

Homeopathic Alternatives to Vaccines

Presented by Richard H. Pitcairn, D.V.M., Ph.D., in Minneapolis, 1993.

In this presentation, we are going to look at several issues about this question of disease protection with homeopathic remedies. First, the question: Have remedies been used in a protective way (rather than just the treatment of disease)? Second, what is the mechanism for such a protective effect? Third, what specific guidelines can we use for the use of remedies for the protection of our animal patients?

The idea of using a medicine, prescribed homeopathically, for the prevention of disease was present from the very beginning of homeopathy. To my knowledge, the first presentation of this concept was by Samuel Hahnemann in an article, entitled Cause and Prevention of the Asiatic Cholera, which was published in 1831.¹ In this article, Hahnemann suggested a list of remedies (Camphora, Veratrum, Bryonia, Rhus toxicodendron, Cuprum) that would be of most use in the cholera outbreak that was raging at that time. He was able, from an understanding of the principles of homeopathy and a knowledge of the medicines, to give this guidance even though he, himself, had little experience with the current outbreak of the disease. His followers quickly put these suggestions to the test with remarkable results. In no little way, this predictive ability of Hahnemann's, in a time of great uncertainty in the use of medicines, was tremendously effective in convincing doctors of the efficacy of homeopathic medicine. To be able to have effective treatment in the face of an epidemic puts aside, at one stroke, the idea of indefinite, imaginary, or placebo effects from use of the medicine.

Later, Boenninghausen, one of Hahnemann's most able and early students, describes his discovery of the similarity between smallpox (in people) and malanders (in horses).² He noticed that when smallpox would appear in an area, the horses would also show the disease of malanders — that these two diseases appeared together. So, because Thuja was considered to be the specific remedy for this problem in horses, Boenninghausen tried it in smallpox in people and found it to be very effective in treatment. He carried this one step further, giving the remedy to members of the same household of the patient ill with smallpox and found it prevented the disease with every person it was used.³

This concept of using remedies to prevent disease was used by many of the earlier homeopaths but in sort of an immediate way. That is, it was used during an epidemic to protect exposed people or with family members, but it was not, to my knowledge, used on a long term basis without the threat of disease actually being present. It was much later, in this century, that homeopathic prophylaxis was extended to the idea of long term protection.

Also, as nosodes⁴ of the specific diseases began to be used, more experience in disease prevention accumulated.

1 Samuel Hahnemann, MD. 1831. Cause and Prevention of the Asiatic Cholera. Archiv. f. hom. Helik., vol. xi.

2 A dry, scabby or scurfy eruption or scratch behind the knee in a horse's foreleg.

3 C. M. F. Boenninghausen. Concerning the Curative Effects of Thuja in Small-pox. Allg. hom. Zeit., Vol. xxxvii. p. 21.

4 A nosode 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).

Evidence of this can be found in the literature. Here are some examples from the fascinating little book by Dr. Dorothy Shepherd, *Homeopathy in Epidemic Diseases*:

“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 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 (my emphasis) 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, con-

gested 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.”⁵

“(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 pilules 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 bronchopneumonia 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

5 Dr. Dorothy Shepherd. 1967. Homeopathy in Epidemic Diseases. pp. 14-16.

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.⁶

“In (another) epidemic there were 120 children of varying ages, ranging from twelve months to fourteen years, on prophylactic doses; only one out of this number, an infant of eight months, died, the parents counteracting the action of the Pertussin by applying camphorated oil to the chest.”^{7, 8}

“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 aftereffects. 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.

“Which is the best potency to give for protection? I could not lay down any hard and fast rules myself; I have only been feeling my way so far. A French homoeopathic doctor is reported to have conducted an experiment along these lines for years, and when he published his results later, he claimed that the higher potencies give longer immunity: the 1000th⁹ gave approximately two and a half years’ protection, and the lower ones less, by analogy it follows that the thirtieth would protect for only a few months.

