Australian Homœopathic Association Inc.

A Statement On Homœoprophylaxis (HP)

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"I reasoned thus: a remedy that is capable of quickly checking a disease in its onset, must be its best preventative".

- Samuel Hahnemann 'Cure and Prevention of Scarlet Fever' 1801

Introduction

There has been considerable publicity (and confusion) in recent times regarding the practice of Homœopathic Prophylaxis (HP), which has come in for much criticism from the medical establishment and journalists. The term '*homoeopathic vaccination'* is a misnomer. '*Vaccination'*, a well understood medical term, relies on antibody formation. Homoeopathic medicines do not rely on antibody formation. When a homoeopathic medicine is given to help protect the patient against infectious diseases, the correct description is "Homoeoprophylaxis" or "HP".

In essence, HP refers to the use of certain nosodes or polycrests as a preventative against epidemic disease. This can be done either by a single, immediate prescription just after exposure (or on the outbreak of an epidemic), or by an on-going program of repeated prescriptions of a range of nosodes and polycrests known to be efficacious against common epidemic diseases.

Homœopaths, themselves are divided on this issue. The Faculty of Homœopathy in London, which trains medical graduates in Homœopathy, advocates the use of standard vaccination techniques, on the grounds that research data showing the persistence of satisfactory antibody levels with the use of HP does not exist. However, many other Homœopaths, both now and historically, advocate the use of HP and would argue that homœopathic medicines are not intended to elicit an antibody reaction as they work on the dynamic plane.

This position paper (which is based on the original document produced by the *Australian Federation of* Homoeopaths AFH, and previously published in *Similia* [vol 7, no 3]) is endorsed by the National Council of the *Australian Homœopathic Association Inc* (AHA), and is issued to assist practitioners in giving 'best practice' advice to their patients.

Background

The topic of prevention of infectious disease is one of the most contentious in medicine as there is no perfect solution to the problem, and government initiatives to address this problem understandably encompass mass vaccination programmes, as they are understood to confer what is known as "herd immunity".

Those Homœopaths who endorse a conservative approach advise the encouragement of contracting infectious diseases which can then be treated homœopathically. It is thought that this strengthens general health and wellbeing as a result of immune challenges which help to encourage optimum growth of the immune system. This is arguably, the stance most in keeping with holistic principles and homœopathic philosophy. Parents who are happy with this approach should therefore be allowed to pursue it. However, it is not always the most realistic option, nor is it always the most practical solution for the following reasons:

- it assumes that parents can avail themselves of the services of an experienced and competent Homœopath who can provide correct treatment for the child if the child contracts a dangerous infectious disease. In practice, this is not always the case, especially for those parents who live outside a capital city;

- while a healthy child will rarely be adversely affected by most infectious diseases (such as measles, mumps and rubella), other diseases such as pertussis, tetanus, polio and meningococcal commonly have more serious consequences in susceptible children. Such diseases are worth preventing;

- many parents in our society have been conditioned in the belief that they must seek some form of specific protection against infectious diseases. And while we, as homœopathic physicians, should advocate the use of general constitutional treatment and encourage breastfeeding for as long as possible in order to strengthen the overall vitality of the child, not all parents are content with doing just this.

Therefore, if we fail to satisfy the reasonable needs of our patients, they are more likely to seek vaccination from an allopathic practitioner. From a homœopathic perspective, this is a less than desirable option, for, as stated by Dr P S Ortega in his *Notes on Miasms*, "unnatural vaccinations which are so extremely contrary to the proper stability of the human race, make the sycotic condition deeper by suppressing or preventing the miasm from taking acute form."

Vaccination: the pharmaceutical option

Since much has been written concerning the potentially adverse effects of vaccination, no attempt will be made here to give an up-to-date literature review. And while, the assumption is made that practitioners are well aware of the range of adverse effects, it is the potential to elicit deep miasmatic disturbances which can then transfer across generations, that most concerns Homœopaths.

It is significant, however, that even some allopathically-oriented practitioners in the UK and other countries who write against the use of HP, also write against the use of orthodox vaccines, none of which have ever been rigorously subjected to the scientific community's own standard of the double-blind-placebo-controlled trial.

