

THE DEFINITIVE GUIDE TO HOMEOPATHIC ALTERNATIVES TO VACCINATION

**Do they work? Are they free really of adverse effects?
Notes from the www.alternative-doctor.com website .**

by Dr. Keith Scott-Mumby

"All great truths begin as blasphemies."
George Bernard Shaw.

And my favourite, so witty and elegant:

**"Let no one who has the slightest desire to live
in peace and quietness be tempted, under any
circumstances, to enter upon the chivalrous task
of trying to correct a popular error."---**

(William Thoms, deputy librarian for the House of
Lords, c. 1873)

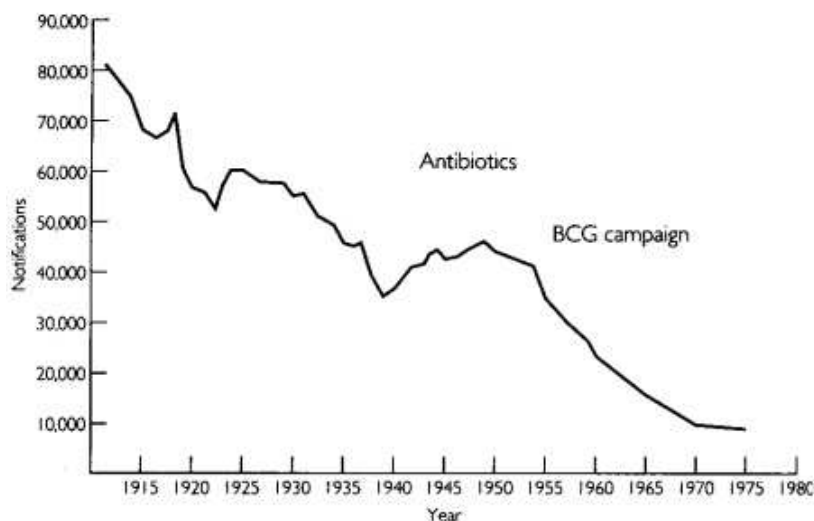
Historical perspective

Contagious diseases have been with Man since the dawn of time. There is even a theory that evolution is all about adapting and gaining new methods of resistance to predatory organisms, such as bacteria, viruses and parasites (*The Red Queen*, Matt Ridley). What is really obvious, even to the non-scientific enquirer, is that not everyone falls foul of these pests. There seems to be a type of individual who can resist such host invasions, even when all others around them are ill. Doctors think only of the "Germ Theory of Disease", after Louis Pasteur. But later thinkers have gone back to the idea that the microbe isn't the whole story – maybe not even that important.

It's really an issue of susceptibility. When a disease spreads in the community, not everyone will get it. Doctors are glad of this fact. Those physicians who attended the Black Death or cholera did not die automatically. In fact they were surprisingly immune; probably something to do with a positive state of mind "I can conquer this disease" is a fundamental belief of a physician – otherwise, why attend the sick? But those who are susceptible will fall to acute illnesses, which are circulating in the community. Many factors influence immunity in a negative way, the two more important are chronic disease buried deep in the body and nutritional deficiency.

The question of chronic disease genetically imprinted on the body is something I will address later, on the topic of *miasms*.

The role of nutrition is seen in the fact that tuberculosis is rampant when malnutrition is common (the so-called AIDS of "slim" disease which affects Africans is largely TB and not AIDS at all). Up until the early part of the twentieth century, the Western world was stricken with TB but it began to decline when the population became better nourished. The graph here shows that TB was steadily on the decline for many decades before the advent of antibiotics or BCG vaccination. The truth is these vaunted scientific "cures" have nothing whatever to do with conquering TB and the myth that drugs and vaccines have been the reason for its decline is a false belief and dangerous. We can even observe that during the War years, when foods were scarce, there was a temporary cessation of the fall.



Low Doses

The question for the modern "holistic" doctor (a much overused term) is to seek for diverse ways in which we can influence susceptibility and increase resistance to pathological strains. Here there is a historic curiosity: William Hahnemann published his homeopathic specialty (Leipzig, 1810) shortly before Edward Jenner began his famous unfolding of the technique of vaccination. Vaccination, by the way, comes from the Latin for cow: *vacca*. Jenner worked first with milkmaids and noticed they never seemed to get smallpox. He reasoned (correctly) that they had usually been already infected with similar cow pox (*Vaccinia*) and that had conferred immunity against smallpox. Deliberate inoculation with cowpox, "vaccination", was the first method of inducing immunity in humans.

A medical triumph, there is no doubt. Vaccination could protect an individual from smallpox, then a deadly ravaging disease that killed or seriously scarred or blinded enormous numbers individuals. John Loudon McAdam, the Scot who gave us tarmac (now Tarmac) was blinded by smallpox from infancy, yet led a decent successful life. Smallpox has come under full control in my lifetime; my first mother-in-law caught it as a child (but did not go blind) yet the last recorded natural patient with smallpox was in Somalia in 1977, an event which heralded the actual disappearance of one of mankind's greatest scourges.

