

Manfred Mueller

MA, DHM, RSHom(NA), CCH



Powerful New Homeopathy Insight

Emryss

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FOREWORD AND ACKNOWLEDGMENTS

This book is meant for the advanced homeopathic professional familiar with the basic concepts of our marvelous healing craft. If you are interested in expanding your skills as a practitioner of homeopathy vastly beyond your present knowledge, and to improve treatment outcome, you have come to the right place. Extra-Strength Homeopathy™ has its name from the observation that it almost guarantees a positive outcome in virtually every case of treatment. This book is a compilation of carefully reviewed and updated transcripts of lectures I held over the years on Extra-Strength Homeopathy™ given at Homeopathic College tutorials. It also contains a few articles I wrote that explain the content in these lectures. If you wish to learn this highly effective homeopathic approach proven to work over the past several decades this compendium should be your study guide.

Even though basic homeopathic training is a prerequisite for practicing the Mueller Method of Homeopathy™ including a working knowledge of the materia medica and repertorization, it is necessary to revisit the basic tenets of the homeopathic method of treatment as laid down by the originator. Before you embark on the study of Extra-Strength Homeopathy, I recommend you first study them in the *Concise Organon*, a truncated translation of the 6th edition of Hahnemann's *Organon* by this author. Published by Emryss, it introduces the modern student to the homeopathic principles as efficiently as possible without sacrificing content in modern, updated language—clearly, and in fewer words.

The world has accelerated since the simple horse-and-buggy days of Hahnemann's time, and so our approach to homeopathic treatment must become just as advanced and dynamic. With technological, scientific, and medical progress, the diseases and disorders we suffer from have become more complicated and more aggressive. Identifying and removing obstacles to cure, antidoting the secondary effects of past suppressions and exposures, understanding individualisation of potency and dose, treating for multiple disorders meeting in a single patient simultaneously, and treating the omnipresent predisposition to cancer, are only some of the tools you need to tackle nearly all the cases that walk through your door. Your success rate will increase if you do. Healing will progress at a faster and more profound pace. Your attrition rate will decrease. And you will thrive in your practice. Imagine practising homeopathy to its fullest extent, the way it was meant to be practised!

I wish to thank my homeopathic teachers, colleagues, clients, students and especially my family for their continued support. I wish you best of health and happiness.

– *Manfred Mueller 2023*

INTRODUCTION: DIGGING DEEPER INTO YOUR HOMEOPATHIC TOOLBOX

Tool 1: Removing The Causes of Disease

Drug Disorders

Homeopaths can learn much from modern scientific research. For example, Gary Null has shown in a study that in the United States, not cancer, not heart disease, but *iatrogenic diseases* are the number one cause of death (Null et al. 2002, 2011). Hahnemann saw this trend coming over 200 years ago. While Hahnemann encountered mostly natural disorders, he saw that drugs were more powerful than natural diseases and could also have more devastating effects.

“But artificial pathogenetic forces we call drugs are quite a different matter. Every drug can at all times, and in all cases, affect all living beings and bring about its specific effects in them, even clearly perceptible ones, if the dose is large enough. It follows that every living organism can at all times, and without exception, be affected—as it were, infected—by a drug disorder. As I have said, this is not at all the case with natural diseases.” Aphorism 32, *Organon*, 6th Ed., author’s translation in *Concise Organon*, published by Emryss.

Hahnemann saw that every drug, even after only one dose had been taken, left an effect, like a footprint, in the individual’s health that didn’t stop once the chemical compound had left the body. This means that our modern medical system, with its pharmaceutical drugs, surgeries, vaccines, medical procedures, and massive diagnostic imaging, has cumulative effects, and they may be doing us in fast! They are the number-one cause of death in the United States today and the most common cause of chronic disorders. Even in his time Hahnemann was pessimistic as to their cure:

“The ruinations of human health by the allopathic non-healing art are, of all chronic diseases, the most deplorable and the most incurable. I regret to add that when they have reached any considerable severity, it is probably impossible to find or discover any method for their cure.” Aphorism 75, *Organon*, 6th Ed., Op cit.

What Happens When You Don’t Remove the Causes

Have you ever had a situation where you knew the remedy was the correct one, but after taking it, the patient did not improve, and instead got worse? I once took a case of a thirty-something year old woman named Shelly with eczema spreading all over her body. Shelly was worse from heat, had flaking of dry skin with itching and scratching until it bled. Every time she took the remedy *Sulphur*, she had a massive aggravation of

symptoms and yet never saw improvement. She finally had to discontinue treatment.

This and several other cases hammered home what happens when you don't remove the *sustaining* cause. Removing the cause(s) is such a basic clinical principle that Hahnemann put it into the first several aphorisms of his *Organon* (aphorisms 2-7). Upon taking a more careful case, an important fact in Shelly's environment was uncovered. She was exposed to sulphur on a daily basis from the water in her well. She drank, cooked with, and bathed in sulphur-tainted water.

Before you can treat for the effects of a cause(s), such as a toxin that brings about and sustains a syndrome, you first need to remove the cause(s). *It's that simple*. Once Shelly moved from her home to a place with no detectable sulphur in the water, a total and permanent cure of her eczema took place using...homeopathic *Sulphur*. She took it in the standard dose (more on that below) in ascending Q-potencies for the next 8 months. But we're jumping ahead of ourselves. Treating the cause gets us to tool number one.

