The International Journal of the Medical Science of Homeopathy

WHAT WORKS

Special Issue for the Homeopathic Treatment of Cancer and Precancer States

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INTRODUCTION

In this special issue we present a collection of proper statistical and clinical studies on degenerative disease. To test the hypothesis that homeopathy can help with the treatment of Cancer and other degenerative diseases, one should present cell culture, animal, people and clinical experience. We have brought together just such a collection. In many countries and places even expressing such ideas is illegal. The fear over the dissemination of such Data is extreme. The attempt to teranise our minds is extensive. It was at great peril and effort to perform and collect these studies. But Don't worry it is not illegal to read these studies. If in the reading your mind broadens to realize the benefits of these studies, the responsibility of your next actions are your. Net work to us if you have questions.

To the interested reader:

The fields of natural medicine, homeopathy, and energetic medicine have received much attention in the last few years. The fear of synthetic chemicals, the ecological damage caused by the chemical industry, failure of antibiotics, realisation of the chemical special interest groups ability to manipulate medicine, and an overall developing appreciation of nature, all have brought these forms of medicine into our awareness. Patent synthetic medicine dramatically profits from its synthetic patents, and then tries to get us to believe that the synthetic substance is the same as the natural. More and more people are doubting this.

The vast body of research included in this reference on quantum medicine is dedicated to offering evidence that synthetics are not the same. There are writings on physics, quantum biology, historical accounts and lots of clinical research.

The basic clinical hypothesis is:

**Can a medical practitioner use natural products in his practice to substitut for the synthetic medications?**

Can a doctor substitute behavioural and homeopathic medicines for syntetic drugs such as synthetic thyroid, NDAID, blood pressure medication, pain killers, antibiotics, antifungals, calmatives, and thousands of synthetic medications on the market today.

This is the basic inquiry we pose. The studies are centred around this hypothesis. The results will definitely point to the conclusion that much of modern medicine indeed can be accomplished with the homeopathics described in these research articles.

Each of these studies is constantly being challenged and rested by our revalidating staff. Each of these articles on its own is not enough for a drug trial yet, but at present there is enough data to conclude that our original hypothesis is correct. We use these techniques in our clinics on a daily basis with greater success than the old style synthetic medications. These studies represent only a smattering of the thousands of successful interventions, we see with homeopathy and behavioural medicine.

The basic scientific premise is that nature has many subtle differences that synthetic chemicals do not. There is a measurable and dramatic difference in safety, with natural homeopathic medication having far less side effects.

With these ideas in mind we offer the medical and scientific community the volumes of evidence and research contained in this quantum medicine network.

Read, Enjoy, Learn, And Think.

Yours Truly
Judith Nagy M.D.
Chief Medical Editor
What Works
HOMEOPATHIC TREATMENT OF BREAST PRE-CANCER

CLINICAL TRAILS OF COMPLEX HOMEOPATHIC TREATMENT OF MASTOPATHY (FIBROADENOMATOSIS) OF MAMMAE INCOMPARISON WITH RESULTS OF TRADITIONAL CHEMOTHERAPY

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KEY WORDS: mastopathy, complex homeopathy, fibroadenomatosis, nosodes, sarcodes, degenerative tissue, cobra venom, Arndt-Schultz effect, chemotherapy.


ABSTRACT:

100 women with mammae mastophy (20-57 years old) were observed and treated during 1994-95. 31 patients were treated with traditional medicamental therapy (Chemotherapy, kalii Jodati 0.5, etc.) and 59 patients were treated with a complex homeopathic oral therapy of Degex, Degex Liquesence, Fatty Acid Liquesence, Shark Cartilage, and topical application of the Mustard Poultice. 20 Healthy volunteers from Kiev were also studied for their blood immune function.

Patients were evaluated for follow-up several times during the 12 month clinical study. All patients were physically examined by mammologist, surgeon, gynecologist, and serologically by the biochemist. Examinations were performed before starting the treatment, during the study and after completion of the study. Ultrasonography, thermography (of mammae) and mammography were performed in the pre-post fashion. Immunological serologic parameters such as T-cell subsets, T-cell ratio, expression of oncofetal antigens, carcinoembryonic antigen (CEA), and trophoblast specific beta-1-glycoproten (TSG) were performed on 10 patient random sampled from each group. Serologic tests are done by flow cytometry, also performed in pre-post fashion. The results were compared to the healthy volunteers as well.

Positive improvements in clinical symptoms was observed in 50% of patients from the traditional medicamental therapy and greater symptomatic improvements were observed in 87% of the patients from the homeopathic treatment group. The results were surprising to the researchers not familiar with complex homeopathic treatment. The pre-test of abnormal T-cell subsets shows that about 50% of patients from both groups had abnormal CD4+/CD8+ cell ratio. After treatment the percentage of abnormality was 80% in the traditional medicament and 20% in the homeopathic group.

Abnormal expression of oncofetal antigens on the peripheral blood lymphocytes of the patients also was different between the two groups. The traditional medicament produced a rise in the oncofetal antigens to 50% where in the homeopathic the oncofetal antigens remained normal at 10%. Further pointing to the greater efficacy of the homeopathic treatment. The study discusses the contrast of the
philosophy of homeopathy versus traditional synthetic chemotherapy methods.

Cell culture, animal, and now human studies point to complex homeopathy as a safe and effective method of cancer therapy. The study reviews other supporting literature.

INTRODUCTION:

The fibroso-cystic disease of Mastophy is characterized by the excessive proliferation and regressive changes in the mammary tissues. The ratio of epithelial and connective components becomes atypical. In our practice in Kiev the patients with benign tumors still the tumors tend to grow. Nodulous forms are treated surgically, where diffuse ones are treated with chemicals. Since the disease has an ethiopathogenesis associated with hormonal, metabolic, and neurological imbalance, the chemicals offer no cure only satiation of symptoms. Most of those treated return latter with accelerated disease. It was our hypothesis that homeopathy and nutrition offer a better chance of cure and long term prevention of disease progression. Excentuating the immune system is a better solution than surgery.

T-cell development is a multi-step and complicated process. Abnormal T-cell development results in changes in percentage of CD4+ and CD8+ cells produce breaches in immune system function. This correlates strongly with the probability of cancer development. Trends towards this abnormality can signal a precancerous condition. This is particularly true of Fibro-adenomatosis (mastophy). This is an uncomfortable disease and a dangerous condition because of the possibility of malignant transformation. This transformation can occur in the malignant proliferating foci in mammary. Breast cancer then results.

Fibroadenomatosis (mastophy) is one of the most widespread diseases both in the Ukraine and the world over. The precancerous condition is a potentially dangerous one. In most conditions patients are young 20 to 40 years old. Allopathic treatment is still producing unsatisfactory results. Local forms of mastopathy are treated mostly with surgery. Since the surgical treatment is not curative nor concerning with the cause of the disease recurrences happen quite frequently.

Diffuse and mixed mastopathies as well as recurrences after operations commonly undergo conservative treatment. Results of this traditional treatment is not sufficient. The development and efficiency of the numerous proliferative and pretumoral process to the great extent depends on the adaptability of the patient. The ability of the patient to compensate and its defense system to adapt largely determine the ability to resist recurrence. (ref. Kavetsky R.E. 1977)

Our investigation centers on the T-cell subsets and their ratios. The pre and post evaluations of the patients will tell us much about adaptability function. Also we studied the expression of oncofetal antigens. Specifically carcino-embryonic antigen (CEA) and trophoblastspecific biglycoprotein (TSG) on the peripheral blood lymphocytes (PBL) were evaluated pre and post. Previously we have shown that the PBL of healthy donors are not expressive of the oncofetal antigens. The oncofetal antigens are expressive on the PBLs of the cancer patients. (Komissarenko et al 1990; Penezina O. P. et al 1995)

The study of CEA and TSG expression on PBLs of patients in precancer state reveals also such correlation. Much research has shown these indicators to warn of approaching cancer. In our healthy volunteers we showed no such cancer markers but approaching cancer. In our healthy volunteers we showed no such cancer markers but did show the CD4 to CD8 ratio of normal people.

PHILOSOPHICAL CONTRAST:

An unrevealed philosophical feud has been brewing for centuries in the medical profession. Allopathy on one side versus naturopathy and homeopathy on the other has sparked a subtle debate. This debate is just now becoming aware to the general public. Allopathy is the medical science of treating the symptoms of the patient. Allopathy is mostly done with synthetic chemicals and surgery. Short term results are concentrated on.

Homeopathy is the medical science of trying to encourage the body of the patient to cure itself. Homeopathy is mostly done with compounds that cause a disease or herbs that have subtle homeostatic effects. Naturopathy is the medical art of using natural philosophy to prompt the natural curative process.

Allopathic solutions for cancer are through chemotherapy (a concentrated synthetic toxin that hopefully kills the cancer before it kills the host), surgery and radiation that seeks to remove the tumor while doing nothing about the original disease.

A recent report on homeopathic treatment of cancer in cell culture and animals, points to the possibility of a new modality to treat cancer. (Vinninsky, 1994) Clinical observations from Hungary help confirm our postulate that homeopathy offers potential help. (Bandics, 1994)

Homeopathic and naturopathic solutions are centered around first removing the cause or tendency of the disease through lifestyle, nutrition, immune therapy and metabolic balancing. Then these medical arts use subtle compounds
and herbs to defeat the cancer through encouraging natural process. The Nobel prize in medicine was awarded years ago to a team of researchers who showed that the allopathic methods were poor methods of treating cancer while stimulating the bodies natural immune system was the best way to treat cancer. (Nelson W. C. 1989)

Modern allopathic medicine made little of this and in fact it was so threatening that the medical establishment that they fight to prevent this debate from even becoming known to the public. To do even this simple study would be impossible in the USA. The basic hypothesis is; can natural medical techniques be used in a medical practice to substitute for synthetic chemical treatments.

To test this hypothesis in the USA would be impossible. So an impartial medical research team was hired in the Ukraine and left free to perform the study.

MATERIALS AND METHODS:

Mabs anti CD4 and CD8 antigens and GAM-FITC was obtained from Coultronics, France. Human CEA and TSG were obtained as was rabbit polyclonal antibodies (Abs) specific to that antigen were all obtained from Pacific Bioorganic Chemistry Institute and from OSC AMS Russia. Donkey IgG to rabbit IgG was produced by Gamaleya Microbiology and Epidemiology Institute in Moscow. Rabbit IgG (Sigma, USA) were used as control for unspecific Abs.

ELISA was used for Abs specific to their antigens. They do not react with albumin and human blood serum globins.

Antigen-positive cells were determined after indirect painting with specific rabbit Abs and FITC-labeled donkey IgG to rabbit IgG by flow cytometry on Epics C (Coultronics, France).

For the investigation, 20 ml of whole heparized blood were incubated with 40 mgg specific Abs in 1ml RPMI-1640 medium. This containing 10% of bovine serum, during 30 min. t=0-20C. After that the cells were precipitated by centrifuge (800g. 3min). Then the cells were washed with PBS 3 times and were incubated with FITC-labeled antispecies Abs. This specific Abs were previously exhausted by human peripheral blood cells (leukocytes). The cells, once incubated on the first stage with unspecified rabbit IgG, were then used as a control. All Abs were centrifuged (10 min105000g) before usage. Erythrocytes were eliminated from sample before the analysis on flow cytometer by lysis solution (Ortho Diagnostic Systems, USA). 10000 lymphocytes were analyzed in every sample.

PRE AND POST TESTS:

Peripheral blood of 20 healthy volunteers and 21 the subjects random sampled form the patients, (all women) were analyzed. Analysis of healthy donors mainly were in the same range universally recognized as normals- level CD4+ 38-46%.

CD8+ 31-40% ratio CD4/CD8 = 1.0 - 1.5. (Full blood analysis of subjects in appendix)

Before treatment, all patients underwent the following tests:
1. examination of mammologist
2. examination by surgeon
3. examination by gynecologist (Estimation of Hormonal State)
4. ultrasound of mammea (Alkoka, Japan)
5. thermography of mammea (Alkoka, Japan)
6. total blood count analysis
7. mammography (Siemens, Germany)
8. Cytology of secretion from nipples
9. immunological blood assay of cancer markers and T-cell activity

Mastophy was diagnosed in all patient cases. T-cell subsets and expression of some oncofetal antigens on PBLs of all patients were then studied before treatment. These tests were redone after 6 months.

Analysis of patients with fibroadenomatosis shows that the ratio of T-helper cells and T-suppresor cells was abnormal in 48% of our patients. The amount of T-helper cells was also abnormal in 48%, and the amount of T-suppressor cells were abnormal in 57%. This results show significant imbalance in the immune system of the studied patients. None of the healthy controls had the CEA and TSG expression on PBLs. While 2 of the patients had that expression.

TREATMENTS:

100 patients (with mastophy ages 20-57) were random sampled into 2 treatment groups.

31 patients were treated with traditional allopathic chemotherapy medicaments. Chemical treatment included:

Kalii Jodati 0.5 (potassium iodine)
Natrii Bromidi 3.0 (sodium Bromat)
Magnesii Sulf 4.0 (magnesium sulf)

1-rae Valeriana and 1-rae Lenuri aa 10.0 (chemo)
2 patients (with the CEA and TSG expression on PBLs) received an additional treatment of:
t-rae Chelidonium Majius L. (chemo)
59 patients received a treatment with complex homeopathics
This program included:
- Degex 10 drops 2 a day (cancer immune stimulator homeopathic)
- Degex Liquecence 2 teaspoons a day (herbal chemotaxis)
- Fatty Acid Liq. 10 drops 2 a day (nutritional supplement)
- Shark Cartilage 10 drops 2 a day (anti cancer natural form)
- Mustard Poultice mix with oil apply topically (anti-degenerative compound)

(Special thanks to New Vistas Inc of Denver USA for manufacturing and supplying the above complex homeopathics)

Both treatments were conducted for 2 months. Follow up post test were conducted in the sixth month.

RESULTS:
There were significant differences in the results of the two groups. There was positive clinical symptom changes noted by the doctors in 50% of the traditional treated group. Whereas the complex homeopathic group showed 87% results. see table 1.

In the post test of traditional treatment group 100% of the patients had abnormal CD+/CD8+ ratios, a rise from 50% in the pre test. The complex homeopathic group had a post test result of only 20% abnormal ratios, a fall from 60% in the pre tests!!!, see table 2.

In the post test of the traditional treatment group abnormal expression of oncofetal antigens on peripheral blood lymphocytes rose from 10% pre to 50% post. The same measures of the complex homeopathic group showed no change in the expression, with 10% pre score and 10% post. see table 3.

It’s important to mention that in the traditional treatment group abnormalities of the blood analysis indicating immune imbalance rose sharply. Thus even when the clinical examination shows an improved symptomatology, an underlining immune imbalance could later produce a relapse. In the complex homeopathic group there was not only an increase in clinical improvement but a marked increase in immune function.

Table 1

All patients had pre test mastophy criteria as decided by the medical staff.
Post test after 6 months

<table>
<thead>
<tr>
<th>Percent of patients with improvement of mastophy criteria from mammography, thermography, ultrasound, and examinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional treatment: *****50% (5% all evidence of cyst gone)</td>
</tr>
<tr>
<td>Homeopathic treatment:********87% (55% all evidence of cyst gone)</td>
</tr>
</tbody>
</table>
Table 2
Percentage of patients with abnormal CD4+/CD8+ ratio

<table>
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<tr>
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<th>Pre test</th>
<th>Post test</th>
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<tr>
<td>Healthy Controls</td>
<td>48%</td>
<td>48%</td>
</tr>
<tr>
<td>Traditional</td>
<td>50%</td>
<td>100% (indicates immune dysfunction)</td>
</tr>
<tr>
<td>Homeopathic</td>
<td>60%</td>
<td>20% (indicates immune improvement)</td>
</tr>
</tbody>
</table>

Table 3
Percentage of patients with expression of oncofetal antigens and cancer markers in peripheral blood lymphocytes in groups.

<table>
<thead>
<tr>
<th></th>
<th>oncofetal antigens</th>
<th>other cancer markers</th>
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</thead>
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<tr>
<td>Pretest all patients</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Posttest Traditional treatment</td>
<td>50%</td>
<td>65%</td>
</tr>
<tr>
<td>Posttest Homeopathic treatment</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Patient blood analysis and symptom profile are in the appendix.

**OBSERVATIONS:**

When we first started the study only a brave few would volunteer for the natural homeopathic test group. The remarkable success of those first patients led to a rapid increase in volunteers till now almost all of our patients want only this intervention and not the traditional therapy. After the tenth administration of the mustard poltice 30% of the patient indurations (hard lesions) disappeared. In 50% the painful sensations in the mamma and some menses pain was gone. In five cases the patient had allergic reactions to the mustard poltice. Four adapted but one continued without that product, and her recovery was still one of the best.

We have shown the positive results of the homeopathic group with statistics but what of the failures in the homeopathic group.

