
REPORT FROM THE MEDICAL PRACTICE

The Pathogenic Multipotency of Mercury

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This lecture treats many aspects of the issue of mercury toxicity in medicine. Dr. Nolte, a renowned practitioner who deals extensively with chronic and degenerative diseases, cites examples of mercury use in nineteenth century practice. He then outlines nine syndromes associated with mercury and gives insight into relevant homotoxic theory. Dr. Nolte delivered this lecture in San Francisco at the 3rd HEEL U.S. Symposium on March 26, 1988.

To begin, I would like to show you two slides, with the following inscriptions:

TOXINS IN YOUR MOUTH

AMALGAM - A TOXIC TIME BOMB

The discussions currently being conducted on amalgam in German bio-medical circles have grievously failed to take full account of the toxicological significance of mercury in the modern world. And the official medical interests now promoting the use of amalgam are conducting their activities on the same professional level, in Germany at any rate. Medicine is not exactly an exemplary exercise field for philosophical views of the world; at best, it suffices for "views" of a literal nature. But, often enough, views can deceive. Analyses are better, whereby quite divergent results can of course come about from the application of various and different techniques. And one of the best of all worlds would be the obtaining of identical results from divergent diagnostic techniques.

We do not correctly observe that biochemical processes take place now in one certain way, and later in another. They are constant in their chemism, and it is only particular shortcomings in our analytical techniques which prevent us from fully appreciating Nature in her cogent logic. And since we are often ignorant of sufficient details of Nature's ways, we proceed to exploit the totality of Nature's ways, we proceed to exploit the totality of things and behave as though it were superfluous to gain additional insights from more specific investigation.

It is from this context that I wish to turn my attention to the various toxic effects of mercury: an element which has exerted an increasing fascination on me over the course of my

professional life. And fascination naturally involves an increase in detailed insights; in this case, into the pathogenic capabilities of mercury. These effects, incidentally, include a radi-esthetic explanation on which I would also like to elaborate. Despite the subjective treatment of radi-esthesia, I believe that it and its results should well be employed, provided that it can be incorporated into a scientifically based systematics of disease. The interrelationships between microwave phenomena and clinical disease with which I have become acquainted are convincing and can be presented in a thoroughly conclusive manner. Publication of such data would be irresponsible, however, and would only serve for the justification of mystics and charlatans all over the world.

The mercury spectrum, measurable by radi-esthetic means and analyzed as it frequently is in study of homeopathic preparations, features a great many more wavelengths than do the spectra of the other heavy metals. The wave spectrum of mercury contains in fact more than thirteen wavelengths, whereas only one or two frequencies or wavelengths are usually observed for other heavy or noble metals. The multifarious pathogenic effects of mercury could be explained to some degree on the basis of this great variety of wavelengths. Copper, for example, which has only one wavelength, features a greatly restricted capability of causing various specific pathogenic effects.

Whenever, in the case of a particular patient, information is gained on a pathogenically effective substance which represents his specific, and which additionally partially or wholly controls his pathogenic codings, then the question arises as to the source of this substance and as to the paths which it takes. As circuitous as these paths may appear, they actually represent a more or less direct route. We cannot, however, exactly reconstruct these paths in accordance with

the manner in which Nature has precisely determined them. Our insights are quite restricted into the many paths such specific substances can actually take, as simple as they may superficially seem.

In principle, however, this situation is not indeed critical for the dimension involved in the result of our toxic perception. After all, a body of technical methods has not yet been developed to enable representation of such a chemical or physical signal to a biological system. As an exception, nevertheless, one possibility for such representation can in fact be gained through the well-known techniques of electro-acupuncture.

Over the course of the centuries, mercury has been employed in a great variety of ways, including many medicinal uses. Its use for the treatment of syphilis of course became quite significant. These methods of therapy were in fact carried to the extent that the belief in some type of constitutional mercurialism eventually arose, a malady which was considered to be a separate disorder in its own right, in addition to syphilis itself.

