INTRODUCTION TO HOMOTOXICOLOGY, PART 1

Homotoxicology is a unique concept relative to health care and wellness, shedding new light on what is known as the “disease process” and the treatment of disease. It is one of the foundations of the Voll Bionetic practice as taught in this program. The concept of "stopping the drop" has its origins in homotoxicology. The adjuvant therapies covered in the courses play a significant role in the application of homotoxicological principles. This course covers the basic principles and applications, but like the other disciplines utilized throughout this program, it has far greater reach than a single course can cover. We encourage you to pursue a better understanding of homotoxicology through the additional reading mentioned at the end of this course, and through the following supplemental materials:

Theory

Homotoxicology is the study of the organization and relationships of the body’s natural defense and repair mechanisms in response to toxic substances. Dr. Reckeweg, the developer of the science of Homotoxicology, recognized a certain “biological expedience” in the progression of disease processes, and coined the term “homotoxin” (meaning “poison to humans”). He did this to identify the biochemical link in a causal chain that has a two-way street concept: under favorable conditions the body transforms harmful substances into harmless ones so they can be eliminated from the body (regressive); or if the
body gets behind and the toxins begin to overpower the body, things get progressively worse (progressive). Each unique chain is made up of a series of discrete metabolic reactions, grouped into “phases” of disease, that occur predictably and systematically over the course of a developing or retreating illness. Claus Claussen, M. D., writes

“Homotoxicology proceeds from the fundamental fact that all vital processes depend upon the conversion of chemically identifiable agents. In the case of a disease, these chemical substances are the pathogenic toxins….according to Reckeweg, illnesses are agent-determined reactive processes in which homotoxins can bring about an inflammation….In the course of the inflammatory process, these toxins are then rendered harmless and eliminated by the body, which is capable of reacting to them.” (Materia Medica, Vol. 1)

To his credit, Reckeweg made significant contributions to homeopathy by bringing hard science to bear on his own theories. His research in the fields of toxicology and pharmacology, combined with years of homeopathic practice, led him to conclude that “On the basis of the system of homotoxicology, I am convinced that I have found the one fundamental and natural, scientific foundation for the concept of disease and the biological cure of disease in the homeopathic principle.” (Homotoxicology, p. 16) While his system is founded on the fact that “all life processes, including physiological and pathological reactions, depend on the reaction of chemically tangible agents”, the concept of homotoxicology, like Hahnemann’s Law of Similars, is built upon some fairly basic, open-ended principles that somehow, beneath the medical terminology, make sense.

Basic Principles

*From a Homotoxicology standpoint, toxins that cannot be eliminated from the body are the root causes of illness and illness-related death.* The old saying of “everyone will die of cancer if something else doesn’t kill them first” gains more credence from the perspective of homotoxicology, and the
relationships between toxins and cancer. According to Reckeweg, homotoxins come from any number of sources, but all go through chemical transformation through the action of enzymes, which in turn are governed by hormones. Any homotoxin that interferes with or blocks the natural course of enzymatic metabolism through any of the body’s defense systems sets the stage for the potential development of a disease process.

**Illness (disease) is the body’s active expression of its defense mechanisms attempting to compensate for damage caused by homotoxins.** The category “homotoxin” includes any substance a body would react adversely to, either immediately or latently. Also included would be any metabolic waste products that are not completely broken down or eliminated from the body fast enough. As an expression of defense, illness is more of an ally than an enemy. The illness itself, apart from symptoms and diagnosis, is a “red flag” indicating that the body is attempting to fight off and eliminate a toxin. Treating a disease through conventional allopathic methods does not facilitate the healing process. Homotoxicology addresses the toxins that generate the body’s defensive response. Disease is the result of toxicity, (chemical or emotional) and the expression of defense—the defense being an attempt to compensate for damage. [It is well worth noting at this point the importance of asking clients to have their symptoms diagnosed before a bionetic evaluation. Relative to homotoxicosis, such information can be invaluable in assessing the progressive tendencies of illness, and the regressive potential of a homeopathic protocol, as will be discussed later.]

**The theory and practice of homeopathy follow precisely the principles of homotoxicology.** Reckeweg’s years of research and practice validated Hahnemann’s original work, which preceded Reckeweg by more than a century. Homeopathic remedies stimulate the body’s defenses and facilitate the elimination of toxins, leading to the resolution of illness, in such a sequential manner that mirrors perfectly and predictably the phases of homotoxicosis. Reckeweg states
“The homeopathic remedy induces new ferments either to heal or to de-block damaged enzymes, or to restore order to genetic material....This therapy is characterized by the mobilization of a secondary and reserve defense system stimulated into action by means of the symptomatically similar and potentized homeopathic preparation....If Hahnemann had been acquainted with the approach of homotoxicology, he could have easily explained the effect of homeopathic remedies”. (Homotoxicology)

**Illness is a useful, biologically goal-oriented process.** It tells us that the body is trying to eliminate something that is toxic to it, and that the process of elimination will probably appear as some disease if the goal is not reached easily. This concept is rather contrary to Western medical thought. The understanding of homotoxicology, coupled with the application of homeopathy, work to enhance the healing processes by removing toxicity, not by masking it. More often than not, allopathic drugs are designed to relieve symptoms rather than relieve the toxic burden that caused the symptoms. Even antibiotics, undeniably useful but subjected to over-use, do not attack the original toxin, but the biological result of the toxicity.

**The Table of Homotoxinosis**
The table of homotoxicosis is included in the handouts section of this program, and appears in different examples frequently throughout Reckeweg’s *Homotoxicology*. Understanding the dynamics of the table is far more important than memorizing it, but the student should at least be familiar with the basic categories or phases of disease processes. Diseases tend to move from the left side to the right side of the chart in a developmental sequence that Reckeweg called **progressive vicariation**. This refers to the increasingly pathologic march of an unresolved illness from a simple infection to the potential threat of complex toxicology which can include cancer. The role of allopathic treatments in interfering with the
body's natural healing processes often makes this a "forced march" toward toxicosis. When such treatments prevent the homotoxins associated with a certain illness from being completely broken down and thoroughly excreted, they (or their still-toxic byproducts) may be driven deeper into the various tissues, only to reappear later and elsewhere as a seemingly unrelated illness. This process of "retoxification" continues as further allopathic treatment of the "new" illness drives the now-diverse homotoxins deeper still, potentially to the point where the body must employ radical defensive measures such as tumor formation. In this respect, tumors are symptomatic of an extreme cry for help, like destroying a city block in order to keep a raging fire from spreading.

Conversely, the body's natural healing processes flow oppositely along the chart, and are referred to as regressive vicariation. Please note with emphasis that this involves the body's natural healing processes, apart from and often in spite of the influences of allopathic protocols. Given time, resources (natural resources, that is) and opportunity, the body will, in a sense, send a disease out the way it came in. The significance of this ties homotoxicology to homeopathy perfectly. The natural excretion of homotoxins occurs through a series of distinct biological metabolic steps that mirror exactly the concepts of Hering's Law, meaning that old symptoms may be re-experienced in reverse order. The metabolism requires the organs of the body to detoxify, as well as the tissues relying on pH and enzyme activity to resolve toxic interference. These steps are dynamic and continuous, if allowed to be, or that is if they are supported. Substandard nutrition, stress, chronic toxic exposure, all place increased burden on the challenged body. The body is constantly moving homotoxins "out", and in the early phases of disease, this is a relatively easy job; however, the further the disease progresses toward toxification, or retoxification, the more difficult it becomes for the body to complete the tasks needing to be accomplished unaided. Turnaround is possible even in later stages, but it invariably requires the support of biological therapies and the cooperation of the client, which is never guaranteed, especially when symptom-suppressing drugs are available. Understanding where a client is emotionally, and in commitment to their health, is just as
important, as where he came from, the kinds of poisons that they may have encountered on their way to seeing you (throughout their lifetime) and where their symptoms might appear on the chart is a powerful tool for understanding the nature and potential of an illness. This is the crux of homotoxicology, and a great ally to the bionetic evaluation.

**Progression of Disease**

Reckeweg divided the chart according to the phases of disease (arranged horizontally) and the tissues of involvement (arranged vertically). The first three phases represent conditions that are considered biologically favorable for the efficient elimination of a disease process. They are referred to collectively as the **humoral phases** (a term reminiscent of 15th- and 16th-century European medical theory) of *excretion, reaction* and *deposition*, progressively. In the humoral phases, the defense mechanisms are fully functional, with enzyme processes intact, preparing homotoxins for elimination—“business as usual” relying on mucoid layers to protect soft tissues. While the system may be not running optimally at all times, in this phase, there has been no compromise of any consequence to the immune system; the body is fully capable of healing and cleansing itself, and strives to do so. In the humoral phases, disease processes are only transient with the interest of expelling the toxin as quickly as possible before it can take root in the system. Although this process includes reaction phases and the desire of the body to eliminate the poisons as they progress through the body organs, various organs and glands are sought out in the process to aid in the elimination of the toxins. First the lymphatic and kidneys go to work; then the stomach and spleen, and finally in the attempt to resist deposition, the liver and gallbladder get enrolled.

On the other side of the chart (past midway) are the **cellular phases** of *impregnation, degeneration* and *neoplasm*. If the normal operation of the immune system has been suppressed, poorly maintained, or both, the action of the humoral phases may be sufficiently weak to allow homotoxins to settle into a
tissue and accumulate. Perhaps the most significant contributing factor to compromising the immune system is the inhibition or destruction of enzyme processes, blocking critical cell functions, without which the toxins have nowhere to go but in. The body is still capable of eliminating disease, but having been unsuccessful in the attempt and still needing to survive, adopts the strategy of conservation of energy: something of lesser value is sacrificed to the enemy while the more critical operations remain protected for the time being.

The cellular side of the chart is the home of “constitutional” illnesses, chronic conditions that become the stuff of “disease maintenance” therapy. The body may rebound with the right support, but as one slips further to the lower right corner of the chart, the odds become slimmer and the struggle is that much further uphill. In the neoplasm phase the body has lost the better part of the fight; having failed at appeasement and containment, it may finally adopt a “scorched earth” defense, destroying itself in order to destroy the enemy. This is the cancer zone.

The most difficult time for the patient in these zones is in activation of a healing flu, or healing reaction, which signifies that the body does have the energy to eliminate the toxins and poisons from an intercellular level. This process is largely accomplished during sleep and as such proper rest and adequate mineralization is necessary for these processes to occur. Once the patient is reaching a ‘successful’ completion they will begin to sweat profusely which will signal that the process is nearing completion.

