Side Effects of Corticothepany

Most chemotherapy is accompanied by corticosteroids. Their purpose is to improve tolerance, prevent delayed vomiting and avoid an allergic reaction. Possible side effects are: facial flushing, nervousness, peak of blood pressure, the risk of diabetes, lower immune system and weight gain. Care must be taken to eat less salt to prevent weight gain and water retention, and less sugar if there is a tendency to being diabetic or overweight. Homeopathy can be very helpful in preventing these side effects.

**CORTISONE:** indicated to lessen the symptoms induced by corticosteroids. These are: facial flushing, excitement with insomnia, water retention, infiltration of tissue, weight gain, moon face, male body hair, swelling of the skin and mucous membranes, cracked, chapped and skin fissures. In 12C, 3 pills every evening as needed.

**BELLADONNA:** in cases of strong reddening of the face, headache or feeling tense. In 6C or 12C, 3 pills, 2 to 3 times per day.

**COFFEA CRUDA:** in cases of excitement at night preventing sleep. In 6C or 12C, 3 pills at bedtime.

**SULPHUR:** if sensation of heat with the need to put your feet out of the bedcovers. In 30C, 3 pills at bedtime or 10 pills once a week.

**NUX VOMICA:** in case of digestive disorders, aggressiveness and anger. In 12C, 3 pills if necessary.

**VIPERA BERUS:** for spontaneous bruising on the limbs. In 12C, 3 pills twice a day.

**THUJA:** corresponds to longer exposure to cortisone treatment, weight gain and cellulite, sweating becomes more profuse. The skin appears greasy. In 30C, 10 pills once a week.
Hetero-Isotherapy

A Bit of History

Isotherapy

At the beginning of the 19th century, William Lux (1773-1849), a veterinary surgeon and a contemporary disciple of Samuel Hahnemann, had the idea of taking nasal mucous (snot) from sick horses and giving it in 30C dilution to all the animals affected by this disease. The success of the treatment encouraged him to try several other diluted infectious secretions.

He had discovered isotherapy (from the Greek prefix *isos* meaning equal/identical) which involves treating a disease by the agent responsible for it in homeopathic doses. In 1833 he wrote that prophetic phrase fifty years before the discovery of vaccines by Louis Pasteur: “all diseases contain in their very products elements for their healing” [Lux W. 1833].

Self-isotherapy

Forty years later, Denys Collet (1824-1909), a homeopath doctor and Dominican monk, was sent in 1873 to evangelise Mosul, in Mesopotamia. He had no medicines, but treated thousands of patients for four years using their secretions in homeopathic dilution. Back in France, in 1898 he published the results of his experiments in his treatise entitled “Isopathy, the internal use of the Pasteur method.” It was in fact the so-called self-isotherapy, that is to say, the treatment of the disease by homeopathic dilution of the patient’s own secretions. Unfortunately, since November 1998 self-isotherapy treatments have been banned in Europe in accordance with the regulations on products of human origin.
Hetero-isotherapy

In the same vein, he also proposed using diluted and energised medicines which had become toxic through overdose or overdose. Thus he successfully prescribed SULPHUR for animals poisoned by an excess of sulphur treatment. In so doing he invented hetero-isotherapy which, to treat a pathological condition, uses the agent directly responsible for this disorder in homeopathic dilution (from the Greek prefix Heteros meaning other/different). Hetero-isotherapy then uses the same agent (iso) as the one causing the disorder, but is other/extraneous (hetero) as it is an agent from outside the patient's own body. This technique is still used today: hetero-isotherapies are prepared from samples from the patient's environment (dust, pollen, animal hair, chemicals, cosmetics, and of course medicines).

Current regulation

Hetero-isotherapies are officially recognised in the 1965 edition of the French Pharmacopoeia, they are allowed in France and there is no reason for the insurance system not to accept them as an extemporaneous preparation. They can only be issued on prescriptions using international non-proprietary names (INN).

