Toxic Heavy Metals and Chemicals

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- Accurate Daily prescribing for a Successful Practice (2004)
- The Treatment of Irritable Bowel Syndrome (2006)
- Obstacles to Cure: Toxicity, Deficiency and Infection (2010)

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Summary: This article continues the discussion of identifying and removing the contemporary obstacles to cure (refer Organon §§ 3-4). Recognising obstacles to cure is an indispensable, if not essential, element in finding a solution for our patients. I have reduced the obstacles to cure into three broad categories: toxicity, deficiency and infection[1]. This article continues the discussion of the first of these: toxicity.

Keywords: Obstacle to Cure; Heavy Metal toxicity; chemical toxicity; Xenœstrogen; dynamic effect; nano-particles; tautopathy.

In the last issue of *Similia*, I discussed a very common, yet comparatively unknown, modern obstacle to cure: toxic copper accumulation. In that article I said 'The eighteenth century had not yet seen the 80,000 man-made chemicals which saturate the world'. The discussion of copper necessarily requires a discussion of these chemicals, because in some part these chemicals are the reason for the existence of the copper children'.[2] As we tackle the contemporary chronic diseases with our homœopathic tools, we have to find a way of locating and removing the contemporary obstacles to cure: those factors that prevent full recovery in our patients. In this article, I discuss two types of these modern obstacles to cure, which fall under the category of toxicity. The first is heavy metal accumulation and the generic symptom picture that occurs with it. The second is a vast, possibly overwhelming obstacle to cure that has escalated over the last 70 years: chemical toxicity.

Toxic Heavy Metal Accumulation

'Treat the Patient not the Disease' – we were all taught that at college. When I studied pathology I couldn't see why that subject was relevant. As a starry-eyed student, I thought all you had to do was prescribe on the mentals, generals and a few particulars, and everything would be alright.

Wrong!

'Treat the Patient not the disease' does not mean ignore the pathology! As I also said in my previous article,[3] *Hahnemann* emphasised the importance of knowing *what it is* we are treating. The use of specialised pathology tests is a tool we can use to discover just that. Identifying what it is we are treating essentially comes first, long before we repertorise the individual symptoms of the patient. *What* we are treating has to come before *whom* we are treating. 'Treat the patient not the disease' is better expressed as 'Treat this patient who has this disease'.

I will illustrate this with a simple case:

Case: Kidney Disease

Frequently patients come in with a ream of pathology tests from their doctor; but all too frequently the tests tell us what the patient does not have, rather than what they *do* have. However, another use of conventional pathology is the confirmation that our treatment is effective – in addition to the patient's subjective symptoms.

David, a man in his late 70s, has such a quantity papers to show me, all of which shed no light on his suffering. David has kidney disease: his tests show levels that are very high for urea and creatinin, very low eGFR, (estimated Glomerular Filtration Rate) and these are getting worse. Also, his platelets and Vitamin D are low.

The main presenting symptom is kidney pain, felt in the loins, lasting half a day each morning. He has had this for three years and it is getting worse.

My assessments:

Zinc Tally taste test[4]: this is a subjective taste test which gives a rough sketch about the patient's zinc levels. I use this test every day, since zinc deficiency is surprisingly common in Australia.

Heavy Metal Urine Tests: There are two urine tests that can be performed in clinic to give

a quick estimate of a patients heavy metal load. The *TESSOL* test[5] gives a rough indication of the amount of heavy metal excretion. Once you have used the tests for a while, you will start to gauge the heavy metal accumulation by the intensity and speed of the colour change. A more precise urine test for the presence of a toxic element is the *Osumex* test kit[6] which shows colour gradations for a specific toxic element. I generally use these instant result tests as a precursor to requesting a Hair Tissue Mineral Analysis[7], which provides a more permanent assay of both nutritive and toxic mineral accumulation.

David has no taste response on his Zinc test. This means he has a severe zinc deficiency. If a patient has such a severe deficiency, I know that he may have heavy metal toxicity: viz, cadmium, copper or mercury can accumulate in zinc-deficient patients. I also know that cadmium accumulation is an acknowledged cause of kidney disease. Two urine tests later, I have confirmed a strong presence of cadmium. This pathology is essential in my ability to frame an appropriate treatment plan:

Zinc tablet (30mg elemental) – one per day (zinc is a cadmium antagonist).

