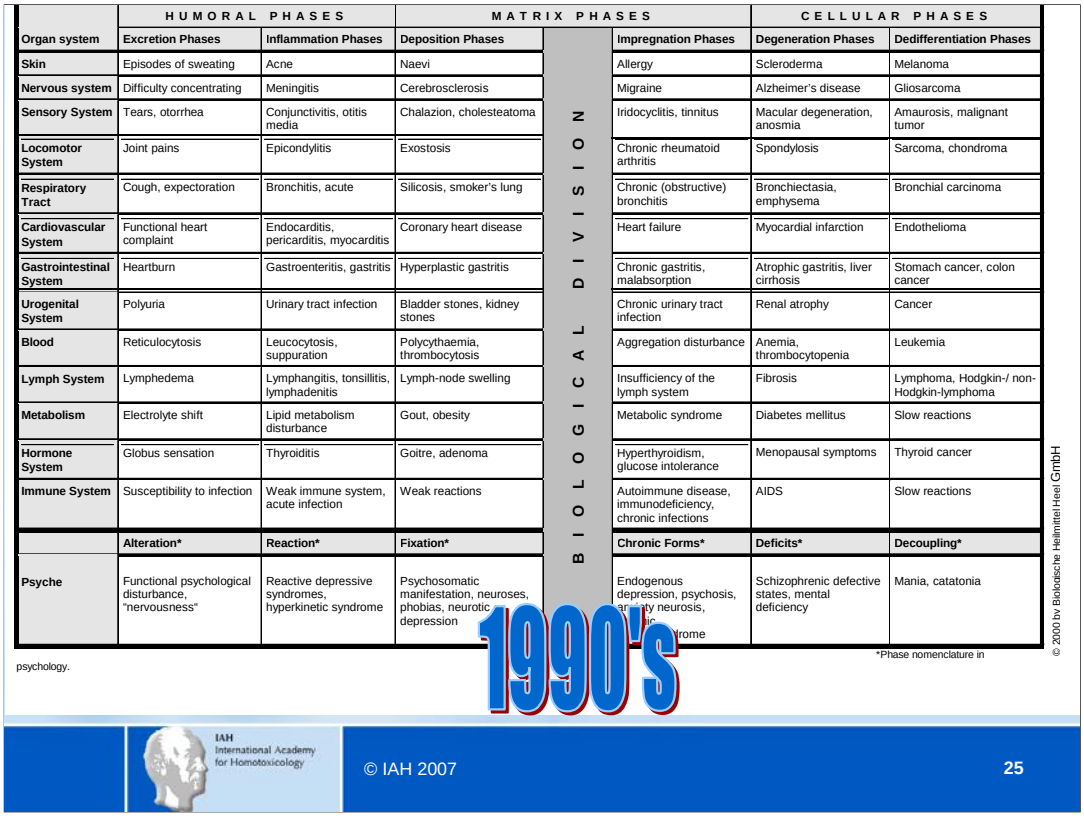


To the right of the biological division, treatment will have to be focused on stopping the intracellular dysfunction due to intoxicating processes created by intra cellular presence of homotoxins or extracellular presence of homotoxins with an intracellular destabilizing effect (e.g. by stimulating cell respiration, using catalysts from the citric acid cycle or giving organ support by the onset of composita preparations), 'purifying' the interstitial space (drainage) and compensating for the permanent cellular damage resulting from the advanced intracellular intoxication (as far as possible). Beside that often immunomodulating therapeutic measures must be taken (e.g. inflammation regulating drugs) and drainage and detoxification measures (conform the 3 pillars of homotoxicology). At the end we will try to bring the organism back to self regulation again.

The phases that touch the biological division on the left and right of the table are both characterized by latent periods of freedom of symptoms, and this allows an organism to evolve unobtrusively across the division. This is why treatment of the deposition phases and impregnation phases is most difficult for the biotherapist as the symptoms not always express the severity of the disease.

The opportunities for therapeutic evaluation in these middle phases are often vague, masked by a lack of symptoms. In addition, the patient will also have to be treated even when he/she is showing no clinical symptoms at all, something that some people consider to be completely unnecessary. After all, there is no need to treat someone who does not feel ill !

In addition to activating the defense mechanisms at the level of the extracellular space, drainage is also a crucial factor. Sometimes inflammation processes may even be encouraged in order to achieve fast 'purification' of the intoxicated tissues. This inflammation may also appear spontaneously as a facet of the healing process. We call this a forced or spontaneous 'health evolution' or symptom displacement in the good sense.



	HUMORAL PHASES		MATRIX PHASES		CELLULAR PHASES	
Organ system	**Excretion Phases**	**Inflammation Phases**	**Deposition Phases**	**Impregnation Phases**	**Degeneration Phases**	**Dedifferentiation Phases**
Skin	Episodes of sweating	Acne	Naevi	Allergy	Scleroderma	Melanoma
Nervous system	Difficulty concentrating	Meningitis	Cerebrosclerosis	Migraine	Alzheimer's disease	Gliosarcoma
Sensory System	Tears, otorrhea	Conjunctivitis, otitis media	Chalazion, cholesteatoma	Iridocyclitis, tinnitus	Macular degeneration, anosmia	Amaurosis, malignant tumor
Locomotor System	Joint pains	Epicondylitis	Exostosis	Chronic rheumatoid arthritis	Spondylosis	Sarcoma, chondroma
Respiratory Tract	Cough, expectoration	Bronchitis, acute	Silicosis, smoker's lung	Chronic (obstructive) bronchitis	Bronchiectasia, emphysema	Bronchial carcinoma
Cardiovascular System	Functional heart complaint	Endocarditis, pericarditis, myocarditis	Coronary heart disease	Heart failure	Myocardial infarction	Endothelioma
Gastrointestinal System	Heartburn	Gastroenteritis, gastritis	Hyperplastic gastritis	Chronic gastritis, malabsorption	Atrophic gastritis, liver cirrhosis	Stomach cancer, colon cancer
Urogenital System	Polyuria	Urinary tract infection	Bladder stones, kidney stones	Chronic urinary tract infection	Renal atrophy	Cancer
Blood	Reticulocytosis	Leucocytosis, suppuration	Polycythaemia, thrombocytosis	Aggregation disturbance	Anemia, thrombocytopenia	Leukemia
Lymph System	Lymphedema	Lymphangitis, tonsillitis, lymphadenitis	Lymph-node swelling	Insufficiency of the lymph system	Fibrosis	Lymphoma, Hodgkin-/ non-Hodgkin-lymphoma
Metabolism	Electrolyte shift	Lipid metabolism disturbance	Gout, obesity	Metabolic syndrome	Diabetes mellitus	Slow reactions
Hormone System	Globus sensation	Thyroiditis	Goitre, adenoma	Hyperthyroidism, glucose intolerance	Menopausal symptoms	Thyroid cancer
Immune System	Susceptibility to infection	Weak immune system, acute infection	Weak reactions	Autoimmune disease, immunodeficiency, chronic infections	AIDS	Slow reactions
	Alteration*	**Reaction***	**Fixation***	**Chronic Forms***	**Deficits***	**Decoupling***
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BIOLOGICAL DIVISION

*Phase nomenclature in psychology.

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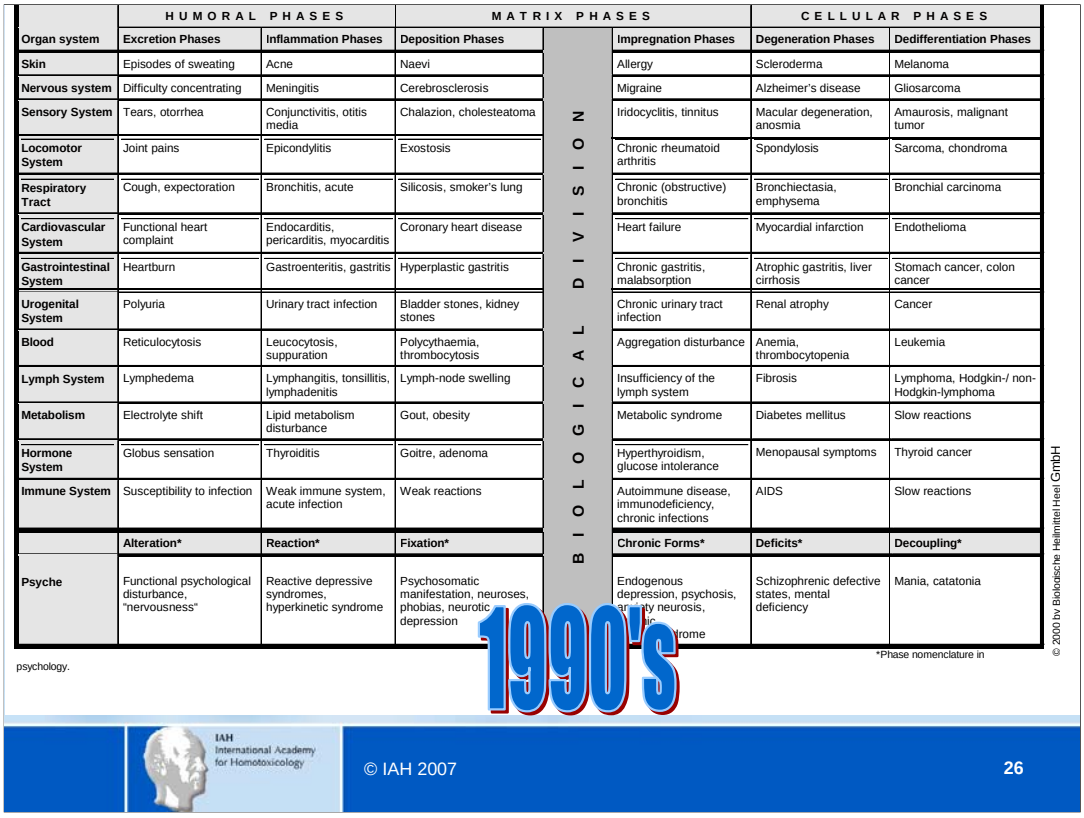
The body deals with homotoxins in 6 different ways. Dr. H.-H. Reckeweg classified the homotoxicosis (diseases) in this dynamic framework, i.e. the six-phase table of homotoxicosis as he called it. In time a disease can evolve from the excretion through the inflammation (formerly the reaction phases) to the deposition phases. Subsequently there is an evolution from the impregnation through the degeneration to the dedifferentiation phases (formerly the neoplasm phases). The body may skip certain phases, i.e. evolution can take place without symptoms from these phases appearing.

The six-phase table system not only allows us to understand the severity of a disease (level of intoxication and the body's reaction to this intoxication), but also to make therapeutic forecasts (prognosis).

The six-phase table gives the practitioner a clear classification of diseases and allows him to interpret any shift of symptoms correctly. In addition to its value as an evaluation or assessment tool for the therapist, it is also of fundamental importance for determining the actual antihomotoxic preparations (most products are directly related to a certain status of the organism) in order to stimulate favourable evolution in the shortest possible time.

The six phases in question are assigned to three groups of two (the humoral, the matrix and the cellular phases), which are divided halfway through the matrix phases by the biological division. Once this division is crossed, this indicates that the homotoxins or their effects are evolving from extracellular to intracellular ; in other words the homotoxins that were initially outside the cell can evolve into the cell or the homotoxin is physically outside the cell but the intoxicating effect occurs mainly in the cell.