It was not until the middle of the nineteenth century that a German doctor by the name of Adolph K. Kussmaul cleared up a good bit of misconception on what had until then been termed "constitutional mercurialism." Above all, he pointed out the hygienic relationships and dangers involved with the commercial use of mercury. It is significant that the very first chemotherapeutic substance, SALVARSAN, developed by Paul Ehrlich, brought about the end of the mercury era of syphilis treatment.

The epoch of mercury diuretics quickly ensued, however, with all the toxic consequences involved. Mistakes committed in the name of official medicine may have led to widespread fatal results, but are still considered part of medical progress.

Ignaz S. Semmelweis was a Hungarian gynecologist who practiced in Vienna during the nineteenth century. The rejection of and the delay in employment of his findings during the 1840's needlessly cost the lives of millions of human beings. As ward physician in a Viennese maternity clinic, he reduced the mortality rate from puerperal fever from the usual rate of 30 percent to the level of 1.3 percent. Biological medicine had become established.

Hufeland and Rademacher, two very well-known German naturopathic physicians of that era, advocated medicine without the washing of hands. Even today, an undercurrent of opinion seems to believe that the breakthrough to a comprehensive system of biological medicine would have been equally successful against all the quicksilver quacksalvers and against all the handwashers half a century later, even if doctors had not begun to wash their hands, and even if Dr. Paul Ehrlich had not developed SALVARSAN. And, from certain professional publications from the ninth decade of the twentieth century, one can easily gain the following impression: biological medicine could properly handle all illnesses, if only it were not hindered from doing so.

At the same time, apologists of all medical disciplines are

forced to stand by and observe modern illnesses of mysterious origin and obscure etiology. After all, disease, particularly chronic disease, arises to some degree in a specific manner. And it is particularly the laws involved here, narrowed down to the case of mercury and in turn to a number of syndromes induced by mercury, on which I would like to concentrate my attention in this presentation.

I would like to present for your consideration a *précis* of my experience gained as a practitioner of electro-acupuncture over the course of the past ten years - a period in which I have become well acquainted with all of the diagnostic methods involved in such practice. The VEGA technique is admirably well suited for such analyses. Even after only brief experience with this method, it becomes obvious to the observant practitioner that a significant number of chronic illnesses are of specific origin.

Almost every syndrome features its own spectrum of specifically acting homotoxic and nucleo-toxic distresses. The more classic a syndrome, i.e., the more in line it is with conventional textbook description, the more lonely, the more solitary, we can term the homotoxic coding.

Even with my still small number of empirical models, I would be pleased to face any board of medical experts and evidence the natural laws involved here. Empirical medicine could, by such consideration, be placed in a position to gain a certain clarity of insight of which it at present can imagine only with great difficulty. And homeopathy would move a step nearer to becoming a normal, integral constituent of medicine, with the result that the term "holistic medicine" would attain a newly valid meaning. The teachings of Samuel Hahnemann indeed touch in many cases only the periphery, and not the actual etiological core of chronic or incipient illness.

To make the statement that the well-known multiple teachings on focal disturbances require relativizing, especially the dogma on such disorders occurring in the head, would only generate hostile reaction. At present, it would be useless to attempt such an approach and in a few years it will be superfluous to discuss the issue.

In the following, I would like to relate for you part of the experience I have gained over the past ten years with syndromes induced by mercury. To begin, I will present a short overview to simplify your following my remarks. I shall discuss:

1. Skin disorders
2. Disorders of the musculoskeletal system
3. Disorders of the intestinal system
4. Diseases of the sensory organs and of the nervous system
5. Disturbances in the vascular system
6. Disorders of the lymphatic system
7. Allergies, including food allergies
8. Mercury and its pathogenic protective mechanism
9. Mercury and myasthenia gravis, a homotoxin model

1. Skin disorders

A high percentage of acne forms, especially those involving patients of advanced years, are caused by mercury. If, in such cases, conservative methods of treatment are not successful, all amalgam fillings must be removed from the patient's teeth.

As the next step, the physician must determine whether the patient's organism is absorbing significant quantities of mercury from its environment. If this is the case, the acne disorder will continue.

There are, however, a considerable number of patients whose organisms demonstrate significant mercury affinity without exposure to the effects of amalgam. As everyday experience unfortunately shows, mercury is a ubiquitous substance.