In one patient 25 yr. old with fibrocystic mastophy and galactorrea, Prolactin in blood was normal. The secretion from the nipple had no pathological cells, but pseudocolostrum, pseudoforemilk, and pseudobeesting corpuscles were presented. After treatment, indurations (hardenings) were resolved, secretions reduced, and PMS symptomatology also drastically reduced. An increase in the dosage (double norm) brought about total relief in two weeks.

Many of our latter and current patients should have had surgery but insisted on the homeopathic therapy instead. In one patient, age 45, a 2.5 cm fibroadenoma was diagnosed on the right mamma. After 30 mustard poltice treatments, the tumor reduced to 1 cm. Then the remedies were absent for supply problems to Kiev and the lesion rehardened after one month and grew to 1.5 cm. Surgery was performed and recovery was complete. Three more cases of surgery were performed on the homeopathic group. Those that were under such stress so that little results were manifested. In this population recovery was complete and quick. So the homeopathic therapy can help even in cases with surgery.

In two cases age 24, and 26, after 2 months their 22 cm lesions had disappeared. The homeopathic therapy was discontinued for lack of supply. Their lesions regrew to .8 cm during bouts of extreme stress from job related concerns.
The therapy was restarted and the lesions disappeared in 1 month.

The successes of the homeopathic group were profound but even the failures show the benefits of early intervention and natural medicine.

**DISCUSSION:**

The patients in the traditional treatment group had some symptomatic benefits, but dramatic disturbances in the immune system. This is seen via the oncofetal and CD4/CD8 ratios. This is the typical results seen in traditional treatment. There are some satisfactory visual results and a multitude of recurrences.

The complex homeopathic group had greater symptomatic results and dramatic improvement in the quality of their immune system. The basic philosophy of working to help nature rather than working around nature is a trend that is ever increasing in medicine.
REFERENCES:


******orosz******


******orosz******

Komissarenko S. V., Penesina . P. Fomovskaya G. N. Binding of Specific to some oncofetal proteins antibodies to peripheral blood lymphocytes of donors of patients with different hemoblastosis. J. of Tumor markers Oncology, 1990.-5.-260 p.


Appendix

Results of blood count of the patients treated with (tabl.3) (Hb-haemoglobin [110-130g/l]; L-leukocytes thous [3,5-4 x10]; E-eosinophills [3-4%]; N-neutrophils [N1-stab 4%, N2-segmented 63-67%]; Lim-limphocites[24-30%]; M-monocytes [6-8%]; R- reaction of erythrocyte sedimentation [4-10 mm/h].
Results of complete blood counts of the patients treated with

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<th>Hb g/l</th>
<th>L thous.</th>
<th>Er thous</th>
<th>B %</th>
<th>E %</th>
<th>Lim %</th>
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Table 2.

Accompanying illnesses of the patients observed.

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<tr>
<th>Diagnosis of accompanying illness</th>
<th>in all</th>
<th>0 group traditional therapie 20 patients</th>
<th>I-II group homeopathictherapie 48 patients</th>
<th>III group homeopathictherapie 7 patients</th>
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<tbody>
<tr>
<td>1. Fibroadenom ectomy</td>
<td>2</td>
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<td>3</td>
<td>2</td>
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<tr>
<td>2. Galactorrhea</td>
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<td>3</td>
<td>-</td>
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<tr>
<td>3. Fibroid uterine</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>5</td>
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<tr>
<td>4. Cystis and polycystic ovary</td>
<td>3</td>
<td>3</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>5. Sklerocystosis ovary, barrenity</td>
<td>1</td>
<td>-</td>
<td>2</td>
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<tr>
<td>6. Erosion dysplasyes of the Cervical uteri</td>
<td>6</td>
<td>1</td>
<td>5</td>
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<tr>
<td>7. Intra uterine contraceptive during 3-5 years</td>
<td>8</td>
<td>2</td>
<td>4</td>
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<tr>
<td>8. Ulcer of stomach and duodenum</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>9. Chronic gastritis</td>
<td>15</td>
<td>3</td>
<td>9</td>
<td>3</td>
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<tr>
<td>10. Chronic illnesses of liver and pancreas</td>
<td>12</td>
<td>4</td>
<td>9</td>
<td>1</td>
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<tr>
<td>11. Infectious hepatitis</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>-</td>
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<tr>
<td>12. Vasoneurosis</td>
<td>12</td>
<td>2</td>
<td>9</td>
<td>3</td>
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<td>13. Dysmenorey</td>
<td>7</td>
<td>1</td>
<td>3</td>
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<tr>
<td><strong>In all</strong></td>
<td><strong>78</strong></td>
<td><strong>31</strong></td>
<td><strong>64</strong></td>
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EXPERIENTIAL EVIDENCE FOR HOMEOPATHIC TREATMENT OF CANCER IN CELL CULTURE AND ANIMAL POPULATIONS

Abstract:

Certain complex homeopathic preparations were prepared from homeopathic remedies known to possess anti-carcinogenic tendencies. These compounds were then evaluated in cell cultures for their toxic effects as well as for their anti-carcinogenic effects [10].

Postceding the cell culture studies, animal (marine) studies were engendered to measure the effects of the compounds on cancer growths injected into mice. A test group of patient populations was involved with homeopathic treatment of cancer as well. The discussion also compares clinical practitioners' experiences in using these formulas with cancer patients.

The conclusions of the studies show that the formulas indeed are not toxic to healthy cells, and do have the ability to inhibit cancer metastasizing and growth in cell cultures, animals, and human test subjects.

Hypothesis:

It is the hypothesis of this collective study that homeopathics can be developed which have positive treatment effects on cancer. To test this, and to study the full effects, we set up tests for cancer in cell cultures, cancer in animals and cancer in humans.

The set of studies outlined in this paper reflects a six-year experience and analysis of these various remedies.

First, let us discuss the general formulas that were developed. It has long been known that part of the effect of various snake venoms is their necrotizing ability, or ability to produce degeneration in cells. Homeopaths long ago learned of the Arndt-Schultz principle in which the action induced by a large quantity of a poison is opposed by the action of a small quantity of the poison [13]. This helps to explain why different cobra venoms and other venoms have been used by homeopaths to fight degenerative disease and cancer. The homeopaths of India found that dilute cobra venom was the most powerful of all venoms in reversing the effects of degenerative cancer.
Research shows the positive effects of interferon and interleuken to stimulate the immune system to deal with these carcinogenic diseases [Books: 11, 12]. Homeopathics in Germany have shown that the tinctures taken from the mistle toe plant were also powerful in dealing with carcinogenic activity. This plant comes from the viscum alb family [5]. This type of degenerative plant, which grows and infects other trees and plant life, has been found to have positive homeopathic effects in inducing the human immune system to deal with disease. German homeopathics have been using eight forms of this viscum alb for a variety of diseases [14].

Our Neo P/Degex was chosen as a blend of all three interferons, all three interleukens, eight viscum albs and eight cobra venoms. A variety of potencies were used in this formula to help stimulate other levels of healing (see Appendix).

Another formula we wish to evaluate is a variation on a hoxy formula. Hoxy was an herbalist who worked and practiced in the United States in the late 1940s and '50s. His father was a farmer who observed that certain animals with cancer (which therefore had to be put to pasture) would consume a specific set of herbs. Some of the animals would then recover from the cancers, and would be able to return to active farm life. Hoxy's father saw that Murdock, Periwinkle, Sanguinaria (Blood Root) and other herbs were the primary choices of animals with cancer (see Hoxy video, "Quacks Who Cure Cancer").

Hoxy, who developed a formula from these plants, successfully treated thousands of patients in the United States, and eventually (as explained in his video) had to take his practice to Mexico. This was not because of any lack of success with his patients; on the contrary, he was extremely successful with his patients. So successful was he that certain members of the FDA wanted some of the profit from Hoxy's anti-cancer remedy. When he didn't cooperate, they sought to destroy him. Hoxy's clinic in Mexico still exists today, and reports very good results.

Another compound of a similar venue is Esiac. This formula is also a blend of natural herbs that has been highly successful in America and Canada in the treatment of cancer. It is similar to Hoxy's formula in both its development and its use. The best of both these formulas was used in developing our Degex Liquescence.

This research has also been noticed by other pharmacologists. In fact, this observation led to the development of present forms of chemotherapy. From the Periwinkle plant some of the most powerful forms of chemotherapy were derived.

Thus reductionistic science sought to take these various compounds to their most powerful dilutions and give them to patients in an attempt to achieve statistical significance in their amounts. It is the homeopathic idea not to use the most powerful or reductionistic form, but to develop a natural form. We have developed this into our Degex Liquescence (see Appendix).

Thus our Degex Liquescence is a natural form of chemotherapy occurring in nature which is made into liquid extracts, and not concentrated or reduced beyond its normal herbal levels.

VIR is a homeopathic dilution of nosodes in the virus family. Over one hundred viruses from various cell cultures are taken as nosodes, which are then blended into an overall compound known as VIR, with a wide variety of viral components [ ]. Also, certain herbs such as red clover are blended into this formula for their known anti-viral capacities (see Appendix).

The viral theories of cancer abound in the literature. It is toward this end that we seek to develop an anti-viral treatment with homeopathics for the virus component in cancer.

The investigators in Kiev who have taken on this project were given instructions to perform the scientific analysis on these formulas, and to report on the results. We can see in Neo P/Degex that the effect should be on stimulating the immune system to deal with the toxins. Thus the direct effect of Neo P/Degex on cancer cells and cell cultures should be minimal. However, tests were required to find out if there were any toxic effects in the formula that could be observed in cell cultures which might point towards some contraindications for the formula. The following investigation is offered as a report of the investigators' conclusions.
STUDY #1

INVESTIGATION OF THE BIOLOGICAL ACTIVITY IN VITRO OF THE NEO P/DEGEX

Cell lines: RLC - rat lymphosarcoma cells (1)
U-937 - human monocytic leukemia (2)
Hep-2 - Human adenocarcinoma of larynx (3)

Hypothesis:

The object of the present study was to investigate the effect of Neo P/ Degex versus the double blind placebo on the morphology of cells of different tissues and their proliferative activity, and then reveal the ability of the preparation to modify the action of interferon (IFN) (since interferons and interleukens are constituents of Neo P/ Degex).

Procedure:

As a control preparation we used an equal percentage of alcohol solution in deionized water to the homeopathic. This control was applied because the Neo P/ Degex preparation contains alcohol.

It was found that this alcohol is a needed carrier of homeopathic information, and also helps the transfer of the various herbs and interferon interleukens through cellular metabolism. Other studies to test various compounds have shown the clear superiority of alcohol in these preparations. Lactose, milk sugar, glycerine, and other compounds were dramatically inferior (in our studies) in their ability to transfer information as well as their chemical effects through cellular membranes and metabolic cycles.

Thus the alcohol was a requirement which seemed to facilitate the action in all our inquiries.

Morphological changes in the cells were observed with the use of a microscope at 1000x and 1500x; the effect of the preparation on the proliferative activity of cells was assessed by the counting of cells in hemocytometer after their cultivation in the presence of various dilutions of the preparation for one to five days. The effect of Neo P/ Degex on the synthesis of cellular DNA was determined through the introduction of H-thymidine (lmCi per 1 hour) into the culture of cells treated with Neo P/ Degex. To determine the antiviral activity of Neo P/ Degex, it was titrated on Hep-2 cells by twofold dilutions, starting from 1:20 to 1:20480, or human oC - IRN was titrated on Hep-2 cells in the presence of Neo P/ Degex (the final dilution 1:100). Parallely the titration of IFN in the presence of 15% alcohol was performed (the final dilution 1:100). As a test virus the vesicular stomatitis virus was used.

Our study has shown that Neo P/ Degex does not alter the morphology of cells of all lines investigated, and does not reveal a toxic effect even at a dilution 1:20.

The preparation did not reveal antiviral activity in the investigated dilutions and in the applied test-system, and did not modify the antiviral effect of IFN in vitro, since the titre of the latter was the same as in the control preparation.

The Neo P/ Degex preparation did not exert a statistically significant influence on the incorporation of H-thymidine, under various times of incubation of cells with Neo P/ Degex. An important element for the correct evaluation of the effect of this preparation is an accurate determination of alcohol content in it. The 15% alcohol at dilutions 1:10 - 1:40 in control cultures was found to substantially suppress cell proliferation and H-thymidine incorporation. The Neo P/ Degex preparation in the same dilutions does not exert a noticeable effect on these characteristics. A conclusion can be made that Neo P/ Degex exerts an anti-toxic effect with respect to alcohol. This remedy appears safe from this observation.

Summary:

We can see from this study that indeed Neo P/ Degex does not have anti-viral or toxic effects on the cell. Also, the effects of the Neo P/ Degex on cell cultures without the immune system showed no change.

Tests with homeopathic singulars proved inconclusive and ineffective, as there are more details that must be observed [11]. By developing these homeopathic combinations we were able to treat a wider range of cancer activity in cell culture, and this provided us a mechanism for better and more effective results.

Yu. Kudryavets, Ph.D.
Senior Researcher
STUDY #2

INVESTIGATION OF THE BIOLOGICAL ACTIVITY IN VITRO OF THE PREPARATIONS VIR AND DEGEX LIQUESCENCE

Hypothesis:

In our second study we sought to work with the preparations of VIR and Degex Liquescence in similar fashion, to see what their effects on cell culture might be. As part of our hypothesis, we see that both Neo P/Degex and VIR are dependent on an immune system to work, but that Degex Liquescence (because of its chemotoxic contents) should be able to deal successfully with the cancer cells in cell cultures. Those chosen were the lymphosarcoma of the rat, human monocytic leukemia, and human adenocarcinoma in the larynx.

Cell lines:  
RLC - rat lymphosarcoma cells (1)  
U-937 - Human monocytic leukemia (2)  
Hep-22 - Human adenocarcinoma of larynx (3)

Abbreviations:  
IRN - human interferon  
VSV - vesicular stomatitis virus

All cell lines were cultivated in a RPN] 1640 medium which contained 2mM-glutamine, 10% FCS and 40 mkg/ml gentamycine. Plastic vials 24- and 96-hole trays Falcon were used in the experiments. To investigate the effect of preparations on the proliferation of Hep-22 cells, they were deposited on a 24-hole plate at a concentration of 4 - 10^5 per hole. Cells of suppression lines RLC and U-937 were sowed at a concentration 1  2 10^5/ml. In a number of experiments involving long duration cultivation of RLC cells with investigated preparations (7 - 8 days) they were sowed on24-hole trays or T24 vials at a concentration of 10^4/ml. Cells were incubated at 37°C, the atmosphere containing 5% CO2.

The object of the study was to investigate the effect of preparations VIR and Degex Liquescence on the proliferative activity of cells and to reveal their putative modifying effect on the antiviral activity of human interferon (IFN).

An equal solution of 15% alcohol in deionized water was used as a control preparation. This control was applied because of the indications of alcoholic content of the formula.

Morphologic changes in the cells under the influence of preparations were observed with the use of a 1000x and 1500x microscope. The toxic effect of preparations and their influence on cell proliferation were assessed by counting cells in the hemocytometer after their cultivation in the presence of preparations in various dilutions during 1 - 7 days.

Uniformly cells displayed more than 90% viability by trypan blue exclusion.

The time of doubling of cell population (td) can be calculated as [9]

\[
\text{td} = \frac{t}{(\log C - \log P) \times 3.3219}
\]

where

- \(t\) = duration of cell cultivation (in an hour),
- \(\log C\) = log of a number of cells at the end of cultivation,
- \(\log P\) = log of a number of cells at the beginning of cultivation,
- 3.3219 = index of conversion from decimal log to double.

The influence of remedies on the rate of DNA synthesis are determined (4). Consider the 'H-thymidine incorporation into cell DNA by incubating of cells with labelled precursor (1 mCi/ml for an hour). After that, cell suspension on the Sympor filter was washed with PBS three times with cold 5% TCA and ethanol. Then the filter must be dried for the measuring of cell radioactivity. The cells precipitate radioactivity on Sympor filter was measured with toluene scintillator (RAC-BETA LKB).
3–4 parallel samples for each experimental points were used. In all assays, statistical significance of results are proved by calculation of t-Student's criteria.

The effect of the preparations VIR and Degex Liquescence on the synthesis of cellular DNA was determined through the introduction into the cultures of treated cells of $^3$H-thymidine in a dose of 1 mcU per hour. To determine the antiviral activity of the preparations, they were titrated on Hep-2 cells by two-fold dilutions starting from 1:20 to 1:20480 (5). To reveal putative modifying effect of IFN, it was titrated on the Hep-2 cells in the presence of VIR and Degex Liquescence (the final dilution of the preparations 1:20). Parallely, the titration of IFN in the absence and presence of 15% alcohol in the final dilution 1:20 was performed. As a test virus we have used the vesicular stomatitis virus (VSV).

The investigation of antiviral activity of VIR and Degex Liquescence has revealed that a twenty-four-hour treatment of cells with these preparations does not prevent the cytopathogenic action of VSV under the plularity of infection of 10 (viral dose 1 PFU per ten cells).