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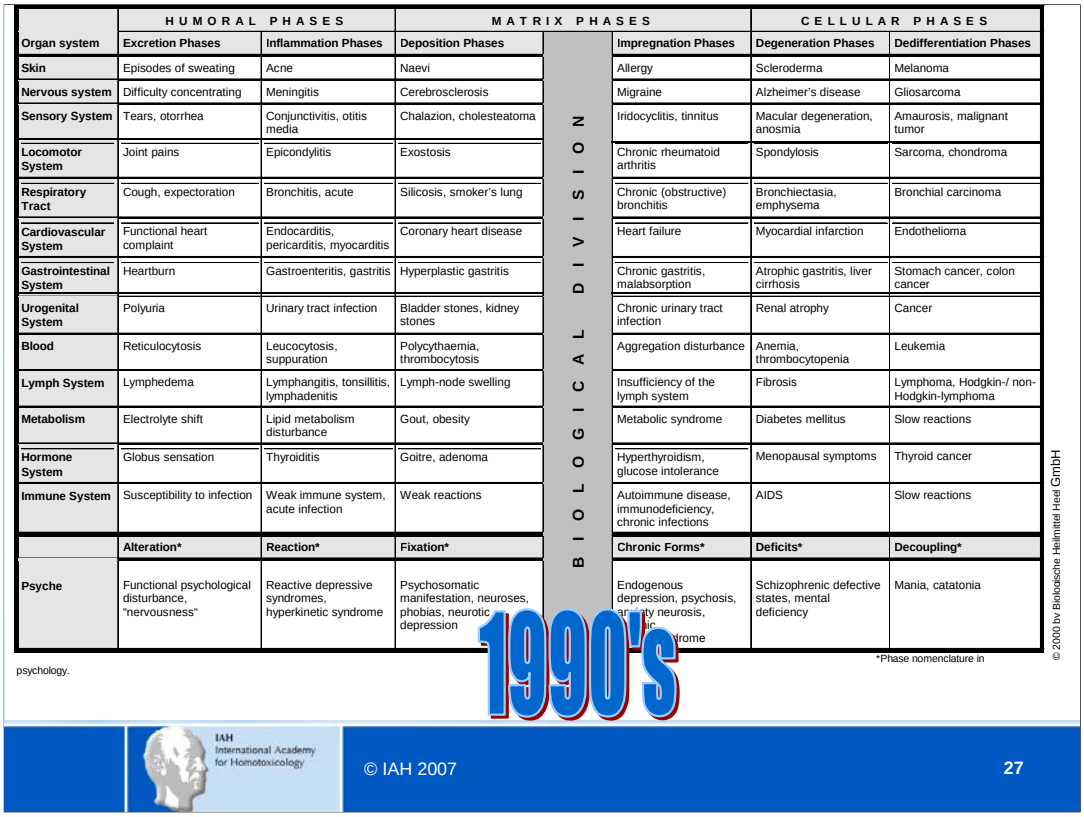
The humoral phases are the excretion and the inflammation phases. They are characterised by repeated attempts by the body to achieve spontaneous detoxification (elimination). The intracellular structures always remain intact, although we will see that numerous cells may be lost in the inflammation process but will be replaced by intact, healthy cells afterwards. There is a spontaneous trend towards improvement. This means that if further intoxication is prevented and the patient is brought to a situation where elimination is promoted (e.g. rest !), the disease will disappear, provided there are no mechanical obstacles (e.g. blocked sinus in sinusitis). The prognosis for diseases in the humoral phases is generally favourable and the recuperation process can be sped up significantly by treatment with antihomotoxic preparations, with only a negligible risk of side effects.



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*Phase nomenclature in psychology.

1990's

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The matrix phases are the deposition and impregnation phases. The diseases in these phases occur at the basic substance level, the basic bio regulation system (BBRS) or the so-called Pischinger space or Ground Regulation System according to Pischinger. All those terms are synonims.

The matrix phases are crucial in patient's history as since it is in these phases that the actual step from extracellular to intracellular homotoxin presence or effect occurs. The importance of a properly functioning, i.e. not intoxicated, basic bioregulation system is fundamental to the protection of the body against chronic degenerative diseases.

The cellular phases are the degeneration and neoplasm phases or dedifferentiation phases. They are on the other side of the biological division. This means that intoxication has taken place not only between the cells but also inside the cells or that extracellular intoxication has intracellular effects. Slowly but surely the cell's functions are inhibited up to the point of destruction. Self regulation mechanisms fail and the body tries to compensate. Cell clearance over apoptosis and/or the activity of the large granular lymphocytes (LGL's) : natural Killer cells (NK-cells) and cytotoxic cells (cT-cells) is unsatisfactory.

Condensation or the deposition of homotoxins in the cell is the main principle of the cellular phases. As mentioned before it can be the presence of an intracellular homotoxin or the presence of an extracellular one having an intracellular effect. Already the disturbance of a normal passage of mediators to the cell might cause intracellular dysfunction. So, nevertheless intoxication of the cell environment and disabled cell oxygenation can also cause cell death or dysfunction. The intracellular structures can be irretrievably damaged. There is a spontaneous tendency towards a worsening of the symptoms (if we give no treatment the patient's condition will deteriorate -for example, an arthrosis patient who has stopped moving and receives no therapeutic support) and the prognosis is generally bad. Even in the case of complete drainage (insofar as this is possible) of the homotoxins, the patient remains latently sick. The intracellular damage continues to exist, even though a patient may no longer show clinical symptoms.

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From a homotoxicological point of view the patient's symptoms can be fully relieved but he/she often cannot be totally cured. Intracellular damage and cell death is irreversible, cicatrisation after lesion will remain there for ever. Above that every new significant intoxication in the affected area or organ will result in the accelerated creation of a new progressing cellular phase. This means that the chance is great that an arthrosis patient always remains an arthrosis patient at cellular level even if he/she gets free of symptoms, a better mobility, etc... We can ameliorate his state tremendously, at cellular level the witnesses of degeneration will remain.

Leaving out the mental pathologies, this table provides a surprisingly simple homotoxicological classification of diseases. The new table differentiates in terms of the various organs and organ systems. It includes also the psychological diseases, as was already done for the first time by the Italian internist and homotoxicologist Dr. Ivo Bianchi.

The table provides several examples of homotoxicosis per 'quadrant'. Classifying all the thousands of diseases in this table, in this font, would probably result in a six-phase table as big as a tennis court. The table is intended to be an aid to reasoning, not an encyclopaedia. Diseases can be positioned correctly in the table by analogy. The table contains no symptoms because it is possible for the same symptom to appear in various diseases. For example, pain can be part of an inflammation phase (e.g. in arthritis), a deposition phase (e.g. stone formation), an impregnation phase (e.g. angina pectoris), a degeneration phase (e.g. arthrosis) or a dedifferentiation phase (e.g. cancer of the bowel).

	HUMORAL PHASES		MATRIX PHASES			CELLULAR PHASES	
Organ system	**Excretion Phases**	**Inflammation Phases**	**Deposition Phases**	BIOLOGICAL DIVISION	**Impregnation Phases**	**Degeneration Phases**	**Dedifferentiation Phases**
Skin	Episodes of sweating	Acne	Naevi		Allergy	Scleroderma	Melanoma
Nervous system	Difficulty concentrating	Meningitis	Cerebrosclerosis		Migraine	Alzheimer's disease	Gliosarcoma
Sensory System	Tears, otorrhea	Conjunctivitis, otitis media	Chalazion, cholesteatoma		Iridocyclitis, tinnitus	Macular degeneration, anosmia	Amaurosis, malignant tumor
Locomotor System	Joint pains	Epicondylitis	Exostosis		Chronic rheumatoid arthritis	Spondylosis	Sarcoma, chondroma
Respiratory Tract	Cough, expectoration	Bronchitis, acute	Silicosis, smoker's lung		Chronic (obstructive) bronchitis	Bronchiectasia, emphysema	Bronchial carcinoma
Cardiovascular System	Functional heart complaint	Endocarditis, pericarditis, myocarditis	Coronary heart disease		Heart failure	Myocardial infarction	Endothelioma
Gastrointestinal System	Heartburn	Gastroenteritis, gastritis	Hyperplastic gastritis		Chronic gastritis, malabsorption	Atrophic gastritis, liver cirrhosis	Stomach cancer, colon cancer
Urogenital System	Polyuria	Urinary tract infection	Bladder stones, kidney stones		Chronic urinary tract infection	Renal atrophy	Cancer
Blood	Reticulocytosis	Leucocytosis, suppuration	Polycythaemia, thrombocytosis		Aggregation disturbance	Anemia, thrombocytopenia	Leukemia
Lymph System	Lymphedema	Lymphangitis, tonsillitis, lymphadenitis	Lymph-node swelling		Insufficiency of the lymph system	Fibrosis	Lymphoma, Hodgkin-/ non-Hodgkin-lymphoma
Metabolism	Electrolyte shift	Lipid metabolism disturbance	Gout, obesity		Metabolic syndrome	Diabetes mellitus	Slow reactions
Hormone System	Globus sensation	Thyroiditis	Goitre, adenoma		Hyperthyroidism, glucose intolerance	Menopausal symptoms	Thyroid cancer
Immune System	Susceptibility to infection	Weak immune system, acute infection	Weak reactions		Autoimmune disease, immunodeficiency, chronic infections	AIDS	Slow reactions
	Alteration*	**Reaction***	**Fixation***		**Chronic Forms***	**Deficits***	**Decoupling***
Psyche	Functional psychological disturbance, "nervousness"	Reactive depressive syndromes, hyperkinetic syndrome	Psychosomatic manifestation, neuroses, phobias, neurotic depression		Endogenous depression, psychosis, anxiety neurosis, organic psychosyndrome	Schizophrenic defective states, mental deficiency	Mania, catatonia

*Phase nomenclature in psychology.

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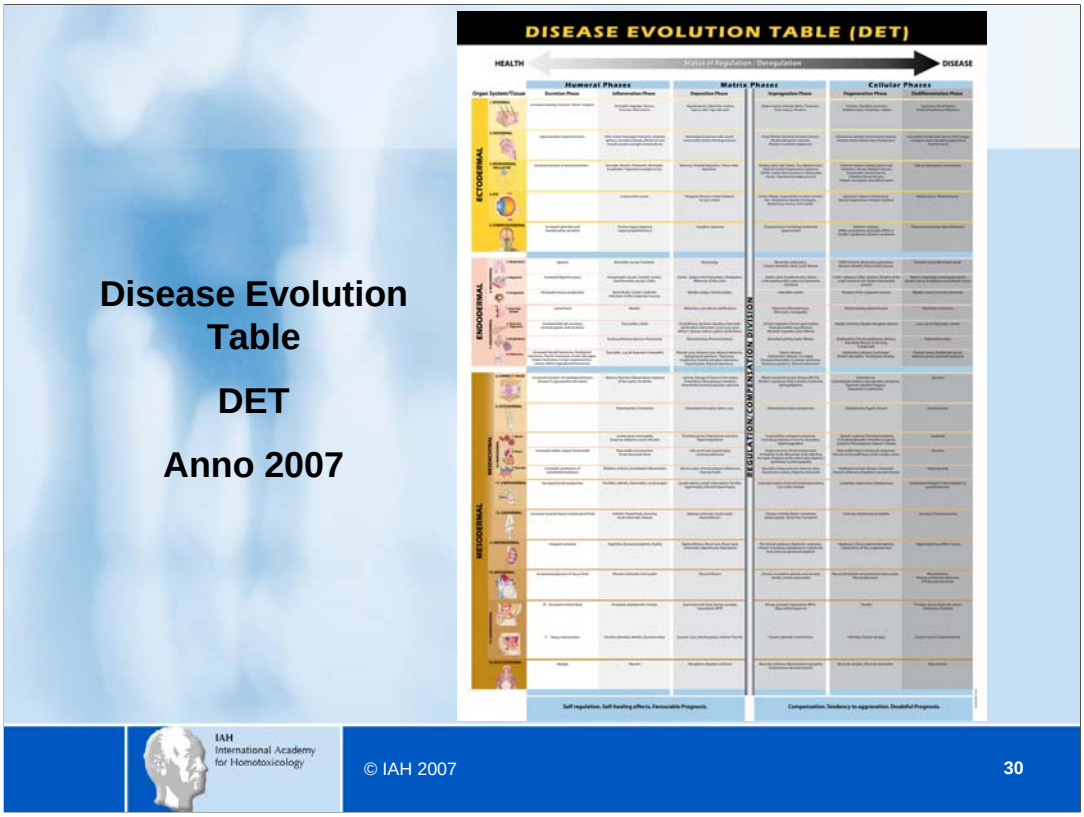
By the description of the ground regulation system by Prof. Alfred Pischinger the importance of the extra cellular space became apparent. That is why it was integrated into the 6 phase table. As deposition of toxins and impregnation of toxins or their effects from a distance on the cell both have to do with the location of the homotoxins (present in the ECM) both phases were called matrix phases.

Dysregulation in the matrix has a direct effect on the intracellular and intranuclear matrix. If repair mechanisms ans regulatory mechanisms cannot compensate any more for the effect of the toxins in the matrix, diseases ensues on a cellular level. This is why diseases which only affects the regulatory enzymes and cause deposition in the extracellular matrix are called the deposition hases and impregnation phases respectively.

In this way, 3 blocs of 2 phases each were created instead of the 2 blocs of 3 phases like it was in the original six phase table of Dr. Reckeweg.

For more information on the ECM study course IAH AC Matrix Histology and Physiology.

