GUNA LABORATORIES

INET

Integrated Neuro Endocrine Therapy

INDEX

FROM HOMOTOXICOLOGY TO INET

(**I**ntegrated **N**euro **E**ndocrine **T**herapy)

by Salvatore Matarese, M.D.

Homotoxicology, the first big innovation in Homeopathy since Hahnemann, represents Homeopathy's journey from empirical philosophy to scientific accuracy.

Whereas Classic Homeopathic Medicine has rules and modes of expression which relate directly to Hahnemann's doctrine, Homotoxicology, devised by H.H. Reckeweg, is born out of the medical culture of the 30s, 40s and 50s – the years in which Biochemistry and Immunology became the protagonists of modern medicine.

Homotoxicology would strive to interpret Hahnemann's principles in direct relation to these two disciplines. Therefore, even though its roots were firmly planted in Classic Homeopathy, it drew widely on Scientific Medicine, and in particular on Molecular Biology and Neuroendocrine Immunology.

In short, Homotoxicology then focussed on Physiopathology, returning to it at diagnosis stage in order to make use, during therapy, of substances prepared in accordance with the principles of Homeopathic Pharmacopeia (high dilution – dynamisation process).

Some of these products are structured as pharmacological compounds and they can be recognised by their special characteristics, which set them apart from the classic homeopathic system.

A homotoxicological compound has two main properties:

(1) the wide variety of remedies used – ranging from nosodes to Krebs Cycle catalysts, from Quinone to Organotherapeutic Suis, and from Classic Homeopathic remedies to homeopathised allopathics products;

(2) the association of remedies according to Burgi's Principle (synergism-complementarity-completeness).

As a result of the commitment, self-denial and passion that went into the work of the Associazione Italiana di Omotossicologia (A.I.O.T. – the Italian medical Association of Homotoxicology), in 1982, Homotoxicological Medicine, particularly in Italy, underwent profound changes similar to the advances in

knowledge in Physiopathology and Molecular Biology.

In 1990, therefore, GUNA published the first study to introduce the theoretical concepts of Psycho-Neuro-Endocrino-Imunology (PNEI) in Homotoxicology.

Although in 1991/92, Blalock proved that immune cells such as Lymphoctyes and Macrophages were also neuroendocrine cells, i.e. *"biological units"* capable of receiving and transmitting neurohormonal signals at the same time, studies carried out in the last 15 years in Neuroendocrinology have brought to light the neuroendocrine activity of neurones and, as is already well-known, the presence of hormone receptors both at cell membrane level and intracellular level.

This knowledge then clarified that the homeostatic balance of cells requires two basic conditions:

(1) The functional integrity of the **Neuroendocrine Axis**

(2) **Neuroendocrine Homeostasis** of the membrane and its receptors.

One of the aspects which has always been the focus of basic research is the possibility of investigating and, in some way, understanding how there can be interactions between the three large homeostatic systems of the body (Endocrine-Immune-Nervous).

For some time, the medical world has gradually abandoned the organic theory of man's biological functions to make way for a unitary theory.

Within the scope of this holistic interpretation, the Central Nervous System (CNS) has the fundamental role of activating impulses which, when they reach the organs and peripheral systems, trigger biological changes which eventually return to the same CNS as signals.

Due to its unitary role of action and control, the brain can be defined as the first mediator.

Aside from the CNS, we should also mention the VNS (Vegetative Nervous System) which acts as a linking structure between the brain and the organs; the brain sends messages of a functional nature to the periphery via the VNS.

The VNS connects the brain, organs and endrocrine glands with the immune network; the latter modulates and activates the functions of the organs and the CNS. In fact, the interconnection between the CNS and the Immune

System has a important function providing clear biological and physiopathological checks (Fig. 1).

