Ordinatio antihomotoxica et materia medica

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"I obtained a true insight into homoeopathy only when, in the twenties, I started to study the source literature and learned to separate the wheat from the large amount of chaff, recognising that the wheat harvest, after all, was good enough to make the considerable amount of work worthwhile. I had to admit that I could have avoided many errors, detours and wrong tracks if I had started this study 30 years earlier."

Professor August Bier, M. D.

"As I can look back over 50 years of development of the therapy, I feel entitled to say that I regret that it was only relatively late that I learned of the possibilities of homoeopathy without involving undesired side effects, particularly in chronic diseases, diathesis and allergies."

Professor Friedrich Schmidt-La Baume, M. D.

"Such a work is really never completed. It must be regarded as finished when, according to time and circumstances, everything possible has been done."

Johann Wolfgang von Goethe

The concept of illness

All those processes which we describe as illnesses are the expression of biologically advantageous defensive measures against exogenic and endogenous homotoxins (excretion, reaction and deposition phases), or they represent the biologically appropriate attempt by the organism to compensate (regulation) for homotoxic damage sustained (impregnation, degeneration and neoplasm phases), in order to maintain life as long as possible.

Hans-Heinrich Reckeweg, M. D.
Myotonia

see Myasthenia gravis

Myxedema

(Entodermal degeneration phase)
In addition to the administration of thyroid extract or hormones. 

*Rp. (Main remedy: Strumee forte)*
Graphites-Homaccord 8-10 drops at 8 a.m., 12 noon and 4 p.m.
Apis-Homaccord 8-10 drops at 9 a.m., 1 p.m. and 5 p.m.
Gallium-Heel 8-10 drops at 10 a.m., 2 p.m. and 6 p.m.
Strumeel (forte) 8-10 drops at 11 a.m., 3 p.m. and 7 p.m. possibly the above preparations taken together 2-4-6 times daily. Lymphomyosot in exchange.
Glonoin-Homaccord drops or Aurumheel drops for cardiac symptoms. Aesculus compostum (regulation of the peripheral circulation).

Injection therapy
Graphites-Homaccord, Apis-Homaccord, Gallium-Heel and possibly Traumeel alternating or mixed I.m., s.c., i.d., i.v., as well as the Auto-Sanguis graduated therapy with Glandula thyreoidea suis-Injeel and Funciculus umbilicalis suis-Injeel.
Lymphomyosot (dehydrating action), further Solidago compostum (stimulation of the renal function) and Thyreoidea compostum (stimulation of the connective tissue and glandular functions), further Placenta compostum (peripheral circulation), as well as Coenzyme compostum ampules and/or Lumbichon compostum ampules (regulation of the enzyme functions), possibly also the collective pack of catalysts of the citric acid cycle.

Nasal polypus

see polyps

Neoplasia and neoplastic phases of disease

In our age, cancer is considered a typically modern disease an illness of our times. Cancer as such, is closely associated with current forms of environmental pollution including chemicals, radiation, and contaminants as carried in food, water, and air. In this sense, cancer is one of the oldest of all diseases.

Cancer, furthermore, is capable of afflicting practically all living beings, including plants. It is actually the most widespread of all diseases found throughout such extensive areas of the animal and plant kingdoms. Its most devastating effects, to be sure, are visited on human beings. At present, cancer strikes an average of one in four among the entire human population and in one of six constantly dies of this illness. Cancer has therefore attained ever increasing significance among all the factors associated with public health.

Numerous theories have been proposed for the development of tumors, a number of which are capable of legitimately coexisting with each other. The following outline presents a selection of these theories:

- **a. The irritation theory (by Virchow)**

Chronic Irritations – of thermal, mechanical, or inflammatory nature – disturb tissue equilibrium and induce proliferation in certain tissues (see the hyperregeneration theory below).

**Examples:**
- Esophageal carcinoma among alcoholics
- Cancer of the penis, afflicting only the uncircumcised
- Cancer of the urinary bladder; In conjunction with schistosomiasis
- Cancer of the bladder, the kidney, or the gallbladder, in conjunction with calculosis of the respective organs.

