

Phases of Homotoxicosis as Described by Reckweg

COMPILED FROM HANS-HEINRICH RECKEWEG

BIOLOGICAL MEDICINE

The German physician Hans-Heinrich Reckweg re-developed the ancient Chinese concept that illnesses are processes that have logical progression and illicit symptoms and regulatory reactions in the body. According to Reckweg, illnesses are agent-determined reactive processes in which homotoxins can cause the body to react with inflammation. If inflammation is suppressed deposition occurs, which if not corrected, will lead to cellular toxicity and result in degeneration and potential neoplasms. Dr. Reckweg expanded homotoxicology into a medical theory with many innovative aspects. He elaborated a 6-phase Table of Homotoxicosis, by which physicians can trace a patient's medical history and locate the present medical complaint. He described "vicariation" of illnesses (i.e., improvement and deterioration) and codified a Great Defense System of five parts. A key principle of homotoxicology is the definition of diseases: "...expressions of the battle of the organism against toxins, in its attempt to counteract and expel them." His treatise on Homotoxicology was published in 1955.

Reckweg describes the body's reaction against homotoxins in six mechanistic defense phases. These phases are arranged in two categories: Humoral and Cellular and are divided from each other by what is referred to as the Biological Division. The process in a disease progression is called progressive vicariation, whereas, the process in a positive or healing direction is named regressive vicariation. The following describes each phase and appropriate therapeutic strategies for regressive vicariation.

#1 Excretion Phase

In the Excretion Phase numerous bodily detoxification mechanisms are operating normally, since they have not been repressed by any endogenous or exogenous homotoxins. In this phase toxins do not interfere with the epithelial cells of the mucus membranes but are inglobated and eliminated with the physiological secretions themselves.

Expulsion of toxins occurs normally through the physiological orifices. Acute vomiting or diarrhea usually only requires fluid & electrolyte replacement.

Homotoxicological Strategy of the Excretion Phase:

1. Homeopathic constitutional therapy (single remedies, basic nosodes)
2. Avoidance or reduction of the specific antibody stimulation
3. Improvement in diet through reduction of dietary antigenic load
4. Continued exposure to homotoxins should be stopped or reduced if possible

#2 Reaction Phase

In the Reaction Phase the body expels the toxins that have entered it by, usually by fever, diarrhea, and inflammation.

In this phase the defense mechanisms are active which may lead to annoying symptoms. Symptoms become valuable signs that the organism is attempting to regulate towards recovery. It is rarely necessary or useful to suppress fevers and acute inflammations with allopathic drugs, such as the NSAIDS or anti-febrile medications. The use of anti-pyretic, anti-tussive, anti-diarrhea, anti-etc. drugs can lead to progressive vicariation and into a more advanced phase.

Homotoxicological Strategy of the Reaction Phase:

1. Drainage activation of specific organs and mesenchyme – kidney, liver, skin, intestinal mucous membranes - (specific tested organ and tissue drainage remedies; phytotherapy detoxification agents, colon hydrotherapy; far infrared sauna therapy; juice fasting; orthomolecular detoxification)
2. Modulation of the organic activity to avoid excessive and negative controllable phenomena (acupuncture)
3. Reduction of reactive oxidative species through antioxidant therapy
4. Removal or avoidance of pharmacological toxins that suppress important regulatory mechanisms
5. Improvement in diet: adequate hydration and reduction of dietary antigenic load

#3 Deposition Phase

In the Deposition Phase, the body's defense processes cannot manage to completely expel the toxins, which then are deposited into the connective tissue (mesenchyme), adipose tissue and throughout the vascular system. Cellular metabolic functions need stimulation for recovery and help in the release and gradual expulsion of toxin deposits.