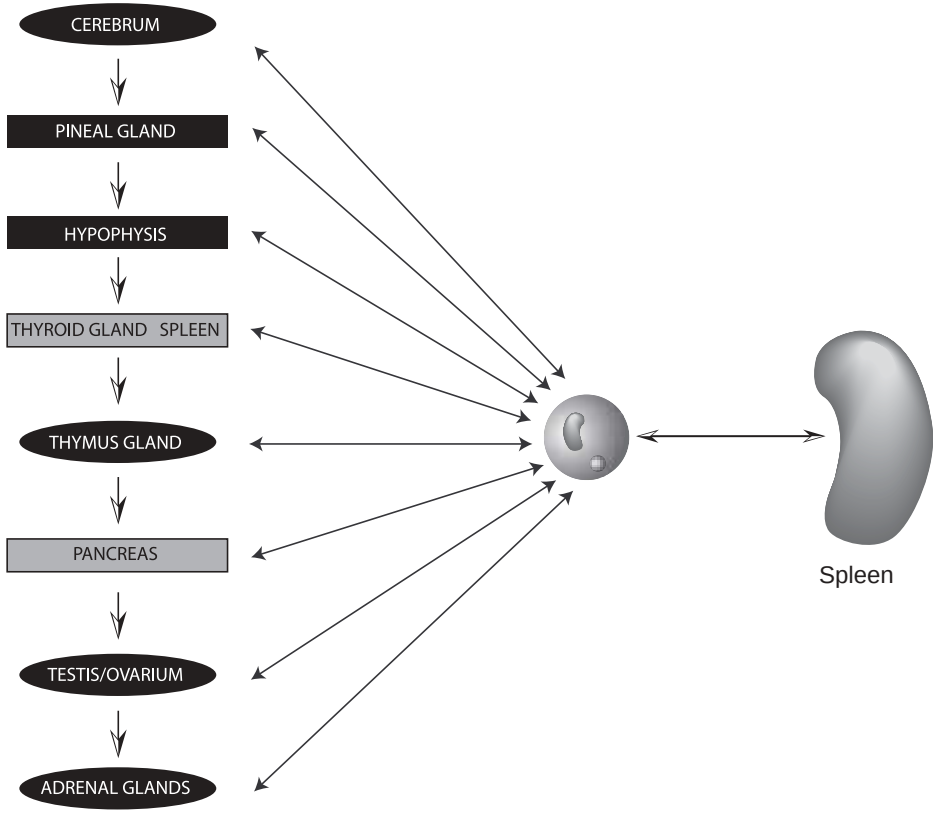


Fig. 1: The immune network.

At one time, we would have referred to neurovegetative dystonia, cardiac neurosis and spastic colitis as pathologies of separate organs, the expression of an almost *"symptomatic"* state of the subject. Nowadays, through increased knowledge about the neuroendocrine system, we realise that we are dealing with physiopathological problems that provide Molecular Biology with more Integrated Systems.

Within the framework of the AIOT's activities and on the basis of this knowledge, numerous clinical studies, experiments and monitoring tests have been carried out in the last years, with the aim of proving the effectiveness of Neuro-Endocrino-Immunology Therapy in **chronic degenerative pathologies**.

As the organotherapeutic neuroendocrine medicines used in Homotoxicology originate from pigs, we wondered whether we could obtain therapeutic effects by administering all the organ extracts of the Neuroendocrine Axis, in homeopathic form and in graduated dilutions (in the form of a single drug to be administered orally), to subjects suffering from a chronic pathology.

We therefore began to administer the following pool of "suis" organotherapies to these patients:

- Cerebrum suis
- Glandula pinealis suis
- Hypophysis suis
- Hypothalamus suis
- Glandula thyreoidea suis
- Glandula thymi suis
- Pancreas suis
- Testis suis (or Ovarium suis)
- Corpus luteum suis
- Glandula suprarenalis suis
- Hepar suis
- Cor suis
- Pulmo suis

We immediately felt that the results obtained were significant as we had already pointed out in the report presented at the Homotoxicology Convention in Milan in 1996 and they encouraged us to continue with our work in order to establish a more precise definition of the INET therapeutic strategy.
We were entering a new phase in Homotoxicology:
Homotoxicological treatment of receptors and cell membranes.

This new approach would become known as:

INTEGRATED NEURO ENDOCRINE THERAPY (**INET**)

Our experiments illustrated that, in the case of chronic degenerative pathologies, it is vital to remodulate and re-programme the activity of the Cerebro-Hypothalamic-Gonadic axis. We achieved this by simultaneously administering the corresponding organotherapies.

The modulation of the neuroendocrine axis is a determining factor in the development of the pathology - we now know from recent studies in the field of Cell and Molecular Biology just how "vital" a role hormonal substances play in the metabolic balance of the cell membrane.

A chronic pathology causes the "deregulation" of neuroendocrine homeostasis of the membrane receptors – which could lead to cell damage. The "neuroendocrine reprogramming" of the cell membrane is therefore required in order to bring the cell back into homeostasis.