In each case we take, we need to investigate and discover the probable causes. This means we find causative agents that are still present and are having an adverse effect or are still acting in some form on the patient's health. The easy way to go about this is by educating ourselves on some of the most prevalent causes of disease in modern life. Like detectives looking for the probable cause of a crime or an illegal act, as homeopaths we need to have a hypothesis to find the cause that sustains a chronic condition. In this summary, we'll focus on two very important, but often overlooked, yet very common causes of chronic disorders today to underscore our point—(a) the heavy metal mercury and (b) pulsed high frequency microwave radiation used in telecommunications, including some potential interactions between the two. In recent year, two additional common causes have become prominent, (c) the omnipresent 'COVID-19 vaccines' (often mistaken as 'long COVID'), and the more and more grave problem of global abuse of dangerous drugs, vaccines and medications.

In the tutorial called 'Perceiving Disorders of the 21st Century, Part 1,' I went into ways to investigate and identify prevalent causes of modern disorders in a given case.

Mercury – The Insidious Poison

Have you ever had patients with pains and restlessness in the legs that start after sun-down and last till dawn? Have you seen patients who grind their teeth and salivate or drool at night? Do you have patients who are so sensitive in their mouths, that they cannot eat certain textures of foods or swallow pills? Have you worked with children who act crazy, pulling other children's hair or their noses, or suddenly scream at the top of their lungs for no apparent reason? Have you treated people with recurrent yeast or other infections or seen people with homicidal and suicidal thoughts when looking at cutting utensils? All of the above signs and symptoms have been linked to mercury intoxication. There are so many more symptoms that are caused by mercury (see the tutorials 'Treating Modern Mercurialism, Part 1' and 'Chronic Mercury Toxicity, Part 2'),

but if you answered ‘yes’ to all of these, then you have definitely seen patients poisoned by mercury. To achieve a permanent cure in these patients, instead of a litany of aggravations, you need to understand and apply the Mueller method.

How Can You Be Poisoned by Mercury?

Mercury is installed into your mouth in ‘silver’ dental amalgam fillings; it’s injected directly into the body in the form of the preservative thimerosal in vaccines; it is a common ingredient of many medical drugs, cosmetics, skin products, and even hair dyes; it contaminates foods (mostly fish and seafood); and it is a waste product from many industries—especially the electronics industry—that pump it or dump it right into our air, soil, and groundwater. From there, it ends up in our bodies. By the way, the industry most responsible for environmental contamination with mercury is...the dental industry! Most importantly, mercury is a multigenerational toxin. It is passed through the placenta *in utero* and absorbed through the breast milk during nursing. Everyone who lives in an industrialised society has some level of mercury intoxication in their system. However, not every organism reacts the same to the poison. By the way, in case you treat animals, mercury is so prevalent in pet and livestock vaccines that virtually every animal is poisoned with it.

There is no minimum safe dose of mercury. At one point OSHA tried to determine the safe level of mercury absorbed in a work environment. IN the early nineteen-nineties, it was determined to be a 0.01 mcg per eight-hour workday. The Administration of President Bush increased this level since. However, even with the above level, some people become seriously disabled from exposure.

Some are more susceptible to mercury’s effects than others—these are the ones also more susceptible to cancer—probably more than 90% of those our society with the *cancer diathesis*—another widely prevalent condition you will understand if you study the Mueller Method. Those with the cancer diathesis—that is, *many patients*, have difficulty metabolising mercury. If you also have the genetic mutation called MTHFR, which stands for methylenetetrahydrofolate reductase gene, you may have additional problems. This and one other genetic variation, PON1, have so far been linked to mercury hypersensitivity. Research has shown that bodies with the MTHFR mutation cannot make or utilize glutathione, which is necessary for metabolising heavy metals.

Mercury escapes from dental amalgam fillings in substantial amounts (at .33 mcg per filling per day) and travels to the vital organs. One Murray Vimy and Fritz Lorscheider of the university of Calgary, Canada, conducted studies that showed mercury invades the vital organs and the nervous system of sheep and monkeys within two weeks of placing dental amalgam fillings into the mouths of the animals (Vimy/Lorscheider 1994). German research demonstrates that, even if you’ve had your amalgam fillings replaced, that without years of active detoxification, most of the mercury will likely still be in your body twenty years later. Homeopaths observed that once in the body, mercury attacks every organ and every system, including the brain.

Mercury removal is vitally important when you treat chronic disorders caused by mercury toxicity. Mercury is a causative factor in many chronic disorders from cardiovascular disease to Alzheimer's. A permanent cure is impossible, so long as this insidious poison sustains the disorder. In the above-mentioned tutorials we discuss the mechanisms by which the body holds onto chronic infections as a self-protective mechanism to prevent cell death (and organism death!) from this insidious poison. One of these mechanisms is by placing mercury into the nucleus of the cells of opportunistic infectious microbes. Before you treat another person for Candida or consider the use of an 'anti-fungal' drug, we highly recommend that you take those tutorials. This is also true for virtually all chronic bacterial and viral diseases.

Microwave Radiation – No Place to Hide

Have you seen more and more people in the prime of their lives suffering from memory loss, lack of comprehension, or early signs of dementia? Have you seen young people in their twenties who are losing their hair? Have you heard of folks in their 30s and 40s who have had a stroke? Are you seeing more and more patients complain of tiredness and fatigue? Have you seen glaucoma and cataracts develop in patients before middle age? Have you worked with families of children with brain tumours? If you haven't yet, you will soon.

In modern societies everyone is now continuously exposed to 'death rays'—pulsed high frequency microwave radiation from cell phones, cordless phones, cell towers, smart meters, and wireless telecommunication devices, including satellites, etc. The ubiquitous exposure to these pervasive frequencies is silent and invisible, and it causes serious harm sooner or later. Its effects are not to be ignored.