Berberis vulgaris 200c – one dose every second day: his first essential treatment for kidney disease.

Cadmium chelate – one dose each alternate day (cadmium removal).

In the previous edition of *Similia*, I described how using a homœopathic potency chord of an element (in that case Copper) could result in its gentle chelation (excretion). I frequently use this method for chelation of the four common heavy metal toxicities: cadmium, copper, lead or mercury. Cadmium is a toxic obstacle to cure and has to be removed to effect a cure. The *Cadmium chelate* will gently do this while the *Berberis* heals the damaged kidney tissue. If I did not know about the cadmium accumulation, which possibly arises from the patient's 40 years work at a steelworks, then *Berberis* would be unlikely to cure the kidney disease: more likely there would be transient improvement followed by relapse. When this happens one should think about obstacles to cure, rather than just try another medicine. Would Cadmium have shown in his blood if his doctor had tested for it? Probably not, since usually only recent, acute poisonings appear in conventional blood pathology. Chronic accumulations occur in small measure over many years.

You have a great result when the patient reports symptom improvement *and* the pathology agrees. With each visit David's pain reduced and his kidney pathology reports improved.

After six months his kidney pain lasts only for a couple of minutes each morning after rising. His pathology tests continue to reflect his improvement. His cadmium urine test now shows only small traces of cadmium. According to the pain and modality I now give *Rhus toxicodendron 30c*, which, in addition to *Berberis vulgaris*, completes the treatment. At the end of treatment his pain and his cadmium accumulation have gone. His kidney pathology is back within range. This is surely the highest ideal of cure: symptoms are gone; patient has his toxic obstacle to cure removed; he is in good health and enjoying life. There is no reason for the kidney disease to return.

The four toxic elements

Do not feel daunted by treating heavy metal toxicity. Although I have presented a single-layered case, it is with some exceptions relatively straightforward, once it has been identified.

There are four toxic elements that are a common clinical finding, all of which can be easily identified using the tests I have described above. I will give the briefest of sketches here because I have fully described them in *Mastering Homœopathy 3: Obstacles to Cure.*[8]

Copper is by far the most common: see the previous issue of *Similia* for a description.

Next is lead: it causes depression, memory loss and what people describe as a heavy, foggy head, with difficult concentration: a 'leaden' feeling, if you like.

Cadmium, mentioned above, not only causes kidney disease. Its keynote is fatigue that is not improved by sleep; therefore it can be considered as a medicine, as well as causation, in Chronic Fatigue Syndrome.

Mercury causes leaky gut syndrome (intestinal hyperpermeability). It is frequently a finding in children diagnosed with Autism Spectrum Disorder. Unfortunately, it is difficult to locate mercury in these children as it is highly sequestered, that is, hidden away. It will suddenly appear in pathology tests *after* a successful treatment plan.

After a number of years of trying different methods for treating patients with heavy metal toxicity, I now use the same method for each of the four toxic elements which I have described above: give the *simillimum* one day, and on the alternate day give the potency chord of the heavy metal which was identified: provided that this heavy metal can be said to be either causing symptoms, or preventing recovery. As we saw with the above case of kidney disease, two medicines can work harmoniously together to achieve a lasting result. Aggravation occurs occasionally, as it does with any homœopathic medicine, which requires adjustment of the dose, occasionally dilution and plussing.

Chemical Toxicity

I find the subject of chemical toxicity an overwhelming one. The more I read about it, the more it alarms me. It is a vast, seemingly endless area of potential toxicity.

Question: who has chemical toxicity? Answer: everyone. What are the "80,000" chemicals I referred to at the start of this article? All the pesticides that have appeared since World War II: organochlorides, organophosphates, carbamates and pyrethroids. These are the 'toxic' chemicals that we know about and try to prevent coming into our homes (and bodies). Unfortunately, while many of these chemicals have long since been banned, they are still with us. They persist in the environment, which is why they have earned the name 'Persistent Organic Pollutants'. They were sprayed under our houses, onto our crops, onto our livestock, put into our pet's flea collar. They are everywhere. Even organic food may have traces of them. In a recent overseas study, *Endosulphan* was found in human breast milk despite its ban in that country years ago[9]. That means a baby enters the world with a pre-existing chemical load! Here are some other examples:

Children of mothers who used an organophosphate flea shampoo (*e.g. Dichlorvos)* on their pets during pregnancy have double the chance of developing a brain tumour before the age of five years.[10]

Prenatal or infant exposure to pest strips increases the risk of leukaemia in young children.[11]

These examples are unfortunately not isolated examples of chemical toxicity to which many people have been exposed in significant amounts. They are just a few of many examples anyone can easily find in the literature.

