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CLINICAL

Using hetero-isotherapics in cancer supportive care: the fruit of fifteen years of experience

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Background: **Chemotherapy, hormone therapy, and new targeted therapies for cancer lead to adverse effects which are often difficult to relieve using classical homeopathy. Besides diminishing the quality of life of the patient, they can force the oncologist to reduce or even to cease treatment prematurely, which represents a loss of opportunity for the patient. Faced with these recurring problems, would the use of homeopathic dilution of chemotherapy, also called hetero-isotherapy, be a suitable response for improving the tolerance of and the adherence to cancer treatment?**
Methods: **Based on experiments conducted for over 50 years by many authors, we have offered our patients, since 1998, a protocol of hetero-isotherapy chemotherapy starting the day after each cytotoxic infusion. It involves taking a daily dose of a dilution of the chemotherapy used, using the increased dilution technique from 5c to 15c.**
Results: **We observed a significant decrease in side effects, allergic reactions and late sequelae in the more than 6000 hetero-isotherapic treatments given to some 4000 patients. The better tolerance to chemotherapy and the improvement in quality of life led to an increase in treatment adherence. No interference with chemotherapy was observed. When it was necessary to prescribe another homeopathic medicine, combination with hetero-isotherapy generally improved its effectiveness.**
Conclusion: **In a large population, followed for over 15 years, we observed that hetero-isotherapics, well tolerated and easy to use, reduced the side effects of chemotherapy, targeted therapy or hormone therapy, and so improve the quality of life of patients.** *Homeopathy* (2016) **105**, 119–125.

Keywords: Cancer; Hetero-isotherapy; Homeopathy; Adverse effects; Supportive care

Introduction

Homeopathy is used by one in every five cancer patients.[1] It is classified as a complementary medicine *"without deleterious effect for cancer"*.[2,3] Its use in cancer has doubled in the past 5 years and the number of cancer patients who use it is estimated at 400,000 in France.[1] With nearly 4000 consultations per year in supportive care in oncology, homeopathy has been an integral part of my supportive care practice for nearly 20 years.[4,5] I observe every day that patients react differently to chemotherapy: some people have much more difficulty than others in metabolising the treatment, risking overdose and more side effects. Allergic reactions also occur, requiring specific therapies which are not without their own side effects. In addition to impairing the patient's quality of life, these side effects often force the oncologist to reduce the dose or stop the therapy prematurely, which represents a lost opportunity for the patient. Fifteen years ago, the most common problem

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encountered in supportive care was the side effects of adjuvant chemotherapy for breast cancer. It was the FAC 100 protocol combining fluorouracil, doxorubicin and cyclophosphamide. Nausea was the main problem, poorly controlled at that time by anti-emetics. Fatigue sometimes persisted long after the sessions. Symptoms worsened gradually with the repetition of courses, making the last sessions very difficult.

Moreover, I soon realised that, in cancer patients, the action of homeopathic medicine, however well chosen, was not as effective as the similarity of the symptoms could have led us to hope for. Faced with these recurring problems, would the use of **hetero-isotherapy** of cancer treatments not be the ideal solution for improving the tolerance of chemotherapy, targeted therapy and hormone therapy and at the same time facilitate the work of other homeopathic medicines?

A bit of history

At the very 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 mucus (sputum) 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.[6]

Hetero-isotherapy

In the same vein, Lux also proposed using diluted and potenetised medicines which had become toxic through overuse or overdose. Thus he successfully prescribed *Sulfur* 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. 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). Hetero-isotherapies were officially recognised in the 1965 edition of the French Pharmacopoeia[7] and are allowed in France.

Hetero-isotherapy, 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.[8] It was the first time the biological 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 homeopathic treatment. Two questions remained: was this property specific to arsenic? Was it possible to reproduce the experiment with other chemicals?

Lise Wurmser ran a new experiment intoxicating guinea pigs with bismuth.[9] She 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 from 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.

