

# THE HAHNEMANNIAN GLEANINGS

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Vol. XXIV

JUNE 1957

No. 6

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## PROPHYLAXIS AGAINST SMALLPOX

DR. S. M. BHATTACHERJEE, M.A., P.R.S.M., BERHAMPORE

The most common prophylaxis against Smallpox is vaccination. It is popularized by all Governments. But vaccination is lauded as much as condemned. For, its benefits are counterpoised by the sequelae that follow after it.

### CONDEMNATION

The contribution of Jenner, an English physician, in the discovery of cow-pox vaccine was acclaimed as a boon from heaven as it were. After 1874, the year when vaccination and re-vaccination were made compulsory, in Germany, there had been no epidemic of Smallpox, and the death rate from Smallpox, there, has now been reduced almost to nil. In the Philippine Islands, around Manila, where 6,000 people died, every year, of smallpox, similar results were achieved. In India, also, though Smallpox could not be totally eliminated, the results of vaccination were apparent. But like all crude and totalitarian methods in the biological sphere, vaccination left in its train various new problems, with which mankind was badly confronted. So, in 1860 Dr. C. W. Wolf, of Berlin, published a treatise in which he maintained that the miasm introduced by vaccination was the same as that of Hahnemann's Sycosis; that many chronic ailments, which Master Hahnemann himself could not dream of, were produced by mass vaccination; and that their chief antidote was *Thuja Occidentalis*. Dr. C. V. Bœnninghausen, a great and worthy contemporary and disciple of Hahnemann, also came to agree that mass vaccination was the chief cause of the newly discovered miasm, distinctly named as Scrofulosis. So, he said :

"If this should be the case, vaccine matter, which in careless hands is so dangerous, and which has doubtlessly caused an enormous infection with the scrofula-poison, might find a most valuable substitute."

—*Bønninghausen, Lesser Writings, Ind. Ed., page 4*

That Sycosis also is propagated by vaccination is acknowledged by him :

"Without doubt you have given your attention to sycosis, which according to Wolf is so widely spread owing to vaccination, and I would like to know what ground the other colleagues in Leipzig think about it. As to myself, I am in essential agreement with Wolf as to the chronic miasma, although I differ from him in the treatment of the diseases springing thence."

—*Ibid, page 310*

In 1884, the renowned Dr. Burnett of London, published a small treatise, entitled, "Vaccinosis and its Cure by Thuja", expounding a similar thesis. His contention that repeated vaccination, whether it takes or not (but especially when it does not take) frequently causes a miasmatic state in the system, aptly called vaccinosis, which is responsible for various pustular eruptions, chronic sick headaches, neuralgias, diseases of finger-nails and a wide variety of other phenomena ; and that the same miasmatic state is most favourably influenced by Thuja in high potencies, were confirmed by a large number of original thinkers and clinicians.

#### MASTER'S EULOGY

But what is most noteworthy is that the Father of Homœopathy, our Master Hahnemann, unequivocally applauded Jenner and his discovery :

"This seems to be the reason for this beneficial remarkable fact namely that since the general distribution of Jenner's Cow Pox vaccination, human smallpox never again appeared as epidemically or virulently as 40-50 years before when one city visited lost at least one-half and often three-quarters of its children by death of this miserable pestilence."

—*Organon, 6th Ed., page 130*

"Universal vaccination put an end to all epidemics of that deadly fearful smallpox to such an extent that the present generation does no longer possess a clear conception of the former frightful smallpox plague."

—*Organon, 6th Ed. page 139*

His attitude to vaccination is more tangibly expressed, when writing to Dr. Schreeter, of Lemberg, on December 19, 1831, he says :

"In order to provide the dear little Patty with the protective cow pox, the safest plan would certainly be to obtain the lymph direct from the cow ; but if this can not be done (children are also made more ill by it, than from the matter obtained from human beings), I would advise you to inoculate another child with the protective pox, and as soon as slight redness of the punctures shows it has taken, I would immediately for two successive days give *Sulphur 1-30*, and inoculate your child from the pock that it produced."