But the story gets worse. There is also a group of 'safe' chemicals that we permit into our homes and into our bodies. Examples:

- The plastic wrapping on our food and drink (Bisphenol-A and phthalates).
- The parabens in our personal care products.
- The 'parfum' or 'scent' in our moisturizer.

These 'safe' chemicals, as with the 'toxic' ones in the previous paragraph (apart from their other toxic side effects), are all xenœstrogens. This means that they exert an œstrogen-like effect in human tissue. The result is that humans (males included) have too much œstrogen. The task of œstrogen is to make cells grow. Amongst other issues, xenœstrogens are responsible for early onset (precocious) puberty; infertility and hyperplasia (including cancer) of prostate, breast, uterine and ovarian tissue. Bisphenol-A (BPA), which is found in food grade plastic containers, is a known cause of prostate cancer[12]. Scientific literature views a specific chemical as relatively safe up to a certain level of exposure and bio-accumulation. What science does not do, is to take into account the bio-accumulation of a broad range of chemicals to which humans are exposed, nor is there much understanding about the *dynamic* effect of chemical influences on human tissue. To borrow the same example, nano-particles of Bisphenol-A have been shown to directly stimulate growth of prostate cells even though far below what was acknowledged as an active dose.[13] As homœopaths, we are hardly surprised that the phenomenon of dynamic effects from nano-particles has turned out to be more than science fiction.

Chemicals and Copper

Another thing which xenœstrogens do is to stick to copper: this explains why copper toxicity is now so common. The more œstrogen present in human tissue, the more copper accumulation is likely. High xenœstrogen accumulation equals high copper accumulation. Seen in this light, we can start to see the phenomenon I have described as the 'Copper Children'[14]. This is alarming: it is happening right in front of our (clinical) noses and we have to be able to recognize it and offer a safe and effective treatment for it.

The amount of chemical accumulation in one's body, *plus the individual susceptibility to it*, determines how significant an influence these chemicals have in one's disease. There is no doubt that these chemicals:

- cause disease,
- are in our bodies,
- and can form an obstacle to recovery.

Therefore homœopaths need a tool to address this chemical challenge. We must be able to offer an effective detoxification method, which can result in real improvement of disease. The result has to be much more than a rather woolly patient response like: 'I'm feeling a bit better on this medicine'. Symptoms must progressively diminish and pathology tests have to agree that the patient is recovering. Then we can reliably say that our (homœopathic) tools are adequately meeting the health challenges before us.

Finding the Chemicals

How do we find out if chemical toxicity is the cause?

First, you can use blood tests for specific chemicals, yet these are unlikely to yield positive results if the chemical exposure was many years ago. The other problem is that although one tests for a specific group of chemicals, the precise exposure may be some other chemical not tested for.

These laboratories offer economical chemical testing:

- Australian Biologics (Sydney) (Cytotoxic Chemical Sensitivity via venous blood)
- Healthscope Pathology (Melbourne) (Chlorinated Pesticide Residues via venous blood)
- Diagnostic Insight (Sydney) (Chlorinated Pesticide Residues also via venous blood).

Remember: if the test fails to yield a positive result it does not mean there are no chemicals. In some cases, detailed patient history can actually tell us more than pathology. Questions like these are useful:

Where did you grow up? (If on a farm you can be sure there is significant chemical exposure.)

Did you like to play under the house when you were a child? (Most home sites were sprayed with organochloride pesticides in the sub-floor space up to the early 1980s.)

What chemicals did your parents use around the home? What chemicals do you use?

Does the patient symptom picture resemble the symptom pictures associated with chemical toxicity?[15]

If we determine that the patient has a chemical obstacle to cure, what can we do about it? After many years streamlining the treatment of patients with heavy metal toxicity, it was a small step to realize I could create a similar treatment plan for patients with chemical toxicity. I gained further inspiration from studying the work of Dr *Jean Elmiger,* which has since become known as Sequential Homœopathy.[16] Also, I had used the 'vaccine detoxes' described by the late Dr *Tinus Smits* with clear and positive results.[17] Both authors describe how specific disease-producing events can be specifically targeted and removed via tautopathy.

