

Vaccine Free
Prevention and Treatment
of
Infectious Contagious Disease
with
Homeopathy

A Manual for Practitioners and Consumers



Kate Birch, RS Hom(NA), CCH, CMT

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Infectious Contagious Disease

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Homeopathy

A Manual for Practitioners and Consumers

By Kate Birch, RS Hom(NA), CCH, CMT

Forward by Randall Neustaedter, OMD

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*Dedicated to Samuel Hahnemann, the father of homeopathy.
May this work be a complement to his genius.*

Dedicated to all the children of the world who will benefit from the work herein.

“Homeopathy cures a
larger percentage of cases
than any other method of treatment
and is beyond all doubt safer, more economical,
and the most complete medical science”

Mahatma Gandhi

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Thank you for the benevolence of the Great Spirit in offering the system of homeopathy to humanity. Without this offering, none of this would be possible.

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Foreword

Randall Neustaedter OMD, LAc, CCH

An ever increasing percentage of parents are choosing not to vaccinate their children. Faced with an avalanche newly developed and relatively untested vaccines, parents have become wary. The sheer number of vaccines in the recommended schedule is confusing and suspiciously overwhelming. This combined with reports of autism, asthma, and autoimmune disease as a consequence of vaccination worries parents. There are now many books and websites that provide volumes of information to make truly informed decisions about vaccination choices.

Practitioners of holistic medicine, including holistic pediatricians, homeopaths, naturopaths, pediatric acupuncturists, and chiropractors, have taken on the task of educating parents about the potential risks and adverse effects of vaccines. Holistic practitioners recognize the role of vaccines in the increasing incidence of immune dysfunction and chronic disease. Often these practitioners caution parents about the risks of vaccines, and encourage them to avoid vaccinations. Part of their confidence in taking this position is due to the effectiveness of holistic methods in the treatment of childhood infectious disease. Where conventional (allopathic) medicine has no treatment for most of the infectious disease that vaccines seek to prevent, the sciences of homeopathy and herbal medicine provide treatment and preventive approaches that have proven effective in clinical practice over hundreds of years.

This book presents the position of homeopathy in relation to these infectious diseases for the first time in a thorough, systematic, and practical volume. It is bound to give both parents and practitioners confidence in the ability of homeopathy to prevent and treat these diseases. The promotion of vaccination is based on fear of infectious disease. If doctors have no treatment for a disease that is capable of causing complications (such as measles or mumps) then they will be inclined to recommend a vaccine to prevent those complications, despite the risks. The fear of the disease in conventional medical practice is greater than the fear of the adverse effect of the vaccine. However, our increasing knowledge of the chronic diseases

produced by vaccines is changing that equation. If we have an alternative approach to disease prevention and treatment, then we may not need these potentially toxic vaccines at all. Homeopathy does provide adequate disease treatment, and with the knowledge of homeopathic methods, health care practitioners can manage these diseases. Furthermore, with a holistic approach such as homeopathy, practitioners can prevent the complications of these diseases with appropriate and effective treatment of the active disease.

A holistic medical approach that also includes adequate nutrition and breastfeeding, constitutional treatment, and avoidance of toxins will create a healthy, resilient child who is much less likely to develop serious infectious disease or complications of simple childhood illness. Commonly encountered bacteria like *Hemophilus influenzae* will not invade and infect the nervous system causing meningitis. Common childhood diseases like flu and chickenpox will not progress into secondary infections, such as pneumonia. Homeopaths and others now have a welcome and definitive guide to the treatment of these infectious diseases.

With this book, practitioners now have the tools to both prevent diseases during epidemic exposure and to treat infectious diseases if they occur. For these reasons it is an invaluable pediatric resource. Ms. Birch has accumulated a complete reference to both common and unusual illnesses, gleaning information from many sources over the long history of homeopathy's encounters with these diseases. Practitioners in the West may never encounter yellow fever or typhoid or diphtheria, but homeopathy has been extremely effective in treating these illnesses. Homeopathy's fame and popularity in the United States during the late nineteenth and early twentieth centuries was due in large measure to its extraordinary success with these epidemic diseases. Measles, mumps, and polio are also now rare conditions in the West, but when they occur this book will guide us to the treatments that have proven themselves effective during the era when these diseases were prevalent. Whooping cough is commonly encountered by holistic pediatric practitioners whose patients avoid the pertussis vaccine or when the vaccine fails. And homeopathy again has very effective treatment for whooping cough. Armed with this text, practitioners can feel confident that these diseases are manageable and their corresponding vaccines unnecessary.

The unique and remarkable contribution of this book, however, is the thorough presentation of the homeopathic understanding of vaccine reactions and their management. Ms. Birch does an admirable job of explaining and defining the classical homeopathic view of vaccine reactions. Armed with this knowledge, practitioners can then follow the guidelines and remedy suggestions she outlines to

treat the resulting symptom picture. The understanding of how vaccines can undermine the health of children can also help parents in making the important and difficult decisions about infectious disease prevention for their families. This unique addition to the homeopathic literature will prove invaluable to practitioners who treat these children and to parents who can rely on the science of homeopathy for their children's health and safety.

Randall Neustaedter OMD, LAc, CCH

*Dr. Neustaedter has practiced homeopathy and Chinese medicine for over 25 years, specializing in child health care. An accomplished and well-recognized author, he has written *The Vaccine Guide: Risks and Benefits for Children and Adults* (North Atlantic Books, 2002), a book that helps consumers make informed choices about vaccination. His new book, *Child Health Guide: Holistic Pediatrics for Parents* (North Atlantic Books, 2005), represents a state of the art guide to raising children with natural medical care.*

Preface

The philosophy and practical applications of homeopathy described in this book offer the world alternative or conjunctive paths to the use of vaccination for the treatment and prevention of infectious contagious diseases. As with all attempts to alter someone's health or assist in the treatment of a particular disease, the practitioner assumes the inherent risk and responsibility of the treatment methodology and tools utilized.

The information herein acts as a guide and is in no way to be construed as medical advice, nor are any particular results guaranteed. The readers of this book assume the responsibility of their utilization of the information presented and in no way shall I, Kate Birch, the author of this book, be responsible for any outcomes regarding an individual's health because of the use of the information provided.

With that said this book is full of useful information and advocates for the effective treatment of infectious contagious disease with homeopathy. Considering the current state of affairs in world health, in which more than half of the human race lives in poverty, without clean water and adequate food supplies, the annihilation of infectious contagious disease with any healing modality is very difficult. Homeopathy offers an inexpensive and effective treatment plan to more radically improve the status of health on this planet for its human inhabitants than any other system of medicine so far.

To get the best use of this book, it is important to familiarize oneself with the overall layout. I would suggest starting with the philosophical chapters and then referencing those chapters you have particular concern about to familiarize yourself with the understanding, application of homeopathy before a crisis comes, and you need to find a remedy for a sick person. As you become more familiar with the layout, I suggest taking up deeper study of the work. Not only is the information herein useful for the treatment of infectious contagious diseases, it also lays a foundation for deeper study into chronic disease. Accordingly, the richness in each chapter is augmented by the information presented in every other chapter. The cumulative effect of this is a deepening of understanding into health and disease in humans,

how one disease transforms into another, and the interconnectedness of humanity and the world in which we live.

Several factors were considered when deciding where to place each chapter in relationship to the next.

- Historical significance of the disease
- Degree of severity of diseases, mild to severe, common to uncommon, or mildly destructive to most destructive
- Commonly vaccinated against diseases are grouped together as best as possible given the above criteria
- Diseases affecting the nervous system
- Exanthematic diseases or eruptive diseases: those that develop a rash or eruption during its expression
- Diseases that are secondary complications of another disease or are a result of a weak state of health
- Miasmatically related diseases, (i.e. most sycotic disease are clumped together, venereal disease are listed together)
- Ascending miasmatic complexity and gravity
- Diseases affecting the liver
- Tropical diseases

My preferred position for the chapter on **AIDS/HIV** would have been at the end of the book as I feel that AIDS represents the accumulation of every disease known to man. A summary or conclusion of sorts to the study of infectious contagious diseases is presented in that chapter. However, I placed it prior to **Hepatitis** and the tropical diseases, some of which also affect the liver, as it seems more related to the venereal disease chapters it follows.

The relationship of diseases is not detailed in each chapter nor is it described in the *materia medica* sections relating to each disease, but is mentioned here so that those with a keen eye for the interconnectivity of this material can infer their own understanding as to why other disease chapters are listed in the order they are and why particular remedies are listed in multiple chapters. The patterns of relationship between these diseases and the remedies that treat them are not linear. Therefore, it is not possible to order all of this information in a way that will satisfy every relationship. However, if one is able to view the information with a holographic mind, then the information becomes a multidimensional matrix upon which the

principles of homeopathy rest as situations and circumstances change. Such is life and the nature of this human existence.

Other Considerations

- Any homeopathic terms not defined within the text are in **Appendix E: Glossary**.
- Some medical terminology is also in the glossary unless it is defined at its point of use. I refer you to a medical dictionary for more complete definition of the terms used.
- The remedies are listed by their standard abbreviations.
 - Grading of remedies is as follows: normally plain, *italic*, and **bold** grading denote the frequency a symptom is produced in a given remedy-proving or toxicological study. The remedy lists I have compiled for the specific diseases come from repertories, *materia medica* sources, and clinical practice. The grading presented here differs from standard repertory grading. Grading of the remedies listed are as follows:
 - plain text is the lowest grade indicating that this remedy is used less often for this condition.
 - *lower case italic* is given for remedies that are more often used for the condition.
 - **UPPER CASE BOLD** is used for the most commonly indicated remedies.
- Refer to **Appendix C: Quick Reference Guide for Preventative Remedies**, for at a glance remedy considerations.
- Common names and sources of the remedies are listed in **Appendix D: Remedy List**.
- These remedies are indexed in the **Remedy Index**.
- Most medical and homeopathic terminology are defined in the **Glossary**.

The *Materia Medica* sections are written in shorthand and are not intended to be complete pictures of the remedies. I have tried to capture the symptoms most characteristic to the remedy and the disease at hand so that a feeling for the state comes through both the physical symptoms, as well as the mental and emotional symptoms. Italic print in the *materia medica* text indicates the more characteristic symptoms of the remedy. Some descriptions are shorter while others are more in depth. Many remedies listed in the remedy rubric are not detailed. This does not mean that they are not important to consider. The remedy descriptions listed are for ideas and pointers. Reference to a more complete *materia medica* may be necessary.

Introduction

Why write a book about homeopathic treatment and prevention of infectious contagious diseases when vaccines and antibiotics are readily available? The answer is simple. Allopathic medicine is unable to offer any alternatives in the treatment of these potentially dangerous diseases whereas homeopathy does. Furthermore, mounting evidence against the use of vaccines is forcing practitioners, parents, and lawmakers to search for alternatives.

Concerned parents have asked me, “What do I do if I do not want to vaccinate my child? Are there any alternatives if my child gets sick?” I say, “Yes, there is homeopathy!”

The system of homeopathy offers a different perspective and a different set of tools for the treatment of infectious contagious diseases. Homeopathy is a complete system of medicine that was developed in Germany during the nineteenth century. Homeopathic principles are based on an energetic view of the mind and body. Homeopathic remedies are made from naturally occurring substances such as plants, minerals, and animals, which are used to stimulate the innate healing potential of the individual rather than to kill the offending germs. Homeopathy was developed before the identification of viruses or germs, when vaccinations or antibiotics were not available. Yet, without this understanding, homeopathy proved itself successful in the treatment of infectious contagious diseases.

The decision not to vaccinate, for many parents, is a difficult one. It often starts with the mother having an intuitive feeling that vaccination is just not right. Mothers do not want to inject something into their babies. Their babies are so small and fragile, how can it be good to load their systems with multiple injected doses of pathogenic material? Pressure from husbands, doctors, parents, and in-laws can make these women feel unsubstantiated in their gut feelings. Sometimes the decision to vaccinate is postponed. Yet, there remains the fear that their children will not be able to go to school without state required shots.

Despite cultural pressures, many parents are opting not to vaccinate their children due to the mounting clinical evidence of harm from vaccinations. Various states have established “freedom of choice” laws whereby it is the parent’s right to choose which, if any, vaccinations are to be given. Schools now have waivers of exemption parents can sign. Several states have gone as far as introducing laws that ban the mercury preservatives in the vaccine, as studies have indicated that these preservatives are responsible for most vaccine injuries.