A few years later, another team repeated these experiments with radioactive arsenic to increase measurement accuracy. They came to the same conclusions.[10] On this occasion, they compared different dilutions from 8d to 60d, 4c to 30c and came to the conclusion that the 14d and 7c dilutions, were the most efficient at eliminating the toxic material.

In 1994, a meta-analysis looked at 135 publications on the subject.[11] The majority of studies lacked methodological rigour, so only 26 were selected. A beneficial effect from hetero-isotherapies was found in 70% of the studies, 30% being negative. The studies not only suggested 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 as regards the toxic effects of the various poisons used. Beyond the evidence of the action of homeopathy, this work opened the way to using hetero-isotherapy during chemotherapy.

Reducing the risk of allergies

In Lyon, in 1995, Trepo *et al* described hetero-isotherapy in the desensitisation allergy to Cotrimoxazole in HIV patients,[12] thus encouraging me to do the same with chemotherapy.

Methods and materials

In 1997, I used the first hetero-isotherapies of chemotherapy with *Fluorouracil* 7c, *Doxorubicin* 7c and *Cyclophosphamide* 7c. I quickly obtained very favourable therapeutic results with a significant reduction in side effects. Seeing the reliability and reproducibility of these results, I decided to routinely prescribe hetero-isotherapy to accompany any chemotherapy protocol.

The hetero-isotherapics I use are prepared by pharmacies with a homeopathic laboratory using good manufacturing practices and making 'bespoke' homeopathic dilutions of the required chemotherapy. Hetero-isotherapies are authorised as extemporaneous preparations. They are sold in tubes containing N° 6 pills (25 pills per gram). The French insurance system accepted them as any other homeopathic medicine.

Prescription rules in chemotherapy

I have been able to optimize this technique because of my good knowledge of chemotherapy regimens and their mode of action. I have prescribed more than 6000 treatments for nearly 4000 patients and gradually refined the prescription over the last 15 years.[13]

Table 1 "Weekly Carbo-Taxol". Protocol given every week, the first day being the day after each chemotherapy session

Carbo-Taxol given on Monday	*Het-iso carboplatin*	*Het-iso paclitaxel*
Tuesday	5c, 3 pills in the morning	5c, 3 pills in the evening
Wednesday	7c, 3 pills in the morning	7c, 3 pills in the evening
Thursday	9c, 3 pills in the morning	9c, 3 pills in the evening
Friday	12c, 3 pills in the morning	12c, 3 pills in the evening
Saturday	15c, 3 pills in the morning	15c, 3 pills in the evening

Always start the day after the chemotherapy session

Chemotherapies have a short half-life of the order of a few hours. Fluorouracil has the shortest half-life with less than an hour, pemetrexed 3 h and docetaxel a mean half-life of 11 h for the longest phase. Only anthracyclines take a little longer, with a half-life of 36 h. In practice, with the exception of anthracyclines, I prescribe hetero-isotherapics to be taken the day after each chemotherapy session.

Always start with low dilutions

In biological studies, the dilutions of *Arsenicum album* 7c were shown to be the most active in guinea pigs in increasing arsenic elimination.[8,10] In addition, in my clinical practice, I observed that these dilutions are the ones best tolerated by the patient. I always use 5c or 7c dilutions at the beginning of the treatment.

Gradually increase dilutions

Experience has shown that the gradual change in dilutions from 5c to 15c optimised the results (see protocol in Table 1).

Prescribe isotherapy throughout the day

Some protocols use several different chemotherapy products. When 2 or even 3 hetero-therapics are needed, it seems to me that the information is better recognised by the body when they are taken at different times of the day (see protocol in Table 2).

Take into account the reactions of the patient

Avoid high dilutions such as 9c or 15c in very tired patients, because a worsening of symptoms can at times be observed.

Prescription rules in daily chemotherapy

Here, 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. I then always prescribe a 7c dilution to be taken a few hours after the chemotherapy session. For example, where there is a treatment with capecitabin (Xeloda®) taken morning and evening, *Het-iso capecitabin* 7c will be taken at lunch time.