- **b. The hyperregeneration theory, as successor to the irritation theory (by Fischer-Wesels)**

Tumors develop especially frequently at points of the body with repeated tissue destruction and with subsequent regeneration. The malignant tumor is considered to be a malregeneration phenomenon.

**Examples:**
- Stomach cancer after chronically recurring gastric ulcers
- Liver cancer after chronic cirrhosis of the liver
- Lung cancer after chronic bronchitis (among smokers).

- **c. The theory of germ-layer dislocation (by Cohnheim)**

If germ-layers dislocated during embryo development remain in place, neoplastic germ-layer formation may take place as a consequence of such maldevelopment.

**Examples:**
- Bile-duct adenomas
- Suprarenal germ layers
- Chorlosoma from sacral dermoid or from ovarian dermoid
- Teratomas of the testicles or of the ovaries
- Chorionepithelomas among men
- Craniopharyngiomas
- Branchio-otogenic tumor development
- Ameloblastomas
- Chordomas
- Neurofibromatosis (von Recklinghausen's disease).

- **d. The radiation theory**

The action of radiation can elicit a great variety of tumors.

**Examples:**
- Leukemia after suffering the effects of radiation (leukemia among Hiroshima and Nagasaki victims, radiologists, and patients treated with radiotherapy)
- Thyroid cancer after radiotherapy
- Schneider's cancer of the lung (from radium)
- Thorotrast tumors (from Thorotrast, a preparation of thorium oxide used as a radiopaque medium; thorium; alpha-radiation devices)

- **e. The chemical theory**

Long-term contact with a carcinogenic substance leads via inflammation to tumor development. The following have been postulated as possibly associated with this phenomenon: disturbances in enzyme systems, denaturation of cell proteins, and/or chemical action on chromosomes.

**Examples:**
- Scrotal cancer (chimneysweep's cancer, first official occupational disease)
- Skin cancer among those who work with tar
- Smoker's cancer of the bronchial passages, lips, mouth, and larynx
- Cancer of the urinary bladder among aniline workers.

- **f. The hormone theory**

Hormones often play a decisive role as cofactors in the development of neoplasm, although they are not carcinogens in the full sense (they may be considered cocarcinogens).

**Examples:**
- Ovarian tumors after radiological treatment of the ovaries
- Thyroid adenomas from iodine deficiency
- Fibroadenomas of the breast during menopause.
Homotoxicology and the therapy of cancer

The principles of homotoxicology – in accordance with the research findings of Dr. Hans-Heinrich Reckeweg – can significantly contribute to the obtaining of such insights. Reckeweg's homotoxicology provides a cogent, effective, and systematic concept which can serve as a powerful tool in interpretation of the progress of disease, including its neoplastic phases.

The point in time of definitive diagnosis of a malignant disease of course plays a key role in arriving at a successful overall concept of therapy. The prospects of effective treatment in any particular case and with cancer of any degree of severity will depend to a great degree on early detection.

Four primary types of therapy have until now proved sufficiently scientifically founded and effective in treatment of the various malignant disorders. These are as follows:

1. Surgery
2. Radiotherapy
3. Chemotherapy
4. Immune modulation

Successful diagnosis and therapy of a malignant illness therefore requires effective collaboration among a whole complex of disciplines in the medical professions.

Neoplastic phases of disease

Neoplastic phases which become manifest in parenchymal and in epithelial contexts (i.e., carcinomas), or in connective tissue (sarcomas), are the final phases of all homotoxicosis development. The neoplastic phase represents a disorder of cellular nature.

As a rule, a malignant tumor begins as a transformed cell. Transformation in this sense signifies defects in genetic material. Such transformation is transmitted from cell generation to cell generation.

Malignant tumors develop in conjunction with following:

1. When cellular mitogens mutate to oncogens.
2. When viral oncogens are integrated into the DNA of the cell.
3. When suppressor genes are lost (deletion) or become inef-fectual.