The problem with the choice of not vaccinating is there is not a system of medicine established in the public health sector in the event that the viral diseases that the vaccines are supposed to prevent become more prevalent. Without vaccinations, allopathic medicine does not have effective tools necessary to treat these viral diseases. At best, allopathic medicine recommends bed-rest and drinking fluids. At worst, they rely on antibiotics in case of secondary infections, immunosuppressive antiviral drugs, and steroids to manage, control, and suppress immune responses. As more parents decide not to vaccinate their children, there is the risk of these epidemics returning. Fortunately, there is the alternative of homeopathy, a system of medicine that has survived the last 200 years worldwide because of its effectiveness not only for the treatment of infectious contagious disease, but also for chronic disease.

I believe that the theories in existence today about infectious contagious diseases, epidemiology, and the reactions of the immune system are incomplete and are based on theories developed over one hundred years ago. The application of antibiotics and vaccinations in accordance with these outdated theories offers nothing to understanding the human in health, the passage of disease through cultures in time, and only superficially explains the mechanisms of immune reaction. There is mounting evidence that vaccinations actually harm the immune system; not only the levels of toxins in the vaccines, but also because the attenuated vaccine matter injected directly into the bloodstream imprints a disease state on the individual and only initiates an partial immune response to remove it.^{3,8} Treating the side-effects of the vaccines with repetitive antibiotics only furthers the problem. With the increase in autism, childhood behavioral disorders, and chronic disease, one has to question further the appropriateness of this practice.

Homeopathy has been misunderstood and is underutilized in the area of public health due to ideological shortsightedness, preconceived judgments, and/or reductionistic views of disease and health. Political obstacles such as licensing laws that do not allow for the practice of homeopathy make it inaccessible and out of general practice. This book is an offering to

change that paradigm by bringing deeper understanding into the use and applications of homeopathy.

This book is a gift to the health of humanity, to practitioners, and families alike, who are searching for a reliable and cost-effective alternative to vaccinations and antibiotics for infectious contagious disease. My hope is for homeopathy to move into the forefront of public health systems worldwide. It is in my vision that the World Health Organization (WHO) adopt homeopathy for public health measures and that the information presented herein provides a tangible tool that can be disseminated to local communities through WHO initiatives. Inspired individuals will then set up clinics in some of the poorest countries and, with this book and a remedy kit, be able to treat infectious contagious diseases in the local populations. Moreover, as homeopathy offers a much safer approach to prevention with no side-effects, it is becoming unconscionable to continue to use vaccination in the context of mounting evidence of adverse effects.

The information presented here is based on the experience of my practice and the clinical practices of homeopaths past and present. This book is not intended to be research oriented, nor exhaustive, but rather a practical guide into homeopathic thought and practice. It is a reliable reference book for practitioners and the public to use homeopathy for infectious contagious disease. Each section describes a disease, the use of vaccination for that disease, homeopathic prevention, precautions in treatment, and an outline of a sample of symptoms from the more commonly indicated homeopathic remedies for that condition. The information presented may be sufficient to find the appropriate remedy or can merely provide the practitioner with a guide to remedies for deeper study in more complete *materia medica* volumes.

The book can be used as a quick reference guide for the treatment of a particular disease but can also be a tool for in-depth study into homeopathy, health, and humankind. I personally would recommend reading the **Smallpox**, **Gonorrhea**, **Syphilis**, **Tuberculosis**, and **AIDS** chapters whether or not you have the need to treat these diseases. These chapters, while they discuss their respective disease, shed light on the development of all chronic disease and are of particular significance to the health and psychological makeup of humanity. In addition, I recommend **Chapters 4 and 5** to catch a glimpse into the breadth of the work in homeopathy. Each time you study the material presented in this book, the inter-connectiveness of this science and spectrum of possibilities in homeopathy in the world at large will be revealed.

Chapter 1

Basic Homeopathic Principles

German physician Samuel Hahnemann developed the system of homeopathy at the turn of the eighteenth century. Hahnemann lived at a time when epidemics still ravaged most of Europe. At that time the diseases of rabies, smallpox, influenza, diphtheria, tuberculosis, scarlet fever, syphilis, gonorrhea, etc. were common to most local populations. The concept of contagion was still a mystery. Superstitious and underdeveloped theories dominated the medical practice of the day. Bacteria and viruses had not yet been identified. In fact, the “Germ Theory” developed by Louis Pasteur, Robert Koch, and contemporary scientific researchers was not presented until after Hahnemann died. Herbology was in its rudiments and heroic medical practices such as bloodletting, strong dosing with mercurial medicaments, and leeches were considered the norm. Basic anatomy was still a frontier science.

Law of Similars

Hahnemann became so discouraged by the practices of the time that he retired as a physician and became a scientific literary translator. It was during this time that not only did he become well educated in the scientific realm he also began to speculate upon the nature of cure and to develop a system of healing that would result in permanent cure. Through his studies, he came upon the concept of “like treats like.” This concept reasoned that a medicament could treat a disease because it had the power to cause the same disease. He experimented to test this theory. He developed a process called a “proving,” whereby he ingested a substance. Over the following hours, days, and weeks he meticulously recorded the nature of symptoms he developed. Hahnemann documented these symptoms and cataloged them in his *materia medica* (catalog of remedies and their symptomatology).

The first proving he did on himself was that of **Cinchona**, or Peruvian bark, which had been said to be curative for the treatment of malaria because of its astringent properties. Much to

his surprise when he took the bark, he developed the symptoms of intermittent fever with perspiration and chills. When he discontinued the medicament, the symptoms resolved. When he took the bark again, he again developed the symptoms of an intermittent fever. From this simple experiment on himself he concluded that cinchona was not curative to malaria because of its astringent properties but rather because it could produce symptoms very similar to that of malaria.

Over his life, Hahnemann conducted 150 provings, which he catalogued in his Materia Medica Pura. With these 150 remedies at his disposal, he took up the practice of treating people according to the principle of “like cures like.” To his merit, he found the method to be valid and he was able to successfully treat many people with his remedies.

The term homeopathy was coined in reference to the principle of “like cures like,” or the Law of Similars: ‘homeo’ for similar and ‘pathos’ for disease. From his observations of people’s responses to remedies and their path to recovery, he developed homeopathic philosophy concerning the nature of disease, the nature of remedies, and how to apply these remedies to disease. These concepts are outlined in his text, Organon of Medicine, which constitutes the foundational text for homeopathic philosophy.¹ An outline of the homeopathic principles Hahnemann developed are delineated in the rest of this chapter.

Examples of the homeopathic response go beyond the use of remedies and can be seen in day-to-day experiences. For example, a burn from a cooking pot can be ameliorated with a momentary application to the same area of contact, with the near same level of heat. A hangover can be ameliorated by a small amount of alcohol. Alternating heat and chills can be ameliorated with alternating hot and cold showers. Feelings of grief can be soothed with melancholic music, and so on.

Hahnemann had many students throughout Europe and the success of homeopathy in the treatment of many conditions spread. France and England took the lead, but soon the momentum spread to the United States, India, South Africa, and Brazil. In 1829, one of Hahnemann’s students brought homeopathy to America. In contrast to the underdeveloped theories and minimal success in convention medicine at that time, homeopathic literature had documented empirical evidence and clinical results of the use of homeopathy in dealing with not only infectious contagious disease but also many other maladies. By the end of the 1800’s schools, clinics, and hospitals administering homeopathy could be found around the world. In 1914, in the United States, there were 101 homeopathic hospitals representing

20,092 beds. During that year, these hospitals treated 109,527 patients. The noted mortality rate of these institutions was 4.1%.²⁷

Natural Disease and Susceptibility

Hahnemann dedicated his life to understanding the nature of disease. Fortunately for us he was able to study natural disease and its implications for individuals and populations as homeopathy was developed in a time when disease had not been obscured by artificial medicine such as vaccines, suppressive treatments, antidepressants, antibiotics, and the myriad of synthetic palliative medicines we have today.

Hahnemann termed the inherent susceptibilities and reactions of humans to their environments as “natural disease.” These susceptibilities and defense mechanisms, while dynamic in nature, are demonstrated through the physical reactions to excesses in temperature, overexposure, bad food, seasonal effects, and contagious disease. These susceptibilities are seen, for example, in the ailments from excesses in passions, anger, fear, grief, overwork, or prolonged struggle in life. To each of these situations an individual’s response is based upon his or her inherent strength. In attempt for the body to rid itself of the offending agent, it is necessary to have an exonerative response to these harmful influences. Immune system response to acute infectious contagious diseases is also a part of this natural defense mechanism. The success of homeopathy is a result of treatment directed at improving the defense mechanism’s ability to defend itself rather than eradicating the offending agents.

In contrast to natural disease, we now find a multitude of human-made diseases that come from the use of toxic medications, suppressive medications, vaccinations, antibiotics, artificial foods, pollution, and nuclear waste in our environment; all are agents that act as interventions, debilitations, or suppressions to our natural defense mechanism. Because of this the health of progressive generations has become weaker and weaker. The ability to produce curative responses to the influences in the environment has been thwarted. No longer do we have the strength to react unabated to acute disease. We rely on toxic external medicaments to control the symptoms and suffer the long-term consequences of chronic disease. In order to preserve our health we must first have the ability to respond to acute disease. Present day medical practitioners have failed to recognize this trend, are at a loss to explain it, and are unable to adapt their system of medicine to address it. In contrast to suppressive or palliative measures, homeopathic medicine (through the law of similars) aims

to reduce one's susceptibility through the production of a curative defensive response, which removes the disease.

Energetic Medicine

Homeopathy offers an explanation of disease that diverges from a materialistic view of the human experience. It is an energetic system of medicine. Modern medicine, in contrast, is focused on the biochemical aspects of the human system and fails to understand the dynamic nature of man; his spirit, will, and personality, within his environment.

The mechanisms of homeopathy are not explained in physiological or mechanical terms. Homeopathy was developed before the time of microscopes, blood tests, and before germ theories were developed. Yet when a remedy was given to a person with a disease according to the “law of similars,” cure ensued; removal of symptoms with a quantifiable and qualitative energetic shift to a state of well-being. From this observation, Hahnemann concluded there must be an energetic substrate upon which the life of humans hung.

The Vital Force

At the core of homeopathic thought is the concept that the human experience is a collaboration of physical and energetic phenomena. While the body has physiological reactions and material presence, life is brought to it through a mechanism that modern science has not yet been able to identify. In homeopathic philosophy, we call this mechanism the “vital force.” This vital force has an unseen yet measurable intelligence, which governs the material body.

The vital force maintains a dynamic state of flux within the body with regard to both sensations and functions. It is measured in terms of well-being and the ability to adapt to the environment. In health the human body is animated by the vital force and has the ability to adapt to changes in its environment. Without the vital force, the material body is neither animated, nor has the ability to adapt to the environment. Rather it lies dead.

In health we experience oneness and connection to our lives and the universe. We are free from passions and addictions. We are free to become creative individuals. In disease, the vital force becomes out of tune first. In time, the imbalance demonstrates itself in emotional reaction, altered perceptions, and rational thought, and eventually in the physical body. The production of symptoms is an attempt by the vital force to balance itself. As disease occurs

first on the energetic level, in order to be curative, treatment must be able to communicate to the organism at this level. To remove the symptoms without treating the imbalance in the vital force will only lead to the production of different symptoms.

The Minimum Dose

When Hahnemann first started using homeopathic remedies his preparations were undiluted. This was a problem with toxic substances. It seemed the more he gave, the more toxic they became. There was a fine line between helping the person and poisoning him. He developed the process of potentization in order to reduce this toxic effect. To his surprise, he found that the more potentized the substance was the more powerful it was in restoring health. Furthermore, it needed to be repeated less often. In fact, he found that treatment was the most successful when a potentized remedy was given only once. It seemed one dose was sufficient to elicit a healing response and no further medication was necessary. From this observation he developed the concept of the minimum dose.

In the process of potentization, a substance has been successively diluted and succussed (a process of vigorous shaking with impact) (see the **Potency** section in this chapter). While this process reduces the material aspect of the remedy, it enhances the energetic nature of it. To affect a change in the vital force, we need a medium subtle enough, and in an energetic form, to speak to it. In homeopathy, one does not aim to medicate a problem or control symptoms by the use of repetitive dosing. Rather homeopathy aims to stimulate the healing mechanism of the vital force to remove the problem. We call upon the smallest dose necessary to initiate this change. It is more like giving a little “push” to establish a chain reaction of events, rather than a strong dose to force an action, or repetitive doses to control a set of symptoms.

