

# Preventative Homeopathy

## – An Historical Perspective

*The use of homeopathic preparations to prevent disease is a controversial issue. In the strictest classical sense, homeopathy is the treatment of an existing condition with a remedy that creates the same set of symptoms in a healthy individual, not the prevention of disease. Homeopathic prophylaxis, therefore, does not officially fall under the ‘rubric’ of homeopathy for the classical homeopath, and is a departure from traditional homeopathic practices. Historically, however, the discoverers & pioneers of homeopathy used homeopathically prepared remedies to prevent disease with a high degree of success. Of course, it is difficult to determine how many cases of disease were actually avoided, but forward thinking physicians today are learning from those successes as they seriously consider alternatives to the increasingly toxic vaccines available for infants, children and adolescents.*

No vaccination protocol, conventional or complementary, can guarantee immunity. Information in this article is not intended to diagnose or treat any medical condition, nor is it intended to replace qualified medical advice and treatment. This report is for informational purposes only.

Homeopathic prophylaxis (or homeoprophylaxis) had its beginnings with the father of homeopathy, Dr. Samuel Hahnemann (1755 – 1842). During a 1799 scarlet fever outbreak in Germany, Dr. Hahnemann observed that three children in a family contracted the disease, but the fourth remained unaffected. The fourth had been treated with homeopathic Belladonna for an unrelated joint problem. Dr. Hahnemann reasoned that perhaps the dose of Belladonna had protected the child from scarlet fever as well as treated the joint affliction. Soon afterward, he was able to test his theory when, in another of his patient’s families, three children in a family of eight contracted scarlet fever. Hahnemann administered homeopathic Belladonna to the remaining un-afflicted five, and all five remained symptom free. Hahnemann continued using Belladonna during this epidemic, and soon conventional physicians took note and began using the same protocol. Of 10 allopathic physicians who were reporting their results with Belladonna, 1,646 children were prophylactically treated and then exposed to scarlet fever, but only 123 children (7.4%) developed symptoms (during the same time, disease from exposure ran as high as 90%).<sup>7</sup> Hahnemann subsequently detailed his success and prophylactic recommendations in an 1801 booklet called *Cure and Prevention of Scarlet Fever*. He wrote:

“I resolved in this case of scarlet fever just in the act of breaking out, not to act as usual in reference to individual symptoms, but if possible (in accordance with my new synthetical

principle) to obtain a remedy whose peculiar mode of action was calculated to produce in the healthy body most of the morbid symptoms which I observed combined in this disease. My memory and my written collection of the peculiar effects of some medicines furnished me with no remedy so capable of producing a counterpart of the symptoms here present as Belladonna.”<sup>2</sup>

Hahnemann began to recognize the unique nature of the symptomatology of each epidemic outbreak and introduced the idea that other remedies may be required for the same disease, but occurring at alternate locations or times – the same remedy may not always be appropriate for the same disease. For example, Aconite proved to be the correct prophylactic remedy for a latter epidemic of Scarlatina in Germany. He elaborated on the factors differentiating the Scarlet Fever outbreaks in an 1808 publication, *Observations on the Scarlet Fever*. Thus was born his ‘Genus Epidemicus’ concept regarding epidemics and the totality of symptoms, as addressed in §101 - §102 of the *Organon of Medicine*. The genus epidemicus is a remedy found to be curative for the majority of individuals afflicted with symptoms of an epidemic condition. Predating Pasteur’s 1865 description of infectious particles, Hahnemann described epidemic disease as deriving from a single similar disease or source. Through close observation of multiple cases during an epidemic, the genus epidemicus remedy could be identified that would be

curative for the majority of the afflicted, although he was also clear that the first cases observed would not necessarily be indicative of the entire picture. He quickly extended this principle to include prevention and made active use of it in his practice. Dr. Hahnemann was in fact supportive of Jenner's work, suggesting that animal miasms might have a preventative therapeutic effect.