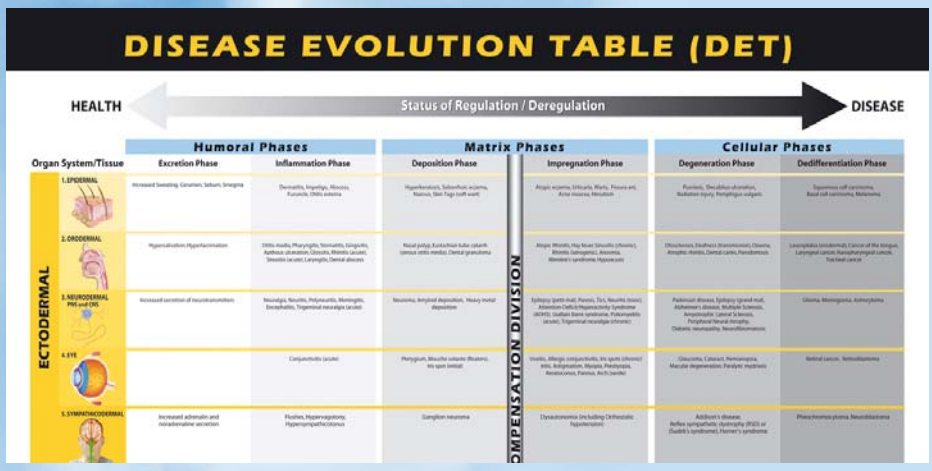


In the 1990's version of the six phase table the different tissues where not named in accordance to their embryological origin. The names of the tissue referred to the nomenclature which is used in modern medicine. Due to this the importance of the embryological origin of the tissue was lost. There was a strong need to combine the precision of the embryological origin and the modern tissue terminology as is used in daily practice. That is why anno 2006 homotoxicological experts worked together to create this new six phase table, now called the Disease Evolution Table or DET. A lot has changed compared to the former tables. Also the examples of diseases occurring in the table are actualized.

The present table includes or classifies the tissues to their embryological origin again, referring to their most plausible vicariations into the same embryological layer. The principle of the six phases remains the same although a colouring is added to symbolize from white to black the purity of an excreting organism and the sombre prognosis of cell death and dedifferentiation. In contrary to Dr. Reckeweg's original table the mesenchym is classified under the mesoderm as embryological it originates from there. That is no more than histological correct to do so.

Accordingly the homeopathic approach of the patient and referring to the materia medica, the 'mind' is at the top of the table and no longer at the bottom.

Ectodermal



First of all we see that the classification of humoral, matrix and cellular at the top of the table has disappeared. The reason for that is to make very clear that in no way this table wants to refer to the topographic position of the homotoxin in the body but only to the place of his main effect and the reaction of the body to that effect. As most phases fade into each other like also the living matrix levels are fading into each other, every reference to a topographic position of the homotoxin itself might lead to false conclusions as a disease might occur due to the effect of a homotoxin far away from where the homotoxin itself is hosted.

The main tissues originating from the ectodermal layer are the skin, the upper respiratory pathway, the nerve system, the eye and the autonome nerve system. Diseases related to these tissues will be found in this part of the six phase table.

Endodermal

ENDODERMAL	6. MUCODERMAL	1. Respiratory	Sputum	Bronchitis (acute), Tracheitis	Nasal polyp	REGULATION/	Bronchitis (asthmatic), Chronic tracheitis (viral), Cystic fibrosis	COPD (chronic obstructive pulmonary disease), Atrophy of bronchial mucosa	Tracheal cancer, Bronchial cancer
		2. Digestive	Increased digestive juices	Oesophagitis (acute), Gastritis (acute), Gastroenteritis (acute), Colitis	Gastric polyps, Intestinal polyps, Obstipation, Melanosis of the colon		Gastric ulcer, Duodenal ulcer, Gluten enteropathy (mild), Leaky Gut Syndrome, Dysbiosis	Crohn´s disease, Colitis ulcerosa, Atrophy of the small intestinal villi, Gluten enteropathy (severe)	Barret's esophagus, Esophageal cancer, Gastric cancer, Duodenal cancer, Rectal cancer
		3. Urogenital	Increased mucous production	Bartholinitis, Cystitis, Urethritis, Infections of the urogenital mucosa	Bladder polyps, Uterine polyps		Interstitial cystitis	Atrophy of the urogenital mucosa	Bladder cancer, Cervical carcinoma
	7. ORGANODERMAL	1. Exocrine Sexual	Lactorrhoea	Mastitis	Mammary cysts, Breast calcifications		Mammary fibroadenoma, Fibrocystic mastopathy	Breast atrophy, Gynecomastia	Mammary carcinoma
		2. Exocrine Digestive	Increased bile salt secretion, Increase gastric acid secretion	Pancreatitis, Sialitis	Cholelithiasis, Steatosis hepatica, Pancreatic calcifications, Pancreatic cysts, Liver cysts, Wilson's disease, Salivary gland calcifications		Chronic hepatitis, Chronic pancreatitis, Viral pancreatitis (e.g. Mumps), Alcoholic hepatitis, Cystic fibrosis	Hepatic cirrhosis, Hepatic iatrogenic disease	Liver cancer, Pancreatic cancer
		3. Respiratory		Acute pulmonary abscess, Pneumonia	Bronchiectasis, Pneumoconiosis		Bronchial asthma, Cystic fibrosis	Emphysema, Chronic pulmonary abscess, Interstitial fibrosis of the lung, Fungal balls	Pulmonary cancer
		4. Endocrine	Increased thyroid hormones, Parathyroid hormones, Thymic hormones, Insulin, Glucagon, Enteric hormones, Cortico suprarenal hormones, Adeno hypophyseal hormones	Thyroiditis , e.g. de Quervain's thyroiditis	Thyroid cysts, Adrenal cysts, Adrenal adenoma Hypophyseal adenoma , Thymoma, Insulinoma, Parathyroid gland adenoma, Thyroid ooiter, Adrenal adenomas		Grave's disease, Hashimoto's disease (1st stage), Puerpural thyroiditis, Cushing's syndrome, Precocious puberty, Adrenal exhaustion	Hashimoto's disease (2nd stage), Riedel's thyroiditis, Parathyroid atrophy	Thyroid cancer, Parathyroid cancer, Adrenal cancer, Carcinoid syndrome

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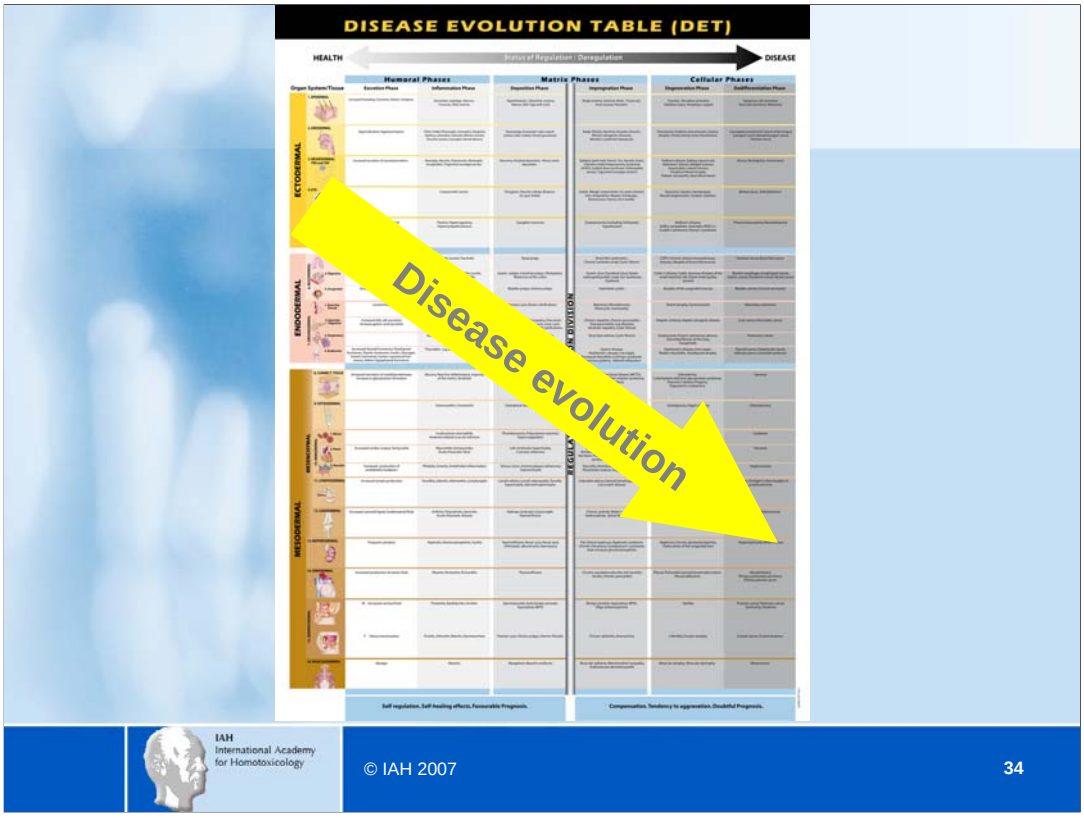
The endodermal tissues are the lower respiratory tract, the intestinal tract and the urogenital tract (not the kidneys). Beside those tissues we also find here the exocrine tissues (sexual, digestive and respiratory) and the endocrine system with its glands. Diseases related to these tissues will be found in this part of the six phase table.

The biggest part of the table is taken up by the deeper tissues. As mentioned before, and in contrast to Dr. Reckeweg's classification, the mesenchym (old name for connective tissue) belongs to the mesodermal layer. The tissues that originate from the mesodermal layer are the connective tissue, the bone tissue, the blood, the cardiovascular system, the lymph system, the joints (intra articular structure), the kidneys, the serous tissue, the germinal tissues (both genders) and the muscles.

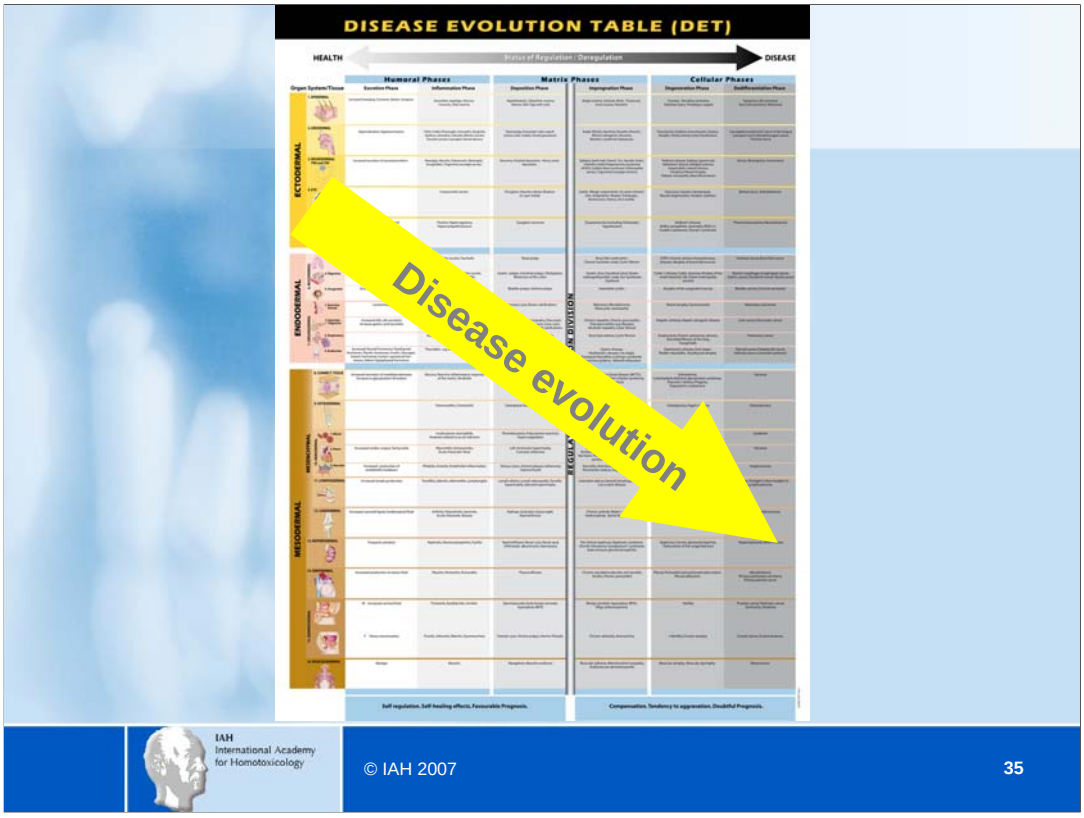
Diseases related to these tissues will be found in this part of the six phase table.



