

Children's Homeopathic Immunisation Program

(Homeoprophylaxis for Contagious Diseases of Childhood)

Parent and Carer Information

The *Children's Homeopathic Immunisation Program* is based on over 200 years of clinical usage and recent research from Swinburne University (Melbourne). It has been designed for parents and carers who have made the decision not to vaccinate their children and who would like a safe, alternative method of protection. It consists of three parts:

- 1. Main Program** – remedies for protection against the serious childhood communicable diseases (whooping cough, pneumococcal, poliomyelitis, Hib, meningococcal, tetanus). This program is strongly recommended as the risk of complications from contracting these diseases is high.
- 2. Additional Program** – Remedies for protection against the less serious childhood communicable diseases (measles, hepatitis B, influenza). This program is optional, for parents who want to provide extended protection for their child.
- 3. Supplementary Program** – Optional remedies parents may use to reinforce their child's immunity in the event of epidemics or injury (whooping cough, pneumococcal disease, poliomyelitis, Hib, meningococcal, measles, influenza, tetanus). The remedies used are those supplied with the Main and Additional Programs.

The remedies used in the Main, Additional, and Supplementary programs, and their disease relationships, are listed on page 6 of this document.

Frequently Asked Questions

1. *How do I store the remedies?*

Keep your remedies away from electro-magnetic fields and strong light or odours as these may neutralise the energetic nature of the remedies. Remedies are best stored in a cool, dark place such as in a cupboard. There is no need for them to be refrigerated.

2. *How do I give the remedies?*

- Avoid handling the pilules.
- Tip one pilule from the bottle into its lid and then into your child's mouth. The pilule should be sucked, not swallowed and will taste like sugar. If you feel your child is too young to suck the pilule, crush it between two teaspoons and/or dissolve in a little water before placing into your child's mouth.
- The pilule should not be given ½ hour either side of the child eating, drinking strong flavours (water is permitted) or brushing teeth. Flavours in the mouth at the time of taking the remedy can antidote its effect.

3. When do I give the remedies?

- a) Single dose remedies from the Main Program can be given at any time during the day as long as they are given at least ½ hour either side of your child eating or drinking strong flavours (water is permitted) as flavours in the mouth can antidote the remedy.
- b) Triple dose remedies from the Main Program are given over a 24 hour period. Give the first pilule in the morning, the second pilule that evening and the third pilule on the following morning. These pilules must also be given at least ½ hour either side of your child eating or drinking strong flavours (water is permitted) as flavours in the mouth can antidote the remedy.
- c) Remedies from the Additional Program are optional and can be used during the “gap” months at any point in the program. Triple dose remedies from the Additional Program are given over a 24 hour period. Give the first pilule in the morning, the second pilule that evening and the third pilule on the following morning. These pilules must also be given at least ½ hour either side of your child eating or drinking strong flavours (water is permitted) as flavours in the mouth can antidote the remedy.
- d) Remedies from the Supplementary Program can be given, if desired, for additional protection during epidemics. See the Status Sheet for instructions. Once again, these pilules must be given at least ½ hour either side of your child eating or drinking strong flavours (water is permitted) as flavours in the mouth can antidote the remedy.

N.B. Only give **one remedy a month** from the Main or Additional Program, even if you are late in starting and want to catch up. This **does not mean** give a dose a day for a month. This once a month dosage regime may be less frequent than what you may have heard recommended elsewhere as it is based on the results of research conducted by Dr Isaac Golden at Swinburne University. This research has shown that higher potencies (as used in this program) last longer and provide better protection than frequent repetitions of lower potencies, as used in some other programs. There is also less chance of your child having a reaction to the remedy if infrequent doses are used.

Remedies from the Supplementary Program **do not** have to be given a month apart from the remedies of the Main and Additional Programs as they are for use in epidemics. Insert them at any point in the Status Sheet as the need arises.

4. Do the pilules have an unpleasant taste?

Thankfully no. The pilules taste only of sugar and are well liked by children.

5. What do I do if my child is sick when s/he is due to have a remedy?

The program is flexible, allowing you to delay the remedy for a month or more if your child is unwell and on treatment from your homeopath or doctor. Short-term delays will not affect the degree of protection your child receives from the program. On restarting, do not attempt to catch up by giving remedies closer than a month apart. You can easily regain lost time by ignoring the “gap” months built into the program as you progress.

6. Do I have to give the remedies in the order listed?

The program is flexible and will still be effective should you choose to protect against the diseases in a different order. You can change the remedies around to suit your child's particular situation **but you must still give only one remedy per month from the Main or Additional Program**. It is strongly recommended that Pertussin, for whooping cough protection, be given first as the younger the child, the greater the risk of complications should this disease be contracted. Early protection is advised for this reason.