There are many methods of dosing in homeopathy. Dosing is dependent upon the remedy, the patient, the disease, and the potencies available of that remedy. In this book, I refer to a dose as three to eight pellets dissolved under the tongue. Repeating the dose is giving the same amount of pellets some time later. Some people refer to this as a *split dose* if the dose is repeated within a short amount of time after the first, i.e. 20 minutes to 24 hours. It is also possible to dissolve the remedy in a glass of water and have the patient sip that glass over several hours to several days. This is called an *extended dose* or *plussing*. Depending on the nature of the disease, the strength of the individual, and other factors, dosage can be adapted.

Single Remedy and the Totality of Symptoms

Given the understanding that the disease originates in the vital force and manifests its imbalance by way of signs and symptoms, it follows that there can only be one disturbance to treat. Even though the manifestation may appear in different areas of the body, or in a multitude of emotional and mental expressions, these symptoms are a manifestation of the one inner disturbance. The totality of these symptoms is the expression of the single disturbance in the vital force. It is not that the sick head, the constipation, the emotional disturbance, and the eye symptoms are separate diseases; rather, they represent the entire disease. In homeopathy, a single remedy that corresponds to this entire manifestation is needed to bring about cure.

Homeopathic remedies are made from plants, minerals, animals, and diseased tissues. These substances have a special affinity to aspects of the human mind and body, and have the potential to disturb health. Therefore, each of these substances has the ability to treat the conditions they can create. Volumes of homeopathic *materia medica* report the alterations each substance can produce in a healthy person. Accordingly, the totality of symptoms cataloged for a particular remedy is the indication for the use of that remedy. The sick person will not produce every symptom of the remedy, but the remedy should have the ability to produce nearly every symptom of the sick person.

In continuation of this concept, it is possible to treat a condition without a known diagnosis. The constellation of symptoms indicates a remedy, rather than the medical diagnosis. Correspondingly, a particular homeopathic remedy may be useful in many different diseases as these diseases share common symptoms. Furthermore, individuals with the same diagnosis may require different remedies because each person will produce a different set of symptoms.

On the other hand, diagnosis does help in understanding the prognosis of treatment. Once a remedy is given, diagnosis explains the normal course of the illness and allows one to distinguish between the pathological process and the action of the remedy.

Potency

In order to prepare a homeopathic remedy, each substance goes through the process of potentization. The original substance is initially ground (triturated) with a mortar and pestle into milk sugar (dehydrated lactose) or tinctured in grain alcohol. Non-soluble materials are

triturated with milk sugar for the first three dilutions then diluted in alcohol thereafter, while soluble materials are placed directly into alcohol. In turn, the substance undergoes a series of serial dilutions in alcohol intermittent by succussions. Between each dilution, the bottle containing the solution is pounded onto a table or book with a force equal to the strength a man's blow for ten to one hundred succussions. Finally, one drop of the preparation is used to anoint a vial of blank sugar pellets.

Potency dilutions are made in a one in ten scale (the X potencies), or a one in a hundred scale (the C potencies). The C potency continues to the M listing at the same dilution of one part per one hundred ($1M = 1000C$, $10m = 10,000C$). A 3X potency means that a substance was diluted three successive times in a one in ten ratio as follows: the original tincture is always made in a one to ten scale. One drop of the tincture is placed in nine drops of alcohol and succussed. This makes the 2X potency. One drop of the 2X is placed in a further nine drops of alcohol and succussed to create the 3X potency. One drop of the 3X is placed in a vial of milk sugar pellets to create 3X pellets. Further dilutions of the 3X potency raises the remedy up the potency scale; 6X, 30X, 200X, etc.

The C potencies are created in this same fashion, but the drops are placed in ninety-nine drops of alcohol rather than nine as in the X scale. Common potencies to purchase are, 3X, 6X, 12X, 30X, 200X, 6C, 12C, 30C, 200C, 1M, 10M, 50M, and CM. The X potencies from 3X to 30X and lower C potencies from 6C to 30C are considered low potency. 30X to 200X or 30C to 200C fall in the medium potency range, and high potencies are 1M and higher.

There is an additional scale of potencies called the LM, or the fiftieth millesimal scale. These potencies are prepared at a one in one hundred scale to the 3C potency then diluted one to 50,000, succussed one hundred times. One drop of this is applied to 500 blank poppy seed sugar pellets (pellets the size of poppy seeds). This first preparation is called LM 1. One of these pellets is then diluted in 4 ounces of water and alcohol, and succussed daily before the preparation of each dose. Three to ten drops of this first dilution is further diluted in two to eight ounces of water and stirred. A dose of an LM potency is one teaspoon from this last dilution. The LM 2 potency is made when one LM 1 pellet is dissolved in one drop of water diluted with 5cc of grain alcohol, succussed 100 times and then anointed onto blank pellets. One of these medicated pellets can be prepared into a 4-ounce bottle for the daily dose of LM 2. Each successive potency is made in this way.

LM potencies are considered a low potency with a broad range of action. These potencies are numbered 1, 2, 3, and so on. Each level of potency lasts for about a month if taken daily.

When the first level is finished, the subsequent level of dilution is used. The benefits of this method of dilution is that you can adjust the dilution factor dependent upon the sensitivity of the individual and how quickly they seem to be taking up the remedy. This preparation can be repeated daily as with each succussion and dilution the potency changes.

The goal in homeopathy is to give a remedy in the minimum dose necessary to elicit a reaction. The more dilute a remedy is the higher in potency it is and the more energetic in nature it becomes. As we move away from the material dose, we say that the dose is minimized.

Summary of Potency Table

Scale	Dilution Factor	Possible Potencies	Duration of Action for Single Dose/ Repetition	Indications for Use
X scale	1 in 10	3X, 6X, 12X, 30X, 200X	Short action, a few hours to days. Must be repeated often. Can be repeated every few hours or daily.	Acute prescribing, home remedy kits, infants and elderly.
C scale low potency	1 in 100	3C, 6C, 12C, 15C, 18C, 30C	Moderately deep in action, lasting from a few hours to weeks or months. Can be repeated daily or weekly.	For prophylaxis, acute conditions, and health complaints with some pathology, or those with a more sensitive system.
C scale high potency	1 in 100	200C, 1M, 10M, 50M, CM, MM	Single doses infrequently repeated resulting in deep action lasting days to months. In severe and intense situations, can be repeated in quick succession.	For more energetic disturbances with less pathology; mental/emotional considerations are more prominent.

I.M potency	1 in 50,000	LM1, LM2, LM3 ... and so on	Can be repeated every few hours, several times per day, daily, or weekly depending on need and action.	For sensitive individuals with either a weakened vital force, chronic pathology, history of suppression, continued need for medication, or with other maintaining causes.
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Drug action

Understanding potency and drug action in homeopathy is the basis for all applications of homeopathic remedies. As mentioned previously, the system of homeopathy is based on the principle of “like cures like.” A substance’s ability to treat a disease has in its power the ability to produce a disturbance similar to that disease. The more homeopathic (similar) a substance is to the symptom(s) in question, the greater its potential to cure the condition.

Symptoms are understood to be a manifestation of a disturbance in the vital force; they are not the problem but the answer to the problem. Taking away the symptoms without treating the problem will result in the vital force finding a different avenue to express the problem. The goal of homeopathic treatment is to support the vital force in its wisdom to create balance.

Every medicinal substance has a primary action and a secondary action. The primary action is what the substance does to the person. The secondary action is what the vital force does in response to the substance. In material doses (substances in crude form), the secondary action to a substance is usually in equal and opposite force to its primary action. The process of potentization reduces the primary action, while the secondary action of the vital force is increased. The higher the potency the less significant the primary action is and the greater the secondary action is. Different substances have different periods of action. Some will act quickly and intensely for a short time while others produce effects over a longer period of time. Potency selection is based upon the intensity of the primary action or secondary action you want to achieve and the degree to which the vital force of the person has the power to respond.

The goal of the homeopathic remedy is to elicit a secondary action of the vital force greater to and in opposition to the direction of the disease. Accordingly, one must chose a remedy

whose primary action is in a similar direction as that of the disease state. As the secondary action of the vital force is in equal and opposite direction to the primary action of the drug, the vital force is forced to remove the disease.

One must select a potency that best matches the pace of remedy, the pace of the disease, and the strength of the vital force. Accordingly, the homeopathic remedy will produce an initial worsening of symptoms from its primary action, as the primary action is similar to the direction of action of the disease. After the remedy the vital force no longer needs to create the disease symptoms because the remedy takes over the production of symptoms for a time. As the remedy's primary action wears off, the secondary reaction of the vital force will be to reduce the symptoms created by the primary action (and the original disease).

Gradually the symptoms will dissipate and health will be restored. Repetition is only necessary when the condition does not fully resolve from the first dose. If there is only partial resolution, then the remedy was only partially homeopathic to the condition and only some of the symptoms will be ameliorated. In this case, a more appropriate remedy needs to be selected.

An understanding of drug action is also applied to remedy selection. Each substance has the power to produce a primary action affecting the entire being in its own way. Each substance has an affinity to specific organs or specific functions where this primary effect will show itself. Each substance produces symptoms to varying degrees. Those substances that can produce a particular change in the psychology of an individual have the potential to treat similar psychological conditions. Those substances that have an ability to alter tissues also have the potential to treat tissue alterations. Those substances that have mild effects will treat mild forms of disease. Those substances that produce extreme toxic effects will accordingly have the potential to treat more ravaging diseases.

The philosophy with which allopathic medicines are applied is in direct opposition to homeopathic principles. Symptoms are seen as the problem, rather than the response to the problem, and so medicinal action is aimed at the removal of the symptoms without regard to their origin. Allopathic drugs are applied according to their ability to produce symptoms in opposition to the symptoms present. For example, a rapid heart rate is treated with something that will slow the heart, constipation is treated with a laxative, and heartburn is treated with something to remove the acid. However, as the drug is not able to touch the problem of the vital force, the problem remains.

Correspondingly, as the primary effect of the drug wears off after a certain time, the drug must be repeated in successive intervals to control the symptoms of the condition. It is the primary action of the drug that is relied upon to mitigate symptoms. In response to the drug there is always a secondary action. This reaction is an attempt for the body to remove the effects of the drug and often produces a set of symptoms called “side-effects.” Sometimes there is an attendant worsening of the symptoms of the original disease when the effects of the drug wears off. The debate in allopathic medicine is whether the side-effects or secondary action of the drug is worth the momentary primary effect.

Summary of Drug Action Table

Primary Action	Secondary Action
To impose the primary action is the basis of allopathic medicine	To elicit the secondary action is the basis of homeopathic medicine
What the drug does to the body	What the body does in response to the drug
Drug is selected for its ability to produce the opposite symptoms in the body	Drug is selected based upon the similarity of symptoms the body is producing
Drug must be repeated to maintain the action, especially if the drug's action is in opposition to the symptom(s) present in the person.	Drug needs to be repeated seldom if the primary action is similar to the disease state.
Primary action is stronger in crude doses	Secondary action is stronger in potentized doses
Tendency to create reliance on the medication to control the symptom(s) or to suppress condition(s)	Tendency to cure the condition and no longer need medication
Medicine is working in opposition to the vital force	Medicine is working with the vital force

Understanding Levels of Health in Relation to Potency Selection and Repetition

Understanding potency selection and drug action is an art that takes many years to master. There are many aspects to assessing the level of health of the patient and the nature of the disease. This understanding is applied to determine what the best potency would be and how often it needs to be repeated. Seasoned practitioners develop a second nature in determining

these things. Below are some general guidelines in potency selection that can be adapted to the situation at hand.

- Repetition of a particular potency depends upon the potency, the pace of the disease, strength of the disease, and the strength of the person's health and vital force.
- A person in weaker health with chronic or acute disease needs a lower potency repeated seldom, as the vital force has not the energy needed to accommodate the strength of a high potency.
- A person with strong vital force with a strong disease needs a higher potency to meet the level of the disease.
- A rapid acute disease in a healthy person needs a higher potency repeated more often.
- If you have a low potency in a rapid disease or in someone with a strong vital force, you have to repeat the low potency more often in order to provide sufficient momentum to keep up with the disease. Most acute cases will respond to a dose of 30C, 200C, or 1M repeated once or twice.

A dose usually consists of three pellets dissolved in water or placed under the tongue. More pellets will not necessarily produce a stronger action. In situations in which you feel the person needs more of an effect, repeat the remedy more often rather than giving more pellets because the momentum created by successive repetition is greater than giving more pellets.

Repetition of the remedy depends on various factors. The goal of a remedy is to elicit a healing response. As mentioned before, the minimum dose is the smallest amount that will elicit a healing reaction.