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 responsible for these symptoms, in 9c, two pills every 2 or 3 days until they improve.

Prescription rules in targeted therapies

They have half-lives which range from several days to several weeks long. In this latter case hetero-isotherapy should be prescribed only in cases of such intolerance that chemical treatment might have to be reduced or discontinued because of its side effects, in order to avoid a purely theoretical risk of decreased efficacy of the therapy. If taken daily orally, the hetero-isotherapy treatment should be taken away from the targeted therapy. For example, where there is a treatment with sunitinib (Sutent®) taken in the morning, *Het-iso sunitinib* 7c will be taken before dinner.

Prescription rules in hormone therapies

As aromatase inhibitors are badly tolerated especially during the first six months of the treatment, I would advise starting to take hetero-isotherapics daily from the start of the hormone therapy. Once a good tolerance is obtained, the patient can space out then stop hetero-isotherapy. For example: Het-iso *Anastrozole* 7c, 3 pills in the morning and anastrozole (Arimidex®), 1 tablet at dinner time.

Table 2 "FEC 100". Protocol given every three weeks, the first day being the day after each chemotherapy session

FEC 100 Protocol	*Het-iso fluorouracil*	*Het-iso epirubicin*	*Het-iso cyclophosphamide*
1st day	5c, 3 pills in the morning		5c, 3 pills in the evening
2nd day	7c, 3 pills in the morning	5c, 3 pills at lunch time	7c, 3 pills in the evening
3rd day	9c, 3 pills in the morning	7c, 3 pills at lunch time	
4th day		9c, 3 pills at lunch time	9c, 3 pills in the evening
5th day	12c, 3 pills in the morning		
6th day		12c, 3 pills at lunch time	
7th day			12c, 3 pills in the evening
8th day	15c, 3 pills in the morning		
9th day		15c, 3 pills at lunch time	
10th day			15c, 3 pills in the evening

Results

My 15 years of experience with hetero-isotherapy is summarized below.

Chemotherapy

I observed a significant decrease in side effects, allergic risk and late sequelae in most patients. This clear improvement in their quality of life led to greater treatment adherence. No disturbance of the activity of chemotherapy was observed. When the prescribing of another homeopathic medicine was needed, the combination with hetero-isotherapy improved its action as if I had removed chemical barriers in the body's reaction to homeopathy.

Keeping to the prescribing rules described above, chemotherapy hetero-isotherapics have been well tolerated in the vast majority of cases. However, I have noticed reactions in two particular cases: very sensitive patients can react strongly to hetero-isotherapy dilutions higher than 7c; taking hetero-isotherapy several weeks after the chemotherapy session to treat late side effects can trigger a temporary aggravation of the condition.

Targeted therapy

The most spectacular results have been observed on cutaneous and mucous membranes side effects.[14] In cases of folliculitis which occur in 90% of patients treated with epithelial growth factor inhibitors, I have noticed excellent results when hetero-isotherapy is associated with *Rhus toxicodendron*.[15] Hetero-isotherapies of targeted therapies have often made it possible to continue an essential treatment which might have had to be stopped in view of the side effects encountered.

Hormone therapy

Started at the outset of treatment, hetero-isotherapy enabled a better initial tolerance to hormone therapy and, as a result, many more patients were able to continue their treatment for the required 5 years.