I have some 150 of the toxic chemicals described above, which have been hand succussed up into various potencies. For the last decade I have been using them to *clear the chemical layer*. What I am describing below is *tautopathy*. It is the use of potentised chemical products to facilitate a 'detox' of the specific chemical obstacles. I will illustrate this homœopathic use of these chemicals with a short case:

Case: Squamous Cell Carcinoma with multiple secondaries

Steve, an electrician, was a robust, jovial man in his early 50s whom I had met some years earlier when his then partner was diagnosed with end-stage cancer. Subsequent treatments for Steve focussed on blood pressure and stress management. He was a heavy smoker. Eventually a squamous cell carcinoma was found on his scalp, hidden beneath a healthy crop of hair. When it was discovered, it had already metastasised into his brain and down through his spinal column into his rib cage. In the words of his oncologist, his ribcage looked like "Swiss cheese".

The patient decided to take homœopathic treatment concurrently with his chemotherapy, especially considering that his prognosis was grim. While I make no claims to cancer patients about the possibility of curing their cancer, I am happy to suggest we may be able to improve their immune system and that nebulous thing called 'wellness'.

Over the next two years I used an alternating regime of *Arsenicum album*, starting at 200c and increasing to CM; and *Carcinosin*, in the same potencies. I used the method advocated by Dr *Ramakrishnan*[18], giving frequent, plussed doses of the medicines.

In addition, I usually give these supplements to all patients with cancer:

Selenium – dose varies depending on type of cancer and the patient's nutritional status of selenium;

'Liquid Oxygen' (liquid electrolytes of oxygen) – 50 drops daily;

Daily juicing with beetroot and carrot.

I continued this treatment for two years, during which time there was no evidence of continued cancer activity. The patient was in good health except for ongoing deep bone pain in his spine and ribcage. I then gave a concurrent treatment to heal the bone lesions: *Symphytum 200c:* one dose every second day, plus *Calcarea phos 4x:* two doses daily.

After six months on this protocol the oncologist could not believe that the bony lesions had disappeared. The patient was completely free of bone pain.

I kept the patient on a maintenance dose of the *Arsenicum* and *Carcinosin* on alternate weeks. Although in good health, every month Steve developed new skin cancers and had to have them either excised or burned off. Some of these were thought to be basal cell carcinomas, not as serious as the squamous cells, but nonetheless this showed there was still a primary carcinogenic causation manifesting on the patient's skin.

Further questioning of the patient revealed that he had grown, and was still growing, his own vegetables for over 20 years. Here is the list of pesticides and herbicides he used:

1. *Tomato Dust* – Sulphur, Copper Oxychloride & Spinosad.
2. *Vegetable Dust* – Derris & Rotenone.
3. *Chemspray Mancozeb* – Mancozeb.
4. *Chemspray Zineb* – Zineb.
5. *Pyrethrum Insecticide* – Pyrethrins. & Pyperonyl.
6. *Diazinon*
7. *Lawn & Grub Killer* – Chlorpyrifos.
8. *Bin-Die* – Bromoxynil, MCPA & Hydrocarbon Liquid.
9. *Baysol Snail & Slug* – Methiocarb.
10. *Lebaycid* – Fenthion.
11. *Zero* – Glyphosate.

I was shocked, but after my shock subsided, I realised this is not unusual. It reminded me how people are unaware that the garden chemicals they use are so toxic. Just because they are, or were, legal, does not make them safe. Especially if you are eating them!

At one time, *Diazinon* and *Mancozeb* were licensed for domestic use: you could buy them at your local hardware store. Since they were declared carcinogenic they are now banned, at least for domestic use. Yet all the while, these chemicals were still in Steve's garden shed: he was continuing to use them in his vegetable garden. Was this the primary toxicity underlying his cancer diathesis? *Diazinon* has been shown to increase the incidence of brain cancers and non-Hodgkins lymphoma.[19]

This is what I now do when I know there has been a toxic chemical exposure. In relation to the pesticides and herbicides I give a potentised version of them:

Protocol 1: Pesticide, Herbicide & Fungicide Protocol

A complex of some organochlorides, organophosphates, carbamates and pyrethroids, including *2,4-D, DDT, 2-4-5-t, Lindane, Chlordane, Dieldrin, Endosulphan, Diazinon*

Pesticide, Herbicide & Fungicide Protocol 200c: 3 doses on Day 1.