“Doubt has often been expressed, whether Diphtherinum or any homeopathic medication can truly prevent diphtheria. 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.¹⁰

6 Ibid. p. 64-67.

7 Ibid. p. 18.

8 Camphor is known to be an effective antidote to the effects of homeopathic medicines. Other antidotes with this effect are coffee, allopathic drugs (especially steroids) and sometimes things like electric blankets, mint toothpaste, etc. in some unusually vulnerable patients.

9 That is, a 1M potency.

10 The Schick test is the injection (intra-cutaneous) 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.

All the cases done in this way gave a Schick negative result within nine weeks, and some as early as three weeks afterwards.¹¹

“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 was carried out. Dr. Mitchell adds ‘three cases do not prove anything except that immunity can be induced by homeopathic potencies’.

“Dr. Paterson was most emphatic in urging that serum should not be given after a homeopathic remedy. Very bad results had followed this method (my emphasis); other doctors stated that when the serum was given first, and the homeopathic remedy second, no evil results had followed.

“Dr. Bodman said that at the Bristol Homoeopathic Hospital some thirty to forty nurses were immunized by the orthodox method. It was noticed hereafter that an enormous amount of sickness followed immediately after the immunization. It temporarily reduced resistance to any infection, and they went down with influenza, German measles, whooping cough, and the sickness rate among the nurses was higher during the six months following diphtheria immunization than in any period in the history of the hospital.

“Personally, as I have stated already on different occasions, I have observed during the last twenty years that immunization is followed in an appreciable percentage of cases by a general lowering of resistance, (my emphasis) and I have seen serious and fatal cases of toxemia coming on within a week or two after diphtheria inoculation. Dermatitis starting from the point of inoculation and spreading all over the arm and to the chest and cheek developed in three children of one family after the inoculation, and the Loeffler bacillus was found in the discharges from the skin. Diphtherinum M in daily doses cleared up the dermatitis in a fortnight, when previously it had gone on spreading for several months, and resisted all sorts of local treatment.

“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 arms, 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 warts¹² 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.”¹³

“Infantile paralysis is one of the modern varieties of a disease which has come to the forefront during the last fifty to sixty years; gradually it has become more frequent and more virulent. It has extended its battle front for at first it attacked mainly infants and young children under two years of age; in Europe we had sporadic cases cropping up here and there, who came under the care of the orthopedic surgeon, when paralysis set in, usually too late for the physician to deal with it.

“The homeopathic (doctor) working on the facts observed on healthy people taking certain drugs,

11 It is not likely that an immune reaction is initiated by use of the diphtheria nosode, so this “immunity” is likely of a different type than that induced by injection of antigen.

12 The development of wart and growths is a common manifestation of the sycosis miasm induced by vaccinations.

13 Dr. Dorothy Shepherd, 1967. Homeopathy in Epidemic Diseases. pp. 26-29.

found that the remedy *Lathyrus Sativus*, presented a picture in its symptomatology, strikingly alike, both pathologically and clinically to infantile paralysis, hence its use as a preventive in this disease. And it has had one hundred per cent success during the last thirty years in many epidemics, as Dr. Grimmer of Chicago, for one, states. His recommendation is to give a dose of *Lathyrus Sativus* 30th or 200th potency once every three weeks during an epidemic, and he states there will be no case of paralysis among those so immunized. Does this sound too good to be true? Try it my friends and see.

“Dr. Taylor Smith.....used *Lathyrus Sativus* as a prophylactic in a group of eighty-two healthy people. Each was given one dose of *Lathyrus Sativus* 30, which was repeated in sixteen days; the group included forty-two white children, twenty-one coloured children, and nineteen white adults. The ages in the group varied from six months to twenty years; moreover they all lived in close proximity to a suspect area, twelve children in fact were direct contacts, yet not a single one in this group developed poliomyelitis.”

Literature on use of remedies preventively in animals is not as abundant as for human patients. However, there have been several instances mentioned here and there in the literature. The most extensive, to my knowledge is that by Dr. Horace B. F. Jervis, a veterinarian that pioneered the use of *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 with this nosode.¹⁴ Let me use his own words:

“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,¹⁵ 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...”

Dr. Jervis discusses the ravages of this disease and the almost invariable death that followed its appearance.