In a publication entitled, *Cause and Prevention of the Asiatic Cholera*, Samuel Hahnemann recommended the use of Camphor, Cuprum Metallicum and Veratrum album (along with suggestions for sanitation and hygiene) to cure as well as prevent cholera during the 1831 cholera epidemic.

Constantine Hering MD (1800-1880), dubbed the 'Father of American Homeopathy,' authored numerous homeopathic texts and established the first homeopathic medical school in the United States in 1835. He pioneered the use of nosodes (homeopathic remedies made from diseased or disease-causing material) both to treat and prevent disease – notably the use of Variolinum for small pox.

Todd Hoover MD points out in an article entitled, *Homeopathic Prophylaxis: Fact or Fiction*, that:

"Hufeland, the great Protomedicus of Prussia at the time, reviewed all the results of the prophylactic use of Belladonna for scarlet fever [Hufeland, "*Prophylactic Power of Belladonna in Scarlet Fever*," Hufeland's Journal, 1926]. His subsequent declaration of its efficacy would be akin to the Surgeon General of the United States recommending the use of homeopathy in the treatment of AIDS today. Hufeland's support of Belladonna as a prophylactic carried so much weight that the Prussian government made use during scarlet fever epidemics obligatory in 1838."<sup>9</sup>

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) was the first to recognize the dangers of orthodox immunizations. He pursued the practice 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, as recommended by Hahnemann (see above). While contemporary medicine was experiencing a 54-90% mortality rate, Baron 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, but these numbers are not easily dismissed. He had similar results with the treatment and prevention of small pox:

"The decidedly favorable results caused me not only to use the same remedy [Thuja] with all the following small pox patients, but to also use the same remedy in several houses where small pox had broken out, as a prophylactic, and lo also here the result was favorable, and no case came to my knowledge where, after using Thuja, any other member of the family had been infected."<sup>11</sup>

Later preventative experience with Hering's nosode made from Variolinum (small pox) prompted this endorsement from von Boeninghausen:

"Variolinum 200<sup>th</sup> is far superior to crude vaccination and absolutely safe."

The eminent American homeopath Carol Dunham MD (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 James Taylor Kent (1849-1916) used homeopathy prophylactically, and recommended in his *Lectures on Homoeopathic Materia Medica* that the Tuberculin nosode might be able to prevent Tuberculosis from infecting those predisposed:

"If Tuberculinum bovinum be given in 10m, 50m and CM potencies, two doses of each as long intervals, all children and young people who have inherited tuberculosis may be immuned from their inheritance and their resiliency will be restored. . . We must look to Homeopathy for our protection as well as our cure"<sup>18</sup>

In regard to the remedy selection, Kent introduced a degree of flexibility in selecting the appropriate preventative remedy:

"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."

In a 1907 article entitled, "The Facts About Variolinum,"<sup>6</sup> Charles Woodhull Eaton MD reports that 2,806 patients were given Variolinum preventatively. Of the 547 that were subsequently exposed to small pox, only 14 contracted the disease. He is quoted as saying,

" . . . experience shows that smallpox occurs after scarification with much greater frequency than it occurs after the use of Variolinum."

Vaccination by Variolinum is referenced in Herring's *Guiding Symptoms*, in Clarke's *Dictionary of Materia Medica*, and in Boericke's *Pocket Manual of Materia Medica*. In his plea to accept this as standard homeopathic practice, he exhorts his peers:

"We must not do homeopathy the injustice of giving this, one of its most successful and useful outgrowths, a partial and equivocal recognition, just because it happens to be strange to us. This splendid piece of practice is not new, it has its roots in the past, though we may not have known it. And we must not injure the cause by refusing to recognize its value, just because we happen not to have been conversant with it."

