

Epidemic Diseases and Homeopathic Prophylaxis: Fact of Fiction - 2006

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Even before the discovery of bacteria and viruses, physicians have long sought methods to prevent the scourge of epidemic diseases. Amulets have been used throughout history to help ward off illness. Coral was worn by infants to prevent colic, a red thread worn about the neck was thought to prevent nosebleeds, and a dried toad could be worn to ward off the plague. Bezoar stones from the stomachs of animals were so highly praised for their prophylactic powers, that the Shah of Persia sent some to Napoleon as a gift. Bonaparte, failing to see their merit, promptly threw them into the fire as useless rocks. So have gone many of the prophylactics of old.¹

The search for effective prevention from epidemic diseases has continued into modern medicine with Jenner's first introduction of the vaccination theory in 1776, and his subsequent use of cowpox vaccination in 1798. Likewise, Homeopathic practitioners from Hahnemann to the modern day have advocated the use of potentized remedies and nosodes as prophylactic agents. Some of the greatest successes in the history of Homeopathic Medicine have been recorded during its use in epidemics. Many have touted that Homeopathy is safer and more effective than vaccination in the prophylaxis of all epidemic diseases, but what are the facts?

Homeopathic Prophylaxis began with Hahnemann. His initial foray into preventative use of remedies was the result of inductive genius. During an outbreak of scarlet fever, three children of four in a family under his care became ill. The fourth, who was usually the first to become ill, remained free from disease. Hahnemann reasoned that since the child had been taking belladonna for an affection of the finger joints, she was in some way protected her from the infection. Soon afterward in a family of eight children, with three already infected with scarlet fever, Hahnemann seized the opportunity to test the prophylactic powers of belladonna. As he had hypothesized, all five escaped the disease despite ongoing exposure to their siblings.² Hahnemann continued to make frequent use of Belladonna during this epidemic with great success. So great was his success that many old school physicians adopted his treatment protocol and began singing the praises of homeopathic Belladonna. Dudgeon reports on 10 Allopaths of this time that used prophylactic Belladonna on 1646 children with only 123 cases developed. Pretty strong results when the attack rates were ranging as high as 90% at the time.³

Hufeland, the great Protomedicus of Prussia at the time, reviewed all the results of the prophylactic use of belladonna for scarlet fever.⁴ His subsequent declaration of its efficacy would be akin to the Surgeon General of the United States recommending the use of homeopathy in the treatment of AIDS today. Hufeland's support of belladonna as a prophylactic carried so much weight, that the Prussian Government made its use during scarlet fever epidemics obligatory in 1838.⁵

During the Scarlet Fever epidemics and later with Cholera, Hahnemann began to clarify his concept of Genus Epidemicus. In aphorism 101 of the Organon he writes, "It may conceivably happen that in the first case of an epidemic disease that presents itself to the physician's notice he does not at once obtain a knowledge of its complete picture, as it is only by a close observation of several cases of every such collective disease that he can become conversant with the totality of its signs and symptoms."⁶ And then in aphorism 102, "All those affected with the epidemic prevailing at a given time have certainly contracted it from one and the same source and hence are suffering from the same disease; but the whole extent of such an epidemic disease... cannot be learned from one single patient, but is only to be perfectly deduced and ascertained from the sufferings of several patients of different constitutions."⁷

Hahnemann is laying out several ideas in these two statements. Even before Pasteur described infectious agents in 1865, Hahnemann describes epidemics as being generated from a single source, a similar disease. However, he goes much further in describing how individuals that are impacted by this infectious agent naturally represent a variety of constitutional makeups. Paul

Herscu has developed various models to depict Hahnemann's Genus Epidemicus in a clinically meaningful way.⁸ He describes the infectious agent, or the similar disease, as a strain on a variety of individuals. The more virulent the disease the greater the strain, and the more individuals it will tend to affect. The degree to which the stress penetrates the individual and the strength of the response of the individual will determine the severity of the illness. The unique constitutional type however, will determine the exact nature of which symptoms that individual will produce.

