

TOPICS IN MODERN HOMEOPATHY

HOMEOPATHIC MEDICINE FOR THE 21st CENTURY

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PREVENTATIVE HOMEOPATHY AN HISTORICAL LOOK AT HOMEOPROPHYLAXIS



This article originally appeared in 2005, and was expanded in the December 2006 issue of the Townsend Letter. Because of the number of inquiries Mediral has recently received, we have updated relevant passages and present it again as a service to our clients and their patients.

Pandemic - a condition or disease affecting an entire country or world.

Epidemic - a condition or disease affecting a localized place and time.

Vaccination - The physical act of administering a vaccine or toxoid into a living organism.

Immunization - A natural or artificial process of inducing immunity in a living organism, either by exposure to or the administration of an immunobiologic agent.

"Although persons often use vaccination and immunization interchangeably, the terms are not synonymous; the administration of an immunobiologic cannot be automatically equated with the development of adequate immunity." - MMWR Vol.43/No.RR-1, 1994 - CDC, Centers for Disease Control publication.

The use of homeopathic preparations to prevent disease is a controversial issue. Classically speaking, homeopathy is the treatment of existing disease with a remedy that creates the same set of symptoms in a healthy person, not the prevention of disease – therefore homeopathic prophylaxis does not officially fall under the 'rubric' of homeopathy. Historically speaking, however, there is strong evidence that disease may be effectively prevented by the use of homeopathically prepared remedies.

Homeopathic prophylaxis (or homeoprophylaxis) had its beginnings with the father of homeopathy, Dr. Samuel Hahnemann (1755 – 1842). During a scarlet fever outbreak, Dr. Hahnemann observed that three children in a family contracted the disease, but the fourth remained unaffected. The fourth had been given Belladonna for a joint problem, and Dr. Hahnemann reasoned that perhaps the dose of Belladonna had protected the child from infection. Soon afterward, he was able to test his theory when three children in a family of eight were infected with scarlet fever. Hahnemann administered Belladonna to the remaining five, and all five remained disease free. Hahnemann continued using Belladonna during this epidemic, and soon conventional physicians began using the same protocol. Of 10 allopathic physicians who were reporting their results with Belladonna, 1646 children were prophylactically treated and then exposed to scarlet fever, but only 123 cases developed (during the same time, disease from exposure ran as high as 90%, 7.4% infection following exposure was significant). Hahnemann subsequently detailed his success and recommendations in a booklet in 1801 called, "Cure and Prevention of Scarlet Fever."

As time passed, Hahnemann developed his 'Genus Epidemicus' concept regarding epidemics and the totality of symptoms, addressed in §101 - §102 of the Organon of Medicine. Predating Pasteur's description of infectious particles in 1865, Hahnemann described epidemic disease as deriving from a single similar disease or source. Through observing several cases closely during an epidemic, the genus epidemicus remedy could be identified that would be curative for the majority of the afflicted. He quickly extended this principle to include prevention and made active use of it in his practice.

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Dr. Clemens von Boeninghausen (1785-1864, student and friend of Hahnemann's & credited with having the largest homeopathic practice of any physician at the time) continued the idea of prophylactic homeopathy and successfully treated and prevented untold numbers of cholera cases during the 1849 European cholera epidemic using homeopathic Camphor, Cuprum metallicum and Veratrum album. While contemporary medicine was experiencing a 54-90% mortality rate, von Boeninghausen's patients only met with a 5-16% death rate. Preventatively there is no way to know how many lives may have been saved by the use of preventative homeopathy.

Dr. Carol Dunham (1828-1877) clearly believed in prophylaxis via the genus epidemicus, as he stated succinctly, "The selection of the prophylactic remedy must, to some extent, be governed by the nature of the epidemic, and therefore the best preventive cannot always be determined until the epidemic has appeared, and its peculiar nature has been ascertained."