Homeopathy, an evidence based medicine?

The first experiments, conducted by Lise Wurmser in Strasbourg from 1955, made it possible to show that infinitesimal doses of ARSENICUM ALBUM (4C, 5C and 7C) could "mobilise" some of the poison still stored in the body of guinea pigs poisoned by arsenic, several weeks after its natural elimination had stopped [Lapp CH, Wurmser L. 1955]. It was the first time the action of homeopathy had been measured directly. A body still intoxicated by a chemical product was able, several months later, to continue eliminating it thanks to hetero-isotherapy treatment.

Continuing her experiments, Lise Wurmser this time tried to give hetero-isotherapy at an early stage. Twelve hours after being poisoned by arsenic, 30 guinea pigs were given a homeopathic dilution of ARSENICUM 7C and 30 guinea pigs a homeopathic dilution of DISTILLED WATER at 7C, for comparison purposes. Eight hours later, the guinea pigs treated with ARSENICUM 7C had excreted in urine and faeces 39% more arsenic than the group which had received distilled water 7C (p<0.001).

Two questions remained:
1) was this property specific to arsenic?
2) was it possible to reproduce the experiment with other chemicals?

Lise Wurmser carried out a new experiment intoxicating guinea pigs with bismuth. She then formed three groups: one group treated with BISMUTH 7C, one group treated with ARSENICUM ALBUM 7C and one group treated with DISTILLED WATER 7C. Only guinea pigs of the first group eliminated more Bismuth, showing that it was only the dilution of the poison which affected the amount of elimination; ARSENICUM ALBUM 7C had no more effect than water. This experiment was repeated with lead (PLUMBUM) giving the same results.

15 years later, JC Cazin's team repeated these manipulations with radioactive arsenic to increase measurement accuracy. They came to the same conclusions [Cazin JC. 1987]. On this occasion, they compared different dilutions from 4C to 30C and found that it is the 7C and 5C dilutions which allow maximum elimination of toxic material.

A meta-analysis looked at 135 publications on the subject [Linde K. 1994]. A beneficial effect from hetero isotherapies was found in 70% of the studies, 30% being negative. In all, these studies not only suggest the possibility of increasing the natural elimination of a toxic foreign substance by the administration of its hetero-therapy but also a protective and healing action of the body in respect of the toxic effects of the various poisons used.

These experiments, performed on animals and also on plants which could be reproduced, clearly show the increase of the natural elimination of toxic material many times by hetero-isotherapy. Beyond the evidence of the action of homeopathy, this work opened the way to using hetero-isotherapy during chemotherapy.

Our beginnings...

Two conditions are essential to improve the efficacy and tolerance of chemotherapy: a good assimilation but also a good elimination by the body of the metabolites of chemotherapy drugs. For this, we need a correct activation of chemotherapy by phase 1 hepatic enzymes and an effective deactivation by phase 2 enzymes. We do not all react in the same way and some people find it much more difficult to metabolise chemotherapy than others, risking overdose and more side effects.

How could homeopathy correct and improve this situation?

The issue became increasingly significant for all those patients who failed to recover between chemotherapy sessions. A vicious circle started: from treatment to treatment, accumulated side effects increased as if the body was more and more saturated with chemicals without managing to eliminate them in sufficient quantity. The steady increase in side effects sometimes led the oncologist to reduce the dose or stop the therapy early. An urgent solution to this recurring problem had to be found.
Removing barriers

In oncology, we quickly realised that the action of homeopathic medicine, however well chosen, was not as effective as the similarity of symptoms could have led us to expect. It was as if something prevented the full action of homeopathic medicines.

I was already using hetero-isotherapy for various indications: CORTISON 12C when treatment with corticosteroids caused side effects (nervousness, weight gain, facial flushing, insomnia...), PENICILLINUM 12C in cases of poor tolerance to penicillin or BCG 12C after a BCG vaccination. Reading the work of Lise Wurmser gave me the idea of doing the same with cancer treatments. Why not use homeopathic dilutions of chemotherapy in an attempt to improve its tolerance and facilitate the action of other homeopathic remedies by lifting chemical barriers?