Historically, vaccines contain fixatives (formaldehyde), heavy metals (aluminium phosphate and aluminium hydroxide), preservatives such as thiomersalate (a mercury-derived compound) and foreign proteins (antigens). They may also contain animal or human bacteria and viruses which are present in the tissues used as growth mediums on which to culture the viral and bacterial components of the vaccines. For example, SV40, a simian retrovirus, is found in polio vaccines and has been linked by the FDA and other organizations to cancers such as mesothelioma and meduloblastoma. And, as our HibTITer and MMR vaccines have been grown on bovine brains from overseas, there is, according to the current understanding regarding the aetiology of this condition, a real possibility of conferring variant CJD upon the recipients.

As it is thought that it is these adjuvants to which some are sensitive, it is common homœopathic practice to begin treatment of any individual deemed to have suffered ill-health as a consequence of an adverse vaccine reaction, with a potentised medicine made from the particular vaccine. Strictly speaking, then, this is isopathic treatment rather than

homœopathic, but is a routine among Homœopaths all over the world, and is a common method of approach in any situation where an individual has suffered an adverse drug reaction from any medication.

In attempting to assess the enormous potential for damage from vaccines, the following facts need consideration:

- In 1986 the US Congress passed the National Childhood Vaccine Injury Act, followed in 1987 by the Vaccine Compensation Amendments. And, although since 1988 a cap has been placed on levels of payable compensation, millions of dollars has been paid out in compensation to those whose can prove obvious and immediate reactions to vaccines.

- In 1999 the FDA issued a statement that infants who received vaccinations were exposed to excessive levels of mercury, so recommended that drug manufacturers remove thiomersal from all vaccines. The Homeland Security Bill passed in the Senate late in 2002 and signed by President Bush, included a provision to protect manufacturers of thiomersal from liability in vaccine-related lawsuits. The outcry was such that the Congress rescinded this in February 2003.

- Following the National Childhood Vaccine Injury Act the Institute of Medicine was asked to review the scientific and other literature concerning possible adverse consequences of the pertussis and rubella vaccines. The review was conducted by a panel of eminent scientists. Even though members of the panel were all pro-vaccination they found that vaccines were definitely linked with at least the following conditions: acute encephalopathy; shock and 'unusual shock-like states'; acute and chronic arthritis; anaphylaxis and protracted crying.

- According to the National Health and Medical Research Council (NH&MRC) Australian Immunisation Handbook (7th edition) the following reactions MUST be reported if they occur following vaccination:
  abscess; acute flaccid paralysis; allergic reaction; anaphylactoid reaction or anaphylaxis; arthralgia or arthritis; brachial neuritis; death; disseminated BCG; encephalopathy or encephalitis; fever over 40.5; Guillain-Barre Syndrome; hypotensive-hyporesponsive episode; severe local reaction; lymphadenitis; meningitis; orchitis; osteitis; osteomyelitis; parotitis; severe or unusual rash; persistent screaming; seizure; sepsis; subacute sclerosing panencephalitis; thrombocytopenia; toxic-shock syndrome; vaccine associated paralysis; poliomyelitis and any other severe or unusual event.

- Although the Australian government does not pay any compensation to victims of vaccine damage, in 1992 the High Court issued an injunction that places a legal onus on doctors to warn of the common side effects of drugs given, even if not requested by the patient.

- In 1979, Sweden stopped the pertussis vaccine due to its ineffectiveness and adverse side-effects.

- In 1975 the Japanese government changed the minimum age of vaccination from 3 months to 24 months. Two consequences became evident:

(a) Immediately following the change in the age limit, there was some increase in the reported incidence of pertussis. However, after approximately 8 years the reported incidence of pertussis in Japan returned to the previous levels. This is thought to be linked to an initial increase in reporting due to a period of increased scrutiny, rather than an actual increase in incidence of pertussis cases.