The studies are out there. Unfortunately, research on microwaves used in telecommunication has a media-black-out in the U.S., meaning people won't find out about it through the mainstream media. The United States navy already prior to the introduction of cell phones had conducted more than 26,000 studies that prove the adverse health effects from this radiation. The technology was introduced worldwide with full knowledge of its harm. Only recently the WHO included microwave radiation on its list of cancer-causing agents. It is up to you to research this issue and educate yourself and your clients. A good place to start is with journalist Amy Worthington's articles 'Generation X-ray' and 'Generation X-ed Out.' Also, we have a tutorial on this very subject called 'Microwave Irradiation Syndrome' and a summary entitled Microwave Radiation Syndrome.

One quick tip: removing all wireless technology from your immediate environment will go a long way towards improving your health! Don't use cell phones, or smart phone or similar devices. Oh, and remember to use the tautopathic (homeopathic potencies made from the offending substance) antidotes to finish clearing the disorder that these forces have created!

The Interaction of Mercury And Microwaves

Mercury is a highly conductive liquid metal, hence its use in semiconductor switches and electronic devices. Thus, when the body is exposed to microwave and radiofrequency radiation, the mercury travelling through the body will cause it act as an antenna and amplify the radiation. In our practice, those suffering from electrical hypersensitivity are often found to have large amounts of mercury in their systems.

The 19th-century British homeopathic physician Dr. John Henry Clarke knew about this. Here is a quotation from his *Dictionary of Practical Materia Medica* under the remedy *Mercurius solubilis*:

“...it turns those who are under its influence into weather-glasses and thermometers likewise. An electrician, who at one time was required to work with his hands frequently in a trough filled with quicksilver, thereafter could not bear the slightest shock of electricity, though before he could stand very strong ones.”

Clarke’s observation is one of the first descriptions in the medical literature of the condition of electromagnetic hypersensitivity! To learn more on the subjects of mercury and microwave radiation, we recommend our three tutorials: *Treating Modern Mercurialism, Part 1*; *Chronic Mercury Toxicity, Part 2*; *Microwave Irradiation Syndrome; The Sensitive Patient*.

Tool 2:

Antidoting The Effects: Tautopathic And Homeopathic Antidotes

Coming back to Shelly’s eczema case above, we see that this was a tautopathic use of the potentised *Sulphur* to antidote the effects of the toxin sulphur in her well-water. How do we know that *Sulphur* was the tautopathic prescription (even though it perfectly matched her symptoms)? Because Shelly had no prior history of eczema before living at the house with the sulphur-contaminated well. That fact became the basis of our hypothesis that sulphur was causing the condition.

Tautopathy is treatment using a potentised substance or agent that is presumed to cause a disorder. It comes from the Greek word ‘*tauton*,’ which means ‘*identical*,’ and ‘*-pathy*,’ which means ‘*suffering*.’ In the last paragraph of the theoretical part of the book *Chronic Diseases*, Hahnemann pointed out that the potentised agent that causes an infectious disease is its ‘*tauton*’ and therefore its *simillimum* (most similar medicine). This is his justification for using the tautopathic method of treatment. Many other homeopaths in history have agreed with Hahnemann. In one of my papers on the subject, I explained that tautopathy was used systematically by many classical era homeopaths. A follow-up paper shows scientific studies confirm the efficacy of this method.

In practical terms, this means we can use the potency of any toxin, drug, or any type

of radiation, etc. to counteract the secondary effects of the respective pathogenic agent. That fact this works is supported by modern experimental studies. We give credit to Hahnemann for the brilliant insight into how to antidote artificial disorders:

“Not long ago, doctors tried to remove these hurtful substances (commercial and pharmaceutical poisons producing injuries and diseases), by emetics, diluent drinks or purgatives, often with very unhappy results. They operated under the erroneous assumption that these drugs oppressed the stomach and bowels in a primary mechanical fashion.

In reality, they changed the whole system in a peculiar, to us still unknown, manner. Their effects can never be cured like mere local mechanical irritations, as was formerly imagined. However, we now know how to combat many of these drug-induced disorders. The secondary action of poisonous drugs brings about diseases of a DYNAMIC nature. This class of diseases must be counteracted by their appropriate DYNAMIC antidotes.” From *Lesser Writings*, translation by the author.

More than 200 years ago, Hahnemann saw that the *secondary effects* that develop as a result of drugs and other poisons are a derangement in the bioenergetic regulatory system—the vital force. This derangement is the *energetic drug disease*. The most likely way to resolve it is by ‘antidoting’ it with a potentised ‘energetic’ medicine, i.e. the *topathic pharmacode*. We use the term *pharmacode* to distinguish this type of remedy from a nosode. *Pharmacode* (fr. Gr. *pharmakon*) means a remedy ‘prepared from a poison, medical drug, radiation or other injurious agent.’ We also do not like the term ‘imponderables’, which mean something like ‘impossible to evaluate.’ These agents are very much ponderable and are no different from ordinary homeopathic medicine including the nosodes in that respect. So, for now, ‘*pharmacode*’ would seem a better term for them.

Antidoting The Secondary Effects

As we have seen in the above quote from *Lesser Writings*, Hahnemann advocated that we antidote the dynamic or secondary residual effects of drugs — in other words, antidote the source of drugs’ long-term effects. Lilienthal in his *Therapeutics* refers to the need to counter the secondary effects under the chapter on Poisonings. Hahnemann explains that the secondary action of a drug or poison is actually the defensive or adaptive response produced by the body to the drug/toxin/agent. This dynamic (energetic) drug disorder can last for years or even decades—long after the drug has been discontinued.