“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 labors: truly a labor of love, at that, as it meant

14 Dr. Horace B. F. Jervis. 1929. *Treatment of Canine Distemper with the Potentized Virus*.

15 At the time that homeopathy was new and spreading around the world, the homeopathic practitioners called themselves the “new school” of medicine. The “old school” referred to the allopathic practitioners.

the possible saving of many a sweet little dog who otherwise would be swept away by this ruthless disease.

“I had some virus, styled by me as ‘strain L’ 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.”

Dr. Jervis then goes on to describe how useful this nosode is in treatment — often aborting the development of clinical distemper if given in the incubative stage. It also will stop the putrid diarrhea, the convulsions in the cerebral form, even reversing the dying stage seen later in the disease. He recommends especially use of the 200th potency. However, he cautions that some developments of distemper need other remedies, the nosode not sufficing. However, let’s continue with our interest in prophylaxis and see what he has to say about this.

“The agent (distemperinum) bids fair to come very much to the fore as a prophylactic agent in the prevention of distemper in the susceptible pup.... . Two (unvaccinated) puppies that I happened to acquire I gave a course of potentized virus to and for a period of fifteen days. They were placed in my distemper ward in close contact with the rest of my cases and both withstood the infection and never missed a meal. At the end of that time, not content with that exposure to the natural infection, I injected both of them subcutaneously, with one c.c. of crude virus. At the end of four days they both developed a dry husky cough, characteristic of the distemper cough with which we are all so familiar, and for two days showed a little bead of purulent nasal discharge. This latter had completely vanished at the end of the third day, and with the exception of the little cough that remained, the latter clearing up in about a week, the pups showed no ill effects from their experience.

“This greatly encouraged me to try it out on susceptible pups brought to the hospital for surgery, or what not, as it had always greatly mortified me to have a puppy here, either for board or other purposes, and have it afterwards come down with distemper in about three days. No amount of persuasion could ever convince the owner that the puppy did not pick up the infection at the hospital, and it was always a waste of breath to undertake the convincing, even though, had the puppy been at home he would most likely have gone down with it under the same conditions.

“Since I have been employing this method, not one of my surgical cases have been reported as being sick; and believe me you might soon hear about it when they go down with distemper, even long after the period of incubation is past.

“If this is not a means of permanently immunizing a puppy, it would appear most likely to modify the severity of the attack, as shown in the case of the two puppies that were given the crude virus. Of course the subject of bringing about immunity by any other means than the use of a hypodermic syringe is going to stick in the crop of a great many.”

To understand how a remedy can protect against a disease not yet experienced, we must consider three things — the question of susceptibility, the concept of chronic disease, and, lastly, the requirement for homeopathic similarity.

Hahnemann describes susceptibility like this:

“The psychic and physical inimical influences that we encounter in the world and that we call disease agents do not have an absolute power to untune our organism. When I speak of disease as a tuning or untuning of the human economy.....I am pointing out that diseases are not and cannot be mechanical or chemical changes in the material substance of the body, that they do not depend on

a material disease substance, but are an exclusively dynamic, spirit-like untunement of life. We fall under their influence only when the organism is disposed and susceptible enough to their attack for its feelings and functions to be altered and untuned from the normal. Thus these disease agents do not make everybody sick each time.”¹⁶

In other words, Hahnemann is saying that a predisposition to susceptibility must exist first before an infectious disease can be established. The corollary then is that not every animal will be in this state of susceptibility — that it depends on the presence of something else to bring this about. This “something else” Hahnemann credits to the existence of a state of chronic disease. It is the condition of psora or psora mixed with sycosis which creates the condition of susceptibility. If the life force of a particular individual is not distorted by the presence of chronic disease, then a state of susceptibility does not exist — and contagious disease will not find an entry.

This state of susceptibility is also a quantitative one. There is a limit to the amount of disease that can enter the individual. Kent puts it like this:

“In contagion there is practically but one dose administered, or at least that which is sufficient to cause a suspension of influx (of disease). When cause ceases to flow in a particular direction it is because resistance is offered — for causes flow only in the direction of least resistance. When resistance appears influx ceases, and the cause no longer flows in.”¹⁷

How does all of this translate to an understanding of how a remedy can be protective of a disease not yet encountered? First of all, the state of susceptibility to contagious disease depends on the prior condition of chronic disease — either inherited or acquired. Second, the susceptibility is satisfied, or filled up one might say, by the inflowing of the disease itself. Once the vital force has taken in a certain amount then no more can enter in.