We believe that there are two therapeutic methods which are vital to achieving this results:

(a) the administration of suis organs (particularly glandular), which, as is well-known, have a modulating action on target tissues in the homeopathic dilutions used in INET compounds;
(b) The administration of hormonal substances in a physiological concentration for the cells – a concentration that appears to be consistent with the homeopathic concept of dilution.

Finally, we believe that INET can be regarded as the **"central therapeutic"** nucleus for any degenerative endocrine pathology (with the exception of endocrine-dependent tumours).

According to the pathology, INET could be combined with classic homeopathic therapy, Homotoxicology (in the proper sense of the term), or allopathic medicines.

We would like to point out that, in the treatment of chronic patients with allopathic therapy, we often combine INET with Classic Homotoxicology in order to assess, with extreme caution, any possible change in the posology of drugs such as glucocorticoids, pscychotrope drugs, NSAD, immunosuppressors, etc.

The results have been very encouraging for various chronic pathologies such as:

- Functional disorders of the menstrual cycle
- Climacteric syndrome
- Degenerative arthropathy
- Osteoporosis
- Andropause
- Anxious-depressive syndrome in the elderly
- Autoimmune diseases: *Hashimoto's thyroiditis, Pancreopathy, Multiple sclerosis, Syringomyelia*
- Basedow's disease
- Cerebral and polyregional Vasculopathy in the elderly
- Mood disorders
- Degenerative cardiopathy.

INET PHARMACOLOGY

As mentioned before, Suis Organotherapics have an essential role in INET treatment.

These products, prepared at the GUNA Laboratories in Milan from their mother tincture, are available as oral drops in hydroalcoholic solution, in 30 ml bottles.

In this section, we will be presenting the primary group of INET medicines, the basic ones, which have the letter F for **F**emale patients and the letter M for M ale patients next to their brand name.

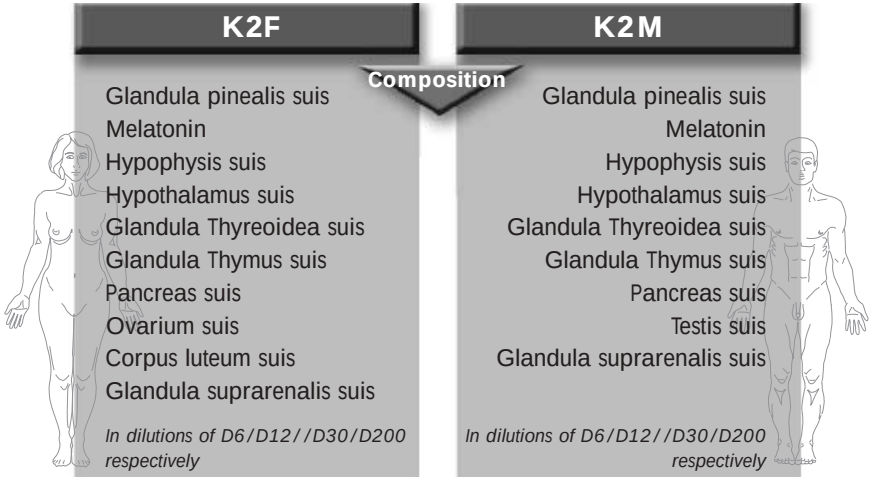
The primary group of medicines are:

K2F and **K2M**

These are basic medicines which contain "suis" organotherapics of the neuroendocrine axis in decimal dilutions D6/D12/D30/D200.

We have chosen to combine one of these organotherapics, Corpus Pinealis Suis, with the corresponding hormone, Melatonin, in order to strengthen neuroendocrine activity and obtain the optimum therapeutic effect.

Their tropism is clearly glandular and their action can be described as "re-starting" neuroendocrine functionality.



Posology: *10 drops 2-3 times a day*
(do not exceed the maximum daily dose of 30 drops).

After the two basic medicines (K2F and K2M), we should examine a secondary group of medicines, with a more complex type of structure. Single homeopathic remedies, vitamins and substances with neuroendocrine activity have been added to the typical INET structure.