But was vaccination *really* the reason? Dr Viera Schreibner says not: "Smallpox was on the way out, indeed epidemics disappeared decades before the WHO decided to conduct the final "eradication" campaign. It is also well-documented that the largest epidemics occurred in the most highly vaccinated populations, while those who were unvaccinated, did not have the same epidemics."

Couldn't improved hygiene and better nutrition have been the real reason this disease waned?

Misinformation can actually be dangerous, since it by definition, obscures the real truth. In the words of Dr. M. Beddow Bayly: "Perhaps the greatest evil of immunization lies in its diversion of public attention from true methods of disease prevention. It encourages public authorities to permit all kinds of sanitary defects and social problems to remain unaddressed, particularly in schools. It ignores the part played by food and sunlight and many other factors in the maintenance of health. It exaggerates the risk of diphtheria and works upon the fear of parents. The more it is supported by public authorities, the more will its dangers and disadvantages be concealed or denied."

What about polio? Wasn't that controlled by better hygiene standards? Or was it the "miracle" of the anti-polio vaccine?

"That the polio virus is the sole cause of polio is accepted by most people as gospel, and that the Salk and Sabin vaccines eradicated polio in the western world is etched into our collective consciousness as the major medical miracle of our time. But the history of polio and its vaccines is shrouded in a murky mist of politico/scientific manipulation, altered statistics, redefinition and reclassification of the disease, increased cases of vaccine induced

paralytic polio, and monkey viruses transmitted by contaminated vaccines to millions of people worldwide." (Edda West).

What we are not generally told is that polio vaccine is banned in several Scandinavian countries. They say it's not safe. Our government says it's effective and harmless. **Who** is right?

The Safety of the Low Dose

Meanwhile William Hahnemann had showed that using small doses of a pathogenic substance (*pathogenic*= "disease producing") could prevent a disease or even cure it, once established. He called his subject "homeopathy" from the Latin *homo*, meaning "the same as". He used very small doses of the pathogen to gain control over the disease itself, a principle which we call a nosode. Very few doctors today would recognize *this was the exact same process that Jenner later stumbled upon!*

The question is: can the homeopathy super-low dose approach work in preventing major epidemic disease and was it safe? We will now address these issues.

An animal perspective

Consider Dr. R Horace B F Jervis's account of the use of a nosode to treat canine distemper (*Distemperinum*). In 1929, he published a monograph entitled *Treatment of Canine Distemper with the Potentized Virus* in which he describes the tremendous success he had. Quote: "After a period of about twenty-five years of fruitless struggling with distemper, having to contend with it day after day in an (extensive) small-animal practice ever and always having the same disappointing results, losing the same large percentage of my patients all the time, I was led to earnestly seek some way out of this most trying predicament so of late years I have turned absolutely from the old and dominant school of medicine, and have taken up the study in earnest of homeopathy. And right here I wish to say that my one regret is that I did not take it up years before... I became intensely interested in the subject and bent all my energies to the study of it. My results were, and are, so much beyond my expectations that I am sorry not to be able to interest more veterinarians to take it up and give it a trial. Anyone doing so, I venture to say, will never go back to the old school again..."

Distemper in dogs, of course, is almost uniformly fatal: "This condition of affairs to one who besides being a veterinarian, is a great lover of the dog is most disconcerting. To have case after

case brought to one and see so many, despite ones earnest efforts, die, whilst one stands by without any way of stopping this terrible arch-fiend, is simply heartbreaking to say the least How often has the earnest practitioner asked himself: Cannot some means be devised to put a stop to this feeling of helplessness? Cannot the ravages of this enemy be stopped by some means? Where is one to turn? The thought naturally came to me that as I had taken up the practice of homeopathy, why not turn to her in my dilemma?... I took the matter up in real earnest, feeling convinced that the fruit of the great Hahnemann should throw light on the subject. I accordingly bent every effort and spare moment from a busy practice, and I herewith append the results of my labours: truly a labour of love, at that, as it meant the possible saving of many a sweet little dog who otherwise would be swept away by this ruthless disease."

Jervis had some distemper virus potentized by Ehrhart and Karl, of Chicago, in the 30th, 200th, and 1,000th potencies. "Since commencing the use of this product the death rate in my distemper ward has been very materially decreased, and I have really for the first time in my years of practice felt a sort of load being lifted from my shoulders."

Can we apply this principle to humans?

Well, of course, the argument is that what applies to animals doesn't necessarily apply to humans. Can you believe that, with all the animal laboratory testing that goes on and the torrent of scientific papers using animal studies that purport to be relevant to human medicine?

Understandably, some doctors will be extremely wary in taking the anti-vaccination line, because, as practising physicians, they face severe censure by colleagues and may be disbarred, for daring to suggest that vaccination is risky (which is bad enough) and that the dreaded homeopathy may offer a possible workable alternative (which is even worse).