—*Bradford, Life & Letters of Hahnemann, pp. 177-178*

#### RECENT HAPPENINGS

Recent happenings, on the other hand, pointed to the futility of vaccination, which deserves our notice :

"From 1903 to 1920 there were 36,656,325 vaccinations performed on the poor Filipinos. During 1918-20, right after the boast had gone forth that the Islands constituted the very best protected spot on earth, it happened, the very worst epidemic of smallpox the world has ever known, comprising 163,034 active cases of smallpox, with 71,170 smallpox deaths, and the death-rate rose from a normal 5 per cent, before American occupation, to as high as 67 per cent, in Manilla, where as high as nine vaccinations had been performed on a single individual."

—*Homæopathy, July 1937, Dr. D. T. Pulford*

And,

"The most gigantic proof that could ever be asked or offered that vaccine virus does *not* prevent smallpox, but does make smallpox more malignant, therefore more fatal,

was amply demonstrated beyond all cavil, when, after 24,000,000 vaccinations were performed on the Filipinos and right in the midst of the operations the Islands came down with the worst, most malignant and the most fatal epidemic of smallpox the world has ever known."

—*Dr. Pulford, Homœopathic Mat. Medica of Graphic Drug Pictures & Clinical Comments*

Another proof that vaccination has not been effective is that inoculation laws have been relaxed in America and vaccination is only optional there.

#### NEW PHASES

Since the discovery of Homœopathic remedies, Variolinum, Vaccininum and Malandrinum, new hopes were raised. The extremely attenuated homœopathic (potentized) remedies, without the latent dangers and draw backs of the crude vaccine-lymph, in the propagation of Sepsis, Syphilis and Tuberculosis, were thought to be the most harmless, suitable and effective substitutes for the crude vaccine virus. Various able and trust-worthy researchers commenced experimenting with them, with an unprecedented gusto, and they finally proclaimed their various results after due evaluations. So, about Malandrinum, Dr. Guernsey said :

"Malandrinum has been given to numbers of unvaccinated children who were directly exposed to the contagion of variola; and they have invariably escaped the disease. I have given it to many persons (*one dose each*), directly after vaccination and been unable to make that or a revaccination "take" with virus which had proven effectual with others who had not had the medicine."

—*H. C. Allen, Nosodes : page 267*

Dr. Bryant said :

"In a family of eight persons, none of whom had been vaccinated, the oldest boy took smallpox. One of his brothers slept with him and broke out all over ; the mother expecting to be confined in a few days, we sent him away, and I at once put the rest of the family on Malandrinum 200, with the result that none of them took smallpox. The boy that

slept with the brother had a slight fever the twelfth day, but that passed off without any further trouble."

—*H. C. Allen, Nosodes : pages 266-67*

Dr. H. C. Allen writes :

"A. L. Marcy, H. R. Vol. XIV, page 530, relates a singular experience with Malandrinum 30. During a smallpox epidemic he vaccinated himself, taking at the same time Malandrinum 30 night and morning. The vaccination did not take. It was twice repeated and still did not take ; nor was smallpox contracted. Called to vaccinate four children in a family whose parents had smallpox, he vaccinated all and gave Malandrinum 30 to three of them at the same time; the remaining child was the only one whose vaccination "took". This was so severe that Malandrinum had to be given to modify its intensity, which it did effectually. The other three were revaccinated none "took". Of five children from six to seventeen years of age, only the eldest had been vaccinated, and he had a good scar. All except the eldest were given Malandrinum, and were vaccinated and none of the four "took". The eldest took smallpox."

—*Nosodes : p.p. 258-59*

Dr. Fellger of Philadelphia, who probably had a more extensive experience in the treatment of smallpox and after-effects of vaccination than any other man of his time, came to rely almost wholly upon Malandrinum as a prophylactic against Variola. Again, Dr. Raue writes :

"The successful internal application of Malandrinum as a preventive has been confirmed this season (1880-81) by Dr. Straube and myself".

—*Special Pathology : page 999*

About Vaccinum it is said :

"Vaccinum 6, in water, for one day with strict diet, repeated after eight days, acted as a preventive in six hundred cases".

—*Allen, Nosodes : page 551*

About Variolinum, Dr. H. C. Allen writes :

"Dr. Fellger gave Variolinum reports, giving Variolinum to hundreds of people, and none of them were ever attacked

with smallpox. In one family where the father had confluent smallpox, he gave Variolinum as a prophylactic, and of the others, although not one had been vaccinated, not one of them took the disease."