15 years ago, the most common problem encountered in supportive care was the side effects of adjuvant chemotherapy for breast cancer. It was the FAC 100 protocol combining three drugs: fluorouracil, doxorubicin and cyclophosphamide, with six treatments taking place at 3 weeks interval. Nausea was the main problem, poorly controlled at that time by allopathic treatments. Fatigue sometimes persisted long after the sessions. Symptoms worsened gradually with the repetition of courses, making the last sessions very difficult. Homeopathic medicines selected according to the similarity of symptoms were only partially successful.

In 1997 I used the first hetero-isotherapies of chemotherapy with FLUOROURACIL 7C, DOXORUBICIN 7C and CYCLOPHOSPHAMIDE 7C. We quickly obtained very favourable therapeutic results with a significant reduction in side effects [Bagot JL. 2002].

Then I did the same with CISPLATINUM 7C for patients treated with chemotherapy containing cisplatin, also getting very favourable results. Gradually, I extended this practice to all chemotherapy protocols with the help of a pharmacy with a homeopathic laboratory using good manufacturing practices (GMP) and making “bespoke” homeopathic dilutions of the required chemotherapy.

Improvement in the general condition, reduced fatigue, nausea and vomiting were reported by nearly 80% of patients [Simon L. 2007]. Seeing the reliability and reproducibility of these results I decided to routinely prescribe hetero-isotherapy to accompany any chemotherapy. Nearly 4,000 patients have benefited from this in the last 15 years [Bagot JL. 2010].

Respecting the prescribing rules described below, hetero-isotherapy chemotherapy has been well tolerated and helped to significantly improve the quality of life of patients and their tolerance to treatment.

Warning

This must necessarily be part of multidisciplinary care within a supportive care plan and can never be a substitute for conventional treatments. It is NOT homeopathic chemotherapy but a supportive homeopathic treatment alongside existing cancer therapies.

Reducing the risk of allergies

The risk of allergies sometimes occurs during chemotherapy requiring premedication with antihistamines and corticosteroids. In cases of allergy, chemotherapy has to be spaced out or stopped. What homeopathic treatment could prevent this allergy?

In Lyon, in 1995, in the unit of Professor Christian Trepo, the late lamented Jean-Bernard Crapanne carried out a very interesting experiment demonstrating the action of hetero-isotherapy in the desensitisation and prevention of medication allergy.

At that time, sulfamethoxazole-trimethoprim (Bactrim®) was routinely used for HIV patients to prevent bacterial infections. Unfortunately this treatment often had to be stopped due to antibiotic allergy. Dr. Crapanne suggested a trial experiment of homeopathic desensitisation treatment on 20 HIV positive volunteers who presented such severe skin allergies that the Bactrim® treatment had to be stopped. The protocol was as follows: hetero-isotherapy SULFAMETHOXAZOLE-TRIMETHOPRIM 9C (2 x 5 pills per day for 10 days), then hetero-isotherapy SULFAMETHOXAZOLE-TRIMETHOPRIM 15C (2 x 5 pills per day for 10 days). After 3 weeks of homeopathic premedication, the antibiotic was reintroduced.

Results: 13 patients tolerated sulfamethoxazole-trimethoprim without side effects, 7 patients had to stop because of a return of the allergy. This benefit was maintained over a period of six months. The desensitising action of hetero-isotherapy was demonstrated, thus encouraging me in my practice to do the same with chemotherapy in order to improve its tolerance and prevent allergies.