As a non-practising doctor, I can take that position and state plainly that in my view homeopathic nosodes offer a very viable alternative in vaccination in the treatment and prevention of common contagious diseases. If you dare not accept this radical view but are unhappy with the dangers of vaccination, which no right-minded person can deny exist, there is still good news: **the combination of homeopathic treatment with conventional vaccination does very well at damping down or eliminating the unpleasant after effects of a vaccination shot.** That's not

saying you get the best of both worlds, but it is a valid stance for the caring parent, who faces extremely difficult decisions, in the light of present knowledge and the mafia-like bullying and know-best of medical authorities.

The concern is that vaccination can make patients, especially young children, seriously ill, sometimes just as sick as the disease itself. Modern vaccines are rather prone to do this; side effects and complications are not rare. They may also have given rise to an "allergy epidemic", through damaging the immune system, as I wrote in the 80s. It is beginning to emerge that Gulf War syndrome, although undoubtedly characterized by chemical sensitivity and fatigue, is really a complication of the many vaccines forced on the soldiers all at once and in a misguided overwhelm of the immune system. Furthermore, not all vaccines work effectively. It now appears that the measles vaccine only displaces the natural virus and instead gives rise to a new rogue variant, which itself is pathogenic. More to the point, MMR doesn't seem to actually block measles, only to pervert its course into a new disease.

The trouble, as so often, begins with official fudging and denials. Even the average doctor is kept in the dark about possible complications and it must be appreciated that the vast majority of physicians give vaccines in good faith; having been reassured they are safe on problems "only mild". That's why it is vital that the voice for reason and caution remain calm, objective and non-accusatory. Otherwise it will not be seen as a credible voice, just emotional overreaction.

Official distortion of the facts goes back a long time. One strategy has been the entrenched refusal to classify cases as diphtheria among the immunized, on the ground that they only present mild symptoms. According to the Medical Officer of Health for Ipswich (see *East Anglian Times*, February 22nd, 1934), it has become the practice not to regard as diphtheria persons who, after immunisation, develop sore throats even though the presence of the Klebs-Loeffler bacilli (hitherto considered to be diagnostic of the disease) can be demonstrated in them.

Such a manoeuvre is not only bound to falsify all subsequent vital statistics [*to make immunisation look good. KSM*], but can be shown to be unjustifiable on grounds of medical pathology, for the assumption that mild cases are not likely to be diphtheria is not borne out by historical records. This is a classic case of "It

can't happen, so it didn't" and just to maintain the status quo, evidence that shows it DID happen is "edited" and suppressed.

Commenting upon the advocacy of compulsory immunisation by Dr. H. E. Marsden in the *Medical Officer* on January 29th, 1938 and the *Medical Times*, March, 1938, declared: "With the above recommendation we entirely disagree. We now know that diphtheria, like smallpox vaccination is not altogether free from risks. Dr. Marsden's suggestion is, therefore, a most unwise one, and ought to receive no support from at least the more far-seeing members of the medical profession."

Unfortunately, the more far-seeing members of the medical profession were not listened to and mass vaccination went ahead in 1940.

Diphtheria. A Truly Horrible Way to Die

If you wonder about the risks of vaccination, sometimes, consider Diphtheria. A child who develops full-blown diphtheria is in a very sorry condition: a thick sticky membrane forms on the back of the throat and larynx and blocks the air passages. The child cannot swallow or breathe and slowly over several days dies of choking asphyxia, unable to speak and hardly able to cry out in misery. The stench of rotting membrane from the mouth makes the poor victim's plight seem even more repellent. There may be extensive heart damage and nerve toxins may produce permanent paralysis, even if the patient survives. Inexplicable collapse and sudden death often occurred during an apparent recovery phase. If you have ever seen this condition, you will bless the advent of mass vaccination. You need to understand the mentality of the average doctor here. Whatever the problems with such a programme, there is no going back to the old days of watching children die needlessly and horribly, when an apparently effective means to prevent it is available, even if the risks are high.

Yes, the risks are high. Children have died in large numbers from vaccination "accidents". I am talking now of official figures, not the vociferous contentions of the angry public. Not really surprising, since vaccines may contain animal brains (BSE), animal faecal tissue (polio) and poisonous metals (mercury as *thimerosal*) But an ordinary doctor, no better informed, might think that the risks were "acceptable" because they were few and the potential benefits great. Now there new politically correct pressure, which is that it is unethical and irresponsible to not be

vaccinated because you will be putting others at risk, by allowing a population to develop without immunity.

The issue is not really one of risks. There is a risk in every medical treatment; this does not make the doctor or surgeon guilty of evil. **It is really a matter of informed consent.** Parents should be told *everything* about immunization and then allowed to choose. The bullying of the medical fascists and their government lackeys is what the concerned and dissenting doctor finds most exasperating. If everyone is *forced* to endure vaccination, then those who suffer are technically violated and assaulted. Only if parents may choose and then there are unfortunate complications, it's just bad luck and a tragedy. But not a reason for litigation. In neither case is the conscientious doctor the target.