—*Nosodes* : page 544

Dr. D. T. Pulford, of Toledo, Ohio, U.S.A., reveals a new experience in his own peculiar, rugged way :

"As a preventive of true smallpox, Maland. stands high, - as it corresponds to the true nature of real smallpox, and should be given one dose of the 30th or 200X daily for one week during an epidemic, to those who have been previously vaccinated. The true nature of smallpox is syphilitized Variola. Variolinum corresponds to the true nature of Variola, therefore, should be given to those who have never been vaccinated or had syphilis. Variola is a natural state, smallpox is a disease. Both Maland. and Vaccine virus are of syphilitic origin."

—*Homœopathic Mat. Medica of Graphic Drug Pictures and Clinical Comments.*

Some authorities favoured Internal vaccination with the lower potencies of the said remedies. About it Dr. C. G. Raue, writes :

"*Internal vaccination* is recommended and practiced by Dr. Kaczkowsky and consists in the administration of one dose of Sulphur 30, which is left to act for fourteen days, and is followed by the administration of vaccinum 4 or Variolinum 4. About the seventh or eighth day febrile symptoms occur, and on the eighth, ninth or tenth day a granular eruption, of the size of poppy seeds, appears under the skin, which soon ripens and heals. This process has never been carried out to a sufficient extent so as to enable us to judge of its efficacy."

—*Special Pathology & Diagnostics* : page 999

But, considering the tedious sufferings of the vaccinated, the proposed internal vaccination is not advisable, as it is far worse than an infection with varicella or Chicken-pox even, not to speak of cow-pox inoculation, which usually runs a milder and shorter course with 2-4 localized eruptions only. I have seen

many such cases with internal vaccination, who had to remain confined to bed for 2-3 weeks.

#### VARYING MIASMA

There had been others who used *Baptisia* or *Sarracenia* as prophylactics with great success. Who can contradict them? They had all been dependable, trust-worthy observers. And, belying all the observation of Hahnemann that the smallpox results "from a contagious principle that always remains the same" (*Organon* : 6th Ed.—Sec. 100), their varied observations tended to confirm that epidemics of smallpox change as much in their severity and peculiarities as epidemics of measles, scarlet fever, plague and cholera.

#### BEWILDERMENT

Dr. H. C. Allen in his excellent concluding note to *Variolinum* in his immortal work, *Keynotes & Characteristics*, writes :

"As a preventive of, or protection against, smallpox, it is far superior to crude vaccination and absolutely safe from the sequelae, especially septic and tubercular infection. The efficacy of the potency is the stumbling block to the materialist. But is it more difficult to comprehend than the infectious nature of variola, measles or pertussis? Those who have not used it, like those who have not experimentally tested the law of similars, are not competent witnesses. Put it to the test and publish the failures to the world."

He throws a challenge to the unbelieving world, when he says:

"Put it to the test and publish the failures to the world".

In the early days of my practice, I had to pay dearly for believing the words of Dr. Allen as gospel truth. In a family of twelve persons, I had before me two cases of confluent smallpox, of whom the oldest, aged 5 years, survived under my care, but the youngest died. All the children in the family were unprotected either for vaccination or with homœopathic preventives. I administered *Variolinum* 200, a dose each, to all the members of the family, and induced them all not to get themselves inoculated. But to my great mortification and

to the detriment of the reputation of Homœopathy, all the members took smallpox one after another. Fortunately, under my care, there was only one more death in the family, in the desperate case of a boy under three years of age, and the prestige of Homœopathy was rehabilitated somehow.

Similarly, I had never been able to prevent a primary vaccination from taking, with a dose or two of Malandrinum 200.