(b) The change in the minimum age did have a dramatic effect on the incidence of damaging effects of the vaccine as measured by claims to the Japanese vaccine damage compensation scheme. The incidence of serious complications fell from 102 in the 61 months prior to the age change to 56 in the 119 months after the change.
Deaths fell from 37 to 5 *and the category of cot deaths disappeared altogether from the figures.*

Comparisons between orthodox vaccination and Homœopathic Prophylaxis (HP)

When evaluating the two disease-specific options, vaccination and Homœopathic Prophylaxis, the following summary can be made:

Vaccination	**Homœopathic Prophylaxis (H P)**
Contents:	
Chemically modified antigens, genetic from cultures, aluminium salts as preservatives	Potentised materials drawn from animal, vegetable or mineral sources potentised to levels beyond Avogadro's number*
Physical toxicity:	
Varies from mild to fatal	Virtually none
Reactions:	
As above, plus various types of long-term damage	In about 9% of cases** mild physical or miasmatic reactions occur. These tend to clear deep-seated predispositions to disease
Protection:	
Contentious; estimates vary between increase in the disease and 75-95% protection; HiB as low as 45%; BCG varies from 0-80%	Contentious;historical records suggest high efficacy; these are supported by an estimated 91% in current Australian trials*

(*) **Avogadro's Number** (N_A = 6.02 x 10^{23} mol^{-1}, the number of particles in a mole of any substance).

(**) These figures regarding the efficacy of Homœopathic Prophylaxis are from pilot studies done by Isaac Golden. They are based on 1305 questionnaire responses from parents over a period of 10 years. These figures suggest that Homœopathic Prophylaxis appears to offer comparable efficacy to vaccines.

Golden successfully completed a doctoral research project to collect further evidence regarding the safety and efficacy of HP.

Historical support for the use of HP

The first reference to the use of HP in our literature was by Dr Samuel Hahnemann, the founder of Homœopathy. In his essay 'Cure and prevention of Scarlet Fever', published in 1801, and reproduced in his *Lesser Writings*, he appeared to hold the view that certain diseases are worth preventing, even when proper treatment would be available.

Hahnemann states:

> "But even under the most appropriate and certain medical treatment of developed scarlatina of a bad type, there is always the risk of death, of the most miserable death, and the amount of the countless suffering of the patients is not infrequently so great that a philanthropist must wish that a means could be discovered by which those in health might be protected from this murderous children's pestilence, and be rendered secure from it, more especially as the virus is so extremely communicable that it inevitably penetrates to the most carefully guarded children of the great ones of the earth.
>
> Who can deny that the perfect prevention from this devastating scourge, and the discovery of a means whereby this most divine aim may be surely attained, would offer infinite advantages over any mode of treatment, be it of the most incomparable kind whatsoever? The remedy capable of maintaining the healthy uninfectable by the miasm of scarlatina, I was so fortunate to discover. I found also that the same remedy given at the period when the symptoms indicate the invasion of the disease occurs, stifles the fever in its very birth, and, moreover, is more efficacious than other known medicaments in removing the greater part of the after sufferings following scarlatina that has run its natural course, which are often worse than the disease itself."

Hahnemann then describes how he was led to discover the prophylactic power of *Belladonna* against scarlet fever, and the successes he experienced in the epidemic.

Since then the wider homœopathic literature holds many references to HP from well-known and eminent Homœopaths. The most convenient reference is *Prophylaxis in Homœopathy* by Dr P Sankaran, where he refers to the writings of some 90 practitioners including: Dr HC Allen; Dr C von Bœnninghausen; Dr CM Boger; Dr DM Borland; Dr JC Burnett; Dr JH Clarke; Dr EA Farrington; Dr DM Gibson; Dr AM Grimmer; Dr JT Kent; Dr SR Phatak; Dr P Schmidt; Dr ML Tyler and, of course, Dr S Hahnemann.

Current support for the use of HP

The issue of homœopathic prophylactic care is well-established in a wide range of clinical situations other than in treating infectious disease of an epidemic nature.

In Australia we have a national government-endorsed set of competencies pertaining to what constitutes best practice in the profession of Homœopathy. Unit HLTHOM9A of the *Health Training Package* (HLT02) – "Complementary & Alternative Health Care-Homœopathy", concerns specific homœopathic assessment and care for a range of clinical issues from infancy to senescence. In particular, element #6 of that unit concerns the provision of prophylactic care and refers (among others) to a range of therapeutic expectations which includes: "protection from contacted disease", and Homœopathic Prophylaxis is specifically mentioned in the range of variables.

Among Homœopaths, HP is generally used in either of 2 ways. Some practitioners believe that HP should only be used as a short term preventative during a current epidemic when exposure is certain. (This can be problematical as the certainty of exposure cannot always be readily ascertained). Other practitioners advocate the use of HP protocols and maintain that this uncertainty can then be minimized if a programme of HP is followed. Discussion of these issues by Jon Gamble and Isaac Golden was published in *Similia* (vol 5, no 3 [October 1991]) and in (vol 6, no 1 [April 1992]).