Several clinical cases dealing with skin lesions secondary to taking sorafenib

The use of sorafenib (Nexavar®) in the treatment of metastatic renal and hepatocellular carcinoma has significantly changed the life expectancy of patients. It works by blocking the mechanisms of cell proliferation by inhibition of the tyrosine kinases. It also has an anti-angiogenic activity. Side effects include fatigue, diarrhoea, hypothyroidism and especially the characteristic skin lesions with a very common hand-foot syndrome, occurring after 1−2 months of treatment with blisters on the soles of feet and the palms of hands. This often requires a reduction or spacing out of the dose taken. In my experience the combination of hetero-isotherapy *sorafenib* 7c and *Cantharis* 7c has led to the healing of these symptoms in less than two months in the three patients I had to treat in the context of supportive care, in spite of the continuation of the full dose of the original medicine. In three other patients taking hetero-isotherapy from the start of their treatment with sorafenib, I never needed to prescribe *Cantharis* since the blisters never appeared. In these six cases, the cancer disease was kept in check by sorafenib. This confirms that concomitant hetero-isotherapy causes no disruption to the action of the original drug.

1st clinical case: A patient aged 68 came for a consultation on 3rd October 2008, walking with great difficulty. His soles were very painful. In June 2006, he had had surgery for a very aggressive kidney cancer, and shortly after had developed lymph node metastases around the operative area and a 5 cm compressive cervical lymphadenopathy treated with radiotherapy. Sorafenib (Nexavar®) was started five weeks ago. Metastases had already responded positively but the appearance of significant skin side effects jeopardised the continuation of treatment and this caused the patient great anxiety. Clinical examination revealed large blisters on the soles and palms which were painful when pressure was applied (Illustration 1). Prescription: *Cantharis* 7c, 3 pills twice daily with Het-iso *sorafenib* 7c, 3 pills once a day. By 14 December 2008, the cutaneous lesions had gradually disappeared despite the continued targeted therapy. The patient could walk again; his foot blisters had healed (Illustration 2). The skin improvement was maintained with the help of het-iso *sorafenib* 7c taken throughout the duration of treatment.

2nd clinical case: A patient with hepatocellular carcinoma consulted on 5 December 2008 for palmoplantar blistering secondary to taking sorafenib (Illustration 3). The prescription was *Cantharis* 7c, 3 pills twice daily with Het-iso *Sorafenib* 7c, 3 pills once a day. By 23 January 2009, the skin lesions had disappeared (Illustration 4). Only het-iso *Sorafenib* 7c was maintained. At the end of treatment with sorafenib there had been no recurrence of skin lesions.

3rd clinical case: A female patient with hepatocellular carcinoma consulted on 7 December 2009 for very painful blisters on the soles of her feet and impaired general condition due to intolerance to sorafenib which was otherwise very effective on the disease (Illustration 5). The

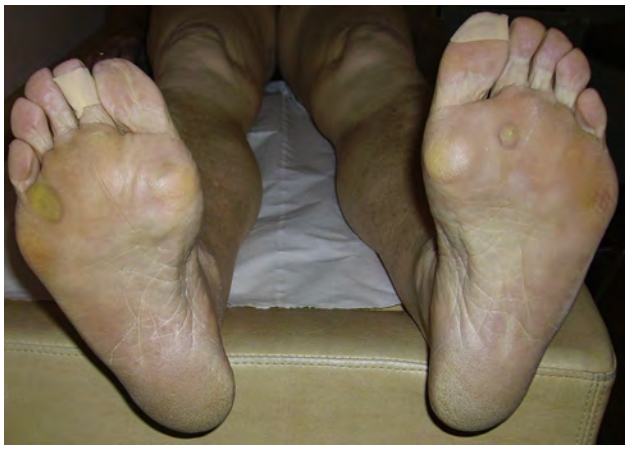

Illustration 1 10th October, 2006, 1st consultation. Large & painful blisters on the soles secondary to sorafenib treatment. Cantharis 7c, 3 pills twice daily with Het-iso *sorafenib* 7c, 3 pills once a day.