However, you can easily imagine my bewilderment at the apparent falsification of the observations of our past masters. But, fortunately, I already crossed the hurdle of the infinitesimal and came to believe that if the ultra-microscopic viruses could act upon the dynamic organic level to produce such virulent diseases, why should not our ultra-microscopic, ionic, curative drugs be able to prevent diseases? Was there anything wrong with the potency, or with the dose, or with repetition? A deep-rooted understanding of the homœopathic principles convinces one of the fallacy of the third *i.e.*, repetition. Neither can a single dose cure always, nor can it prevent so. Just as a single dose acts curatively, only in the subjects sufficiently susceptible to the remedy, similarly does a single dose prevent in those ideally susceptible to the drug or the disease. Susceptibility, and nothing short of it, explains the processes of infection, cure, as well as of prevention. They all relate to disease. Disease is natural infection with viruses, bacteria, bacilli or others. Cure or prevention is artificial infection with drug. Infection underlies disease, cure and prevention. Infection, cure and prevention are the three apparently different facets of the same gem; but in reality they are one and the same thing. What infection is in relation to disease, cure or prevention is the same in relation to drug. For, susceptibility is the basic phenomenon which underlies them all. But, while in disease (infection), the susceptibility is natural, spontaneous, in cure it is induced by disease (infection), and in prevention it is induced either for idiosyncrasy, or by a preceding infection with disease, or by repeated artificial infections with drugs, as in the act of homœopathic provings. So, *prevention is another aspect of Proving.*

*If the individual* organism is susceptible to the drug in question, either by idiosyncrasy or by a preceding infection (just preceding in the incubation period), a dose or two of the prophylactic may either be sufficiently effective to arouse the organic defence mechanism reactively to resist and neutralize any future natural infection, or may help the organism in a curative manner. But the subjects that are not susceptible to the drug either by idiosyncrasy or by infection are to be sensitized, and made sufficiently susceptible, by the repeated application of the preventive, so that drug symptoms are produced as in the act of proving, and the defending forces may grow maximally. Here not only the drug, but its repetition as well, are our sheet anchors. Unfortunately for us, our masters overlooked these salient points of homœopathy and minimized the method of repetition. Some of them even stressed the single dose, which has been a source of our failures and consequent bewilderment.

Our renowned colleague Dr. A. H. Grimmer M.D., of America, recommends a single dose of Variolinum etc., 10M, as a preventive for full one year (vide-Recorder : December '49, page 157). Despite the more penetrating and longer acting character of the said potency, our general observations about repetition of the preventive hold good in this case also.

#### A TECHNIQUE

During the years extended over a large period, I was led to develop a technique which has satisfied me entirely. I know no occasion when the said technique failed me or had any chance to evoke doubts in my mind as to its efficacy.

A. With co-operating patients who avoid the tabooed articles of diet in homœopathy and follow the complete course of prophylactic treatment :

1. Variolinum 200, two doses, morning & evening on the first day.
2. Variolinum 200, a single dose on the 5th day.
3. A single dose of the same once a week, for 3 weeks more.

The six doses of medicine, if properly administered and given to act uninterruptedly, without any hindrance to their activity, are sure and dependable prophylactics for a whole year.

While in non-susceptible subjects, malaise, general soreness, aching of limbs, sore-throat, chilliness, intermittent perspiration, anorexia, nausea, loaded tongue, constipation and occasionally slight pains under the armpits, appear after the 5th or 6th dose, in idiosyncratic subjects the same symptoms group appears after the 1st, 2nd or the 3rd dose, according to susceptibility, when the preventive has to be discontinued on the definite assumption that the subject has been sufficiently sensitized and the defending forces have been sufficiently aroused to prevent at least for a year any attack of small pox. In persons already infected with smallpox, if the incubation period has not been at its close, the first prescription almost acts curatively, but the second may rarely be indicated.

B. With non-co-operating patients, and those addicted to alcoholic drinks, narcotics etc., who also have not the patience to follow the full homœopathic course :

1. Occasionally repeated vaccinations.
2. Some doses of Variolinum 200 at moderate intervals.

C. With children of careless parents who do not follow the complete homœopathic method :

1. Primary vaccination.
2. A re-vaccination after three years.
3. The homœopathic course, as far as practicable, through the rest of their life.

D. THE TECHNIQUE—ABORTIVE : With those unprotected subjects who have already developed a temperature with headache, malaise, bone-pains, constipation, loaded tongue and nausea in an epidemic area, or after a positive exposure to infection, or at the advent of hot season :

Variolinum 200, two doses, morning and evening, applied on the first day of temperature, many times aborts the cases.