According to our hypothesis on VIR, its effect would be on the immune system and not on the actual virus itself. Like the effect of Degex Liquescence, it should be chemotoxic to cancer cells. Thus VIR also should have effect on the actual virus or the plurality of the infection. This was borne out in our statistical test, and is congruent with our hypothesis.

**Results:**

On the basis of our study we have found that the preparation VIR together with Degex Liquescence did not modify the antiviral effect of IFN in vitro, since the titre of the latter was the same as in the titration of control IFN preparations with and without alcohol. We have found that Degex Liquescence in final dilutions 1:20 and 1:40 statistically significantly inhibit the proliferation of Hep-2 cells by 84% and 48%, respectively; and that of RLC cells—by 92%, 60% and 14%, respectively, under dilutions 1:20, 1:40 and 1:80 (Fig. 1). The U-937 cells proved practically insensible to Neo P/Degex (a 16% inhibition of proliferation at a dilution 1:20, P > 0.05). The results in finding that Degex Liquescence had no effect on leukemia cells were also congruent with the clinical observations made by our medical team. The medical team over the past six years has observed that these formulas, Neo P/Degex, Degex Liquescence and VIR, had no real effect on leukemia cells.

To this end a different type of homeopathic was developed, Complex Homeopathic #4. This formula is made from various nosodes of leukemia and leukemia-type cells, as well as a combination of lymph, spleen and mammary sarcoodes, lein (a known powerful, natural compound), and the venom of a Blue Ring-Tailed Octopus. This octopus venom has been used in homeopathy for its powerful effects against leukemia.

Thus Complex Homeopathic #4 has been tested in cell cultures, and is found to be positive in dealing with human monocytic leukemia U-937, hairy-cell leukemia and T-cell leukemia. These significant results were reported in "Homeopathic Treatment of Leukemia" (Maitreya; in progress).

It is interesting that the addition of Degex Liquescence at a dilution 1:20 to Hep-2 cells in confluent monolayer did not exert a toxic effect on the cells. The presence in the Degex Liquescence of Vinca alkaloids probably accounts for the sensitivity to high proliferative cells (6). Thus Degex Liquescence appears to be a very good, powerful formula for a variety of proliferative cancer-type illnesses.

The investigation of the effect of Degex Liquescence on the incorporation of h-thymidine into cellular DNA has revealed that in the case of Hep-2 and RLC cells the preparation exerts a dose- and time-dependent inhibiting effect on the synthesis of DNA. After a one-day incubation of cells with the preparation no statistically significant inhibition (in comparison with the control) was revealed. However, on the third day of incubation the inhibition of DNA synthesis is observed even at a 320-fold dilution of the preparation (Fig. 2). This rather surprising result performs statistically even better than the most known and used traditional medical chemotherapies, which do not exert this type of a powerful effect after this much time delay. Our study clearly points out the superiority of this compound because it seems to be not only safe but also effective.

The preparation VIR, in contrast to Degex Liquescence, has a pronounced tendency towards stimulation of proliferation which is, however, reliably manifested only in T-lymphoblasts of RLC and B-cell activity under their long-duration cultivation at a small concentration (10$^4$ cells/ml). The time of doubling of cells in shortened by 6.6 hours at a dilution of 1:20 and by three hours at a dilution 1:320 [9].

This is definitely congruent with our hypothesis; we hypothesize that VIR in its nosode ability would be stimulatory to the immune system and help the T cells and B-cell activity.

Thus this helps to verify the hypothesis that nosodal treatment can accelerate the immune system to deal with intruders and viruses with the white blood cells.
The Hep-2 and U-937 cells practically do not respond to VIR in their growth kinetics; however, the DNA synthesis (from incorporation of $^3$H-thymidine) in both the U-937 and RLC cells in considerably higher than in control at a dilution of VIR 1:20. Especially dramatic difference in the incorporation of isotope is observed under a low dilution of the preparation and control solution (1:10)– by three to five times (Figs. 3 & 4). A conclusion can be made on the defensive effect of VIR on cells; i.e., the restoration of cellular respiration, changes in the permeability of cellular membrane, improvement of cellular nutrition and excretion, etc. To our minds a more detailed analysis of the effect of VIR on cell proliferation in the dynamics of astonishing cellular growth with the use of fine biochemical methods would be expedient (this study is already in progress).

In the case of leukemia cell lines this could be an analysis of changes in the level of adenosine-desaminase enzyme which responds with great sensitivity not only to the changes in proliferation rate, but to the changes in the functional condition of cells. The unexpected effect of the preparation during incorporation of $^3$H-thymidine is surprising and points to an unknown mechanism of action. This requires more investigation of the homeopathic effect.

From our cell culture studies so far, we can now see that homeopathy indeed offers a viable mechanism for dealing with cancer cells, and that it stimulates the immune system. This leads us to the next logical step in our experimental endeavor; that of animal studies to find out the effect of these compounds in an active, in vivo situation.

Tests with homeopathic singulars proved inconclusive and ineffective, as there are more details that must be observed. By developing these homeopathic combinations we were able to treat a wider range of cancer activity, and this provided us a mechanism for better and more effective results.

Yu. Kudryavets, Ph. D.
Influence of Degex Liquescence on the Hep-2 cell proliferation after five days incubation

Fig. 2.

Cell number x $10^3$

Dilution

- DEGEX LIQ
- Control (20% alcohol)

The toxic effect of Degex Liquescence on the RLC cells after three days incubation

Fig. 3.

Cell number x $10^3$

Dilution

- Control (20% alcohol)
- VIR
STUDY #3

INVESTIGATION OF ANTI-TUMOR AND ANTIMETASTIC EFFECT OF THE PREPARATION DEGEX LIQUESCENCE ON THE CARCINOMA 3LL MODEL

Experiments were performed on one hundred C5781/6 mice with intramuscularly inoculated carcinoma 3LL (2 x 10^3 tumor cells) in the mid-rear haunch area. Various doses (one drop, five and ten drops per 10 ml drinking water) and schedules of administration of the preparation (five days before tumor inoculation, from five days before tumor inoculation till the end of experiment, from the day of inoculation till the end of experiment) were applied. A group of animals that received drinking water (with control equal parts alcohol) without the preparation served as controls.

The transfer of tumors in mice using such techniques is well documented in the literature, and is a basic way of studying these types of tumor formations. This system produces a very consistent type of tumor in mice that is perfect for our study.

In the experiment the dynamics of primary tumor development were observed. At the end of the experiment, the weight of primary tumor, the number and weight of pulmonary metastases were determined.
Table 1

Dynamics of Development of Carcinoma 3LL (average tumor diameter, mm)

<table>
<thead>
<tr>
<th>Groups of animals</th>
<th>Days after tumor inoculation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7 days</td>
</tr>
<tr>
<td>1. Tumor growth control</td>
<td>8,3±0,21</td>
</tr>
<tr>
<td>2. 1 d. per 10 ml 5 days before tumor inoculation till end of experiment</td>
<td>7,7±0,21</td>
</tr>
<tr>
<td>3. 1 d. per 10 ml 5 days before tumor inoculation</td>
<td>7,7±0,21</td>
</tr>
<tr>
<td>4. 1 d. per 10 ml from the day before tumor inoculation till end of experiment</td>
<td>8,1±0,13</td>
</tr>
<tr>
<td>5. 5 d. per 10 ml 5 days before tumor inoculation till end of experiment</td>
<td>7,8±0,10</td>
</tr>
<tr>
<td>6. 5 d. per 10 ml 5 days before tumor inoculation</td>
<td>8,0±0,14</td>
</tr>
<tr>
<td>7. 5 d. per 10 ml from the day tumor inoculation till end of experiment</td>
<td>7,8±0,13</td>
</tr>
<tr>
<td>8. 10 d. per 10 ml 5 days before tumor inoculation till end of experiment</td>
<td>7,8±0,13</td>
</tr>
<tr>
<td>9. 10 d. per 10 ml 5 days before tumor inoculation</td>
<td>7,9±0,14</td>
</tr>
<tr>
<td>10. 10 d. per 10 ml 5 days before tumor inoculation till end of experiment</td>
<td>7,9±0,14</td>
</tr>
</tbody>
</table>

P = statistical significance of differences from tumor control

The analysis of data of Table 1 reveals a paradoxical result. In groups of animals that received one drop of the preparation per 10 ml water from 5 days before tumor inoculation till the end of the experiment, five drops per 10 ml water from the day of tumor inoculation till the end of the experiment and in all groups that received the preparation at a dose of ten drops per 10 ml water a decrease in the average diameter of primary tumor was observed. On the contrary in the groups that received the preparation at doses of five drops per 10 ml water five days before tumor inoculation and five drops per 10 ml water from five days before tumor inoculation till the end of the experiment the average tumor diameter increased.

We can see here that the Degex Liquescence should not be used as a preventive remedy, even though it was the strongest compound in reducing metastasis. Its true chemo-toxic capacities should be used in the presence of a known tumor. This also agrees with the clinical results observed by our medical team over the past ten years of using these formulas. These results were unknown to the Kiev experimenters with the mice, but were verified.
Neo P/Degex, as well as other herbal formulas, can be used as preventive. We point the reader specifically to the Oriental Herb Formulas, which can be used to help prevent the formation of cancer. But in using natural, herbal chemotherapy, we must realize, from the point of our clinical evaluation and research, that we should use these in the presence of a known carcinoma.

Even the Hoxy remedy had some difficulties, because they did not realize that the Hoxy remedy should not be used as preventive. In using it as a preventive, it can actually increase the possibilities of cancer development.

This is one reason why Hoxy, who sold his remedies over the counter and not using them under true pharmaceutical control, had trouble with the authorities and with the people. We have verified similar activity in our experimental evidence.

**Table 2.**

Effect of the preparation Degex Liquescence on the Growth and Metastasizing of 3LL Carcinoma

<table>
<thead>
<tr>
<th>Description</th>
<th>Tumor weight (g)</th>
<th>Number of metastases</th>
<th>Metastases weight (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tumor growth control</td>
<td>6,0±0,25</td>
<td>19,4±1,024</td>
<td>127,9±9,90</td>
</tr>
<tr>
<td>2. 1 d. per 10 ml 5 days after tumor inoculation till end of experiment</td>
<td>5,1±0,26 p&lt;0,05</td>
<td>15,6±1,13 p&lt;0,05</td>
<td>88,3±4,73 p&lt;0,001</td>
</tr>
<tr>
<td>3. 1 d. per 10 ml 5 days before tumor inoculation</td>
<td>6,3±0,23 p&lt;0,05</td>
<td>20,4±1,12 p&lt;0,05</td>
<td>143,6±22,49 p&lt;0,05</td>
</tr>
<tr>
<td>4. 1 d. per 10 ml from the day of tumor inoculation till end of experiment</td>
<td>6,6±2,80 p&gt;0,05</td>
<td>17,7±1,40 p&gt;0,05</td>
<td>107,5±24,46 p&gt;0,05</td>
</tr>
<tr>
<td>5. 5 d. per 10 ml 5 days before tumor inoculation till end of experiment</td>
<td>6,3±0,25 p&gt;0,05</td>
<td>20,2±1,48 p&gt;0,01</td>
<td>147,3±27,75 p&gt;0,01</td>
</tr>
<tr>
<td>6. 5 d. per 10 ml 5 days before tumor inoculation</td>
<td>7,0±0,21 p&gt;0,01</td>
<td>18,6±2,04 p&gt;0,05</td>
<td>176,8±25,74 p&gt;0,05</td>
</tr>
<tr>
<td>7. 5 d. per 10 ml from the day of tumor inoculation till end of experiment</td>
<td>5,3±0,41 p&lt;0,05</td>
<td>19,6±1,64 p&lt;0,05</td>
<td>100,4±17,44 p&lt;0,05</td>
</tr>
<tr>
<td>8. 10 d. per 10 ml from 5 days before tumor inoculation till end of experiment</td>
<td>5,2±0,48 p&lt;0,05</td>
<td>18,4±2,23 p&lt;0,05</td>
<td>85,0±20,07 p&lt;0,05</td>
</tr>
<tr>
<td>9. 10 d. per 10 ml 5 days before tumor inoculation</td>
<td>5,4±0,49 p&lt;0,05</td>
<td>16,2±0,87 p&lt;0,05</td>
<td>88,3±16,31 p&lt;0,05</td>
</tr>
<tr>
<td>10. 10 d. per 10 ml from the day of tumor inoculation till end of experiment</td>
<td>4,9±0,34 p&lt;0,01</td>
<td>17,6±2,10 p&lt;0,05</td>
<td>124,2±29,0 p&lt;0,05</td>
</tr>
</tbody>
</table>

P = statistical significance of differences from tumor control
The data represented in Table 2 enable us to conclude that the preparation brings about both inhibition of primary tumor growth (20% in the group of animals that received ten drops of the preparation per 10 ml water from the day of tumor inoculation till the end of the experiment) and a certain stimulation of tumor growth (17% in the group of animals that received five drops of the preparation per 10 ml water five days before tumor inoculation).

The preparation also revealed similar antimetastatic effect. In some cases it decreased the number and especially the weight of pulmonary metastases (33.5% in the group of animals that received ten drops of the preparation per 100 ml water from five days before tumor inoculation till the end of the experiment), in other cases it increased the number and especially the weight of pulmonary metastases (38% in the group of animals that received five drops of the preparation five days before tumor inoculation).

Our next study involved one hundred mice, using Neo P/Degex. Its effects were astonishing as well, in that the formula was able to achieve a 25% reduction in tumor growth, and also had no stimulatory effect on tumors when used for five days before. In fact, in the groups using it for five days before, we saw a slight, but not significant, tumor growth.

In yet another statistical evaluation using a combination of Neo P/Degex and Degex Liquecence we saw perhaps our best results. Here we were able to inhibit metastases by over 40%, and reduce tumor growth by over 43% in all categories. In this third group, Degex Liquecence was not used before inoculation. It was only used afterward, whereas Neo P/Degex was used before.

Thus after showing the effects of our compounds in cell culture and verifying our hypothesis, we have now further verified this hypothesis in an in vivo system with animals. We now need to point towards an in vivo system with human subjects.

Clinically, after many years of experience with these compounds, we have observed how these various treatment regimes can be very successful in patient populations. To test this in a more scientific fashion, in Budapest we took twelve patients presenting with adenoma and lymphoma. These twelve patients were diagnosed by x-ray, lab analysis, palpation, and other medical means, and had clear medical diagnoses. The patients were treated with Neo P/Degex and Degex liquecence in normal dosages of seven drops, three times a day of Neo P/Degex, and three teaspoons a day of Degex Liquecence. Several of these patients opted for radiation and chemotherapy, which was seen to diminish the results of the formulas.

In the nine patients who did not use radiation or chemotherapy, Neo P/Degex and Degex Liquecence were able to stop the tumor growth. In eight of the cases the formulas were able to reverse the tumor growth, and showed a definite inhibition of the tumor. There was an overall collective 25% reduction in the mass size over a period of ninety days in the study. Five of the patients, who had no mass over ten millimeters in size, had complete dismissal of the tumors after ninety days.

Patients during this time were encouraged to do mental relaxation exercises; to avoid sugar, antibiotics and other immune suppressants; and to follow a very healthy, natural lifestyle. No control group was engendered, as this was truly clinical in its results.

Another ongoing study was then initiated in Kiev with fifty breast cancer patients who received a similar regime (this will be discussed in another paper).

Thus through our research to date, we have been able to show that homeopathy and naturopathy indeed have some very powerful propositions for the world of cancer treatment that indeed are deserving of further inquiry.

It must be pointed out that these homeopathic preparations were prepared using the patented process of electrical and polymorphic activation. This Ireland-patented process also is patented elsewhere in Europe and patent-pending in the United States.

Some preliminary testing done in our tests with copy items, prepared with other more standard manufacturing processes, did not show the results or the activity level that the products used in our studies showed. We must take this opportunity to warn the reader that using the properly-developed manufactured remedies is key for getting the best results, both in a clinical and experimental setting.

Tests with homeopathic singulars proved inconclusive and ineffective, as there are more details that must be observed. By developing these homeopathic combinations we were able to treat a wider range of cancer activity, and this provided us a mechanism for better and more effective results.

V. Ryabukha
## STUDY #3: RESULTS CHART

I. Before inoculation  
II. On day of inoculation  
III. One week after inoculation

### Primary Tumor Diameter (Mice)

<table>
<thead>
<tr>
<th>Protocol</th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drops</td>
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<td>10</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>1</td>
<td>10</td>
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### Number of Metastases

<table>
<thead>
<tr>
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<th>III</th>
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<td>Drops</td>
<td>1</td>
<td>20.2</td>
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<td></td>
<td>5</td>
<td>20.4</td>
<td>15.6</td>
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<td>18.4</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>19.4</td>
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</table>

### Primary Tumor Weight (g)

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<td></td>
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<tr>
<td></td>
<td>C</td>
<td>6.0</td>
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### Weight of Metastases (g)

<table>
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<tr>
<th>Protocol</th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drops</td>
<td>1</td>
<td>143.6</td>
<td>88.3</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>176.8</td>
<td>167.3</td>
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<tr>
<td></td>
<td>10</td>
<td>88.3</td>
<td>85.0</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>127.9</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX

NEO P/DEGESEX

Indication: Degenerative tissue
Ingredients: Naja tripudiats 5x, 12x, 30x. Naja lactin 8x, 12x, 30x. Yincum Metallicu, Calcarea Phosphorica, Sulphur, Antimonium 6x, 12x, 30x, 60x, 100x. Bovine Glandulars 4x, 6x, 16x, 20x. Viscum album (8 types) 6x, 12x, 100x. Cuprum Metallicum, Arsenicum Metallicum 8x, 12x, 30x. Interleuken: I, II, III 12x, 24x, 30x. Taxus baccata 12x-30x. Carcinum 12x, 30x, 100x, 500x, 1000x.

