

PREVENTIVE MEDICINE AND HOMŒOPATHY

DR. P. N. PAI

Homœopathic remedies have been used over years as prophylactic agents in many countries, but the potencies selected and the manner of employment have never been uniform. Some prescribe a few doses of the very high attenuations while some others prefer medium potencies and weekly repetition over a few weeks and so on. In view of this varying procedure and because of the existence of natural immunity in every one except only those belonging to the lowest socio-economic group, it is difficult to assess the efficacy and value of Homœopathic prophylaxis as practised so far.

The Law of similars apparently cannot be employed in the same manner both for therapeutic and prophylactic purposes. While attempting to cure the sick we, in a sense, immunise them gradually against disease. The patients with restricted movements remain more or less in constant environment. The case is however different while the same Homœopathic medicines are used as prophylactics to produce immunity in healthy individuals who are liable to be exposed to infections because of the changes in their environments while pursuing their normal routine work and duties. Again a prophylactic must be capable of producing an extremely mild disease, similar to the one sought to be prevented, in a very short time before it builds up the immunity.

In Homœopathic therapeutics it takes months or even a couple of years to cure a chronic ailment, i.e. to enhance the patient's reactive forces against the particular disease forces although the patient is or ought to be quite sensitive to the action of the well selected remedy. Therefore when it is sought to immunise less sensitive people (because they are not as sensitive to the prophylactic as the sick are to the *similimum*)

against an epidemic disease with a single remedy the usual method adopted for treatment would be ineffective.

I am intimately associated with a highly qualified medical man who is also very much interested in Homœopathy. He is tall, fair, chilly and has been for some years suffering from recurrent attacks of a sinusitis, post nasal catarrh and purpuric spots over the arms. He took Phos 200, 2 doses daily for a month and Phos. 1000 similarly for another month. His colds persist, also the post nasal catarrh, while the purpuric spots have been recurring less frequently. Whatever the other implications, one inference that can be drawn from this example is that a person who was to a certain extent susceptible to the action of Phos. did neither develop any of the symptoms of Phos. nor did his complaints subside. It may be possible to cure him with Phos. 50M, CM and some nosodes administered over a long period.

I took *Syphilinum* 200 twice daily for 30 days and did not develop a single symptom of this nosode.

Another physician took *SH* 200 twice daily for 30 days without a single symptom of the remedy appearing during or after that period. However, the same gentleman after taking *Sulphur* 200 morning and night for a week suffered from severe itching all over the body with 5-0 a.m. aggravation and he had to stop the experiment. These are the varied reaction to potentised remedies in high potencies from persons of the same profession living under almost similar environment. What then would be the effect of a few dose of *Variolinum* or *Diphtherinum* administered at varying intervals in medium or high potencies in individuals with varying susceptibilities especially when administered during an epidemic of small pox or diphtheria? Practically no perceptible reaction has been seen by many of us under the above circumstances. Most of our patients have remained immune against epidemics probably either because of their natural immunity or earlier vaccinations rather than as a result of our prophylactic treatment.

A few years back in Bombay, a well-known Homœopath's child suffered from a severe attack of small pox and another experienced Homœopath's cook died of the same disease. Two

of my children did not escape whooping cough, measles and later variola major and the same has happened in six other families of homœopaths. Needless to say this happened in spite of Homœopathic prophylaxis. There may be many more similar cases which I am not aware of.

In 3 cases of Tetanus presenting with very mild lockjaw and history of nail injury to the sole *Hypericum* 200, and later 1000 given in repeated doses did not have any effect. These cases in fact developed the full picture of the disease and had to be treated with some other remedies.

Coming back to Variolinum, if at all this remedy could prevent small pox it should certainly be capable of preventing or at least minimising reactions from small pox vaccination especially in cases of primary vaccinations. In order to verify this fact, children and adult were given Variolinum and later vaccinated during the small pox epidemic of 1961. One child in the series (No. 4) was not vaccinated. The details and results of this experiment are tabled on the next page.

All the children described in the said table have all through been under Homœopathic treatment and had not been vaccinated earlier for fear of reactions. These children have been picked up from better class of families living under very good hygienic environment and they are all well nourished. Therefore it cannot be said that a few doses of variolinum these children were receiving in the previous years had effectively prevented small pox though it may be conceded that other constitutional Homœopathic treatment might have maintained their general resistance.

No reactions whatsoever were noticed during or after the administration of Variolinum in any of the cases whereas all of them including an elderly lady (Case No. 12) developed moderate to severe reactions after vaccination in spite of prior treatment with Variolinum.