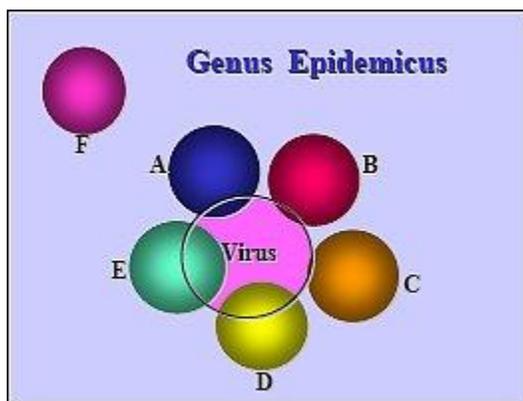


Figure 1

Figure 1 depicts how a similar disease will affect a variety of individuals. Some individuals like "D" and "E" will become more ill with many symptoms, while others like "A" and "B" may become only mildly affected. Just as one observes during the proving of a remedy, individuals will be affected by the stressor in a manner consistent with how similar the stress is to their own particular constitution. Some individuals such as "F" are so dissimilar to the disease as to show no symptoms at all. This helps describe how some individuals "catch" the flu one year and are immune the next; or how one year is a "bad" flu year and not the next. In order to ascertain the Genus Epidemicus, the homeopath must carefully take the new and unique symptoms that arise in the group of affected individuals to define the most effective treatment. Just imagine that this group with the similar disease is actually a single patient. As more patients are treated, more symptoms should become apparent that only serve to further clarify the correct remedy choice.

Hahnemann had strong evidence from his practice and a consistent theory for the mechanism of Genus Epidemicus, but trouble was afoot in the homeopathic ranks. Leading homeopaths of the early 1800's including Burt, H.L. Chase, Pidoux, and Trousseau began reporting that belladonna was ineffective in the prophylaxis of Scarlet Fever.^{9,10,11} Hahnemann retorted that what these other physician's were actually treating was not the same disease that had been present in earlier epidemics. He suggested that another Genus Epidemicus should be sought for this obviously different disease.¹²

Later epidemics helped reinforce Hahnemann's theories on the Genus Epidemicus. Utilizing this approach, Clemens von Boeninghausen was very successful during the Cholera Epidemic in Europe in 1849. Under standard treatments of the time the death rate was 54-90%, while those treated homeopathically had only 5-16% mortality.¹³ The primary remedies used for both prevention and treatment were Camphor, Cuprum metallicum and Veratrum album. The most severe epidemic of all time was the great Influenza Pandemic of 1918. Twenty percent of the entire world population was infected and 20-40 million people died. The epidemic was so devastating that the average lifespan in the United States was decreased by ten years.⁹ During this epidemic Homeopathic medicines were used widely both for treatment and as prophylaxis. The average mortality under standard treatment ran from 2.5-10%, while 1% or less patients died under homeopathic treatment. Gelsemium sempervirens, Arsenicum album and Bryonia alba were the primary remedies used in the United States during this epidemic.^{14,15,16}

If Hahnemann was correct, then why were several different remedies being used for the same

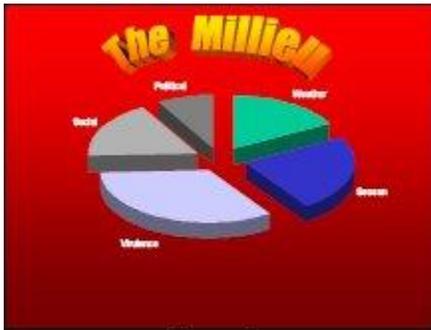


Figure 2

epidemic? The primary explanation is that epidemics tend to evolve over time and geographic spread. Factors other than the infectious agent will also influence the absolute nature of the epidemic. These factors combine to form the milieu of the epidemic, and include the weather, the political and social climate, the economics, and the season among other factors (see figure 2).