A great percentage of cases of dermatomycosis can be traced to the effects of mercury. The fingernails and toenails are often subject to such afflictions. We are aware that the acidic protective layer of the skin is especially endangered by this heavy metal and that the skin pH experiences a shift toward the basic range. The result is an environment in which cutaneous fungi flourish. This phenomenon has been observed among many women who have suffered for many years from vaginomycosis which has proved stubbornly resistant to therapy.

2. Disorders of the musculoskeletal system

In the musculoskeletal system, mercury has a special affinity for particular joints, primarily the knee joints and the metacarpal phalangeal joint of the thumb. Joint deformation in the area of the thumb is especially painful, and it is often observed that women possess a greater affinity at these joints for mercury intoxication than do men.

The majority of disorders involving the hip joint, as well as the most painful of these, demonstrate great etiological variation and do not occur in conjunction with mercury. On the other hand, whenever such joint deformation initially appears with only minor complaints but with considerable restriction of mobility at the same time, then it can safely be assumed that it has been mercury-induced. Even experienced physicians often wonder why some of their patients, especially males, are severely restricted in their ability to splay their legs without, however, experiencing significant pain in their hip joints. And, just as often, no correlation is discovered between abundant radiological evidence and the patient's subjective complaints.

In the case of **spondylitis ankylosans**, of course, arthrosis which is induced by mercury, here, more specifically termed coxarthrosis, is of special significance. Disorders of the hip joint are indeed extremely painful in conjunction with this syndrome, although they are not associated with auto-aggressive immunodeficiency and disorders of the axial skeleton.

In the course of successful therapy of **spondylitis ankylosans** which can be exclusively traced to **variola toxicosis**, it has been observed that the human organization can develop an affinity to mercury. And partial sacro-ileitis can in turn develop from

this basis, which represents the special case of arthritis as brought about by mercury.

This disease soon develops to the point at which it demonstrates no further relation to the original disorder. This development, to be sure, is auto-aggressive in nature. In such cases, the usual deep-seated low-back pain, customarily beginning at night and increasing toward the morning, is no longer noticeable. Symptomatic distress occurs exclusively during the day. In the event that arthritis of highly inflammatory nature springs up overnight, in the nature of an attack, and if it is initially noticeable only at one single joint, then these complaints in most cases reflect arthritis initiated by mercury, with the customary tendencies to spread. This development will later proceed in its syndrome manifestations to the point at which it can no longer be differentiated from arthritis which characteristically begins with morning stiffness slowly developing in the finger joints. Anamnesis is, however, very important here, if etiologic therapy is to be conducted. For its successful therapy, mono-arthritic arthritis requires administration of a so-called mercury nosode. And so-called normal arthritis, including **spondylitis ankylosans**, necessitates a **variola nosode**.

3. Disorders of the intestinal system

The intestinal complications brought about by mercury are **morbus crohn** and **colitis ulcerosa**. Both of these disorders involve auto-aggressive immunodeficiencies and they have spread to all areas of the world. Their etiology has still not been conclusively determined.

The histological-topographical findings vary considerably. Whereas the interior intestinal layers are attacked by the immune system in the case of **colitis ulcerosa**, the action of the immune system takes place in the deeper tissue layers of the intestine in cases of **morbus crohn**. In my opinion, mercury etiology can be definitely and monocausally considered here, since concerted therapy toward such a cause has resulted in positive development among patients with this disorder, as well as for cases of clinically manifest syndromes based on a histological diagnosis. In this manner, complete absence of complaints has been achieved among a great number of patients for long years, with the result that healing can indeed be considered to have taken place.

It of course goes without saying that cases with clinically advanced syndromes are suitable to only a very limited extent for this therapy. Disorders of the intestinal tube with stenoses and pronounced scar formation must be treated by methods of conventional medicine.

Furthermore, in the event that aggravation of the disease takes place, then only conventional therapeutic measures can be employed to lessen its severity. Methods of treatment in such cases also include cortisone.