Three elderly sisters of an allopath who had not been vaccinated for the past 5 years but who were taking Variolinum 200 just 2 doses in a year were vaccinated last year after the administration of Variolinum 200, 2 doses. All developed severe reaction including rigors and fever. On the other hand

Serial No.	Age & Sex	Potency and frequency of VARIOLINUM used	Interval between the last dose of VARIOLINUM and vaccination	Type of Vaccination	Results
1.	8 Months Male	One dose of 1000 every week for 4 weeks.	1 week	Primary Vaccination	Very severe usual reactions with temp. ranging between 100-104F.
2.	8 Months Female	Onse dose of 1000 every day for one week.	2 weeks	Primary Vaccination	do
3.	1 Year Male	6 doses of 200 one dose every 4th day.	4 weeks	Revaccination	High fever, gastroenteritis and usual reactions lasted for a week.
4.	2 Years Male	One dose of 30 every day for a week, 200 3 doses once every 4th day and then 1000 2 doses once a week for 2 weeks-all given successively.	2 weeks	Not Vaccinated	Developed variola major and recovered after 17 days of Homoeopathic treatment.
5.	3 Years Male	200 One dose every week, for 4 weeks and later 1000 one dose every week for 4 weeks.	2 weeks.	Primary Vaccination	Usual severe reactions.
6.	4 Years Male	30 twice daily for 2 weeks.	3 Weeks.	Primary vaccination	All the usual reactions appeared and the child suffered from recurrent boils for 2 months soon after the reaction subsided. THUJA did not benefit the child at all.

Serial No.	Age & Sex	Potency and frequency of VARIOLINUM used	Interval between the last dose of VARIOLINUM and vaccination.	Type of vaccination.	Results
7.	4 Years Male	30 twice daily for 2 weeks One week interval-100 2 doses one day in a week for 4 weeks.	4 weeks.	Primary	Usual reactions were not at all modified.
8.	5 Years Female	6 doses of 200 twice daily for 3 days.	2 weeks.	Primary	Under reactions.
9.	6 Years Male	3 dose of 5 every day for one week.	4 days.	Primary	Mild reactions.
10.	38 Years Male	3 doses of 1000 one every day successively.	3 days.	Revaccination.	Mild usual reactions.
11.	40 Years Female	3 doses of 200 one every day.	1 day.	Revaccination	Mild usual reactions.
12.	50 Years Female	200 3 doses one on alternate day.	1 week.	Revaccination	Severe reactions including rigors and high fever for 4 days.

four of my friends aged 30, 35, 38 and 39 who have been vaccinated every year had but minor reaction after revaccination during the small pox epidemic last year.

I know a few people escaping small pox during every epidemic without either revaccination or variolinum, for quite a number of years.

Thuja has been mentioned by some as a very effective preventive against small pox. But I have seen 5 children aged 2, 3, 6, 7 and 9 getting severe attacks of small pox during the Bombay epidemic of 1956, in spite of *Thuja*. It is very unfortunate that three of them succumbed. By the way, I have also seen *Morbil.* failing to prevent Measles in a number of children whereas I have been observing 3 children aged 4, 6 and 7 who have defied Measles so far without any type of prophylactic treatment.

If *Variolinum* cannot prevent usual vaccination reaction i.e. an extremely mild attack of small pox it is difficult to comprehend the way it could immunise an individual against small pox itself especially the way it has been used so far. This interference applies to all types of Homœopathic prophylactic treatment against all preventible diseases.

The action of the physiological dose of a remedy is opposite of its action in an infinitesimal form. To excite bodily reaction to the extent of producing active immunity a sort of a proving with low potencies till perceptible reaction is established in every individual or the administration of a physiological dose capable of bringing on such a reaction promptly is necessary. The first method if at all possible with very low potencies—not high—(vide Case No. 9 of primary vaccination where 6th potency was employed and the reactions were mild) is impracticable on a mass scale and at any rate impossible during an epidemic. The second method evidently cannot be other than the present universally adopted methods of immunisation through vaccination and inoculation. The role of Homœopathy in this field is that of combating severe reactions from such vaccinations which are in a sense based on a slightly

(Continued on page 468)

experience are rejecting it and our Dr. Pat. wants us to follow that stale, outmoded fanaticism. We would rather request our homœopathic brethren to gird up their loins to remedy the shortcomings of homœo-prophylaxis while using it on mass scale instead of running after a havocing fad.

BIBLIOGRAPHY

1. Organon of Medicine, 6th Edition.
2. Vaccinosis—J. C. Burnett (Indian Edition).
3. The Materia Medica of the Nosodes—H. C. Allen.
4. Smallpox and Vaccination—Dr. Dewan and Dr. Chandra Prakash.

—*The Indian Jourl. of Homœopathy, April, '63.*

PREVENTIVE MEDICINE AND HOMŒOPATH

(Continued from page 458)

modified Homœopathic principles of producing a disease in a healthy human in order to prevent a similar disease and high potencies cannot obviously be employed under this principle with certainty.

It is worthwhile to find out whether our remedies excite antibody formation by undertaking the necessary tests before and after the administration of the remedies. Research on these lines would be useful.

It is thus quite clear that until further research establishes the optimum potency and frequency of repetition required to produce definite immunity against every preventible disease it would appear to be safer to follow the present methods of immunisation at least in countries like India where general hygienic conditions are not good and nutrition poor.

—*The Indian Jourl. of Homœopathy, Oct. '62-Jan. '63.*