- Diseases with a clear expression of a particular remedy will respond well to a single dose.
- In chronic disease, a 1M or 200C potency given once will last from two weeks to six months.
- In acute disease, a 1M or 200C potency given once will bring the immediate changes necessary towards resolution of the disease.
- In acute disease, this same potency may need to be repeated two or three times in quick succession to pass through the critical phase.
- People with severely compromised health will respond better to lower potencies repeated more often.

- If it seems that a remedy needs to be repeated often in order to stop the condition from getting worse, one needs to increase the potency.
- If the remedy is still not holding after increasing the potency, it suggests that the remedy is not the best homeopathic selection and a different remedy must be sought.

Finding the Homeopathic Remedy

The acute diseases outlined in this book range from mild to potentially life threatening. The information presented below is for interest purposes. It is in no way to be substituted for professional advice with regards to the treatment of any health condition. The steps outlined below can assist in home health care and practice management with homeopathy. Skill in finding the correct remedy and individual responses to remedies vary. The following steps are a guide only. They do not constitute medical advice. If you have any doubt at all, consult a practitioner.

In order to know what remedy we need and in what potency, we must first get an understanding of the mechanisms at play in the sick individual and what needs to be cured.

Steps in Taking the Case

- 1) Initiate dialog and let the person tell you as much as possible about the symptoms he or she is experiencing. With a pen and paper, write down all the information.
 - When did they first notice their symptoms?
 - What are those symptoms?
 - Was there a specific event just prior to the development of symptoms?

Look for words that describe the symptoms rather than evaluate them. Be complete in noting the expression of the symptom (i.e. “the sleep was restless, and she woke at 2:00 am with scary dreams,” rather than the simple statement “her sleep was bad”). Describe the sleep, mood, nature of the specific symptoms, appetite, cravings and aversions, temperature sensitivities and/or any other thing you notice in relation to this condition.
- 2) In the case-taking look at:
 - Patho-biographical events prior to the development of symptoms.
 - The intensity and pace of the onset.
 - The nature of symptoms that accompany the main complaint.

- How have these events have affected the person. The reactivity to these events demonstrates the unique susceptibility of the person (see **Chapter 4**).
 - The general symptoms that demonstrate the inner nature of the condition; thirst, chill, appetite, sleep, and mental disposition.
 - The local symptoms; such as headaches, sore throats, cough, digestive complaints, or inflammation, etc.
- 3) Identify the symptoms that are unique to the person rather than common to the illness. In the treatment of acute disease, do not include symptoms that are normally present as a part of the chronic state of ill health. Only include those symptoms that have come on during the illness or those that intensify during the illness. Summarize and underline the more prominent or unusual symptoms.
- 4) The first changes to one's health after infection are those changes that affect one's state of well-being. These initial feelings are felt by the emotions and interpreted by the mind. Accordingly, the mental and emotional symptoms are of paramount importance to selecting a homeopathic remedy.
- 5) Take the symptoms and order them in terms of priority of importance to the overall health. If need be, refer to a homeopathic repertory to narrow the selection or confirm symptoms. For the purpose of this book, the process of this step has not been described. However, if none of the remedies listed in that particular chapter seem indicated or if you need to confirm a symptom to the remedy, consult with a repertory is essential (a repertory is an index of symptoms).
- 6) Read the list of remedies under the disease in question to see if any of the remedies correspond with your notes. The brief description of remedies included with each chapter may not be sufficient to completely describe your particular situation. You may find that you have a symptom picture that looks like several of the remedies. If this is the case, you will have to use a homeopathic *materia medica* with a more detailed list of symptoms to differentiate between the remedies. Alternatively, you may need to go back to the person to get more information for clarification on certain symptoms. While the symptoms detailed correspond to the particular disease, the text may not give sufficient information on the mental emotional state of the remedy or on the many other particular symptoms of the remedy. If you cannot determine a remedy but feel it necessary to find a remedy, contact a homeopathic provider at this time.

- 7) Once you have found a remedy you feel confident of, you must choose your potency.
Refer to the above section on potency to help determine the best course of action.

Response to the Remedy in Acute Disease

Responses to remedies vary greatly depending on the person, the sickness, and the remedy. After a remedy is given, one must wait a period of time to determine how the remedy is working. The waiting time is dependent on the situation, the pace of the disease, the strength of the person, and the potency given. Remedy reaction may be observable after several minutes or several weeks depending on the situation. One must have a feel for these considerations when looking at remedy response. Understanding remedy reaction can take years to master.

The following are factors to consider:

- The more critical the condition, the more immediate response is expected and needed from a remedy.
- It is important to have an understanding of the diagnosis and the pathogenesis of the disease in order to differentiate the pathological progression of the disease from the action of the remedy.
- After the optimal homeopathic remedy, there is often an aggravation prior to the improvement.
- In acute conditions, this aggravation sometimes goes unnoticed.
- The aggravation will demonstrate itself in the general symptoms; i.e., there may be a higher fever, more lethargy, or an increased mental state. The homeopathic aggravation is a sign that the remedy is helping the body do what it needs to do to cure the condition. An increase in these general symptoms is a demonstration of the immune system becoming more effective in the removal of the disease and is a sign that recovery will ensue.
- Seldom is there a worsening of the pathological symptoms after the homeopathic remedy. A worsening of pathological symptoms is a push closer to death and would not fall under the concept of aggravation.
- In acute conditions, some indication of improvement is noticeable within thirty minutes of taking the correct remedy. Subtle shifts in energy, relaxation, mental and emotional releases, and sleep, etc., are indications that the remedy is effective.

- Sometimes the remedies help the body do what was missing. Vomiting and diarrhea may be initiated, the skin may break out in eruption, or a fever that was low grade may increase and become more effective.
- Only one remedy may be needed throughout the course of the disease, which may be repeated frequently to complete the cure.
- As the symptoms change, different remedies may be called upon for the different stages in the expression of the disease or if the disease worsens.

Interpreting Remedy Action

- If after one or two doses there is improvement in the general condition (i.e. the patient sleeps, the fever comes down, or there is an increase in appetite or mood), do not give any more remedy as lasting improvement is to be expected.
- If after an initial worsening of symptoms there is a gradual improvement, you have selected the correct remedy and it does not have to be repeated. Improvement should last.
- If after two doses of a remedy there is no change or the condition worsens, more than likely you have not given the correct remedy. If this is the case, you need to go back to step one of case-taking and search for more information upon which to base your remedy selection. Then chose a more appropriate remedy.
- If after improvement the condition relapses with the same types of symptoms, give another dose of the same remedy.
- If after improvement the condition relapses and a different set of symptoms emerge, find a different remedy based on these new symptoms.
- Repeat the remedy only if the condition relapses or if improvement ceases. For the most part, single doses of incorrect remedies will pass through the system without effect, as they will not have any affinity to the person or the disease state. Excessive repeated use of incorrect remedies will have an effect that is not in the best interest of the sick person.
- If understanding remedy action seems too complicated, consult your practitioner.

In Summary

Homeopathy is an energetic system of medicine aimed at treating the vital force of the human with a single dose of a remedy in potency so dilute there is no longer presence of any material substance. Hahnemann contends that, if the practitioner knows what needs to be

cured in the patient, what is curative in homeopathic remedies, and finally, how and when he applies the medicine, then rapid and complete cure must ensue.

The idea that diseases have a ‘spirit-like’ quality is a hard concept to grasp as it defies our understanding of the physical world and the causal relationship between physical entities. It makes us question the true nature of human existence and disease. Technology, and the materialistic, mechanical point of view of the human condition and disease that predominates allopathic medicine and common thought, makes it even more difficult for lawmakers and the general public to grasp that there is an energetic component to disease. Without this basic understanding, it is difficult for an energetic form of medicine, such as homeopathy, to be brought into mainstream practice.

Regardless of the controversy homeopathy has brought to politics and belief systems, it is a rational system of medicine. Homeopathy has proven itself in clinical practice for the last 200 years. Homeopathic remedies have stood the test of time and remain effective in treating the same diseases their symptoms corresponded to 200 years ago. In contrast, Western medicine continually places new drugs on the market, and removes them a few years later due to their ineffectiveness or to the development of toxic side-effects that were unknown, or deemed insignificant, when they were first marketed. The difference is that while the contemporaries of Hahnemann treated relatively healthy people, homeopaths now have the task of removing the many layers of suppression that Western medicine has brought upon us, including ailments from vaccinations. The following chapters are not only an offering to the treatment of infectious contagious disease but also provide a path for the removal of the vaccination-driven suppression of these diseases.

Chapter 2

Homeopathic Philosophy on Fevers

I am neither an immunologist nor a scientist in this regard, nor is the dissertation that follows meant to be exhaustive or evidence based, rather it provides an overview for the philosophy presented throughout this book. From my training in homeopathy and homeopathic practice since 1994, I will expound upon my understanding of the natural defense system and the immune system.

Fevers: Necessary for Good Health

More often feared, the fever represents to our society something to be avoided at all costs. We do know that some fevers, if left too long or if they get too high, can cause serious complications. Dehydration is one of the most common side-effects. Ironically, dehydration can also cause a fever. Convulsions can be the result of cerebral congestion from a fever that gets too high. Fevers associated with streptococcal infections are known to cause permanent damage to the kidneys or heart. In terms of the developing immune system and continued good health, it has been my personal and clinical experience that the ability to develop a fever and recover through the fever is a necessary and important aspect of life.

There are many causes for fevers. Local or systemic bacterial and viral infections are most commonly associated with fever. Heat stroke and head injuries are also capable of producing fevers. Over exposure to a cold wind is a common etiology for fever. Emotional responses, such as shock or trauma, can also produce fevers. Teething children can develop a fever with or without an apparent infection. The fever is an important part of this developmental process.

Whatever the cause, development of a fever is a mechanism to protect the body. Fevers work to kill off the invading bacteria, to localize infection, or to stimulate antibody production. The suppression of this healing mechanism leads to irresolution of the original

problem and the beginning of chronic disease. Effective treatment of fevers with homeopathy supports the healing process by helping the body do what it is trying to do to resolve the condition.

Through the support of the remedy, the degree of suffering from the condition is less. For example, a teething child may develop a fever; if left alone, this condition could lead to an earache, cough, or other condition. With the use of a homeopathic remedy, selected in accordance to the fever, teething, and other symptoms, not only will the process of teething be supported, the fever will clear and secondary conditions are less likely to develop.

With chickenpox, a fever is a necessary part of the process of developing immunity. The fever has to reach a certain temperature to develop the sufficient immune response to stimulate antibodies that neutralize the virus. With the support of a homeopathic remedy, the disease will go through all the stages of the disease; incubation period, prodrome, fever and eruption, yet it will be in a much shorter time; one to two days rather than the one to two weeks if left to run its normal course. In addition, the symptoms will be less severe and the likelihood of sequelae for the disease will be reduced (a secondary complication of the disease). Full immunity is generated at much less expense to the body with the support of a homeopathic remedy.

It is important however, to monitor fevers. The concept in homeopathy of helping to develop a curative fever must not be confused with letting a fever run wild. Left on their own, fevers can be potentially life-threatening. Adjunctive measures such as plenty of fluid intake to reduce the risk of dehydration and placing cool towels on the feet and hands can draw the heat out of the head. Cool bathing can also help. One has to watch that the cool water is not a shock to the system. Some pathological conditions will develop into seizures from the shock of cool water.

The difference between a curative fever and the advancement of pathology is demonstrated by the general symptoms of the individual. A fever that is an aspect of the pathology will be accompanied by restlessness, pain, agitation, listlessness, and stupor with the concomitant symptoms of rapid respiration, feeble pulse, congestion, chills, and nasal drainage, etc. The totality of these symptoms will indicate the appropriate remedy. A fever that is a curative fever after a remedy will come without these concomitant symptoms with a level of calmness. The fever may get quite high but it will be followed within four to ten hours with a perspiration that marks the “breaking” of the fever, after which recovery should ensue.

Careful monitoring under the care of a homeopathic practitioner will help determine if the fever is an appropriate fever.

The Germ Theory Questioned

The “germ theory,” developed by Dr. Snow and published in 1855, forms the basis of conventional medical treatment with regard to most disease processes. The germ theory states that bacteria and viruses are the responsible agents for all infectious contagious diseases. Louis Pasteur postulated that, as bacteria are found at the sites of infection, they must be the cause of infections. Robert Koch, another scientist from the same period, developed what is known as “Koch’s postulates.” He postulated that the blood from a diseased animal will make another animal sick and that the disease particles found in the first animal will be the same as those found in the second newly infected animal. He also found that if an animal were to recover from the disease it would never get the same disease again. From the work of these men, began the development of vaccinations for specific diseases to eradicate the problem of viruses. The same philosophy was applied to the eradication of bacteria. The thinking was that, if you could kill the bacteria, then an infection would not occur. Louis Pasteur’s deathbed recantation of his original theory, “The germ is nothing; the soil is everything,” came too late for scientists to take heed.¹³ In his later years Pasteur had realized that it was the soil, or ecology of the person, that dictated whether an infection would take hold rather than the presence of the germ. Unfortunately, current day “bug hunters” are still supporting a multi-trillion dollar empire of vaccines, antibiotics, antiseptics, and disinfectants aimed at destroying pathogens at the neglect of the health of the individual.

