Manfred is a German-born U.S. homeopath who pioneered “Reverse Chronological Tautopathy” ("clearing remedies") - a systematic approach to remove the secondary effects of past suppressions (as from antibiotics, steroids, NSAIDS, vaccines, etc.) by a brief "pre-treatment" with the same or similar substance in potentized form. Mr. Mueller expanded on insights from §40 et al. of the Organon where Hahnemann notes that when two or more dissimilar diseases are present, it may be necessary to alternate remedies to effect a total cure. In 1989, he founded The Homeopathic College (www.thehomeopathiccollege.org, coming soon). He has been President of the North American Society of Homeopaths (NASH) (an organization for all levels of professional homeopaths, from certified through students, www.homeopathy.org) since 2005.

He is ready to answer your questions on how to address 'acutes' that arise during chronic treatment.

Manfred Mueller: Welcome everyone and thank you to the NCH for having me on tonight This chat is concerned with acute exacerbation of symptoms during chronic treatment.

What is the possible meaning of acute exacerbation encountered during chronic treatment?

a) Appearance of routine acute symptoms that are a part of the chronic disease such as asthma, epilepsy, gallstones, arthritis or gout that is characterized by intermittent acute episodes.

b) Symptoms that signify an aggravation of the disorder with acute exacerbation of existing symptoms, sometimes seen after administration of a high centesimal potency remedy.

c) Never before encountered symptoms of an acute nature appearing during treatment after administration of an unsuitable remedy.

d) Return of old symptoms of an acute nature during treatment as a sign of reversing of a chronic disease.

e) New acute illness that develops during treatment entirely unrelated to the chronic illness.

Mator: When did 'acutes' become separate from 'treating the patient'? It seems to me Hahnemann wanted to treat the whole person.

Manfred Mueller: That is the question we are going to explore here today.

Razell: What is your general rule concerning treating acutes? My guess is that it's different for each of the above cases.

Manfred Mueller: In each given case we need to determine what kind of acute exacerbation are we dealing with (see above list).

Cheryl: My question seems to deal mostly with point "e". When someone catches a cold or flu while you are treating their long term condition, do you prescribe on the short term mistunement? or what if it is similar to colds they have had in the past, but infrequently. It is “their way” of catching a cold.

Manfred Mueller: Yes I do (re: the short term mistunement). The sometimes is difficult to determine whether this acute illness is a different illness from the chronic illness. For example, today I got a call from the mother of a child with Crohn's disease who is under homeopathic treatment. Her chronic exacerbations are diarrhea with intense thirst and hunger.

Today the child was reluctant to eat or drink. This was a significant difference. By the way, in which item of the above lists did this case fit?
Razell: b).

Manfred Mueller: Any other guesses?

Lisa: I would say either c) or e).

Neewest: c).

Manfred Mueller: Let me help you a little. In addition to having different symptoms, I also learned the father had a stomach flu over the weekend. So yes, E) is the correct answer.

Lisa: Perhaps it would be helpful to elucidate each of the above cases, see how it represents an "acute" and then talk about how to proceed in each case.

Manfred Mueller: Ok, let me give you another story.

Recently I had to go to a “big box” store – places I usually try to avoid. The store was keeping the air conditioning off in spite of the hot weather – a sign of the times, perhaps. One of the middle aged employees there was working in short sleeves and shorts, and you could see several huge and ugly whitish-greyish protruding psoriasis lesions on his elbows and knees. I couldn’t help but remarking, I’m sure he’s tried everything for these, but had he tried homeopathic treatment? “Yes,” he had he said to my surprise. He told me had initially worked with dermatologists at Duke University Medical Center. They had managed to suppress his psoriasis for years but sooner or later it would come back, after which they would change medication. The latest drug they offered him was an experimental drug that he declined to take after finding out that 67 individuals had already died from it! So he searched the web and discovered homeopathy.

He traveled all the way from North Carolina to the West Coast to see an internationally known homeopathic MD and author of several books. “He cost me an arm and leg,” he commented about the high fees. The homeopath took a lengthy case and prescribed a single dose of a high centesimal potency remedy. “Within a day of taking the remedy, I ended up in the emergency room in big city, all alone and 3000 miles from home. They admitted me to the hospital there. It took 2 weeks for me to recover from severe liver and heart problems.” I asked, “What potency did he give you?” He said, “The potency was a 1M. I cannot remember the name of the remedy.” “So what happened?” “I’m not the kind of guy that gives up quickly. I went back to Dr. X and he prescribed the same remedy in a 10M potency. This time it took only an hour and I was on my way to the ICU via ambulance. I was in the hospital 3 weeks this time.”