Dr. H.-H. Reckeweg was trained in traditional homeopathy. One of the cornerstones of teaching in this form of medicine is Hering's Law.

This states that a disease evolving to recovery of health will do this from the inside out, from vital to less vital organs, from the torso to the extremities (centrifugally). A disease that is suppressed or becomes chronic tends to move to deeper lying (organ) tissues (centripetally).

Dr. Reckeweg incorporated this law, this idea, into his Homotoxicology, as defined in his six-phase table. He called the displacement of symptoms 'vicariation'. Nowadays the term vicariation is left due to his etymological origin. The former terminology 'progressive vicariation' is called 'disease evolution' now. Disease evolution says what it really is: a movement of the accents of intoxication from the left to the right and from the top to the bottom of the table.



Disease evolution

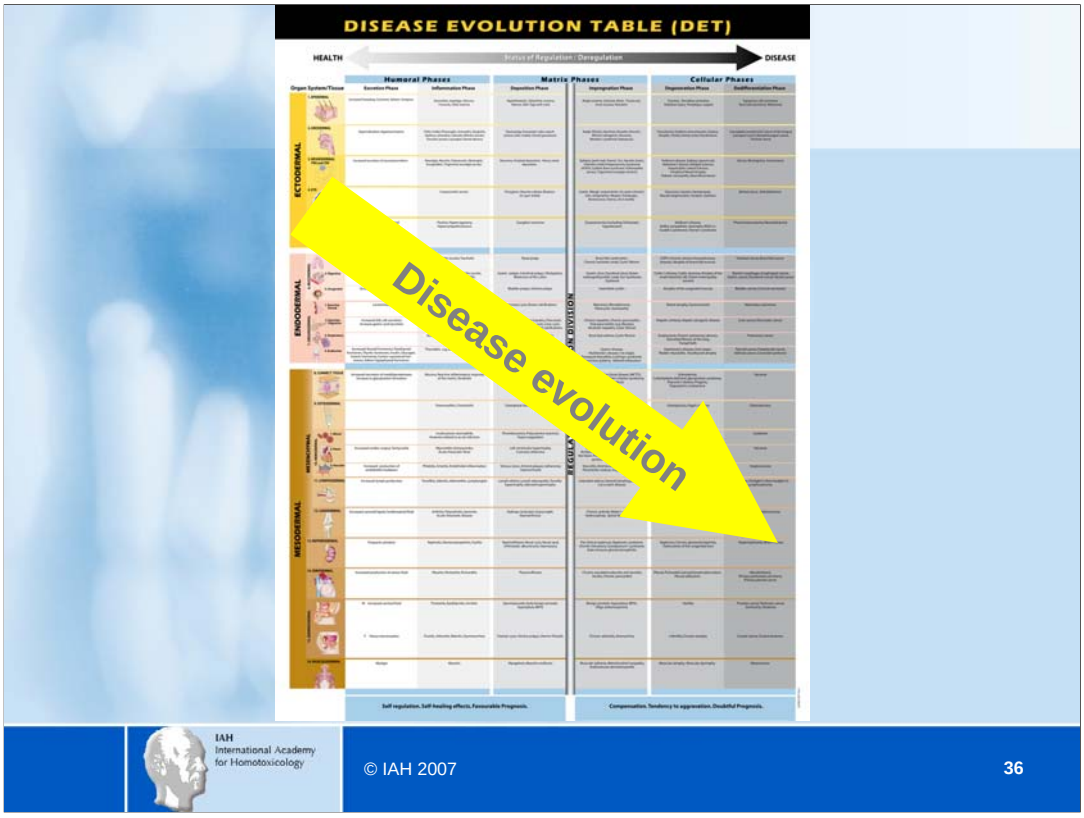
The progress of a disease in time, whereby the movement is from a left-hand phase to a right-hand phase in the six-phase table, is called disease evolution. For the patient this means a worsening of the situation, as the homotoxins are tending towards a deposition phase, possibly from extracellular to intracellular, instead of being processed and eliminated. Again we want to put an accent on the fact that not the topographic position of the homotoxin is crucial, but the effect it has. In a disease evolution the effects of intoxication will move from the left to the right on the table, and from the top to the bottom.

Disease evolution induces chronic conditions. Often a suppressive treatment is behind this evolution. When an acute condition is treated suppressively, the homotoxins might condense or bound into the extra cellular matrix. After some time the toxins might disturb interactive regulation processes at the level of the ECM, intrude into the cell or disturb the cell function from outside and interfere with cell to matrix and cell to cell communication, leading to cellular disease and even genotoxicity which results in cancer.

If, for example, eczema is suppressed (e.g. by using a corticoid ointment locally), the homotoxins that cause the eczema – the eczema is the biologically efficient defense against homotoxins expressed at the level of the skin – will be moved by the body to an alternative elimination channel. This may be over the BBRS, the blood circulation or the lymphatic system. If these homotoxins are deposited in the bronchial cells with the intention of eliminating them via the respiratory tract, they will affect the respiratory system and can, for example cause bronchial asthma.

Disease evolution can last for decades. This means that years of apparent health can lie between two phases of disease. This is because the deposition phases nearly always pass unnoticed.

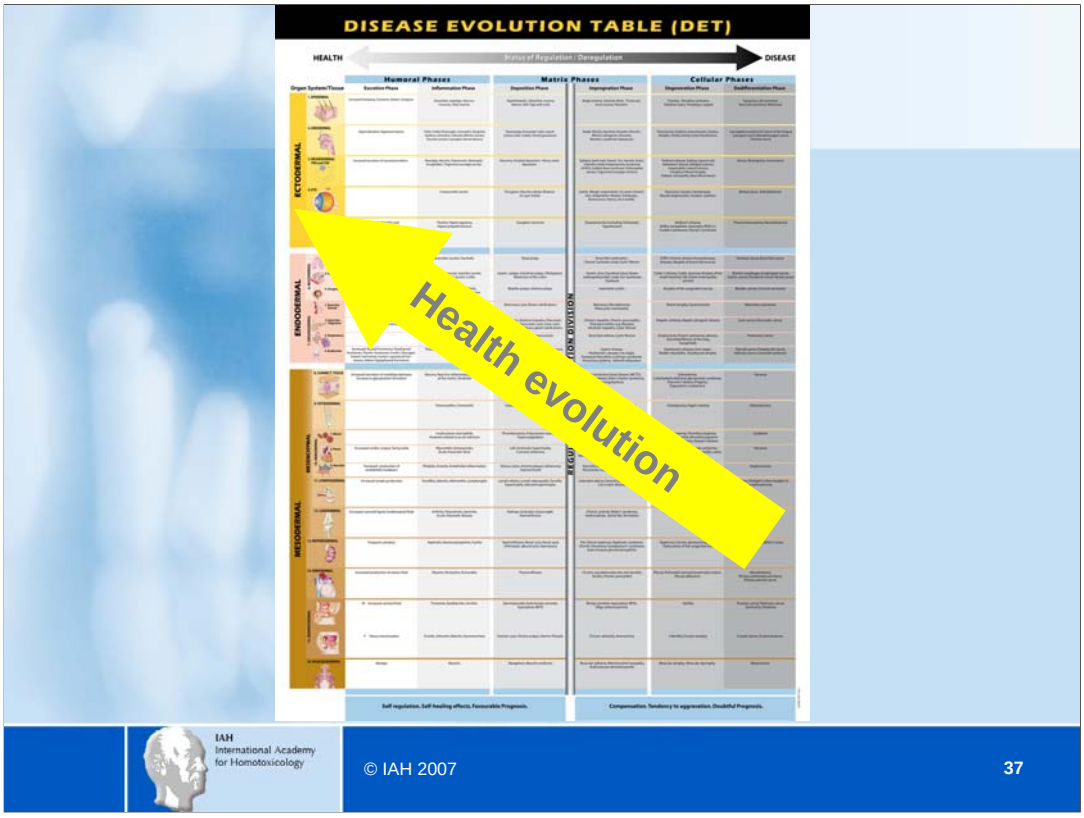
Many apparently innocent illnesses such as flu, viral childhood diseases, herpes labialis, etc. are more serious in homotoxicological terms than apparently severe, acute inflammatory diseases in traditional medicine, such as arthritis, nephritis or purulent inflammation of the bladder. The first group is, after all, viral and so immediately crosses the cellular wall, causing intracellular intoxication that involves a very real risk of irreparable cellular damage. The second group includes all phases of inflammation, which may be accompanied by pain and appear more serious but in which the intoxication is between the cells. The intracellular structures are in no danger of damage unless there are complications.



The above comparison clearly shows the need to take a different attitude if the result is to be a correct homotoxicological evaluation of the severity of the disease. We must not concentrate simply on the subjective complaints of the patient, but must also determine his/her position in the disease evolution table and, even more importantly, the extent to which this disease is likely to move to the right or the left in this table.

Suppression of biologically purposeful body defense mechanisms, such as fever in case of viral infections, is only acceptable if the situation really seems to be getting out of hand. Suppression should never be the response to the first symptoms. This type of therapeutic approach is under no circumstances recommended for prevention. The possible bacterial complication of a viral rhinitis rarely merits a broad-spectrum antibiotic. Nevertheless many general practitioners prescribe these as a matter of course. Homotoxicologically speaking, this is a catastrophe !

If we reserve symptom suppression treatments (antibiotics, corticosteroids, fever reducing preparations, etc.) for life threatening situations, they will work very well in those moments. If we have already used them extensively on a patient, they will be found to have lost their efficacy when a serious pathology arises and it will be necessary to raise the (toxic) dose considerably.

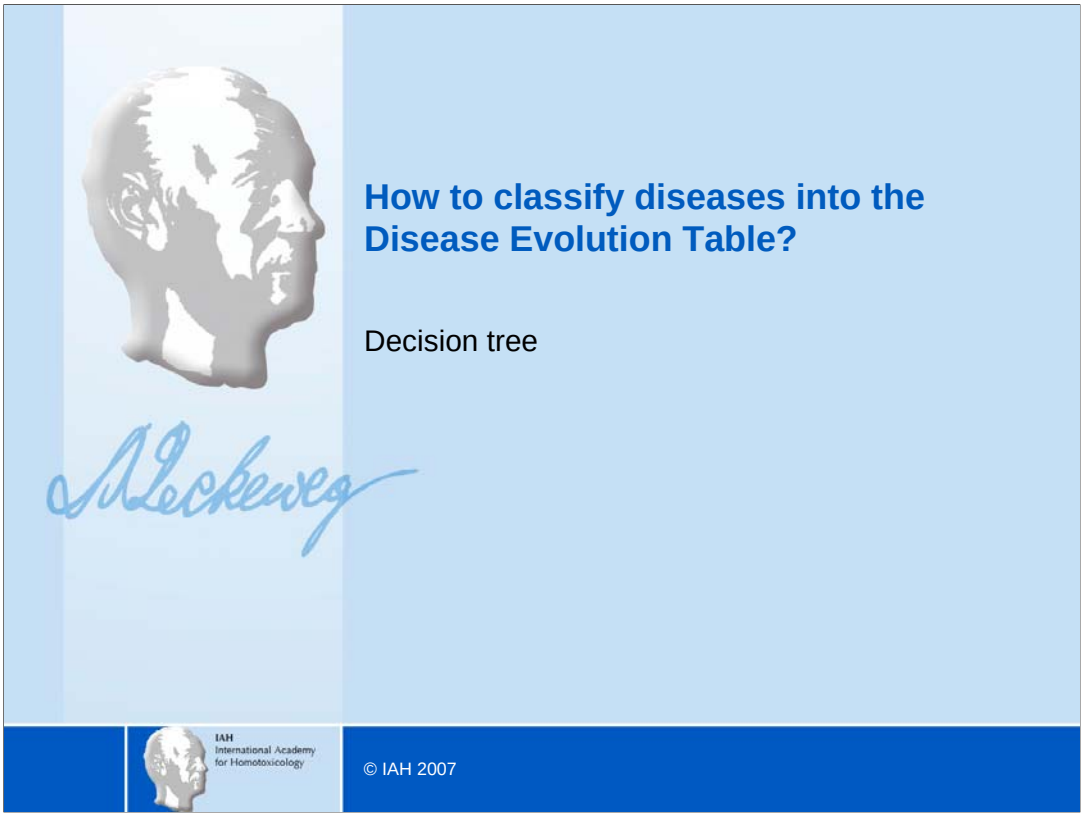


Diseases that move from right to left on the disease evolution table are called health evolutions. The former terminology was ‘regressive vicariation’. This terminology is removed due to the etymological origin that doesn’t say anything about what essentially is going on in the body. Health evolutions occur in a ‘recovering’ body and serve only one purpose: elimination.