The commencement of a turnover reaction from a healthy cell into a transformed cell can be multifactorial in nature and can be triggered by such the following:

1. The action of carcinogenic substances (carcinotoxins)

It is possible for a single contact with one carcinogenic substance (e.g., asbestos fibers) to prompt the development of a carcinoma – sometimes after a latency period of twenty years.

As a rule, however, a number of such substances cumulatively contribute to cellular transformation. The Cancer Institute of Washington made a study of 100,000 recently synthesized chemicals intended for use in the human environment and determined that as many as 22,000 of them were carcinogenic.

2. The effects of radiation
3. The action of viruses which are capable of initiating genetic transformations in cells
4. Cell impregnation as a result of medical treatment with chemotherapeutic agents, antibiotics, and other chemically synthesized medications.
It has currently been more and more frequently observed that the action of such substances leads to disorders in cellular enzymatic and fermentation processes. These developments must be considered pre-cancerous in nature, since and additional - otherwise harmless - noxa may often suffice to trigger turnover toward malignant processes.

Cancer and dysfunctions in information transfer

Modern medical science has in recent years undergone significant further development in outlook and in paradigmatic structuring on the matter of causality in chronic disease and in malignant processes. This progression in thinking has been closely associated with contemporary verification of the multicausality involved in such phases of disease. As a result of the incorporation of cybernetic concepts into current therapeutically viewpoints, and the acceptance of quantum mechanics by modern medicine, we have come to view chronic disease as the expression of disordered feedback control systems. The malfunctions involved here can represent blockades in transmission of information, or the distortion of such information.

Numerous causative factors can inhibit the transfer of information and thereby disturb the equilibrium of flow in the human organism. These include the following:

1. Deficiencies – e.g., in vitamins or trace elements – which impede the transfer of information by transmitters.
2. Electromagnetic interference pulses originating from local disorders which disturb the transmission of information.
3. Storage and accumulation of toxins, including subclinical intoxication, as well as the presence of residual toxins from not sufficiently regulated infections.
4. Psychic blockades which inhibit the transfer of information, as illustrated by the confirmed effects of such disorders on the immune system.
5. Electrical or magnetic fields (geopathic interference factors) which distort the flow of information by virtue of superimposition.

Limitations to conventional forms of cancer therapy

These many and diverse interference factors are all capable of eliciting identical symptoms in the biological control system of the human organism. For this reason, effective therapy of precancerous and neoplastic phases must of necessity place chief priority on restoring blocked information transfer to a maximum possible degree.

At the International Cancer Congress held in 1990 in Hannover, the British oncologist Hanham called attention to the “restricted possibilities” offered by chemotherapy. He cited evidence showing that, with the exception of childhood leukemia and testicular tumors, chemotherapy offered a less than 20% cure rate. An additional negative consideration here is the fact that aggressive chemotherapy or radiotherapy can enable the tumor to continue its malignant course in cases in which tumor development has monofocally begun. This means that the tumor can – in genotypic or phenotypical senses – become more dissimilar, uncontrollable, and therapy-resistant in comparison to its stem cell.

It is well known that chemotherapy has the side effect of further blocking information flow in the organism; i.e., that it is at best applicable in a palliative sense. It consequently behooves medical science and the practicing physician to search for and employ other and more effective adjuvant forms of therapy.

Therapeutical Index

notes:

For therapeutic inquiries please contact us:
Phone (800) 621-7644
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Antihomotoxic/biotherapeutic therapy of cancer

The extensive store of antihomotoxic/biotherapeutic remedies now available offers an abundant source of homeopathic medication capable of effectively promoting the discharge of toxins and of cleansing the ground substance. Further medical agents and nosodes which are available and which are effective in cancer therapy include those which activate cell metabolism and which support organ regeneration. All of these possibilities of medication provide effective support in biological oncological therapy.