It is true that many people; children, the elderly, and those with injuries, died from bacteria conditions before the development of antibiotics. The problem was that homeopathy was not readily available either.

Claude Bernard and Antoine Bechamp, contemporaries of Pasteur and Koch, believed the organisms that already live in the body did not cause illness. Only when the body became unbalanced and unable to maintain homeostasis did these germs become toxic.¹³

Homeopathic philosophy is based on this understanding. Therefore, in cases of bacterial infections, homeopathic remedies do not kill the bacteria directly but aim to stimulate the immune system’s ability to produce the necessary defense to eradicate the germ (i.e., the development of a fever and discharges (nasal discharge, pus, vomiting, or diarrhea)), all defenses that neutralize and rid the body of the offending agent. This is true for food-borne

bacteria and other external disease agents as well as for resident bacteria. In health, the common bacteria we find on the body (staphylococcus, streptococcus, and others), remain in a non-pathological state. It is when the body becomes out of balance that the bacteria become pathogenic. It is the underlying condition of one's well-being that is supported in homeopathic treatment. As we do not treat the presence of bacteria directly with homeopathy and the person gets well after a remedy, one has to question whether the bacteria caused the sickness at all or if the bacteria were actually the result of the sickness.

It is from this perspective, the inherent susceptibility of the individual as opposed to the relative strength of the pathogen, that homeopathic treatment is aimed. Homeopathy is directed at restoring health rather than removing bacteria or viruses.

Throughout this book, I begin each chapter by identifying a pathogen associated with the particular disease, or that such and such virus or bacteria cause the disease. However, one must keep in mind that in homeopathic philosophy, the "germ theory" must be weighed against the understanding of susceptibility.

Effects of Antibiotics

We have certain bacteria in and on us at all times. Moreover, we need a healthy population of bacteria on us at all times to protect and defend the body's skin and mucous membranes, to help regulate hormonal levels, to regulate stages of developmental growth, to help with digestion, blood clotting, and a host of other functions. It is only when one's defenses are down that these bacteria become pathogenic. It is at these times we need help to regain balance for our inner state. Antibiotics do nothing to help re-establish this balance; they merely kill the bacteria while we wait for the body to recover.

Repeated use of antibiotics actually decreases the body's ability to defend itself in bacterial infections. There are four aspects to this. First, with antibiotics, not only are the pathological bacteria killed but also the beneficial ones whose purpose is to defend our body from other bacterial infections. Second, if the fever response is thwarted through the repetitive use of antibiotics, the defense mechanism becomes less able to develop the appropriate fever response to defend itself. Third, as most antibiotics are made from fungal material. Repeated introduction of these fungi through antibiotic use leaves one prone to systemic yeast conditions. Finally, with repetitive use, pathological bacteria eventually become resistant to antibiotics and will require stronger and stronger antibiotics to destroy them. The end result is an immune system that no longer is functioning well, a body full of yeast and/or other

mutations of bacteria that are more harmful than the original bacteria, and the absence of the natural bacteria needed to regulate the inner workings of bodily functions.

The Development of a Fever when Addressing Unresolved Illness with Homeopathy

Often, if there has been a series of infections previously treated with antibiotics or other medications, the person's health is forced into a semi-convalescent state. This state can linger on for years and can lead to further dysfunction in various body systems. Allergies, rheumatic conditions, depression, deficiency in digestion, inflammations, and skin conditions, etc, can all be a result of the body's inability to initiate the appropriate fever response to some past condition, or the result of the frequent suppression of these prior attempts.

Many people come to homeopathy with these conditions. Their health history reveals a series of unresolved acute illnesses, treated with antibiotics, which have settled into a low-grade constant state of illness (chronic disease). Under constitutional treatment, the road to recovery brings a fever; often within a few hours, days, or weeks of administration of the appropriate remedy, regardless of how long ago the prior illness or antibiotic use was. This fever brings resolution to the lingering underlying condition and wellness ensues. It is as if the body's healing reaction had been thwarted all this time and the homeopathic remedy stirred the vital force to bring resolution.

I have seen this action too from vaccination. After a vaccination, the person experiences some sort of a low-grade fever. Somehow, this fever is not sufficient to clear the vaccine matter out of the body or develop lasting immunity to the virus. Or, the vaccination was given at an age where the immune system was too immature to know how to develop the appropriate immune system response to it. A low-grade state of health ensues. In the resolution of this situation with homeopathy, the development of a curative fever is a necessary and heralded aspect of the healing process. After the fever, people will often say "this reminds me of a sickness I had several years ago that I never fully recovered from," or "this reminds me of how I felt after I got my last flu vaccination." With the healing, comes the memory of the original invasion. Through the heat of the fever comes the purification of the body and mind, much like the phoenix rising from the ashes of its ancestor.

Chapter 3

Overview of the Immune System

General and Specific Immune Responses

The immune system is a complex component of the defense mechanism involving both cellular (that pertaining to the activity of the white blood cells) and humoral activity (that pertaining to the fluids of the body, blood, lymph, mucus, etc., that is also under the influence of hormonal signals). Humoral activity results in an inflammatory response: the ability to develop a fever, initiate cellular activity towards a pathogen, and produce a discharge is a part of the humoral function. It is also termed the “general immune response.” Cellular activity is conducted by T-4 cells; white blood cells that migrate towards an area of infection and have the ability to create specific antibodies to particular antigens (cell-mediated immunity). The ability to formulate the differing types of antibodies is dependent upon the maturity of the immune system. It takes a full five to six years for the human immune system to fully mature. There are several stages of development to the maturing immune system.

In newborns, the immune system is not yet able to form disease-specific antibodies to all diseases; rather, it is just beginning to differentiate self from non-self on a cellular level. It can form non-specific antibodies to a limited variety of antigens. Generalized immune reactions such as fevers, inflammation, and discharges are also developed in infants. The required antibodies to specific diseases are passed from the nursing mother to the infant through the colostrum (the milky substance produced by the mother prior to breast milk) in the first days after birth. This colostrum, given that the mother has the antibodies to the specific diseases in question, will provide passive immunity to the child for the first few months to years of its life. Infants who do not breast feed, as they do not acquire these antibodies, become more susceptible to getting sick.

After about twelve months of age, the baby's ability to manufacture antibodies to more specific disease entities begins to develop. This process of maturation continues over the next four years. By the time a healthy child is six years old, the immune system is fully developed, it is able to create specific antibodies to a multitude of antigens and has an effective humoral immune response to any invading pathogen. The general and specific activities of the immune system is vital for identifying the intruder, mounting a defense, containing, immobilizing, killing, and eliminating the pathogen from the system.

There are two levels of immunity: innate and acquired. Innate immunity is the immunity inherent in the human immune system which works to defend the body from antigens by creating a barrier. These barriers include skin, stomach acid, mucus production, the cough reflex, enzymes in tears, saliva, and skin oils. Immunity to disease occurs as a part of an individual's natural biological structural and physiological makeup. Acquired immunity is of two types: active and passive. Active immunity is the body's development of antibodies to antigens either through natural exposure or through inoculation. Vaccination aims at stimulating active immunity. Complete immune system activity to a particular vaccine is age dependent. Active immunity will confer life-long immunity to that disease as the antibody levels remain throughout life. Some vaccines create only partial immunity therefore they need to be repeated several times to generate complete immunity. Passive immunity is conferred by the mother to the fetus via the placenta or to the newborn through the colostrum if the mother has active immunity to that specific antigen. Passive immunity can also be conferred through injection of previously made antibodies. Some vaccines are antiserums of this nature and they provide temporary passive immunity. Passive immunity gradually diminishes over time.

Mental and Emotional Aspects of the Immune System

Over time, I have also come to understand that the healthy immune system has a broader field upon which it presents. My assumptions are that there are aspects of the personality, intellectual faculties, ability to learn, and emotional well-being that are intricately involved in immune system response. I had the opportunity to work in kindergartens and early childhood classrooms where about a quarter of the children were not vaccinated. My general observation was that the children who had not been vaccinated seemed to be more aware of their personality. Their intellectual ability to understand and learn was greater and the ability to converse seemed more advanced than those who were vaccinated. In this classroom setting, I observed that the vaccinated children were less personable, less interactive, and showed less imagination towards creative play. Whether these observations directly relate to

immune response or to other dynamics in families who chose not to vaccinate their children, we do not know. Clearly, more studies are needed in this area to separate differing lifestyles between people who chose not to vaccinate, and those who chose to vaccinate. Personality types, diet, and other factors that may be involved.

Corollary to this is my observation that the longer children are under homeopathic care the more their personality evolves to be unique expressions of their individuality. Even with the vaccinated children, over time constitutional homeopathic care seems to enable the personality to be more clearly defined as improvement of the other aspects of their immune system occurs. As homeopathy is able to improve the functioning of the immune system and those qualities in the mental and emotional realm, one must conclude that there is a relationship between them.

Correspondingly, we see these previously mentioned aspects of the individuating personality disappear with immune system damage. Autism is the most extreme example of this and covers a broad spectrum of mental and emotional limitations. Accordingly, there are also degrees of severity of the condition. In general, autistic individuals are not able to have conversations, engage in emotional connection, or learn new concepts. If they do talk, they refer to themselves in third person and their emotional responses to normal situations are limited or excessive depending on their sensitivity. They are not able to recognize the existence of other people outside of their immediate needs and experience.

Over the course of homeopathic treatment these aspects of inappropriate emotional responses and inability to learn concurrent with the autistic diagnosis can clear up. Syntax in speech can become more age-appropriate. Eventually these individuals will come to see themselves as separate beings and their emotional responses level out and become more appropriate to the situation at hand. Just as the immune system determines self from non-self, the personality does this also. Moreover, with homeopathic care, actual immune function (the ability to develop a fever and recover from infections) becomes enhanced. More often, it is the ability to develop a fever that comes first. After the fever, major milestones in mental and emotional development occur.

Self and Non-self

Let us expand this concept a bit further. A primary function of the immune system is to differentiate self from non-self; to determine if there are foreign pathogens in the bloodstream, under the skin, etc. Without the ability to recognize foreign pathogens, no

aspect of the immune system would be initiated to remove the pathogen, leaving the pathogen unchecked in destroying the tissue it occupied. More than that, if there was immune activity initiated, the white blood cells would not identify what needed to be targeted for removal and they would start attacking the body mistakenly. Autoimmune diseases are an extreme example of this breakdown in immune function. Here we have a situation where the immune system no longer can differentiate intruders from itself, and a constant state of inflammation ensues resulting in tissue damage. Autoimmune diseases are “self-attacking-self.”

The global situation of terrorism parallels the breakdown in immune system function of individuals. Breakdown in immune system function is now a “global” problem. In terrorism, strangers infiltrate a sovereign community and go undetected, causing damage before their capture and disarmament. The response from the government is to tighten up security at all levels. This is much like the immune system producing a generalized state of inflammation in attempt to eradicate an unmarked foreign agent. To extrapolate this further, the result is the terrorist (non-self) remains unidentified while innocent people (self) are attacked by their own government (immune system).

The process of cancer demonstrates another easily understood direct correlation to this breakdown in determining self from non-self. The goal of each cell is to differentiate into its appropriate specialized cell after each cell division. Through membrane contact with other cells, the cell in question knows its identity. With cancer, multiplying cells lose their ability to know their identity. They regress to undifferentiated cells, similar to those of the developing embryo. The body fails to recognize that there are undifferentiated cancer cells in its midst. The cancer is able to take hold when the immune system no longer recognizes that there are damaged cells so it does not destroy them. Alternatively, if the immune system does recognize the damaged cells it cannot destroy them at a rate higher than they are being produced.

Healthy Immune Response

To further examine these concepts, let us explore what happens when a healthy developed immune system meets with a pathogen. Usually pathogens are airborne. They either contact the skin, mucous membranes of the throat or nose, enter into the lungs, or travel into the body via food or open wounds. If the pathogen is particularly strong, or if the person is weak at the time of contact, we say the person is susceptible to it and will succumb to its

influence. The nature of symptoms that manifest are a direct expression of the susceptibility of the individual and the strength of the pathogen.