Cases of gastritis featuring stubborn resistance to therapy as well as excessive formation of acid can also be induced by mercury. Conventional modern pharmaceutical agents cannot help in such cases. Patients here must take large quantities of antacids on a practically continuous basis. In such situations,

so-called healing earth can often be effectively administered, although its use is not well known in many countries for such indications.

Mercury is also responsible in a significant percentage of cases for the occurrence of intestinal dysbacteria, a disorder not readily discussed among practitioners of classical medicine. Resistance to therapy is great in such cases.

Extra-intestinal manifestations in cases of inflammatory intestinal disorders are common and well known. They are frequently rheumatoid in nature.

In Germany, the coincidence of these two forms of disease is also given the name "rheumatic sequela syndromes associated with enteritis forms."

On the average, at least in Germany, about one-fourth of patients with **morbus crohn** or **colitis ulcerosa** will also be afflicted by forms of arthritis, with the majority of manifestations at the lower extremities.

It has been observed in such cases that the arthritis will disappear after successful treatment of the intestinal disorder by conventional medical therapy, or after surgical removal of the colon. These measures have no effect, however, on afflictions of the axial skeletal system, i.e., in cases of **spondylitis ankylosans**.

Such pathological developments are by no means mysterious from the viewpoint of the homotoxic effects with which I have become acquainted. In many cases, immunomodulation can be employed to rob mercury intoxication, with auto-aggressive tendencies, of its original effects by means of traditional medical intervention. In such a way, the mercury will then act only toxically, and no longer auto-aggressively, with the result that an auto-aggressive rheumatic disorder can, so to speak, be annulled.

Manifestations at the axial skeleton such as sacro-ileitis or spondylitis can never be influenced in conjunction with mercury by means of such manipulation with the immune system. This is because different origins of the disorder are involved. This variola genesis is, additionally, more stubborn for the reason that it is also partially linked to the HLA antigen system. It has been observed that positive HLA-B 27 patients suffer from more severe courses of the disease.

Such observation and statistical assessment can provide insights into the intimate interrelationships among genetically related affinities and particular, specifically acting homotoxins. This leads to the following conclusion at this point: that a considerable number of chronic illnesses could more readily be treated by elimination of particular homotoxins than by means of genetic manipulation, a method which is still utopian in nature. Experience has taught that cases of genetically fixed affinity for particular etiologically effective exogenous information, such as exogenous homotoxins, can be nullified by specifically acting homeopathic measures, and can furthermore be blocked for the future. The biologically oriented physician terms this simply "alteration of the organism."

4. Diseases of the sensory organs and of the nervous system

Such disorders are frequently induced by mercury. The eye can suffer from retinal detachment, especially in cases in which the lymph system in the area of the eyes has been afflicted by auto-aggressive tendencies of the immune system.

Cataracts and disorders of the vitreous body can also demonstrate a similar etiology. The pathogenic interrelationships must be individually assessed, however. And the physician who has mastered the techniques of electro-acupuncture can determine the agent responsible for the disorder.

The respective results can be integrated into clinical syndromes. And if favorable courses of the diseases can be achieved by simple and specifically oriented administration of medication, then spontaneous healing can no longer be justifiably claimed. Good luck over the long run is the mark only of the professional!

Hindrance of the outward flow of the intraocular fluid, i.e., glaucoma, is induced at a certain percentage level by mercury. Among mercury-induced disorders, however, I have always considered hordeolum to be a very special case. There are patients with twenty to thirty relapses, with medical treatment required in every case.

Syndromes involving the ear for which mercury plays a role include the following:

ringing of the ear, which can hardly be therapeutically influenced, as is universally known. The consequences of sudden loss of hearing can, however, be alleviated by discharge of the mercury. Such consequences include dizziness and, especially, **morbus ménière**, the origins of which are rarely related to toxic salmonella afflictions in the bile-duct system.

With the example of this syndrome, the physician can demonstrate precisely in classical manner that there are indeed remote effects via particular acupuncture meridians of organ systems which make themselves noticeable at other parts of the body.

Among all the nervous disorders which are observed in the area of the head and which are brought about by mercury, trigeminal neuralgia plays a dominant role. I would like to emphasize, however, that diffuse conditions of pain in the area of the face are in fact facial irritations, although we consider the **nervus facialis** strictly as a motor nerve.