Basic biotherapeutic/antihomotoxic therapy of the neoplastic phase

The following is a summary of possibilities of medication of the neoplastic phase on a biotherapeutic/anti-homotoxic basis:

1. Biotherapeutic/antihomotoxic preparations which promote the discharge of toxins:
   - Lymphomyosot
   - Hepeel
   - Chelidonium-Homaccord
   - Injeel-Chol
   - Nux vomica-Homaccord
   - Berberis-Homaccord
   - Acidum L (+)-lactacinum and – Injeel lote

2. Substances for activation of the cell metabolism:
   - Coenzyme compositum
   - Ubichinon compositum
   - Glyeroxal compositum
   - Preparation complexes from the citric acid cycle
   - cAMP preparations
   - Thyreoida compositum

3. Biotherapeutic preparations for the effective regeneration of organs are available from the broad offering of sus organ preparations. They can be administered according to the particular organ manifestations of disease.

4. Available nosodes include both heredonosodes as well as etiologically selected preparations, from the following:
   a. Heredonosodes:
      - In cases involving hard, slow-growing tumor structures (serous carcinoma): Medorhinum-Injeel
      - In cases of tumor growth with especially destructive tendencies: Luensium-Injeel
   b. Etiologically selected nosodes:
      - Organ-Carcinoma nosodes, according to the particular organs affected
      - Echinacea compositum S
      - Gripee-Nosode-Injeel
      - Any of the virus nosodes, with etiological selection from a broad range according to the patient's case history
      - Any of the bacteria nosodes, which can be administered in an etiological context
      - Any of the organ nosodes, administered according to the pattern of organ systems affected.

Oral biotherapeutic/antihomotoxic therapy

Oral therapy also includes stimulation preparations which activate discharge of toxins and promote enzyme and cell regeneration. These possibilities may also encompass the nosode preparations, which can be administered in the sense of palliative adjuvant therapy.
Therapeutic Index

notes:

I. Oral therapy

Rp. (Routine treatment according to Leimbach)
Galium-Heel
Psorinoeheel
Lymphosomat
Phosphor-Homaccord
Take 8-10 drops of each together, at the start 6 times daily, after 8 weeks 4 times daily 6-10 drops on each occasion, and after a further 8 weeks, 3 times daily 6-10 drops each time. In addition there are the active bioterapeutics specific to the organ, e.g.
Nux Vomica-Homaccord and Veratrum-Homaccord in cancer of the intestine.
Gynaecom, Lamintor and Hormeei for uterine cancer and cancer of the adnexa, etc.
Chelidonium-Homaccord for liver and gall bladder.
Graphites-Homaccord, pylorus
Phosphor-Homaccord, larynx
Duodenoeheel and Spascupreel, duodenum and pancreas
Lamintor, carcinoma of the nose, mouth and genitals Mezereum-Homaccord, carcinoma of the mucous membranes in general
Reneel and Spascupreel, urinary passages
Apis compositum, hypernephroma
Schwel-Heel, epiteloma
Bronchials-Heel (also Dropterel), Phosphor-Homaccord, Husteel and Tarthepheel or carcinoma of the lung, Hormeei, carcinoma of the glands and genitals.
Due to the continual attack by intermediary homotoxins (oncogenic agents, tumor antigens, lactic acid, etc.) a chronic state of stress exists and the exhaustion of the cortex of the suprarenal gland is increasingly intensified. Therefore it is advisable to interpose the product Berberis-Homaccord continually, possibly also Strunueel forte to stimulate the functions of the thyroid gland, at least daily. For sarcomas, Gallium-Heel, orally and parenterally, has sometimes proved effective. In addition, the preparations indicated according to the symptoms are used, e.g.
Nux vomica-Homaccord and Veratrum-Homaccord for tenesmus (cancer of the rectum)
Colocynthis-Homaccord for neuralgiform disorders, ischaiglia
Gelsemium-Homaccord and Spigeon for headaches and neuralgiform disorders
Spascupreel for shooting pains and spasms (suppositories)
Drosera-Homaccord, Husteel, Dropterel, Bronchials-Heel, Tarthepheel or coughs
Mercurius-Heel and Traumeel tablets for ulcerating carcinomas, as well as Traumeel ointment, etc.
Arsureel has a generally calming action on the toxin level; likewise Crouchel on the connective tissue structures. These two preparations should, therefore, be interpolated daily in frequent doses.
Ginseng compositum, Molybdän compositum at the start of the treatment for 2-3 weeks, 1-2 tablets three times daily, then only once daily, and subsequently one tablet two to three times weekly (every second or third day).