7. Do all the remedies have to be given?

It is not necessary to give the entire program for all listed diseases. For example, some parents choose not to give Tetanus toxinum for tetanus prevention on a scheduled basis from the Main Program, preferring instead to give Ledum palustre from the Supplementary Program only if the child suffers a wound.

All other diseases listed in the Main Program (Whooping Cough, Pneumococcal, Polio, Hib, and Meningococcal) are serious diseases that are active in the community and protection is advised.

The remedies from the Additional Program are optional and you may choose not to give them. Measles is a mild and easily treated disease. Knowing that the disease itself gives almost certain immunity against later infection, many parents choose not to give the Morbillinum. Likewise, parents may choose to not give the Hepatitis B unless their child is in a high-risk situation as the chance of them contracting it is small.

8. Why are some childhood diseases not covered by the program and what can I do if I want to protect my child against them?

Remedies for some childhood diseases are not included in the program. These include: chicken-pox; mumps; rubella (German measles); diphtheria; hepatitis A, and hepatitis C.

Chicken-pox and Mumps are relatively benign diseases in healthy children but potentially serious in adults and in those with weakened immune systems. Chicken-pox can also cause complications during pregnancy for both mother and foetus. Infection during childhood will almost certainly provide lifelong immunity so it would seem counter-productive to delay the onset of either disease by vaccine to a later stage of life when they could be potentially more serious. Appropriate homeopathic treatment will also lessen the duration and intensity of these diseases if contracted but should you wish to provide protection for child or adult, the remedies can be obtained separately.

Rubella is also a relatively benign disease except during the early stages of pregnancy when it can cause congenital abnormalities in the developing foetus. Infection during childhood provides almost certain lifelong immunity. Safe protection of the pregnant woman via the remedy Rubellin or allowing children to contract the disease naturally (which provides almost certain immunity) would appear to be the best strategy. Appropriate homeopathic treatment will also lessen the duration and intensity of this disease if contracted. Should you wish to provide protection for child or adult against rubella, the remedy can be obtained separately.

Diphtheria has almost been eradicated from Australia with only sporadic cases being reported over the last decade. The remedy for diphtheria protection is no longer included in the program because of the risk of infection is so low. Should you wish to provide protection, the remedy can be obtained separately.

Hepatitis A is usually transmitted via the faecal-oral route by contaminated food, water, or an infected food handler. It is usually a very mild infection in young children, often without symptoms. Good hygiene provides the best protection but the appropriate remedy can be obtained separately if needed.

Hepatitis C is transmitted through infected blood, sexual intercourse, and the sharing of infected straws and needles by drug users. Transmission rates via an infected mother to her child are low. As a result, protection is only necessary if the child is in a high-risk situation. The appropriate remedy can be obtained separately if needed.

9. Does it matter if I am late starting the program?

The program has been designed to be flexible. You can start at any time, even if your child is older than the recommended one month. You will soon catch up by ignoring the “gap” months in the program. Just give the remedies as advised, one at a time, one month apart, until your child catches up to their age category. Record your child's age when each remedy is given in the second column of the Status Sheet sheet.

10. What evidence is there that homeopathic immunisation is effective?

Homeopathy first gained popular acceptance following its prophylactic success in epidemics that swept through Europe in the 1800's. As the use of homeopathy spread to other continents, these successes were repeated. Historical references to the use of homeoprophylaxis (homeopathic immunisation) for diseases such as Scarlet Fever, Diphtheria, Tuberculosis, Cholera, etc., can be found at: <http://homeopathyplus.com.au/research.html>

Recent research conducted at Swinburne University (Melbourne) by Australian homeopath, Dr Isaac Golden, confirmed that homeoprophylaxis provides the same degree, or better, protection than vaccines with none of their side-effects or complications. This research also showed that children immunised homeopathically have significantly less chronic disease than those given vaccines. For more information on Dr Golden's research refer to: <http://homeopathyplus.com.au/golden.html>

11. What degree of protection does my child receive from this program?

It is important to be aware that no method of immunisation, either homeoprophylaxis or vaccination, will provide 100% immunity. Contracting and overcoming an infectious disease naturally gives the best immunity but still not total immunity. Studies show that homeoprophylaxis provides around 90% protection, a figure that is similar to, or better than, the protection provided by vaccines. The *Children's Homeopathic Immunisation Program* is also based on recent research (Dr Isaac Golden, Swinburne University, Melbourne) which shows that the high potencies of this program last longer and provide better protection than the frequent repetitions of lower potencies that may be used in other homeoprophylaxis programs.

12. How long does immunity from homeoprophylaxis last?

Like vaccines, the length of protection with homeoprophylaxis is uncertain – more research is needed. One study concerning diphtheria and homeoprophylaxis showed that protection was still present at 10 years.