With those who have already developed the above symptoms despite some doses of Variolinum as a prophylactic or after vaccination :

Malandrinum 200, two doses, morning and evening, if applied on the first day of temperature, almost invariably aborts the cases on the 3rd day, when the temperature and other symptoms remit, and either there is no eruption at all, or only a very few of them appear on the chest and back.

With those who have developed a common cold or have an attack of Influenza in an epidemic area, or in the Spring or Summer, and there is considerable confusion as to whether those are cases of smallpox :

Two doses of Malandrinum 200 (morning & evening), which is also a great Cold or Influenza remedy, mostly cause the remission of the temperature and amelioration of all the attending symptoms. Here, *Belledonna*, *Bryonia*, *Gelsemium*, or *Rhus Tox* are contra-indicated for the sake of expediency.

E. With persons vaccinated every year, homœopathic preventives, *Malandrinum 200* or *Variolinum 200*, ensure a double protection. and they must advantageously be applied. For, whatever the cause, many vaccinated persons catch smallpox every year.

#### A PROGRAM

Vaccination has been experimented with upon mankind on the widest possible scale, in all parts of the globe. Our preventives, to be made popular and dependable, need further verifications on as wide a scale as of vaccination. While Governments and the dominant school show an antipathy against our prophylactic therapy, the responsibility devolves upon us to inaugurate a program to popularize and vindicate it.

But, who but us is to blame, when such divergent views as given below are expressed by great masters of our school ?

"This decidedly favourable result caused me not only to use the same remedy (*Thuja*) with all the following smallpox patients, but to also use the same remedy in several houses where smallpox had broken out, as a prophylactic, and lo ! also here the result was favourable, and no case came to my knowledge where, after using *Thuja*, any other member of the family had been infected."

—*Bœnninghausen, Lesser Writings, page 3*

"Vaccination is a true prophylactic against smallpox. It is useless to go into any extended argument to prove this, as the statistics of the efficacy of vaccination are so abundant and convincing as to be entirely irrefutable".

—H. N. Guernsey, *Obstetrics* : page 864

"Vaccination arose as a desperate expedient in a time of the densest ignorance ; shall we never be allowed to shake off that crass superstition ? How many of you have read Dr. Charles Creighton's article on vaccination in the ninth English Edition of the *Encyclopedia Britannica*, or Dr. Edgar M. Crookshank's *Pathology of Vaccination*, with an intelligent mind open to conviction, understandingly ? The latter shows plainly that vaccine virus is not only NOT homœopathic, but that it is not even isopathic, to smallpox. On the other hand, we have a far more effective method in Variolinum for those who have never been vaccinated, and Malandrinum for those who have been vaccinated. That was proven in the serious epidemic of smallpox in the state of Iowa, around 1904, when 2,806 persons received *Variolinum*. Of these 547 were positively known to have been in direct contact with active smallpox in visiting and caring for the sick, yet not one came down with the disease. I challenge any doctor to bring me a record of that kind won by external vaccination".

—Dr. D. T. Pulford, *Homœopathy* : July, 1937

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### AN ADDRESS\*

SRI GULZARILAL NANDA

I am grateful to you for inviting me to inaugurate the XIII All India Homœopathic Medical Conference of your Association. I have come here not that I have anything of importance to communicate to you on matters concerning the practice of Homœopathy which you are likely to discuss in the course of this Session. I am here because the inauguration provides with an opportunity of publicly declaring my faith in Homœopathy and my keen appreciation of its great value to the people of the country in the fight against disease. It is my earnest desire to render such assistance as I can in the advancement of homœopathy.

There still exist people who can see no good in homœopathy and believe that whatever cures it may have achieved are of an automatic character or due to auto suggestion. They are not prepared to accept that a few grains of milk sugar with hardly a trace of any drug in it can possess any curative effect. They are greatly amused when they are told that the fainter the trace of this drug—to the extent that it becomes altogether imperceptible—the more powerful becomes its action in counteracting or eradicating disease. They may be excused if they are not acquainted with the working of the mysterious forces of nature which science is endeavouring to comprehend and reveal, more and more, every day. But what shall we say of those who, taking their stand on the scientific method, deny

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Speech Delivered by Shri Gulzarilal Nanda, Minister for Planning & Irrigation and Power, Government of India, at the XIII All India Homœopathic Medical Conference, Amritsar.