Prescription rules

A good knowledge of chemotherapy regimens and their mode of action has enabled me to optimise this technique. For the past 15 years, I have prescribed more than 5,000 treatments and gradually refined the prescription. A number of rules need to be followed:

a) Always start the day after the chemotherapy session

Contrary to popular belief, chemotherapies have a short half-life of the order of a few hours, that is to say that their action does not exceed 12 to 36 hours. It is most often eliminated through the bile after being "digested" by the liver or the kidneys according to the molecules. It takes several days to get rid of all inactive residues which unnecessarily disrupt the body. We will thus prescribe
hetero-isotherapy to be taken the following day or two depending on the type of chemotherapy, in order to facilitate its elimination by natural means.

b) Always start with low dilutions
The dilutions of ARSENICUM ALBUM 5C and 7C were the most active in guinea pigs to increase arsenic elimination. In addition, these dilutions are the ones best tolerated by the patient.

c) Gradually increasing dilutions
Experience has shown that the gradual change in dilutions from 6C to 30 C gave better results in some cases.

d) Space out doses gradually as dilutions increases
The lower the dilution, the more the doses should be taken close together. The higher the dilution, the more the doses should be spaced out.

e) Prescribe isotherapy throughout the day
It seems to us that the information is better perceived by the body when the hetero-isotherapies are taken away from each other. In the case of a Carboplatin-Taxol protocol, used in ovarian cancer, we will prescribe CARBOPLATIN hetero-isotherapy in the morning and PACLITAXEL hetero-isotherapy in the evening.

f) When taking chemotherapy daily
In this case, hetero-isotherapy should be prescribed only in cases of such intolerance that the standard treatment dose may have to be reduced or discontinued due to the side effects. We then always prescribe a 6C dilution taken a few hours after the chemotherapy session. Where there is a treatment with CAPECITABINE hetero-isotherapy in the morning and evening, Het-iso CAPECITABINE 6C will be taken at lunch time, 2 pills to be sucked before the meal.

g) Take into account the reactions of the patient
Some patients are very sensitive and react strongly to hetero-isotherapy dilutions higher than 6C. In this case the interval between doses should be increased and one should not exceed the last dilution which the patient tolerated well. As the 6 C dilution is always the one which is best tolerated, it will be prescribed once a day for 2-4 days after each chemotherapy session. Avoid high dilutions such as 30C in very tired patients, because a worsening of symptoms can sometimes be observed.

h) For late side effects
When side effects persist several weeks after the end of chemotherapy, it is possible to take the hetero-isotherapy of the chemotherapy which is responsible for these symptoms. In these cases reactions (taste and odour of chemotherapy in saliva, sweat or urine, transient worsening of symptoms) are sometimes observed in the patient, reflecting the eliminating action of the hetero-isotherapy. For example, in cases of myalgia and asthenia sometimes persisting for several weeks after chemotherapy with docetaxel, we prescribe Het-iso DOCETAXEL 6C, 3 pills in a glass of water, one teaspoon twice a day for a week.

i) In practice
Take the hetero-isotherapy of the chemotherapy used in 6C, 2 pills per day the day after each infusion and for 4 to 5 days except for anthracyclines (epirubicin, doxorubicin, daunorubicin) when the treatment should be started 2 days later. Their action is particularly well received by patients who start this treatment in the course of their chemotherapy because they can then easily compare the intensity of side effects with or without the hetero-isotherapy treatment.

Does hetero-isotherapy risk weakening the action of chemotherapy?
No, because it occurs after the active chemotherapy molecule has fulfilled its antimitotic function. With daily chemotherapy treatment, I have never noticed a decrease in its therapeutic action when hetero-isotherapy is taken at a different time from chemotherapy and always in 6C dilution.

A study carried out on healthy volunteers found no significant difference in the nalidixic acid (an antibiotic) or atenolol (a betablock) levels in the blood among those people who took hetero-isotherapy of these substances in 7C, compared to those who took a placebo [Ferry N. 1991].