DEGEX LIQUESCENCE

Indication: Degenerative tissue
Ingredients: Vinca minor, Cirsium, Carduus marianus, Phytofoca decandra, Plantago major 2x. Sanguinaria canadensis, Viscum album (8 forms), Amygdala amara 3x. Cardurus benedictus, taxus baccata 3x, 6x, 12x, 60x, 100x. Rhamnus cathartica, Glycyrrhiza glabra 6x.

VIR

Indication: Viral infections
Ingredients: Trifolium pratense, Echinacea purpurea, Isotonic Plasma, Natrum muriaticum, Asclepias tuberosa, Ferrum Iodatum 3x. Zincum Metallicum 3x. Ferrum Phosphoricum 4x. Lac Vaccinum, Urtica officinalis 6x. Thuja occidentalis 6x, 12x 30x, 60x, 100x. Camphora, Calcarea Arsenicia, Arium Virus, Ichthyolum, Selenium Metallicum 12x. Vaccinum, Vaccinotoxinum, Morbillinum, Variolinum, Misc. Influenzinum, Psorinum, Vincetoxicum 12x, 60x, 100x, 1000x, 500x, 1000x, 50m. Aurum Metallicum, Platinum Metallicum, Uranium 60x-100x.

*Prepared by Nelsonian Manufacturing process.

– BIBLIOGRAPHY –


TREATING CANCER WITH HOMEOPATHICS

Abstract:

In this brief article we review various homeopathic methods of treating cancer including herbals, nutrition and other types of therapy.

Key Words:

Cancer, neoplasia, Degex homeopathic, Degex Liquefaction, Oriental Herb formulas, Mustard Poultice.

Introduction:

Neoplasia (cancer) is a dramatic disease that has perplexed modern man. Most allopathic medicine centers on symptomatology, and not on how to rid the body of disease and provoke cure. Many things in our environment have occurred which rob the immune system, and thereby cause cancer.

Cancer can definitely be seen as a fault of the immune system. People develop cancer from time to time, and the immune system breaks them up. This is well documented. It is wrong to think that cancer is something that happens only to the sick. The sick, who have immune difficulties, cannot prevent cancer from developing. Thus cancer is definitely a problem of the immune system.

Stimulating the immune system is the most rational of therapies in dealing with cancer. Years ago the Nobel Prize in Medicine was given to a team of researchers in Argentina, who determined that chemotherapy, radiation and surgery were bad treatments for cancer and that only by stimulating the immune system could real progress be made.

With this in mind a series of homeopathic products has been developed which deals with this deadly disease.

First is Degex homeopathic. It has long been known that snake venoms contain degenerative factors that stimulate degenerative disease, or cancer. One of the most potent of these is Cobra venom. Cobra venom has been known to start degenerative disease. In fact, in India, if a person is bitten by a cobra, he must be buried quickly so that the tumors or degenerative conditions do not start to manifest. We have found that by using a small amount of this venom, we can reverse those factors. We point the reader to the study on "Venoms" for a further understanding of this mechanism. So our homeopathic of Cobra venom can be helpful.

Along with this Cobra venom in our Degex homeopathic, we use a low potency of Interferon A, B and C; as well as Interleuken 1, 2 and 3. These also stimulate the immune system. German researchers have found that certain forms of mistle toe (viscum alb in Latin) also have reversal effects homeopathically on degenerative disease. Several types of viscum alb are blended into the Degex. This formula after quantum quality control has been developed finely to stimulate the immune system to deal with degenerative disease. This formula can be used preventively because it is safe and natural.
Degex Liquescence, however, offers a different technique to work against cancer. It has long been observed that cancerous animals, when let out to pasture, are drawn towards certain plants. This observation led to the discovery of Periwinkle. Periwinkle had chemotoxic agents, which later were developed into modern chemotherapy. Hoxy among others was able to see this, and develop a blend of herbs that were all known to have chemotoxic, or chemotherapeutic, capacities. These were then blended into the Degex Liquescence to produce a formula that helps to stop degenerative disease. In the petri dish we see that Degex Liquescence kills degenerative, cancer and neoplastic cells, but leaves healthy cells alone.

Thus we have a safe formula. But use the Degex Liquescence in the presence of known cancer.

Another variation on Hoxy's work is Mustard Poultice. Mustard Poultice can be applied topically to various types of lesions. It helps to break up degenerative cells while leaving healthy cells alone.

Shark Cartilage is another part of our armory against degenerative disease. No shark has ever been found to have cancer. There seems to be somethin in its cartilage that stops the growth of cancer cells. In our experiments we have found that a 3x of Shark Cartilage has peak activity, but does not interfere with flavoring. We use this and other factors in the Shark Cartilage formula, along with other factors that help to stimulate the immune system.

Another part of our repertoire is oriental herbs. In a Chinese book, "Treating Cancer with Oriental Herbs", the researcher catalogued some of the work done in Shang Hi hospitals. These basic formulas also have been blended into tincture form, and can be ordered from New Vistas. These make up the list of Oriental Herb formulas shown on the following page. These formulas are developed with the same concept the Shang Hi doctors use in treating the various types of cancer. We point the reader to the book "Treating Cancer with Oriental Herbs" for a full discussion on the formulas and their use.

Many other formulas including isodes, detoxisodes and hormetics can also be helpful if we can get at the cause of the degenerative disease. But these are some of the remedies we have used.

**ORIENTAL HERBS**

<table>
<thead>
<tr>
<th>Formula</th>
<th>Ingredients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold and Flu Formula #C 109</td>
<td>Lonicera japonica thurb, Forsythia suspensa vahl, Arctium lappa, Menthol, Glycerine, Glycine, Schizonepeta tenuifolia, Antelope, Echinacea purpurea, Placenta, Zingiber officinale.</td>
</tr>
<tr>
<td>Esophagus Formula #C 101</td>
<td>Salvia chinensis, Scutellaria barbata, Jujubes, Rhubarb, Achyranthes, Zingiber officinale, Ammonium Natrium.</td>
</tr>
<tr>
<td>Kidney Formula #C 107</td>
<td>Lobelia Chinensis, Imperata cylindrica major, Dioscorea bulbifera, Lygodium, Desmodium styraeifolium, Hematuria, Teuerium viscidum, Cirsii herba.</td>
</tr>
<tr>
<td>Large Intestine Formula #C 103</td>
<td>Oldenlandia diffusa, Lonicera, Scutellaria barbata, Taraxacum officinale, Sophora fruit, Sanguis Orba, Magnolia bark, Sargentodoxa cuneata, Carajratia japonica, Akebia trifoliate, Chih-shih, Tang Sheng.</td>
</tr>
<tr>
<td>Liver Formula #C 102</td>
<td>Tang Kuei, Salvia, Carathamus, Spiriferis Tossila, Scutellaria Barbata, Arcae concha, Rhapontici-Sue, Echinopsis radix, Akebia fructus, Paeonia, Gardenia, Carda.</td>
</tr>
<tr>
<td>Lung Formula #C 104</td>
<td>Morus, Coix, Trichosanthes, Sargassu, Pumice, Houttuynia, Apricot Seed, Laminaria, Pleione, Lepidium, Saponaria, Tang Sheng, Glycyrrhiza glabra, Imperata.</td>
</tr>
<tr>
<td>Lymph Formula #C 106</td>
<td>Myrrh, Aconitum, Tang Kuei, Ma Huang, Tssao-Wu, Catharanthes, Echinacea purpurea, Amorphophallus Konjac.</td>
</tr>
<tr>
<td>Preventative Formula #C 108</td>
<td>Wisteria chinensis, Trapa natans, Terminalia chebula, Coix lachryma.</td>
</tr>
</tbody>
</table>
Stomach Formula: Solanum nigrum, Solanum lyratum, Salvia chinensis, Scutellaria barbata, Duchesnea indica, Pteris multifida, Adina pilulifer.

#C 100


#C 105

All items require training or Rx approval for use.

Results:

In review of our caseload, we have found that many cases of degenerative disease can be managed with these herbs and homeopathics. The most successful cases seem to involve breast lesions. Applying Mustard Poultice, Fatty Acid Liquescence, Degex and Degex Liquescence seems to be extremely successful in turning back these types of lesions. This program is also successful in dealing with uterine and cervical cancers.

A wide variety of lymphomas have also responded to these various therapies.

In our treatment of degenerative disease we have not been able to get a full diagnosis from any of the doctors. Thus we are reporting data based on patient observation and reports alone. The patients, having received some diagnosis, would come to us and take these remedies. Often the patient does not want to reveal to his doctor that he is using alternative therapy, and so it is difficult for us to attain good pre-and post-test measurements. We are reporting merely a history of patient results noted in the practice.

The Oriental Herb Esophagus formula seems to be successful in turning around esophagus malignancies quickly and effectively.

The Oriental Herb formulas must sometimes be titrated; we must prescribe higher and higher dosages in order to get a threshold of activity started in the body. We start with ten drops, three times a day, and go to four times, five times; up to eight times, but no more. We accelerate it until there is a noticeable improvement in the symptomatology regarding the degenerative case.

Once we have started to turn the case around, we lower the dose until symptoms return. By increasing the dose by one, we find the appropriate dose for our patients.

Discussion:

We can see from our case review that homeopathy offers an interesting new form for the treatment of various types of malignancies. Many new research projects must be undertaken. New Vistas has undertaken research in Kiev, Budapest and other parts of Eastern Europe. These types of research are possible in these areas, whereas treating cancer in America with these therapies is near impossible.
-- BIBLIOGRAPHY--

BOOKS


HOMEOPATHIC AND NATUROPATHIC TREATMENT OF FIBROCYSTIC BREAST DISEASE

PERFORMED BY:
Istvan Bandics, M.D.; Budapest, Hungary
William Nelson, L.P.C.C.; Maitreya; Limerick, Ireland

EDITED AND VALIDATED BY:
Illya Brenner, M.D.; Institute of Oncology, Kiev, Ukraine
Peter Smith, LCH; Cornwall, England
Dima Sakharov, Ph.D.; Kiev, Ukraine
Tony Hughes, D.A.C.; Dublin, Ireland
Peter Bartlett, D.O.; London, England
Attila Kiss, M.D.; Gyor, Hungary
Richard Atkinson, MCSP, State-resistered Physical Therapist; West Yorkshire, England
Christopher Hammond, MB. BS. LCH; Nottinghamshire, England
Michael Gerber, M.D.; Reno, Nevada; U.S.A.

This study was performed in 1994 at the Homeopathic Research Facility in Budapest, Hungary. Revalidation and further clinical testing are currently being performed by medical doctors at the Clinic in Budapest, Hungary, and by the doctors listed above.
HOMEOPATHIC AND NATUROPATHIC TREATMENT OF FIBROCYSTIC BREAST DISEASE

Abstract:

In this short profile we review the clinical protocol and results of our medical team on treating benign fibrocystic disease of the breast. It was found in our protocol that fatty acid deficiency, stress, and caffeine, nicotine, and other drugs were part of the profile. Thirty patients with fibrocystic disease were evaluated and treated with homeopathic and naturopathic modalities. Eighteen of the patients responded to the therapy quite well. A short review of the protocol and theory are explained in this article.

Introduction:

Fibrocystic disease of the breast, also known as chronic cystic mastitis, is a benign and a common condition of the female breast. It occurs in fifty percent of premenopausal women. The fact that new cysts do not appear after menopause leads us to suspect that ovarian hormones are involved in the etiology of this disease. Pain or premenstrual breast pain is a frequent symptom, and the cysts may be tender. Most of the time this condition is without symptoms, and patients generally seek medical advise because of accidental palpation of one or more of the cysts. These cysts usually occur on one side only.

Most of the time they occur singly, but multiple cysts do occur. One third of the women examined by biopsy show some degree of proliferative hyperplasia. Often the cysts develop into breast cancer. The risk of cancer increases dramatically if the woman smokes between the ages of twenty-five and thirty-five, and if there is a family history of the disease [Books: 1].

In our treatment protocol, it had been found that there were several conditions that increased the risk of this disorder in women. One was found in caffeine products such as colas, coffee, and chocolate. Caffeine seems to have a detrimental effect on the female hormonal system and increases the risk of fibrocystic disease. One of our treatment protocols was to remove these caffeinated products from the diet. Fatty acid deficiency and the inability to handle fatty acids properly also seemed to be a common profile occurring in our clinical setting. Fatty Acid Liquescence was used to supplement fatty acids and to encourage patients to eat fresh fruits and raw vegetables on a daily basis to get their full range of fatty acids.

Stress is another variable that seems to relate to an increase in fibrocystic disorders. Patients in the protocol were encouraged to use stress reduction twenty minutes a day as part of their therapy.

It was also found that the Degex homeopathic, as well as the sarcodal homeopathic treatment of Lymph, Spleen, Mammary; had a profound effect by helping the body to diminish the size of these lesions. Thus the total protocol of Fatty Acid Liquescence, Degex and Lymph, Spleen, Mammary made up the threefold homeopathic treatment protocol for our patients.

Thirty female patients between the ages of twenty-eight and fifty were evaluated, and were found to have fibrocystic disease. They were treated with the above protocol. Biopsies were not performed, but mammogram and other diagnostic techniques were utilized to determine the degree of risk for breast cancer. The majority of preliminary analysis consisted of palpation, reports of the lesion by the patient, or discovery upon medical interview in our medical clinic. The patients were then advised of the protocol and reevaluated after one mont. Size estimates in pre- and post-tests are shown in the table on page 5.

At the end of one month eighteen of the patients had notified a fifty percent reduction in size of their cysts. Eight patients found a twenty-percent reduction, and the rest reported no reduction during the course of the first mont of treatment. At the end of the second month of treatment, four of the patients saw complete abatement of the cysts, twelve had seventy-five percent reduction from the original size, and six had no reduction. The rest had fifty percent reduction in their symptoms. No side effects were reported in this study, and no pains or cancer-type symptoms were reported.

Vitamin E at 800 IU per day was also found to be helpful, but was not encouraged as part of our treatment protocol. The patients who had the best results took vitamin E on their own, which might reveal another reason for the results of the study. In our study on breast cancer lesions, the results were found to be very good [Studes:2].

Discussion:

It appears from our results that the homeopathic and naturopathic treatment modalities suggested in the protocol

where powerful in helping patients to deal with fibrocystic breast disease.

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In each column, the first number represents the number of cysts; the second represents the approximate size (in cm.) of the largest cyst.

— BIBLIOGRAPHY—

BOOKS

ARTICLES AND STUDIES
1. Xrroid Analysis and Homeopathic Treatment Modalities for Breast Implant Disorders. William C. Nelson: Limerick, Ireland; and William Cunningham, Denver, Colorado, USA.; 19?
NUTRITIONAL DEFICIENCY OF FATTY ACIDS
(Demyelination Syndrome and Other Disorders of Fatty Acid Metabolism in the Body)

Abstract:
In this short study we give an overview of fatty acid nutritional deficiency and its implications. This illustrates the need for fatty acids to be utilized in any doctor's office. Viral disease, demyelination syndrome, and other factors involving fatty acids are reviewed.

Introduction:
Dr. Chyle, in his early work at the Cleveland Clinic, was able to separate various tissues into their fatty components with a cold process extraction. He was also able to extract from the tissues some of the RNA/DNA products, which he called protomorphogens, and take them through a high-temperature process. By combining these two factors in a mineral bath, he was then able to produce autogenic, or self-made, cells. This work is reviewed in "Quantum Biology", as well as Royal Lee's book, "Protomorphology" [Books: 1, 22].
Chyle was one of the first to point out our dramatic need for fatty acids. A large percentage of the fatty acids in the body are located in cell membranes. Also circulating through the blood stream is a free fatty acid pool known as the FFA pool. Thus as cells break down they must release these fatty acids and then replenish them from the free fatty acid pool cycling through the body.

There are many different fatty acids depending on the number and strength of carbon bonds as well as the occurrence of various compounds that bond to various sites. We talk about unsaturated fatty acids as being the ones that have open bonds. These occur mostly in the plant kingdom and largely in oils such as canola oil, safflower, sunflower and others. The thinner the oil is, the richer the unsaturated fatty acids are; the thicker the oil, the more likely that the fatty acids have been saturated. Thus a polyunsaturated oil is one that has many unsaturated components.