I apologized for the homeopath and explained that some homeopaths adhered to the view that it is acceptable, even necessary to prescribe remedies in potencies that risk severe aggravations. I explained that there are homeopathic methodologies that never encounter such severe aggravations. However, he said he could not risk trying homeopathy again.

This is a severe example of one type of acute exacerbation after a homeopathic remedy. The surprising thing in this example is that the homeopath did not seem to understand, expect or anticipate that the higher potency would produce an even more severe problem.

What would have been a better response?

Cheryl: Start him out on a Q or LM1 potency, then work on the lifestyle changes

Manfred Mueller: Any other suggestions?

Dmsherwood: Would you consider finding the drug that caused such a drastic suppression in the first place and use it in potency to clear?
Neewest: see if any cell salts fit the picture?

Cheryl: The homeopathic remedy that caused the aggravation? He was obviously susceptible to it on some level, but he isn't cured.

Manfred Mueller: The first thing we do is assess what caused the aggravation. In this case, I found out the homeopath prescribed on the basis of constitutional characteristics, activating the entire system. Since this was done in a high centesimal potency, his vital force responded with an effort to throw off years of suppression and cure the inherited illness at once. This is far more than his body could handle.

Razell: As a general rule, would you prescribe lower potencies for people who have endured years of suppressive medicines? And, where would you begin?

Manfred Mueller: As somebody suggested, we can start this case differently. Hahnemann taught that suppression with heroic drugs could constitute an obstacle to cure and produce a disease of its own. By the way, Hahnemann never attempted to cure the person, just the disease. He found that first one would need to remove the obstacle to cure. He also differentiated between the primary and secondary action of drugs. In this case the patient was still under the primary influence of his suppressive medication as the homeopath had not attempted to discontinue that medication first.

Furthermore, the secondary effects of multiple drugs still affected his vital force. How do we know this? Because the symptoms produced after taking the remedy were not symptoms of the original illness nor of the remedy given. However, they were listed among the side effects of the psoriasis medication that he had been on!

The suppressive medication constitutes a dissimilar disease to the psoriasis and the homeopathic medication was dissimilar to the suppressive medication. Two dissimilar medicines never cure each other, according to Hahnemann and clinical observation. The fact that the medicine was similar to the patient did not help the situation, in fact, it hurt.

When confronted with a drug disease, we should first find a medicine that is similar to the drug disease. 19th century homeopaths knew how to antidote the effects of calomel before attempting to treat the syphilis that calomel was used to treat.

Dmsherwood: Wow! What if someone presents after being on many different medications that have caused suppression? Where do you start?

Manfred Mueller: Good question. We start by discontinuing any medications that we responsibly can. Then we find a similar medicine to the most recent drug disease. This information can only be obtained by the symptoms and their history, i.e. when they began, etc, and comparing it to when the drug began. Hahnemann advised us to identify an illness by finding its cause, removing the cause and then addressing the illness.

Kensy: So if someone has a candida problem from antibiotic overuse, you would first treat their candida with homeopathic candida and then treat their disease?

Manfred Mueller: Kensy, no. Candida is not a cause, it is an effect of a disorder. But I would counteract the antibiotic disease. It is very cumbersome to find the simillimum for each drug disease in today's world because of multiple sophisticated drugs that contain adjuvants designed to hide the drug's symptoms. This makes it difficult to see the full drug disease picture.

Fortunately, there is an alternative. For example, in the case of mercury, we have known mercury antidotes, which we can select from. Homeopaths in the late 19th century also discovered that
drug diseases could removed (or the drug's long term secondary effects could be antidoted) by giving the drug in potency.

For example, when Margaret Tyler saw a patient with severe constipation and sticky, soft stool and then found out the patient had been using aluminum pots for the past 30 years, Margaret quickly prescribed Aluminum which quickly resolved the constipation.

J. Compton Burnett reported that he could not get any response with indicated remedies in patients that had been given Ether for surgery. In these cases, his first remedy was Ether 30C which removed the "ether" disease and subsequent indicated remedies were now able to achieve the desired results.