This, then, is the mechanism by which we can prevent disease. If we are able to satisfy this same susceptibility with a medicine that is similar to the disease (for which the patient is susceptible) then we, in essence, have plugged the hole that existed. There is no room for the natural disease to enter.

However, it is very important to realize that we are not doing treatment with this approach. We are not giving a remedy because the patient is ill. What we are doing is establishing a temporary, artificial medicinal disease that is taking the place normally occupied by the natural disease.

We can draw two conclusions from this.

- First, we must use a remedy that is very similar to the natural disease to satisfy that susceptibility.
- Second, the duration of this artificial disease is limited in time. These two principles give us a reliable guide in understanding how to protect animals from disease with homeopathic remedies.

(A third implication, which we are not discussing today, is that complete cure of the chronic disease leaves the patient in a resistant state without the need for use of prophylactic disease remedies.)

In recent times, the most significant research with this approach has been by Dr. Christopher Day of England. Known as an outstanding homeopathic veterinary practitioner, he has published excellent studies in the use of nosodes.

16 Samuel Hahnemann, M.D. 1842. *Organon of Medicine*. Par. 31.

17 James Kent, M.D. 1900. *Lectures on Homeopathic Philosophy*, pp. 106-107.

For example:

A kennel cough outbreak in a kennel housing over 200 dogs showed a very significant drop in incidence of the disease from almost 100% to less than 5%.^{18, 19}

Another study of prevention of porcine stillbirths resulted in a decrease of incidence from 80% to 30%.²⁰

Use of a bovine mastitis nosode prophylactically, gave a reduction in incidence from 48% to 3%.²¹

These are very significant results that can greatly encourage us in use of this method of protection.

For the last three to four years, I have been using a mixture of nosodes²² for prophylaxis with more faith than research to rely on. However, results are satisfactory. Based on my clinical experience, I think I can safely say that protection with nosodes is as reliable as with vaccinations and with the added advantage of few unwelcome side effects.

I based my method on the available literature. As already presented in Dr. Shepherd's writings, apparently the higher potencies give longer protection. I use a method of ascending potencies — from 30c to 1M. My protocol is like this:

- One dose each week, of 30C potency mixture, for a total of three treatments.
- Wait for two weeks.
- One dose every three weeks, of 200C potency mixture, for a total of three treatments.
- Wait for one month.
- One dose of 1M potency mixture, to be repeated every four months for the life of the animal.

Using this same method, I have also attempted protection against Canine Heartworm using a nosode of microfilaria infested blood originally prepared by Dr. Stephen Tobin of Connecticut. Though my numbers are limited, I have found 100% protection for about 20 dogs that live in heartworm areas. Unfortunately my follow-up is only for the first 18 months or so, and I have not been able to extend this study to more animals.

Other practitioners have used different schedules. I believe in England, only the 30C potency is used and it is given more frequently. I have done this same thing (e.g., 30C bid) in the face of likely infection of puppies with parvo and seen very satisfactory results.

Dr. Don Hamilton of New Mexico uses only two nosodes for dogs — distemper and parvo — with ascending potencies from 30C to 1M, similar to my method. However, he administers

18 Christopher Day, MRCVS. April, 1987. Isopathic Prevention of Kennel Cough — Is Vaccination Justified? *International Journal for Homeopathy*, V. 2, No. 1. pp. 45-50.

19 Christopher Day, MRCVS. November, 1987. Clarification of Kennel Cough Article from Vol. 2, No. 1, p. 45 "Isopathic Prevention of Kennel Cough — Is Vaccination Justified?" *International Journal for Homeopathy*, V. 2, No. 2. pp. 57-58.

20 Christopher Day, MRCVS. 1986. Control of Stillbirths in Pigs using Homoeopathy. *International Journal for Homeopathy*, V. 1, No. 2. pp. 26-28.