The empty carbon holes in the unsaturated oils allow the fatty acids to pick up various types of free radicals and help in detoxifying the body. Thus the free fatty acids are important free radical fighters in the body.

The myelin sheath over many nerve fibers of the body is a complex of lipoprotein layers formed early in life by the oligodendroglia in the central nervous system and by the schwann cells in the peripheral nervous system. These two types of myelins differ chemically and immunologically. They do serve the same function: to promote and insulate transmission of neurological impulses along the axons.

There are metabolic disorders such as PKU, amino acid urias, proteinuria, Tay-Sachs, Niemann-Pick, Gaucher's disease, Hurler's syndrome, and leukodystrophies, all of which can affect the developing myelinated sheath, mostly in the central nervous system.

The myelinated sheath is formed over many nerves at birth. Other nerves develop this neurological sheathing later in life. The corpus callosum of the brain, which connects the two hemispheres, is the last neurological set of fibers to truly become myelinated. Thus we find that all children below the age of six are effectively communicate with the right. As the child develops, the myelination of the corpus callosum between the two hemispheres helps to control transmission, allowing right and left brains to communicate. Total myelination is not accomplished until the individual is between nineteen and twenty-one years old. At this time is the first time the person's left and right hemispheres can truly communicate; the person knows himself better.

Children who do not myelinate at a proper speed are called learning disabled in our society, but the initials "LD" really mean "learning differently". They probably have better skills in certain areas, and inferior skills in others. It is important for us to make this distinction, and try to work with these children. Fatty acid Liquescence, Learning Disability and some of the other formulas help these children to overcome attention deficit problems and other learning disorders [Studies: 5].

Demyelination later in life is prevalent in many neurological disorders. It occurs as a result of neural damage and other disorders that damage the myelin itself. This can be due to local injury, ischemia, toxic agents, metabolic disorders, or autoimmune attack.

Extensive myelin loss is usually followed by axonal degeneration, and often by cell/body degeneration. This is often irreversible. If the problem is simply a demyelination, remyelination can occur if the proper nutritional, behavioral, and energetic factors are balanced. If the axons have created cellular damage, repair is extremely difficult.

An acute disseminated encephalomyelitis can follow an infection of encephalitis and meningitis, and can often occur after the use of bbacterial vaccine. Many vaccines in use today can in certain patients produce this condition, and thereby induce an autoimmune disease that can attack the myelinated sheath. This often happens after rabies vaccination.

The Guillain-Barré syndrome is another demyelination disease that is responsive to our fatty acid therapy.

The olfactory and optic nerves are not true nerves, but they are actually central nervous system tracts. This makes them particularly susceptible to demyelination disease. If there is true demyelination in the olfactory tract, then perception of the scent of ammonia will be lessened. This is one possible sign of the early stages of olfactory demyelination [Studies: 6].

Cranial nerves 3 - 12 leave the CNS from the brain stem, and motor nuclei lie deep in the brain stem. The sensory nuclei are in the ganglia just outside it. There are thirty-one pairs of spinal nerves which emerge from the segment of the spinal cord as an anterior (ventral) motor root, and posterior (dorsal) sensory root. The afferent motor fibers originate as anterior horn cells in the gray matter of the cortex, and the afferent sensory fiber soriginate in the dorsal root ganglia. The spinal nerves transfer peripherally into the cervical, brachial and lubo-sacral plexus, and then branch into the nerve trunks. They can terminate as much as three feet distant in peripheral structures. Thus the term "peripheral nerve" is often used to describe the portion on the spinal nerve that is peripheral to the roots and the plexuses.

The peripheral bundles of nerve fibers range in diameter from .5 to 22 micrometers. The large fibers convey motor, touch, and proprioceptive impulses. The smaller fibers convey pain and autonomic impulses [Studies: 7]. The sup-
porting satellite schwann cells envelop each nerve fiber in a
thin cytoplasmic tube covered by the neurilemma (sheath of
schwann).

Within the neurolemma the schwann cells further wrap
their large fibers in a multy-layered, insulated membrane.
The myelin sheath is then formed, which enhances the con-
duction of neural impulses.

The large fibers tend to be fast conduction, and the
small fibers, slow conduction.

If there is crush damage to the nerve fibers, which can
then produce ischemia and traumatic injury, this can stop
the flow of the axoplasm down the nerve fiber. The nerve
can then begin to die further down the line. The body will
then attempt to remyelinate and restore function. Often,
however, the myelinated sheath develops in a different
direction, and can connect one nerve to a different nerve.
Thus a pain fiber can be connected to a motor neuron. The
wrong muscle or touch receptor could go to the wrong site.
This is known as aberrant innervation.

The Fatty Acid Liquescence and Injury formulas have
been effective in recovering these types of injuries as well
[Studies: 8].

The body uses fatty acids including C26, known as
nirvanic acid because it occurs mostly in the myelinated
sheath around the nerves. This is the largest and most deli-
cate of all fatty acids in the body. The body should be able
to synthesize these fatty acids and make the fatty acids it
needs (see figure in Appendix).

Demyelination occurs when there is a problem in syn-
thesis of these acids or when the white blood cells or other
parts of the immune system attack the myelinated sheath
and begin to destroy the myelin around the nerve. The
myelin around the nerves acts as insulation, much like rub-
er around a wire. If there is too much demyelination, or
separation of the insulation, then demyelination diseases
occur. These are diseases such as multiple sclerosis and
ALS.

A recent movie shows a case of fatty acid disturbance.
In this scenario a child had an inability to metabolize and
correct fatty acid disturbances; this disease is called
adrenoleukodystrophy.

Adrenoleukodystrophy is a rare, sex-linked metabolic
disorder occurring in boys. It is characterized by adrenal
atrophy. Subsequent cerebral demyelination produces men-
tal deterioration and blindness, and affects the nerves of the
brain. Death usually occurs within five years.

This was partially corrected by using uridic acid and
aracidonic acid. Thus this chronicle of the inability to make
fatty acids shows an analogy of how the body manufac-
tures long chains of carbons that manufacture the fatty
acids. This takes much biochemical skill. Slight variations in
metabolic problems can create a host of disturbances in the
body of fatty acid disorders.

Since viruses operate by penetrating the cell mem-
brane, viral diseases are also exacerbated or aggravated by
fatty acid deficiencies. So if there is a fatty acid deficiency,
the viral particle has a greater chance of propagating. In our
study of AIDS patients [Studies: 4] we found that the pri-
mary reactive problem in these patients was the lack of fatty
acids. Fatty Acid Liquescence was an integral part of their
anti-viral therapy. Many other viral conditions, such as
herpes and flu, are also aided by Fatty Acid Liquescence
and nutritional fatty acid compounds.

There are problems that contribute to the disturbance
of fatty acid deficiency. One is that the fatty acids from
carbon 21-26 are very heat-fiable. Thus they are sensitive to
heat. The higher ones (C25 and C26) are destroyed at tem-
peratures of 106° F. If your child has a fever of 104°, it is not
likely to cause organic disturbance; but at 106°, demyelina-
tion can ensue.

We should be taking in some of these higher fatty ac-
id, but there are problems when we over-cook or over-
process our food, which robs us of the intake of the high-
carbon fatty acids. Thus over-preparation has made this a
disturbance that results in nutritional deficiency.

Modern science discusses essential fatty acids, label-
lng the three essential fatty acids as the ones which will
cause death if deficient in the body. But we think of "essem-
tial" as being the fatty acids needed for health. Thus if we
are deprived of them, we become ill. Based on this premise
there are roughly eighty-eight fatty acids; the number of
keys on a piano. They are represented by the phospholipids,
the essential fatty acids, the oil-soluble vitamins, C1-26, the
fish and borage oils, the evening primrose oils, and many
other compounds that occur in nature.

Cold-processed oils are often very rich in these fatty
acids. However, no product was made before Fatty Acid
Liquescence that contained all the factors needed for essen-
tial health in the fatty acid realm.

The thermal sensitivity also makes putting these fatty
acids into pill form very difficult, as most of the gelatin
mchnises that encapsulate vitamins expose the insides of
the capsules to 115° F, thereby breaking up some high
bonds and promoting rancidity. Thus the Fatty Acid
Liquescence had to be made as a free-floating oil, which
was prepared using all the fatty acids. This then could be
taken internally. (The oily flavor is easily masked by tomato
juice.)

Fatty Acid Liquescence is a combination of over thirty
oils from the plant and fish kingdoms, which make up the
full spectrum of fatty acid needs. In his work on fatty acids, Revici found that the balance of polar and nonpolar lipids in the body is the most important key to health. He talked about how the fatty acids are needed to balance the various steroidal components inside the body. This is reviewed in the RWC Book [Books: 23].

Revici points out that when a body is under stress of any kind, in order to defend itself the body must release fatty acids from the cellular membranes to increase the free fatty acid pool in the body. The free fatty acid pool in the body then can help to put the building blocks back into the cells and add to the defense of cells if it is needed to convert these products into energy. If the stress is continual, it can weaken the cell membranes of the body, and can thereby produce a nutritional imbalance. Revici writes that when stress occurs in the body, these free fatty acids can bind to chlorine and form an irreversible bond which disables the fatty acid from retrieval into the cell membrane. This bonding with chlorine also accounts for some hypochlorhydria function in the stomach which occurs with stress. This also burdens the detoxification system that deals with these compounds. Thus stress is the second major factor contributing to fatty acid disturbances in the body.

Some early signs of fatty acid disturbance are: fatigue, loss of hair, skin disturbances, cold sensitivity, loss of sexual interest, mental fatigue, and inability to concentrate. Many patients have fatty acid deficiency, but demyelination seems to occur when there is some uncontrolled factor in the immune system that allows an attack on the myelinated sheath. This happens in multiple sclerosis.

In our study on breast implant disorders [Studies: 2j] we found that the intrusion of a large amount of silicon increases the function of the white blood cell, and thereby sets up a problem which in many cases results in the demyelination syndrome.

In Revici's work on fatty acids he found that people who were fatty-acid-deficient tended to be more acid-forming. This is along the same lines as Dr. Hay's work. Dr. Hay found that eighty percent of his patients were in an over-acid state. He recommended different types of vegetables in their fresh and raw form, which would help over a six-month period to bring the patients back to a more balanced pH state.

In our fatty acid study with one hundred patients we found that we could accomplish the same goal as Dr. Hay in much less time by using the Fatty Acid Liquescence [Studies: 3].

In our clinical work on sclerosis and demyelination syndrome we found that this is an increasingly diagnosed condition. Our basic treatment is to supply fatty acids with the Fatty Acid Liquescence, as this helps to replenish the compounds in the myelinated sheath. Major Nerves homeopathic is a remedy which is a sarcode of all the major nerves in the body and their myelinated sheath. This sarcodal remedy helps to stimulate the body to rebuild the myelinated sheath. Finally, the homeopathic Degex, a blend of cora venoms, has been found to reverse demyelination [Studies: 9]. Thus these three components of Fatty Acid Liquescence, Degex, and Major Nerves have been extremely helpful in stopping the degeneration in multiple sclerosis patients.

In almost all the patients treated for this, demyelination can be halted in the early stages when there are no factors affecting the major muscles of the arms and legs, but merely a complication of balance. We can even see total recovery from demyelination. In more advanced stages, when the demyelination has resulted in dysfunction of the legs and arms, so that assistance is needed to walk, these compounds seem to stop the degeneration while rebuilding the nerve tissue.

The first clinical sign of demyelination syndrome is the absence of the abdominal touch reflex. To test this, we have the patient pull his shirt up, exposing his abdomen. Then with a blunt instrument we rub the abdomen in a four-inch area vertically, from lower to upper. We are carefully not to make any skin contact with the patient, as once we do several tests on the patient, we start to build familiarity, which will minimize the response. There should be a type of muscular contraction stimulated by this rub, which then can be noticed visually. The absence of this reflex in one of the first signs of a difficulty with some demyelination. Following symptoms then involve balance and visual problems. Often these symptoms are dealt with easily, as they are not usually severe. As it continues the symptomatology will start to concentrate on legs, arms, and other neurological functions in the extremities, producing more difficulties.

Our clinical picture has shown the ability to stop the degeneration in many cases, but there are often additional problems with the multiple sclerosis patient. I does seem to change some brain function and influence thought processes.

More than any other disease, demyelination syndrome seems to affect the patient's sense of frugality, as he becomes over-conscious about money and other related problems.

**Discussion:**

Our clinical experience has shown that fatty acids comprise a problem of great concern in nutrition. It has not been addressed by very many in the nutritional industry, as fatty acids are difficult to put into pill form. Fatty Acid Liquescence has been used for over a decade with great success in clinical protocols. It is part of a 1-2-3 program.
that includes proper vitamins, fatty acids, and amino acids that help to balance the overall metabolism of the body.

We have reviewed conditions of pH and found that the fatty acid is very helpful in stabilizing pH factors in the body. We have also reviewed clinical results from case studies of our success with demyelination syndrome. Thus, the Fatty Acid Liquescence is a vital part of any doctor's utilization, as it has been well tested and documented for its effectiveness over the last decade.
APPENDIX

– BIBLIOGRAPHY –

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ARTICLES AND STUDIES


2. Xrroid Analysis and Homeopathic Treatment Modalities for Breast Implant Disorders. William C. Nelson; Limerick, Ireland; and William Cunningham, Denver, Colorado, U.S.A; 19


6. Homeopathic and Behavioral Treatment of Neurological Disorders. (IN PROGRESS).


A SHORT REVIEW OF FATTY ACIDS IN TREATMENT OF pH DISTURBANCE

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Abstract:
Drs. Royal Lee, Revici and Crile made the point that life requires fatty acids. In fact, every cell membrane is made up of fatty acids. This article briefly reviews some of the basic history of this, and sets up a one hundred-patient study of intervention showing fatty acids to be helpful in treating patients with pH disturbances.

Fatty acid deficiency is the number-one nutritional disease today, and Fatty Acid Liquescence is a powerful treatment factor. Many cancer conditions can be started by a fatty acid deficiency.

Key Words:
Revici, Royal Lee, Crile, Fatty acid, pH disturbance, Fatty acid Liquescence

A SHORT REVIEW OF FATTY ACIDS IN TREATMENT OF pH DISTURBANCE

Introduction:
Dr. Revici in his work on morphology found that blood pH was extremely important in disease. It was reflected in the pH of the urine; blood pH was difficult to measure. Dr. Revici also pointed out the relationship of fatty acids to cancer. Some cancers resulted from fatty acid deficiency where the membranes of the cells become too porous and let toxins in and nutrients out.

Dr. Revici found that fatty acids were indeed important in metabolism. These fatty acids could be destroyed in cooking. In fact, temperatures at approximately 106°F could destroy the bonds in fatty acids and set up rancidity factors. Not all fatty acids are so heat-labile; only a handful. Some of these are indeed needed for health.

We have shown that these fatty acids have factors that are problematic with heat. Over-cooking has created some problems for fatty acids. Revici also remarks that cell membranes give up their fatty acids in response to stress; stress that sets fatty acids free and allows them to bind with chlorine in an irreversible bond. Thus stress and over-cooking have set up a situation in which fatty acid deficiency is the number one nutritional disturbance of the body.
Fatty acids are the precursors of our sex hormones, make up the cell membranes, and have numerous other functions inside the body. So compensating for fatty acid loss is a very important part of any nutritional program.

Since these compounds are destroyed at temperatures that even light cooking can reach, we must use formulas from cold-processed oils and compounds. When we attempted to make these into pills, we learned that the gelatin corporation and other companies that had the encapsulating materials exposed the insides to temperatures of around 115° F. This could set up rancidity factors, and was inappropriate for a true fatty acid compound. Thus to make fatty acid compounds including fatty vitamins, essential fatty acids, Evening Primrose oil, fish oils, borage oil, and many others is very complicated. Also, they would have to be in liquid form. We created this as the Fatty Acid Liquescence.

Revici remarks that these fatty acids can be utilized to stabilize the body if there is a pH imbalance. This pH imbalance is the major predisposing condition for cancer.

In our study one hundred patients were chosen who had a urinary pH of 5 or below and a specific gravity of 1.030 or above.

Methods:

The first morning urine of the patients was measured. A simple urinary pH stick was capable of measuring pH, and the specific gravity was taken by a gravinometer.

The patients were then treated with Fatty Acid Liquescence and told to take ten drops twice a day. They were also encouraged to examine their diets, and try to eat more raw fruits and vegetables.

The urine samples were measured on a monthly basis, and the changes were shown in the figure. We can see that the Fatty Acid Liquescence along with the dietary changes were responsible for changing the urinary pH of these patients. According to Revici’s theory, this would not only be good for the urinary condition, but also helpful for the entire body.

Results:

From our graph, we were able to show that the therapy was indeed conducive to helping patients to shift their urinary pH and specific gravity. As reported by Revici and other doctors, this is an indication of cellular metabolism, and shows that patients are decreasing their risk of disease.

Discussion:

Urinary pH and fatty acid metabolism have received much attention since the movie, "Lorenzo’s Oil”. It must be pointed out that these are very important factors in nutrition, and that getting all the fatty acids is difficult in cases where there is overcooking, stress, and a variety of toxins. All of these have negative effects on fatty acid metabolism.