In this connection the unusually frank words of C. C. Okell, and member of the prestigious Royal College of Physicians and late bacteriologist to University College Hospital, are particularly significant. Writing under the caption "Grains and Scruples" in the *Lancet*, January 1st, 1988, he said "On the whole diphtheria immunisation has proved a fairly safe affair, but suppose we included in our propaganda a candid account of the various untoward accidents which have accompanied the procedure . . . If we baldly told the whole truth it is doubtful whether the public would submit to immunisation.... Accidents and mistakes must inevitably happen and when they take place what might have been a highly instructive lesson is usually suppressed or distorted out of recognition. Those who have had to take notice of the immunisation accidents of the past few years know that to get the truth of what really went wrong generally calls for the resources of something like a secret service. And if the technical experts have often been furtive and disingenuous in their methods, *the public in its turn is unfair and vindictive.*" (p. 48.) [*my italics, KSM*].

Please don't let the description "unfair and vindictive" apply to you.

What can homeopathy offer?

We come then to the big question addressed in this article. If you are concerned about the efficacy and safety of immunization what can you do to protect your child? Does homeopathy have anything to offer, other than just an avoidance strategy? There is no need to address here the question that homeopathy is effective; that has been proven over and over (see *Lancet*, 1994; **344**; 1601- 06). *Diphtherinum*, the diphtheria nosode, is an

excellent preventive and was used by homeopathic physicians at the Homeopathic Hospital in Glasgow during a post-war epidemic, in which there were many fatalities, yet not one single case died in the homeopathic hospital!

But what about as an immunisation? Records have been published by Dr. Paterson of Glasgow of the results obtained at the Mount Vernon Hospital for Children (Homeopathic). Diphtherinum in the 200th potency produced definite immunity, as shown by the Schick test turning negative within nine weeks, and some as early as three weeks. [*The Schick test is the injection (intracutaneous) of a quantity of diphtheria toxin equal to one fiftieth of the minimal lethal dose diluted in salt solution. If the patient is not immune to diphtheria, then the injection site becomes inflamed. A "negative" Schick test is therefore a good thing; it means the patient is immune by scientific standards. KSM*].

Moreover, Dr. Mitchell reports three children who were found to be Schick positive; two doses of Diphtherinum in potency were given; two weeks later two of the children were Schick negative, the third became Schick negative a few weeks later, before orthodox immunization, so it does seem that homeopathic nosodes will *gently* stimulate the immune system to respond and produce defences. This is so alien to conventional doctors, they cannot accept it. Of course major trials are needed to convince the profession and these are not likely to happen in the present climate of medical fascism.

Two words of caution: Dr. Paterson was most emphatic in urging that serum should not be given after a homeopathic remedy. Very bad results had followed this method; other doctors stated that when the serum was given first, and the homeopathic remedy second, no adverse effects had followed. Secondly, the Schick test itself is considered by many to be unreliable in diagnosis [KSM].

Let us read together some words from a wise old lady, one of the leading figures of homeopathy, who learned her trade before the rise of industrialized, chemical medicine, and was practising at the time immunization was introduced: Dr Dorothy Shepherd (*Homeopathy in Epidemic Diseases.1967, pp.14-16*)

On Prophylaxis

"Epidemic diseases treated and nursed at home raise the problem of prophylaxis or prevention. Here again homeopathy offers the best solution. Believe me, it has been shown again and

again that our medicines given intelligently and according to our law that 'like cures like' do not only cure infectious diseases speedily and easily without the development of any complications, but they also prevent these same diseases.

This is of great importance, particularly in the case of infants who have not enough stamina to stand up to an onslaught of whooping cough or measles or diphtheria, or infantile paralysis

"If one can prevent these diseases until the children are over five years of age, the disease is usually not so fatal, and the children stand a better chance of survival.

"Of course, the modern methods of prevention of disease occupy much space in our medical literature, and apparently they are successful to a degree. The agents used in prophylaxis resemble crudely the medicines used in homeopathy, and some homeopathic physicians have been somewhat led astray by this similarity to the homeopathic principle, and recommend the present orthodox methods. "Are the inoculations against the various infectious diseases 100 per cent foolproof? Do they not in some cases lead to serum or vaccine disease? Is it not a fact that they often produce severe reactions? Indeed, they have been known to lead to fatal consequences. Have I been more unfortunate than the average homeopathic physician in seeing the negative or disease-producing effects of orthodox prophylaxis?