Separating the humoral and cellular phases is the “biological section”. This zone is not as clearly defined, clinically like it is on the chart, except that it separates the humoral and cellular sections between the deposition and impregnation phases. It remains an area for further research; for the sake of simplicity, it may be likened to the germination of seeds. Seeds deposited on a landscape need a combination of
suitable terrain and favorable weather conditions in order to germinate; only then can they impregnate
the earth with their roots and thrive. Homotoxins also need favorable conditions. Deposition alone can
leave them exposed to the elements—namely the trace elements that drive metabolic enzyme activity,
the single most important process in homotoxicology, and the driving force behind regressive
vicariation. Enzyme activity at the cell wall, transforming toxins and supporting cellular communication
at the same time, may some day prove to be a key factor in further defining the biological section as a
place, a process, or both.

It should be noted that homotoxicology works in terms of both chronic and acute toxicosis. A gradual
accumulation of toxins (also referred to as “biomagnification”) can occur as a body is routinely exposed
to excretion- or reaction-suppressing treatments, moving the toxins progressively deeper into the
different tissues (ectoderm, endoderm, etc.). More commonly, the penetration and subsequent
appearance of homotoxicity is dose-dependent. A large dose of a toxin can effectively bypass the “scenic
route” of the humoral phases and go directly, if not immediately, into the cells. Again, relative to the
table of homotoxicosis, knowing where a client is and where he came from is invaluable information.

The significance of facilitating the body's capacity to heal, of keeping cells functioning optimally and the
immune system operating maximally, becomes clear from the perspective of homotoxicosis. Progressive
vicariation is contrary to the natural order of the body’s defenses, which is to move in the direction of
regressive vicariation, always toward the excretion phase. Excretion can be considered the final stage of
health, just as neoplasm is the final stage of illness. The dynamics of the model are seen in the vicarious
processes being bi-directional and reversible. Nothing in the model contributes to the stopping of a
disease process. Homotoxicology is all about encouraging the body to do what it is supposed to do.
The Good, The Bad and The Unbalanced

From the standpoint of homeostasis, what the body is *supposed* to do is defined largely by what it *can* do with the available resources, and this limitation is significantly a function of the local environment. In fact, much of what we are quick to label in terms of illness or wellness, beneficial or harmful, supportive or toxic, *must* be viewed with respect to the microenvironment of the body. For instance, the common perception of the role of bacteria in health and illness has long favored illness, gastrointestinal flora notwithstanding. From the standpoint of homotoxicology, bacteria become pathogenic only when the biological *terrain*, or environment, allows them to be so. (Note: “terrain” usually refers to internal conditions, but may also pertain to an external environment, such as the surface of the skin.)

When working with illness, two very important factors must be considered together: 1) the ability of the environment to sustain life, and 2) the ability of life to withstand the environment. Many “harmful” bacteria associated with or blamed for various infections are found in different body tissues where no threat of infection or inflammation exists. Many *in vitro* studies have shown that certain pathogens will thrive only on certain mediums. And in any given flu outbreak, many more people are exposed than infected. A balanced terrain, supporting a fully functioning immune system, will keep most if not all disease processes in check. Unfortunately, modern science has placed much more emphasis on the ability of the microorganism to infect than on the ability of the terrain to support or resist infection. Early on in the battle over germ theory during the late 19th century, Claude Bernard, a contemporary and rival of Pasteur, is credited with having said (some years before Pasteur was credited with having admitted it), “The terrain is everything; the germ is nothing.” An extreme position by today’s standards, yet no less extreme than the prevailing opinion that soon after closed the books, and many minds, on the matter of germs being the cause of disease. Bernard lost that argument, but pockets of resistance remained afield, and in time the research of Reckeweg and others ably supported the underdog idea that *bacteria are indicators, not instigators, of disease*. Reckeweg remarks, “Obviously, a suitable
culture medium is necessary for the development of a human infectious phase, particularly because the human organism as ‘living incubator’ generally is equipped with the best conditions for bacterial growth. Without this knowledge of how important homotoxic terrain is, it appears miraculous that, considering the ubiquity of pathogenic bacteria, constant infectious reaction phases do not occur.”

While there may be relationship between bacteria and cancer, for instance, saying that bacteria cause cancer is like blaming flies for garbage, or blaming trees for a forest fire. The role of bacteria in immune response depends on the treatment of the homotoxin in the terrain. They will either support the elimination of the toxin, or take advantage of immune-suppressing actions that alter the terrain. A very good example of this is the inflammatory process. If the body cannot disable and discard homotoxins outright, and the toxins take hold, the body will react more aggressively with some form of inflammation, in which bacteria are actually part of the defense. They invade the site, secreting enzymes that liquefy the surrounding connective tissue, causing the toxins locked in the tissue to be released. The site becomes more acidic, more anaerobic, and phagocytic leukocytes arrive to assist in the cleanup. Toxins are released through the pus, or subsequently absorbed into the lymphatic system for further breakdown and disposal (assuming, of course, that the lymphatic system is functioning properly). Gradually, alkalinity increases, balance is restored, and the terrain keeps everything moving toward health. In time, the bacteria disperse, themselves having caused no pathogenic response in the system.

Problems arise when sufficient time is not allowed for proper healing. When drugs treat the symptom—the inflammation—all aspects of the healing process may be disrupted, with potentially serious consequences. Bacteria, whether "good" or "bad", can harbor endotoxins that have no harmful effect on the body as long as the bacteria remain intact. If an antibiotic is successful in attacking the bacteria, the endotoxins are released, creating a new burden on the immune system. Chemical drugs tend to counter the naturally occurring acidity at the site, inducing coagulation instead of liquefaction. They can interfere
with trace elements, effectively blocking enzyme action and creating a potential cascade of problems related just to that process alone. Drugs may also introduce compounds that are entirely new to the immune system; these compounds, along with the antibiotics, must be broken down and eliminated as well. If the byproducts of this catabolic process—endotoxins, antibiotics and complex chemicals—are not transformed and excreted directly, they may recombine with various amino acids in the blood to form radical protein molecules that now encourage the formation of antibodies. The antibody recognizes each constituent of the radical protein as part of a greater foreign invader, attacking the constituents wherever they are found throughout the organs and tissues, healthy or not—the beginning of autoimmune disorders. Addison's disease, diabetes, kidney problems, hemolytic and pernicious anemia, Grave's disease, myasthenia gravis, infertility, rheumatic fever, rheumatoid arthritis, lupus and ulcerative colitis are just some of the disease processes that have been associated with autoimmune disorders.
The importance of terrain also ties closely to the radical but long-standing idea that certain endogenous "germs" have pleomorphic qualities (meaning the occurrence of more than one form in a life cycle) that enable them to alternately present viral, bacterial or fungal characteristics, while fundamentally remaining the same microorganism.

It is also believed that the opportunistic microorganism will evolve or devolve in direct relationship with the quality of the biological terrain. Relative to homotoxicology, the influence of the pleomorphic organism as a harmless presence or as a potential pathogen depends as much if not more recent research from a noted physician in cancer research in Germany, Dr. Gerd Hamer, has found that the bacteria are actually activated by the body in order to facilitate specific functions. These bacterial forms become ‘something’ relating to not only the quality of the terrain but also rely on the strength of the immune system.

Certain bacterial forms, as well as some viral and fungal forms and perhaps even some parasites, can cohabit the body apathogenically—even beneficially, as with saprophytic bacteria—as long as the terrain remains balanced. Under the right conditions, a shift in the terrain (due to abusive dietary or lifestyle habits, nutritional or elemental deficiencies, allopathic drug use, etc.) opens the door for an endogenous microorganism to "become" a homotoxin; or for an exogenous pathogen to be introduced and take hold as a homotoxin. This is true especially of viruses. Consequently, the immune system must address this extra burden by diverting some of its resources from "standard maintenance" to "crisis intervention", putting a strain on the terrain that opens the door of opportunity even wider. Drugs may be brought in to help avert the crisis, and in many respects—certainly with all due respect—drugs play a very important role in managing a true crisis situation; but keep in mind that from the standpoint of homotoxicology,
"When a drug closes a door, it opens a window."

While this scenario deals specifically with microorganisms, remember that any substance recognized by the body as homotoxic can have the same effect. If the immune system is not strong enough to handle the burden, and the terrain is not balanced enough to support the immune system in its function, then the potential for disease processes to take hold and take over is greatly increased.

An Antibiotic Analogy

A hasty cook has all of the foodstuffs and cookware on the counter and several pots on the stove while trying to prepare, mix, boil and read all at the same time. A big pot begins to boil over, so the cook puts one hand on the lid while trying to mix with the other. Reaching for a utensil, he knocks over a bowl of goo, spilling the contents all over the cookbook. While the cook hurries to clean the book, the pot boils over, creating a small biohazard on the red-hot burner. It's the stuff of classic comedy, but from the perspective of health care, it has a much darker side. So what does this have to do with homotoxicology? And why did the cook have his hand on the lid in the first place?

Perspective (as opposed to explanation) is the key to this analogy. The stuff from the pot is not the cause of the mess, any more than pus is the cause of an infection; the stuff from the pot is the mess. What factors may have been involved? 1) The counter was not arranged to avoid potential spills (i.e., imbalanced terrain); 2) the cook was preoccupied with too many things at once (overburdened immune system); 3) the wrong technique was being used to control the boiling (allopathic drugs); 3) there was too much stuff in the pot (diet); 4) the heat was too high (lifestyle). To address these issues, the cook could have: a) added something to the pot to control the boiling, b) removed the boiling pot from the burner; c) tilted the lid and turned down the heat. Option A, like antibiotics, could possibly alter the
recipe and require further fixing. It could even spoil the recipe and require the pot to be dumped (not unlike surgery or chemotherapy, which in many cases are quite necessary, but also indicative of damage already done). Option B is similar to Option A in that the procedure still takes two hands, which amounts to a diversion of energy that leaves other potential problems elsewhere on the stove. Option C may result in some spillage, but can avoid the "big spill" while buying time for the cook to tend to the other issues. While still a reactive measure, it is akin to putting out the "hottest fires" first, returning the situation to a manageable level without trying to cure it outright by more radical or riskier means. This is the bionetic approach to restoring wellness. It sees problems as problems; it considers the possibility that homotoxins may be behind a bacterial involvement; that bacteria are indeed not proactive instigators, but reactive indicators, presenting a secondary toxic issue in response to an underlyng homotoxin.