This is especially the case if it is suppressed or interfered with by a new drug or other medicinal force or influence on our health (e.g. radiation therapy, magnetic therapy, violent emotions, etc). Long-term drug effects are the predominant chronic disorders of our modern times. Side effects, including secondary effects, can be induced by a

single dose of a suppressive drug in susceptible individuals. And we've all seen cases like this, whether we knew it or not.

To antidote the long-term dynamic effects, or secondary effects, of these harmful exposures, use the tautopathic pharmacode, as referred to in our tutorials. However, be forewarned that the avalanche of health effects created by even one dose of a drug can require not only the tautopathic pharmacode, but also years of skilled long-term homeopathic treatment. It is often the most susceptible individuals who see the worst outcomes from conventional treatment, and it is usually us homeopaths who are their last resort. When they come to us we asked to 'pick up the pieces.' The dozens of Cipro (Ciprofloxin) or Levoquin inquiries that have come through our practice per week in recent years can attest to that fact.

Antidoting The Primary Effects

Again, we'll look at Shelly's case. We could not antidote the sulphur from the well-water with potentised *Sulphur* to resolve her eczema because the aggravating and sustaining cause—the sulphur from the well-water—was still influencing her body and causing its primary syndrome while she was still using the well water daily. This is an important principle: While a physiological cause or agent, i.e. crude drug, toxin or radiation, is still directly influencing the organism and while it is still present in the body and sustaining its syndrome, we are dealing with its *primary effects*.

For another example, after studying the effects of mercury during a third-year homeopathic class, one of our students surmised that *Mercurius* had to be the best antidote to her mercury-like syndrome, since it matched them exactly. Without first checking with her teacher, she took *Mercurius solubilis* in the 1M potency. She developed a terrible 'tettery' rash all over her body lasting more than a year—a well-known mercury symptom because that's what she had been taught in her previous class. Why did this happen? Because she still had mercury in her system. The mercury acted as an *obstacle to cure*. So much for giving the *simillimum* in high potency while the body is still under the influence of the primary effect of a pathogenic agent!

In a case where the *simillimum* is the same remedy as the substance poisoning the person, a better solution is to use a homeopathic antidote and not a tautopathic pharmacode (the *simillimum*). This student could have taken crude *Hepar sulphuris calcareum*, as Hahnemann recommended, to counteract the primary effects of mercury. Since this medicine is not readily available in the crude dose, repeated doses of *Hepar sulphuris* in very low decimal potencies, i.e. 2X or 3X up to the 12X, can be very helpful to counteract symptoms of mercury poisoning.

As a note of interest, there are now more than 130 remedies listed under the rubric 'INTOXICATION, after mercury' in the ever-increasing *Complete Repertory*. We routinely use many of these; however, *Hepar sulphuris* in the low decimal potencies is bar none the best and most commonly used generic mercury antidote....

To repeat: As a general rule, while the primary effects are still present, a specific homeopathic antidote is preferable to the tautopathic antidote. For further information, please see our tutorial ‘Principles of Antidoting.’

In cases of mercury poisoning, *Hepar sulphuris* can only palliate symptoms. In order to remove the sustaining cause—the mercury itself—from the body permanently, a *state-of-the-art scientific detoxification protocol* should be instituted in addition to the antidote. In our tutorials on mercury, you can learn more about a simple and effective heavy metal detox protocol to permanently remove this terrible poison.

To antidote the primary effects of toxins and drugs, in addition to homeopathic remedies, specific physiological antidotes and chemical methods are used, such as vinegar for the effects of ether and other anaesthetic vapours, or coffee for the effects of narcotics. Modern methods of chemical buffering are also available to absorb or neutralize poisons. For professional information about how to antidote the primary effects of a poison there are toxicology and emergency medicine textbooks available to look up the best ways to treat for such incidents. There are also many useful tips that are practical and easy to employ on how to counteract the primary effects of drugs and toxins listed in our homeopathic literature.

An indispensable resource on tried-and-true antidotes for poisons is Samuel Lilienthal’s *Homeopathic Therapeutics*, where Lilienthal under the Chapter ‘Poisonings’ gives instructions on how to antidote physiologically and homeopathically the primary action of various poisons, and even how to safely remove the poison from the organism. It is unique among homeopathic clinical references in that it clearly distinguishes between the *primary* and the *secondary* effects of poisons.

One of my favourite examples to counter certain poisons is the use of white flour, egg white, and sugar to absorb and remove mercury from the digestive tract. One 19th century French materia medica lists powdered gluten as the best binder for mercury. In my experience, this is an excellent method. For other poisons, you may find suggestions under the rubric ‘Antidoted by’ in Frans Vermeulen’s *Concordant Materia Medica* under the sections ‘Relations.’ Antidotes are listed in my *Oncology Materia Medica* under ‘Interactions.’ Robin Murphy lists a toxicity rubric in his *Medical Repertory*. And finally, you may look up the rubric ‘Intoxication’ under ‘Generalities’ in the *Complete Repertory*. In other reference, you will find these notes under ‘abuse’, i.e. after mercury ‘abuse.’ Many 19th century homeopaths interpreted the use of calomel and similar poisons in medicine an ‘abuse’ or, as we would call it today, as ‘malpractice’.