Indeed I was not biased either in the beginning. I was extremely interested in prevention of such diseases as diphtheria and measles and the rest. It was a great disappointment to me to observe the frequent severe reactions in the wake of immunization against diphtheria, and later on the uncertain effects of inoculations against measles, whooping cough, and scarlet fever. "Now some of my fears of the dangers inherent in the modern methods of inoculations have been proved to be well rounded and correct. Some impartial medical observers in Australia have found that the incidence of poliomyelitis, the modern infantile paralysis, has vastly increased since whooping cough and diphtheria inoculations have become more popular, and that the incubation period of infantile paralysis corresponds closely to, and follows exactly on the correct day after the inoculation has been made. It might have been coincidence, if it had only happened in one or two cases, but unfortunately it has happened in more than 5 per cent of the cases. (Note: I have seen the same relationship between Feline Leukemia vaccine and the occurrence of Feline Infectious Peritonitis which seems to follow the vaccine at a much higher incidence than one would expect)

"At the moment doctors are advised not to immunize at the danger periods of the year, when infantile paralysis is most prevalent. Whether this is the first step in giving up the dangerous method of immunization, one does not know.

"My own personal opinion is, that inoculation with any type of serum in any of these infectious diseases is harmful and can easily and safely be replaced by a remedy or remedies, proved according to our Law of Similars that 'like cures like' on healthy individuals. Nosodes or disease products of the actual disease are often most active preventives. This will sound revolutionary to many doctors, but for years I have been in the position to watch the results and after-effects, early as well as late, of immunization against diphtheria, and I have not been impressed.

"For years I worked in closest contact with an immunization clinic and had to convince the mothers of the great advantage that would ensue. It was somewhat difficult to deal with irate parents later on, when they had been told that the operation was painless, and they saw the swollen, congested arms which occasionally cropped up. And it was even more difficult when a child developed diphtheria after it had finished its course of inoculation! And as for that mother who lost her child of a fulminating attack of diphtheria within eight hours after the disease started when a certificate of safety had been issued from the clinic; I do not know how the immunizing doctor got over that (obstacle)!

"I was very unpopular, I remember, when the Medical officer of Health was told about this fatality from diphtheria, and he remarked 'This would not have happened, if the mother had the child immunized', and I retorted that she had been well and truly (vaccinated) six months previously. I used to receive all the official publications on diphtheria immunization from the said doctor after this little contretemps, as if he was trying to shelter himself behind the official acts. "I therefore have no hesitation in stating that from my own experience and observation, the homeopathic preventives are much safer in use, and absolutely certain in their effects. Even should the infectious, disease develop, it will be in a much milder form."

On Whooping Cough

"(For a time) in my professional life I had no opportunity to treat whooping cough. Parents accepted as a fact that whooping cough lasted at least six weeks, or until well on in May, and as it

could not be cured it just had to be endured. A doctor was rarely called in. One day I procured a copy of Dr. Clarke's monograph on *Pertussin*, the nosode of whooping cough (the potentized serum of this disease). My eyes were opened to the possibilities of cutting short an epidemic of this dread disease.

"At that time there was a small outbreak in the neighborhood of the clinic, so with the help of the visitors and nurses, we coaxed the mothers to bring the little sufferers to the clinic for treatment before the commencement of the session to avoid infecting others. The results with *Pertussin* in potency were so striking that I soon used it in all the clinics and nurseries I attended, both as a prophylactic and as the curative remedy after the disease had started.

"During the four years before the second world war, 950 cases were treated with the following results. One baby five months old died. Two mothers, having four children between them, did not carry on with the treatment after twenty-four hours, preferring their children to be sent to an (allopathic) hospital. These four youngsters were away from their homes for well over four months and came back a mere shadow of their former selves, requiring several months' convalescence at the seaside, while the children in the same street who had been dosed with the small pillules of *Pertussin* were fully recovered after only a fortnight.

"It created quite a stir in that neighborhood at the time, I believe. The severity of the attacks was mitigated at once. They diminished in frequency as well. Vomiting became less violent, and the duration was considerably shortened. It depended largely on the stage of the disease at which the treatment commenced. It was aborted under a week if seen within the first day or two. If seen at its height, it would take another ten to fourteen days at the most, with greatly diminished severity. All the children escaped the usual complications. No broncho-pneumonia followed, and we saw no wasting and no marasmus. It was indeed surprising how well they looked at the end of the attack - they were often better after the whooping cough than they had been before.

"On another occasion 364 cases were given daily doses of *Pertussin* for two weeks after contact. Many of these cases were seen in the day nurseries under my care - not one of these children developed the disease. As two of the nurseries took in children from two weeks old, it was most essential that they should not be exposed to the infection, and it was gratifying to find that *Pertussin* was a means of preventing the spread of the

disease. To quote an early experience - when I was not sure yet of the power of *Pertussin* in preventing the disease, a girl of five years old attended a private school. Of the twenty-one children in her class, eighteen were infected with a severe type of whooping cough. Only three escaped - two had whooping cough a year before, and the third was my little friend. How anxious I was whether my little doses would work, and great was the triumph when we were successful.

"The school doctor, whose own two children were attacked with a particularly severe variety of whooping cough after doses of prophylactic serum administered by himself, was wrath with the little girl's mother, because he would have it that the little one must have had whooping cough the year before without the mother knowing! He accused her of not being exactly truthful as it was impossible to prevent whooping cough.