The patient referred to above, with his bronchial asthma, who has no further attacks after a while but who does develop eczema, is undergoing health evolution. The homotoxins are evolving from deeper tissues to the surface. The homotoxicologist will try to treat the eczema biotherapeutically, so that the defense mechanisms are encouraged locally in the ECM and the homotoxins are rendered harmless and eliminated.

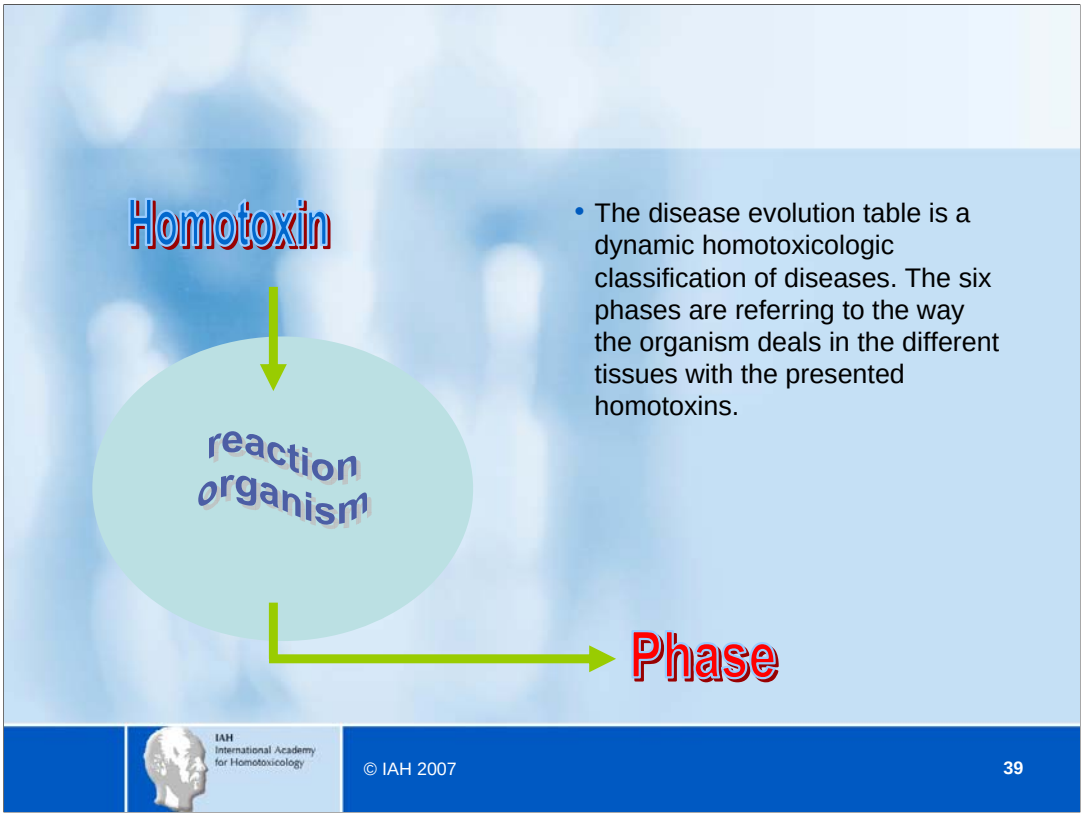
Health evolution is not always more pleasant for the patient than the existing condition. Arthritis is more painful than arthrosis, eczema is visible, asthma is not always apparent, diarrhoea following chronic constipation may be a blessing in homotoxicological terms, but hell for the patient.

It is therefore essential to provide the patient with adequate support, to motivate and to explain why the reaction and elimination phases are so important. In any case, suppressive treatment of the symptoms resulting from health evolution is absolutely contra-indicated for the reasons already explained. We need to support the body’s mechanisms biotherapeutically and not try to control them. The latter could possibly mean that we would be acting against the body’s own purposeful defense mechanisms, something that is to be avoided at all costs.



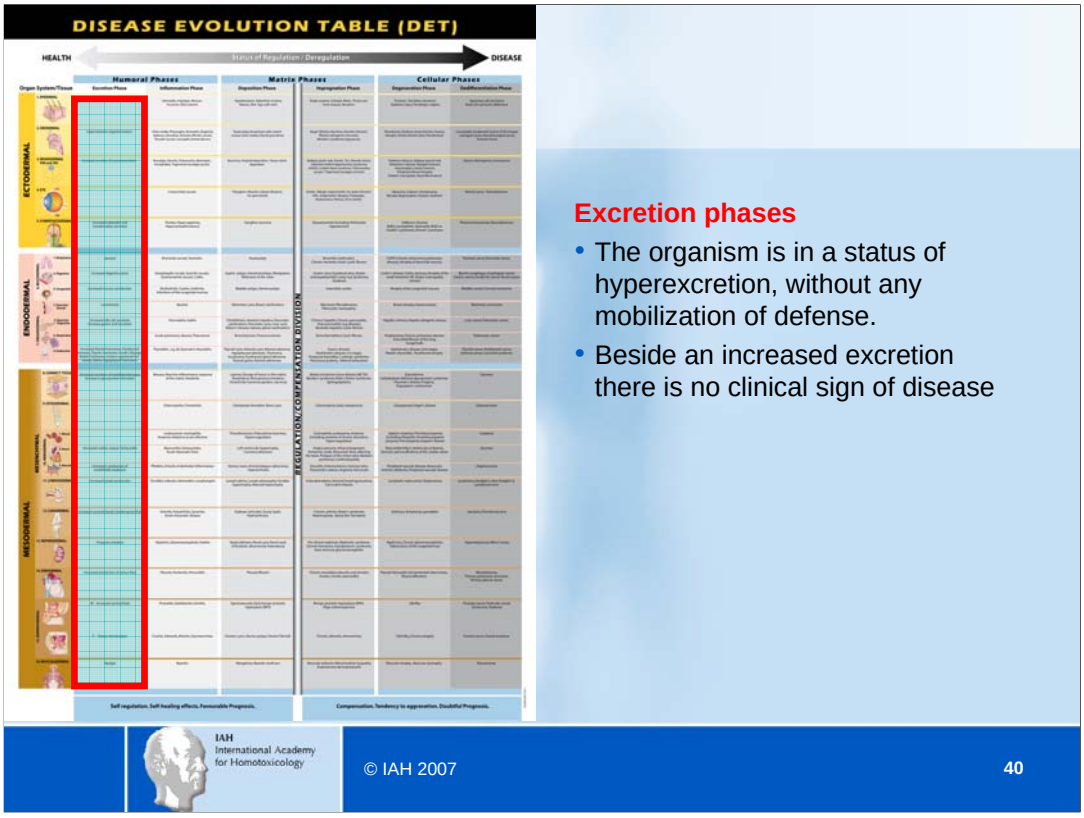
In this part of the lecture the characteristics of each phase are looked at in detail. At the end a decision tree is presented by which, over simple questions, the right phase of the present disease is selected.

As the antihomotoxic therapy depends on the phase the patient is in a right classification of diseases by the student is mandatory.



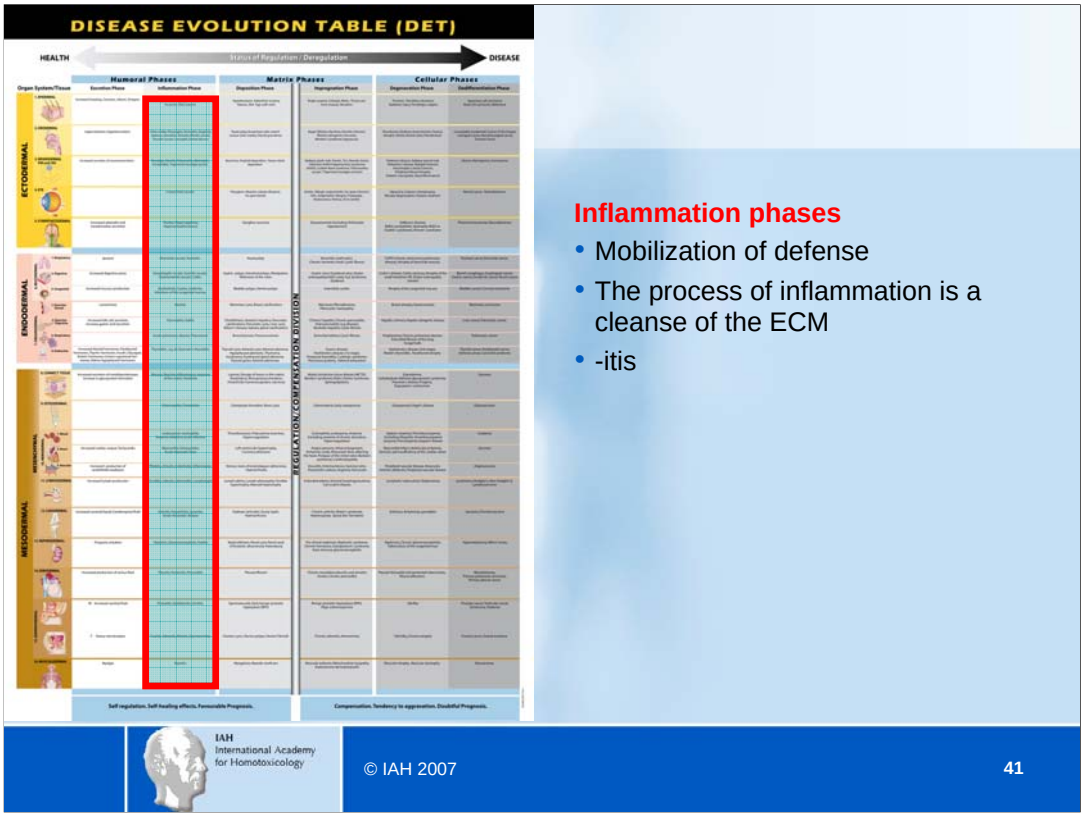
The main character of the disease evolution table is that it takes in consideration the dynamic aspect of a disease. The same homotoxin can by the evolution of time create diseases in different phases. To evaluate our patient today we must be able to look at the evolutions of disease done in the past (patient history) and the evolutions of disease that might probably follow (prophylactic approach).

The reaction of the body on the presence of homotoxins determines the phase the patient's disease is in. So, not the homotoxin itself but the way the organism deals with it is the main parameter



Excretion phases cover all the hypersecretions (endocrine) and hyperexcretions the patient makes in his different organs and tissues. As those secretions and excretions are increased in comparison to the normal standards in the population, they should be seen as a first state of disease. Of course the presence of homotoxins is a dormant danger and elimination and detoxification is needed but in normal conditions detoxifying organs and excretion systems will eliminate them without any clinical symptoms shown.

Although there is a charge of intoxication by the normal way of living, the body deals with it without causing any manifestation of defense. Thus elimination of toxins goes over a normal increased excretion process and the patient has no other clinical complaints at all.