Another, but unfortunately less popular concept, is to use the bionetic approach to maintain wellness—the old "ounce of prevention" idea. A balanced terrain, in combination with a fully functioning immune system, leaves little incentive for interlopers to take up residence in the body.

A much shorter but equally comparative lesson can be seen in the motion picture "Phenomenon". The protagonist is faced with the problem of a rabbit eating the vegetables in his garden. Every defensive measure he takes to protect his garden from the invader fails, until one night when he has a revelation. He opens the garden gate, and waits. The rabbit hops out. He closes the gate. End of problem.

The lesson is simple: if there is a big, furry homotoxin in your life, don't trap it in the one place where it will continue to thrive at your expense. Invite it to leave. Consider the Chinese proverb that says the best defense against an angry tiger in your kitchen is an open window.
From the homotoxic perspective, the ideal would be to avoid disease altogether through a balanced terrain. From the bionetic perspective, the ideal must be reached through a series of manageable goals, namely, building and maintaining resistance to disease by supporting the immune system while concurrently restoring balance to the terrain (eliminating toxins) and building up mineral and enzymatic function. Thus, the bionetic evaluation reestablishes the lines of communication necessary for all operating systems of the body to be fully functional, and provides the resources necessary to assure that the lines remain open. Once the practitioner has assessed the current operating conditions of the lines, it is time to begin repairing the damage.

**Practice**

**First Things First: Stop the Drop!**

By now you are familiar with the "indicator drop", signifying the body's expenditure of energy against an obstinate toxin, that to some greater or lesser extent fatigues the system. Basically, the lines are going down, or may be down completely. The first critical defensive measure, then, is to "stop the drop".

Stopping the drop begins with testing for polarity. Polarity is derived from the electrical properties of considered to be representative of the body's capacity to generate, circulate and dissipate energy—the action or movement of chi—and in particular represents the cleansing capacity of the blood through its continuous clockwise circulation within the vessels and in a larger sense throughout the body. A disruption or reversal of chi can create “turbulence” or “reverse polarity”, lowering the overall efficiency of the circulating/cleansing process. Although lymph does not circulate in the same active manner as blood, its inseparable association with the cardiovascular system means that its cleansing action as well can be compromised by reverse polarity.
Spin is measured against the LI-CMP, which represents the detoxifying capacity of the peritoneum of the liver, the greater omentum of the bowel, and to a large extent the kidneys and urinary tract. The LI-CMP is measured while the client “localizes” in an area approximately ½” to 2” directly above the navel. [This region, representing the “core energy” of the body, is about 3” in diameter surrounding the navel. For the purpose of this test, it is important that the client localize on the navel.]

A drop in the signal indicates reverse polarity. After noting the response on that point, the client changes hands and localizes on the navel while the LI-CMP is measured again. (Note: the client continues to localize on the abdomen until the drop is corrected.) Any kind of a drop on either hand, no matter how high the signal rises, means the body's detoxification ability is compromised. A drop often indicates some degree of connective tissue deposition (the deposition phase), or more significantly the presence of a focal disturbance, a more difficult problem to deal with. A drop on both sides is relatively serious; a rapid drop is more serious. Before any other issue is addressed, the drop must be stopped by correcting the spin.

[At this point, a variation in concept must be introduced. The development of nosodes and miasms took into consideration the cumulative effects of homotoxins when defining the criteria for what symptomatology constituted a particular disease process. A “nosode” is not necessarily defined by a single pathogen, but represents the potential involvement of different homotoxins acting together. In other words, the total impact of those toxins make up a bell curve, but only the crest of the curve becomes defined as a single disease process. From this perspective, the historical significance of dilutions, previously restricted to nosodes and miasms, must be expanded to consider the possible involvement of other homotoxins.]
In a high percentage of cases, homotoxins are represented in the nosodes or miasms, however it is not uncommon to find overlapping influences from fungi, bacteria, viruses, parasites, chemicals or other issues (see below). Any or all of these categories can be contributing factors, as mentioned previously, and should be investigated. Testing should begin with 3X, 4X and 8X dilutions. In homeopathy, a 3X relates to an acute expression of disease, while the 4X and 8X dilutions represent an unresolved release of toxins (regressive process in the body), where the body has expended energy against the toxin at one point in time but was not able to eliminate it completely. Testing continues on the LI-CMP against the side that has the most significant drop (if the drop is fairly equal on both sides, then either hand can be tested), while the client still localizes above the navel. “Yes/no” testing can determine if anything from these categories apply. If there is no conclusive positive response from any of these dilutions, then these disease processes are probably not involved at this level of the illness; it terms of the hottest fires, they may be “back burner” issues.

It is always possible but there is no guarantee that just one of these elements will restore balance. More than likely it will be a combination of toxins affecting the spin, and the practitioner must seek out the combination that stops the drop on both sides of the body. It is not uncommon to have different toxins impacting each side. The practitioner and client must realize that a significant drop may not be completely eliminated with the first balance; the necessary goal is to reduce it as much as possible. Stopping the drop can be a time-consuming process, but it all starts here. There is no point to putting a tool in the hand of a mechanic who hasn’t the energy to use it. This is the body’s first "wake-up call". And remember, if this is the first “first wake-up call” for a client, it should not be a slap in the face with a miasm remedy!
Parasites

Realize that while parasitic influence can impact any meridian of the body, it is most often tested on the acupoint representing a region of the rectal peritoneum where intestinal parasites commonly reside and accumulate. This point is found on the palm side of the hand near the base of the little finger, adjacent to the heart meridian. It affords the most efficient assessment of the possibility of parasite involvement if an indicator drop occurs on either side of the body when testing the LI-CMPs. A subsequent drop on this acupoint (remember to localize!) is a reasonably sure, non-diagnostic sign that parasites may be or could have been involved in disrupting the energy flow through this area. Remember that you are not identifying the presence of parasites through this acupoint, but rather evaluating a loss or blockage of meridian energy in a region that is commonly affected by parasites. Whether they present physically or only energetically, parasitic involvement should be one of the first issues to address. Of course, this does not mean that parasites are the only issue. After balancing for parasites, the LI-CMPs must be rechecked for balance; a drop on either side indicates that the search for homotoxins is not over.

Focal Disturbances

If the search for homotoxins fails to stop the drop sufficiently, there is a good probability that a focal disturbance is involved. Recall from BEP-1 that a focal disturbance can be defined as anything resulting in a long-term disruption in energy flow, manifesting as a wide variety of conditions. It can be trapped in or a part of the soft or hard tissues of the body, usually occurs locally, and tends to be difficult to resolve. A drop in any signal can be an indication of a focal disturbance.

Scar Tissue

Scar tissue resulting from any trauma to the soft tissue, whether accidental or intentional, can result in a significant focal disturbance, impacting not only the physiology of the body, but the flow of the meridians as well. Despite the fact that scar tissue represents reparation of damage, the integrity of the
tissue becomes compromised. The scar itself does not have to be sizeable to have a sizeable effect. In terms of energy flow, it would like filling in a crack in a heavily traveled road with large rocks. The location of scar tissue will influence the meridian that tries to pass through it; for instance, a meridian that stubbornly resists balance may have a simple surface scar running across it. Scars, especially old scars, can be easily ignored by their owners, but should not be overlooked by the practitioner. The presence and interference of scar tissue can be evaluated by testing the blocked meridian against Graphites. Any potency of Graphites that balances is a good indication of some degree of scar tissue involvement. Balancing with a homaccord can be very significant. Please note that dilutions indicate neither the age nor the physical extent of scarring. They are significant in terms of the extent of energetic disturbance and the depth of cellular involvement. A homaccord indicates a strong focal disturbance, an impact on subcellular function, and the need for tissue support through several levels of reconciliation.

Acupuncture has been utilized successfully to treat scar tissue. A distant variation on an acupuncture technique provides another simple method of reducing the influence of scars near or on the surface of the skin. That is, the scarred area can be “painted” with the coherent light from a low-wattage cold laser, such as the penlight-type sold in office supply stores. Laser light, a beam of concentrated photons, can literally penetrate the skin about five-eighths of an inch, right to the depth of the mesenchyme where the acupuncture meridians flow. It stimulates electron flow through the scar tissue, enhancing communication across that barrier and energy flow along the entire meridian—or at least until the next barrier is encountered. The application of laser light is a simple and effective technique that could be categorized as a type of acupuncture procedure. It will be covered more on page 12.
Metals

Another type of focal disturbance can result from metals. These can be a buildup of heavy metals in the body, or placed permanently in the body through some form of surgical procedure. In either case, metals are a genuine challenge to face. Heavy metals defy enzymatic processing, and parasites seem particularly attracted to them. If metals cannot be eliminated by normal means, the body generally deals with the situation by storing them in a place furthest from harm's way. In so doing, it attempts to maximize the odds of protecting the function of critical organs. Toxic levels of metals are often found in the peritoneum of the liver, the greater omentum of the intestines, or the mucosal lining of the bowel—the "Superfund Sites" of the body. Metals are often present in addition to the other issues previously discussed compounding the problem. If balancing for scar tissue does not stop the drop, look for metal involvement.

Don’t Forget the Cushion...

All of these steps to stopping the drop focus on one fundamental priority: eliminating toxicity. However, unless your client is a crash test dummy, stopping the drop by eliminating toxicity alone could be like trying to stop a free fall with a bungee cord of unknown length. In less dramatic terms, as a singular protocol, eliminating toxicity can put a stress on the body that could easily push seemingly healthy organs “over the edge”. This is particularly true of organs that have suffered some unresolved historical damage.

Often the body compensates for injury well enough so that in time the organ for all practical purposes appears “healthy” even in a bionetic evaluation. The latent weakness is revealed only when the added burden of detoxification strains the injured organ’s coping ability, potentially resulting in a new and unexpected blockage, and related symptoms. It is important for the practitioner to be aware of the client’s health history, and be prepared to provide additional organ support to precede or complement the detoxification protocol. Adjuvant therapies should be considered.
Open the Lymph

Lymphatic processes are closely tied to the energy demands of the immune system. The lymphatic system services the entire body down to the smallest capillaries, carrying toxins away to be destroyed in the major lymph nodes, then flushed from the body altogether. Any impairment of this process directly impacts the body's capacity to cleanse the blood. Low lymph drainage amounts to high energy drainage on the part of the rest of the immune system trying to compensate. Relative to homotoxicology, and fundamental to bionetics, opening the lymph and stopping the drop are practically inseparable. The “healing crisis” has strong connections to both. Stopping the drop effectively puts the body into elimination mode, releasing stored toxins that the lymph must now carry away. If the lymphatic system is not ready for the influx, the whole “sewer system” can back up, with unpleasant results. If a client walks in to his first evaluation showing signs of a healing crisis, checking the lymph is the first priority.