THE SECONDARY GROUP OF MEDICINES

SENECTUS F and **SENECTUS M**

SENECTUS F	SENECTUS M
Composition	
Cerebrum suis D8	Cerebrum suis D8
Melatonin D6	Melatonin D6
Hypophysis suis D6	Hypophysis suis D6
Hypothalamus suis D6	Hypothalamus suis D6
Glandula Thyreoidea suis D6	Glandula Thyreoidea suis D6
Glandula Thymus suis D6	Glandula Thymus suis D6
Pancreas suis D6	Pancreas suis D6
Ovarium suis 200K	Testis suis 200K
Corpus luteum suis 200K	Corpus luteum suis 200K
Serotonin D6	Serotonin D6
Tryptophan D4	Tryptophan D4
Phosphorus 6CH	Phosphorus 6CH
Phosphorus 30CH	Phosphorus 30CH
Phosphorus 200K	Phosphorus 200K
Vitamin B1 D4	Vitamin B1 D4
Vitamin B12 D4	Vitamin B12 D4
Vitamin C D4	Vitamin C D4
Acidum Folicum D6	Acidum Folicum D6
Glandula suprarenalis D6	Glandula suprarenalis D6
Eleutherococcus D4	Eleutherococcus D4

Posology: *10 drops, 2-3 times per day*
(do not exceed the maximum daily dose of 30 drops).

As their name and composition suggest, Senectus F and Senectus M, are for use in geriatrics and gerontology.

Phosphorus in centesimal dilutions is added to the INET (in the proper sense of the term) structure because, as is well-known, Phosphorus is a homeopathic remedy specifically for degenerative processes of the cerebral, hepatic and pulmonary cells, typical of senescence.

"*….Phosphorus gives energy and light to the nervous cell*".

It acts on the mitochondria (particularly on the electron-transport chain) promoting oxidative phosphorylation and, therefore, greater ATP synthesis.

Centesimal dilutions (CH) and Korsakovian dilutions (K) were chosen for Phosphorus, in order to make use of the marked tropism of these two homeopathic dilutions for nervous tissue.

As a result of the reduced serotoninergic tone in the brains of the elderly, the use of Serotonin and Tryptophan was necessary. We now know from studies in Neuroscience that this condition may be one of the contributory causes of senile depression, psychophysical asthenia, senile aboulia and sleeping disorders (it is well-known that these two substances play a part in the synthesis of melatonin).

Vitamins B1, B12, C and Folic acid (often deficient in the elderly due to poor absorption), on the other hand, are the basic biological catalysts for intermediary metabolism, which, when blocked, acts as a trigger for degenerative cell processes.

Finally, Eleutherococcus (Siberian Ginseng), finds ample indication as it contains Eleutheroside A and M, Provitamin A, Vitamin E and Caffeic acid. These substances increase psychophysical tone, are anabolic, anti-anaemic, and they improve appetite and stimulate the immune system.

In short, Senectus F and Senectus M have the following field of action:

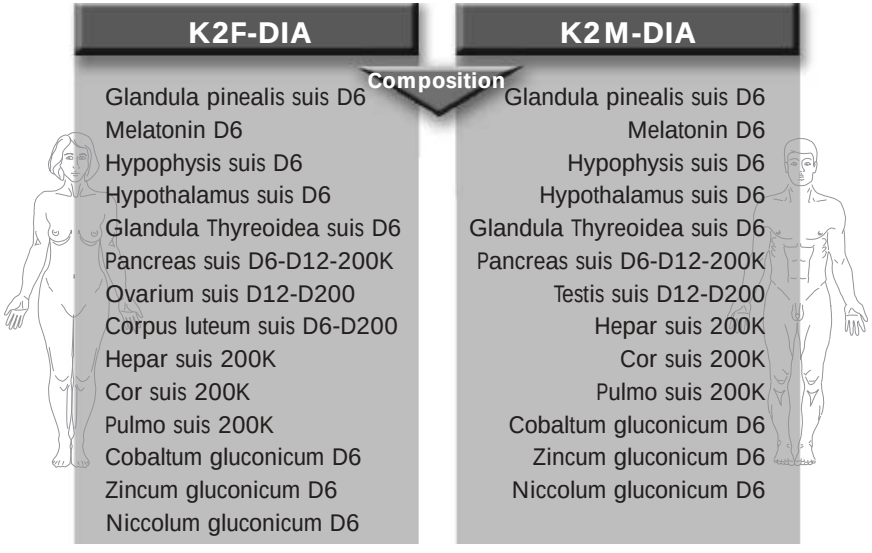
- Senile Asthenia
- Strain dyspnea (secondary to moderate level cardiac insufficiency)
- Memory disorders
- Sleeping disorders
- Cerebral atherosclerotis-type vasculopathies
- Mild coronary disorders
- Pathologies secondary to cerebral vascular disorders

THE TERTIARY GROUP OF MEDICINES
K2F-DIA and **K2M-DIA**

The third and final pair of medicines are known as K2F-DIA (for women) and K2M-DIA (for men).