13. Do the remedies in the program have any side effects?

Homeopathy is a dynamic (energetic) system of medicine and so it can be confidently stated that there is no possibility of the remedies producing a crude chemical reaction except in patients who have an **extreme** sensitivity to the diluting medium of the remedy (e.g., milk sugar, alcohol, water, etc).

The Swinburne University research showed that occasionally a child experienced a reaction following a remedy. These reactions occurred in about 1.5% of recipients and were usually mild and brief (eg., runny nose, mild fever, etc). It is important to note that such reactions are NOT toxic in nature but generally represent a “cleansing” effect as a pre-existing dynamic imbalance in the child's health is corrected.

NB: If you believe your child has reacted to the first single dose of a remedy, please contact me before giving the second triple dose one month later.

14. Are there long-term health benefits from using this program?

For the first time, recent research has looked at the long-term health patterns of children following immunisation by either vaccines or homeoprophylaxis, or total avoidance of immunisation. Statistical evidence gathered in a 15 year study and a General Health Survey of children between the ages of 4–12 years by Dr Isaac Golden (Swinburne University) showed that children protected via homeopathy had a relatively lower incidence of asthma, eczema, ear infections, allergies, and behavioural problems compared to vaccinated and unvaccinated children in the study. Conversely, the children with the worst health outcomes were those from the vaccinated group. These children were 15 times more likely to have asthma than those immunised homeopathically and 6 times more likely than those who used no method of immunity.

15. Has there been feedback on the degree of satisfaction parents have with this program?

Yes, parents who made comments on their experience with the program as part of the Swinburne University research were generally very happy (89.7%).

16. Can I still use the program if my child has been partially vaccinated?

Yes, regardless of your child's age just start the program from the beginning and progress according to the Status Sheet. If your child has already received most of their vaccines you may choose to use only those parts of the program dealing with diseases that are of the greatest concern for you.

17. Can I use the program if my child is immune-compromised, malnourished, highly allergic, or has ongoing health problems?

Homeoprophylaxis is the treatment of choice for these children because it is extremely safe and non-toxic. Children who have chronic ill-health are at greater risk of suffering damage from vaccines or, if the vaccines are withheld, the complications of childhood infectious diseases. The *Children's Homeopathic Immunisation Program* is the safest way of providing immunity for these children.

18. Can an adult use this program if they wish to have protection during adulthood?

Yes, anyone at any age can use this program to build immunity. Guidelines and dosages remain the same for young and old.

19. Can homeoprophylaxis be used for other diseases apart from the common childhood ones?

Yes. As discussed in an earlier question, homeopathy has a long and established history of providing immunity against diseases such as cholera, dysentery, tuberculosis, and the like. Homeopathy can be used by overseas travellers for protection against diseases prevalent in the country of travel (see the accompanying *Homeoprophylaxis for Overseas Travel* sheet) and also for pet and farm animal immunisation.

20. What do I do if I need to replace remedies or obtain further remedies for diseases not included in the kit?

Further information can be obtained by contacting Frances Sheffield at:
FranSheffield@HomeopathyPlus.com.au

21. What remedies are supplied with the Main, Additional, and Supplementary parts of the Program and what are their disease relationships?

Main Program – remedies for protection against the serious childhood communicable diseases. This program is strongly recommended as the risk of complications from contracting these diseases is high.

Remedy Name	Disease Application
Pertussin	Whooping cough
Pneumococcinum	Pneumococcal disease
Lathyrus sativus	Poliomyelitis
Haemophilis influenzae	Haemophilis influenzae type b (Hib)
Meningococcinum	Meningococcal disease
Tetanus toxinum	Tetanus

Additional Program – Remedies for protection against the less serious childhood communicable diseases. This program is optional and for parents who want to provide extended protection for their child.

Remedy Name	Disease Application
Morbillinum	Measles
Hepatitis B	Hepatitis B
Oscillococcinum	Influenza

Supplementary Program – Optional remedies parents may use to reinforce their child's immunity in the event of epidemics. The remedies used are those supplied with the Main and Additional Programs. An additional remedy, Ledum palustre, is provided with this program for tetanus prevention. Rather than giving the scheduled Tetanus toxinum from the Main Program, parents may prefer to provide protection "when needed" by giving Ledum palustre as cuts and wounds occur.

Remedy Name	Disease Application
Pertussin	Whooping cough
Pneumococcinum	Pneumococcal disease
Lathyrus sativus	Poliomyelitis
Haemophilis influenzae	Haemophilis influenzae type b (HIB)
Meningococcinum	Meningococcal disease
Morbillinum	Measles
Oscillococcinum	Influenza
Ledum palustre	Tetanus