A relatively recent example of the successful use of HP in an epidemic situation, includes the reported use, by Eizayaga, of Meningococcinum 10CH during an epidemic of meningitis in Guarantingueta, Brazil in 1974. On this occasion 18,640 children were given the homœopathic nosode while 6,340 remained unprotected. In the first group there were 4 cases of meningitis recorded, with 32 cases occurring in the latter group, giving a 95% rate of effectiveness.

A more recent example was reported in *Homœopathic Links* (vol 14 (4) Winter, 2001) by Mroninski et al. In 1998, in Blumenau, Brazil, Meningococcinum was administered to 65,826 people up to the age of 20 years. During the first 6 months following the administration of the nosode, only 1 case was detected while 7 cases occurred in the 23,532 (estimated) unprotected individuals. These groups were followed for up to 12 months with 3 cases being reported in the protected group and 13 in the unprotected. Rigorous statistical analysis of these results found that the nosode Meningococcinum offered statistically significant protection in the order of 95% over 6 months, and 91% over 12 months.

Philosophical support for the use of HP

Samuel Hahnemann has stated in his afore-mentioned essay on scarlet fever:

“I reasoned thus: a remedy that is capable of quickly checking a disease in its onset, must be its best preventative”. This principle has been well demonstrated in the clinical situation over time, therefore it stands to reason that a case can be made for a Law of Similar Prevention to accompany that of the Law of Similar Treatment (known as the Simillimum).

The Law of Similar Treatment is known to all Homoeopaths as:
“Any substance which is capable of causing a group of symptoms in a healthy person, is capable of removing similar symptoms in an unwell person.”
Similarly the corollary could state: “Any substance that is capable of removing common symptoms of an infectious disease in most people affected by the disease, is capable of preventing the occurrence of the disease (ie a group of symptoms similar to the common symptoms) in most susceptible and unaffected persons, if given prior to exposure.”

To incorporate such a philosophical reflection into our modus operandi suggests that the Law of Similars is multi-faceted and capable of being extended without departing from its essential nature.

Considerations and recommendations

The National Council of the AHA:

(1) endorses the statement issued by the Australian Register of Homœopaths (AROH) to all registered members in March 2003, on **Homoeoprophylaxis Statement – Use of Homœopathic Medicines for Prophylaxis**

(2) recognizes that HP is a legitimate part of Homœopathy, as demonstrated by the support received from Hahnemann and other eminent prescribers, by its consistency with The Law of Similars, and by its safety and apparent relative efficacy

(3) asserts that HP is an important part of the homœopathic tradition and is a valid and reasonable option for parents or guardians. Therefore, it advocates that HP should be available on request to all parents who have made the decision not to vaccinate their children; and that any parent who choses an appropriate method of HP should not be discriminated against in any way

(4) recommends that research into HP should be undertaken, preferably in co-operation with State and Federal Health Departments, to build a data base of reliable information on this method of treatment.

Information and References

Those practitioners who seek an up-to-date source of vaccination information are encouraged to access:

- *The Australian Immunisation Handbook*, published by the National Health & Medical Research Council and available at: http://immunise.health.gov.au/handbook.htm
- Government guidelines to immunisation at: http://www.immunise.health.gov.au/
- The Australian Vaccination Network (AVN) website: www.avn.org.au
- Further resources are available on the AHA's website at www.homeopathyoz.org

Other references (from the Homœopathic and wider literature) which consider the adverse effects of vaccines are:

Burnett JC Vaccinosis and its cure by Thuja, with remarks on homœoprophylaxis W.H.L 1884

Coulter HL Vaccination, social violence and criminality. The medical assault on the American brain. North Atlantic Books 1990

Coulter HL; Fisher BL DPT – A shot in the dark (2nd edition) Warner 2002

Golden I Vaccination ? A Review of Risks and Alternatives (5th edition) 1998

Golden I Homœoprophylaxis- a ten year study 2000

Golden I Homœoprophylaxis – A Practical and Philosophical Review. (3rd edition) 2001

Hickman M Vaccination - The right choice ? 2000

Miller NZ Immunization: Theory vs Reality

Scheibner V Vaccination - The medical assault on the immune system 1993

Sinclair I Vaccination – The hidden facts