The American homeopath JT Kent (1849-1916) used homeopathy prophylactically, qualifying the dosage, "Now you will find that for prophylaxis there is required a less degree of similitude than is necessary for curing [that is, less tailored to the particular variable, individual disease in a patient]. A remedy will not have to be so similar to prevent disease as to cure it, and these remedies in daily use will enable you to prevent a large number of people from becoming sick."

The influenza pandemic of 1918 is believed to have killed some 40 million people worldwide. During this outbreak, homeopathic and even non-homeopathic physicians were using Gelsemium

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HOMEOPATHIC REMEDIES FOR VACCINE REACTIONS

Vaccination often results a series of unpleasant and potentially damaging side effects. Common reactions associated with vaccination can include: inflammation, swelling, edema, hives, restlessness, sensitivity, nausea, vomiting, headaches, nervous changes, fear, anxiety, inability to concentrate and personality changes. If someone has already been vaccinated and is experiencing any unusual symptoms, consider the following singular classical remedies available from Mediral.

Aconitum napellus: Sudden pain, inflammation & high fever; fear, anxiety & restlessness; doesn't want to be touched.

Apis mellifica: Puffiness & edema; stinging pain; soreness, swelling & aversion to heat; rosy hue of skin; typical allergy reaction; hives with intolerable itching & prickly feel.

Calcarea carbonica: If symptoms mimic the vaccine disease.

Chamomilla: Peevish, temperamental; hyperactive, whining & restless; colic; extremely sensitive to every pain; vomiting.

Ledum palustre: Puncture wounds; chilly; can prevent tetanus if administered right after a deep puncture wound, best if given immediately after vaccination.

Pulsatilla: Great sensitivity; tearful, clingy & weeping; wants to be cuddled; unpredictable or contradictory emotional nature.

Silicea: Overall ill effects of vaccinations; headaches, spastic muscles & epilepsy; coolness; perspires easily; no stamina.

Thuja occidentalis: Overall ill effects of vaccinations; skin reactions, blotches; neuralgia; tearing pain in muscles & joints. Should be administered before as well as following vaccination.

TOPICS

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PLEASE DELIVER TO:

**In this issue we
revisit the
historical evidence
for the efficacy of
prophylactic
homeopathy and
its potential for
use in modern
practices.**

HOMEOPATHIC MEDICINE AND NATURAL HEALTHCARE PRODUCTS AND SERVICES

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semp, Arsenicum alb and Bryonia alb as the main remedies to both treat infections and to prevent infection. While 10% of conventional patients died, homeopaths only lost 1% of their patients –again one can only guess at the lives that were saved by the use of homeoprophylaxis.

These are just a few examples of the many times homeopathy has been used preventatively throughout the years. It may not be pure homeopathy in the classical sense, but it is evident that the doctors who defined homeopathy practiced prophylaxis with great regularity and success, and it is certainly an effective tool to have available.

PREVENTATIVE HOMEOPATHIC SCHEDULES

Homeopathic dosing schedules tend to be fairly arbitrary, due to the limited long-term studies that have been done. Some believe higher potencies give longer lasting immunity (i.e. 24-36 months), while lower potencies only offer a few months of protection; others expect long-lasting protection from the lower potencies of 12c or 30c; still others claim that the protection will only last 3-4 weeks. Most believe that potency and dosing are most accurately guided by the patient's vitality. Below are a few of the more commonly used schedules.

Francisco Xavier Eizayaga MD recommends one dose of a single 200c nosode twice a day for three days; wait for one week, and then continuing with the next nosode.

Will Taylor MD advises matching the pace of the disease with the pace of the remedy. For example, prophylaxis for the highly virulent scarlatina for a person of average vitality might take a single dose of 12c, 30c or 200c twice daily following 4 succussions of the bottle for the duration of the epidemic. A less virulent flu strain might be prevented by a weekly dosing (rather than daily dosing) of the same potency until the epidemic passes.