To sum up:

- 1) First, we should remove the *physical toxin* still present in the body and in the patient’s environment, using appropriate and tested detoxification methods.
- 2) Second, to antidote the *primary* effects of drugs/poisons, we can use the
 - a) physiological antidotes and use suitable biochemical methods.
 - b) homeopathic antidotes, preferably in a crude or low decimal potency, (but not always!)

- 3) To antidote and counter drug or poison syndrome, the *secondary* effects of these agents, we can use the
- a) tautopathic pharmacode (or potency of the poison), or a
 - b) homeopathic antidote that corresponds to the syndrome in high potency.

For more information, please see also the chapter *Principles of Antidoting* below.

Timing Matters for The Reversal of Chronic Disorders

Suppose you decided to use *Thuja occidentalis* 30C to antidote a childhood vaccine. Suppose to your surprise, rather than getting better, the young patient gets worse. What's happening here is, the child was recently given Tylenol to counteract the adverse reaction caused by the vaccine, thus creating an 'obstacle to cure'—a separate disorder from the vaccine disorder. So, by giving *Tylenol* 30C to remove the obstacle to cure first, and then following up with the suitable vaccine antidote you can avoid an aggravation and quickly affect a cure. Provided, of course, that *Thuja* is the true *simillimum* to the vaccine reaction, which is rare!

It is true that *Thuja* was a common *simillimum* for the discontinued *variola* vaccine. Instead, more likely, the suitable antidote is the potentised pharmacode of the identical vaccine, i.e. *DTaP*. For more details, please consult the chapter below and our chapter on antidoting vaccine reactions in our book *Freedom from Infectious Diseases: The Homeopathic Solution*, published by Emryss.

Here's another example of a little girl with asthma: She was clingy, whiny, and anxious, and felt better in open air. Clearly a *Pulsatilla* case, yet *Pulsatilla* did nothing! We then recommended antidoting the albuterol inhaler that she had previously been using with *Albuterol* 30C, then again repeating *Pulsatilla*. The attack promptly stopped!

Tool 3: Reverse 'Clearing' of Iatrogenic Disorders: Reverse Chronological Tautopathy (RCT)

"The correct method is to prescribe for the present conditions, bearing in mind as especially important the latest symptoms that have arisen; then to follow the case backward step by step, removing the ailments in the reverse order of their first appearance. Finally, the constitutional remedy becomes clearly indicated, and it will complete the cure gently and safely."

—Erastus E. Case, *Some Clinical Experiences of Erastus E Case MD*.

This case from our practice is an excellent example of how layers upon layers of iatrogenic disorders exist in a patient, and how we can use a few additional homeopathic tools to resolve this. During the history taking he elicited the following:

- Dolly, a 55-year-old woman, had hot flashes. Her OB-GYN prescribed Premarin (conjugated oestrogen).
- The next year, she developed hypertension. Her general practitioner prescribed Atenolol.
- Six months later, cardiac arrhythmia developed and a cardiologist prescribed Cardizem for her new ‘heart condition’.
- Within eight months, she became clinically depressed and could hardly make it through the day. A psychiatrist prescribed Zoloft for her ‘latent psychiatric’ problem.
- When the panic attacks began 4 weeks later, the psychiatrist added Paxil to the mix.
- Etc.

Iatrogenesis at work! Piecemeal medicine at work. A condition for every speciality department! The better your health insurance plan, the more conditions are created! At this point, she had had enough and sought out our services—on a referral from a friend. While the details and reactions may vary, this scenario is, sadly, all too typical.

Investigating Drug Side Effects

There are several ways to learn about the side effects of drugs, and it’s best to use a combination of them:

- Use a search engine like duckduckgo, type in the drug name^[1] and the term ‘side effects’ or ‘health effects.’
- Buy your own copy of a recent *Physician’s Desk Reference* (PDR) book or disk. They are easily and cheaply available at used bookstores, etc. The UK equivalent is the British National Formulary (BNF), available as book or online: www.pharmaceuticalpress.com/bnf-publications. There is a separate edition BNF for Children.
- Use websites like drugs.com, rxlist.com, and many others.

How to Reverse Dolly’s Chronic Complaints

Dolly’s multiple drug disorders were reversed in accordance with the chronology rule, as we saw in Dr. Erastus Case’s quote above.

This chronology rule is also found in Hering’s Law: begin with the most recent first, and remove the oldest disorder last. In Dolly’s case, we started with the removal of the most recent drug—Paxil, and cleared for its effects using the 30C potency in a split plussed dose. She continued in the reverse order until each drug had been removed and antidoted. We call this process ‘Reverse Chronological Tautopathy’ (RCT for short). However, with clients, we call them ‘clearing remedies.’

1 Most drugs have numerous names and synonyms, and vary widely in other countries. Sometimes you will have to do a little digging. Look up the synonyms for drugs. Or you may want to send The Homeopathic College a quick email. We’ve already done the research on many of these drugs. We have more than 800 pharmacodes in our private pharmacy.

In the end, what was left was only Dolly's underlying hormonal imbalance. Concurrently to the drug clearing, we started her on daily doses of ascending liquid Q-potencies of *Natrum muriaticum* each morning, beginning with the 1Q potency. For the next two months, while still on the *Natrum muriaticum*, she systematically—always going backwards in time—antidoted her previous medications and other offending agents, including x-rays, MRI's, and past vaccines. Last, we added *Carcinosin* in ascending Q-potencies before bedtime, also beginning with the 1Q potency, in alternation with her *Natrum muriaticum*, to address the inherited (constitutional) state she was born with—the cancer diathesis. In eighteen months, she was a new woman. This is how we have routinely reverse patient's iatrogenic disorders.