21 Christopher Day, MRCVS. 1986. Clinical Trials in Bovine Mastitis Using Nosodes for Prevention. *International Journal for Homeopathy*, V. 1, No. 1. pp. 15-19.

22 Canine Protection Series: Distemper, Parvovirus, Kennel Cough, Leptospirosis, and Rabies. Feline Protection Series: Panleukopenia, Rhinotracheitis, Calici virus, Feline Leukemia, Feline Infectious Peritonitis, and Rabies.

only one nosode at a time rather than a mixture. For cats, he gives only panleukopenia nosode. I am sure there are other variations being used in this country and throughout the world.

However, I am not entirely satisfied by my protocol because of the use of mixtures of remedies. I am not sure that it is as successful as a remedy used by itself. Certainly in the treatment of disease I can confirm that single remedies are clearly more effective than mixtures of remedies. Logically, this would extend to the use of remedies in prophylaxis as well.

My capitulation to the use of mixtures of remedies is entirely political. Clients are not usually satisfied unless they feel that their animals are “completely protected” against the same diseases that are used in vaccines. And I could never figure out a schedule that would allow all of these remedies to be used by themselves. However I agree, with Dr.’s Hamilton and Loops, that only distemper and parvo are of concern for the dog and only panleukopenia for the cat.

Though other nosodes are available for diseases like feline leukemia, feline infectious peritonitis, lyme disease, etc., these remedies are not effective for treatment in the clinical situation and therefore are not likely to be protective either.

To understand this lack of efficacy of some nosodes in disease treatment, we must look again to the basic principles of homeopathy. Diseases like distemper or panleukopenia are what Hahnemann called “fixed miasms”. That is, they are acute, infectious diseases that have a definite form. This form does not change from year to year and when the disease appears, it can be recognized as the same that was seen decades ago.

Diseases like feline leukemia, feline infectious peritonitis, or lyme disease are not fixed miasms. They are actually psora or psora/sycosis complicated by an opportunistic infection. The virus or infectious agent for which it is named is not really the causative agent for everything you see in the clinical situation. Therefore, what is needed in these cases is an individualized remedy for each patient — most often remedies that are constitutional.

As increasing numbers of practitioners use this method for prevention of disease, we will begin to see many different protocols — with different remedies, different methods of administration, and different potencies being used. My experience is that clients often become confused. I get calls asking which method should be used, how to combine (or switch) from one method to another, and so on. I am thinking it is time that we develop a standardized, agreed-upon, method that most of us can adhere to and be comfortable with. I realize that we cannot hope to have everyone in agreement, but it will prevent much confusion if we can, most of us, agree to use the same method.

I am not sure how this can best come about, but I suggest that we first develop a list of those practitioners that are using remedies for prophylaxis.

What I envision is something close to what Dr. Hamilton is doing, e.g., planning protection against just those few diseases that are fixed miasms and using the remedies one at a time during the administration schedule. If we can agree on a method, we will have increased legitimacy in our client’s eyes and we will also be able to have some justification for not mimicking the vaccine formulations. After all, we are not simply trying to duplicate the vaccine effect. Rather, we have the intent of truly protecting our patients by satisfying a susceptibility that really exists and not a presumed susceptibility based on allopathic theories.

Conclusion

We have considered the idea of using homeopathic prophylaxis from several angles. We looked at what is known from the literature, even from Hahnemann's time. We considered the way in which a homeopathic remedy can establish an artificial disease that satisfies susceptibility to the natural disease. We also looked at my experience and that of other veterinarians in using these principles in a clinical setting.

In closing, I encourage all of you to consider this alternative to vaccinations. I think, as time goes on, we will see more and more evidence of the problems associated with vaccination. If I may venture to make a prediction, it is that 50 or 100 years from now people will look back at the practice of introducing disease into people and animals for the purpose of preventing these same diseases as a foolishness — a foolishness similar to that of the practice of bloodletting or the use of toxic doses of mercury in the treatment of disease.

As the problems associated with the practice of vaccination emerge into a larger concern, we will have the alternative ready for others to use.