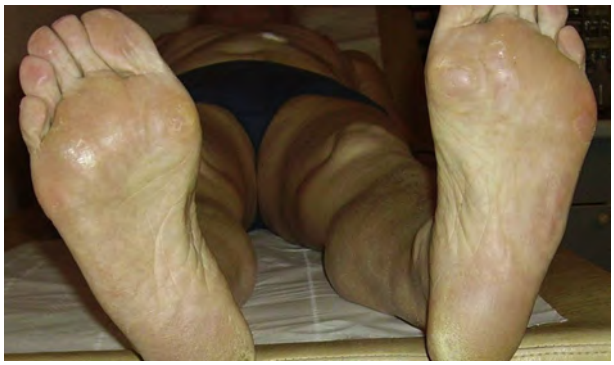

Illustration 2 14th December, 2006. The cutaneous lesions have gradually disappeared despite the continued targeted therapy.

prescription was identical to the previous two cases and achieved rapid pain relief, reduction in fatigue and disappearance of blisters. Ten months later, the improvement persisted even though targeted therapy was continued (Illustration 6).

Discussion

A complementary medicine

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

Do hetero-isotherapies risk weakening the action of chemotherapy?

Hetero-isotherapy does not affect the effectiveness of chemotherapy 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 was taken at a different time from chemotherapy and always in 7c dilution. A study carried out on healthy volunteers found no significant difference in the

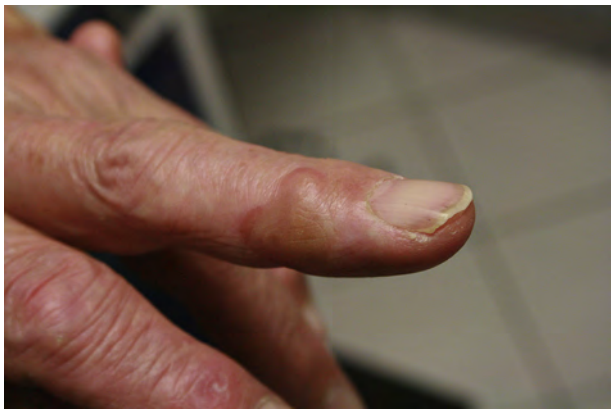

Illustration 3 5th December, 2008, 1st consultation. Large & painful blisters on the fingers secondary to sorafenib treatment. *Cantharis* 7c, 3 pills twice daily with Het-iso *sorafenib* 7c, 3 pills once a day.

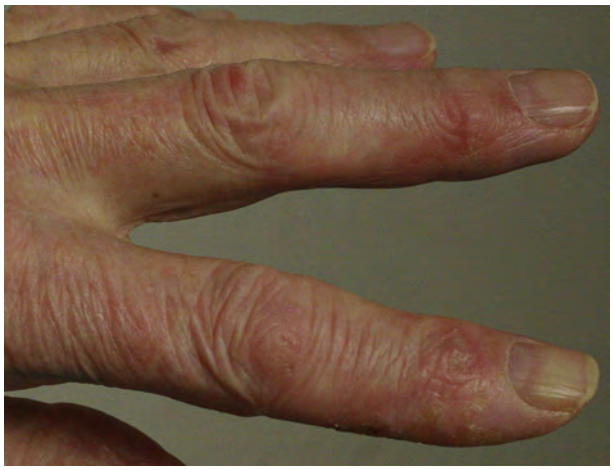

Illustration 4 23rd January, 2009. The skin lesions have disappeared despite the continued targeted therapy.

nalidixic acid or atenolol levels in the blood among those people who took hetero-isotherapy of these substances in 7c, respectively 1 and 3 h after taking the original drug, compared to those who took a placebo.[16] As far as I have been able to ascertain, there appears to be no other published experiment using hetero-isotherapy in oncology.