Why Reverse Drug Layers First?

If we had given Dolly a constitutional remedy such as *Carcinosin* in an ultra-high potency after the first consultation, perhaps nothing would have happened, or perhaps a severe aggravation of her condition, and she could have ended up in the ER or worse, the ICU. In cases where latent disorders are present such as cancer or heart disease, a high centesimal potency of the cancer nosode could have adverse effects. That would not have been a gentle and rapid cure, as Hahnemann postulated in the first Aphorism of the *Organon*! We know first-hand of several other examples where intense aggravations have happened from the ultra-high potencies, and I have mentioned some in my tutorials.

Donald Foubister in his book *The Carcinosin Drug Picture* warned of aggravations when using *Carcinosin* in the higher centesimal potencies (above 30C) in cancer patients. J.T. Kent talks about the problem of deadly aggravations in reference to the use of *Tuberculinum* in advanced tuberculosis cases, and warns that such ultra-high potencies of the nosode could precipitate the demise of the patient. In his chapter on *Hepar sulphuris calcareum*, he warns that homeopaths, after having seen many cases, will find that they have killed some of them!

“If our medicines were not powerful enough to kill folks, they would not be powerful enough to cure sick folks. It is well for you to realise that you are dealing with razors when dealing with high potencies.”

Hahnemann explained in his *Organon* that one reason for these serious violent reactions were the high potencies used. Kent can be excused, however, because he did not have access to the sixth edition or the *Organon*, which was not published in English until 1922.

Why else do these aggravations happen? Because a 'constitutionally' prescribed remedy is too dissimilar to the currently present acquired *drug disorder(s)*. A 'constitutional' prescription takes whole body *inherited* characteristics into account that have existed since birth. According to Hering's law, cure proceeds, among others, in 'reverse order of the appearance of symptoms'.

Drug disorders, on the other hand, are most recent conditions and should be removed first, before we try to reach any inherited constitutional problems in reverse order. In most of those cases where serious aggravations occurred, a 200C potency or higher was given. These constitutional remedies reach very deep into the vital force stirring up multiple layers of disorders all at once without providing the real boost it needs. They aggravate the whole patient, because they try to rally the entire vital force for a fight it isn't yet ready for. We call this method the 'sledge-hammer approach.' And a sledgehammer can do a lot of damage! The '*correct method is to remove the most recent conditions first and move backwards in time,*' according to brilliant homeopathic physician Erastus Case (see full citation above).

What We Learn From These Examples

When we clear away the secondary effects of multiple drugs/poisons, the patient's health improves. We need to do this in reverse chronological order, with the most recent drug first, followed by the second most recent, etc. With each clearing, they gain back a piece of the vital force that was invested in managing the drug disorder, and it can now become available to heal the remaining disorders. Again, keep in mind that drugs can only be cleared after they have been physically discontinued. In following this rule of chronological reversal, you can avoid many of the above aggravations.

For more information on a systematic approach of clearing all effects of artificial disorders in a patient's history with their respective pharmacodes, we refer you to the chapters below.

Please note: prescription medications should be discontinued at the advice of the prescribing physicians. For information on how to treat patients on multiple medications, please see the respective chapter in this book or one of our audio tutorials called 'Treating People on Multiple Medications.'

Tool 4: Individualisation of Potency

People approach us with the following complaint all the time: "After years of treatment, I have not seen sufficient improvement from well-chosen remedies by well-known/internationally known homeopaths." Or worse: "I get horrific adverse reactions to homeopathic treatment." The answers to this are Tools Number Four and Five: Potency and Dose. Hahnemann in the *Organon* carefully differentiated between potency and dose.

- *Potency* is defined by the number of *succussions* for each step between dilutions. Additional succussions will slightly increase or 'plus' a given 'potency'.
- *Dose* is the *amount* of medicine administered of any given potency. It can be reduced for such sensitive patients by additional dilutions, without succussing further,

i.e. by olfactory doses or even with a series of ‘dosage cups.’ (See the chapter below on The Sensitive Patient).

- Higher potencies are not the same as smaller doses, as Kent erroneously believed.

On Centesimal Potencies

Here are your EXTRA-STRENGTH HOMEOPATHY™ general guidelines on potencies:

- Centesimal (*Organon*, 4th and 5th edition) potencies are limited in duration of their effects. They are more suitable for self-limiting acute conditions, but potentially harmful in the very high potency levels; anything above 30C can be harmful in susceptible or fragile patients. After too much repetition of the same potency, they will aggravate, or bring out drug symptoms, or harm in some way sooner or later.
- They are more intense in their action, quicker acting, and improvements are only short-lasting, making them suitable, even ideal, for short term, acute treatment.
- Dry doses should not be repeated. Too many doses of dry globules will induce symptoms. They are often repeated and the only suitable doses to be used during *proving* (pathogenetic experiments) to elicit the drug’s syndrome in volunteer subjects.
- When ‘plussed’ in water, C-potencies may be repeated with caution, for a limited time without adverse effects.
- The higher centesimal potencies (above 30) can cause serious aggravations, sometimes lasting years. I rarely use them for chronic treatment. The one exception is their judicious use for serious acute emergencies, when there is no time for dilutions and plussing, i.e. in cases of anaphylaxis, shock, etc.

Benefits of Q-Potencies

For many reasons, the use of the Q-potencies (quinguagintamillesimal or fifty-millesimal potencies) have become a vital part of Extra-Strength Homeopathy.™ But first, a little on the special properties of the Q-potencies. Hahnemann saw the need for repetition of the dose in chronic disorders. However, there was one problem. The centesimal potencies could not be repeated with impunity. And they were too harsh when given in higher than 30C, and too short-lived in their effect. Q-potencies (commonly called LM, which is a misnomer) are the ideal potencies according to Hahnemann. According to his observations, they are very versatile.