Today's complex chronic illnesses are the result of years of drugging. And even multiple doses of Sulphur cannot restore order and bring out the original acquired or inherited disorder. In fact, the disorder had taken a whole new shape and is almost unrecognizable. How do we bring order to these cases?

Kensy: I'm sorry, I don't understand. I see many patients suffering from systemic candida from over-use of antibiotics. Why not treat the symptoms of candida with homeopathic candida?

Manfred Mueller: Kensy, because the symptoms of candida are only there when there is a reason for candida to form. For example, Dr. Dietrich Klinghardt, PhD, MD and his team discovered that in order to prevent cell death from mercury, the immune system stands down and allows candida to grow. If we treat candida, we are fighting the symptoms and not the cause, even if we only use homeopathy.

In this case, in true Hahnemannian fashion, we must first remove the mercury which enters the body and hides in the nucleus of the candida cells. The body wants it there. It uses the candida to prevent harm (cell death) from mercury. To really remove candida, we need to remove the mercury.

This is true for many other microbial diseases such as streptococcus, staphylococcus, herpes, etc. For more information on this topic, you may want to get a copy of my disc on "treating Modern Mercurialism" [http://www.thehomeopathiccollege.org/courses](http://www.thehomeopathiccollege.org/courses)

However, today's chronic diseases are mostly iatrogenic, toxic and environmental in nature.

Francia: In the case of psoriasis, do we need to know the constituents of the multiple drugs that caused the drug disease? As you said earlier, it's very hard today to identify the picture in these cases.

Manfred Mueller: So how do we bring clarity into a complex case? Most American patients present with a complex chronic, iatrogenic disorder. It is a disorder that has evolved out of multiple dissimilar drug diseases, none of them curing the previous one, each of them existing side by side in the same organism. It was an evolution of suppression over time.

When you analyze the past symptoms of patients you will find that the disease proceeds in the reverse of Hering's law with each renewed suppression. Each suppression produces a new disease in a more vital organ which is again suppressed, and so on, by the next suppression.

Francia: How do we reverse the process safely?

Manfred Mueller: We start with the most recent drug disease and give the potentized drug. Then a few days later, we give the potentized drug for the next drug disease, in the reverse chronological order. We also remove the effects of vaccines, using the potentized vaccines, etc.
If you do this systematically, before giving a constitutional remedy and give the constitutional remedy in a mild Q potency, you will almost never encounter an acute exacerbation of symptoms.

(To learn more about “Reverse Chronological Tautopathy”, you may wish to purchase my tutorial on the subject: [http://www.thehomeopathiccollege.org/courses](http://www.thehomeopathiccollege.org/courses)

**Razell:** What potency do you use, and how often do you administer the remedy? Secondly, do you do this with patients that have life-threatening illnesses for which the suppressive medicine keeps them alive?

**Manfred Mueller:** Razell, to clear the effects of drugs, I prefer the 30 C potency in split water doses, 3 doses daily for 3 days for each drug. Yes, the more life threatening the more important this is. However in cases where the medication substitutes something the body no longer produces, i.e. thyroid, this is not done.

**Ivy:** I had a client I truly wanted to help. She suffered from depression panic attacks, Morton’s Neuroma, and a history of surgeries for tarsal tunnel syndrome. She personally decided to stop some medications before she asked me for help. She had attempted suicide (some time ago). When she came for homeopathic help she was taking Vicoden PRN plus Cymbalta and Altace for blood pressure. Finally my question; since she was born to drug-abusing parents, should I not have started treatment with one of the opiates?

**Manfred Mueller:** No you should not have started with one of the opiates. You start in reverse chronological order with the most recent drug first. It is important to remember to treat what is in front of you presently and not try to overburden or overtax the vital force to try to throw off multiple dissimilar disorders first. It can't, it won't, it will just aggravate. The vital force can only respond to the similar medicine while the dissimilar disorder will sit there like a rock in the road…Immovable.

**Moderator:** Thank you, Manfred, for some awesome insights! We appreciate your time and your wisdom. Good night, everybody!

**Kensy:** Thank you for your great comments

**Manfred Mueller:** You are welcome.

Many of the subjects, including a tutorial on How to treat Acutes (for advanced students and practitioners), can be found in tutorials at the following link: [http://www.thehomeopathiccollege.org/courses](http://www.thehomeopathiccollege.org/courses)

CHAT ENDED AT 21:10 EDT