Testing is done on the LY-CMP. A balanced meridian will hold steady in the balanced range. A steady low signal, or any signal that drops from its high point on this meridian indicates some degree of restricted lymph flow, due to a focal disturbance or other toxic interference. Localizing helps determine the area of blockage here. In this case, the practitioner checks the LY-CMP as the client contacts the following series of points down the transverse line of the body:

Tip of the nose—represents drainage of the head generally, the pharyngeal ring specifically. This ring of lymphatic tissue contains the "tonsils" as most people know them; but these are only the palatine tonsils, the most prominent and easily infected of the group, which also includes the lingual, pharyngeal (adenoid) and auditory tubal tonsils. Together these tonsils protect the body by trapping and destroying pathogens that are inhaled or ingested at the pharynx. The pharyngeal ring is probably the most significant and common location for a focal disturbance, given the propensity to treat tonsillitis and ear
infections readily with either antibiotics or surgery. Antibiotic homotoxins can interfere with lymph drainage, especially if long-term use is involved and antibiotic treatment of ear infections can easily drain into and affect the tonsils. A tonsillectomy not only leaves behind a barrier of scar tissue, but also removes an extremely important site of lymph processing. The loss of the tonsils, or any significant removal of lymph nodes, creates a major focal disturbance.

**Base of the throat**—includes cervical and sentinel nodes of the neck.

**Mid-sternum**—includes the right lymphatic duct (axillary nodes of the right side and back, and the left arm), the thoracic duct and mammary glands.

**Two inches above the navel**—covers abdominal drainage through the cisterna chyli.

**Two inches below the navel**—includes leg drainage, inguinal nodes, appendix, and Peyer’s patches of the small intestine.

At each point localized, note how far and how quickly the LY-CMP signal falls (the rise of the signal is more or less inconsequential in this case, and relative only to the degree of fall). It is important to note that along the way, you are measuring the energy of lymph flow from that point down in the body. A drop indicates a high probability that a focal disturbance exists somewhere below that point. The goal is to try to isolate the approximate location of the focus. A drop on every point constitutes a serious condition from the standpoint of lymph drainage.

Keep in mind that in opening the lymph, you are measuring aspects of total meridian energy as well as lymph drainage. As a measure of energy flow, a drop indicates the degree to which energy is exhausted
trying to overcome a blockage. Significant to this test is the relative rate of change in the drop. Readings at the different points may very well not be clear-cut. It is quite possible for test points higher up the body to affect readings further down, and highly probable that blockages at lower points will affect those higher up. Severe drops usually indicate significant blockages, but they may be preceded or followed by more gradual drops on other points. In other words, before you come to the actual plug, you may encounter signs that the system has backed up, where the indicator drop will be the most significant feature. Going beyond the constraint, you may encounter little or no drop, but restricted energy flow becomes prominent. It is important then to pay attention to variations in the indicator drops, as these can help you be more precise in defining stagnant conditions.

While this technique can be challenging to the beginning practitioner, it is of vital importance for focusing attention where it needs to be paid. Mastering subtle differences in signals will come with time and experience; for now, it is more important to understand the concept of stopping the drop, relative to both polarity and lymphatic issues. Opening the lymph is a specific variation on stopping the drop. Given the inseparable nature of the two, keep in mind that during the balance it really doesn’t matter which comes first; as long as you cover both steps, the remedies selected by the client’s body should be mutually supportive, minimizing the possibilities of a disruptive healing crisis.

**Laser Stimulation**

Using the laser to stimulate lymph drainage around the jaw is demonstrably effective. A quick "before-and-after" test can show measurable improvement on the LY-CMP. The laser technique is very simple: holding the pen about one to two inches away from the surface, the area of scar tissue is "painted" with light at a rate of about 30 seconds per inch. The only cautionary note in this procedure is to be sure that the laser light does not shine directly into the eyes.
As shown below, start by applying the light to the area of the tonsils and uvula, as well as the locations of any other jaw surgeries, particularly those involving the removal of wisdom teeth. Next, do the mastoid process behind each ear near the lobes; then the temporomandibular joint, where the lower jaw pivots just in front of the auditory canal; below this, the parotid gland, occupying the corner of the jaw; and finally the entire jaw line on the posterior side. All of this should be covered at a rate of approximately 30 seconds per inch.

This procedure promotes lymph drainage throughout the head. Also consider the possibility of nosode involvement or dental interference (covered in Course 8). Homeopathic support for drainage could be
important, but if the drop remains unresolved, the benefit of homeopathy will be limited. The lymphatic system must be able to carry toxins away efficiently for proper cleansing to take place. Thus, the need for addressing lymph drainage and blood cleansing simultaneously is almost a matter of course.

Laser light can very possibly release stored toxins suddenly into the body, creating the need for additional detoxification support. Stopping the drop homeopathically is a beneficial precursor to enhancing lymph drainage. However, if only lymph drainage is being addressed and the laser procedure is utilized, it would be advantageous to reduce the reabsorption of released toxins and facilitate their elimination through an adjuvant therapy, such as herbal support. Echinacea, Echinacea/goldenseal, black cohosh or licorice root can all be helpful in this process. An *Echinacea* homaccord can be very useful detoxifier.

**The Healing Crisis, or Homotoxicosis?**

Illness, Reckeweg maintains, is a “biologically goal-oriented, useful process”. Dr. Gerd Hamer would agree. If flies in the face of the fact that we usually have been taught that illness is something that we are trying to get rid of, yet, the process of healing requires some type of symptom to finalize the process.

It illustrates the process of regressive vicariation. It can be stimulated through biological and other natural therapies, emotional release, and especially homeopathy. In this respect, regressive vicariation may be related to the healing crisis, and in some cases can be one in the same. The difference between them is mostly a matter of time versus intensity. Humoral phases, particularly the excretion and reaction phases, are largely symptomatic, being expressed as those annoying conditions we prefer not to deal with: colds, flu, rashes, etc. Cellular phases are mostly asymptomatic, a characteristic that makes them all the more troublesome. Depending on where a person stands in terms of homotoxicosis, he may
experience a sudden shift into a more symptomatic phase; or he may return gradually from the cellular phase, back over the biological zone.

Whether quick or slow, harsh or gentle, the “return of illness” is a welcome sign—at least to the practitioner. The comment, “I was taking the drops and doing real well, and then I caught a cold,” is an indication that the body has made an important crossing of a humoral barrier, from deposition to reaction, or from reaction to excretion. It is also a measure of the body’s capacity for self-healing, and its ability to participate in the process. [From this perspective, the bionetic practitioner often finds that the body is more willing than able, while the mind is more able than willing.] As a rule, the healing process generally does not make “leaps of phase” but crosses barriers sequentially, similar to the layers of the onion. The client needs to know that healing occurs across all barriers, with or without a crisis; only the symptomatic nature of the humoral phases makes the process more palpable.

Old symptoms mean new efforts by the body to finish a job left undone. In the meantime, it can be highly advantageous if the mind supports the corrective measures of the body. Inappropriate reaction to the reaction phase is the first step in the wrong direction. Homotoxicology help put illness into a more tolerable perspective in that it gives illness a scientifically reasonable and beneficial purpose. Utilizing homeopathy on top of that offers true empowerment to the client. So, keep your copy of the “General Rules” from Course 4 handy, and when someone calls to complain that they where feeling great their first several days on homeopathics but now they have a cold, remember that

“The Cold helps those that help themselves.”
Final Notes

Homotoxicology Table

It must be emphasized that the table in its abridged form represents innumerable possibilities and potentialities; vicariation is not linear in either direction. The table is not diagnostic! It is an invaluable tool for placing and tracking the general health of a client, and should be utilized routinely to monitor progress, with emphasis placed on reverse progress. Emphasizing health (the humoral phases) serves both practitioner and client better by focusing on backward projection rather than forward prediction.

Regarding Antibiotics

The impact of antibiotics is well understood in homotoxicology. Their almost ubiquitous presence in modern society is much less understood. It is doubtful that very many people today can claim to be truly free of antibiotics. Health care notwithstanding, anyone who has ever consumed processed meat or dairy products is almost sure to have received a “dose” of antibiotics—not a therapeutic dose, but enough to possibly interfere with homotoxin removal, which only increases the odds that a therapeutic dose will be administered some day as an ironic consequence of the modern American diet.

Besides the homotoxic implications, bionetic practitioners must understand equally well that unless they are licensed physicians, they cannot offer advice or recommendations to clients regarding the taking of any prescription drugs. It is best just to deal with drugs as potential homotoxins, and balance the body accordingly. Undeniably, antibiotics have a significant positive role to play in modern health care. The problems arise when such a drug becomes utilized as a panacea, without regard for the consequences of its side effects on the biological terrain. By addressing the consequences, stopping the drop and
balancing the body for support against potential toxicity, the appropriate use of drugs such as antibiotics can be a win-win situation.

Be It Resolved...

Unresolved toxins that cross the biological section can cause cellular damage that may manifest as a "weak link" in the system. Because of the damage involved, the weakness may become a constitutional condition that is very difficult to deal with. Such weaknesses can pave the way for the immigration of other homotoxins that build an entirely new set of problems on top of the previous issues, still unresolved. And so, complex toxic patterns begin to emerge during the bionetic evaluation.

Several layers of "onion" may envelop a known toxin, only to reveal a previously unknown toxin beneath several layers beneath the known toxin, and so on, ad nauseum (literally). And all the while, the immune system must keep pace with the countless byproducts of better living through chemistry that are inhaled and ingested daily without our noticing. Only by addressing each layer as it presents, stopping the drop on the hottest fire and moving on to the next, will the patterns of toxicity be revealed and resolved, and health restored.