They are compounds used as adjuvants in the treatment of Type 1 (Insulin-dependent) Diabetes.

At first glance, you will note that they have been combined with the classic core of INET remedies – the Oligoelements: Zinc, Nickel and Cobalt and the Organotherapies: Hepar suis, Cor suis and Pulmo suis. The latter have been chosen for their energy regulation of the pancreatic loculus, according to the law of the Five Energy Movements of Acupuncture (Nguyen Van Nghi).



Posology: *10 drops, 2-3 times a day*
(do no exceed the maximum daily dose of 30 drops).

IMPORTANT NOTE: K2F-DIA and K2M-DIA are not substitutes for insulin

Insulin therapy should continue in accordance with the usual procedure; it will be reduced appropriately and in accordance with any possible drop in glycaemic levels.

The scope of application for K2F-DIA and K2M-DIA is therefore limited to those cases of Type 1 Diabetes where physiopathological conditions of recent and partial autoimmune damage have been confirmed.

CLINICAL CASES

by Salvatore Matarese, M.D.

In this section, we will go on to describe a case of male infertility with probable autoimmune etiology and two cases of Type 1 (Insulin-dependent) Diabetes Mellitus.

REPORT 1: MALE INFERTILITY

The case we are discussing is important because, after four months of therapy, not only did we see a remarkable improvement and normalisation of the biological and cell condition of the semen, but the partner (wife) also became pregnant. At the time of writing, she is eight months pregnant.

The patient we are discussing is currently 38 years old; married for four years, he joined our study in May '95.

Subject was sulphuric at somatic level, phosphoric at mental level. He brought to the examination the results of a semen analysis carried out in April 1995, which had the following characteristics:

STANDARD SEMEN ANALYSIS, 13/4/95 (PRIOR TO TREATMENT)

Age:	*37*
Total number of spermatozoons: *(normal volume > 40,000,000 per ejaculate)*	*37,400,000*
Spermatozoon concentration: *(n.v. > 20,000,000/ml)*	*11,000,000/ml*
Motile forms: *(n.v. > 10,000,000/ml)*	*1,400,000/ml*

Motility:			*12.8%*
(n.v. > 50% - Grade 1 and 2)			
Grade1:	*0%*	*(rapid progressive)*	
Grade 2:	*5.0%*	*(slow progressive)*	
Grade 3:	*7.8%*	*(dyskinetic)*	
Grade 4:	*87.2%*	*(immotile)*	
Motility after 2 hours			*10%*
(n.v. > 40% - Grade 1 and 2)			
Grade 1:	*0%*	*(rapid progressive)*	
Grade 2:	*1.0%*	*(slow progressive)*	
Grade 3:	*9.0%*	*(dyskinetic)*	
Grade 4:	*90.0%*	*(immotile)*	
Morphology:			*20% typical (n.v. > 30)*
80% pathological with changes of mixed nature			

Comment: *The analysis of fresh semen showed a framework of moderate level Oligoasthenoteratozoospermia which became more marked in the 2 hour reading. Mild SpermioLeucocytosis.*

As you can see, the report has particularly pathological findings. We introduced PNEI therapy with "suis" organotherapies of the endocrine glands and internal organs, with Lymphokines and high dilution hormono therapy (Guna) and with some specific Oligoelements such as Zinc, Nickel and Selenium. We then added Acidum Phosphoricum Homaccord®-Heel and Sepia Compositum (Guna). The patient underwent this treatment for approximately four months.

In September 1995, we repeated the semen analysis.

STANDARD SEMEN ANALYSIS, CARRIED OUT ON 25/9/95 AFTER APPROXIMATELY FOUR MONTHS OF HOMOTOXICOLOGICAL THERAPY.	
Volume:	6.0 ml
Liquefaction:	Complete
pH:	7,5 (n.v. 7,2 – 7,8)

Total number of spermatozoons:	48,000,000
(n.v. > 40,000,000 per ejaculate)	
Spermatozoon concentration:	8,000,000/ml
(n.v. > 20,000,000/ml)	
Motile forms:	5,000,000/ml
Motility:	63%
Motility after 2 hours	63% (n.v. > 50%)
Morphology:	50% typical (n.v. > 30%)
	50% pathological (with changes of a mixed nature)

Comment: *The analysis of fresh semen and after 2 hours, shows a moderate level of Oligozoospermia with mild Spermio-Leucocytosis. The parameters of concentration, motility and morphology had improved in comparison with the previous semen analysis.*

From this analysis, one can see the marked improvement in the various parameters compared with the analysis of April 1995.