Homotoxicological Strategy of the Deposition Phase:

1. Activation of the general organic defenses to elicit an efficacious reactive phase (specific tested bacterial and fungal phase isopathics, thymic proteins, specific tested nosodes; herbal immune tonics; ganglion neural therapy; acupuncture)
2. Drainage activation of specific organs and mesenchyme – kidney, liver, skin, intestinal mucous membranes - (specific tested organ and tissue drainage remedies; colon hydrotherapy; far infrared sauna therapy; juice fasting; orthomolecular detoxification)
3. Reduction of reactive oxidative species through antioxidant therapy
4. Removal or avoidance of pharmacological toxins that suppress important regulatory mechanisms
5. Improvement in diet: adequate hydration and reduction of dietary antigenic load

Generally, within the first three humoral phases the appropriate therapy can lead to true recovery, because the biochemical mechanisms of the cell are still not damaged. However, from this phase to the Impregnation Phase the organism does not have an efficient biological defense and withdraws energy away from detoxification to conserve energy for the vital organs.

#4 Impregnation Phase

In this phase across the “biological division” or from the humoral phases into the cellular phases, initial penetration of cells by toxins occurs. These toxins interfere with enzymatic functions of the cell, and damage all-important cellular membranes.

In the Impregnation Phase a “*loco minoris restituentiae*” exist. That being, there is usually a serious inflammatory illness (chronic inflammation) existing in “biologically less important tissue” (connective tissue) that leaves damaging after-effects. Toxins collect around organ parenchyma. The tissue then reacts to the toxins with inflammation and attempts to isolate them in the fibers of the connective tissue. This ultimately results in damage to the organ itself.

If the accumulation of toxins progresses and no detoxification phase is put into action, the connective tissue reaction and accumulation of toxins accelerates till it degenerates the organ structures. Allopathic strategy of passively waiting or the administration of NSAIDS and cortisone, that suppresses the reaction to toxins, often fails. This type of “anti” therapy usually suppresses regulatory detoxification, may alter the permeability of the protective bowel barrier causing more antigenic load, and ultimately only move toxins around.

Homotoxicological Strategy of the Impregnation Phase:

1. Support cellular processes - oxidative cellular energy mechanisms (enzyme therapy, homeopathic catalyst of the citric acid cycle, Co enzyme Q10, vitamin C; and cellular detoxification and phytotherapeutic substances).
2. Drainage activation of specific organs and mesenchyme – kidney, liver, skin, intestinal mucous membranes - together with cellular detoxification (specific tested organ and tissue drainage remedies; colon hydrotherapy; far infrared sauna therapy; juice fasting; orthomolecular detoxification)
3. Reduction of reactive oxidative species through antioxidant therapy
4. Activation of the general organic defenses to elicit an efficacious reactive phase (specific tested bacterial and fungal phase isopathics, thymic proteins, specific tested nosodes, ozone therapy; ganglion neural therapy; acupuncture)
5. Increase membrane potential (ionic minerals: magnesium, potassium, calcium; essential fatty acids; enzyme therapy; DC ionic footbath) – this must be done together with mesenchyme and organ detoxification. Increasing membrane potential without detoxification will further intoxicate cells!
6. Removal or avoidance of pharmacological toxins that suppress important biological regulatory mechanisms
7. Improvement in diet: adequate hydration and reduction of dietary antigenic load

#5 Degeneration Phase

In this phase both organ structure and function is increasingly and irreversibly being damaged. There is a continued degenerative alteration of cellular membranes, enzymes and genetic and organic structures of the cells. Toxin accumulation continues which adds to the chronic inflammatory response. Toxins impregnate at a glandular level and especially thalamic level causing hormonal imbalances and reduced

immunomodulating ability. Eventually the inflammatory defenses and cellular defenses are suppressed causing a proliferation of anomalous cells of several organs and tissues.

Improvement is possible, but full restoration & recovery of the organ function may no longer be possible, even with biologically orientated approaches such as anti-homotoxic and regenerative therapy. Through the support of cell functions, therapy is aimed at healing defects and improving regulation.