Take into account the reactions of the patient

Some patients are very sensitive and react strongly to hetero-isotherapy dilutions higher than 7c. In such cases the interval between doses should be increased and one should not go beyond the last dilution which the patient tolerated well. As the 7c dilution is always the one which

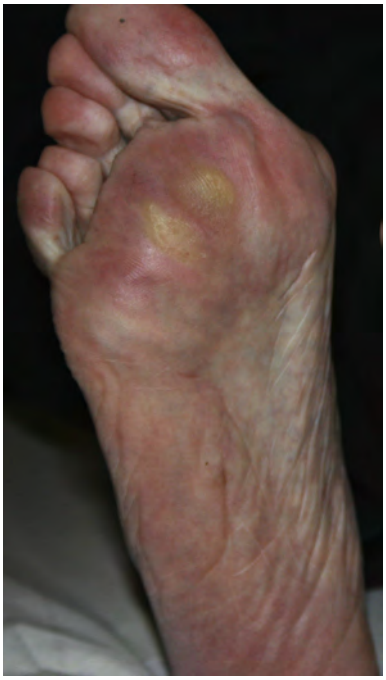

Illustration 5 7th December, 2009, 1st consultation. Large & painful blisters on the soles secondary to sorafenib treatment. *Cantharis* 7c, 3 pills twice daily with Het-iso *sorafenib* 7c, 3 pills once a day.

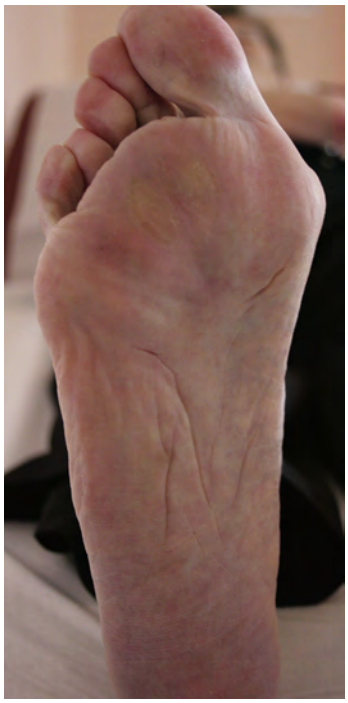

Illustration 6 8th September, 2010. Rapid pain relief, reduction in fatigue and disappearance of blisters despite the continued targeted therapy.

is best tolerated, it should be prescribed once a day for 3−4 days after each chemotherapy session. Avoid high dilutions such as 9c or 15c in very tired patients, because a worsening of symptoms can sometimes be observed. For all these reasons and in order to simplify treatment, the hetero-isotherapy of the chemotherapy could be prescribed in 7c, 3 pills per day, the day after each infusion and for 4−5 days.

For late side effects

In these cases negative reactions (taste and odour of chemotherapy in saliva, sweat or urine, transient worsening of symptoms) are sometimes observed by the patient reflecting the elimination of residues through the action of hetero-isotherapy. To avoid this, I suggest taking hetero-isotherapy in 9c, 3 pills in a glass of water, 'shaken not stirred', one teaspoon once a day for several days.

Prevention is better than cure

Always try to avoid the onset of side effects by starting hetero-isotherapy right from the beginning of treatment. Once certain lesions are established, for example sensitive distal neuropathies, it is more difficult to achieve good therapeutic results.

Where do I get these treatments?

This is indeed the hardest part! Finding a pharmacy with a homeopathic laboratory is very difficult. In France, one can contact the National Union of Homeopath Pharmacists[17] for the nearest pharmacy. In other countries, some are available from major homeopathic pharmacies or can be ordered from specialist homeopathic on-line pharmacies.

Conclusion

My clinical experience over more than 15 years has enabled me to observe, in the more than 6000 hetero-isotherapic treatments given to some 4000 patients, a clear improvement in their quality of life, thanks to a decrease in the side effects and late sequelae. The better tolerance to chemo-, targeted or hormone therapy led to a greater treatment adherence. I observed no disturbance of the activity of these therapies. When I needed to prescribe another homeopathic medicine, the combination with hetero-isotherapy improved its action. These observations should encourage pharmacological and clinical studies to show and understand the exact mode of action of hetero-isotherapy in oncology.

Conflict of interest

No conflicts of interest exist, although I attended conferences as a speaker by invitations from Boiron and Roche laboratories.

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