Q-potencies are:

- Deep acting and long lasting.
- Repeatable daily as needed in plussed doses. Their effect lasts a whole day after a dose.
- They are easily alternated with more than one other medicine during the course of a day, so long as they are compatible and have no inimical or antidotal effects on each other.

How they are administered:

- Q-potencies are given in plussed doses in water (using 2-10 succussions). I routinely use all our potencies in water, succussing between doses. This method of delivery allows us to vary the dose for those too sensitive to take a drop dose, thus helping us to avoid unnecessary complications.
- You move to the next potency after 10 doses or 10 days, whichever is first. (This, of course, serves as a routine ‘fail safe.’ It is based on experimentation and observations by the author. Most people today are more sensitive than they were two hundred years ago!)
- You may go up in potency of a suitable medicine indefinitely, for as long as it takes, even after somebody is cured from a disorder, for continued health maintenance and even for general prevention.

The use of Q-potencies is especially important when giving deep-acting remedies, the so-called polychrests, for multiple chronic conditions. Q-potencies are more deep acting than centesimals and vital to accelerating the healing process by addressing more than one disorder concomitantly with several medicines given in alternation. You can also easily skip a few days of remedies to treat any acute condition that may arise, and then resume treatment once the acute condition is finished, so long as you adhere to the above rules of ten days. You can even continue the daily Q-potency remedies *and* treat for a new acute condition at the same time by giving the medicines in alternation.

For example, say, your client breaks his leg during chronic treatment of another disorder. He would continue taking his daily chronic remedies, but add, say, daily doses of *Symphytum* in Q-potencies, in alternation with the other medicines, and at the beginning the suitable medicines in C-potencies, as might be needed for first intention healing such as *Calendula* or *Hypericum* for pain. (And don’t forget to antidote or clear the x-rays and medications he got in the ER before resuming chronic treatment!)

Accelerated healing is possible with Extra-Strength Homeopathy.TM Safe healing is possible with Extra-Strength Homeopathy,TM keeping in line with Hahnemann’s principles of ‘the most rapid, the safest and the most permanent cure and on easily comprehensible principles.’ There is more to say on the selection of potency and dose than we can cover in this introduction. For more information, please see the chapters below on ‘Advanced Posology,’ ‘Aggravations: Desirable or Necessary,’ and ‘Q-potencies,’ etc.

Tool 5: Individualisation of Dose

Have you come across patients who react to every dose of every remedy they take, as if proving the remedy, not only having a worsening of their existing symptoms but devel-

oping new symptoms that you recognise belong to the remedy? Hahnemann has left us with our next tool: the individualising of the *dose*. Due to the increasing prevalence of the cancer diathesis, the constant irritation from ionising and non-ionising radiation, the prevalence of mercury in water, food, drugs and vaccines, and many other factors which are aggravating the sensitivity of our patients, the dose will become more and more of an issue in everyone's practices. One solution is individualisation of the dose. Everyone needs the dose that is most beneficial for him/her. Hahnemann mentions dose in aph. 270 and in subsequent aphorisms in the context of adjusting the dose to the sensitive patient. To understand more on how to assess the individual sensitivity, please see the tutorial 'The Sensitive Patient'

I never use dry pellet doses unless in an emergency situation where the remedy is not already freshly mixed in water/alcohol (within 2-3 months maximum). The next dose of the same potency is always given in liquid. When you give a medicine in water, here is a breakdown from the strongest way to administer to the weakest one:

- Drop dose – either sublingually, in the mouth, or by applying it on the skin (haptic; transdermal).
- Olfactory dose (simple sniff dose).
- Diluted in additional dosage cups (a serial dilution, without succession, then taken in the olfactory dose or transdermal dose).

Tool 6:

Alternating Remedies When Multiple Disorders Meet In One Patient

Have you seen clients that present with four or more chronic disorders or syndromes that are completely unrelated to each other because they were caused by different agents or factors? You hate to ask them to choose which one is the most pressing or annoying, as you know they are all serious and in need of treatment. Also, you know that the body wants to heal itself in reverse order. Instead of doing this, address all of the disorders at the same time by alternating remedies that cover the totality of symptoms (whole syndromes) of each of their disorders. Let the body sort out which condition is most important. You may think that this can't be done. Recall the case of Dolly mentioned earlier?

You can spend a lot of time studying every new remedy that is proven, repertorising for hours and trying to find the one remedy that will cover all the symptoms of the patient's multiple conditions...usually in vain! Or you can cover all four conditions with more than one well-known and proven remedy—each remedy being the *simillimum* to the syndrome or condition as determined by cause or other circumstances. By doing so, you accelerate the healing process and improve the patient's satisfaction by addressing all concerns. And from our experience, you rarely need to use remedies other than the polychrests, even in the most serious of conditions, like heart disease and cancer. The tool of alternating remedies speeds up the recovery and deepens your level of cure.

Polypharmacy?

The alternation of daily remedies is not polypharmacy, since polypharmacy is the mixing of multiple substances or remedies into one concoction and given together in one dose. Allopathic medicine makes use of this practice every day. Hahnemann practiced alternation of remedies when two or more natural disorders or ‘chronic miasms’ coexisted in the same individual at the same time (aph. 40). In which case, he would alternate, say, a ‘psoric’ with a ‘syphilitic’ remedy to cover both disorders. The Q-potency scale lends itself to the alternation of remedies quite beautifully, without sacrificing efficacy (i.e. such as by antidoting the effects of one remedy by taking the second one). When the dose is repeated every day, the effect of the remedy is renewed each day. This is ‘extra-strength homeopathic prescribing!’