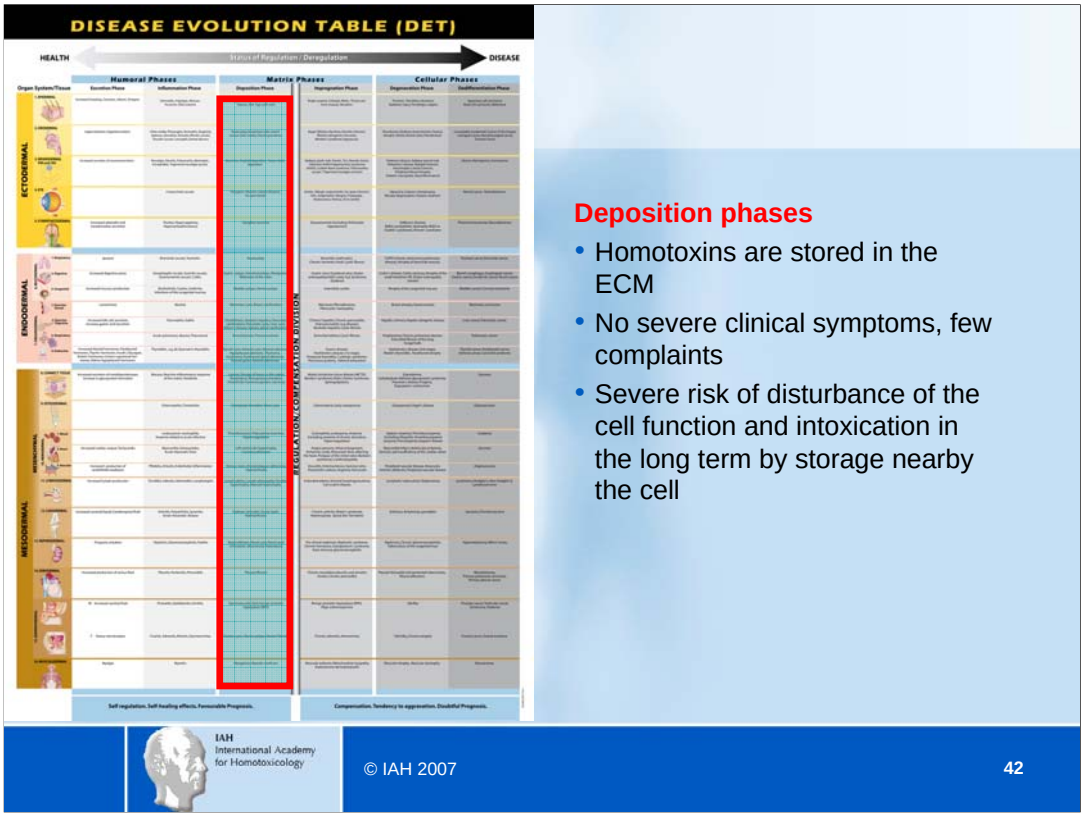


Once homotoxins get accumulated at the level of the ECM defense will be mobilized to counter the intoxication status. A local manifestation of defense is called ‘inflammation’, the reason why in acute inflammations the patient is in an inflammation phase. All acute inflammations are classified in this phase.

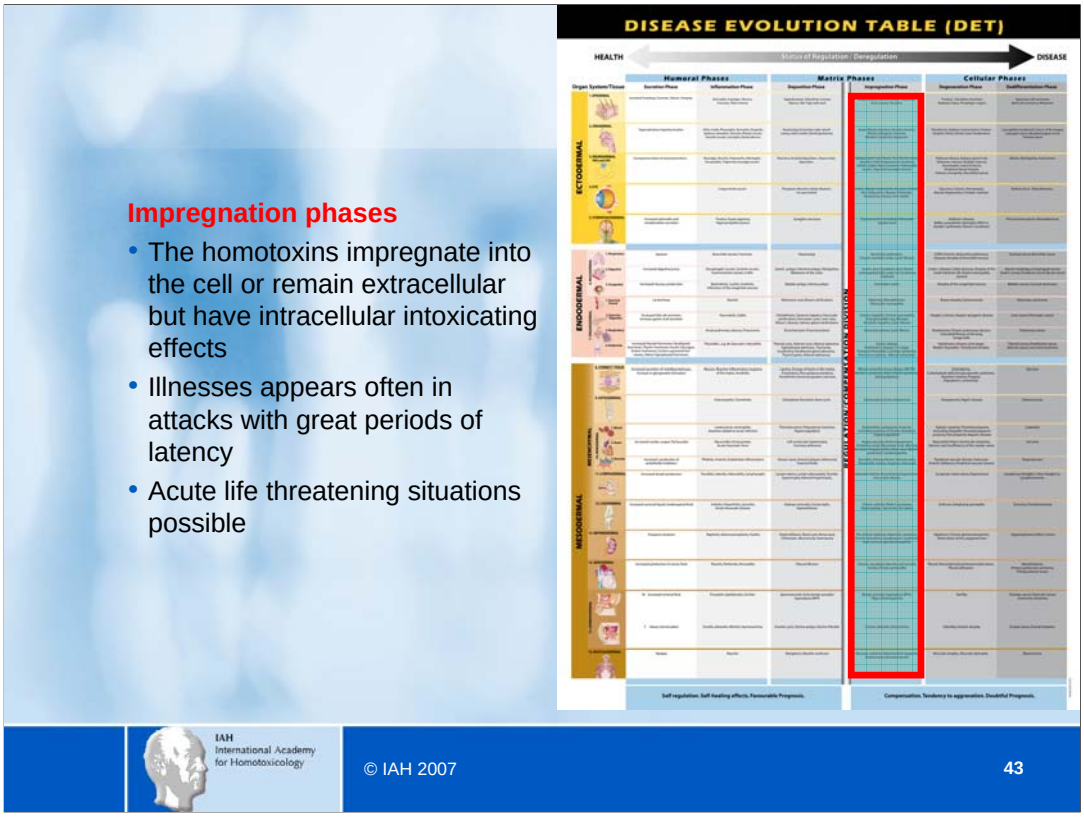
Important is that we see this inflammation as a trial of the organism to get away with the toxins. Phagocytosis may be seen as the first step of detoxification.

All characteristics of inflammation might be present: swelling, redness, pain, temperature increase an loss of the affected tissue.

Inflammation should be seen as a ‘turbo-cleaning’ of the matrix. The cell is not involved although inflammation processes can damage the cell (e.g. free radicals released by frustrated neutrophiles).



If inflammation pathways are blocked or the amount of homotoxins gets out of hand the organism will chose a process of (temporary) storage or deposition of the homotoxins. In first resort this will be done at the level of the ECM. Literarily homotoxins are bound into the three dimensional web of proteglycans. Thus a quite dangerous situation appears as few clinical signs are seen in deposition phases with very few complaints (in the beginning) from the patient but at the same time the storage of this toxic burden will threaten the living cell and endanger adequate functioning. It is only a question of time before the homotoxins will impregnate into the cell or from outside the cell interfere in the cell function where they can have many effects on cell functions

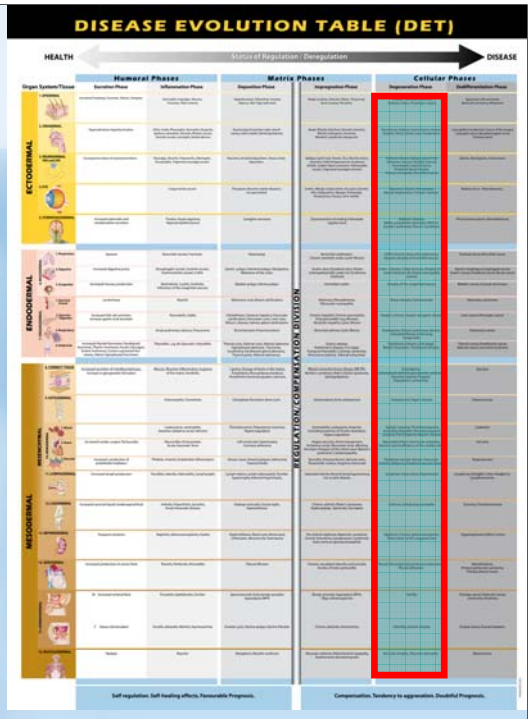


Once the homotoxins impregnate from the ECM into the cell or have intracellular effects, diseases of the impregnation phases appear. Cell by cell gets more or less intracellularly obstructed in his metabolic processes. We see appear less adequate functioning of the cell and the reactions of the organism towards the homotoxins is often not purposeful anymore. Often we see great periods of latency whereas a minimal load of a specific homotoxin gives an overreacting of the organism's defense (asthma, hay fever, migraine, gastric ulcer,…)

Impregnation phases can be reached in a very short time span. It depends on the characteristic of the homotoxins. Most viruses will try to get into a host cell to proliferate. It happens fast and although the organism will try to develop a specific defense (Ig) and eliminate the infected cells (T cell activity and NK cell induced elimination) the acute situation is an impregnation phase due to the intra cellular presence of the homotoxin. Even if afterwards there is a fully restoration of the tissue and the lost cells are replaced, the viral condition remains an impregnation phase for the time the virus is present as the virus gets incorporated into the genetic material of the cell. In post viral syndromes this situation might even last for a long time, even for years.

Degeneration phases

- The cell dies by intoxication
- Degenerative disorders
- -oses
- Loss of tissue and hardening of tissue



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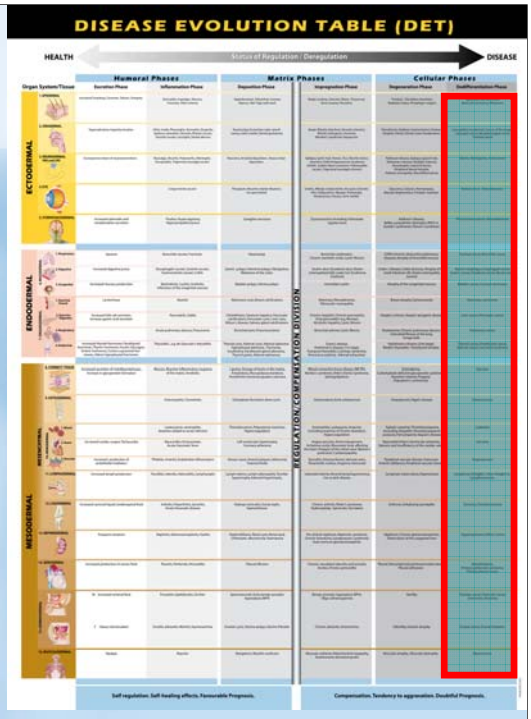
The intra cellular intoxication by the homotoxins or their intracellular intoxication effect is at that level that the cell dies. The progressing of the intoxication causes function loss of the affected cell till it dies. In the long term we see tissue loss and limited function of the whole affected tissue.

By definition degeneration phases accommodate chronic degenerative diseases, most of them irreversible in time.

Dedifferentiation phases

- Uncontrolled cell growth
- Omnipotence of new cells (back to origin before differentiation)
- Cancer, tumors
- Loss of tissue functions