Homotoxicological Strategy of the Degenerative Phase:

1. Support cellular processes - oxidative cellular energy mechanisms (enzyme therapy, homeopathic catalyst of the citric acid cycle, Co enzyme Q10, vitamin C; and cellular detoxification remedies and phytotherapeutic substances).
2. Activation of the general organic defenses to elicit an efficacious reactive phase (specific tested bacterial and fungal phase isopathics, thymic proteins, specific tested nosodes, ozone therapy; ganglion neural therapy; acupuncture)
3. Reduction of reactive oxidative species through antioxidant therapy
4. Drainage activation of specific organs and mesenchyme – kidney, liver, skin, intestinal mucous membranes - together with cellular detoxification (specific tested organ and tissue drainage remedies; colon hydrotherapy; far infrared sauna therapy; juice fasting; orthomolecular detoxification)
5. Increase membrane potential (ionic minerals: magnesium, potassium, calcium; essential fatty acids; enzyme therapy; DC ionic footbath) – this must be done together with mesenchyme and organ detoxification. Increasing membrane potential without detoxification will further intoxicate cells!
6. Avoidance or removal of pharmacological toxins that suppress important biological regulatory mechanisms
7. Support regeneration of tissues and organs with orthomolecular elements (vitamins; minerals; amino acids; essential fatty acids)
8. Restore genetic material with regenerative therapy (Einzel-Regeneresen; vit Organ; Suis-Organ Preparations of HEEL)
9. Improvement in diet: adequate hydration and reduction of dietary antigenic load

#6 Neoplasm Phase

Within the neoplastic phase genetic material and cellular respiratory mechanisms are severely damaged. Oxidative free radicals foster further organ dysfunction and tissue degeneration.

Cellular processes no longer oxidative become fermentative causing aberrant cellular growth and alteration of the cellular genetic set. Aberrant cells are released into the general circulation.

Generally the organism has severely reduced its energy reserves and hence, its reactive regulatory abilities.

This phase is the final consequence of the organism's failure to control the accumulation of exogenous toxins.

Sometimes the neoplasms follow a period of relative wellbeing and may come as a surprise to the individual. Generally, anti-homotoxic therapy, though its promotion of regressive vicariation, provides cancer patients with their best opportunity of restoring health.

Homotoxicological Strategy of the Neoplastic Phase:

1. Removal of chronic inflammatory foci
2. Specific anti-neoplastic nosode stimulus (vaccine therapy)
3. Opposition to cells proliferation tendency (Viscum, enzyme therapy, anti-angiogenesis therapy; hyperthermia)
4. Support cellular processes - oxidative cellular energy mechanisms (enzyme therapy, homeopathic catalyst of the citric acid cycle, Co enzyme Q10, vitamin C; and cellular detoxification and phytotherapeutic substances).
5. Activation of the general organic defenses to elicit an efficacious reactive phase (specific tested bacterial and fungal phase isopathics, thymic proteins, specific tested nosodes, ozone therapy; ganglion neural therapy, acupuncture)
6. Reduction of reactive oxidative species through antioxidant therapy
7. Drainage activation of specific organs and mesenchyme – kidney, liver, skin, intestinal mucous membranes - together with and cellular detoxification (specific tested organ and tissue drainage remedies; colon hydrotherapy; far infrared sauna therapy; juice fasting; orthomolecular detoxification)
8. Improvement in diet: adequate hydration and reduction of dietary antigenic load

In homotoxicology, diseases are the expression of biologically purposeful defensive mechanisms against endogenous and exogenous homotoxins, or the expression of the organism's effort to compensate for toxic damage it has sustained. The six-phase table is a field matrix reflecting medical experience based on careful observation and empirical learning. It is a phase-by-phase arrangement of disorders with no direct relationship between them. No causal pathogenetic link between disorders can be inferred. The structure of the table makes it suitable for developing a prediction system giving a better assessment of the possibilities for a vicariation effect.