Austrian born William Boericke MD (1849–1929, author of *Homeopathic Materia Medica with Repertory*) advocated the use of Variolinum preventatively. He preferred to observe the symptoms of an outbreak and then select the most correct remedy to match the symptoms, but while waiting for the genus epidemicus to become apparent, he stated that Variolinum, "seems to be efficacious in protecting against, modifying and aiding in the cure of smallpox."<sup>8</sup> In his *Pocket Manuel of Homoeopathic Materia Medica*, he recommends Baptisia prophylactically for typhoid (and the typhoid miasm created by orthodox immunization).

The catastrophic influenza pandemic of 1918 is believed to have infected nearly 20% of the world's population, and killed between 20 and 40 million people. During this outbreak, homeopathic and even non-homeopathic physicians were using Gelsemium

sempervirens, Arsenicum album and Bryonia alb as the main remedies to both treat infections and to prevent infection. While up to 10% of conventionally treated patients died, homeopaths lost less than 1% of their patients<sup>13</sup> – again one can only guess at the lives that were saved by the use of homeoprophylaxis.

In Paris in 1932, Dr. P. Chavanon<sup>16</sup> demonstrated a Schick reaction following the use of the nosode Diphtherotoxinum 4m and 8m, demonstrating after one to two months that there were circulating antitoxins. These results were subsequently repeated by Patterson and Boyd in 1941 with 20 out of 33 developing a negative and again in 1946 by Roux<sup>17</sup> with similar results. Results indicate that the antitoxins seemed to last up to 5 years with a single nosode dose.

With regard to Psorinum, the experienced and well respected homeopath C.M. Boger (who prepared Boger's Boenninghausen, Boger's Synoptic Key and General Analysis) is reportedly quoted as saying:

"It [psorinum] is useful in suppressed itch, in fact, all nosodes seem to be most successful in types of disease similar to the ones from which they have been derived or in helping to clear up and bring about reaction in imperfectly cured cases of the same disease; thus Tuberculin does its best work in incipient consumption, pneumonia and other respiratory affectations which do not react properly. They are also used as prophylactics, including a more certain immunity than can otherwise be obtained."

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*Pandemic – a condition or disease affecting an entire country or world.*

*Epidemic – a condition or disease affecting a localized place and time.*

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More recently, in 1974, there was a severe outbreak of meningitis in Brazil. 18,640 patients were treated with homeopathic Meningococcinum prophylactically, while 6,430 received no such treatment. The treated group reported only 4 cases of meningitis, whereas the no-treatment group reported 32 cases.<sup>15</sup> This is an impressive and statistically significant result that is difficult to dismiss.

With regard to polio, in 1850 Taylor Smith in Johannesburg, South Africa used the nosode Lathyrus to protect 82 people against polio – no cases were

reported; Arthur Hill Grimmer MD reported that over 5,000 children received homeopathic *Lathyrus sativa* to prevent polio with 100% efficacy and no one experienced any side effects to his knowledge;<sup>14</sup> Heisfelder, in a study between 1956-58, homeopathically ‘vaccinated’ over 6,000 children with *Lathyrus*, none of which contracted polio; In 1975, *Lathyrus* was given to 30,000 – 40,000 (the number varies depending on the researcher reporting) individuals during a Buenos Aires polio epidemic, and not one of these patients reported contracting polio.<sup>21</sup>

In recognizing the prophylactic use of homeopathy and the continuing evolution of medicine, homeopathic chair at the National College of Naturopathic Medicine Will Taylor MD said:

“Homoeoprophylaxis involves the use of individual remedies selected in an individualized and non-routine manner to reduce or eliminate the morbidity of epidemic and sporadic contagious acute disease in the short term... and is well rooted in classical homeopathic practice... Homeopathic vaccination is a relatively contemporary innovation, borrowing on the notoriety of allopathic vaccination, involving the use of routine combinations and series of disease nosodes in an effort to confer long-term resistance to a variety of diseases”<sup>1</sup>

These are just a few examples of the many times homeopathy has been used preventatively throughout the last 200+ years. Homeoprophylaxis remains a controversial issue. It is likely that there is some value in going through an acute disease that somehow enhances the immune system and the overall health of the patient. There are others who do not advocate the use of prophylactic homeopathy in any case, regardless of the history or evidence. It may not be pure homeopathy, and no protocol can guarantee immunity, but it is evident that the doctors and practitioners who defined homeopathy practiced prophylaxis with great regularity and success.