"In another private school, a child came back after the holidays with a fully developed whooping cough, in spite of carrying a doctor's certificate as being free from any infectious disease. All the twelve children in her class were infected. The headmistress, on my advice, gave *Pertussin 30* four-hourly, and the children had the mildest attack of whooping cough she had ever seen. They enjoyed being ill, playing all the time in the orchard and in the big old barn instead of having lessons. Ten years previously, she told me, whooping cough was inadvertently taken to her school. Weeks of great anxiety and hard work followed. Several night and day nurses had to be called in - it was a nightmare time for her. She was grateful to homeopathy, and to the nosode *Pertussin* for turning so serious a disease into a mild one.

On Diphtheria

"I must say a few words on *Diphtherinum* - the diphtheria nosode - and its use as a prophylactic instead of the popular immunization of the orthodox school. Our homeopathic prophylactics are far safer and are not complicated by any early or late after-effects. *Diphtherinum*, the diphtheria nosode, is an excellent preventive and has been used by other homeopathic physicians as well as by myself in hundreds of cases, with success.

"I have given *Diphtherinum* CM in unit doses and occasionally *Diphtherinum 30* in weekly doses for four to six weeks, and I have not heard of any failures. Of course, it may be argued that these children might not have developed it in any case - which may be true.

"I am chary of advising diphtheria inoculations as a method of prevention of the disease. I was medical officer at a children's clinic, which served a crowded area in South London within the reach of eight big schools, with a population of several hundred scholars in each. We had a daily attendance of over a hundred children for treatment. We always knew when there had been an immunization session at any of the schools nearby, for they flocked in their dozens to us, having their swollen aims, the septic sores, and the dermatitis dressed within a few days. We used to give them - as a matter of routine - *Diphtherinum 30* in daily doses, and got rapid healing and disappearance of the lesions. Later results in many of the children who bore the brunt of the inoculations well in the early days, were crops of multiple warts on hands, arms, and in their hundreds on the cheeks and face, peculiar dark brown, almost black, minute warts, which went on for months, but cleared up, almost overnight, at any rate in a week or two, with repeated doses of *Diphtherinum 30*."

Suggested Dosage Regimes

There are several approaches in using homeopathy as an aspect of managing serious and potentially fatal childhood illness:

- As a stand-alone alternative to immunization
- As an adjunct, to quieten the side effects of immunization
- As a disease treatment, once established
- As a means of altering the body's susceptibility to infectious disease (fortifying the immune system)
- Using it to effect changes **if your child has already been damaged by vaccination**

Let us take each of these in turn. First this table lists the commonly available nosodes.

IMPORTANT: a nosode is the potentized homeopathic form of a disease tissue. It is a remedy made from the products of a disease, e.g., a secretion, discharge, or lesion. It is not made directly from a culture of the disease agent or from a vaccine. This is an important point as there is a great difference in efficacy between a proper nosode and a remedy made from a culture or vaccine (which is generally ineffective in prophylaxis).

A nosode in turn must be carefully distinguished from a potentized version of a vaccine. In the latter case it is the actual vaccine (with thimerosal, other adjuvants, culture medium and all included) which is

prepared medicinally. These are used to mitigate bad reactions to the vaccination. Beware: there is a great deal of ignorance about these details, especially among inadequately trained people professing to be homeopaths.

The homeopathic nosodes that correspond with the different vaccines and their diseases are tabulated below.

Vaccine or disease	Corresponding nosode
Diphtheria	Diphtherinum
Pertussis	Pertussis
Tetanus	Tetanus
Tuberculosis	Bacterinum or Bacillinum
Polio	Polio and/or <i>Lathyrus sativus</i>
Measles	Morbilli
Mumps	Varicella
Rubella	Rubella

If you don't know anything about homeopathic potency scales, a helpful box follows:

THE HOMEOPATHIC POTENCY SCALES

There are two main sequences of dilutions used in homeopathy. The first is decimal scale. The active substance is diluted 10 times; the result is diluted a further 10 times (2X), the next step a further 10 times (3X) and so on. Thus 10X is a dilution of 1×10^{-10} or one thousand million in words. In Europe this sequence is labelled D for decimal (D4, D200 and so on).

The second scale is centesimal (C). Thus 6C, a commonly used potency, has been diluted 100 x 100 x 100 x 100 x 100 x 100 times. 30C and 200C are also recognized as highly workable.

Very high dilutions come at 1M (1,000C), 2M, 10M and even LM (500 x 1000C) and beyond.

There are several vaccinations to consider, regarding childrens' immunization programmes: diphtheria, meningitis, whooping cough (pertussis), tetanus, TB, polio, measles, rubella and mumps. Personally I would not recommend to even bother with polio Europe. The natural disease is extinct. Only the weird variant *caused* by polio vaccines is encountered, producing chronic fatigue states and post-viral syndrome.