II. Injection therapy

Standard therapy plan (according to Reckeweg)
This standard therapy plan represents one of the possibilities for biologically-based therapy which must be supplemented by special preparations with specific indications.
1st week (additional injection preparations and possibly nosodes according to special location)
Mondays:Ubichinon compositum or Thalamus compositum (alternating), s.c. or i.m.
Tuesdays: Pulsatilla compositum + cAMP 12X (i.v. mixed injection)
Wednesdays: Thryeocia compositum, Culis compositum, CAMP 20X or 30X s.c., i.m., possibly all preparations as a mixed injection
Thursdays: Colchicum compositum m1e-medium-forte S (possibly with Gallium-Heel and Lymphosomat as mixed injection) s.c., i.m.
Fridays: Mucosa compositum (possibly Coenzym compositum as mixed injection) s.c. or i.m., possibly Viscum album-Injeel and cAMP 20X as mixed injection i.v.

Carcinoma Nosodes indicated
(noted on the 1st line)
Using the nosodes in addition to the standard therapy:
HA = Homaccord; comp = compositum

Special injection preparations for specific locations:
interpolated injections in addition to the standard therapy

Special Oral Preparations for specific indications:
daily alternating with oral standard therapy

Brain tumors:
Apis-HA (cerebral compression), Lymphosomat (cerebral compression), Cerebrum comp, Viscum album–Injeel, + cAMP 20X i.v.
Carcinoma Nosodes indicated
(noted on the 1st line)

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### Tumors of the stomach:
- **Graphites-HA, Ergot-heel, Mornodica comp.**
- **Nux vomica-HA, Anacardium-HA, Colchicum comp.**

### Tumors of the pancreas:
- **Momordica comp., Leptandra-HA, Ceanothus-HA, Mucosa comp. + cAMP 30X, Colchicum comp.**

### Tumors of the liver gall bladder:
- **Chelidonium Ijneel, Chol, Hepeel, Hepar comp., Momordica comp. + cAMP 30X, Leptandra comp.**

### Tumors of the intestine, colon and rectum:
- **Nux vomica-HA, Varatrum-HA Mucosa comp., Colchicum comp. + Injeel, Ceanothus-HA + cAMP 30 X**

### Tumors of the uterus, ovaries and adnexa:
- **Metro-Axon-Injeel, Lachesis-Injeel, Apis-HA, Colchicum comp. + cAMP 30X, Ovarium**

### Tumors of the testicles and penis, carcinoma of the prostate gland:
- **Testis comp., Colchicum comp. + cAMP 30X (once to twice weekly), Solidago comp.**

### Sarcomes, melanomas:
- **Carcinomium comp. (every 3 weeks), Galium-Heel, Psorinoe-heel, Lymphomyosot, Colchicum comp. (mite, medium, forte)**

### Hodgkin's disease, cancer en cuirassé:
- **Carcinomium comp. (every 3 weeks), Galium-Heel, Tonsilla comp., Pulsatilla comp. + cAMP 12X**

Additional requirements and/or possibilities in the adjuvant therapy of neoplastic phases

1. Nutrition
The following represents only a summary of the most important recommendation for cancer patients:

a. Not recommended for cancer patients:
- Nicotine
- Alcohol
- Coffee
- Black tea
- White meal and other forms of refined grains, or products (bread, pasta, etc.) made from refined grain
- Sugar
- Meat, especially pork
- Fish, especially greasy kinds
- All animal fats
- Chemically treated food, and preserved forms of vegetables and fruit

b. Recommended for cancer patients:
Staple foodstuffs:
- Soured/curdled milk products (e.g., buttermilk-type cultures, cottage cheese, yogurt, etc.)
- Fresh eggs
- Biologically/organically cultured fresh vegetables, and salads made from such vegetables
- Fat only in the form of high-quality, cold-pressed oil
- Sweets only in the form of honey or levulose, or as lactose in certain cases

Beverages:
- Any types of natural (herbal) tea + cAMP 30 X
- Lactic vegetable juices
- High-quality mineral water

Especially important for cancer patients:
The following should be eaten – in many cases, every day – by cancer patients: red beets, naturally fermented sauerkraut, and garlic.