But resolution and restoration take time. Simple as this idea is, it is one of the most difficult to accept in this Information Age. First of all, core issues involving homotoxins are seldom resolved in a single evaluation. The body rarely unloads toxins voluntarily at a rate higher than its capacity to handle them. The proper application of homeopathy stimulates this “voluntary” action, but again at a rate equal to the body’s capacity for detoxification. Usually this is not an overnight process; it allows the body to recover while it is cleansing, and avoids the possibility of “toxic shock” to the system. Secondly, a general rule of thumb is that for every insult or injury being addressed through natural therapy, one month of healing should be allowed for each year the condition has existed. Working from this perspective is
challenging, and the challenge can be staggering, but the bottom line (and take heart that there is a bottom line) is that stopping the drop through homeopathy can be a highly effective tool for turning back the hands of time.

**P.O.V.**
From the practitioner’s point of view, the most important aspect about a client’s condition is where they are right now, relative to where they came from, not where they’re going. On the other hand, the client often has a much better sense of where they’re going than they do of how they got to be here in the first place. The goal of homotoxicology is to return to health via regressive vicariation before toxicity reaches the "point of no return". Prior to that there is a long stretch of diminishing returns where the prognosis is serious but not hopeless. To some degree it is still possible, well into the cellular phases, to restore the enzymatic processes that support the cellular functions that drive the immune system to eliminate homotoxins. Homeopathy is one of the best methods for putting that process into motion, and the body is by far the best guide for getting there. The power of homotoxicology is in empowerment—realizing that the light at the end of the tunnel is behind you. Moving toward the light moves you back through the humoral phases toward health.

Stay on the humoral side. When all is said and done, your best defense just may be your sense of humor.
HOMOTOXICOLGY, PART 2

Sources of Toxicity

Understanding some of the main sources of toxicity, the impact of toxins on the body, and the roles they play in disease processes is very significant to the detoxification and reconciliation of the body’s defense network. The primary sources of toxicity can be grouped into four main categories:

Hereditary

Miasms are genetic predispositions to disease processes. Ancestral diseases of homotoxic origin that affected tissue at a subcellular level may have altered the DNA or RNA coding, leaving open the possibility for passing the weakness on to the next generation, thus predisposing the child to illness and creating the miasm. This becomes a more serious issue today and for future generations, when the effects of antibiotics and other chemical drugs on genetic mutation are considered (Homotoxicology, Chapters 14, 15). Homotoxins added to “weak links” compound the potential of forces of diseases, and must be handled as effectively as possible. Reckeweg postulates that homeopathic miasms and nosodes may operate at this level, stimulating the formation of “special repair enzymes” that act on the aberrant genetic material. While the actual mechanism is unknown, and some issues with genetic involvement have not been resolved homeopathically, miasm therapy has been employed successfully in many instances involving genetic weaknesses. This action is perhaps easiest to observe with allergies. Common allergies are commonly multi-generational. Candida has also shown a tendency to be inherited, among its many other significant characteristics.
Physical

**Metabolic toxins** of everyday life head this list. Anything that the body tries to metabolize into a waste byproduct could be put into this category, but the emphasis is on those endogenous metabolites produced through naturally occurring processes. For instance, over-exertion of muscles causes a series of anaerobic reactions that results in the production of lactic acid, a very common metabolite associated with burning pain. Lactic acid can be recycled rather easily by the liver, but it is a toxin nonetheless. Uric acid is another common waste product; much of it is normally excreted with urine, but if sufficient levels build up in the blood, uric acid can crystallize in the soft tissues, causing gout.

**Free radicals** are highly reactive charged particles that readily bond with other molecules. Many occur naturally, and most are kept in check through normal biochemical processes in the body. Some are even beneficial. However, when free radicals are present in larger numbers than the body can handle, they become toxins, a source of significant damage to cell membranes, proteins, genetic material and immune system function, to name a few. The consequences of free radical damage are usually latent, which makes them all the more dangerous.

**Digestive toxins** are probably the most common, having many possible causes, such as dysbiosis of the bowel, disruption of the bowel flora, gastrointestinal irritations, deficient enzyme action, and improper food combining, and just plain bad food choices, with resulting improper enzyme action. There are many different ways to wreak havoc on the digestive system that can induce acute or chronic bowel toxicity.

**Environmental chemicals** can be insidious toxins in that they may be ingested or inhaled from thousands of sources 24 hours a day. Air, water and food all contain numerous chemicals that we are unaware of for the most part. Research has shown that many of these chemicals, complex to begin with, can combine to form entirely new toxic complexes hundreds of times more toxic that the parent chemicals alone. Food additives, herbicides and pesticides, petrochemical fumes, personal hygiene products—all are sources potential...
Homotoxins. Air pollution can be related to drowsiness while driving, carsickness, even "road rage". Other forms of non-chemical environmental toxins include natural pollutants such as pollens, molds and dust. Animal dander can be significant. Any and all of these can be behind allergy-type sensitivities. They are tested most effectively on the allergy meridian. Note however that due to their pervasive nature, they can act as stressors on any meridian, despite the fact that symptoms often appear to be tissue-specific. Allergies will be covered in detail in Course 7.

**Biological toxins** include viruses, bacteria, fungi and parasites of either endogenous or exogenous forms. Not only can these organisms be considered homotoxins themselves, but they also release waste and defensive products that are toxic in their own right. Microorganisms can be found, literally, on any meridian of the body. As discussed earlier, such microorganisms are pathogenic simply because they exist. Many of them do not fill the role of pathogen until the terrain and the immune system allow them the opportunity. Even viruses can be resisted successfully. However, once they take hold, they can do so tenaciously, often creating or contributing to an energy-draining focal disturbance. Exogenous organisms are most likely to be homotoxic, especially the intestinal parasites.

**Iatrogenic toxins** technically concern the improper use of drugs. By definition, "iatrogenic" means an abnormal condition “induced in a patient by effects of treatment by a physician or surgeon. [The] term implies that such effects could have been avoided by proper and judicious care on the part of the physician." (Taber’s Cyclopedic Medical Dictionary) From the viewpoint of homotoxicology, this definition is rather narrow. Any drug, prescription or over-the-counter, is a potential homotoxin, regardless of its use; therefore, it would be more accurate to label this category **pharmaceutical toxins**.

Not only are chemical drugs foreign to the body, but their half-lives, and potentially the duration of their side effects, can be significantly longer than their clinical effects. Aspirin, for example, can impact the body
for days after consumption. Aspirin is an excellent short-term answer to pain, acting on cell membranes to block the production of inflammatory prostaglandins that cause pain and swelling. Unfortunately, it can shut down all prostaglandin production for the remainder of the cells’ life span, blocking the usefulness of the cell in dealing with other inflammatory situations. So, aspirin—a relatively mild drug—is on the job long after the headache is gone. Other pharmaceutical drugs are much stronger chemically, and can become a source of significant toxicity.

Any medication should be tested on the LI-CMP or SMP, and on the AL-CMP or SMP for biocompatibility. A drop on either of these meridians indicates an intolerance and risk of toxic response somewhere in the body. An important side note to remember from BnP-1 is that when testing make sure that clients are not carrying any medications or supplements in their pockets or on their persons during an evaluation. These substances can "handicap" the base line, especially if they stress the body, and make the balancing process very difficult.

External

Some external sources of toxicity are challenging to test because of they usually impact the body remotely; that is, most of them will have an impact only when a person is within the range of their local environment. This can be problematic for the practitioner, since the effects of external toxicity do not necessarily follow the client to the evaluation. Always keep in mind that a difficult balance may involve transient toxicity, and that testing for this can be mostly a matter of trial and error. Also recall from BEP-1 that the basic test procedure cautions against having sources of external toxicity present during an evaluation. Common (but elusive) sources of external toxicity are:

- **Radiation** sources of all kinds, from X-rays to airplanes (in fact, high-altitude flights are exposed to much higher levels of atmospheric radiation than ground traffic).
• **Electromagnetic** output from major and minor appliances (many times the smaller devices are the bigger offenders), wall sockets and electrical wiring in general, high power lines and underground cables, etc.

• **Geopathic stress** lines, which can produce local aberrations in the flow of the earth’s magnetic energy. These stress lines are largely stationary and have a limited range. This complicates their assessment because the effects may be apparent only while a person is within a stress zone. Geopathic stress has been shown to induce a left-handed spin in the blood.

• **Sensory frequencies** of sound and color. These are a bit more manageable. Very often, rather than being toxic themselves, they trigger a toxic response from having an experiential/emotional association with some kind of trauma, making this form of toxicity easily reproducible and testable during an evaluation.

**Mental/Emotional**

*Every physical illness has some mental or emotional involvement*; which means, basically, that *every physical illness has some mental or emotional involvement*. In short, negative emotions and illness are mutually supportive. Misery loves cancer. It’s that simple, and it’s not new. Hahnemann recognized the significance of this concept in his work. On the other hand, it is easy to ignore or deny. The mental/emotional aspect of illness is a critical piece that must be addressed. Not just at the level of the current attitude, but possibly down to the belief system that brought it forth. The time to address the emotional aspects of an illness—the time for awareness that an emotional piece to the puzzle even exists—is right at the very start. The client should realize that emotional toxicity is no less real than environmental, physical or biological toxicity. Relative and extremely pertinent to this is the popular saying, “If you do what you’ve always done, you'll get what you’ve always gotten.” A person’s belief system has a direct impact on his physical inclination toward illness or wellness. Negative thoughts and emotions--anger, sadness, grief,
jealousy, etc.—are important stress relievers when expressed and dealt with appropriately; but when they become the foundational supports of one’s emotional being, their pervasive influence can end up being expressed as physical illness. Negative habits that stem from negative beliefs can be a source of toxicity as well.

Physical and emotional traumas, such as severe accidents, abusive incidents or relationships, either verbal or physical, can create an emotional trigger that leads to a toxic response in the body. Recognizing that emotional issues are consequential to physical health can be much more challenging than recognizing the issues themselves. Dr. Gerd Hamer, has found that emotions can trigger physical or biological ‘processes’ known as programs, which activate the tissues in a way which stores the emotion. When resolved, the physical manifestation plays out as illness. More of his work can be found on www.learngnm.com.

Relative to this, the desire to take care of others in their suffering carries an inherently great risk for the bionetic practitioner who is not licensed in psychotherapy or counseling, namely that of crossing the thin line that separates educating and balancing the client from practicing medicine without a license.

The practitioner/client relationship should never be misinterpreted as “neighbor-to-neighbor”. When balancing a client with emotional elements such as the flower essences, the evaluation must be informational only and never diagnostic. More often than not, the essences will speak for themselves, and the body will respond. But is the client listening? Sharing this aspect of the mind/body connection may be as far as the practitioner can go. The client must meet the connection half way. Bionetics, homeopathy and homotoxicology all work to guide the client toward self-help and self-healing by balancing the body for stress responses—no more, no less.