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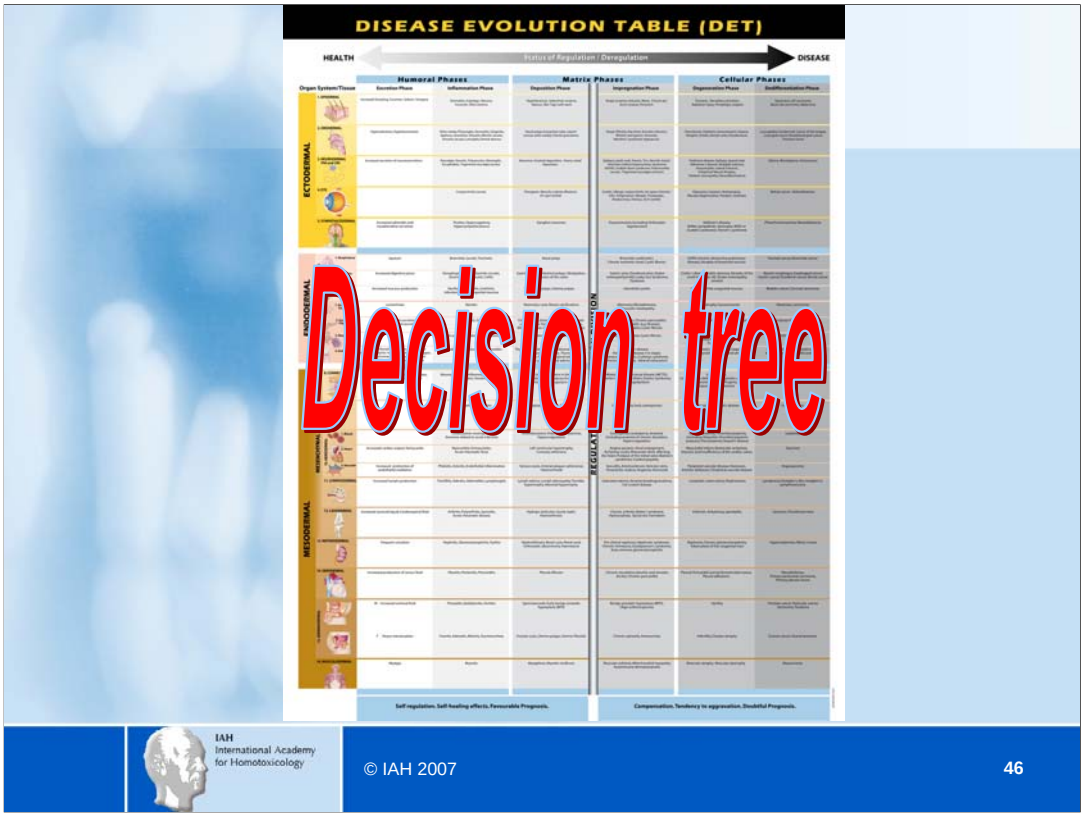
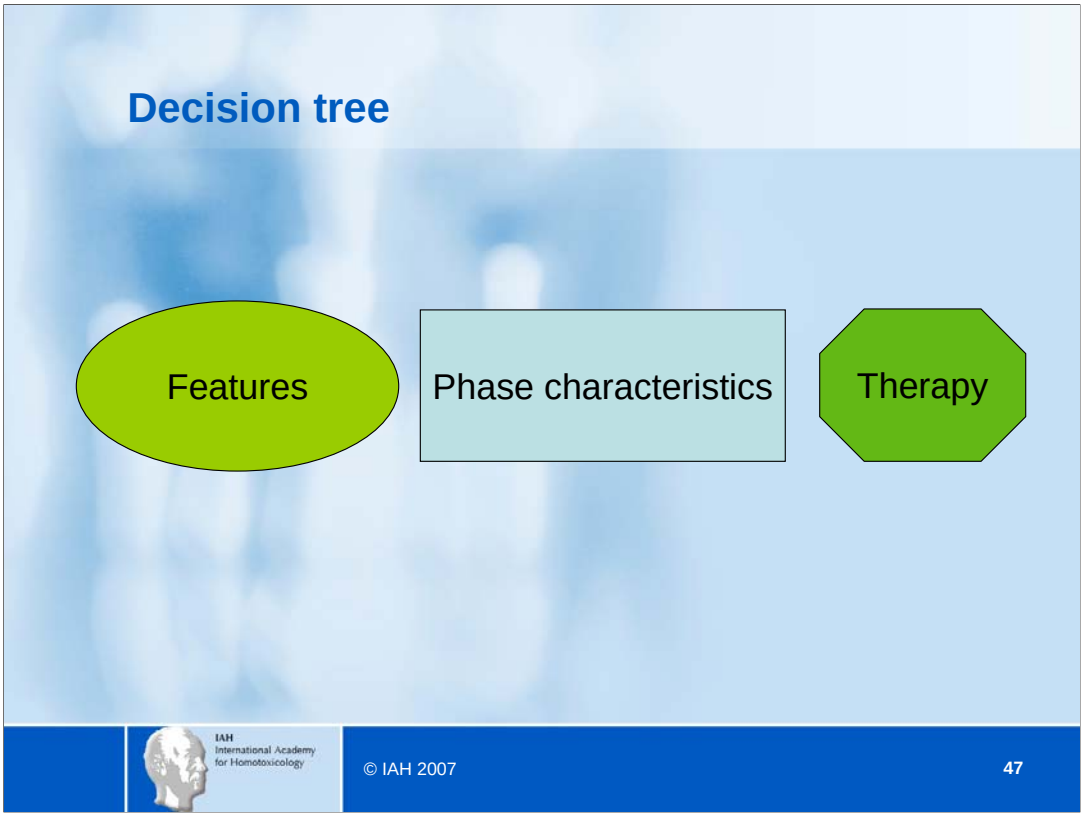
The dedifferentiation phases accommodate all diseases in which cell proliferation (tissue growth) is the main characteristic. Cells lose their specificity and dedifferentiate to omnipotent cells (inversed embryological specificity) that can easily migrate to other locations in the body (metastases). All malignant tumors, cancers, are classified here.

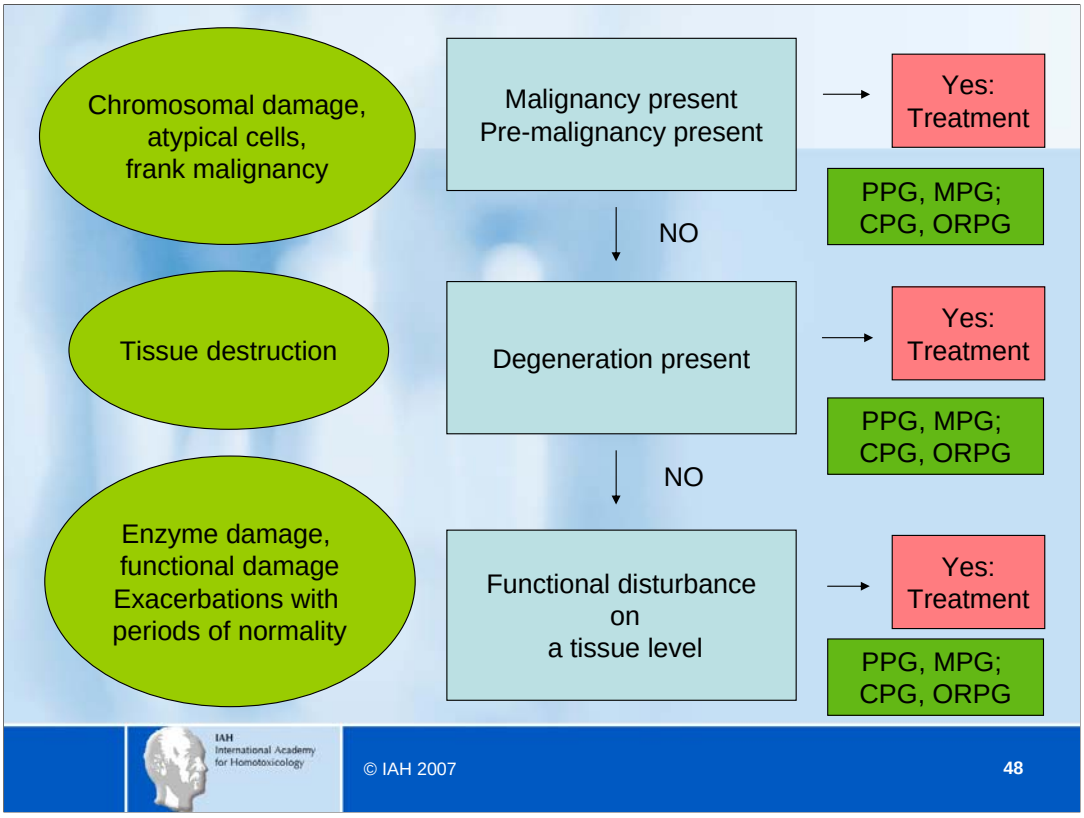


In the following slides we will discuss a few question by which it becomes more easy to classify a patient's disease into the disease evolution table. The decision tree is not always conclusive but in most cases it will be of a great help.

Starting from the clinical data the questions can be answered and the classification in the right phase can be done. As we will see in other lectures the classification of the patient's disease in the table has consequences as well as for the severity of his disease as for the therapy plan that needs to be made to treat the current status.



We first will have to look at the features the patient is presenting, compare them to the characteristics of the phases of the Disease Evolution Table and pull out of this conclusions for the structure of our therapy. Not all the phases will be treated in the same way and therefore this decision tree is made.

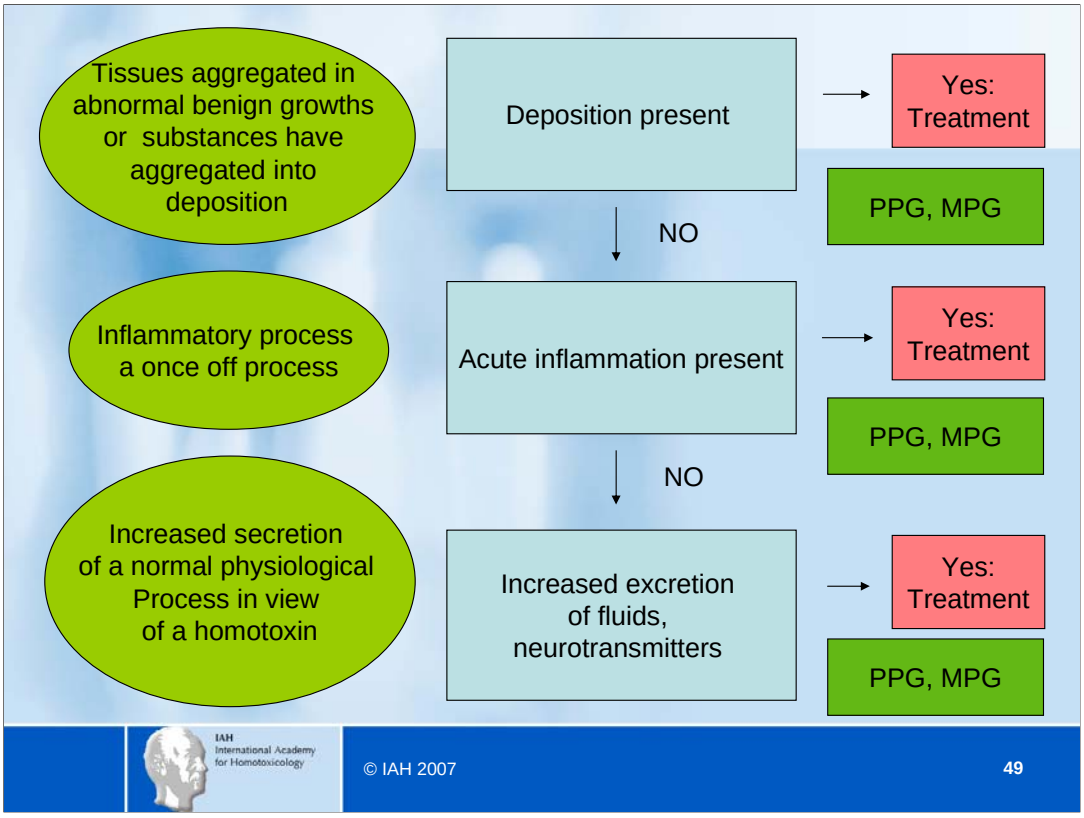


In the decision tree we start from the worst case scenario to the best.

First we look from a pure conventional medical approach if there is malignancy or pre-malignancy present. At the level of the cell this means that there is chromosomal damage, that there might be atypical cells or pure frank malignancy. If this is the case we are in the dedifferentiation phase and the treatment will be the full 3 pillars of homotoxicology which are 1. drainage and detoxification, 2. immunomodulation and 3. cell and organ support. These 3 pillars are filled in with medications containing plant preparation groups (PPG), mineral preparation groups (MPG), catalysts preparation groups (CPG) and organ preparation groups (ORPG).

If no malignancy is present we go down the tree to the next phase and look if degeneration is present. Clinically we will find tissue destruction. If this is the case we are in the degeneration phase and again the 3 pillar approach is necessary as beside the ECM treatment the defense system needs to regain his regulation capabilities and cell support and organ support should compensate for the cell damage.

