

# HOMEOPATHY AND IMMUNIZATIONS

By

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There are a few subjects that produce fiery emotions than that of immunization. The purpose of this paper is to give the status of vaccinations at this time - listing the various pros and cons. More emphasis will be placed on the homeopathic perspective and possible solution to this very controversial subject.

In the United States, the necessity, effective and safety of vaccinations in this century was hardly questioned by the majority until the last few years. The virtual disappearance of small pox, polio, diphtheria and pertussis (whooping cough) seem to present strong evidence of the effectiveness of these immunizations. Today, every state requires children to have vaccinations (DPT, Polio and MMR). All allow expectations if appear any medical reasons to suggest a severe reaction. There is also in most states a deferral secondary to religious beliefs. Many also allow philosophical exemptions (California allows all three of these exemptions).

Some questions about the effectiveness of immunizations have been raised, such as the diphtheria mortality rate having dropped fifty percent before the vaccination was developed. Also cited is the fact that many disease are cyclic and that their occurrence is very difficult to access. As **Alan Nelson, MD**, President of the A.M.A. stated, "The incidence of pertussis is cyclic and the severity could also run in cycles." **Dr. Mendelson**, who was a practicing pediatrician for twenty five years, professor at the **University of Illinois Medical School**, and past President of the **National Health Federation**, raised questions about controlled studies in regard to immunization. But, perhaps the most damaging argument against vaccination is that of **SAFETY**.

In the book **DPT: a Shot in the Dark** (Warner books, 1985) by Barbara Fisher and Harris Coulter there appeared strongly suggestive documentation of the serious side effects of the DPT vaccination, including death. An excellent article on Vaccination called "Who Calls the Shots?" by Richard Leviton appeared in **East West Magazine** in November 1988. Mr. Leviton refers to Fisher-Coulter work and relates that according to their calculations on the best available published data, "They calculated that, based on an infant population of 3.3 million per year eligible for DPT shots, four thousand two hundred and forty eight have either post-injection convulsions or collapse, ten thousand three hundred and seventy seven have high pitched screaming within forty eight hours, and eighteen thousand eight hundred and seventy three infants have some form of significant neurological reaction within two days/ Possibly as many as nine hundred and forty three deaths and eleven thousand, six hundred and sixty six cases pf long term damage are attributable to DPT."

Mr. Leviton also pointed out in his article that most European nations now allow optional vaccination for DPT. "The examples of Great Britain, West Germany and Sweden are often cited on both sides of the DPT debate. In these countries, when

vaccination rates plummeted in the 1970's and the incidence of pertussis infection climbed, a correspondingly higher incidence of infantile complication of death did not occur, as many had predicted it would." In 1984, researchers at London's Epidemiological Research Laboratory concluded, in contrasting twenty five deaths at an eighty percent vaccination rate in 1974, with twenty three deaths at thirty percent vaccination in 1977, that "Since the decline of pertussis immunization, hospital admission and death rates from whooping cough have fallen unexpectedly."

In "Who calls the shots?" four studies are listed indicating possible negative effects associated with the immune system:

1. "A 1980 report in **Mutation Research** indicated that children who underwent repeated small pox vaccinations in Czechoslovakia showed chromosomal aberrations in their white blood cells indicating a mutagenic effect."
2. "The British Journal, **Medical Hypnosis** reported in 1988 in a study of two hundred patients with chronic Epstein-Barr virus syndrome that the disease was attributable to the live rubella virus found in the vaccine."
3. "1987 a consultant for the World Health Organization announced in the **London Times** that the prevalence of smallpox vaccinations over a thirteen year period in seven African nations actually triggered the AIDS virus outbreak in those countries.
4. "In 1988 a scientist at Harvard School of Public Health revealed that STLV-3, an AIDS -type virus, had been found in green monkey (*Cercopithecus*) whose kidney cells were routinely used to culture the oral polio vaccine."

It may be added that also the SV40 virus was found in polio vaccines that have been associated with brain tumors - Statistics seem to show an increased incidence of this in the last decade.

Leviton also points out other long term medical threats have occurred: "...widespread measles vaccination seem to be shifting the incidence of the disease into older age groups; eighty percent of cases are now occurring in people aged ten to nineteen and with atypical, often untreatable symptoms. Vaccination immunity is clearly less than complete, as the 1988 Communicable Disease Center figures showed that seven hundred and ninety five reported cases of pertussis in infants aged three to six months, forty nine percent of them had been fully vaccinated..." While there appeared alarming grounds for connecting today's immune anomalies and a weakened immune response with vaccines, Dr. Giebank (Professor of Pediatrics at the **University of Minnesota Medical School** and a member of the American Academy of Pediatric Infectious Disease Committee) states unequivocally, "those are all groundless speculations."