Within a short amount of time, immune cells on the mucous membranes local to the area of contact identify that a pathogen is present and a generalized immune reaction is initiated. The area of contact receives an increased amount of blood, inflammation develops, white blood cells are signaled to the area to assess the damage, and the cellular aspect of the immune system is alerted.

If the pathogen gets as far as entering the bloodstream via a cut or through the lungs, the humoral immune response has already awakened the cellular activity of the white blood cells. The T-4 cells migrate to the area, evaluate the pathogen and mobilize specific antibody production to neutralize it. Lymph nodes filter the lymphatic flow to collect the excess of white blood cells and antibody/antigen complexes ready to be eliminated. Once the pathogens have been destroyed, they are passed out of the body through nasal discharges or expectoration, they enter into the intestines and are passed out with the stools, or they surface through the skin in eruptions or pustules.

The time from invasion of the body by a pathogen to the development of the initial symptoms is called the “incubation period.” A pathogen has entered the system and begins to multiply. The “prodrome” is when the initial systemic symptoms of body aches, malaise, headache, etc. develop. These symptoms demonstrate a defense has been initiated. The time span during which the individual develops the specific symptoms of the illness is considered the “infectious period” (fever, cough, runny nose, swollen glands, vomiting, diarrhea, eruptions, etc.). Once the immune system has destroyed and eliminated the pathogen via discharges or eruptions, one is in the “recovery period” and is no longer infectious.

The degree of suffering of the individual and the time it takes for the immune system to react in the appropriate way is directly related to the relative health of the individual and the strength of the pathogen. Healthier individuals will have faster reactions and will move through the illness with less suffering than those with compromised immune systems or who are in weaker health.

Degrees of Immune Reactivity

When a particular pathogen enters the body there are gradations of levels of reactivity. For simplification purposes I have narrowed it down to three general reactions. In reality, there

will be more than three variations of vaccine reaction and individuals may react differently to different pathogens. Degrees of immune reactivity demonstrate the relative strength of the person.

- i. A very healthy person will develop a high fever and burn the pathogen out within hours, then return to health within a few days without medication.
- ii. Someone who is in moderate health may be exposed to the same pathogen but their response would be delayed, especially if they are more worn out or recovering from a previous illness. Their fever may not be as high or it may go up and down for several days before the fever breaks. They will experience a more prolonged recovery period. In this situation, if they were to receive antibiotics, they would get well within a week or two, but then will probably end up getting sick again within a few weeks. If they were to be treated with homeopathy, the remedy would rouse the system into being more reactive and the disease would resolve in a relatively shorter period of time, four to six days, without the likelihood of relapse.
- iii. The last degree of response is that of the weakened immune system whereby each stage of the illness is protracted or insufficient. The fever could be so debilitating it kills the person or the fever may be delayed or insufficient to remove the pathogen from the body resulting in the pathogen causing more damage. The degree of suffering will be more intense and dehydration, loss of fluids, congestion in the lungs, meningitis, seizures, etc. could develop. If left untreated, this condition will may kill the person or result in a state of chronic disease. In conventional treatment, in addition to supportive measures (fluids, rest, and nutrition), medications that suppress the symptoms may be called upon to allay the immediate threat but they do not address the underlying condition. In the end, some level of chronic pathology could arise that would need continued medication. On the other hand, if treated with homeopathy, several months may be needed to put the individual's health back on track and repair the damage from the illness. Homeopathic treatment is aimed at the underlying health deficiency. Over time, their susceptibility will be reduced and the repaired immune system would become more adept at initiating a stronger immune response when they were exposed to another pathogen.

Understanding immune system reactivity is very important to understanding what to expect in the reaction to a homeopathic remedy. For those with a compromised immune system, the strength of the response to the correct remedy would be less than that of a person in good health. Furthermore, understanding this information is important to assist in remedy selection. The homeopathic remedy **Belladonna**, with its high fever and rapid onset of symptoms, is usually indicated in persons of strong vitality; whereas **Gelsemium**, marked by weakness and low-grade fevers, would be more indicated in persons with a lower vitality.

The information here on immune system reactivity must be interwoven with an understanding of remedy reaction (as denoted in **Chapter 2**), and of susceptibility (as discussed in **Chapter 4**), for a complete understanding of the mechanisms at play.

Infants' Immune System Response to Vaccinations

To understand the effects of multiple vaccinations we must contrast an adult's healthy immune system response to a naturally contracted pathogen to that of an infant's immature immune system's response artificially contracted pathogens via vaccination. Theory tells us that destroyed viral matter in the vaccine looks enough like the original virus that the body will produce the specific antigens to destroy it. Then the eliminatory system of the body will channel it out of the body.

Bringing in the concepts I mentioned before as to the stages of development in the immune system and the fact that infants are not able to make the specific antibodies to the diseases they are vaccinated against until they are older, understanding how vaccines effect infant's immune systems becomes clearer. As the infants' immune system is not yet able to develop the specific antibodies to these antigens, these antigens cannot be fully disarmed or removed from the body. What happens to them?

In addition, the generalized immune response is sidestepped through direct injection of vaccines into the blood. Because of this, it takes some time for the immune system to realize there is something foreign present. Within a week or so of vaccination, the infant may develop general immune response symptoms such as a fever or runny nose in an attempt to rid the body of the viral pathogen. If the infant is very young, the fever can be quite severe and the level of discomfort high. The body will attempt to localize the pathogen in order to encase it and denature it. A common place to localize inflammations is in the middle ear. In allopathic treatment, antibiotics are prescribed to take away these "infections" and the child

gets better for a short time. The antibiotics subdue the fever response yet the body has not been able to get rid of the original viral pathogen. A few weeks later, after the cycle of antibiotics are finished and when the immune system gains a bit more strength, the cycle is repeated with a fever, ear infection, runny nose, etc., in continued attempt to remove the foreign matter.

This cycle can go on for months until the child “grows out” of the ear infections, has tubes put in his ears, or a homeopath is sought out. The child does not actually grow out of the ear infections but rather the immune system cannot rouse enough energy to clear the body. A new state of now chronic disease has been created in the child.

The problem is that the immune system, as it has not fully developed, is unable to correctly identify the foreign matter circulating in the blood-stream. While some specific antibodies may develop, the complete chain of events in immune reaction is negated. As a result, all the viral particulates are not effectively neutralized. This matter accumulates in various organs of the body and results in a constant state of immune reactivity in attempt to remove it.

Depending on the inherited health of the infant and the nature of the vaccine, this immune reactivity will settle in the areas of weakness or affinity. For example, the hepatitis vaccine relates to the liver; polio and diphtheria to the nervous system; chickenpox to skin and nervous system; and measles to the skin, digestive track, and nervous system. Reactions to the vaccines for those particular diseases will demonstrate their symptoms accordingly. This immune reactivity could result in non-specific repeated inflammations like ear infections.

The inflammation may settle into the nervous system and produce hyperactivity, developmental delays, speech problems, and learning and behavioral disorders. Alternatively, it can manifest as autoimmune conditions, such as allergies, organ failure, bone marrow problems, rheumatism, diabetes, liver problems, skin conditions, etc. The immune system still registers that there is an intruder but because it is not able to recognize it nor is it able to clearly identify self from non-self, the immune system starts attacking itself.

The key to appropriate immune function is the ability to recognize the difference between self and non-self. One has to wonder if the increase in cancer rates and autoimmune disease in today's world has anything to do with the increased quantities of vaccinations given over successive generations and the resultant confusion in the immune system over what is foreign and what is not.

Working with the Immune System Rather Than Against It

The laws of homeopathy are simple. For every action, there is a reaction. In selecting our homeopathic remedies, we must first determine what action the body is trying to make. Upon exposure to a germ, the immune system reacts. By administering the remedy that can mimic the action of the body and actually do the work of the body, the reaction to the remedy will be to return to health. The goal in homeopathy is to help the body do what it is trying to do rather than suppress every action of the healing mechanism and therefore making recovery that much harder. Homeopathy supports the internal defense mechanism to learn how to defend itself and develop the appropriate immune response.

In contrast to homeopathic practice, the use of vaccination suppresses the individual's immune system and increases susceptibility as it bypasses the steps necessary for appropriate immune response. Even though vaccination may inhibit the development of the specific disease in question, in the end the individual's immune system becomes confused and compromised towards the infectious process, i.e., how and when to develop a fever, how to discharge a contagion from the body, and how to go through the process necessary to gain general and specific immunity. Vaccination actually increases the susceptibility to other pathogens because it confuses the appropriate immune system function.

Without the outlet of acute diseases, inherited tendencies compound through the generations. The cost of not experiencing these epidemic diseases is postponed to the offspring of the future. Chronic disease is on the rise and Western medicine is failing to link the causal relationship between vaccination, suppression of immune function, and the production of chronic disease. As homeopathy becomes more prevalent and available, we can hope to see a change in this trend. With homeopathy we have the potential to increase our level of health and our ability to develop natural immunity to a whole variety of infectious contagious diseases. With homeopathy there may be the opportunity of evolving beyond the susceptibility to these infectious contagious diseases.

Chapter 4

Susceptibility and Prophylaxis in Homeopathy

Health

Before we can talk about susceptibility, we must first discuss health. It is health that is lost when an individual becomes sick. It is not just physical well-being but also a mental and emotional state of being that becomes limited. In paragraph 9, of The Organon of Medicine, Hahnemann describes health as follows:

In the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living health instrument for the higher purposes of this existence.¹

Hahnemann describes the vital force as an energetic entity, defines it as the foundation of the auto-regulatory system, and relates its functioning to the physical body and the mind's ability to exercise its creative potential in life. In health, the physical body has the ability to perform all the functions of the day:

- There is clarity in mental reasoning, the ability to perceive, learn, reason, and make decisions.
- There is emotional stability where one is free from overriding passion and illusion. We have a full range of emotions from fear and anger, to joy and sadness.
- Humans are sentient beings with sensitivities to the emotional environment and have the ability to love and feel compassion.

- In health, we develop a personality with which we interact with our families and communities.
- We have the freedom to reach our optimal potential.
- It is a state of connectedness to our external existence and an inner feeling of oneness and peace.
- There is freedom of physical movement without pain or restriction.
- One has the ability to perform work to sustain one's own life.
- We have the ability to feed ourselves, digest, eliminate, and breathe.
- We have the ability to adapt to the ever-changing external world.

This ability to adapt is a part of our self-healing mechanism. This mechanism is called into play when we are exposed to disease agents, whether they are germs or viruses, or those aspects of this terrestrial existence that we are susceptible to and which have the potential to be harmful. In disease, this self-healing mechanism (the auto regulatory system or vital force) falters and we are no longer able to adapt. Disease ensues.

Symptoms as a Healthy Part of the Auto-Regulatory Mechanism

Symptoms are a manifestation of the self-healing mechanism's response to a disease agent. After contact with a pathogen, the body attempts to heal itself through the production of a discharge, vomiting and diarrhea, skin eruptions, and fevers. These symptoms are a part of a healthy response. Disease occurs when the body remains in this adaptive posture despite removal of the disease agent, when the adaptive mechanism is insufficient to remove the disease agent, or if the adaptive mechanism becomes too violent for the containment of life. The ability to effectively resolve a disease has to do with one's underlying level of health or susceptibility.

Susceptibility

As with all diseases, there are two factors to be taken into account when an individual gets sick. One is the relative strength of the offending agent (microbe, virus, or other external factor) and the other is the inherent susceptibility of the individual. The stronger the disease agent, the sicker an individual will become. The greater one's susceptibility, the more likely one will fall sick from benign causes.

Susceptibility is defined as the degree to which an individual is sensitive and responsive to outside influences. Susceptibility is a part of the human condition. In health, we need a

degree of susceptibility to the outer world as this susceptibility allows us to experience life. Too much susceptibility leaves us vulnerable to every influx and we become unable to cope. Lack of susceptibility would leave us numb, indifferent, or inert to life. Alternately, in order for a medicine to take effect, we must have a susceptibility to it.

Susceptibility in humans is variable between race, sex, nationality, cultural and sociological environments, and influenced by conditioning and heredity. An individual's susceptibility also has the ability to change. Susceptibility is dependent on nutritional status, financial well-being, the surrounding physical and emotional environment, how much love we experience, etc. Susceptibility can be affected by the nature and intention of our will. Susceptibility changes with age. Those at the extremes of life, infancy and old age, have more susceptibility and are thus more susceptible to sickness.