Tool 7: Treating The Cancer Diathesis

It is not stretching it to say that more than 90% of today’s patients suffer from the inherited cancer diathesis or the ‘predisposition to cancer.’ It’s a wake-up call to the reality of our ever toxic and carcinogenic environments, especially in industrialised societies. Those born with the cancer predisposition also have an increased susceptibility to influences of all kinds—physical and emotional—not just to cancer. They are more sensitive than others in virtually all areas. On the other hand, some of these patients will have no noticeable reactions at all until they are hit with the dreaded ‘cancer’ diagnosis. However, 100% of the sensitive patients show the predisposition to cancer, even though their sensitivity levels may vary vastly.

Opposite Symptoms

One of the tricky problems with identifying the constitutional predisposition to cancer is that it is full of opposing symptoms. Here are some of the more common ones:

- Hypersensitivity vs. lack of sensitivity.
- Prone to infections vs. rarely, if ever, sick.
- Adventurous eater vs. picky eater; eats only a few foods.
- Promiscuity vs. aversion to sex, or aversion to members of the opposite sex, or of the same sex.
- Extroverted vs. introverted personalities.
- Early development & onset of puberty with early adult characteristics vs. lack of development, i.e. an adult with child-like emotions or characteristics.
- Rebellion vs. conformity.

Because of its prevalence, we homeopaths should learn to identify and remove this menace to our health. The best remedy to accomplish this is, wait until after other

conditions have been removed through curative treatment. Then more and more of these characteristics of the cancer predisposition will become apparent. When this has occurred, *Carcinosin* in daily doses of ascending Q-potencies, in the standard regimen (plussed doses once daily for ten days, before going to next higher potency) will do wonders. This is frequently given in alternation with other indicated remedies, medicines that are still needed to prevent future recurrence of other chronic conditions. *Carcinosin* shouldn't be added until extensive 'clearing' with Reverse Chronological Tautopathy for the *secondary long-term effects* of suppressive treatments, vaccines and other causative agents has been finished. Otherwise, those pesky iatrogenic disorders or obstacles to cure will show up sooner or later, and you'll see complications in treatment. In our clinical experience, it takes several years of daily dosing with *Carcinosin* to truly remove this predisposition.

The Cancer Diathesis is a very big topic. I have produced several tutorials, a published paper also reproduced as a chapter in this book, a few videos, and other talks on this subject. You will find them on our website, www.TheHomeopathicCollege.org, and on the clinic website.

Extra-Strength Homeopathy™ Protocol and Conclusion

Let's look at a summary of how we approach a complex chronic case using Extra-Strength Homeopathy™.

- **Case Taking:** The focus here will be on the aetiology (causation) of the disorder(s): Chief complaints, additional complaints, detailed history (to include drugs, surgeries, vaccines, all dental work, and other exposures/traumas with approximate dates/years), family history, generals, particulars, and then finally the mentals.
- **Analysis:** What happened, before the condition developed? Do you see a pattern in the patient's history? Is it apparent that a certain disorder began after a certain exposure? It is not always immediately apparent or obvious. What current drugs are suppressing their symptoms? What side effects do these drugs have? What other exposure preceded the condition? What major toxins are in the life of the patient? What diagnostic information helps point to a cause? What emotional or psychosocial factors, if any, are at play? Are there any other causes you can identify for the chronic syndromes?
- **Prescription:** Select specific Q-potency remedies to cover every chronic *syndrome*. Begin the clearing (RCT) process at the same time with 30 centesimal potency tautopathic remedies. Select any additional remedy(s) in 30C for occasional 'as needed' complaints you expect will appear during treatment (e.g. headache, asthma, pain, gallstones, etc). Set up supportive and curative protocols (e.g. supportive mild herbal tinctures as needed like *Ginkgo biloba*, *Crataegus*, *Ashwagandha*, *Carduus*, *Fucus*,

Parietaria (Pellitory), *Scutellaria*, *Strophanthus*, *Taraxacum*, etc.) to facilitate discontinuation of suppressive or causative drugs. Institute individualised mercury detoxification protocols with chlorella or other binders, then, when your clients are ready, gradually add chelators, like ALA, DMSA, cilantro (for mercury suspected in the nervous system) etc. Inform your clients to avoid new exposure to known causes, and to make suitable lifestyle or dietary changes.

- **Follow-ups:** Follow-up consultations are routinely done every three weeks, until stabilization occurs. In cases of cancerous or other serious pathology, we may begin with follow-up consultations after every ten days. Then we move to three weeks then four, six weeks and gradually to nine and then twelve weeks. Please refer to the chapter below on case taking, where the specifics of this methodology will be discussed in greater detail.

EXTRA-STRENGTH HOMEOPATHY™ was designed to resolve many modern complex chronic cases. It can dramatically improve outcomes in your homeopathic practice. By using the whole homeopathic toolbox, it assures consistent clinical success. Its rational basis will do wonders for your sense of integrity as well as for your self-understanding in your role as a healer. The result is that your business and your reputation as a practitioner will thrive.

If you are interested in learning more about Extra-Strength Homeopathy™ and becoming proficient, please study the following transcripts of tutorials in detail. Please contact our wonderful office staff for more information at 1-619-741-5795 or visit www.homeopathicassociates.com