What is the Homeopathic philosophy on immunization? The Famous Homeopathic practitioner George Vithoukas states an excellent summary on conventional western medical vaccination in his book **The Science of Homeopathy**:

- “1. Vaccination is not really an example of the Homeopathic principle, since it is an indiscriminate administration of a substance to an entire population without regard to individuality.
2. A vaccination is a morbidic stimulus which changes the resonate frequency of the defense mechanism.
3. Vaccination may produce: no reaction or varying degrees of reaction.
4. Lack of reaction may represent either a very healthy system or a deep constitutional weakness, as in both of these instances the resonant frequency of the patient does not allow response to the vaccine. In such cases, the patient would be immune to the epidemic, even of not vaccinated.
- 5, A mild reaction - merely local inflammation - indicates a relatively weak defense mechanism, and the altered vibration rate may well persist for a long time, leading to chronic disease later in life. Such cases are unlikely to react to further administration of the vaccine, confirming the fact of changed resonant frequency.
6. A systemic reaction with fever, malaise, etc. indicates a strong defensive reaction which is likely to be successful in throwing off the morbidic influence of the vaccination. The patient then remains unprotected against the disease, despite having been vaccinated.
7. A systemic reaction with complications such as encephalitis and neurological disorder is the worst possible case, for the subsequent degeneration in health will be severe and prolonged.”

Vithoukas also refers to the book **Vaccinosis** by J. Compton Burnett. Vaccinosis refers to any chronic condition traced to a vaccination especially to small pox immunization. Here lies the key not only to the treatment of vaccinosis, but also the prevention of the disease: namely the use of nosode - that is, an infectious contagion prepared by homeopathic potentization. It is diluted and shaken (succussed (shaken) to produce a safe, bio-energetic form.

Let me now refer to a paper entitled “Prevention of Disease” by Francisco Eizayaga, MD - the famous homeopathic physician from Argentina. I have taken the liberty to change this paper in regard to grammar and some sentence structure.

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## PREVENTION OF INFECTIOUS DISEASES

By  
Dr. Francisco X. Eizayaga  
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### PRESENT SOCIO-MEDICAL SYSTEM:

Official medicine attempts to prevent human disease by means of hygiene, prophylaxis, massive vaccination of the population and a precocious diagnosis of the most serious chronic diseases. It is only fair to admit that vaccination, which employs the isopathic principle supported by homeopathy, is the only real preventative means which it counts on.

Bust practically the whole system is based on these three elements:

1. To wait to become ill.
2. To try to cure what can be cured or to palliate what is incurable.
3. A high economic and social cost.

Thus considered, this conception of medical aid is obsolete, absurd, expensive and it also constitutes an all too late solution in any individual's life. We must admit that official medicine lacks any procedure to prevent noninfectious diseases, especially the chronic ones.

**An ideal sociomedical system** should assist all individuals before they catch any disease, whether acute or chronic. It should try to discover the pathological constitutional genetic tendencies and prevent them. Homeopathy is the only known therapeutic capable of fulfilling these requirements, as well as being very inexpensive when applied socially. These are the methods used by Homeopathy:

1. **In the Acute Disease:** With the medicine of epidemic genus and with the etiological nosode of the disease.
2. **In the Chronic Disease:** With the constitutional medicine and with the "terrain nosode" of the disease that is to be prevented or with the nosode of the diathesis or active miasma.

Let us study a brief summary of the different cases:

Ever since Hahnemann's days, the so-called "remedy of the epidemic infectious-contagious diseases. The latter is the remedy covering the symptoms of a certain epidemic which are characteristic of each country. The clinical fact has been known ever since the days of the creator of Homeopathy. The following ones are most common.

In 1801, the Koenigsletter, (par.33 *Oraganon of Medicine*) **Hahnemann** says that all the children who had a dose of **Belladonna** did not suffer from scarlet fever during an epidemic. The same occurs with **Veratrum Album** in relation to Cholera Morbus. The curative and preventative action of **Phosphorus** has been known for several years for viral hepatitis. I used **Phosphorus** to help prevent relatives of a school master from developing hepatitis. In 1957, before the Salk vaccine, there was a fearful polio epidemic in Buenos Aires which responded to **Lathyrus** (chick pea). The majority of the homeopathic drugstores distributed thousands of doses amongst the public; nobody registered a case of contagion. Other polio epidemics may respond to **Gelsemium**.

In Homeopathy, we may fulfill a job similar to the one achieved by the vaccines, without any of the inconveniences, with the nosode of each of the acute diseases. While the **unspecified resistance** of an individual to an infection is increased with the homeopathic remedy, a higher **unspecific resistance** against a given germ is obtained with the nosode; in other words, we have certain proofs of specific antibodies being created. Here follow some historical examples:

Immunization with Variolinum (small pox pustule), written by **Charles Woodland Eaton, M.D.** from Des Moines, Iowa, was presented at the **American Institute of Homeopathy** in Jamestown, Victoria in 1907. Homeopathic vaccination was supported and defended by the Supreme Court of Iowa. This method was used in the smallpox epidemic in 1902 and the proof was carried out in the following way: A nosode was prepared from the content of pustules of **human small pox** i.e., potentized according to the homeopathic principle. Only properly studied and observed cases were counted, the doubtful ones were rejected. The proofs were counted, the doubtful ones were rejected. The proofs were carried out by fifteen doctors in Iowa and the results were the following:

Number of Immunized People	Number of People Exposed to Contagion	Number of People Affected by Small Pox After Vaccination
2,806	547	14

According to our references, **Variolinum** was administered in 12X and 30X dilutions.