In general, higher potencies are used to treat the disease; only moderate doses are used as a prophylactic. If you want to substitute homeopathy nosodes for any vaccination, not under

the guidance of a skilled homeopathic **doctor**, you are advised to use 30C of the nosode, taken as a pill or a few pillules, or droplets in water, taken twice on day one and twice on day two. Thereafter, administer it one day each month, two doses on that day.

Alternatively, and I use this along with most German homeopaths, a chord or mixture of potencies of the nosode, typically D12, D30 and D200 together, taken every day for a week, then weekly for a month, then every month for as many years as you care to use it.

Important: don't touch the remedy with your fingers and do not give it close to food. Avoid any contamination with coffee, peppermint and strong herbs or spices.

SIDE EFFECTS: Yes, there can be side effects from homeopathy! We see this is the disease process being forced on the run in the body. But tissue reactions sometimes result from the fight, which goes on inside our bodies. This is natural and healthy and has nothing to do with drug side effects, which are essentially matters of poisoning.

Homeopathic effects are usually mild but can be quite striking. From TB or Medorrhinum (see later section), the child may become fractious or in a very bad temper, typically on day 4, day 10 and day 14 after the initial dose. Day 10 is usually the worst. Don't worry, don't stop the treatment and **don't do anything to treat this reaction or you will block the process (a common mistake that doctors make)**.

Taken in conjunction with immunization injections

Prepare the patient with Thuja 30C for 2 days beforehand plus the potentized vaccine (not higher than 30C), dose= twice a day. **DO NOT ADMINISTER THE NOSODE BEFORE THE INJECTION OR SERIOUS CONSEQUENCES MAY OCCUR.** After the injection (same evening or starting next morning) give the potentized vaccine (eg. DPT 30C or chord of D12, D30 and D200). Use a once a day dose unless symptoms of a reaction develop. If there is a reaction, it's a disease mimic, the so-called "healing reaction" and it needs treating with a mild form of the actual nosode, say 30C.

Generally, reactions can be prevented by using "drainage remedies" both before and after administering nosodes, which comes into **homotoxicology** (see later)

With or without immunization, your child may develop one of these diseases. Don't panic! Nature is on your side. The disease is almost invariably mild if the child is well-nourished and not already chronically sick.

The recovery process can be aided by the use of mid-range potency, about 200C, of the proper nosode (**not** the potentized vaccine). Remember potentized vaccines do not confer immunity or treat disease. They are used **only** to calm the possible after effects of an immunization shot, if you have chosen to go that route.

But there are also specific compound and highly effective formulations for treating the diseases. Since this domain also is about altering susceptibility or treating the terrain (treatment approach 4 above). It is called homotoxicology.

OK. What's Homotoxi- thingummy?

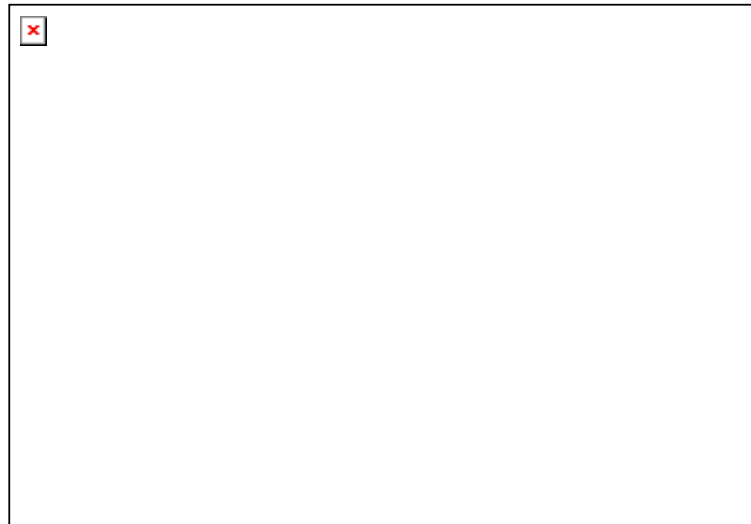
Despite a clumsy name, homotoxicology is a wonderful natural healing science. It is a therapeutic branch, which enables deep cleansing of the body tissues, removing old toxins; disease processes and degenerative debris, leaving the fluids clean, fresh and able to function as intended.

Based on homeopathy, but not quite the same thing, **homotoxicology** is the brainchild of German doctor Hans-Heinrich Reckeweg (1905-1985). Knowing homeopathy and drawing on a vast knowledge of herbal lore and medicines, he compounded a store of remedies, which trod a line between folk medicine and basic plant pharmacology. In the course of time it has proved itself so well that tens of thousands of German doctors use it in daily practice, although less well known in the rest of the world. It has been also called the German system of homeopathy, though this is slightly comical, since a German, William Hahnemann, also invented the original system of homeopathy.