October 1995: the patient's partner presents amenorrhoea which proves to be due to pregnancy. The following is the report on the pelvic ultrasound scan carried out on 4/12/95. This date corresponds to the 8th week of gestation.

"*The ultrasound scan of the pelvis carried out using a high definition 3.5 Mhz Convex probe, recorded a normoflexed uterine body of increased size commensurate with early pregnancy, inside which a single living embryo was noted, with cardiac activity and a CRL of 13 mm. which confirms an actual gestational age corresponding to the week of amenorrhoea reported. Placenta with diffused outline. Volume of amniotic fluid: normal*".

On the same date, 4 December '95, the patient underwent another semen analysis.

STANDARD SEMEN ANALYSIS, 4/12/95	
Total number of spermatozoons:	133,000,000
(n.v. > 40,000,000 per ejaculate)	
Spermatozoon concentration:	35,000,000/ml
Motile forms:	14,000,000/ml
Motility:	40%

The main points are as follows:
As one can see, there had been another gradual improvement.

REPORT 2: TYPE 1 DIABETES MELLITUS

We have five subjects undergoing homotoxicological treatment aged 10 - 13, two males and three females, suffering from Type 1 (insulin-dependent) Diabetes mellitus. The disease was diagnosed at state hospital organisations.

One of the male subjects, M.M. aged 12, had never been treated by Insulin therapy, at his parents' request; this patient's glycaemic levels, monitored throughout the day, never exceeded 220 mg%. He underwent treatment for approximately 15 months with homotoxicological therapy in accordance with the approach we mentioned earlier. As soon as we began the homotoxicological therapy, the glycaemia normalised over two months. In the initial stage of Homotoxicological therapy, we prescribed a diet of 1800 calories with 70g of carbohydrates. The glycaemic levels are currently normal with a diet of unrestricted glycidic content. What is even more interesting and a little astonishing, is the result obtained in a female subject aged 13, who had been diagnosed with Type 1 Diabetes Mellitus since July 1995.
She had been undergoing Insulin therapy since that time.

The child's parents, having learned from the father of patient M.M. that the latter no longer suffered from Hyperglycaemia, asked me to treat their own daughter as well.

I visited the child in the last few days of October '95. The 1st November was the date on which homotoxicological therapy commenced. Any of the documentation on daily glycaemia monitoring can be requested from the Author.

The undersigned applied the homotox therapy to the patient without altering the insulin therapy, glycidic content of the diet or any other parameters.

BEGINNING OF HOMOTOX THERAPY:					
				Morning	Evening
1	November	95.	Insulin	13 U	8 U
30	November	95.	Insulin	8 U	4 U
30	December	95.	Insulin	6 U	3 U
5	January	96.	Menarche		
31	January	96.	Insulin	3 U	4 U
28	February	96.	Insulin	4 U	4 U
31	March	96.	Insulin	2 U	2U
15	April	96.	Suspension of Insulin therapy.		

At the time of writing, our patient was in a state of glycaemic balance without insulin. We should point out that the Insulin therapy with glycaemic monitoring was managed by the parents, in accordance with the instructions of the Paediatric hospital with which they had been in contact initially.

The alteration of insulin therapy during the period November '95- April '96 (during homotoxicologic therapy) was assessed according to the extent of the hyperglycaemic episodes suffered by the patient. Initially we said that there were five diabetic children undergoing Homotoxicological treatment: in fact, these other subjects also underwent a slow but continuous reduction in insulin. We are certainly dealing with clinical cases producing results that, are extremely important, particularly for Type 1 insulin-dependent Diabetes, not only in terms of the advantage they give the patients but also because we know of no results like it in other literature.

That is why we carried out a full bibliographical study. Our findings were:

Diabetes 1 = Chronic insulin therapy

We have decided not to go into the therapeutic details here for Colleagues as these evidences are at a very delicate and difficult stage of research. We are trying to register the therapy, within the limits Homotoxicology allows. However, if everything that we have reported is confirmed, we are committed to expanding on the details of this research.

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