Where can I get these treatments?
This is indeed the hardest part! You need to find a pharmacy with a homeopathic laboratory. In France, you can contact the National Union of Homeopathic Pharmacists (SNPH, Website: www.snph.fr) which will tell you the nearest pharmacy to your home. Some pharmacies send medicines by mail order provided they are prescribed by a doctor. In other countries, you can order on-line from homeopathic pharmacies (see list at end of chapter), as long as they have the necessary hetero isotherapies.

Typical prescriptions for chemotherapy:
Take for 4 days starting the day after each chemotherapy session.

**FEC 100 protocol:**
Het-iso FLUOROURACIL 6C, 2 pills in the morning.
Het-iso EPIRUBICIN 6C, 2 pills at lunch time (starting 2 days after the chemotherapy session).
Het-iso CYCLOPHOSPHAMIDE 6C, 2 pills in the evening.

**Docetaxel (Taxotere®) protocol**
Het-iso DOCETAXEL 6C, 2 pills in the morning.
Het-iso PREDNISONE 12C, 2 pills in the evening if redness, nervousness or weight gain.
Weekly paclitaxel (Taxol®) protocol
Het-Iso PACLITAXEL 6C, 2 pills in the morning.
Het-Iso PREDNISONE 12C, 2 pills every night if redness, nervousness or weight gain.

FOLFOX protocol
Het-Iso FLUOROURACIL 6C, 2 pills in the morning.
Het-Iso CARBOPLATIN 6C, 2 pills in the evening.
Het-Iso PREDNISONE 12C, 2 pills every night if redness, nervousness or weight gain.

FOLFIRI protocol
Het-Iso FLUOROURACIL 6C, 2 pills in the morning.
Het-Iso IRINOTECAN 6C, 2 pills in the evening.
Het-Iso PREDNISONE 12C, 2 pills in the evening.

FOLFIRINOX protocol
Het-Iso FLUOROURACIL 6C, 2 pills in the morning.
Het-Iso IRINOTECAN 6C, 2 pills at lunch time.
Het-Iso OXALIPLATIN 6C, 2 pills in the evening.
Het-Iso PREDNISONE 12C, 2 pills in the evening.

Capecitabine (Xeloda®) protocol
Het-Iso CAPECITABINE 6C, 2 pills every lunch time while taking Xeloda® tablets in the morning and in the evening.

Carbo-paclitaxel (Carbo-Taxol®) protocol
Het-Iso PACLITAXEL 6C, 2 pills at lunch time.
Het-Iso CARBOPLATIN 6C, 2 pills in the morning.
Het-Iso PREDNISONE 12C, 2 pills in the evening if redness, nervousness or weight gain.

Gemcitabine (Gemzar®) protocol
Het-Iso GEMCITABINE 6C, 2 pills in the morning.
Het-Iso PREDNISONE 12C, 2 pills in the evening if redness, nervousness or weight gain.

R-CHOP protocol
Het-Iso CYCLOPHOSPHAMIDE 6C, 2 pills in the morning.
Het-Iso DOXORUBICIN 6C, 2 pills at lunch time (starting 2 days after the chemotherapy session).
Het-Iso VINCRISTINE 6C, 2 pills in the evening.
Het-Iso PREDNISONE 12C, 2 pills at bedtime if redness, nervousness or weight gain.

Cisplatin-vinorelbine (Cisplatyl®Navelbine®) protocol
Het-Iso CISPLATIN 6C, 2 pills in the morning.
Het-Iso VINORELBINE 6C, 2 pills at lunch time.
Het-Iso PREDNISONE 12C, 2 pills in the evening if redness, nervousness or weight gain.

Cisplatin-paclitaxel (Cisplatyl®Taxol®) protocol
Het-Iso CISPLATIN 6C, 2 pills in the morning.
Het-Iso PREDNISONE 12C, 2 pills in the evening if redness, nervousness or weight gain.

Cisplatin-pemetrexed (Cisplatyl®Alimta®) protocol
Het-Iso CISPLATIN 6C, 2 pills in the morning.
Het-Iso PEMETREXED 6C, 2 pills at lunch time.
Het-Iso PREDNISONE 12C, 2 pills in the evening if redness, nervousness or weight gain.