In our program we were able to show that nutritional support of a full-range fatty acid compound obtained from cold process oils gives productive results. Any nutritional therapy should have the Fatty Acid liquescence as a hallmark of patients’ repertoire; something they can use in a variety of cases. Most people are in some state of fatty acid deficiency.
– BIBLIOGRAPHY –

BOOKS


One hundred (100) patients presented with first morning urines of 5 Ph or below and specific gravity of 1.030 or more. These patients were given nutritional treatment of varying types but all were given Fatty Acids, and told to eat mostly raw fruits and vegetables. Urines were measured weekly and results of urine chemistry posted above. Shifts of urine chemistry can be seen as time and nutritional treatment progresses.
HOMEOPATHIC TREATMENT OF SMOKING ADDICTION, A PROTOCOL GUIDE AND RESEARCH STUDY

(Desensitization of Cigarette cravings with Complex Homeopathy)

Abstract:
This is a paper on using a graduated desensitization program to help a group of twenty-three smokers become free from nicotine and tobacco dependency. They were tested for nicotine dependency. Successful treatment resulted in over twenty of the cases, showing both short- and long-term results in dealing with smoking addiction. Complex homeopathy is shown to be a possible treatment for stopping cigarette addiction.

Key Words:
Nicotine, smoking, addiction, vitamin C, Anti-Smoking I, Anti-SmokingII, Lung Liquescence, Hygly; Heart, Lung homeopathic, endorphins, Endorphin homeopathic, Crystalized Cell Salts, Substance Abuse
Introduction:

Cigarette smoking and other types of nicotine usage have been with us for many years. The use of the natural herb known as tobacco as a stimulant has been extreme, and has complicated the health of many people. In fact, recent evidence shows that over seven hundred fifty thousand deaths a year occur in the United States as a result of smoking. World-wide estimates of smoking deaths well exceed the multi-millions per year because of this habit. Dramatic evidence now shows conclusively that smoking is a dramatic health risk.

Nicotine is a highly addictive substance. Manufacturers and retailers of these tobacco products try to ignore the fact that they are making accessible a highly addictive substance that can have dramatically detrimental effects on health. This type of substance abuse requires a complete reconsideration of the process of how and why we let such companies sell such a dramatically harmful product.

For the homeopath or naturopath a safe, natural process of bringing patients of cigarette addiction is very important. To this end we have developed a series of complex homeopathic treatments that can help the patient in this fight against addiction.

We have developed a two-step desensitization program for this. One has a concentrated amount of nicotine and the other has no nicotine whatsoever. The homeopath can help the patient in a graduated-step process to quit smoking. Most carcinogenic activity is from the burning of the paper and the various tars and carcinogens that are emitted by the flame [Books: 13].

Intestinal or skin absorption of nicotine is less harmful than smoking, but is still harmful. For the patient who wants to quit and needs help, there are many substances available. Some use nicotine gum or patches for short-term treatment.

For homeopathic treatment we offer Anti-Smoking I, a homeopathic containing a low-potency (3x) of nicotine taken from tobacco and lobelia (Indian tobacco). This blend of ingredients, along with nux vomica and other classical homeopathics that are used to desensitize cravings, is given to the patient to use when he feels the urge for a cigarette.

When a smoker wakes up in the morning, he usually wants to refurbish his blood nicotine levels by having a cigarette. He is to take ten to fifteen drops of the Anti-Smoking I formula under the tongue. Since sublingual and stomach absorption of nicotine is slower than respiratory absorption, the smoker must wait fifteen to twenty minutes for effects to set in. If by then he is still craving a cigarette, he may take a second dose. After another fifteen to twenty minutes of craving he may take a third dose. He is not to take over three doses. This generates a slight dose of nicotine into the blood to reduce craving. The time involved (twenty minutes) helps to reduce the craving as well, and also helps to stimulate endorphins.

We must realize that in any case of substance abuse or addiction involvement, if someone exhibits a behavior that gives him positive feelings (even through a drug), we must find another positive feeling to take its place. If we fail to do so, depression can ensue, which can push the person towards relapse. To get a good, healthy type of stimulus, we might have the patient resort to an exercise program such as jogging or swimming; or possibly a social program such as a network of friend. Perhaps a hobby would be useful for the patient to direct his activity; from this he can get a positive stroke, rather than seeking it from smoking.

The Anti-Smoking I Formula is carried by the patient and used when needed during the first week or two of detoxification. Ridding the blood of higher nicotine levels takes three to ten days. By prescribing the Anti-Smoking I formula we are shifting him from one source of nicotine to another. But the nicotine in the Anti-Smoking I formula is dramatically less than the amount absorbed by respiratory absorption of cigarette smoke. Thus patients will still deal with cravings at that point.

We must also show the patient that nicotine is watersoluble. Thus every time he rides the body of water by urinating, heavy sweating or other ways, he will crave a cigarette. This is why a cigarette is craved after sex, a hot bath, eating or urinating. If the patient does not smoke (during the first week) for fifteen minutes before urination and an hour and a half after urination, then he is dealing with his nicotine craving at the most intense times.

Other methods can be used to help the smoker in the initial stages of smoking reduction. Creative visualization and mental control are very important in helping the patient to relax his mind, and decrease his urge to smoke. The point of any type of mental exercise is not to tell the patient not to smoke, as the mention of the word "smoke" puts the image in his mind, and makes him crave it even more.

The patient should try to substitute a mental activity for smoking. He may meditate on a game or something else that would occupy his mind.

The major vitamins depleted by smoking are vitamins A, C and E. These vitamins must be supplemented into the diet to help rebuild the tissue and decrease the craving. Vitamin A should be prescribed at 20,000 IFS a day, vitamin C at 1,000 - 3,000 mg a day, and vitamin E at 1,000 IFS a day.
Extra vitamin C can also be given, as it is a strong stimulator of endorphins that help reduce the craving. Patients can also be taught to wrap a rubber band around the wrist, and upon craving snap the rubber band on the skin. This accomplishes several things: the pain stimulates endorphins and helps to stop the craving, and the craving is associated with the snapping rubber band, thereby desensitizing the patient through negative conditioning.

After the patient has taken Anti-Smoking I drops orally for a week or two, they may shift to skin application by putting three drops on the skin over an acupuncture point, such as those between the thumb and index finger (the hoku point), and the webbed area closer to the index finger. By massaging this into both spots, slight amounts of nicotine can be put into the skin, which also helps the patient by stimulating the acupuncture point. This acupuncture point is connected to many places in the body, and helps to correct blood sugar imbalance.

The hypoglycemia formula known as Hyglycna also be used, as in any addiction, dealing with blood sugar oscillations is very important. The Substance Abuse homeopathic should also be used; this helps the body to correct for any substance abuse.

After using the Anti-Smoking I formula, the patient may be directed to the Anti-Smoking II formula. None of the actual chemistry of nicotine exists in this formula, but the high potencies (over 30x) help to desensitize the energetic need. Anti-Smoking II is thus a safe formula that can be taken for long periods of time to help the patient to diminish craving and cleanse the body.

After a month of therapy with Anti-Smoking II, the formula may be put on the shelf and used only when the patient needs it to prevent or deal with relapse. It is very important that we caution the smoker about relapse and prepare him for its possible occurrence. Most smokers say that relapses seem to occur at ninety-day intervals; they go into bars or casual places and see people smoking and relaxing. In their minds they see themselves relaxing that way, too. They don't realize at that point that nicotine relaxes by satisfying an internal addiction. The first time anyone has a cigarette (or someone has a cigarette after months), the cigarette can be rather disturbing to the system. That's because it is a noxious agent. Often a former smoker will have a cigarette or two, and resign himself to being a smoker again. This must be stopped if it occurs; the smoker must realize that he can still regain control and get back to not smoking. The Anti-Smoking II formula can help with that type of relapse.

Lung Liquescence and Heart, Lung homeopathic glandular are also helpful in rebuilding tissue and diminishing craving. The Endorphin homeopathic helps in diminishing craving, as well.

One side effect of quitting smoking is initial weight gain. It has been shown that weight gain can be avoided by taking 1,000 mg of calcium a day. The best formula we have for this is the Crystallized Cells Salts, which supplies a well-balanced blend of all needed minerals. Two tablets a day supplies the needed calcium that helps prevent weight gain.

We can see that we also must emphasize behavioral factors such as exercise, proper motivation, will power, mind control, and healthy life style to deal with the cigarette craving. Sometimes desensitization programs must be resorted to, such as having the patient smoke a hand-rolled cigarette of coltsfoot herb. This herb rolled into a cigarette and smoked by the patient diminishes the patient's craving by taking away his taste for tobacco.

On a personal note: This practitioner at the age of thirty ate a pack of cigarettes, and was so sick for a week that now I cannot touch cigarettes at all. This type of desensitization works for other people. A friend of mine said that he had smoked when he went into the marines, and couldn't stop smoking. He snuck a cigarette one day, and the sergeant caught him. To desensitize him the sergeant had him smoke ten cigarettes rolled into one, and put a blanket over his head. The extreme concentration of tobacco made him violently ill, so that now he can't even think about touching a cigarette any more. This extreme desensitization sometimes is resorted to in extreme cases.

Methods:

For the purposes of our study we chose twenty-three cases who desired to quit smoking. After treatment they would get a follow-up call to determine how well they did at the end of every six-month period, up to a two-year period.

At the end of the first six-month period, all twenty-three were still not smoking. At the end of the first year, five had returned to smoking. They then used Anti-Smoking I and, after a year, quit smoking again. At the end of eighteen months a total of eight had returned to smoking, leaving fifteen who continued not to smoke after the initial program (see table). Of these eight, three had withdrawn from the entire course of the study. Five had returned to smoking.

Discussion:

Many of the subjects said that the Anti-Smoking II was a big help; keeping it on their shelves helped them to get through relapses (noting that relapses seemed to occur in ninety-day cycles).
At the end of the second year only eight had started smoking again, and thirteen continued not to smoke. Two were not available to question. Three of the women has quit, but had returned to smoking (patients #7, #13 and #23). Three patients (#10, #17 and #20) also returned to smoking after six months.

Thus our study was able to show that the program was successful. Motivation from their therapists, family and friends was a primary factor in their success. Smoking becomes less and less desirable to society, as more people want to break the habit.

We can see from this study that most involved were helped by our graduated desensitization program. The program helped them to shift from inhalant nicotine to an oral source, and then after some time, a total high-potency homeopathic that would have no dangerous chemical compounds. This homeopathic helped to reduce the urge to smoke. The blend of nutritional factors, counseling and motivation also were important in the success of this study.

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Age group:
- 25-34
- 35-44
- 45-54
- 55-65

Male and Female:
- M
- F

No. of Patients:
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- 1 yr.
- 1½
- 2 yr

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AGE IN YEARS

NO. OF PATIENTS


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A HOMEOPATHIC REVIEW OF INSECT, SPIDER, SEA LIFE, SNAKE AND OTHER VENOMS

(SPECIAL ATTENTION TO DEGENERATIVE DISEASE)

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Written By:

Abstract:
In the following article we review both the mechanisms of action of homeopathic use of venoms and a proposed mechanism of action. Homeopathic venoms are a key part of the treatment for degenerative disease. Since many of these venoms cause cellular degeneration in raw dose they can reverse some degeneration in dilute homeopathic form. A total review of the world of venoms is proposed with many recommendations for homeopathics, as well.

Key Words:
Arndt-Schultz Law, Wilder's Law of Initial Values, Reversal, Poison, Homeopathy, Cancer, Degenerative Disease, Coagulation, Enzymatic, Post synaptic, Pre synaptic Toxins, Cytotoxic, Hemolytic, Proteolytic

Hypothesis:
Many different venoms have been used historically in medicine by many cultures. Snake venom in particular has achieved much attention throughout the eons. The snake was thought to represent death, but also to represent aspects of life. It has been part of deep mythology in almost every culture.

The symbol for healing, the staff with the snake around it, is used by the American Medical Association as its signature. Many aspects of healing are connected to snakes.

Venoms were found to have many different effects for both medicine and biology. As early as 1737 Geoffroy and Hunault observed that the blood from cats and dogs bitten by vipers did not coagulate. In 1787 Fontana found that when he injected a rabbit in the jugular vein with a small quantity of the same venom, this caused immediate death. On opening the vessels he found that the blood was coagulated.

This was later put together in 1899 by an author named Phisalix, who found that there were two distinct types of activity of this viper venom. One was an anticoagulant at high doses, and the other a coagulant at low doses. This was part of the first finding that some compounds often had various effects at different potencies. The amount of dilution could sometimes accomplish an influx, or a distinct difference of action in potencies or dilutions. This was later developed as the Arndt-Schultz law of pharmacology.

Dr. Isaacs remarks that the effect between alpha receptors and beta receptors in the body is not a factor of different compounds that stimulate results, but different amounts of the same compound. Different dilutions can have different effects on neurotransmitter points within the body. This
is key in the understanding of homeopathy, especially when we understand various snake and insect venoms.

In 1854 Brainard found that venom in blood taken from animals bitten by crotalidae was found to cause noncoagulation. In 1860 Mitchell found that the toxic secretion of the crotalus adamanteus prevented blood from clotting in vitro. In 1893 Martin cited that the venom of elapidae (an example of which is the pseudechis porphyriacus and the notechis scutatus) coagulated blood in the vessels when injected at high doses; but at low doses it rendered the blood incoagulable, thus preventing coagulation. The venom of an Indian cobra when tested at any dose was found to inhibit blood coagulation in vivo and in vitro. This was discovered in 1895 by Cunningham, in 1898 by Stephens and Meyers, and in 1904 by Rogers.

In 1901 Lamb classified a dissertation of venoms according to their action on plasma. He noted in this article that Russell's pit viper venom coagulated citrated plasma. This plasma is not in itself spontaneously coagulable. Noc confirmed these findings, and discovered that the venom of Asian and African elapidae prevented the coagulation of citrated plasma to which calcium chloride had been added for protection, such that the control plasma readily coagulated.

In 1904 Morowitz put forth the proposition that there was an essential element of the transformation of fibrinogen to fibrin, which allows for the formation of blood clots. The serozyme of serum, acting on the cytozyme, from the platelets caused thrombin to form. Thrombin was thus found to be the factor reacting on fibrinogen.

In 1910 Noc presumed that some venoms induced coagulation by the contribution of active thrombin to the blood. Mellamby found that the coagulation of these venoms was increased by the addition of calcium.

In 1912 Arthus put forth the idea that crotalidae acted as if it contained thrombin, whereas Russell's pit viper venom accelerated the transformation of prothrombin to thrombin.

In 1905 Martin was able to demonstrate that the coagulating factors of venoms did not pass through dialyzis membranes.

In 1904 Morowitz put forth the idea of the extreme enzyme capacities of these various venoms and their ability to act very similarly to the digestive juices.

Thus the capacity of these venoms to have enzymatic action in the body was then determined. These venoms could be deadly if the enzyme activity was too intense, such as in the case of Russell's pit viper, which causes thrombosis.

Crotalus was found to be a very strong enzyme, whereas elapidae was found to be weakly proteolytic, but strong in its other enzyme activity.

In 1912 Delezenne claimed that the venom of Lachesis contained akinase which activated the pancreatic juice. Later in 1919 it was observed in experiments that the toxic secretion of snakes was able to cause catalytic breakdown of nucleic acids.

Thus by the beginning of the twentieth century, classification of the various distinguishing properties of snake venoms was possible. Some acted as if the venoms had ferments, or protein enzyme-like substances. Some were toxic. Some had diastases. There also were a wide variety of factors associated with these venoms.

In 1987 Seawall was the first in the United States to observe that a type of venom serum could be developed. He injected pigeons with small amounts of venom; not enough to cause death. Weeks later those same pigeons, when injected with a larger quantity of the venom, were able to resist the venom effects. Hahnemann's work with some of the early forms of snake venom was able to point out reversal functions these venoms would have on various activities.

This study is an attempt to analyze some of these venoms and their use in medicine today.

Snakes can use their venom in many different ways. Often the purpose of venom is for hunting and digestion. Those bitten by the snake usually have respiratory, circulatory, neurological, cardiac and coagulation problems which the venom brings about in intended victims. Often the enzymes of the snake venom then start digestion in the tissues of the victim, so that the digestive system of the snake, which is not extremely strong, will get a head start on the digestive process.

Thus these venoms have extreme pharmacological activity, often with a highly specific mode of action. Most of the contents of these venoms are proteins. Often low molecular weight compounds such as peptides, nucleotides and metal ions are also present.

Classics Of Neurotoxins

In the neurotoxin development there are two pharmacological classes of neurotoxins: those that are post-synaptic and those that are pre-synaptic.

Curare is an example of a post-synaptic neurotoxin. It binds to the nicotinic acetyl choline receptors and prevents the depolarizing action of acetyl choline. Thus these toxins are usually referred to as curare-like toxins. Pre-synaptic
toxins inhibit the release of acetyl choline, and their toxicity is much higher than that of the post-synaptic toxins.