The suggestions given in a. and b. above represent an attempt to achieve optimal therapy conditions. The physician must determine which of these suggestions are advisable for each particular patient, and formulate his or her plan accordingly.

2. Deacidification of the metabolic system and cleansing of the intestinal tract/symbiosis control
Equally essential, and to be carried out in conjunction with a modification of diet as summarized above, is deacidification (neutralization) of the metabolic system. Cleansing of the intestinal tract also plays a key role here. The acid/base equilibrium is always shifted in the acid direction among carcinoma patients. As a result, correction of this imbalance is essential at the very beginning of cancer therapy, before concerted intestinal symbiosis control is begun. If, furthermore, diet such as outlined above is consistently maintained, the patient will enjoy a genuine chance of achieving success and stability with his or her subsequent concerted symbiosis assistance therapy.

3. Phytotherapy
Phytotherapy represents a beneficial form of adjuvant therapy for cancer patients. Verification is now available that Echinacea is effective in this context.

4. Mistletoe as an essential element in cancer therapy
One of the most important elements of biological adjuvant therapy for any illness in the neoplastic phase is treatment with mistletoe preparations. Mistletoe preparations are capable of inhibiting tumor growth and of initiating immune-modulation effects. Various genera of mistletoe may be successfully employed as adjuvant cancer therapy, in accordance with the type of tumor and the extent of its development. Metal-salt constituents may also be effectively mixed with mistletoe. The preparation Viscum communis, containing mistletoe, may beneficially be administered here (as milt, medium, or forte ampules).

5. Therapy by biological response modifiers
Biological response modifiers also represent a highly effective component in the biological therapy of cancer. Cytoplastim therapy by biological response modifiers can be conducted according to Theurer's techniques.

6. Thymus extracts
The immune-modulation effects of pure thymus extracts are also valuable in treatment of cancer. Thymus suis may also be employed here.

7. Interferon and interleukin
The immune-modulation effects of activated proteins of the interferon or interleukin types have also been widely applied in recent time in oncological adjuvant therapy.

8. Enzyme preparations, minerals, trace elements, and vitamins
Good results in cancer therapy have also been achieved through adjuvant administration of enzyme preparations, minerals, trace elements (selenium and zinc), and vitamins (A and E).

9. Hematologic oxidation therapy
The various forms of hematologic oxidation therapy represent a further essential element in adjuvant cancer therapy. Ozone-oxygen therapy and multistage oxygen therapy are two forms possible here.

10. Psychotherapy as an essential component of cancer therapy
Professional therapy by a psychologist or psychotherapist is an absolutely indispensable element of the therapy of cancer patients. Learning to accept cancer and to interpret its significance as a life-endangering challenge – one which fully justifies the name "malignant" – is a critical prerequisite for stimulation of self-healing powers and for development of the motivation needed to reassess and to effectively change one's life.

11. Pain therapy
Sufficient and comprehensive pain therapy is additionally a prerequisite for cancer patients, with the form of therapy to depend on the type and location of the tumor.

Nephrolithiasis (kidney stones)
(Nephrorenal deposition phase)
Rp. (main remedy: Berberis-Homaccord)
Berberis-Homaccord 8-10 drops at 8 a.m. and 4 p.m.
Reneel 1 tablet at 10 a.m. and 6 p.m. (likewise in case of colic, in frequent doses)
Spasacureel 1 tablet at 12 noon and 8 p.m., additionally in case of pain (suppositories), likewise Atropinum compositum 5 (suppository-rinse), possibly the above preparations taken together 2-4-6 times daily.
Arsuraneel (colic, particularly in the right kidney), in alternation with