Pesticide, Herbicide & Fungicide Protocol 30c: 3 doses on Day 2.

Pesticide, Herbicide & Fungicide Protocol 16c: 3 doses on Day 3.

No medicine on Day 4.

Pesticide, Herbicide & Fungicide Protocol 16c: 3 doses on Day 5

Pesticide, Herbicide & Fungicide Protocol 30c: 3 doses on Day 6.

Pesticide, Herbicide & Fungicide Protocol 200c: 3 doses on Day 7.

After this protocol was taken, the skin cancers stopped appearing, and Steve has been in good health since. I repeated the protocol several times again some months later, when I discovered he was still growing vegetables in his garden: he still had not appreciated the persistence of the chemicals in his soil, even though he had stopped spraying his vegetables. I wanted to make sure we had removed chemical residues plus the *dynamic* effect of long-term chemical exposure.

How are we going to respond to these vast chemical challenges with our patients? What can we offer them? Can we reliably say that 'your constitutional medicine will take care of everything'? The answer is No. This is why I now use the following protocols.

The Chemical Protocols

There are three different protocols that I now use and these are fully described in *Obstacles to Cure.*[20]

For patients with cancer, multiple chemical sensitivity, Chronic Fatigue Syndrome, neurological disorders:

Protocol 1 (Pesticides, Herbicides & Fungicides) (see instructions above)

For patients with multiple chemical sensitivity, blood disorders (including leukaemia), and neurological symptoms:

Protocol 2: (Industrial Hydrocarbons) (same doses as for Protocol 1)

For patients with symptoms associated with œstrogen dominance:

Protocol 3: (Xenœstrogens) (same doses as for Protocol 1)

Patients report these types of symptoms while taking the protocols:

- Headache
- Skin irritation
- Nausea
- Diarrhoea
- Fatigue
- Unpleasant taste.

It is important to remember that these tautopathic chemical potencies are not homœopathic medicines. By this I mean they are not *similar* to the disease, but represent homœopathic potentisations of chemical residues which either remain in the patient or have left an energetic imprint. They may not act on the patient's symptom picture in the same way as a traditional homœopathic prescription, yet they remove something *from* the patient. That 'something' may be either a chemical residue or a dynamic influence. It is what happens to the patient during and immediately after the protocol that needs careful scrutiny, since that is a clear message from the vital force about what to do next. When I give the detoxification protocol, a number of results can occur:

No new symptoms arise, and there is no change to the clinical picture. *Interpretation:* the chemicals in the protocol are not part of the patient's disease process. If there is an obstacle to cure, then it is something else.

New symptoms do arise with the protocol but there is no change to the clinical picture. *Interpretation*: the chemicals, or the dynamic effect of those chemicals, have been resident in the patient, and the symptoms that arise are a sign of their leaving the body. However, the chemicals are not primarily involved in the patient's disease phenomenon. Now continue to give your *simillimum*, even repeating doses which previously had not been effective, whilst being on the lookout for new symptoms arising: these are the most important.

New symptoms arise, or old symptoms return, and there is a *change* to the clinical picture. *Interpretation:* this is your opportunity to effect great changes in the patient's health: as the chemicals leave they free up the healing process: symptom change is a clear sign from the vital force: take the new symptoms as the most important aspect of the symptom picture, and prescribe a new medicine based on these new symptoms. This happens surprisingly often. It is a valuable sign and leads me to the *simillimum,* which had not been evident earlier in the treatment.

What I am describing today is nothing new. In §§ 3 and 4, on the first page of the *Organon*, Hahnemann told us to *identify* what is to be treated. In our age, we have widespread, invisible toxicity, which forms an insidious obstacle to cure. Many of these patients need more than just a classical homœopathic medicine.

Nor is what I am describing another new system. Everyone can use this with very little extra training. We use the same tools, but in a very specific and targeted way. No other profession can detoxify these toxic substances as easily, safely and effectively without the use of tautopathy.

Endnotes

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