While certain remedies have been traditionally associated with a given infectious agent, they can change from year to year and even within the same season. Various authors have suggested many remedies as being potential prophylactics for various infectious diseases over the years (see figure 3). Dr. Carol Dunham stated it quite succinctly, "The selection of the prophylactic remedy must, to some extent, be governed by the nature of the epidemic, and therefore the best preventive cannot always be determined until the epidemic has appeared, and its peculiar nature has been ascertained."¹⁷

Homeopathic Prophylaxis	
Disease Type	Prophylactic Remedy Recommended
Diphtheria	Apis, Dpht, Kali-m, Lao-s, Mero, Mero-ey, Phos, Pyrogen,
Pertussis	Carbo-v, Cupr, Dros, Formal, Pertuss, Vao
Tetanus	Am, Clostrid, tet, Hyper, Led, Phys, Tet. Tox, ThuJ
Polio	Bell, Coco, Cur, Gels, Lath, Physostig, Polio
Smallpox	Ant-t, Colch, Hydr, Joan, Kali-ey, Meland, Sarr, Sin-n, ThuJ, Vao, Vario, Sil
Measles	Aoon, Ars, Ferr-P, Morbill, Puls-n, Puls-pr
Mumps	Parotid, Piloo, Trif-r
Rubella	Puls, Rubella
Cholera	Ars, Camph, Choler, Cupr, Cupr-ao, Op, Sulph, Verat
Yellow Fever	Ars, Carb-v, Crot-h, Eucal
Plague / Typhus	Eapt, Hyoc, Ign, Pect, Ruta
Malaria	Ars-t, Caut, Cedr, Chin-3, Culex, Eup-per, Gels, Malar, Nat-m, Nux-v, Rhus-t, Sep, Sulph, Ter
Typhoid Fever	Aethi-m, Aloe, Typhoid
Tuberculosis	Bao, BCG, Caro, Dros, Sulph, Tub
Rabies	Bell, Camph, Canth, Hyoc, Lysc, Sout, Stram
Scarlet Fever	All, Aoon, Apis, Bar-o, Bell, Camph, Eucal, Phyt, Rhus-t, Sarsiat, Sulph
Influenzae	Aoon, Ars, Bao, Bry, Carb-v, Eucal, Eup-per, Formal, Gels, Influenz, Laoh, Phos, Rhus-t, Sep, Sulph
Chicken Pox	Varicell
Meningococcus	Arg-n, Bell, Chin, Mening
Hepatitis	Hep A, Hep B
Gonorrhoea	Arg-n, Mero
Colds	Dulo, Eohl, Tub-Av

Figure 3

As Homeopathy has evolved and commingled with Allopathy, some practitioners have shifted from an epidemic specific model of Genus Epidemicus to a generalized approach for homeoprophylaxis. With Jenner using a principal of prevention of a disease based on the contraction of a similar but milder form of the disease, it was a natural evolutionary step for homeopaths to consider a similar use of potentized disease tissue. The choice between the frequently severe vaccinosis that resulted from smallpox vaccination and trying preventative

doses of remedies seemed clear to the homeopaths, given the current successes with scarlet fever and cholera. How wonderful it would be to "vaccinate" patients against the scourge of epidemic disease through the "safe" use of homeopathically prepared products.

In 1830, Constantine Hering was the first to consider the use of nosodes. Fifty years before Pasteur became famous for using Rabies vaccine, Hering suggested the use of Lysinum, though he never incorporated them into his own practice.¹⁸ Allen, Clarke, and Kent made further mention of a number of nosodes to be used for prophylaxis. Dorothy Shepherd initiated and popularized the concept of universal use of homeopathic prophylaxis for the general population. Others have expanded this idea, and today there are nosodes for nearly every endemic and epidemic disease on the planet.

Over the past 100 years, Allopathic medicine has developed vaccines for nearly all serious epidemic diseases, and development of newer vaccines for less severe diseases continues at a feverish pitch. In keeping with the desire to prevent serious infectious disease and out of concern for the side effects of vaccination, some Homeopaths have developed a parallel system of homeoprophylaxis using remedies that are either nosodes of the specific disease, or remedies that have been highly effective in treating that disease. Some currently recommended regimens nearly identically mirror the Allopathic vaccination model, with 28 doses of 200c to 1M doses given over the first 5 years of life.¹⁹ Allopaths routinely point to antibody production and the decline of epidemic diseases as evidence to the effectiveness of vaccination. Vaccine manufacturers and governmental agencies have conducted large-scale investigations into the safety of these vaccines. If homeopathic remedies are capable of preventing epidemic disease, what evidence exists regarding safety and efficacy of this approach?