If different protocols are used, use the above protocols adapting them to the different medicines used for the chemotherapy.

Typical Prescription for targeted therapies:
Targeted therapies have half-lives (the length of time during which they are active) which are several days to several weeks long. In these cases, hetero-isotherapy should be prescribed only when there is such intolerance that chemical treatment might have to be reduced or discontinued because of its side effects; and this, in order to avoid a potential theoretical risk of decreased efficacy of the therapy which I have never witnessed in my patients.

If taken each day orally, there should be an interval of several hours between the hetero-isotherapy and the targeted therapy. For example when taking the targeted therapy tablet in the morning, take the hetero-isotherapy pills in the evening and vice versa. When targeted therapy is administered by infusion, begin the hetero-isotherapy the following day.

The most spectacular results have been observed on the side effects - on skin and mucous membranes - of targeted therapies, often allowing essential further treatment which might have been stopped because of these complications.

Erlotinib (Tarceva®) protocol
Het-Iso ERLOTINIB 6C, 2 pills taken some time after the Tarceva® tablet.

Gefitinib (Iressa®) protocol
Het-Iso GEFITINIB 6C, 2 pills taken some time after the Iressa® tablet.

Sorafenib (Nexavar®) protocol
Het-Iso SORAFENIB 6C, 2 pills taken some time after the Nexavar® tablet.

Sunitinib (Sutent®) protocol
Het-Iso SUNITINIB 6C, 2 pills taken some time after the Sutent® tablet.

Temsirolimus (Affinitor®) protocol
Het-Iso TEMSIROLIMUS 6C, 2 pills taken some time after the Affinitor® tablet.

Lapatinib (Tyverb®) protocol
Het-Iso LAPATINIB 6C, 2 pills taken some time after the Tyverb® tablets.
**Panitumumab (Vectibix®) protocol**
Het-Iso PANITUMUMAB 6C, 2 pills per day except on the day of the infusion of Vectibix®.

**Cetuximab (Erbitux®) protocol**
Het-Iso CETUXIMAB 6C, 2 pills per day except on the day of the infusion of Erbitux®.

**Bevacizumab (Avastin®) protocol**
Het-Iso BEVACIZUMAB 6C, 2 pills per day except on the day of the infusion of Avastin®.

Each year new drugs come into the market. Build on the above protocols, adapting them to the targeted therapies used.

**If hormone therapy:**
Hetero-isotherapy should be prescribed only in cases of such intolerance to aromatase inhibitors that these might have to be spaced out or interrupted because of their side effects. Once a better tolerance is obtained, we can space out then stop hetero-isotherapy. By doing this, most of my patients are prepared to continue with the aromatase inhibitors treatment.

Het-Iso ANASTROZOLE 6C, 2 pills in the morning and anastrozole (Arimidex®), 1 tablet at dinner time.

Het-Iso LETROZOLE 6C, 2 pills in the morning and letrozole (Femara®), 1 tablet at dinner time.

Het-Iso EXEMESTANE 6C, 2 pills in the morning and exemestane (Aromasin®), 1 tablet at dinner time.

**Clinical case history No 1:**
- First consultation 13th June 2008:

This 88 year-old patient, whose general condition is fairly well preserved despite on-going oncological treatments, is sent by her oncologist for a homeopathic treatment of the side effects of capecitabine (Xeloda®) which had been prescribed due to lymph node metastatic recurrence of breast cancer.

On clinical examination, she presents with a very extensive hand foot syndrome. Infected fissures on the soles of her feet make walking difficult and wearing shoes impossible. She also suffers from impaired taste, nose bleeds and swelling of the lower limbs. On palpation, there are small metastatic indurated lymph nodes along the neck. The problem here is the likelihood of having to stop chemotherapy because of excessive adverse side effects, even though the response to treatment of the disease was good. The patient, despite her advanced age, is courageous, positive and highly motivated for a homeopathic treatment. In agreement with her oncologist, chemotherapy is continued and homeopathic support treatment is introduced.