All humans are susceptible to loss of oxygen, extremes of heat and cold, gross physical damage, and radiation. Each one of these factors has a deleterious effect dependent upon level of exposure. However, if a child were to get sick from a cool wind blowing on them, we say they are susceptible to wind. Other agents have varying ability to effect individuals and change their susceptibility. Trends of thought, ill intention, wars, media, and religious mindsets can create new levels of susceptibility and render individuals more prone to mental and emotional anguish, and corresponding physical sicknesses.

Susceptibility is an aspect of the vital force and demonstrates itself through the manifestation of symptoms. For example, in some people, every cold goes straight to their lungs, every error in diet leads to headaches or diarrhea, or every external stress is felt as a grief or loss. The place of affinity a particular agent has in the body is dependent upon the susceptibility of the individual. The same germ can cause different symptoms in each person exposed, as each has a different susceptibility to it. In some people, the disease will go deep into the vital organs and they will become deathly ill. Others may be only mildly susceptible and will experience only mild symptoms.

The concept of susceptibility helps explain why doctors who are with sick people all day do not get sick, or why everyone in a household though exposed to the same germs will experience different symptoms. This also helps us understand why people with mental diseases seldom get colds, or why some individuals have extreme reactions to vaccinations while others produce no reaction at all (see **Chapter 5** for a more detailed explanation of this phenomenon).

Susceptibility is a direct measure of an individual's level of health. Health is assessed for every aspect of the individual; mental and emotional status, and physical well-being. Susceptibility determines where a sickness will reside in the body, how long the person will be sick, and if he or she will be able to recover.

Miasms are Patterns of Susceptibility

There are two basic forms of disease: acute and chronic disease. An acute disease is defined as a condition with a sudden and rapid onset and short resolution by either spontaneous recovery or death. Most infectious contagious diseases are acute miasmic diseases whereby they are processed out of the body through the production of a fever, eruption or discharge (see **Classification of Acute Diseases** detailed later in this chapter). Chronic disease is a state of illness that, when left on its own, will progress deeper into the organism causing more and more limiting symptoms over time with no possibility of spontaneous resolution. Acute diseases that do not completely resolve, or are suppressed by other means such as vaccination, imprint a susceptibility to the development of chronic disease. The pattern of susceptibility created and resultant state of chronic disease is termed a "miasm." Conversely, a miasmic weakness left untreated creates the susceptibility to more acute disease. Miasmic states manifest themselves mentally, emotionally and physically and create susceptibility towards particular acute diseases and corresponding chronic disease, depending on the nature of the miasm.

A miasm, as defined by Hahnemann, is the infectious principle that may set up a specific disease.¹⁶ From this statement it is not clear whether the infectious principle of a miasm is a result of an acute disease or whether the contraction of an acute disease is because of a previously existing miasmic condition. This contradiction is at the foundation of understanding the human in health and disease. In this contradiction or paradox lies some of the mystery in life: a chicken or egg syndrome.

If a miasm is a resultant imbalance remaining after an unresolved illness, then when the acute aspect of a disease is stifled or is incompletely resolved, a miasmic state sets in. It is also possible that contraction of an acute disease is actually an attempt to heal the miasmic condition if the disease is homeopathic to the prior susceptibility (see the section on **Homeopathic Diseases**). Artificial agents (such as drugs, artificial hormones, radiation, and vaccinations) can also create miasms. Those that suffer in a diseased state since the use of a medication or drug are said to be in the miasm of that medication.

The study of epidemics and infectious disease relates to the concept of susceptibility and miasmatic theory. Diseases move through populations based upon the prior susceptibilities in that population and the relative strength of the pathogen. The impact of the disease on the select population is demonstrated by immunity, complete spontaneous resolution, incomplete resolution, or death.

Miasmatic influences can accumulate in an individual and in select populations based on their exposure to pathological agents and the ability of the individual to develop immunity. There is pre-miasmatic state that exists prior to incarnation. It is described as a state of bliss and connection to the universe. It is a state we all long for and spend our lives trying to attain. Incarnation moves us out of the pre-miasmatic state into psora (incomplete incarnation into the physical world but not yet out of this pre-miasmatic state leads to its own level of suffering). Psora is considered the root of all disease. Hahnemann traced the origins of disease though the history of humankind, and determined what he described as the “itch,” was the beginning of all disease. This itch developed when nomads became farmers and remained in one place. The result of permanent dwellings was infestation with lice, hence the development of the “itch.” With the cessation of roaming, an internal restlessness was created. No longer could they change location to acquire what they needed. These primitive people needed to plan into the future how to cultivate sufficient food to carry them through the seasons in one local. This dynamic sets up the place for fear of the future and feelings of insufficiency, lack, and unrest. Thus, psora is the tension created by a static life. From this base root or hydra-headed monster as it is now referred to, comes forth a multitude of disease expressions that lead to a vast array of chronic diseases. The degree of susceptibility to acute disease an individual has is in direct relationship to the degree of psora expressed.

The next two miasms Hahnemann identified were the venereal miasms of gonorrhea (sycosis) and syphilis (syphilis). The first he also called the fig wart miasm.¹⁴ These miasms are discussed further in their respective chapters. These two miasms encompass all sexually transmitted diseases and their secondary effects. From psora, disease can go one of two ways, towards growth and excess, or towards destruction and decay. Sycosis is the tendency toward excess, while syphilis tends towards decay. The miasms that follow are a combination of these two polarities to varying degrees: Tubercular, Cancer, and then AIDS (see below). A miasm can be active, latent, or mixed. An active miasm expresses its presence through active symptoms but a latent miasmatic taint only becomes active when it is triggered by exposure to a particular pathological agent or traumatic event. A mixed miasmatic condition

occurs when one or more miasms are imprinted upon an individual by either natural exposure or through artificial means such as vaccination (see **Chapter 5**).

According to Hahnemann, the miasmatic influences of psora, sycosis and syphilis form the basis for all disease. The lifestyle of the person and the nutritional and socioeconomic status may activate one or another of these miasmatic influences. It may seem an oversimplification to reduce all diseases of humankind down to three main sources, but as you read each chapter you will begin to see these patterns yourself. One disease flows into the next, and for the treatment of these diseases the same remedies appear again and again. Most homeopathic remedies are able to treat several diseases, particularly if the diseases are related to the same miasm. With the best-selected remedies, not only will you be able to treat the acute infection but also you can treat the underlying miasmatic condition that created the propensity towards the disease in the first place.

The miasms currently recognized in homeopathic practice are Psora, Sycosis, Syphilis, Tubercular, Rabies (Acute), Ringworm, Malaria, Typhoid, Leprosy, Cancer, and AIDS. The first three miasms were identified and studied extensively by Hahnemann and his contemporaries. The following eight miasms have been identified and studied since. Other authors have sorted the miasms in a different order than they are listed below.

Each miasm has an acute disease as the vector of contagion, an organ of affinity for the pathogenesis of chronic disease, and a simplification of the process involved. For each miasm, in addition to the center-point disease, there are extensive complex disease processes for which listing all the variations is beyond the scope of this work.

These miasms are described as follows:

Miasm: Disease; organs of affinity; process and end result. (Relationship to other miasms; general state).

Psora: Scabies; skin, digestive track, and lungs; restlessness and inflammation with clear discharge leading to a life of suffering. (The miasm upon which all miasms are dependent; the tendency to disease and struggle in life).

Sycosis: Fig-warts/Gonorrhea; genitourinary system, joints and heart; growths and excrescences, purulent, yellow-green discharge and fishy smell leading to a life of pain and denial. (Venereal miasm: growths and cover up).

Tubercular: Tuberculosis; lungs, glands, bones; hectic activity, destructive growths and encasements leading to wasting and ultimate death. (Miasm is mixture of psora, sycosis, and syphilis before cancer; oppression with hope, destructive growths).

Syphilis: Syphilis; skin, bone, brain; lesional destructive processes with white or grey corrosive discharges leading to a necrotizing death. (Venereal miasm; hopeless destruction).

Rabies: Rabies; nervous system and mucous membranes; hyperactivity with acute and violent inflammatory processes leading to sudden violent death. (Acute miasm; strong and instinctive reaction for survival).

Typhoid: Typhoid; blood, glands; sudden and exhaustive processes, leading to decomposition with toxemia and septicemia, leading to death from purification and loss of fluids. (Sub-acute miasm; intense struggle).

Ringworm: Fungal infections; Skin, blood; periodic local inflammatory processes causing periodic aggravation. (Between psora and sycosis; struggle and resignation).

Malaria: Malaria; blood, immune system; intermittent systemic inflammatory responses recurring throughout the life. (Between psora and sycosis; intermittent struggle and deficiency).

Cancer: Cancer; every organ system, the immune system; growths or lesions from toxic substances and/or suppressed diseases or emotions, leading to disorganization of all systems, undifferentiation of cells and ultimate death. (A mixture of psora, sycosis, tubercular and syphilitic miasms; performing beyond his abilities leading to complete destruction).

Leprosy: Leprosy; skin, bones, tissue; necrotic processes leading to disfiguring, tortuous destruction and death. (Related to the syphilitic miasm but is non venereal; intense repulsion and isolation).

AIDS: Human Immunodeficiency Virus; immune system; repetitive infectious processes from destruction of the immune system succumbing to death

through inability to ward off benign infections or cancer. (The latest to develop of all miasms and is a mixture of psora, sycosis, syphilis, tubercular and cancer miasm; the undifferentiated self in the face of all destructive diseases).

Miasms may be passed down vertically from generation to generation, or may pass horizontally through a population via the contagion of the miasmatic disease through viral or bacterial vectors. A miasm is not an actual disease but a pattern of symptoms and susceptibility related to that disease and similar diseases. In Hahnemann's theory on chronic disease, it is possible to be infected with the miasm yet show no signs of the acute disease specific to the miasm.¹⁴ Only in the right circumstances and upon exposure to the infectious agent will the disease related to that miasm manifest. Furthermore, removal of the outward expression of the disease does not remove the disease from the interior of the person. Only energetic medicine (i.e. a homeopathic remedy) can reach the energetic disturbance imparted by the miasmatic condition.

For example, if a person has contracted gonorrhea (a disease of the sycotic miasm), and the disease is insufficiently treated (i.e. the discharge and germ is removed without the removal of the miasm), the tendency to produce the secondary complications of the disease (rheumatic symptoms, other conditions relating to the genitourinary tract, or the heart) will increase. All are symptom complexes that are expressions of the sycotic miasm, which can be passed on to future generations where the children of this person will have a tendency to develop similar conditions of the sycotic miasm depending on whether the condition is active or dormant.

Understanding miasms takes years of study and practice. Even now, as I am writing this book and take up the study of a particular acute disease, light bulbs flash in my mind as to why a particular client had a particular group of symptoms even when they do not actively have the acute disease. The study of acute disease becomes the basis for study of chronic disease.

A complete dissertation on the homeopathic philosophy of miasms and chronic disease is beyond the scope of this book. However, it is necessary to explore the implications of miasms as the context in which all disease stands and as a component in understanding the breadth of the work presented here. I have expounded on miasmatic theory in these philosophical chapters to put some context to them in relation to susceptibility. Each of the

diseases discussed in this book are a part of one or more miasms. Information regarding each specific miasm is discussed in the relative chapters.

Understanding miasmatic theory is essential to the implications of vaccine injury. If the human race were to be injected with multiple pathogens generation after generation without the complete expression of the acute disease, it is impossible to be free of chronic disease. Homeopathic remedy selection for the treatment of vaccine injury is based upon understanding how miasms are contracted from, or awoken by, the diseases present in the vaccines and the relationship of remedies to those miasms or diseases. The focus of acute treatment is the immediate resolution of the disease. The focus of constitutional treatment is aimed at clearing the miasms. I refer you to the Organon of Medicine and The Chronic Diseases^{1, 14} by Samuel Hahnemann for more advanced discussion on this subject and to Rajan Sankaran for all of his work on miasms in his books The Substance of Homeopathy, and An Insight into Plants for an insight into the miasmatic relationship of remedies.^{34, 35}

Homeopathic Diseases

In the Organon of Medicine, Hahnemann demonstrates that not only can a contagion with a specific disease set up a state of chronic ill-health, or miasm, but that these same diseases can be homeopathic and therefore curative to an existing latent miasm.¹ Contraction of these specific illnesses provides immunity to other diseases related to that miasm or can lead to the clearing of the latent miasm. The Law of Similars is a universal law. Any agent that has the ability to make an effect has the same ability to ameliorate that effect. Correspondingly, an infectious disease has the potential to be curative to a similar underlying susceptibility.