Sciatic irritations again and again confront the practitioner. The symptomatology involved here, however, must be carefully differentiated from exogenous disorders caused by homotoxins, particularly those manifested at the calves and at the feet. Such painful syndromes can continue for years and even decades. They are quite resistant to therapy and often stem from lead and petroleum. With this particular combination of lead and petroleum as causes, there is practically no chance of successful treatment. If, however, vanadium is also involved, then the patient has a good chance of relief in almost all cases, even after years of stubborn resistance to therapy.

5. Disturbances in the vascular system

Vascular disturbances in the central area of the organism do

not result from the effects of mercury. Typical cases of arteriosclerosis appear to occur on a non-specific basis; in other words, numerous factors can be responsible. Types of vasculitis, as well as the particularly distressing intermittent claudication, in conjunction with well-known forms of angiostenosis, arise as a consequence of variola origins. Auto-aggressive immune disorders are involved here. From the standpoint of clinical findings, furthermore, relationships to basic rheumatoid disorders such as symmetric synovitis or polymyalgia also play a role.

As a substance active in a vascular context, mercury alters only the terminal vessels of the coronary arteries and of the cerebral arterial vascular system. Types of stenocardia can result here, with relatively inconspicuous cardiogram evidence. Infarcts are rare. So-called spastic components have been suspected, but this amounts only to speculation. Auto-aggression of the immune system is actually involved. Experience heretofore with such patients has not been sufficient to enable development of a model to provide indications for conventional medicine.

The consequences of mercury in the micro-angio area of the cerebrum is associated with repeated micro-seizures. Development here is toward more or less pronounced bilateral movement disorders, as a result of which the syndrome differs from familiar occurrences of hemiplegia. Personality structures are also disturbed in the process. Even in the advanced stages of this disease, such patients can develop considerably vital energy and can demonstrate astonishing characteristics of self-asserting willpower. Finally, after ten or twelve such minor seizures, rapid bodily degeneration becomes apparent. If the syndrome is discovered at an early stage, proper therapy can prove highly advantageous.

Hypertension of so-called nephrogenous origin stems practically as a rule from mercury, especially among young patients. If the micro-angia disorders of the renal parenchyma can still be reversed, then normalization of the blood-pressure values can be achieved.

At the age of thirty and above, no form of etiological therapy is effective. Patients must take antihypertensives for the rest of their lives. Unfortunately, biological physicians regularly discourage them from such therapy.

6. Disorders of the lymphatic system

Mercury intoxication of the lymph system is a common occurrence. The majority of such cases involve women with swollen eyes in the morning. Many of these female patients initially demonstrate hypotension. In such early cases, however, there is already a nephrogenous-toxic component, which is especially obvious on the upper eyelids. Over the course of about two to five years, however, hypertension will develop as just described, often quite suddenly.

I have also treated cases which feature generalized affliction of the lymph system by mercury. Auto-aggression of the immune system will from time to time occur, which renders therapy more difficult.

In addition, we also encounter lymphatic-spastic phe-

nomena in topographically delimited areas such as bilateral swelling in the area of the pectoral muscle or in the hollows of the knee. Such cases are treated with dehydrating medication, usually without success. In such cases, the only result from an iatrogenic standpoint is usually disturbance of the electrolyte metabolism.

7. Allergies, including food allergies

Mercury plays a considerable role in the origin of a great number of allergic reaction modes. It would take the entire day to elaborate only on the most interesting case reports. I would at least, however, like to call attention to the induction of food allergies, the origins of which, to be sure, can be many and varied in nature. This somatic syndrome, with its pseudo-vegetative symptoms, is generally treated in the manner of a psychosomatic syndrome. A few specialized clinics are now employing the technique of rotation diet, as developed in the United States, as a diagnostic and therapeutic measure.

A victim is not allergic to mercury, or to any other substance; rather, one is allergic *as a result of* mercury, or one of its particular compounds, or *as a result of* another certain substance. Consequently, allergic modes of reaction develop to many things which we consume or with which we come into contact. Extensive and complicated allergic diatheses can very well disappear if the therapist is successful in eliminating the inducing agent, for example, mercury, as the specifically acting homotoxin.