Toxin-Related Symptoms
The following list covers a number of common symptoms and conditions that are significant for three reasons: 1) these symptoms are often either not diagnosed, or diagnosed without identifying a cause; 2) they all belong to people who are told to either live with it, or see an emotional counselor, and 3) they can be successfully addressed and eliminated by identifying the toxicity, supporting the body to correct for it or altering the environment to remove it. Clinical evaluations and tests seldom reveal anything conclusive, if anything at all, about these problems. Mainstream medicine may choose not to address them simply because it can't. Emotional counseling may be appropriate in some cases, although there are physiological reasons behind many of these illnesses.

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Fibromyalgia</th>
<th>Joint pain</th>
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<tr>
<td>Apathy</td>
<td>Hair loss</td>
<td>Lack of concentration</td>
</tr>
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<td>Bedwetting</td>
<td>Headaches</td>
<td>Nausea</td>
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<tr>
<td>&quot;Brain fog&quot;</td>
<td>Hormonal imbalances</td>
<td>Rashes</td>
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<tr>
<td>Chronic fatigue</td>
<td>Hyperactivity</td>
<td>Regular infections</td>
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<tr>
<td>Depression</td>
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<td>Drowsiness</td>
<td>Irregular menses</td>
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<td>Edema</td>
<td>Irritability</td>
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Without question, the most important symptoms relative to toxicity are **fatigue** and **lack of mental clarity**. Certainly these and other symptoms—drowsiness, headaches, anxiety, restlessness, and irritability—would describe a large segment of the American public today. It is not uncommon to find focal disturbances or other toxic responses behind these issues. The nature of homotoxicity is such that positive impacts may yet be made on difficult or “incurable” diseases if the possibility of underlying homotoxins is addressed, not from the standpoint of curing the disease, but from the standpoint of balancing the body.
Detox Pathways

Our first line of defense is the lymphatic system, which is basically an extensive filtration system. If the filter is clogged, the efficiency of the entire system can be impaired. Opening the flow and drainage of the lymphatic system is one of the primary concerns of the bionetic evaluation. Also contributing to detoxification are the major organs: liver, lungs, kidneys, digestive tract, and skin. Secondary to these would be the connective tissues. Not actively involved in detoxification, they play a more passive role in storing toxins safely away from the vital organs, waiting for (hopefully) later elimination. The peritoneum, muscles, ligaments and cartilage are all on the receiving end of homotoxins.

Hunting for Toxins

When searching for toxins, keep in mind that symptoms are a better indication of their location than of their identity. For instance, high fatigue, headaches, a real strong need for sleep, loss of concentration, pronounced nausea and connective tissue problems could implicate the lymph system as the site of toxicity.

Recent or increased depression, anger, anxiety and general nervousness, significant memory loss, headaches, brain fog and especially nightmares point to the brain, and relative to that, the emotions. In cases of hypoglycemia, severe insomnia, bad breath, significant skin problems, increased or significant problems with urination (such as changes urine color or odor, or increased frequency or urgency of urination), and significant changes in the color or consistency of the stools, major organs would be suspected--the liver, lungs, kidneys and large intestine.

The Healing Crisis as an Impediment to Detoxification

Releasing those toxins is all part of stopping the drop. In some cases this can be like releasing the bull at a rodeo. A sudden release of toxins into the system, and subsequent elimination of them from the system, can exacerbate symptoms, resulting in the well-known “healing crisis”. From the perspective of...
homotoxicology, this is a very necessary step toward true healing; the perspective of the client may beg to differ. The client should be aware of this process, so that if a healing crisis occurs, the client does not mistake a mild increase of familiar symptoms for side effects, or a dramatic increase in symptoms for a new illness altogether. It is an expression of re-stimulating the body's capacity to release toxins. The experience is seldom enjoyable, but should not be traumatic. “Trauma dramas” do nothing to bolster client compliance. Homeopathy and other therapies should be utilized to support the body in the elimination process and alleviate the harsher responses without stopping the healing altogether.

One consideration is the good probability that the lymph is not open sufficiently. The lymphatic system must be able to handle the load that the drop drops on it. Focal disturbances, scar tissue, and loss of lymph nodes (particularly the tonsils) are some of the blockages that can be overlooked. Another possibility is that the dosage of the remedies is ahead of the client’s readiness to follow through. Simply reducing the dosage of the remedies can be very effective. Also, sarcode support is excellent if the organs of elimination (primarily the liver, lungs, kidneys and intestines) appear too weak to handle the job. Recall from Course 2 that testing a meridian against its organ sarcode can reveal if the organ has strong (3X), moderate (6X), marginal (12X) or insufficient (30X) capacity for detoxification. At 30X and above, organ support and lymph drainage should precede stopping the drop.

Allergies—especially environmental allergies—can also interfere with the process. Detoxification is rather difficult when the body is taking in toxins regularly. Trying to eliminate a toxin from the system that is always present in the environment can turn the body into a constantly flushing filter system that never seems to improve but lives in continuous crisis mode. Air pollution is a good example of this. Single allergens, most notably Candida, can overrun the immune system, causing a tremendous diversion of resources and energy. Systemic-type allergens should be addressed separately; indeed all allergies should
be brought under control, before detoxification proceeds. Dealing with allergies will be discussed at length in Course 7.

Another very significant aspect of the healing crisis that can create a major impediment to detoxifying is the emotional element. The impact of negative emotions is tied tightly to the Chinese model of wellness, as well as to homotoxicology, and the practitioner should not overlook this. Emotions lend themselves easily to the creation and continuation not only of healing crises, but also conditions of acute and chronic illness. Balancing the body can either assist in relieving the associated emotional piece—a genuine bonus—or releasing it, in which case a major emotional artery may be opened, requiring immediate “mental surgery”. A plausible chain of events might look like this:

Emotional block ⇒ Illness ⇒ Immune stimulation ⇒ Detox block ⇒ Healing crisis ⇒ Emotional block ⇒ Progressive vicariation

Emotions support illness. Addressing the emotions often helps resolve illness. But, when illness supports emotions, a significant deterrent to healing takes root that simply defies itself. Repeatedly balancing a person for the same problems with no sign of resolution can be a source of chronic frustration for the practitioner, but should not necessarily be taken as a sign of personal failure. An appropriate question to ask when dealing with unresolved pain is “What would happen if the pain goes away?” The answer is key to uncovering the emotional element. If a person replies, "The pain will be gone," then the toxin related to the pain is probably more physiological than psychological. But if the answer begins with, “Then I'll be able to...,” then the toxicity is more than likely tied to the emotions and the brain. Bonding emotionally to a physical problem is an ironically effective defense mechanism that the bionetic practitioner may not be able to work with, except by suggesting that the client seek professional help. Remember, you don't fix; you balance.
The Healing Path

An increase in certain symptoms, particularly of the excretion phase, can be a good sign that toxins are being filtered and removed properly. For example, an increase in mucous membrane irritation, runny nose, or watery eyes; a worsening in body odor; or a change in the odor, color or elimination of urine or stools can all be signs that a toxin has been properly handled by the body is in the process of being eliminated. On rare occasions, a person may experience vomiting, diarrhea or some other harsh evidence of the body’s corrective measures. These are all natural responses, unpleasantly good signs of something going right.

At some point changes in symptomatology will occur. Allergies, for example, may be sharply reduced or even eliminated. The client may notice an increase in energy or a general sense of well being. They have an increased resistance to cold and flu. They have greater tolerance of the stress and stress factors in their lives. Homeopathically, they may “feel” better on a mental/emotional level, even if their symptoms have not yet subsided. In time, former aggravations don’t even create a response. Tigers go right out the window.

Detoxification is a whole-body process that encourages self-healing, and somewhere along the way, may ultimately lead to Self-healing. However far down the healing path a client chooses to travel, always encourage them to participate in that process. At the same time, encourage them not to assume that homeopathic remedies will do all of the work for them. Homeopathy can be a remarkably effective therapy, but it still only provides the stimulus to an organism to take up its own cause—that cause being optimal health. In wellness, no single answer is the answer. While homeopathic remedies are working to support the body, it would be, simply speaking, foolish not to support the work of the remedies. Many very basic but very important things can be done to facilitate the healing process. Increasing water intake is one of the most vital steps a person can take to help flush out toxins. Exercise stimulates lymph
drainage, blood circulation and oxygenation. Proper nutrition provides the raw materials needed to get the job done right. Bodywork, saunas and dry-brushing can all be very useful in eliminating toxins.

And finally, relaxation and stress reduction both “buy time” for the healing process. Relaxation is just plain good for the soul. Too often we underestimate the value of a nap—of getting out of our own way, and getting in touch with peace of mind. Self-healing demands it. Take the time to get to know your Self. It’s the most intimate relationship you can have.

**Elements of Mental Detoxification**

- Let go of pride
- Be honest with yourself and others
- Never suppress emotions or feelings
- Express emotions constructively
- Neutralize negative thoughts
- Look at things from another perspective
- Have faith, hope and patience
- Forgive yourself and others
- Invite your problems to leave
- Avoid negative people
- Meditate or pray
- Exercise!
- Develop and nurture a pure, perfect love
Additional Reading:


The Theory of Homotoxicology

Homotoxicology may be defined as a continuation of Hahnemannian theory and practice in the light of advances in the past few decades in scientific knowledge of pathology, physiology, toxicology, evolution, biology, etc. The underlying concept is that all manifestations of life depend on the conversion of chemical compounds: no compound can disappear, but it converts according to well-defined chemical laws. In every organism is a flow-system attempting to maintain the equilibrium of the flow. Substances (toxins) which tend to damage the organism will disturb the flow. The organism attempts to defend itself against this threat, and this battle between the normal biological flow and the toxins manifests as disease. Thus, this principle allows a new concept of disease: Diseases are expressions of the battle of the organism against toxins, in its attempt to counteract and expel them. In this battle the organism may win or lose; however, disease is its inevitable manifestation. When it cannot expel the toxins, the organism tries through increased pathological means to make up for the damage already sustained. The organism's defenses are in distinct phases, which can be utilized according to its organic condition and the nature of the external attack:

- **Excretion Phase** - expulsion of toxins through the physiological orifices;
- **Reaction Phase** - removal by pathological means, usually inflammation;
- **Deposition Phase** - storage followed by deactivation of the toxins in connective and adipose tissue and in the vascular system.