Dr Dorothy Shepherd found that administration of a nosode (specifically the whooping cough bacillus) daily for two weeks seemed to be adequate to offer protection after exposure, but only for 3-4 weeks and should be repeated at the outbreak of the next epidemic.

Sandra Perko, PhD, CCN, author of "The Homeopathic Treatment of Influenza," prevents the flu with her clients by recommending one dose of Influenzinum 30x a week for 4 weeks, skipping the 5th week and then taking one more dose on the 6th week, beginning about a month before the expected 'flu season.' She also advises one dose per month for the duration of the season.

To prevent the flu, Mirando Castro FSHom simply gives clients 2-3 doses of oscillococcinum 4-8 hours apart immediately after being exposed, or at the first signs of symptoms. It is useful preventatively and curatively.

As you can see, protocols vary widely but all seem to be adequately effective. Choose what works best for you.

PROPHYLACTIC APPROACHES

In homeopathy there is no immunization as such, but there are four commonly used approaches to building up the body's immunity against infection.

The first approach makes use of homeopathically prepared nosodes from the specific micro-organism responsible for the epidemic. For example, treatment with the smallpox nosode (Variolinum) after exposure may prevent infection upon exposure. This approach does not take into account individual constitutions, but according to Will Taylor MD, it may be an effective strategy early in an epidemic before the genus epidemicus has been identified.

The next two approaches make use of the concept that, what will cure a disease according to the homeopathic law of similars, will also prevent it when used before an illness occurs. **The second approach**, and probably the most commonly used one, involves selecting a 'central' remedy that most precisely matches the historically typical disease picture of the epidemic, which tends to recur without a change in expression. Camphora is commonly used for Asiatic cholera and Eupatorium perfoliatum for influenza because they rarely vary their symptoms when they occur. Since the same symptom picture is always manifested, the same remedy should always be appropriate. The danger with this approach is that disease manifestations do occasionally change, rendering your predictive ability null.

The third approach requires waiting until the doctors have treated enough cases of the current individual epidemic that the genus epidemicus can be identified – the specific remedy for the particular differentiating expression of this unique round of epidemic. This is the preferred approach, but generally has to be postponed until the disease has affected a larger portion of the population.

The fourth approach involves a combination of the first two approaches. Contemporary complex homeopathy combines nosode therapy with the most commonly used classical remedies into a single formula for the most common expressions of a condition or epidemic. Similar to the use of oscillococcinum, the combination remedy used to treat an illness may also be effective in preventing it.

These four approaches assume that there are no underlying miasmatic or constitutional predispositions, and no untreated chronic conditions. When these approaches fail to protect a client, it may be assumed that there are pre-existing condition(s) deranging their vitality. It has been suggested that the best prophylactic for those with pre-existing chronic conditions may be the simillimum for the chronic condition itself rather than the acute epidemic threat. Dr. Eizayaga suggests in his Treatise On Homoeopathic Medicine, that, "... the constitutional remedy is capable of protecting in a gentle, quick and lasting way."

Regardless of the approach you select, it is clearly a safer alternative with good historical evidence that, if the remedy is appropriately selected, your patients will be effectively protected against any pending epidemic threats.

WHY SHOULD WE BE INTERESTED IN HOMEOPROPHYLAXIS?

Vaccination is an issue that is not easily resolved, but it is increasingly apparent that there are dangers associated with it. Vaccines are an accepted, entrenched part of contemporary medical practice, but recently doctors and parents alike are beginning to ask important questions about the safety and efficacy of vaccination programs. The NVIC (the National Vaccination Information Center) compiled 54,072 reports of adverse events, including 471 deaths, for a period of 39 months following vaccinations from July 1990 to November 1993 (figures from the FDA VARRS – Vaccine Reaction Reporting System – more recent figures are understandably more difficult to come by). Documented adverse reactions include any or all of the following: paralysis, convulsions, nausea, high fever, chronic nervous system disorders, acute brain inflammation (encephalitis), diarrhea, learning disabilities, hyperactivity, permanent brain damage and even death. These are serious or life-threatening reactions, and need to be carefully considered before consenting to vaccinate your patient's children.