Of the fourteen people who contracted the disease, one got the disease two years later and three had received the usual scarification vaccine. According to the author, immunization with **Variolinum** is higher than with ordinary vaccine.

**Dr. Paul Chavanon**, Paris France, 1932, mentions in his book “**La Dihterie**” the immunization of forty five individuals (children) with Diphterotoxinum 4000k. Thus, it was demonstrated that in regard to Schick’s reaction, the nosode negates it or makes it insensitive during a first period; as well as it immunized without the presence of neither antitoxins nor antibodies. After a short time, one or two months, antitoxins in the blood appeared progressively and a real vaccination existed. High dilutions of Diphtherotoxin proved to be innocuous, with a slower immunization than that of the antitoxin, but

effective in one hundred percent of the cases. Schick's reaction is negated first and the antibodies appear afterward; the respective immunization lasts just the same as the one provoked by the antitoxin without any of its disadvantages.

In Buenos Aires, Dr. Horacio Roux repeated these same experiences in 1946 and obtained like results; in some cases he had to add the fundamental remedy in order to awaken a better immunizing reaction.

We may therefore think that, if these experiments are confirmed by others, high dynamizations of Diphtherotoxin could be capable of making Schick's reaction insensitive and of negating it first and, secondly, of provoking specific antibodies which may be measured in the blood, i.e., a real vaccination would exist - with all of the advantages of the so-called "official" vaccination and none of its inconveniences.

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Massive immunization against meningitis took place in the city of Guaratingueta, Brazil, in August 1974. Eighteen thousand six hundred and forty children were immunized out of a population of seventy eight thousand inhabitants which were affected by a terrible epidemic of meningitis. There were many thousands of victims of the epidemic in Guaratingueta, a neighboring city to San Paulo. Practically eighteen thousand children were under fifteen, and six hundred and forty were fifteen years and over. Meningococcinum 10CH was employed in drops, one drop - unique dose. Approximately six thousand three hundred forty children were not immunized. The A and C strains inactivated by heat at 120 degrees were employed in the poorest and most susceptible social groups. Among the six thousand three hundred forty children who were not immunized there were seventeen cases of meningitis among the ones under fifteen, and fifteen cases among those who were over fifteen; this makes a total of thirty two cases. Among the eighteen thousand six hundred forty immunized children, there were only four cases that contracted the disease. This proved the nosode's effective action.

This experience was fulfilled with great seriousness and effort by the eminent Brazilian Homeopath, a great friend of mine, Dr. David Castro, who is now deceased. The experience is, to my knowledge, the most important one carried out in homeopathy until now. I believe it is the biggest immunization job done worldwide and it is the Brazilian School of Homeopathy that deserves all the credit.

In other examples from experiences of my colleagues, all of them highly experienced physicians, and from my own experiences, could be added here. For instance, many homeopaths prevent grip or influenza with **Influenzinum**, as well as the so-called "seasonal catarrh" typical of wintertime with **Tuberculinum** potencies which range from 30CH to 200 or to 1M. I recall a very illustrating experience, I used to assist, and still do, the nuns of a convent which is very near the city of Buenos Aires. Given the tremendous austerity of the nuns (who do not have heat in their rooms, so the cold was more intense inside than outside it), the majority of the nuns would develop the flu every winter. At a given moment, the whole convent turned into a hospital. This problem repeated itself every winter; so I suggested, fifteen years ago to the Mother Superior, that

they be given **Influenzinum** 200 to prevent the flu. They all accepted, except the Abbess, who was old and obstinate and refused to have the nosode. Great was their surprise when wintertime started; only one of them caught the grip - the Abbess! Ever since then, the immunization is repeated every year with full success. I do the same with hundreds of my patients every year, both with nosodes, and I can assert that the results could not be better.

If this immunization is valid for the epidemics I have mentioned, it is logical to deduce that, by applying the same isotherapeutic principle of the specific nosode, we could protect our patients - especially children - against any epidemic. It is true that it would be more scientifically trustworthy if well controlled massive experiences and statistics existed, but this will only happen gradually as homeopathy is officially recognized. In the mean time, I can speak about my own long experience acquired through many years. I am immunizing my patients, under twelve years old, every year during the autumn months with the following nosodes: **Influenzinum, Tuberculinum, Morbillinum, Varicellinum, Rubeolinum, Pertussinum, Diphterinum, Tetaninum, Meningococinum, Paraotidinum** and any other one should it be necessary, always at a 200 potency; two doses a day during three successive days, letting one week go between one nosode and the other. Throughout many years of this practice, I have observed a very high immunization level. In case of an epidemic, I repeat the corresponding nosode.

These are isolated experiences, but together with those of other colleagues of mine amount to many people. Nevertheless, it would be ideal for our public health authorities to give us the opportunity of showing medical science and public opinion the advantages of an effective, simple, innocuous and economic homeopathic immunization program. For this we would need massive immunization, properly controlled, in all the people who volunteered and the results ought to be published.