### Common Prophylactic Approaches

Constitutional remedies, with considerations toward individualized characteristics, form the strongest line of defense against any disease, epidemic or not (Organon §82-104). This serves to strengthen the vital force, tone the immune system and eradicate weaknesses and predispositions inherent in the individual’s constitution. Aside from the classic constitutional reasoning, there are four approaches to

homeopathic prophylaxis that are commonly employed; 1) the use of nosodes (also called ‘idem nosode’); 2) the use of an historically central remedy; 3) identifying and using the ‘Genus Epidemicus,’ and 4) the use of combination formulas, which combines the previous approaches into a single remedy.

*The first approach* makes use of homeopathically prepared disease nosodes from diseased tissue or the micro-organism responsible for the epidemic. The *HPCUS (Homeopathic Pharmacopoeia Convention of the United States)* defines nosodes as, “Homeopathic attenuations of pathological organs or tissues; causative agents such as bacteria, fungi, ova, parasites, virus particles, and yeast; disease products; excretions or secretions.” In other words, a nosode is an homeopathic remedy made from diseased or disease-causing material. For example, according to homeopathic theory, treatment with the smallpox nosode (*Variolinum*) should prevent contracting the disease small pox upon exposure. Another highly popular homeopathic used today is the ‘*Anas barbarea hepatis et cardus*’ (i.e. duck liver and duck heart – which is the host tissue for influenza; technically a sarcode [glandular], but it is a known reservoir for the virus) for the treatment and prevention of the common flu. This approach does not take into account individual constitutions, but according to Will Taylor, it may be an effective strategy early in an epidemic before the genus epidemicus has been identified.

Nosodes listed in the *HPUS (Homeopathic Pharmacopoeia of the United States)* include *Anthracinum*, *BCG*, *Candida albicans*, *Candida parapsilosis*, *Colibacillinum*, *Hippozaeninum*, *Influenzinum*, *Lyssin*, *Medorrhinum*, *Morbillinum*, *Pertussinum*, *Proteus*, *Psorinum*, *Pyrogenium*, *Sinusitisinum*, *Staphylococcinum*, *Streptococcinum*, *Syphylinum*, *Tuberculinum*, *Tuberculinum Bovinum* and *Vaccinotoxinum* (Jay P. Borneman points out that *Variolinum* [small pox] is notably absent from the *HPUS* because there remains some question as to what the original source material actually was that was proved).

Dr. Constantine Hering was the first to suggest using nosodes in 1830. Homeopathic notables Allen, Clarke and Kent made further mention and use of a number of nosodes for prophylaxis. Dr. Dorothy Shepherd initiated the concept of the universal use of homeopathic prophylaxis for the general population, advocated the use of nosodes:

“Nosodes of disease products of the actual disease are often the most active preventative.”<sup>10</sup>

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 before the epidemic can be observed and sufficiently individualized, 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. The numbers involved in an epidemic simply prevent treating each and every patient in harm’s way as an individual. Camphora is commonly used for Asiatic cholera and Eupatorium perfoliatum for influenza because they rarely vary their symptoms when they occur. The danger with this approach is that the disease picture changes over time and geography, thus observation is a critical factor during any epidemic occurrence.

**The third approach** requires waiting until enough cases have been treated that the genus epidemicus can be identified – the specific remedy for the particular differentiating expression of this unique round of the epidemic. This is the preferred approach, but generally has to be postponed until the disease has affected a larger portion of the population. It has been proposed that epidemics tend to evolve over time with exposure to individual constitutions, geography, RNA/DNA degradation, and this may be the reason that different remedies are effective for the same epidemics.