The excretion principle applies to all three phases, and in each of these phases the homeopathic remedy can lead to true recovery, because the biochemical mechanisms of the cell are not damaged.
When the organism is attacked by a particularly strong "noxa" (morbific agent) true biochemical damage can occur in the cell, accompanied by alteration of the normal defensive mechanism. This is expressed in a further series of phases:

- **Impregnation Phase** - severe disease occurs in a "locus minoris resistentiae" (sites of least resistance);
- **Degeneration Phase** - the organ is increasingly and irreversibly damaged, with alteration of the cellular enzymes and in the organic structure;
- **Neoplasm Phase** - the cell genes are damaged.

These last three phases represent a largely ineffective attempt to counteract and eliminate the disease. The **condensation principle** applies to these phases, and is expressed by the organic deterioration and by the failure of cells and tissues to heal. The patient's medical history can be interpreted according to this classification. The importance of biopathography in placing the patient in his right medical context is clear.

There is an organic hierarchy connected with the relevance of the different tissues. Suppressive therapies act in exactly the opposite direction to that of the natural flow, aiming through the disease to detoxify the organism. These therapies cause hyperintoxication of biologically very important organs, or can precipitate the transition of the disease into a more advanced phase: **Progressive vicariation**.

In contrast, a homeopathic remedy, being "similar to the disease", stimulates the defensive mechanisms, often giving rise to an aggravation, which is the only natural way to recovery. With chronic disease the aggravation manifests as a recurrence of old symptoms, which only represent a more benign and easily curable phase: **Regressive vicariation**.
Often the disease is such that the appropriate homeopathic remedy, given in the traditional way, is not effective, as if there were a kind of block. This means that the disease has reached a phase in which to some extent there is damage to the biochemical systems of the cell. In this case it is necessary to reassess the individual's biopathography. In the light of our knowledge of Hahnemann's "Chronic Diseases" it is possible to go back to the different phases of progression of the disease. At this stage the “Table of Homotoxicosis” can be a useful guideline in improving one's understanding of the different pathological transitions. It can help in the evaluation of a specific nosode, of particular enzymatic substances, or of dosage modification of the appropriate homeopathic remedy.

According to homotoxicology the toxins may be:

1. **Exogenous toxins** such as air pollution, chemicals in food (lead, mercury, arsenic, insecticides, etc.), the toxicity of which is dose-related.

2. **Toxins produced during the cell metabolism**, which cannot be expelled because of enzymatic damage.

3. **Allopathic drugs**.

4. **Toxins from pork** ("sutoxins") which, being closely related to human flesh, are difficult to metabolize and therefore viruses and toxins contained in the pork are easily ingested.

**The Detoxifying Transformation of Homotoxins into Homotoxones**

Crucial to the concept of homotoxicology is the idea that all expressions of life of physiological and pathological nature are dependent on the conversion of chemically describable agents. Precisely these active, and often familiar, chemical constituents - which in the case of disease are identical to pathological toxins - are of special significance.
By means of his research into homotoxins, Reckeweg determined that pathological products of this type, whose presence can be chemically detected in pathological excretions, are previously active in the diseased tissue and that they are responsible for the processes we call "diseases". Diseases are reaction sequences, conditioned by active constituents, in whom pathological products cause inflammation, for example, and are subsequently rendered harmless in the course of the infection or passed on for excretion.

"Homotoxone coupling" refers primarily to the synthesis of a third non-toxic body, called a homotoxone, from two homotoxins in the organism. An example of homotoxone coupling of this type is represented by the successful detoxication of the sulfuric acid created in the intermediary metabolism of the liver; another is the detoxifying transformation of phenol into the so-called ester sulfuric acids, i.e., phenol sulfuric acid. Homotoxones can also form in the body from a toxic metabolic product such as ammonia and a nontoxic metabolic product such as carbon dioxide. Ammonia and carbon dioxide combine in the liver to form non-toxic urea, which is then excreted through the kidneys.
Homotoxone coupling signifies a detoxication reaction in the human metabolism often used by the human body for the spontaneous healing of diseases. It can, however, also be intentionally stimulated and promoted by the doctor.

An important toxic defense reaction along the lines of homotoxone formation was described by Reckeweg in his model of inflammation.

The liver is the site of the detoxication not only of numerous intermediary metabolic products such as sulfuric acid, phenol, histamines, toxic drugs, etc., but also of almost all toxic materials taken in with food. Among the toxic substances taken in with food, the sutoxins are regarded by Reckeweg as among the most potent. "Sutoxins" are the toxic substances contained in pork. Reckeweg divides them into the following seven groups:

1. Cholesterol  
2. Histamine and imidazole bodies in excess  
3. Growth hormone  
4. Highly sulfuric, mesenchymal mucous substances  
5. Sutoxic fatty acids  
6. Oncogenic agent according to Nieper  
7. Influenza virus

Gall and skin diseases repeatedly show the homotoxic character of pork. These pork toxins, the sutoxins, may well be proteido-lipid-cenapses, that is, linkages of protein and fat.
Homotoxins provide the basis for a number of infectious diseases, in that the bacteria in the organism overloaded with homotoxins find a suitable opportunity for development and may serve as the triggers of a focal infection. This tendency toward inflammation and suppuration has been observed among eaters of pork, especially after their consumption of the meat. Increased occurrence of appendicitis, cholangitis, furuncles, phlegmons, acne vulgaris, impetigo, pyodermia, etc., is observed as a result.

**Basic Physiological Defense Systems**

- **Reticulo-endothelial system**, which is responsible for the synthesis of antibodies and the storage of macrophages than contain the homotoxins.

The reticulo-endothelial system, including antibody formation and storage function, has its focus in Kupffer's cells. Specific antibodies are formed against toxic factors, in particular against homotoxins. The antigen-antibody reaction then takes place in the connective tissue (see the fifth defense system). It results in infections that, however, are noticeable only to a very small degree. Because roughly 70% of the antigen-antibody reactions are unnoticeable, Reckeweg speaks of the so-called *iceberg phenomenon*. The antigen, here corresponding to the homotoxin, and the gamma-globulin antibody opposing it, combine to form a new, non-toxic body, the homotoxone.

- **Hypophyseal-adrenal mechanism** (cortex of the suprarenal glands); this activates the inflammatory response through hormonal secretion (corticosteroids, STH, cortisol and L) which causes tissue absorption and activation of cells and connective tissue.

The adenhypophyseal/suprarenal cortex mechanism also represents an important factor in humoral detoxication along the lines of Selye's mechanism for adaptation to noxae or homotoxins. The arrival of
humorally soluble homotoxins at the anterior pituitary lobe releases trophic hormones (hormones used for the control of bodily functions); the adenohypophyseal/suprarenal cortex mechanism can also be influenced, in the form of mobilization of the autonomic nervous system, by intermediary factors working from some other source. The intensified functioning of the glandular and nervous systems aids the struggle against toxins. The mechanism works by activating connective tissue functions.

• **Neural reflexes** - Inflammation is stimulated by neural reflexes because the toxins, reacting with connective nervous receptors, cause an irritation syndrome proportional to the quantity of toxin. This effect takes place by means of chemical substances such as noradrenaline and acetylcholine.

The neural defense against toxins works through nerve reflexes as described by Reilly, Ricker-Speransky, Huneke, and others. This response is also activated in connective tissue by means of the familiar nerve stimulation carrier substances such as noradrenaline, acetylcholine, and others. Here the Arndt-Schulz reversal effect manifests itself in accordance with a curative principle of biological medicine. According to the basic rule of thumb, destructive large doses should be avoided, and enzymes should not be blocked; instead, medium and small doses of medication should be used to reconstitute, rehabilitate, and regenerate enzyme functions.

The development of infection can lead via nerve reflexes, and with increasing sympatheticotonia, to acidic reaction and dissolution of the mesenchymal ground substance, with release of the homotoxins deposited there. Stasis sets in at the culmination point in accordance with the principle of the sequence of spatial stratification as described by Ricker. From here the entire reaction mechanism runs once more in reverse; syntheses occur, sympatheticotonia is broken down, and parasympatheticotonia begins to gain ground. The acidic reaction disappears at an increasing rate until, after complete reparation, finally giving way to the usual interrelational balance of bases and acids.
Inflammation is therefore a response to toxic effects - thus demonstrating the biological expediency of the toxic defense reaction embodied by the inflammatory process. Since there do exist toxic situations or toxic effects of sufficient severity that necrotizing and gangrenous infections may result, in such cases the therapist must consider carefully whether bacteria for maintenance of the organism should be eliminated (if only temporarily) in order to alleviate the homotoxin situation under the protection of antibiotics.

The first, second, and third defense systems thus also have roles to play in the problematic issue of inflammation, just as the system of homotoxicology emphasizes inflammation as the key to the pathological occurrences of non-inflammatory diseases as well.
• **Detoxification by the liver**, through coupling of toxins.

Liver detoxification is characterized primarily by the coupling of homotoxones. Two toxic factors (homotoxins) are combined by the detoxifying liver enzymes into a third non-toxic body, the homotoxone. In some cases, however, it is also sufficient to couple a toxic homotoxin (such as ammonia) to a non-toxic metabolic product (such as carbon dioxide) to form a non-toxic homotoxone (such as urea).

• **Detoxification by connective tissue** - storage of homotoxins; the site of antigen-antibody reaction; the site of inflammation and storage of leukocytes.

The connective tissue comprises an extensive drainage system that takes up the waste products given off by cells and then sends them away through the lymph tracts or places them in temporary storage. The same applies to the lipoids, amino acids, etc., resorbed from the intestines; in this case the fats are taken away through the lymph tracts, the proteins mainly through the capillaries.

In addition to its control by the nervous system, connective tissue function is regulated by hormones in the typical way. Here acidic and alkaline reactions running in constant rhythmic alternation play a decisive role. The connective tissue function is controlled hormonally by the hormones of the anterior pituitary lobe and the adrenal cortex through the acid-base metabolism in the following fashion: acidification of the connective tissue begins around 3:00 A.M., changing to alkalosis around 3:00 P.M. Each time mobilization of the autonomic nervous system takes place.