Much of the evidence for safety and efficacy of homeoprophylaxis is anecdotal. Dr. Grimmer reported that over 30,000 individuals received *Lathyrus sativa* to prevent Polio and no one had a side effect to his knowledge.²⁰ Isaac Golden reports that out of over 1300 children who received generalized homeoprophylaxis for multiple diseases, approximately 10% had side effects although the majority were very mild and brief. His results are from a survey in which only 70% of the population responded.²¹

Several surveys have also been published evaluating the efficacy of homeoprophylaxis. A.D Fox treated 97 children with Pertussin to prevent Whooping Cough. His survey in 1987, with only 63% of the patients responding, showed that as many as 18% may have developed Whooping Cough after the treatment.²² Golden, in the same survey mentioned above, reported that his homeoprophylactic regimen was 89% effective in preventing the diseases treated.²³

Studies during epidemics have also given some valuable information. In 1902, during a Smallpox epidemic in Iowa, Dr. Eaton reported that 2806 patients were treated with Variolinum. Of the 547 patients who were definitely exposed, only 14 developed the disease. Overall protection rate was 97%.²⁴ In 1958, during an Influenza epidemic in Great Britain, 1100 workers were given prophylaxis and 500 workers were given no treatment. There was no statistical difference in the attack rates between the groups.²⁵ And in 1974, during a Meningococcus outbreak in Brazil, 18,640 patients were given Meningococcinum prophylaxis while 6,430 received no treatment. The treatment group reported 4 cases to 32 cases in the no treatment group (23 times more effective than no treatment).²⁶

Additionally, some evidence has been collected during controlled studies in the lab. In 1932, Chavanon published that 45 children had changed from Schick test positive to Schick test negative (demonstrating antibody to Diphtheria) after being treated with Diphtherinum.²⁷ Patterson and Boyd repeated this test in 1941, and 20 of 33 children treated converted to Schick test negative.²⁸ Roux again repeated the study in 1946 with similar results.²⁹

R.K. Sur et al, published a well-constructed study in 1990.³⁰ Using mice treated with carbon tetrachloride and measuring the liver tox-

R.K. Sur et al 1990	
Group 1	CCL ₄ , Only Weekly
Group 2	CCL ₄ + Lyc before and Weekly
Group 3	CCL ₄ , Only One dose
Group 4	CCL ₄ , One dose + Lyc before

Figure 4

icity with and without the use of *Lycopodium clavatum*, they produced some interesting results. The mice were separated into several groups (figure 4). Group 1 received CCL₄ weekly for 4 weeks with its matching Group 2 also receiving *Lycopodium clavatum* prior to the first injection of CCL₄ and weekly thereafter. Group 3 received only one dose of CCL₄ with its matching Group 4 receiving *Lycopodium clavatum* several days prior and the day of the CCL₄ administration. The results revealed equally severe liver toxicity by serum analysis of enzymes and by pathology for both control Groups 1 and 3. Group 2 which is actually a treatment group, since the *Lycopodium clavatum* is given in a repeated manner, showed nearly complete repair of liver damage compared to the untreated Group 1. Group 4, which is a homeoprophylaxed group, actually showed nearly every parameter either unchanged or actually worse than the control Group 3. *Lycopodium clavatum* showed good efficacy for treatment, but poor and perhaps even detrimental efficacy as a prophylactic.

Wayne Jonas provides us with the best-constructed study on homeoprophylaxis in 1999.³¹ A nosode for Tularemia was tested against placebo and Allopathic vaccination in 142 mice that were subsequently infected with Tularemia. Six different potencies of the nosode were used to account for that variable. The nosode was given before and after the challenge. The results showed that Allopathic vaccination produced 100% protection from death. The Tularemia nosode produced 22% protection compared to placebo. Clearly the nosode had some efficacy, but much less than vaccination.