**The fourth approach** involves a combination of the first two approaches. Contemporary complex homeopathy combines nosode therapy and the most commonly used classical remedies into a single formula for the most common expressions of a disease or epidemic.

These four approaches assume that there are no undiagnosed or 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 conditions 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 selected, efficacy is always enhanced by adequate nutrition, good sanitation and hygiene, avoidance of toxins and stress, and appropriate rest. Homeoprophylaxis is clearly a safer alternative with good historical evidence that, if the remedy is appropriately selected, your patient’s chance of avoiding an epidemic or pandemic threat will be dramatically increased.

### **Why Should We Be Interested in Preventative Homeopathy?**

The debate over contemporary vaccination protocol is an issue that will not easily be resolved, but as research progresses, it is increasingly apparent that there may be dangers that need to be addressed.

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*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.*

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Vaccines are an accepted, entrenched part of western medical practices, but doctors and parents alike are beginning to ask important questions about the safety and efficacy of the standard 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).

Vaccination reactions usually take place within 7 days of vaccination, and adverse reactions can 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, even life-threatening reactions. Doctors are required by law to disclose to parents the numerous possible side effects

associated with vaccination before they consent to vaccinating children. Complicating matters is the growing body of evidence that reactions may be delayed, resulting in mild to severe disability later in life.

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*“Can you inject a foreign substance of any kind into a little baby and believe that in anyway it will improve its health?” - Wm. Howard Hay MD, June 25, 1937, The Congressional Record.*

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Not immunizing according to conventional medical recommendations is not without potential risk as well. If the children and family remains disease free, the parents are vindicated. If however the children contract illness, potential problems may include individual and family disease, grief and guilt from an apparently poor choice, and even legal issues that may be raised by the state on behalf of the children. These and other potentially volatile issues place the doctor, well-meaning friends and parents in a difficult position with numerous legal, emotional, and ethical issues for everyone involved.

The currently enforced vaccination schedule exposes infants to 51 different organisms by the time they are six months of age, and 77 by the time they start school. Normal ingredients in these vaccines include aluminum hydroxide, aluminum sulfate, formaldehyde, formalin, MSG, phenoxyethanol (antifreeze), polysorbate 20 & 80, sucrose, thimerosal, antibiotics (amphotericin B, Neomycin, Polymyxin B), animal tissue (horse, pig, rabbit, dog, duck, calf, egg, washed sheep RBCs, bovine sera, human diploid cells, monkey (vero cells), chicken (avian sera)). If this list of normal ingredients wasn't daunting enough, possible contaminants that are regularly found in vaccines include human diploid cells contaminated with viruses that have a 100 times greater propensity to degenerate to neoplastic states; bovine sera nearly 100% contaminated with viruses (such as bovine diarrhea virus, bovine leukemia virus, bovine immunosuppressive virus, bovine herpesvirus-1 and herpesvirus-8, bovine polyoma virus, and mycoplasma (Dr. Charles Engel stated that the probable cause of chronic fatigue syndrome and fibromyalgia is the mycoplasma); vero cells, a continuous cell line from the African green monkey, are known to contain the SV-40 viruses (which are linked to non-Hodgkin's lymphoma tumors); avian sources have been known to contain contaminants such as the avian leukemia virus

(which may be related to breast cancer). These are too many unknowns to be injecting directly into the bloodstream of the next generation.

Sherri Tenpenny DO, a dedicated and experienced osteopathic 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”<sup>3</sup> may be found on the internet. After reviewing the article, you may be persuaded to think twice about the safety, necessity and even efficacy of medicine's current vaccination protocol. It is time to recognize the value of 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, results are 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.

*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. Dr. Tom Mack, who was involved in many small pox vaccination campaigns, testified to the CDC in June 2002 that, “even without mass vaccination, small pox 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.”<sup>5</sup> Evidence is clearly suggesting that vaccination may not be as effective as hoped.