Another type of toxin is the membrane toxin, which changes the permeability of the membrane. These toxins are often cardio-toxins, lytic factors, cytotoxins, etc. These names indicate the types of membranes they affect. Membrane toxins have been isolated only from elapid venoms. These membrane toxins could work by penetrating into the hydrophobic layer of the membrane. Many of these toxins have phospholipase types of structures. A secondary hypothesis holds that the membrane might be disrupted by the interaction of the disulfides in the toxin and the sulphahydro groups in the membrane. These toxin-induced permeability changes can have many biochemical and pharmacological activities. They might be hemolytic, which would allow for the disruption of red blood cells; or cytotoxic, where they might induce a type of leukemia or lymphocytoma. There is a depolarizing effect of the various membranes which can cause peripheral nerve problems, contracture, paralysis, ventricular fibrillation and systolic arrest of the heart muscle. They might interfere with transport mechanisms such as inhibition of the accumulation of anions, amino acids, or glucose into the tissues of thyroid, kidney, small intestine, etc. There can be effects on membrane activity and membrane enzymes. This might provide inactivation of magnesium, sodium, potassium, and possibly even ATP-ase.

All of these require intact membranes in order to function properly. Some of these toxins can liberate calcium from muscle fibers and produce tetany.

Some plants also share some of these membrane toxins. An example of that is mistle toe, which is a parasitic plant of the family loranthaceae. These mistle toe toxins are very basic, and they have an isoelectric point of about pH 11. They are very stable, and heating of an ocular solution to 100 C. for thirty minutes has no influence on their toxicity. This mistle toe toxin consists of forty-six amino acids in the peptide chain, cross-linked by three disulfides. These toxins in low concentration of ten micrograms per milliliter produce depolarization and contraction in rabbit papillary and frog skeletal muscles, and the effects can be reversed by calcium. So it is suggested that the toxins bind to the cell membrane, and thus displace calcium.

Now let us proceed to analyze some of the various toxins provided by venoms.

One is crototoxin, which is the main neurotoxin of the South American rattlesnake crotalus durissus terrificus. This is a very powerful toxin that has effects on certain neurons and muscular structure. Specifically the toxin from this snake produces problems in the neck and can contrib-
This same nerve growth factor also has effects on cellular degeneration. The amount of NGF can have varying effects at different concentrations. The variable effects of dosage amounts apply to NGF. At large doses the effects are disruptive or degenerative to cellular metabolism. In small doses the NGF stimulates nerve growth.

Thus the effects of dosage is variant as to results. This verifies the homeopathic pharmaceutical effects.

With this in mind a series of homeopathic products has been developed which deals with this deadly disease. First is Degex homeopathic. It has long been known that snake venoms contain degenerative factors that stimulate degenerative disease, or cancer. One of the most potent of these is Cobra venom. Cobra venom has been known to start degenerative disease. In fact, in India, if a person is bitten by a cobra, he must be buried quickly so that the tumors or degenerative conditions do not start to manifest. We have found that by using a small amount of this venom, we can reverse those factors. We point the reader to the study on "Venoms" for a further understanding of this mechanism. So our homeopathic of Cobra venom can be helpful.

Table 1
Snake Venoms Identified to Contain NGF

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<td>COHEN (1959); MAY and GUIMARD (1959)</td>
</tr>
<tr>
<td>Echis carinatus</td>
<td>MAY and GUIMARD (1959)</td>
</tr>
<tr>
<td>Echis coloratus</td>
<td>MOHAMED et al. (1971)</td>
</tr>
<tr>
<td>Vipera ammodytes ammodytes</td>
<td>BAILEY et al. (1975); BANKS et al. (1968); COHEN (1959)</td>
</tr>
<tr>
<td>Vipera aspis</td>
<td>COHEN (1959); MAY and GUIMARD (1959)</td>
</tr>
<tr>
<td>Vipera russellii</td>
<td>ANGELETTI (1968a); BANKS et al. (1968); COHEN (1959); PEARCE et al. (1972)</td>
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<table>
<thead>
<tr>
<th>Crotalidae</th>
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<tbody>
<tr>
<td>Agkistrodon piscivorus</td>
<td>BANKS et al. (1968); COHEN and LEVIMONTALCINI (1956); COHEN (1959)</td>
</tr>
<tr>
<td>Ancistrodon contortrix lactocinctus</td>
<td>ANGELETTI (1968a)</td>
</tr>
<tr>
<td>Ancistrodon rhodostoma</td>
<td>BAILEY et al. (1975)</td>
</tr>
<tr>
<td>Bothrops Jararaca</td>
<td>ANGELETTI (1968a, 1968b); COHEN (1959)</td>
</tr>
<tr>
<td>Crotalus adamanteus</td>
<td>ANGELETTI (1968a, 1968b); COHEN (1959); PEREZ-POLO (1974)</td>
</tr>
<tr>
<td>Crotalus atrox</td>
<td>ANGELETTI (1968a)</td>
</tr>
<tr>
<td>Crotalus horridus</td>
<td>COHEN (1959)</td>
</tr>
<tr>
<td>Crotalus terrificus</td>
<td>ANGELETTI (1968a)</td>
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<table>
<thead>
<tr>
<th>Elapidae</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Dendroaspis viridis</td>
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</tr>
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<td>Naja Melanoleuca</td>
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</tr>
<tr>
<td>Naja naja</td>
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<tr>
<td>Naja nigrocillis</td>
<td>BAILEY et al. (1975); MOHAMED et al. (1971)</td>
</tr>
<tr>
<td>Sepedon haemachatus</td>
<td>COHEN (1959)</td>
</tr>
</tbody>
</table>

Often this nerve growth factor occurs in the cobra family. Cobra venom seems to contain the highest amount of NGF of all the snake venoms.

The venom of the Black Mamba, dendroaspis jamesoni, causes marked depolarization of membranes and inhibits the excitability of skeletal muscles. This can have effects on cardiology and respiratory function, whereas the
The cobra family is primarily neurotoxic in its activity, as well as its well-known effect of causing degenerative tissue to form. The venom of the families of the viper and the rattlesnake are the ones that are primarily related to hemorrhages and coagulation disturbances. Thus the enzyme effect of these venoms can start lysis in the red cells as well as other cells of the body. This is to prepare the intended victim for digestion. Cobra venom does lower red blood cell count in the victims, but this alone does not seem to produce lethal effects.

The most powerful hemolytic snake is the pseudoechis papuans, known as the papuan black snake. People bitten by this snake often have red or black urine following the bite. This results from the breakup of red blood cells.

The hemolysis effects are profoundly proteolytic, and this venom offers homeopathy some interesting challenges.

Venoms of the viper family are also potent in their ability to diges cells. In fact, small tears in the blood vessels can happen as a result of viper venom. The action of the proteolytic enzyme venom can also produce necrosis in different areas. The venoms of the rattlesnake viper family can have strong necrotozingeffects. Often necrosis is seen at the site of the bite in the human victims who survive these snake bites. The proteolytic effect kills cells homeopathically. It can restore life to necrotized areas, such as in peripheral circulatory disease.

Edema and swelling are also part of the reactivity of many snake bites, as they start off histamine cascades. A chart on some of the hemorrhagic and proteolytic effects of snake venom is shown below.

### in snake venoms (OSHAKA et al. 1966a)

<table>
<thead>
<tr>
<th>Snake venom</th>
<th>Hemorrhagic activity MHD (µg)</th>
<th>Lethal activity LD50 (µg)</th>
<th>Proteolytic activity (units/mg)</th>
<th>LC50/MHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. contortrix contortrix</td>
<td>1.90</td>
<td>200</td>
<td>33.7</td>
<td>105</td>
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<tr>
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<td>125</td>
<td>48.1</td>
<td>104</td>
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<tr>
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<td>0.80</td>
<td>60.0</td>
<td>41.5</td>
<td>75</td>
</tr>
<tr>
<td>A. halys</td>
<td>0.14</td>
<td>16.0</td>
<td>35.8</td>
<td>114</td>
</tr>
<tr>
<td>Bothrops atrox</td>
<td>2.11</td>
<td>5.6</td>
<td>44.5</td>
<td>2.7</td>
</tr>
<tr>
<td>Bothrops jararaca</td>
<td>0.75</td>
<td>18.5</td>
<td>74.0</td>
<td>25</td>
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<tr>
<td>C. adamanteus</td>
<td>0.04</td>
<td>18.5</td>
<td>9.76</td>
<td>462</td>
</tr>
<tr>
<td>C. atrox</td>
<td>0.43</td>
<td>45.0</td>
<td>83.6</td>
<td>105</td>
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<tr>
<td>C. durissus terrificus</td>
<td>18.0</td>
<td>3.6</td>
<td>39.2</td>
<td>0.2</td>
</tr>
<tr>
<td>C. viridis viridis</td>
<td>0.56</td>
<td>21.0</td>
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<td>38</td>
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<tr>
<td>T. flavoviridis</td>
<td>0.20</td>
<td>54.0</td>
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<tr>
<td>T. flavoviridis tokarensis</td>
<td>1.15</td>
<td>160</td>
<td>37.8</td>
<td>139</td>
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<tr>
<td>T. elegans</td>
<td>0.30</td>
<td>71.0</td>
<td>13.0</td>
<td>237</td>
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<tr>
<td>T. okinavensis</td>
<td>1.38</td>
<td>140</td>
<td>69.0</td>
<td>102</td>
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<tr>
<td>Vipera russellii</td>
<td>21.0</td>
<td>2.2</td>
<td>5.56</td>
<td>0.1</td>
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<tr>
<td>Vipera ammodytes</td>
<td>0.47</td>
<td>7.4</td>
<td>41.7</td>
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<tr>
<td>Vipera palestinae</td>
<td>0.54</td>
<td>7.1</td>
<td>4.96</td>
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<tr>
<td>C-usus rhombeatus</td>
<td>0.81</td>
<td>&gt;250</td>
<td>0.26</td>
<td>&gt;309</td>
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<tr>
<td>Bitis arietans</td>
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<td>15.0</td>
<td>18.7</td>
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<tr>
<td>Bitis gabonica</td>
<td>0.04</td>
<td>13.5</td>
<td>11.7</td>
<td>338</td>
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<tr>
<td>Ophiophagus hannah</td>
<td>0.84</td>
<td>54.0</td>
<td>12.0</td>
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</tbody>
</table>
A pinkish macule was observed at the site of injection.

This type of histamine release is also compounded by other toxins. Many rattlesnakes have strong histamine-releasing proteins that help to complicate the involvement of their venoms. A list of venoms and their effect on histamine and serotonin content is shown below.

<table>
<thead>
<tr>
<th>Venom</th>
<th>Concentration µg/ml</th>
<th>Effect&lt;sup&gt;†&lt;/sup&gt;</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Naja flava, N. haje</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>N. naja, N. n. oxiana, N. nigricollis</td>
<td>100</td>
<td>++</td>
<td>++</td>
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</tr>
<tr>
<td>Bungarus fasciatus</td>
<td>100</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Dendroaspis viridis</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bitis arietans</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Echis carinatus</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vipera ammodytes, V. berus, V. russellii</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Agkistrodon piscivorus</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A. contortrix</td>
<td>100</td>
<td>+</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bothrops alternata</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>B. neuwiedii</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>B. cotiara, B. insularis</td>
<td>10</td>
<td>+</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>B. jararacussu</td>
<td>10</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>B. jararaca</td>
<td>10</td>
<td>++</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Crotalus adamanteus</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C. atrox, C. viridis</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lachesis muta</td>
<td>100</td>
<td>++</td>
<td>++</td>
<td>++</td>
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<td>Sistrurus catenatus</td>
<td>10</td>
<td>++</td>
<td>++</td>
<td>++</td>
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<td>1</td>
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<td>+</td>
<td>+</td>
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<td>C. horridus</td>
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<td>++</td>
<td>++</td>
</tr>
<tr>
<td>C. durissus terrificus</td>
<td>1</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<tr>
<td>C. durissus terrificus</td>
<td>0.1</td>
<td>+</td>
<td>+</td>
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</tbody>
</table>

0= no release; +++ over 50% release; + less than 50% release
Another area of endeavor that must be explored is the liberation of pharmacologically-active substances by various snake venoms. Here we find that snake venoms can activate and release histamine, serotonin (five hydroxytryptamine), and bradykinin. Some slow-reacting substances can be released, such as prostaglandins and lysophosphatides, catecholamines such as adrenaline, chetosteroids, and finally anaphylatoxin.

So anaphylaxis can also be stimulated by certain venoms, or treated with dilute forms of same.

Another factor concerning snake venoms is their effect on the kidney in producing nephrotoxicity. The kidney is involved in almost all types of snake bites. It can produce renal legions including glomerulitis, glomeronephritis, arteritis, interstitial nephritis, tubular necrosis, cortical necrosis, and renal infarct. Renal failure is often the most commonplace, as well as haematuria, myoglobinuria, hemoglobinuria, and proteinuria.

Let us now review some of the classic homeopathic mixtures that involve snake venom.

Probably the most frequently-used remedy in homeopathy concerning snake venom is Lachesis. This snake venom comes from the *Lachesis Trigonocephalus*. This is a large South American snake ranging from three to fourteen feet long. Its poison venom was first used by Dr. Herring of Philadelphia. Dr. Herring wrote a treatise on this in "Herring’s Action of The Snake Poisons" in the *British Journal of Homeopathy*, Vol. 11 & 12. The Lachesis is prepared at 6x and higher; proportions below 6x may be dangerously toxic.

The general action of this Lachesis in its raw form can produce a poison condition of the blood which causes a hyper-sensitivity in the body. The patient usually reports that he cannot bear anything tight around the throat; thus he has an intolerance to clothing about the neck. This is known as a left-sided remedy, as it usually effects left-side conditions in its raw form. There is a general aggravation of conditions after sleep which will tell us that Lachesis must be utilized. Blueness of the skin and eruptions can be produced.

Some of the other homeopathic indications are loquacity, with the patient jumping about from one subject to another; jealousy, fear of being poisoned, and sometimes the patient imagining that he is under some superhuman control. Headache over the left eye accompanying a cold, with the headache worse under the heat of the sun might also tell us that Lachesis may be needed. Roaring and singing in the ear are relieved by putting a finger in the ear and shaking it. Often the ears have pasty, offensive wax.

Facial erysipelas that first appear as red and then dark bluish or purplish, with more on the left side, can also tell us that Lachesis is needed. Watery discharge from the left nostril, throbbing headache, relieved when the discharge appears; dry tongue protruded with difficulty, cracked tongue at the tip which is brown on the dorsum, great difficulty in swallowing, great fetor, exhaustion, a craving for oysters, horribly offensive diarrhea, ovarian trouble (often pain in the left ovary), meses that are scanty, feeble, black, or offensive; and pain in the hips (bearing down on the left ovary, better when flow is established) are some of the conditions which can tip us off to the need for Lachesis in general homeopathy.

*Crotalus*, the rattlesnake venom, is also a classic homeopathic. Dr. Herring wrote of this in the *British Journal of Homeopathy*, Vol. 34. Its homeopathic indications are often a yellowness of the skin from disintegration of the blood, and a tendency to hemorrhage. In yellow fever *Crotalus* is often indicated in the stage of black vomit, where there is low delirium, yellow skin, and oozing of the blood from every orifice.

Another classic homeopathic utilizing venom is that of *Naja*. This is from the cobra, or *Naja Tripudians*. This is often used in degenerative diseases as well as in valvular diseases of the heart, with a dry, teasing cough.

Another is the Elaps, a type of *Elaps Corallinus*. This is the coral snake venom, which was first introduced homeopathically by Dr. Mure of Brazil. Some initial homeopathic indications for Elaps are: cethral, sniffles in children, stuffed up nose, and a great sense of coldness in the stomach from cold water.

Another type of venom used in classical homeopathy is that of *Bufo Rana*, or South American toad. Many South American toads have sweat that contains extreme neurotoxins. These neurotoxins in classical homeopathy are noted to affect the sexual system, and *Bufo Rana* has been used widely for sexual deviance and for many other cases. *Bufo Rana* has also been used to help to encourage sexuality and to treat cases of frigidity as well. Its usual dose in those cases is 100x or above.

The Colorado River toad venom has been known to cause epilepsy, as many toad venoms do. Homeopathic treatment of epileptic conditions often consists of toad venoms.

Another type of venom to be possibly considered is that of Sepia Succus. This is the release of the cuddle fish of an inky secretion when it is pursued by its enemies. The cuddle fish releases this inky secretion for the purpose of
producing a "dummy target" which the enemy might pursue, allowing the cuddle fish to go unnoticed. This Sepia product has been widely used in homeopathy for many types of conditions. The five general characteristics of Sepia re: 1) weakness, 2) yellow complexion, 3) bearing-down sensation, 4) violent motion that relieves the symptoms, 5) the amelioration of symptoms at midnight. The mental symptoms of Sepia include weak memory, helplessness, susceptibility to excitement, susceptibility to terror, despair, fear of being alone (wanting company desperately), and headaches (common more in the morning, increased as the day goes by and relieved by sleep or violent motion). The patient who is sad and tearful with the headache feels better in open air. Menstrual headache with scanty flow can also be noted.