The hyaluronidase enzyme, which dissolves the connective tissue ground substance, is given off in large amounts by pathogenic bacteria. The bacteria thus enable it to render the homotoxic factors deposited
in the interstitial connective tissue vulnerable to enzyme action. It then passes them, through
inflammation, to a combustion process, i.e., to a chemical conversion into non-toxic excretory factors in
accordance with homotoxone coupling. During inflammatory processes, the acidic reaction of the
connective tissue is preserved, in contrast to the physiological behavior during the entire course of the
inflammation. Essentially the same chemical processes take place during inflammation as during the
physiological connective-tissue reaction, albeit in considerably intensified form. Inflammation is the
mesenchymal reaction phase. Inflammation, in short, is a biologically expedient defense against toxins,
which serves to purify the connective tissue of homotoxic factors (viruses, histamines, intermediate
metabolic products, sutoxins, allergenic proteins, etc.). Inflammation can attack only on homotoxic
terrain, for example after damage to tissues or when the connective tissue has gradually become
saturated with toxins. As has already been mentioned, the connective tissue serves as a large storage
area in which all toxic substances are deposited without initially causing damage; they are simply
removed from circulation, as it were.

The main factors in inflammation are the homotoxins, not the bacteria. Inflammation is an advantageous
biological process against homotoxins, constituting an attempt at their removal in the form of pus,
mucous, etc. When this is achieved, bacteria disappear.
Non-biological treatment of inflammation, which simply removes inconvenient symptoms, can be very dangerous. The symptoms of the illness are only guidelines to the use of specific antitoxic remedies, which stimulate the defensive response and help in the removal of the cause of the disease - the homotoxins. High fever is not a negative finding. It stimulates all the detoxification mechanisms, although it can be a sign of an excess of homotoxins or of a very strong homotoxin. In this situation further antitoxic biotherapy is indicated. When the natural evolution of inflammation is stopped, for example with allopathic chemotherapeutics, a retoxicification will occur. The molecules of the bacterial toxins and those of the chemical substances used couple and become "wild peptides" which, because of their aberrant structure, become allergens. In an attempt to eliminate them, an allergic reaction will take place: formation of antibodies and autoimmune diseases. Because the symptoms of primary inflammation disappear, the patient appears recovered, but actually he has shifted from the reaction phase to the impregnation phase and if there are other recurrences a further shift to the degeneration phase will take place. A result of the wild peptide-antibody reaction can be an inflammation response, which dissolves them and brings recovery, provided that this process is not inhibited by allopathy. New findings indicate that it is not only the collagen and other traditional diseases that should be considered as having an autoimmune etiology, but also joint lesions, both arthritic and arthrotic, eosinophilic lung infiltration and subsequent TB caseation.

Chemotherapy can interfere with the trace elements (iron, with subsequent anemia; zinc, with subsequent diabetes). Chemotherapy also causes a block of important intermediate metabolic stages, like Krebs' cycle in the liver. When allopathic chemical substances cause a sudden change in the tissue pH towards alkaline, a blocking of inflammation and an acetaldehyde-histamine compound (DHEFF) are found remaining in the tissue. When at 3:00 a.m., the natural mechanism restores the tissue acidity, more histamine is released, bringing back pain and other symptoms; eczemas, boils, urticaria, asthma,
ulcers, etc. return and another dose of the suppressive drug is needed. Many antibiotics damage the DNA, giving rise to mutations that cause the synthesis of altered proteins.

Homeopathy uses nosodes and cellular enzymes, according to the Law of Similars and the reversibility of effects (Arndt-Schulz Law). Homeopathic remedies stimulate the histories damaged by chemotherapy.

Every suppression of the natural process of inflammation damages organs and tissues. Manifestations include: latent diabetes, hypothalamic damage, insomnia, disturbances of the mind, personality changes, and autonomic nervous dystonia. In the cellular phases replacement therapy with hormones and other deficient substances is needed. Catalysts of the Krebs cycle, quinones, nosodes, etc., can also be useful.

Disease should never be allowed to go beyond the Biological Division. Sometimes suppression of a minor illness damages the loci minoris resistantiae and causes irreversible damage to the cells. The cellular phases should be cured by stimulating the enzymes of the Krebs cycle with nosodes. Biological remedies can have unintentional effects: for example, detoxification through natural orifices can result in diarrhea, rashes, etc. By use of this therapy, however, even cancer can often subside. Cancer is the ultimate and most condensed phase of homotoxicosis: no progressive vicariation is possible, only death. Recovery is possible through regressive vicariation, e.g. into the reaction phase.
Literature searches reveal at least 140 cases of cancer subsiding as a result of acute disease, e.g. erysipelas, and it has been proved that some bacteria cause dissolution of cancerous tissue. The problem is complex because cancer, an enormous concentration of homotoxins, during its dissolution can release such quantities of them as to cause death. On the other hand, development of fistulas can be advantageous. Suppression of ulceration of cancer causes a metastatic retoxification.

The “Compensation phase” is a biologically non-dangerous phase, occurring simultaneously with a dangerous one. The homotoxins that provoke the malignant phase are released continually throughout the favorable phase. Usually the compensation phase is a reaction one (fistula, eczema, etc.). A homotoxic case analysis may discover many compensation phases. Many cases of hypertension represent the compensation phase of a neoplasm phase, due to complex hormonal reactions involving renin, serotonin and adrenaline. It is very important to understand that the compensation phase is the safety-valve of the organism.

**Observations on Cancer**

The Neoplasm phase is the ultimate phase of the organism's defense, and is an attempt to minimize damage that has become irreversible in a given tissue, since the DNA of the cell has been attacked. In cancerous tissue there is damage to mitochondrial respiration, to genetic information and subsequently to protein synthesis.

These effects in the cell are often due to allopathic drugs. For instance, salicylates block the synthesis of TRP and the formation of interstitial mucopolysaccharides; therefore they damage the cell energy-sources and the substances which normally permit inflammatory responses.
Antibiotics have a direct effect on the synthesis of proteins, through blockage and damage of DNA. The damage of DNA causes the synthesis of altered proteins and enzymes and this can be the first cause of carcinogenesis, the beginning of which is always in the cell. Later the cancer can affect the whole organism, but this depends on the organism's defenses and on the number of cancerous cells. According to modern theories, the cancerous cell is an aberrant cell in which the normal control of the mature cell is lost.

In 1931 a relationship between the autonomic nervous system and cancer had already been postulated: during post-mortem examination of people who had died of cancer, morphological and histological changes came to light in the pallidus-striatus nucleus. The pallidus-striatus nucleus is one of the nuclei of the telencephalon. Behind it lies the pineal gland, which is thought to inhibit the body's growth; in front of it lies the pituitary, which, through growth hormone, favors it.

The hypothalamus is the site of "conscience" and in general of the autonomic control (temperature, sleep, water- and substance-replacement). Alterations in this area of the brain must be taken as signs of a cancerous state of the autonomic system, giving rise to autonomic imbalance in the organism. In cancer, therefore, there is not only genetic damage to the cell, but also damage to the diencephalon, which controls all cells in the body with the exception, of course, of neoplastic cells. Therefore a pre-cancerous phase represents not only chemical damage to the cell but also incorrect mental control over the tissue. The trigger can be, as previously discussed, the inhibition of the defensive response of the tissue. No definitive evidence has been found in man of antibodies against tumors, especially in the early stage. In fact the superficial antigens of the cancer cell are hidden. Furthermore, the few proteins made by tumor-cells are very similar to embryonic ones and are therefore not recognized as foreign by lymphocytes, as long as necrosis does not occur in the tumor mass. The secret antigen, i.e. the cancer, is a potent toxin and damages the defense mechanism; in particular it causes atrophy and degeneration of
the cortex of the suprarenal gland. Similarly metastases are nothing more than an autograft, strictly related to the general defense abilities of the organism and the local defense abilities of the tissue from which the tumor spreads. Immune suppression favors metastasis; some antibiotic therapy favors the growth of metastatic deposits.

The Meaning of the Table of Homotoxicosis and its New Uses

The table of homotoxicosis is an extensive classification of human diseases related to the embryonic layer from which the affected tissue originates and to the reactivity of the organism at that particular clinical point. Therefore the particular disease ceases to be static and becomes a dynamic definition of the present situation of the organism with the indication of the tissue specifically affected.

The employment in practice of the table of homotoxicosis can be very useful. If the doctor relates to it all the past diseases of the patient, the result will be a neat description of his/her biopathography. It will be possible to appreciate the progression of the different diseases, the possible effect of harmful therapies and all this information will provide further help in the homeopathic strategy of the therapy.

Besides making the prognosis clear, it will be possible to use a plain scheme showing the possibility of aggravation in the course of the homeopathic therapy, and its meaning will be better understood in the light of Hering's law. By means of the table of homotoxicosis, Hering's law is applied in a more convenient and clearer way using more intelligible medical terms. Recovery must progress from the inside outwards, from the more important to the less important organ, and this tendency may be easily understood with reference to the original embryonic organs and layers. Symptoms regress in reverse order to that of their onset and this also may be appreciated by means of accurate classification of the patient's clinical progress.
Every disease is the consequence of the contact between an exogenous or endogenous pathogenetic "noxa" and the vital energy of the patient, which causes the different mode of reaction and the damage of special tissues, depending on the general miasmatic-immunological situation. Every homeopathic remedy represents a particular patient and within its pathogenesis includes a number of possible diseases that correspond to all the possible types of pathological progress of the patient. Therefore in the table of homotoxicosis, just as the patient's biopathography has been inserted relating it to the different reaction phases, so there may be inserted the different pathological manifestations related to a specific remedy, which remedy is therefore classified dynamically according to its progression and therapeutic possibilities.

The homeopathic remedy may be prescribed according to several principles: the totality of symptoms, the "keynote", the repertorisation of findings, the basic miasms, the etiology, etc. The expert homeopath will prescribe the remedy using any of these principles. In some instances I consider that the remedy may be prescribed according to the past medical history, the type of reactivity of the organism, the embryological origin of the tissues affect in the previous illnesses. For every homeopathic remedy it is possible to define, with reference to the traditional literature from Hering and Clarke up to the present day, typical clinical features that have been cured by means of the remedy. If such features are related to the table of homotoxicosis, we shall have for every remedy a clinical classification which, compared with the similar classification of the patient's biopathography, will be of great therapeutic advantage. It is evident, from the above-mentioned characteristics of the table of homotoxicosis that these classifications are more than a mere list of diseases, because they convey the idea of pathological dynamism both of the individual and of the remedy. The homeopathic remedy may be prescribed in the traditional way, by means of identifying the patient's disease among those listed in the clinical Materia Medicas, but also by means of comparing the features of the patient's
biopathography with the features of the different homeopathic remedies representing the dynamic possibilities of that remedy in terms of clinical effect.

References