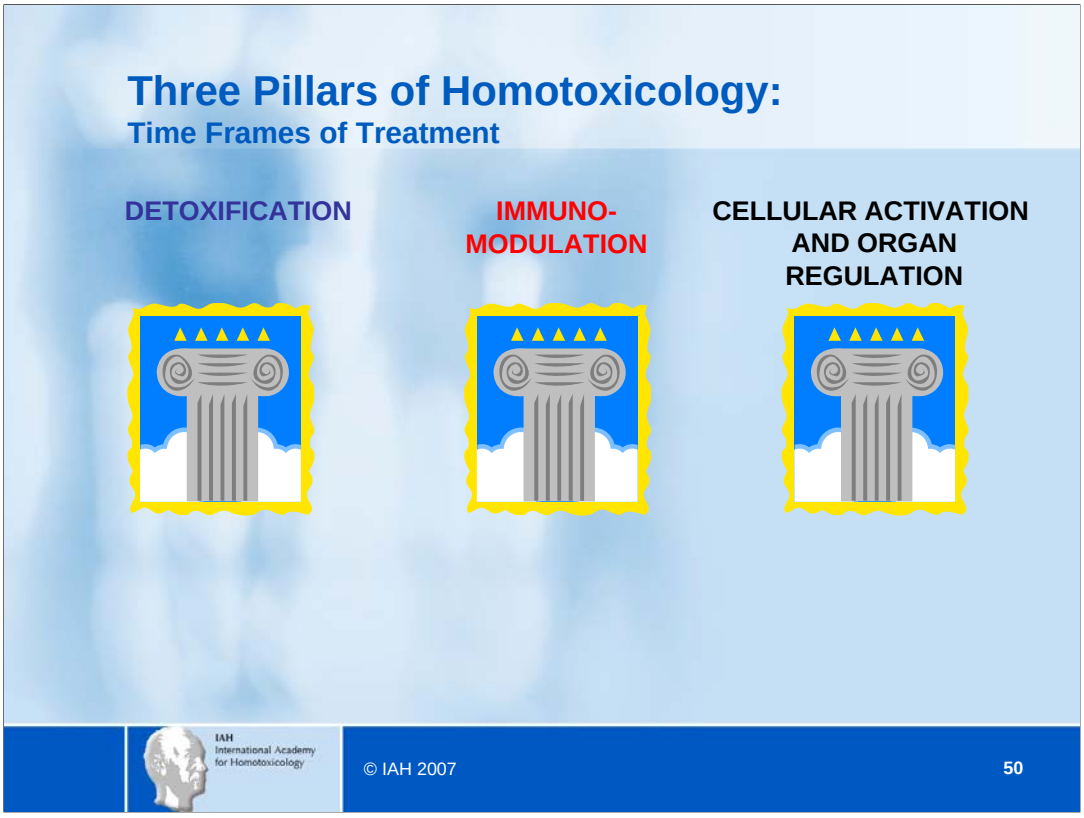
If also no degeneration is present we will search for a functional disturbance on a tissue level. We might discover enzyme damage, functional damage, exacerbations with periods of normality. If this is the case the patient is in the impregnation phase and the 3 pillars of homotocicological treatment should be involved in the therapy protocol.



If no enzyme damage or tissue damage is present we will look if deposition is present. Clinically we might find tissues aggregated in abnormal benign growths or substances that have aggregated into deposition. If this is the case the patient is in deposition phase and needs to be treated with the 2 first pillars (drainage and detoxification on one hand and immunomodulation on the other hand. No organ preparation groups or catalysts preparation groups are used.

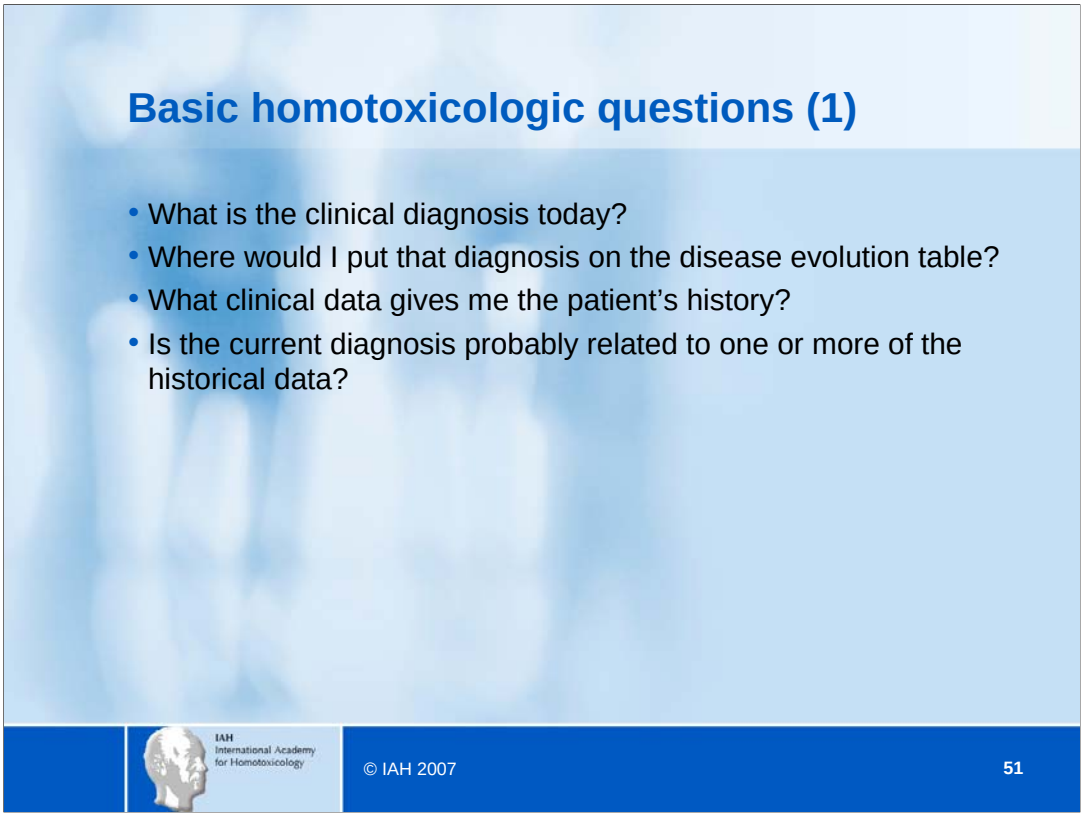
If there is no deposition we look after acute inflammation. Clinically we should find a once off process of inflammation. If this is the case the patient is in the inflammation phase. Also here the first two pillars of homotoxicological treatment are needed.

If no inflammation is present but we see increased excretion of fluids, neurotransmitters or other body own substances the patient deals with an excretion phase. In this case mostly the first pillar of homotoxicological treatment will do (drainage should be sufficient to support the patient). In some cases immunomodulation might be interesting to speed up the process of cleanse and to avoid reccurence.



Once right of the Regulation/Compensation Division on the Disease Evolution Table we have to understand that a simple drainage, even in combination with an immunomodulating therapy will not be sufficient due to the cellular character of the disease. Right of the division the cell is intracellularly involved. To avoid further damage to cell (and tissue, thus also organ) an additive cell and organ support is needed.

In antihomotoxic medicine organ support is done by application of compositum preparations. Cell support is mostly achieved by the application of catalysts (isolated or incorporated into compositum preparations).



The questions on the next slides must help us to be able to set up a therapeutic approach, starting from the patient's history and his current position and former evolutions on the disease evolution table.

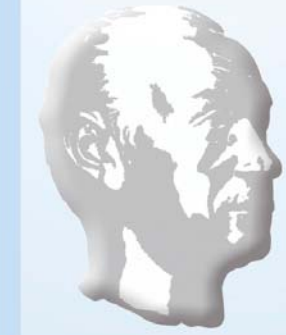
The logical succession of the questions must lead to the proper choice of the type of antihomotoxic medications that should figure in the final therapeutic protocol.

Basic homotoxicologic questions (2)

- If related, what type of disease or health evolution is going on in this patient?
- What are the therapeutically consequences of this evolution?
- How will they be integrated in the protocol for the treatment of the current disease?

Basic homotoxicologic questions (3)

- Which medications must be taken into consideration?
  - Drainage medications
  - Inflammation regulating drugs
  - Cell support
  - Organ function support
  - Life quality
  - Symptomatology
- How does the final protocol look like?



Backup library

IAH
International Academy
for Homotoxicology

Hans-Heinrich Reckeweg

- Born on 9 May 1905 in Herford
- 1924-1930 Studied medicine in Würzburg, Berlin, Münster and then Berlin again
- 1930 Earned doctorate with a thesis on the dietetic treatment of stomach ulcer
- 1930-1932 Junior doctor in Völklingen and Harburg

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Born in Herford, Westphalia, Germany, in 1905, Hans-Heinrich was the eldest of a family of five children. He was very diverse in his interests. Hans-Heinrich had musical (piano) interests that he kept as an adult and practiced to an expertise that gave him many times the appreciation of his occasional audience. Later he started painting in his freetime. His father, Heinrich-Friedrich Reckeweg was a school teacher but became an homeopath at later age. He was very pleased his eldest son choose for medicine that he studied at the universities of Würzburg, Berlin, Münster to finalize in Berlin. During his medical studies already he was very interested in toxicology and natural medicine. Especially the colleges of Prof. August Bier brought him to the insight that gentle medicine was where he would stand for. In these years he would go deeply into the study of homeopathy.

His first practice experiences as an MD where in the 2 years he was a junior doctor in Völklingen and Harburg.

Hans-Heinrich Reckeweg

- 1 May 1935 Started his first practice in Berlin as a doctor with dispensing rights
- 1936 Founded Heel (Herba est ex luce)
- 26 own products: Heel's Drops
- 1948-1949 Developed the theory of homotoxins

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After his 2 years as junior doctor he started his own practice in 1935. As usual in that time he had also dispensing rights. As he was using his own homeopathic formulas he needed a laboratory to have them at his disposition. That is why in 1936 he founded Heel. The name is an abbreviation of Herba Est Ex Luce which means: the plant comes out of the light. Initially he created 26 products he called 'Heel's Tropfen', which is German for 'Heel's drops'. Later the range became much more extended to the variety of products we still know today.

In 1948 and 1949 the theory of homotoxins, leading to disease, took form. Although there where already earlier articles and lectures about the basic principles of homotoxicology, it took till 1955 before his basic work on Homotoxicology, "Homotoxins and homotoxicoses – Principles of a synthesis in medicine" came on the market.

Hans-Heinrich Reckeweg

- 1945-1955 Practiced in Triberg
- 1952 Publication in the Münchener Medizinische Wochenschrift
  - "Homotoxins and the options for treating homotoxicoses"
- 1955 "Homotoxins and homotoxicoses – Principles of a synthesis in medicine"

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Dr Reckeweg was a great lecturer and was able to convince many people out of his audiences to follow the pathway of integrative gentle medicine he was standing for. After years of practice, many lectures and articles, he finally published his integrative approach in a book in 1955. Still today this basic work inspires many students in gaining more in-depth knowledge on homotoxicology.

Hans-Heinrich Reckeweg

- 1955 Moved to Baden-Baden
- 1961 Founded the International Society of Homotoxicology
- 1962 “Homotoxin-Journal”
- Founded the International Society of Biological Medicine
- 1972 Started the periodical “Biologische Medizin” (Biological Medicine)

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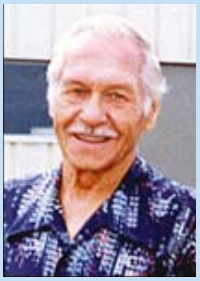
Once moved to Baden-Baden, Germany, the expansion of the Heel remedies was a fact. Over there the facilities were growing fast.

In 1961 dr. Reckeweg founded the International Society of Homotoxicology to group the homotoxicological practitioners, first only on German soil, later also abroad. The Homotoxin journal was an instrument to inform the practitioners about new insights into homotoxicology, successful protocols, congresses, etc… In 1972 the Homotoxin journal disappeared and was replaced by the medical journal ‘Biologische Medizin’ (Biological Medicine).

Hans-Heinrich Reckeweg

- 1976 “Homotoxicology, comprehensive vision of a synthesis in medicine”
- 1978 “Cancer problems”
- 1977 and 1981 “Homeopathia Antihomotoxica”
- 1978 Sold the company Heel to Quandt
- 1978 Emigrated to the USA



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In the years that followed Dr. Reckeweg was very productive in publishing books on different homotoxicological themes. He even published a materia medica and a repertory dedicated purely to the components he was using in his formulas.

In 1978 Dr. Reckeweg sold his company, that till than had been a family company, to Delton with main shareholder Stefan Quandt. By these huge investments into the Laboratoria Heel became possible and in the years that followed Heel became available for the patient in more than 70 countries worldwide.

Dr. Reckeweg and his family moved to the states where in Albuquerque, in the state New Mexico, he founded a new company BHI (Biological Homeopathic Industries) to conquer the USA with homotoxicology. He created a range of 52 new products, known as the BHI-products. Today also this company became a full property and subsidiary of Ergo-Pharm, a pharmaceutical branch of the financial holding ‘Delton’, property of Stefan Quandt. BHI is now renamed Heel Inc.

Hans-Heinrich Reckeweg

- 1978 Founded BHI, developed 52 new homeopathic drugs
- 13 June 1985 Died in Bircher-Benner Hospital, Zürich

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In the beginning of the 1980s Dr. Reckeweg suffered a stroke which he never fully recovered from. He transferred ownership of his American company to his daughter Monica Doerper-Reckeweg and his son in law Friedrich Doerper.

At 80 years of age Dr. Hans-Heinrich Reckeweg died in Zurich, Switzerland. In the meanwhile the company he founded became the worldwide number 2 in complementary medicine. Homotoxicology now is a concept in medicine that is studied and followed by thousands of general practitioners and specialists all over the world. Every second complex homeopathic medication used worldwide is one of Heel.