Sherri Tenpenny DO, a highly qualified and experienced physician, has devoted a good deal of her career to investigating the safety and efficacy of current allopathic vaccination practices. After researching numerous CDC documents and publicly available scientific literature, she is convinced that there are a number of myths guiding the vaccination program administered by physicians. An enlightening article by Dr. Tenpenny entitled "The Belief in Vaccines" may be found at www.vaccinationnews.com/DailyNews/December2002/BeliefVaccines12.htm. After reading it, you may be persuaded to think twice about the safety, necessity and even efficacy of medicine's current vaccination protocol, and recognize the value of looking into historically proven alternatives such as homeopathic prophylaxis. Some of the myths she explores include:

Myth – Vaccines are completely safe.

Safety studies are of a small population and done on healthy children. Once completed, however, vaccinations are given to all children, regardless of health. Monitoring for side effects only continues for 14 days – most complex problems can take weeks and even months to appear. Additionally, safety studies violate their own scientific method; new vaccines are not compared to placebos, but rather to another vaccine with a 'known safety profile.'

Myth – Vaccines are effective and long-lasting.

Dr. Tenpenny distinguishes between research efficacy (i.e. the ability to evoke an antibody response) and clinical efficacy (i.e. the ability to prevent infection). It is assumed that protection comes from the development of antibodies, but there are a significant number of references documenting the fact that antibodies do not necessarily protect us from infection, and numerous medical journals document epidemic outbreaks in populations around the world following vaccination projects. It was a clean, interesting theory, but the clinical facts just don't support it.

Myth – Vaccination is the reason infectious disease has decreased around the world.

A study of worldwide disease patterns shows that the incidence of polio was on the decline before the vaccination was ever instituted; Tom Mack, a doctor who was involved in many government initiated and sponsored smallpox vaccination campaigns, testified to

the Centers for Disease Control in June 2002 that, "even without mass vaccination, smallpox would have died out anyway, it just would have taken longer;" a verbatim transcript of the Hosting of the Advisory Committee on Immunization Practices ACIP June 19-20, 2002 claimed that, "better food, hygiene, better living quarters and practices would have led to the eradication anyway." Evidence is clearly suggesting that maybe vaccination isn't as effective as once believed.

REGARDING VACCINATION EXEMPTIONS

All states allow a medical exemption from immunization requirements, and many allow philosophical and/or religious exemptions. The laws change frequently, but a good place to check for your state's laws, affidavits and forms is online at www.vaclib.org/exemption.htm.

MEDICAL COMBINATION REMEDIES FOR PROPHYLACTIC USE

Defense Med: a synergistic complex blend of homeopathic ingredients and potencies to generically tone the immune system. A healthy immune system may be the best defense against any infection.

Bactex: includes 15 different bacterial nosodes and a host of non-nosodal ingredients designed to non-specifically boost the body's defenses against bacterial invaders.

Fungex: a synergistic combination of fungal nosodes, herbs and elements to non-specifically boost the body's defenses against fungal invaders.

Virex: a complex of 13 commonly-encountered virulent nosodes and numerous homeopathic herbs and minerals to non-specifically boost the body's defenses against viral invaders.

NOTE: These products are most effective if used one at a time. If necessary, two may be combined, but never combine all three or the effect will be energetic negation/interference.

MEDICAL SINGULAR NOSODES

Medical stocks hundreds of singular nosodes, available above a 15x potency. Call for pricing and availability.

No prophylactic protocol can guarantee 100% protection, and its always difficult to prove that any drug protected an individual or population against infection, but historically homeopathy has been used successfully during many epidemic outbreaks

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