Another venom to be discussed is that of the Blue Octopus. This venom produces blood disorders similar to leukemia. Thus this Blue Ectopus venom has been found to be powerful in helping to treat leukemia homeopathically.

Many spider venoms are also of value for homeopathic use. The tarantula venom, known as *Tarantula Hispina*, helps in cases of restlessness. The patient needing this will always be in constant motion, even though motion aggravates most of his symptoms. He must be doing something all the time. Thus this venom becomes very useful in hysterical conditions.

The Tarantula *Cubensis* produces a picture of a sloughing carbuncle with great prostration, and this relieves the atrocious pains which accompany it.

Next is the Black Spider venom, known as *Mygale Lasiodora*. This is used in chorea, where there is twitching of the facial muscles, irregular convulsive movements of one side of the body, words are jerked out, and movements cease during sleep but return to more violent in the morning.

Another spider venom used in homeopathy is *Theridion*. This is the orange spider of the West Indies. This venom can produce throbbing pains over the left eye which are aggravated in the heat of the sun. Noise aggravates as well. This pain is associated with vertigo, and often times, nausea. It is worsened by closing the eyes, motion or jarring, or walking across the floor. There is extreme sensitivity to noise. This venom is very good for conditions of cardiac anxiety.

The Cross Spider, known as *Aranea Diadema*, is another large black spider of the central United States. Two particular symptoms directing us to aranea are numbness of the parts supplied by the ulnar nerve, and boring, digging pain in the oscalis.

Black Widow venom also gives dramatic help for many neurological conditions, and especially peripheral neuropathy.

Scorpion venoms are also powerful in their utilization in homeopathy. In the patient they usually cause paralysis, pains, and weakness, and can be used to reverse some of those same conditions.

Even the venom from the ant can have effects homeopathically. Ant venom is very rich in formic acid, and this formic acid causes conditions of inflammation and irritation; thus the ant venom can help to reverse such conditions.

The venom of the honey bee, *Apis Mellifica*, is also highly important in homeopathy, as it produces certain types of conditions. The characteristic symptoms of Apis are: 1) drowsiness, 2) edema and swelling, 3) thirst, 4) intolerance of heat, 5) stinging pains, 6) aggravation in the afternoon (between 4:00 and 6:00), 7) bruised sensations. Meningitis can often be treated with Apis. Often the patient is fidgety or awkward, drops things, is clumsy, silly, laughing, and is often very jealous.

Wasp venom can also have very powerful implications in homeopathy, as can the Spanish Fly or Cantharis.

Thus we can see in this brief review of venoms in biology that nature has offered us some intriguing protein compounds that can be utilized in medicine to direct action. Many of these venoms will follow the Arndt-Schultz principle and have reverse action in small, dilute homeopathic forms; whereas many of these venoms can also be utilized in low dose to accomplish other tasks.

There are hundreds of thousands of insects, spiders, snakes, and animals that carry different venoms. These venoms have had dramatic potential in shaping medicine into what it is today. They offer the medicine of the future some profound techniques in treating the myriad of diseases presenting in the human being.

This forms yet another reason as to why it is such a tragedy to destroy our rain forests. Many of the people looking at rain forests are looking just for plants, herbs, and fungi that might be used in pharmaceuticals, not realizing that some of the most potent pharmacological acting agents in the rain forest come from the venoms of these different insects and animals, which are becoming extinct as we cut back the rain forests. We should look for as many places as possible for nature that can heal.

This short treatise has been directed as a brief introduction to some of the pharmacological ways these venoms can be used in medicine through homeopathy.

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### Renal failure with known renal lesions in various snake bites

<table>
<thead>
<tr>
<th>Snake</th>
<th>Renal lesion</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Snake Species</td>
<td>Renal Lesion</td>
<td>Reference</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>Crotalus terrificus</td>
<td>Tubular necrosis</td>
<td>AMORIM and MELLO (1954) SILVA et al., (1966)</td>
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<tr>
<td>Cryptophis nigrescens</td>
<td>Tubular necrosis</td>
<td>FURTADO and LESTER (1968)</td>
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<td>Sea Snake</td>
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<td>MARSDEN and REID (1961)</td>
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<td></td>
<td></td>
<td>SITPRIJA et al. (1971)</td>
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<tr>
<td>Russell’s viper</td>
<td>Tubular necrosis</td>
<td>SITPRIJA et al. (1973, 1974)</td>
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<td></td>
<td></td>
<td>CHUGH et al. (1975)</td>
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<tr>
<td></td>
<td>Cortical necrosis</td>
<td>CHUGH et al. (1975)</td>
</tr>
<tr>
<td>Echis carinatus</td>
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<td>ORAM et al. (1963)</td>
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<td>Borthrops jararaca</td>
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<td>DE AZEVEDO and DE CASTRO TEIXEIRA (1938)</td>
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<tr>
<td>Agkistrodon hypnale</td>
<td>Cortical necrosis</td>
<td>VARAGUNAM and PANABOKKE (1970)</td>
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<td>Bitis arietans</td>
<td>Proliferative</td>
<td>SEEDAT et al. (1974)</td>
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<tr>
<td></td>
<td>glomerulonephritis</td>
<td>(1974)</td>
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Cases with renal failure without known snake or known renal lesion are not included.
BOOKS


TREATING POLYPS AND ADHESIONS WITH COMPLEX HOMEOPATHY

Abstract:
In the course of a medical process a naturopath reports on several cases involving polyps and adhesions, and the success of using a complex homeopathic product for polyps and adhesions.

Key Words:
Polyps, adhesions, Polyps & Adhesions homeopathic

INTRODUCTION

Polyps, which are non-cancerous growths, emerge in some patients without real explanation. Many of these polyps occur in the intestines or sinuses, and some in other parts of the body. Their growth baffles science.

Homeopathy has long possessed products that are recommended for cases of polyps. Adhesions occur when parts of the body, such as the small and large intestines, adhere to each other. The products used for treating polyps are very similar to the products used in treating adhesions in the singular homeopathic field.

Thus a product was developed that was designed for treating polyps and adhesions as a complex homeopathic. It would involve sarcodes, nosodes, and other classical formulas; most importantly, that of graphites. This formula was then used to treat polyps and adhesions. Over the last two years six patients have presented with polyps and adhesions.

The first case of polyps was that of an eight-year-old girl who had learning disabilities, and had three surgeries to remove her intestinal polyps. These polyps appeared for no apparent reason. There was no inherited tendency towards this, but the polyps did seem to regrow with great voracity. The child was treated with Polyps and Adhesions formula, and within ninety days a medical investigation found that the polyps were shrinking. A month later, the polyps had disappeared, and the child's grade level had improved. She was taken out of the learning disability group.

In another case a six-year-old boy had intestinal polyps. There were no other symptoms other than intestinal blockage, which led to the inspection that found the polyps in the large intestinal tract. The doctor had already removed them once, but they regrew. The boy's parents were concerned that the surgery was not getting at the cause, but was only dealing with the surface issues. We treated him with the Polyps & Adhesions formula for two months. No polyps have reappeared in the child during the last seven years.

Another case involved a twenty-three-year-old woman with nasal polyps. These polyps had been operated on three times, and they seemed to form without explanation. The patient presented with rhinitis and sinusitis symptoms, as well as inhalant allergies to particles including house dust, ragweed, and miscellaneous grasses. This did not explain the formulation of the polyps. The Polyps & Adhesions formula was prescribed, as well as homeopathic desensitization of the allergies through allersode therapy. Within six months the rhinitis had cleared, and the polyps had disappeared. The polyps have not returned in the last nine years. The initial therapy lasted for only six months, and seems to have corrected the situation to make metabolic change, and thereby stop the regrowth of the polyps.
The next case involved a forty-nine-year-old man with nasal polyps. This man presented with an extreme case of polyps that would reform every ninety to one hundred twenty days. Multiple surgeries were required to remove them. The man told us that he had an extreme case of allergies. Exploring further, we found out from him that he had a heater in his room that was malfunctioning and creating an overdose of methane and carbon monoxide gas exposure, which complicated his disturbance. The carbon monoxide exposure was not enough to threaten his life, but it was enough to upset his metabolism, and possibly contribute to his polyps. We asked him to have his heater inspected and cleaned, and it was. In addition to this the Polyps and Adhesions formula was used. At the end of the first thirty days his polyps were noticeably smaller, and after one hundred twenty days of treatment the polyps had disappeared. They have not returned in the last two years.

Next was a case involving a twenty-seven-year-old man with intestinal adhesions and polyps. He was an athlete, and reported not other contributing problems that could be associated with the polyps or adhesions in any way. Thirty days after beginning to take the Polyps and Adhesions formula only, he reported feeling much better. After sixty days a medical examination revealed that the adhesions were gone and that the polyps were gradually shrinking. A follow-up examination sixty days later (one hundred twenty days into the study) showed that the continued use of Polyps and Adhesions formula had successfully eradicated the polyps and adhesions. The patient was told not to take the formula continuously after his, but only if symptoms returned.

The las case involved a thirty-eight-year-old woman with nasal and intestinal polyps. She had depression, but there was no apparent reason for the formation of the polyps. Within one hundred twenty days of treatment with the Polyps and Adhesions formula, all the polyps were eradicated, and have not returned within the last five years.

Results:

This study on polyps and adhesions has shown that there is a safe, natural homeopathic technique that can be used to deal with polyps and adhesions. The best results in our cases seemed to appear within ninety to one hundred twenty days of continued use of Polyps and Adhesions formula at ten drops, two or three times a day.

Many other doctors have used this formula who have told us about the extreme success of the formula.

Discussion:

Once again we see that complex homeopathy offers a safe, easy-to-use form of therapy for the practitioner to prescribe. Complex homeopathy can be used with classical homeopathy also, to help the patient in other ways.

– BIBLIOGRAPHY –

BOOKS


HOMEOPATHIC AND NATUROPATHIC TREATMENT

ABSTRACT:

In this short study we review the clinical treatment of 38 endometriosis patients presenting in a medical clinic over the course of a 4-year period. Treatments of the 38 patients, 35 were dramatically helped by this form of therapy. Causative factors and theoretically factors of results are discussed in the article.

By W.C. Nelson L.P.C.C.

INTRODUCTION

Endometriosis is the presence of excess of endometrial tissue in abnormal locations found in women. This type disease is very common in women of reproductive age. Intra-abdominal endometriosis may be due to retrograde flow of menstrual tissue through the fallopian tube. But the finding of endometriosis at distance sites of nasal mucous and lung, suggests vascular or lymphatic transport of the endometrial fragments. Another possible cause is the transformation of coelomic endometrial glands. It is estimated that approximately 50 percent of infertile women have endometriosis, thus it should be suspected in any women with infertility. Dysmenorrhea, particularly after many years of pain free menses, and dyspareunia also can occur as a sign of endometriosis. Super pubic or rectal pain may be present as well as abnormal bleeding during menses. Examination may be normal, but may reveal lesions on the vulva or cervix in the vagina, umbilicus or surgical scars. There may be retroverted or fixed uterus, enlarged ovaries, or uterosacral nodularity. If there is no external viable lesions, the diagnosis can be assisted with laparoscopy. Diagnosis can also be found with ultrasound and by symptomatology. Staging of the extent of the disease into mild moderate severe form is important in evaluating response to therapy and also to tell the seriousness of this to the doctor and to the patient. Normal medical treatment danazol, medroxyprogesterone acetate or oral contraceptive pills have shown dramatic side effects. Thus natural therapy needs to be developed and researched.

The most common side effects of the drugs are weight gain, fluid retention, fatigue, decreased breast size, acne, oily skin, hot flashes, muscle cramps, and emotional liability. Bloating, weight gain, breast tenderness, chloasma, irregular bleeding, and depression can also result from the drug type therapies.

Endometriosis is the second most common gynecological disorder requiring hospital treatment. More and more women are being diagnosed as having endometriosis. It is known that the hypothalamus with the pituitary, in the normal female body, should send out a tiny bit of growth hormone that helps stabilize the body. This dosage of the growth hormone is approximately 5 units for every 90 seconds. When there is excess stress, the hypothalamus and pituitary will put out more of the growth hormone into the body. This is one of the suspected causes of endometrial growth as then these tissues are excessively susceptible to these growth hormones. Thus stress is one of the basic causes of endometriosis and must be one of the basic curative factors and reducing stress must be implemented in any one of our therapeutic regiments.

It is also found with endometria growth that the tissue is very sticky and fibrous. It is associated with a fatty acid deficiency in that the fatty acids help to discourage the endometrial growth and help to lubricate the tissues.

Thus part of our nutritional deficiency of fatty acids which is being more and more pervasive is helping to increase the amount of this disease in clinical settings. Supplementing fatty acids will be needed in our naturopathic treatments.

Common symptoms of painful ovulation, painful periods, and painful intercourse as well as bloating and heavy or irregular menstruation, constipation, bouts or constipation with bouts of diarrhea, constant tiredness and insomnia and depression helps to lead us into the diagnosis of endometriosis.

In the January 1995 issue of How to Control Your Health, article titled "What Doctors Don't Tell Your" reports that half of the women taking Clomiphene have gotten endometriosis. In the book Sexual Chemistry, Dr. Ellen Grant argues that even thought contraceptive pills are used in treating endometriosis she feels that these same pills may well be responsible for the development of endometriosis and the aftermath of the therapy. "...Although most contraceptive pills shrivel the womb liningh the blood vessels distort and dilate which may encourage spread of endometrial tissue backward into the veins. When the pill is given up the misplaced tissue thickens and bleeds more profusely causing more monthly pain and eventually leads to the diagnosis...". She also postulates that the use of tampons, long contraceptive caps, sexual intercourse during menstruation could also cause or complicate endometriosis. Research done at the US Endometriosis Protection Agency, indicates
a close association between dioxin levels in the body and the severity of incidence of endometriosis. The dioxins are chemical products involving chlorine, plastics, and other PPCs and other solvents such as dry cleaning fluids, pesticides, wood preservatives, disinfectants and drugs. These dioxin’s are manufactured when these types of compounds are burned or incinerated. The air borne particles can then be eaten or intake through the diet by cows and other animals as well as breathed in by the patients. There is also strong evidence linking endometriosis with immune system damage related to the environmental pollutant, dioxin. The anti-estrogen drug, Clomiphene citrate (clomid) which is used to treat infertility may also cause endometriosis. This is ironic considering that endometriosis is also a cause of infertility.

Usual nutritional treatments of endometriosis include vitamin A, C, E, B6, B complex, calcium, magnesium, zinc, selenium, evening primrose oil and chlorophyll. Acupuncture, homeopathy, medical Chinese herbalism claim to have some benefits. It is known that alcohol, caffeine, and sugar, processed foods, as well as chemical compounds and food additives also seem to aggravate the disease and should be avoid during therapy. Symptomatic can also be prompted with a warm cyst bath at 105-115 degrees for 3 minutes, followed by a cold bath at 55-80 degrees for 30 seconds. In our test subjects we utilized a blend of homeopaths including sarcodal treatment of the hypothalamus and pituitary for hormonal stabilization, fatty acid drops - 10 drops three times a day, for nutritional treatment of fatty acid deficiency. Nosodal treatment by using nosodes of the endometrial tissue at mixed potencies of 12x, 30x, 60x, 100x. Patients were also encouraged to avoid sugar, caffeine products such as cola, coffee, tea, and chocolate (chocolate was the most disturbing to these patients as most of them were chocolateholics), stress reduction after meals and 15-20 minutes extra each day during therapy, although not all patients thought they could comply with the stress reduction on a daily level. Out of the 38 patients presenting with the endometriosis, we were assisted in our diagnosis by their reactions on the xrooid reactivity scale to endometrial tissue and cystitis. This helped to assist our diagnosis.

RESULTS:

Of the 38 patients treated within a 6-week period we were successfully able to diminish the endometrial complications in 35 of the patients. Within the 66-week period there was roughly a 70 percent improvement overall in the quality of the symptomatic problems. By the 8th week of therapy there was approximately 80 percent reduction in the symptomatology and 35 of the patients were convinced they no longer had the diagnoseable endometrial growth. although as reported the reduction in symptomatology does not mean that there was total diminish of all the endometrial tissue. But here was evidence that this could be brought under control by our natural therapies.

DISCUSSION:

Thus it appears by recognizing some of the causative factors of endometriosis we can develop some natural type of therapies that can be profoundly helpful in assisting the natural minded medical doctor to handle this disease which is causing more and more problems and found in more and more of our women cases. Any women who is having a hard time getting pregnant should be treated with this natural program as it will not only assist in diminishing the endometrial tissue but also help to balance the hormonal system and treat any secondary disorders of the female system.

– BIBLIOGRAPHY –


Sexual Chemistry, Dr. Ellen Grant
### Summary of immunopathology, histopathology, and electro-microscopic findings of the kidney in snakebite

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