Traditionally, clinical experience has been the bedrock foundation of Homeopathic medicine. Homeopathic practice during massive epidemics throughout the world has been the gold standard for showing the efficacy of potentized remedies. Time and again during those epidemics, Homeopathy proved much more efficacious than traditional medicine. But the data from epidemics is mixed information. Prophylactic use of remedies is often commingled with treatment of already ill patients. Some of the data from individual prescribers appears to be of questionable veracity; often, the allopathic results have been misrepresented as much less effective than reputable sources have recorded. This type of information often appears more as slanderous attacks on allopathic medicine, than as true and accurate reporting.

But when data from the epidemics of the past is taken as a whole, Genus Epidemicus prescribing clearly appears to be effective. Discussions with numerous Homeopaths today reveals that this method has survived into modern practice, primarily due to its efficacy. Moreover, the theory of Genus Epidemicus prescribing is consistent with all primary Homeopathic principles laid down in the Organon, and proven over the past 200 years of practice. The concept of similar disease is virtually identical to the practice of conducting a proving. Symptoms are taken from a variety of individuals, with likewise various constitutions, and summed together to form the totality of the response to the presented stress. Although further study on the prophylactic effect of this style of prescribing is warranted, Genus Epidemicus prescribing should be a tool in every Homeopaths repertoire, both for prophylaxis and for treatment.

Generalized Homeoprophylaxis, however, represents a significant departure from traditional Homeopathic doctrine. Treating mixed populations for dissimilar diseases with the same prophylactic remedy is simply not Homeopathy. Isopathic prescriptions using nosodes with little or no clinical proving data are based upon Allopathic philosophy. Additionally, the diseases for which these remedies are employed are not truly epidemic, but more endemic in their nature. Truly these diseases represent a significant threat to the individuals within a population, and it is laudable to attempt to prevent such a scourge. However, presenting Homeoprophylaxis as a safe and effective solution with the current paucity of evidence is reckless and misleading. By adopting the Allopathic model of prescribing, the practitioner is bound by the rules of Allopathic testing and verification. If Tetanus nosode is effective, let us test for Tetanus antibodies or the clinical application in animal models for validation. Dr. Jonas has clearly taken the first correct step in this direction with his study of Tularemia nosode, but it is difficult to recommend a therapy with only 20% efficacy.

Proponents of generalized Homeoprophylaxis often point to the greater safety of Homeopathic remedies compared to Allopathic vaccinations. Pertussis, vaccine that has received the most headlines for vaccine related injuries, causes significant neurological sequelae in 1 patient out of 140,000.³² The largest Homeoprophylaxis study to date has less than 2000 patients, and it showed a frequency of side effects equal to that of Allopathic vaccination. We do not have the experience to know whether generalized Homeoprophylaxis will produce serious side effects in some individuals.

From the clinical experience we do have, it appears that any homeopath in practice long enough will eventually see occasional proving effects with high potency prescribing. Moreover, some of the most difficult patients to treat clinically are those that have received numerous remedies in the past. Various practitioners have reported on the possibility of rendering a case incurable by the repeated prescribing of poorly chosen remedies. Generalized Homeoprophylaxis may create this exact scenario.

Although unlikely, generalized Homeoprophylaxis may some day be a valuable tool for the practitioner. Before that day will be possible, standardized, Allopathic style prospective testing must be performed. Safety analysis that is reliable must be obtained. Research in this area should be supported because of the suggestion of efficacy present in the data so far. Generalized substitution as a safe alternative to Allopathic vaccination should be avoided, unless the practitioner is prepared to clarify the experimental nature and potential risks of this approach.

Our patients are faced with difficult decisions regarding vaccinations. Many homeopaths have appropriately voiced concerns with the vaccination process. But substituting isopathic nosodes for vaccination in the hollow promise of safety and the hope for efficacy is simply bad medicine. Let us instead use this difficult situation to stimulate further research in this area. Because, as James Tyler Kent once wrote, "We must look to Homeopathy for our protection as well as our cure."³³

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