PRESCRIPTION 1: PETROLEUM 6C, 2x3 pills/day and NITRICUM ACIDUM 6C, 2x3 pills/day for cracks and skin lesions. BOVISTA 6C, 2x3 pills/day for lower limb oedema. Het-Iso CAPECITABINE 6C 3 pills/day before lunch to allow a better tolerance of chemotherapy. Calendula ointment LHF® is prescribed topically twice a day. Oral chemotherapy Xeloda® is continued morning and evening.

- Second consultation 11th July 2008:

The patient arrives smiling and wearing shoes! Skin fissures are healed, oedema of the lower limbs has decreased, redness of the soles and palms persists.

PRESCRIPTION 2: PETROLEUM 12C, 3 pills/day and NITRICUM ACIDUM 12C, 3 pills/day for skin lesions. BOVISTA 6C, 3 pills/day for lower limb oedema, MEDORRHINUM 12C, 10 pills on Sundays for redness of the extremities and Het-Iso CAPECITABINE 6C, 3 pills/day, which is continued because of ongoing chemotherapy.

- Third consultation 29th August, 2008:

Almost complete skin healing, disappearance of oedema, moderate persistent erythroderma. Total disappearance of lymph node metastasis. Completion of chemotherapy. The patient is in good shape.

PRESCRIPTION 3: After the course of chemotherapy, we prescribe Het-Iso CAPECITABINE 12C, 2 pills a day for 4 days then Het-iso CAPECITABINE 30C, 2 pills every other day for 8 days to help the body eliminate Xeloda®.

**Clinical case history No 2:**
This patient with metastatic kidney cancer is in 5th line therapy, that is to say, he has been treated with 5 different chemotherapy or targeted therapy protocols. Currently the disease is progressive including a 5cm thick frontal metastasis combining disfigurement and stabbing pain poorly controlled by morphine. Looking back over the case from the beginning, it appears that the metastatic disease had reacted well to sorafenib (Nexavar®) but that this treatment had to be stopped because of skin and digestive side effects. After discussion with his oncologist, this targeted therapy was resumed in conjunction with hetero-isotherapy, starting with low doses.

PRESCRIPTION 1: Nexavar® 100mg morning and Hetero-Isotherapy SORAFENIB 6C, 3 pills in the evening, HYDRASTIS MT, 5 drops in the morning and CARDUUS MARIANUS MT, 5 drops at noon.

After a month of this treatment, the frontal tumour has almost entirely disappeared, morphine has been greatly reduced and tolerance to
treatment has allowed me to increase of the dosage to 100mg morning and evening.

PRESCRIPTION 2: Hetero-Isotherapy SORAFENIB 6C, 3 pills at lunch time, HYDRASTIS MT, 5 drops in the morning and CARDUUS MARIANUS MT, 5 drops in the evening.

Conclusion:

Hetero-isotherapy optimises the elimination of inactive and toxic chemotherapy metabolites and prevents drug allergies and intolerances.

More than 15 years of clinical experience and nearly 4,000 treated patients have led me to the following findings:

Hetero-isotherapy provides:

- a significant reduction in side effects and late sequelae.
- greater efficiency and adherence to treatment by maintaining effective doses of chemotherapy and the number of sessions originally planned.
- a significant improvement in quality of life for patients.

Experience has shown that by using the "the law of the identical", we facilitate the action of homeopathic medicine prescribed using the law of the similars.

Given these findings, pharmacological and clinical studies should be carried out to identify and understand the exact mode of action of hetero-isotherapy. We hope that this can be done one day and that these studies will confirm the relevance of AEQUALIA AEQUALIBUS CURANTUR as has been experienced by homeopathic doctors for two centuries.