The US is spending 7 – 10 billion dollars per year on vaccine procedures that have questionable safety and efficacy. To be certain, allopathic vaccination protocols have made a difference in world and they do work, just not as well as claimed. They often leave a trail of compromised hosts and iatrogenic conditions that subsequently need to be treated separately. The medical industry should be held accountable for a practice in serious need of review. Dr. Tenpenny sums up her research as follows:

“Conclusions: vaccines have not been proven to be safe; vaccines may produce antibodies that have not been proven to be clinically effective for disease prevention; vaccines don’t prevent outbreaks, natural herd immunity and mass vaccination do not accomplish the same thing; vaccines don’t improve quality of life, they contribute to long term health problems including death; the greatest risk of the Hep B is the risk from the vaccine; the most serious concern surrounding vaccines is the vaccine viral contaminants.”<sup>20</sup>

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“ *Never doubt that a small group of thoughtful, committed citizens can change the world; indeed it is the only thing that ever has.*” -Margaret Mead.

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### **Veterinarian Homeopathic Prophylaxis**

Humans aren’t the only living things required to endure vaccinations. Animals are also subjected to repetitive, state-mandated vaccination protocols. According to Donna Starita Mehan, DVM:<sup>19</sup>

“... routine vaccination is not always effective, and frequently has adverse side effects because it stimulates the immune system in a very unnatural way that can overwhelm and confuse the immune system.”

Referring to pet vaccinations, she proposes that, through repeated vaccination procedures, the animal’s immune system is taught to overreact to substances

that are normally encountered in the environment, and may even begin reacting to itself and precipitate an autoimmune condition. The system may then begin responding more slowly to pathogenic threats, such as bacteria, viruses, etc., resulting in increased susceptibility and more frequent infections.

Dr. Starita Mehan suggests that a homeopathic nosode will function as well as or better than traditional vaccinations:

“... nosodes sensitize the body to a particular virus, so the immune system can react quickly and effectively to natural exposure. Nosodes are at least as effective as vaccines, and in some cases have been shown to be significantly more effective than vaccines in preventing infection. The biggest advantage is that they are completely safe, there are no risks or side-effects whatever. They can be safely given to puppies and kittens much earlier than vaccines can, and in fact even to the mother before she gives birth, protecting the newborns from the moment they are born.”<sup>19</sup>

In veterinary medicine, a well-known study was conducted in England by Dr. Christopher Day involving ‘kennel cough.’ When he was consulted, there were 35 out of 40 dogs in a boarding kennel with kennel cough, about half of which had been vaccinated. He administered a nosode to all of the animals there, and all the dogs that were boarded the rest of the summer. He succeeded in reducing the incidence from over 90% to less than 2%.

According to the late Dr. George MacLeod in his book, *Dogs: Homeopathic Remedies*, he relates that:

“[homeopathic nosodes] give a more solid immunity inasmuch as it incorporates the entire defense system, which is mobilized as soon as the vaccine is taken into the mouth and builds up protection with each further dose. This build-up leads from tonsillar tissue through the lymphatics incorporating the entire reticuloendothelias system. This procedure is equivalent to what is known as ‘street infection’ viz., ingestion of virus, etc. during daily contact with other animals, when immunity would be built up in the same way . . . another advantage in protection by homeopathic means is that vaccination can be started very early in the pup’s life, within the first week if necessary. This does not interfere with the presence of any maternal antibodies.”

As with human vaccinations, many questions remain unresolved. The evidence is growing, and many

veterinarians are now opting for the safer route of homeopathic vaccination over the traditional, orthodox vaccination protocols.

### **Detractors**

To be fair, it needs to be said that not all homeopaths and researchers agree with the efficacy claims of homeoprophylaxis. Some homeopaths believe that a case may be complicated, or even rendered incurable, by repeated treatment with incorrectly chosen remedies not in accordance with accepted classical homeopathic principles. In a well-constructed study in 1999, Wayne Jonas tested a tularemia nosode against a placebo and against allopathic vaccination in 142 mice that were subsequently infected with tularemia. The results demonstrated 100% of those vaccinated allopathically were protected from death from tularemia, whereas the nosode protocol only produced a 22% protection when compared to the placebo. Still a significant result, but demonstrably less effective than the allopathic vaccination approach in this study.