Whereas so much molecular medicine is aimed at the cell, as if it were the sole seat of disease, Dr. Alfred Pischinger, then professor of Histology and Embryology in Vienna, saw with great insight that the extracellular fluids were the key to health. These fluids, which Pischinger called the "matrix", or ground regulation system, because it supports everything else, brings nutrition, oxygen, hormone messengers and other vital substances to the tissues and removes excretion products, toxins and the residue of old diseases. Cells may be important but not a separate entity,

because they cannot exist without being nurtured in this matrix. Reckeweg pursued Pischinger's matrix model and devised ways to use natural substances to support, clean and revitalize the extracellular matrix. Most of the classic homeopathic remedies are still there, though used slightly differently.

I have reproduced a diagram of the matrix here. It's the best I could find. I hope it sheds some light.



It shows the matrix being fed by blood from the heart and drained away by venous blood **and** lymphatic drainage (doctors tend to forget this aspect of tissue hygiene). The connective tissue cells are floating in the extracellular fluid. The whole is supplied by the nervous system, which helps regulate it. But many chemical messengers also control this matrix: hormones, of course. Also cytokines (literally means *cell motivators*).

Mixtures

The characteristic difference is the use of mixtures, which classic homeopaths frown upon. But Reckeweg ignored the dogma and carried out decades of practical research, demonstrating conclusively that the formulations worked and worked well. He made compounds which would support the liver and kidneys, which would work for 'flu, diabetes, women's problems, stimulate metabolism, tone up the immune system, retard tumors, repair inflammation, act as pain-killers and so on. In other words these are function-based medicines. The mixtures give rise to yet another name you may encounter "complex homeopathy". Not all remedies are mixtures of substances however; some are single remedies in a mixtures of potencies (called a "chord", after the musical term for several notes sounding at once).

There are key advantages to using potency chords:

- Deeper action
 - Fewer initial aggravations than classical dosing
 - Doses can be repeated
 - Broader spectrum of effect
 - No problems selecting the appropriate potency
 - No problems in assessing the duration or spectrum of action
 - Mixing high and low potencies produces an effect that lies somewhere in between: rapid onset (low potency) and long-lasting action (high potency) Faster action
- Potency stages retain their own effects

Six Steps to Death

Reckeweg devised an ingenious model of disease he called progressive vicariation (progressive, in this sense, means getting *worse*). The first three are excretion, reaction and deposition. The poisons cause the body to first start to reject the toxin - excretion. In this model we look on a runny nose or diarrhoea as healthy ways to get rid of the toxin and these processes should not be blocked, but **aided** to conclusion. Let them happen! If excretion is not effective, the body will start to react to the toxin and symptoms will result. If the process continues, then there is accumulation of the toxin or the deposition phase. From here on things start to become serious.

In the next phase, impregnation, the toxin becomes more permanently embedded in the matrix. Next comes the degeneration phase, where cells, tissues and organs become damaged and start to die and decay. Finally, we enter the de-differentiation stage where malignant tumours are the **norm!** Death can be expected to follow.

We can summarize all this in a simple table like this:

Locality of Tissue Changes	Descriptive Term
<i>Humoral phases</i> In the fluids of the body	Excretion phase
	Reaction phase
<i>Matrix phases</i> In the connective tissues	Deposition phase
	Impregnation phase
<i>Cellular phases</i> In the cells and organs	Degeneration phase
	De-differentiation

NOW you understand the term homotoxicology. It is the investigation and removal of auto-toxins, that is self-generated toxins which accumulate within the body and cause damage. NOT homeopathy, as such, you will readily see. But a keenly related discipline.

Unlike orthodox medicine (sometimes called *allo*-pathic, in contrast), we take the view that it is possible to reverse some of this degeneration process. Wherever you start, you can always improve it, sometimes quite a lot.

WARNING: common sense says that the further down this series of phases you go, the harder it is to reverse the process. I've seen homotoxicology remedies work miracles. But you cannot expect to cure everything if there has been a lifetime of abuse and overload.

What Has All This to Do With Immunization?

Simple. Immunization is all about rendering the body's defenses hostile to any potential intruder. So is homotoxicology.

Without taking on a specific disease treatment, homotoxicology can

ADMINISTRATION:

All complex homeopathic remedies are easy to take. You simply place a few drops in water and swallow. They can be mixed together. Some formulations require you dissolve the remedy in a litre or so of water and drink that throughout the day, then skip 2 days and repeat (one day on, two days off, if that's easier)

NOTE: I have used throughout the product names of major German manufacturers
Miasms and susceptibility
Homotox and Traumeel and Engystol

A Word About Miasms

Dpt potentized, easier than giving the parts, though I would recommend MMR is given separately. Big ones: meningitis MMR

A note on adult vacs. Hep B is very dangerous and has killed or nearly killed several fit well adults. Yet it is still administered unnecessarily. Unless you are in the medical or nursing profession, or in hospital service, or attending drug addicts and

high risk cases, or intimate with someone who is a high-risk case, do not allow it.

Tuberculinum or Meddorrhinum to children. Tendency for a shaper reaction on days 4, 10 and 14 after the initial dose (day 10 the worst). Outburst of tantrums and with Medorrhinum, mucus discharges.

What else to do if your child already has been damaged..