8. Mercury and its pathogenic protective mechanism

In many cases, mercury acts toxically neutral. This means that it brings about neither allergic nor auto-allergic diathesis, nor any other specific toxic condition.

The absence of effects here has been observed in conjunction with other specifically acting homotoxic states. With the presence of mercury, however, the specifics involved in such cases can frequently bring about only a larvate and greatly inhibited pathological process. This phenomenon of antagonistically acting homotoxicoses has been recorded for many patients over recent years. Excessively early elimination of a source of mercury for a patient suffering from still benign *mamma adenoma* has in fact led to the phenomenon of rapidly pathogenetically effective processing of DDT in the body, with ensuing and rapid development of breast carcinoma.

In cases of such a constellation, therefore, the source of mercury should *not* be treated.

Allergic or auto-allergic diatheses can impede the action of carcinogenic homotoxins. Many of Hans Heinrich Reckeweg's observations have been confirmed in this context, on the basis of recent insights into these interrelationships; however, his observations can now be interpreted more exactly. In this connection, Reckeweg reported on treatment of a case of generalized eczema which proved successful by virtue of application of a tar pack over several consecutive days. The patient, however, died six months later from stomach cancer.

Reckeweg explained this phenomenon of progressive vicariation as the result of suppression of the eczema

symptomatology. Therapeutic experience with the combination of allergic diatheses and pre-malignant or already malignant tendencies allows a more exact interpretation. Eczema, as well as neurodermatitis, is often the result of zinc or zinc compounds as a homotoxin basis. Even through the influence of non-specific therapy, in this case, with tar, the result here will be immuno-modulation and elimination of the homotoxicosis with zinc. The annulment of antagonistic homotoxic sources, or, at least, homotoxin sources with inhibiting action, will bring about progressive vicariation leading to malignancy. A high percentage of stomach cancer is regularly brought about by aniline.

9. Mercury and myasthenia gravis, a homotoxin model

Functional disorders of the neuromuscular synapses manifest themselves in the myasthenic syndrome. This malady is characterized by the following:

- abnormal fatigue of the striated muscle system
- complete or partial recovery from such fatigue after rest breaks
- abnormal sensitivity to end plate-blocking agents (curare)
- prompt recovery after administration of cholinesterase inhibitors

The motor end plate belongs to the chemical synapses, with acetylcholine as the transmitter substance.

Myasthenia gravis is also one of the auto-aggressive immune disorders induced by mercury. This fact has been determined by test results and has been repeatedly confirmed on a great number of patients.

The pathophysiology involved here has been researched to considerable degree. So-called pre-synaptic and post-synaptic inhibition have been ascertained, with various disorders of the respective physiological processes. In all of these cases, mercury was able to be determined, however complicated and

to whatever highly diversified degree the clinically detected pathophysiology was able to be represented. The reliably expected finding of mercury allows the conclusion that this heavy metal irritates highly different biochemical substances, on the basis of its highly variable pathogenic potency. In the case of **myasthenia gravis**, mercury probably represents the pathogenetic factor of predominant significance.

This disease occurs together with the following other disorders: **rheumatoid polyarthritis**, **lupus erythematosus**, **polymyositis**, **colitis ulcerosa**, as well as a number of other diseases from this morphological group. This phenomenon of interrelationship points to the existence of combined basic homotoxic factors to which the organism is subjected.

As previously mentioned, **colitis ulcerosa** can be assigned to the phenomena related to mercury. The rheumatoid forms must be subsumed under the harmful effects of variola.

I have emphasized the model of **myasthenia gravis** for the following reason:

- Various, physiologically divergent irritations at an organ or organ system can prove monocausal in the toxic origin of predominant significance.

The further development outlined here has been based on the principles of homotoxicology originally established by Dr. Hans Heinrich Reckeweg. These findings could well prove valuable for the practitioners of traditional medicine.

Indeed, I feel justified in hoping that these empirical results will help establish a bridge between clinical and biological medicine.

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