### **Regarding Vaccination Exemptions**

All states allow a medical exemption from immunization requirements, and currently 16 states allow philosophical and/or religious exemptions (additional information may be found on the internet at [www.mercola.com](http://www.mercola.com)). The laws change frequently, but a good place to check for your specific state's laws, affidavits and forms is online at [www.vaclib.org/exemption.htm](http://www.vaclib.org/exemption.htm).

### **Homeopathic Posology and Vaccination Schedules**

Homeopathic dosing schedules tend to be fairly arbitrary, due to the limited long-term studies that have been done. The homeopathic principle of minimal dosage and minimal intervention must be observed, as should considerations for the individual constitution and miasmatic predisposition, lest we create in the patient a 'remedy miasm' similar to the disease we are seeking to avoid. Some believe higher potencies give longer lasting immunity (i.e. 24-36 months), while lower potencies only offer a few months of protection; some limit their prophylactic dosing to c or LM potencies; others expect long-lasting protection from the lower potencies of 12c or 30c. Most believe that potency and dosing are most accurately guided by the patient's vitality. Hahnemann's Sensitivity Scale §281 can assist in

determining the correct dosage. Below are a few of the more commonly used schedules.

Many advocate the use of a single dose as a test. If symptoms appear with the single dose, this indicates that the individual is sensitive to the remedy and it should be left to act alone. Single dose provers are usually those who are most susceptible to the disease in question, and this susceptibility is reduced with the prophylactic remedy. If the patient shows no symptoms, the dose should be continued in split-doses until symptoms begin to surface – this is a preventative proving and indicates that the dosing may be stopped. If, after a reasonable amount of time, no symptoms show, the patient is likely already immune to the disease in question and the dosing may be stopped.

Francisco Xavier Eizayaga MD, formerly president of the Argentine Medical Homoeopathic Association and author of *Treatise On Homoeopathic Medicine*, 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.

Todd A. Hoover MD advocates the prophylactic use of homeopathic remedies at a low potency repeated in one to two-week intervals. He also points out that some homeopaths recommend 28 doses of 200c to 1M given over the first 5 years of life.<sup>12</sup>

As a general rule of thumb, commonly advocated dosing for children, the weak, elderly and those with debilitating diseases is a single dose of 30c, whereas a single dose of 200c would be appropriate for healthy adults. For emergency care and protection, a single dose of 1M would be better still.

A safe, commonly used combination approach recommends one dose three times per day for three consecutive days, repeated once every six months for adults.

With so many variables, it is almost impossible to agree on a single schedule for all individuals, diseases and situations.

## Conditions and the Remedies Historically Used for Prevention

**Diphtheria:** Apis mellifica, Diptherinum, Kali muriaticum, Mercurius vivus, Mercurius Cyanatus, Phosphorus, Pyrogenium.

**Pertussis:** Carbo vegetabilis, Cuprum Metallicum, Drosera rotundifolia, Pertussis, Vaccinium.

**Tetanus:** Arnica montana, Clostridium botulinum, Hypericum perforatum, Ledum palustre, Physostigma, Tetanus, Thuja occidentalis.

**Polio:** Belladonna, Cocculus indicus, Curare, Gelsemium sempervirens, Lathyrus sativus, Polio.

**Small Pox:** Antimon. et Potass. Tart, Colchicum autumnale, Hydrastis canadensis, Kali cyanatum, Malandrinum, Sarracenia purpurea, Sinapis nigra, Thuja occidentalis, Vaccinium, Variolinum.