Source: www.biologcalmedicine.info/links_cat.jsp

This article and all other information on our website is presented for educational purposes only. It is not intended as a substitute for the diagnosis, treatment, or advice of a qualified, licensed medical professional. The facts presented in this article or on the website are offered as information only, not medical advice, and in no way should anyone infer that we are practicing medicine. Seek the advice of a medical professional for proper application of this material to any specific situation. No statement in this article or on the website has been evaluated by the United States Food and Drug Administration or any other regulatory authority unless otherwise stated. Any product mentioned or described on this website or within this article is not intended to diagnose, treat, cure, or prevent any disease. We recommend that you do your own independent research before purchasing anything.

Designed for Thriving is intentionally a Private Membership Association (PMA). Our trained professionals are not doctors, and we do not diagnose or prescribe. We work with the innate intelligence and design of the body, to identify and provide access to the resources and resonance that your body needs to heal itself whenever possible. We believe there is a time and a place for all methods of medicine. As a member of our private association, your constitutional right to health care freedom and privacy is preserved while we are able to provide you safe and effective products and services with fewer restrictions. Our work is based on bioenergetic optimization. We use sustainable, integrative, intelligent and effective methods including conscious choices to really serve you and improve your life. The information obtained during Designed for Thriving (PMA) seminars, lectures, talks, demonstrations, energy work sessions, complimentary consults, email or verbal conversation, and any of the supporting information provided by Designed for Thriving as to its services and benefits to its private members, is for educational purposes only. Although we have extensive training and clinical research regarding the principles of Combination Homeopathy, Quantum Nutrition, Botanical Medicine, Ionic Therapies, Quantum Biofeedback (QBF), Health Kinesiology (HK), Massage Therapy, CranioSacral Therapy, Quantum Reflex Analysis (QRA), Morphogenic Field Technique (MFT), RadioKinesis, BioEnergetic Medicine, Neuro Cranial Integration (NCi), Colon Hydrotherapy, and Strategic Intervention Coaching, our trustees, officers and supporting staff of Designed for Thriving, are not licensed healthcare or medical providers. Information provided by members of Designed for Thriving should not be considered a substitute for the advice of or diagnosis by a licensed healthcare or medical practitioner in handling your medical needs.