**Measles:** Aconitum napellus, Arsenicum album, Ferrum Phosphoricum, Pulsatilla nuttaliana.

**Mumps:** Parotid, Trifolium pratense.

**Rubella:** Pulsatilla nigricans, Rubella.

**Cholera:** Arsenicum album, Camphora officinarum, Cholera, Cuprum Metallicum, Cuprum Aceticum, Opium, Sulphur, Veratrum album.

**Yellow Fever:** Arsenicum album, Carbo vegetabilis, Crotalus horridus, Eucalyptus globulus.

**Plague/Typhus:** Baptisia tinctoria, Hyoscyamus niger, Ignatia amara, Ruta graveolens.

**Malaria:** Arsenicum iodatum, Causticum, Cedron, Chininum sulphuricum, Culex moscae, Eupatorium purpureum, Gelsemium sempervirens, Malaria, Natrum muriaticum, Nux vomica, Rhus toxicodendron, Sulphur.

**Typhoid Fever:** Aethusa cynapium, Aloe socotrina, Typhoid.

**Tuberculosis:** Drosera rotundifolia, Sulphur, Tuberculosis.

**Rabies:** Belladonna, Camphora officinarum, Cantharis, Hyoscyamus niger, Hydrophobinum, Scutellaria lateriflora, Stramonium.

**Scarlet Fever:** Ailanthus, Aconitum napellus, Apis mellifica, Baryta carbonica, Belladonna, Camphora officinarum, Eucalyptus globulus, Phytolacca decandra, Scarlatina, Sulphur.

**Influenza:** Aconitum napellus, Arsenicum album, Bryonia alba, Carbo vegetabilis, Eucalyptus globulus, Eupatorium purpureum, Gelsemium sempervirens, Influenza, Lachesis, Phosphorus, Rhus toxicodendron, Sepia, Sulphur.

**Chicken Pox:** Varicella.

**Meningococcus:** Argentum Metallicum, Belladonna, China officinalis, Meningococcus.

**Gonorrhea:** Argentum nitricum, Mercurius vivus.

**Colds:** Dulcamara, Echinacea angustifolia.

The above list was courtesy of Todd Hoover MD.<sup>22</sup> Mediral stocks hundreds of nosodes and classical singular remedies for prevention and treatment. Please call for pricing and availability.

## Classical Remedies Used for Common Vaccine Reactions

If a vaccination has already taken place, or the decision is made to vaccinate, there are still homeopathic measures that may be taken to lessen or prevent common reactions and damage done by many of the vaccines. Common acute reactions associated with vaccination include: inflammations, reactions to punctures, swelling, edema, hives, restlessness, sensitivity, nausea, vomiting, headaches, nervous changes, fear and anxiety. Frank King Jr., president of BioKing Homeopathic Pharmaceuticals, was quoted in the June/July 1999 issue of *Healthy & Natural* as saying:

“Homeopathy has provided the only win-win answer to this dilemma for patient, parent and doctor. A homeopathic formula can be safely and easily used both to prevent and to effectively correct the common side effects of immunizations.”<sup>4</sup>

Some of the more commonly used remedies to counter the adverse side-effects of vaccination include:

**Aconitum napellus:** Sudden pain, first choice for inflammation & high fever; fear, anxiety & physical or mental restlessness; doesn't want to be touched.

**Antimonium tartaricum:** Chickenpox – like skin eruptions; cough generally present.

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

**Belladonna:** Indicated by high fever.

**Calcarea Carbonica:** If symptoms mimic the vaccine disease.

**Chamomilla:** Peevish, temperamental; hyperactive & restless; colic; extremely sensitive to pain; vomiting; especially useful with restless, whining children who can only be quieted by carrying or comforting.

**Hypericum perforatum:** Puncture wounds; excessive painfulness.

**Ledum palustre:** First choice for puncture wounds; chilly, lack of body heat; may 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 and overall malaise, spastic muscles & epilepsy; enlarged glands; feeling of coolness; perspires easily; no stamina.

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

## Footnotes

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