Phases of Homotoxicosis

TISSUES <i>"Germ Layers"</i>	EXCRETION <i>Health intact; Immediate expulsion of toxins</i> Phase I	REACTION <i>Inflammation/symptoms to fully eliminate toxin</i> Phase II	DEPOSITION <i>Defense disrupted; toxins stored in ECM</i> Phase III	IMPREGNATION <i>Toxic load affects cellular function; chronic inflam.</i> Phase IV	DEGENERATION <i>Toxic load destroys cells</i> Phase V	NEOPLASM <i>Communication off-line; cells out of control</i> Phase VI
Ectodermal (outside skin) Epidermal: Outer layer	Perspiration, ear wax, sebum, etc.	Furuncles, erythema, dermatitis, eczema, pyodermais, etc.	Atheroma, warts, keratosis, clavi, etc.	"Tattooing", pigmentation, etc.	Dermatosis, Lupus Vulgaris, leprosis, etc.	Ulcus rodens, basalioma, etc.
Orodermal: Upper Resp.	Saliva, colds, catarrh, etc.	Stomatitis, rhinitis, thrush	Nasal polyps, cysts, etc.	Leukoplakia, etc.	Chronic atrophic rhinitis, etc.	Cancer of the mucous
Neurodermal: Nerve Sys	Neuro-hormonal secretion of cells, etc.	Poliomyelitis in febrile stage, herpes zoster, etc.	Benign neuroma, neuralgia, etc.	Migraine, eye twitching, virus infections (poliomyelitis)	Paresis, sclerosis, atrophy of optical nerve, syringoma, etc.	Neuroma, Gliosarcoma, etc.
Sympatheticodermal: Eye & Autonomic Nerve Sys	Neuro-hormonal secretion of cells, etc.	Neuralgias, herpes zoster, etc.	Benign neuroma, neuralgia, etc.	Asthma, ulcus ventre et duodeni, etc.	Neurofibromatosis, etc.	Gliosarcoma, etc.
Enodermal (inner layer) Mucodermal: Digestion & Respiratory Lining	Gastrointestinal secretions, CO2, sercobilin, etc., toxins with feces	Pharyngitis, laryngitis, enteritis, colitis, etc.	Polypi of the mucous membranes, constipation, megalocolon, etc.	Asthma, hoarseness, ulcus ventre et duodeni, carcinoidal syndrome	Tuberculosis of the lung and of the intestine, etc.	Cancer of larynx, stomach, intestine, rectum, etc.
Organodermal	Bile, pancreatic juice, thyroid hormones, etc.	Parotitis, pneumonia, hepatitis, cholangitis, etc.	Silicosis, struma, cholelithiasis, etc.	Toxic liver damage, pulmonary infiltration, virus infections, etc.	Cirrhosis of the liver, hyperthyroidism, myxoedema, etc.	Sarcoma of various locations, etc.
Mesenchymal (Pre-Stage of ECM) Interstitialodermal	Mesenchymal interstitial substance, hyaluronic acid, etc.	Abscess, phlegmons, carbuncles, etc.	Obesity, gout, edema, etc.	Preliminary stages of elephantiasis, etc., influenza virus infection	Scleroderma, cachexia, enlarged labia minora, etc.	Sarcoma of various locations, etc.
Osteodermal	Hematopoiesis, etc.	Osteomyelitis, etc.	Exotose, etc.	Osteomalacia, etc.	Spondylitis, etc.	Osteosarcoma, etc.
Hemodermal	Menstruation, blood and antibody formation	Endocarditis, typhoid fever, sepsis, embolism	Varicose veins, thrombosis, sclerosis, etc	Angina pectoris, myocardosis, etc.	Myocardial infarction, panmyelophthisis, pernicious anaemia, etc.	Myeloid leukemia, angiosarcoma, etc.
Lymphodermal	Lymph, etc., antibody formation	Tonsillitis, appendicitis, etc.	Swelling of the lymph glands, etc.	Lymphatism, etc.	Lymphogranulomatosis etc.	Lymphatic leukemia, lymphosarcoma, etc.
Cavodermal	Liquor, synovial fluid	Polyarthrits	Dropys, etc.	Hydrocephalus, etc.	Coxarthrosis, etc.	Chondrosarcoma, etc.
Mesodermal (middle layer) Nephrodermal	Urine with metabolic end products	Cystitism, pyelitis, nephritis, etc.	Prostate hypertrophia, nephrolithiasis, etc.	Albuminuria hydronephrosis, etc.	Nephrosis, renal atrophy, etc.	Kidney carcinoma
Serodermal	Secretions of the serous membranes	Pleuritis, pericarditis, peritonitis, etc.	Pleural exudate, ascites, etc.	Preliminary stages of tumors	Impotentia virilis, sterility, etc.	Cancer of the serous membranes, etc.
Germinodermal	Menstruation, sperm, prostatic fluid, ovulation, etc.	Adnexitis, metritis, ovaritis, salpingitis, prostatitis, etc.	Myomas, prost. hypert., hydroceles, cysts, ovarian cysts, etc.	Preliminary stages of tumours (adnexa, uterus, testicles)	Impotentia virilis, sterility, etc.	Cancer of the uterus, ovaries, testicles, etc.
Musculodermal	Lactic acid, lactic acidogen, etc.	Muscular rheumatism, myositis, etc.	Myogeloses, rheumatism, etc	Myositis ossificans, etc.	Dystrophia musculorum progressiva, etc.	Myosarcoma, etc.