Hahnemann postulated further that rather than exposing oneself to the crude disease to obtain immunity and the concurrent removal of the susceptibility to that miasm, why not administer a homeopathic preparation of the diseased matter to give immunity. Homeopathic preparations of the miasmatic diseases are called nosodes. Correspondingly, he found that the exanthematic disease (eruptive disease) of chickenpox relates with the Psoric and Sycotic miasm, measles relates to Sycosis and Psora, and smallpox relates to Sycosis.

Anthroposophical thought concurs with homeopathic philosophy in the understanding that contact with the childhood exanthematic diseases of measles, chickenpox, and rubella offers an opportunity for the child to throw off the inherited susceptibilities from their parents due to the homeopathicity of these diseases to the miasmatic conditions. Furthermore, the

successful resolution of these diseases provides more than immunity but rather offers a deep impact into the strengthening the psychology of the individual and his or her relationship to the stresses of life. H. Muller-Eckhard, in his dissertation The Meaning and Metamorphosic Function of Child Diseases, devotes the following statement to “the illness of not allowed to be ill.” He says:

Every childhood disease has a meaning and immanent function that can become active in many directions. Quite often a childhood disease is an irreplaceable help in life, which the child cannot do without in many situations on the difficult journey out of his magical and mystical state of consciousness into the world of the crass reality of the adult order. In all the well-meant protective immunization against childhood diseases, especially against those involving desquamation, one thing seems to have been forgotten: with the childhood diseases that are “eliminated” and whose appearance and arising is made impossible, the active and wholesome functions of these diseases are also taken from the child.²⁸

In giving a homeopathic preparation of the miasmatic remedy, one generates immunity to the corresponding infectious contagious diseases without producing the disease but rather by fulfilling the susceptibility to that disease, in effect, also addressing the psychological implications of the resolution of the disease. **Chapter 5, Whooping Cough, and Smallpox**, give further examples of this phenomenon and the relationship of miasmatic remedies and use of nosodes for specific diseases.

Classification of Acute Disease

The following is an overview of the different classes of acute disease. These distinctions are important as they determine the approach to treatment. These classifications also determine the extent of susceptibility involved. Individual diseases relate to just one person.

Indispositions are the most indicative of an individual's susceptibility, while epidemic diseases affect larger groups and are sometimes indicative of a larger miasmatic influence.

Individual diseases

- Traumatisms:
 - Wounds and contusions, bruises, breaks, strains, sprains, and burns
 - Treat with manual and surgical intervention and remedies particular to the injury.

- Indispositions: Tendencies towards a particular ailment based upon predisposing factors and miasmatic influences.
 - Psychological
Anger, grief, fear, jealousy, etc.
 - Physical
Chilling, over-heating, excessive or insufficient eating, intoxication, sexual excess, lack of sleep, etc.
 - Treat the occasional causes with miasmatic remedies.
- Acute exacerbations of chronic disease:
 - Asthmatic crisis, convulsions, allergies, abscesses, urticaria, headaches, herpetic eruption, warts, etc.
 - Treat with crisis remedy then follow with chronic care.

Collective diseases

- Sporadic diseases: From environmental factors, contaminants, meteorological and telluric influences (those influences that come from astrological influences of forces from deep within the earth). Diseases may come at the same time but in different locations.
 - Anthrax, Tuberculosis, Pneumonia, Haemophilus b, Tetanus, Mononucleosis, Malaria, Rocky Mountain spotted fever, Hepatitis B and C, Gonorrhea, Syphilis.
 - Treat with remedies particular to circumstance and symptoms.
- Collective epidemics: Epidemiologically these have just one cause and correspond to one remedy or a few, according to the modalities. Often come at times of war, famine, earthquakes, toxins, poor hygiene, reduced immunity, stress, etc. and affects those individuals who are proximal to each other; over population.
 - Influenza, Plague, Cholera, Dengue fever, Yellow fever, Hepatitis A, Typhoid, Typhus.
 - Treat with the Genus Epidemicus , individualizing as necessary.

- Acute infectious contagious disease (acute miasms):
 - Rubella, Chickenpox, Scarlet fever, Whooping cough, Mumps, Smallpox, Measles, Rabies, etc.
 - Treat with remedies indicated for the disease alternating with the appropriate nosode or anti-psoric remedy as needed.

These classifications are not entirely fixed as some of these diseases can occur sporadically or epidemically. Collective epidemics can also be expressed through the acute miasms. These classifications help determine the protocol for treatment. If after the treatment of epidemics and sporadic diseases, as well as for acute miasmatic diseases, the individual does not fully recover and pass into good health, the assistance of an anti-psoric remedy is needed to bring about full recovery.

Epidemics and Collective Susceptibilities

When groups of individuals with similar susceptibilities fall sick to a particular infectious agent, we call this an epidemic. There can be epidemics of ill thought, cultural biases, religious dogma, and epidemics in the classical use of the term, those of infectious contagious disease. As epidemic diseases often come at times of social unrest, war, and famine, the mental and emotional situation surrounding the epidemic and the physical expression of the disease are a complete expression. When we are treating individuals or groups of individuals in an epidemic, we must apply an understanding of the external factors as well as mental and emotional responses to these conditions to our selection of homeopathic remedies (see **Cholera** for a study of these factors in the cholera epidemics of the mid 19th century in Paris, France).

Throughout time there have been epidemics of bacterial or viral nature. These infections sweep into a population and manifest their symptoms. If left untreated, the population gradually moves through the illness and immunity is established. The homeopathic perspective is that acute epidemic diseases are an attempt of Mother Earth to heal a certain ailing aspect of the population: avarice, lust, gluttony, slothfulness, pride, envy, or wrath for example. The epidemic disease that comes has a similarity in character to the diseased state of the population. Due to the disease's similarity to the state of the population, it will have the ability to cure that condition in the population. Resolution of the disease will elicit an evolution surrounding the factors that created the susceptibility (see **Cholera**, for historical example, and **AIDS** for a present day example of this, where we are in the midst of trying to

resolve the conflict this disease presents us with). Those that evolve and develop immunity will live. Those that do not develop immunity will die or suffer in the miasm of that disease. The short time of one or two generations is too short to put all this into perspective. Rather, we must look at the evolution of humans in their ecology and see how they have evolved over the centuries to truly understand the movement of epidemic diseases and their relation to social and cultural times.

When one views the world from this larger perspective, we can begin to see there is balance in everything. Through the expression of diseases in certain parts of the world, famine in others, and greed and gluttony in others, we can begin to see that the nature of this living earth is to find balance. If balance is not found in the individual, it is forced to be rectified on a larger scale through cultures, belief systems, and disease.

The fanaticism of one group will lead to corresponding epidemics. For every ailment in the human condition, there is an entity, plant, mineral, or animal, that corresponds energetically to that ailment. For example, the concept of mass destruction did not enter into human consciousness until the element of plutonium was mined from the depths of the earth after World War II. The only balance for the depth of destruction we can imagine in our mind is the presence of a similar agent in our outer world. Thus, **Plutonium** in potency has the ability to heal those with inner torments of destruction. The tuberculosis epidemic in Europe occurred under the heavy political oppression by the monarchy during the Romantic period of the late Renaissance. The themes of oppression and romanticism demonstrate themselves in the expression of the disease with heavy oppressive feeling on the chest and a desire and longing to travel and get away.

Through the similarities between the diseases we suffer under and the corruptions of our mind come the checks and balances necessary for the Earth to remain in balance. Correspondingly, Mother Nature has blessed us with every curative agent we need. Through the judicious application of these agents, we are not only able to restore balance in the individual, we can work towards bringing balance to life on this planet.

Allopathic medicine has sought to address the problem of epidemics by attempting to annihilate the infectious agents with antibiotics or to give artificial immunity through vaccination. While these public health measures may help in the short term, this approach does nothing to address the susceptibility of the individuals involved, nor does it begin to address the larger susceptibility of the implicated population in which that particular disease

is manifesting itself. The net result of the suppression of these diseases as they pass through humanity is a stifling of evolution and the process of natural selection.

Homeopathy and Susceptibility

Homeopathy offers a unique perspective on the treatment and prevention of infectious contagious disease. Rather than aiming treatment at the removal of the offending pathogen, homeopathy focuses on treating the susceptibility of the individual. With a reduction in susceptibility, disease naturally goes away.

Not every individual has the health to move unsupported through these illnesses without chronic ramifications. Homeopathic remedies can be utilized to facilitate complete resolution to these diseases. Furthermore, if an individual's susceptibility is treated prior to exposure, the disease will have less of an impact.

Taking the case of an individual is actually a study in susceptibility. The symptoms manifest in the past or present demonstrate the susceptibility of the individual. The totality of these symptoms is the indication for the homeopathic remedy. The homeopathic remedy is the remedy that has the potential to create a pattern of susceptibility that is similar to the pattern of disease the person is experiencing. In accordance to the Law of Similars, cure depends on susceptibility of the person to the remedy. Once given, the response to the homeopathic remedy will satisfy one's susceptibility in this area and the symptoms of the disease will dissipate.

Prophylaxis with Homeopathy

The first step in preventative treatment in homeopathy is constitutional treatment under the care of a homeopath. Over time, it is possible to clear miasmatic influences, sequelae from previous diseases, inherited tendencies, negative imprints from poor social and economic upbringing, damages from excesses in heat and cold, physical injury, and the psychological damages from lack of love, abuse, and war, for example. With these imprints cleared, even with exposure to viruses and germs, the possibility of succumbing to sickness will be less. If the person were to become exposed, the extent of eliminative action would be sufficient with mild fevers, a few eruptions and other symptoms that demonstrate an effective immune response yet do not put the person's overall health or life at risk.

During epidemics, dependent upon the pathogen there may be one, two, or three homeopathic remedies that prove affective in treatment in the first few cases. These remedies are referred to as the Genus Epidemicus and can be given in prophylactic doses to large numbers of the population prior to exposure to prevent contagion of the disease (see the section on **Influenza** for an example).

Throughout this book, there are examples of epidemics and the remedies used during that epidemic. Correspondingly, in each chapter there is also reference to a few remedies for prevention. Preventative remedies could be nosodes of that disease, nosodes of a miasmatically related disease, or plant, mineral, or animal remedies that relate to that disease. The information presented is based upon the collective clinical practice of homeopathy worldwide for over 200 years. The remedies listed are by no means a complete list. Over time, different remedies may come in and out of use depending on the changes in the external world, the changes in the pathogens involved in the disease process, and the health of the human population involved.

Every new epidemic must be studied thoroughly as the Genus Epidemicus may change from epidemic to epidemic, or location to location, despite it being the same pathogen. The collective susceptibility of the individuals involved and the pertinent environmental factors they are responding to are variable even though the pathogen remains the same.

The science of vaccination is derived from the principle of giving a lesser amount of the disease in order to generate immunity. As delineated in **Chapters 3 and 5**, this methodology has many complications. On the other hand, administration of a homeopathic nosode of the disease delivers an energetic form of the disease which is more effective in addressing the underlying susceptibility to the disease and affecting prevention, without introducing the actual germ or incurring the negative side-effects of vaccinations.¹⁷ This method of prevention does not produce disease specific antibodies, rather homeopathic remedies reduce the patient's susceptibility to the dynamic stimulus of the virus or bacteria thus lessening the patient's predisposition to becoming overcome by this stimulus.

Potency Selection for Preventative Treatment

More research is needed to determine the best potency selection for prophylaxis. In this book my suggestion of potency is a reiteration of the experiences of homeopaths past, weighed with the remedy in question, and the nature and virulence of the disease. Potency selection for prophylaxis follows the same rules as with treatment. As a rule, selection of

potency is based upon the degree of susceptibility, level of health, and relative strength of the pathogen. I refer you to **Chapter 2**, for more discussion.

Frequency of repetition of the remedy is a personal judgment. As with all homeopathic remedies, too frequent repetition actually stops the flow of the remedy and can start to cause symptoms of the remedy. The goal is to stimulate a healing response. Once that response is initiated, further repetition of the remedy is unnecessary and actually hinders the process. In the case of prophylaxis, most remedies can be safely repeated three to four times in a month and then discontinued once the period of contagion is passed. The higher the potency used, the longer one must wait between repetitions. Lower potencies are better for infants and elderly, or those with an underlying degree of sickness. For healthy individuals, higher potencies would be more appropriate.

The first noted method of homeoprophylaxis was documented in 1801 where Hahnemann described his use of Belladonna 30C for the prevention of scarlet fever.²⁷ Different practitioners from Hahnemann to present day have developed various methods of dosing. The main program directs twenty-eight remedies to be given over a five-year period; on average one dose every two months. The directive is to give ascending potency doses of a particular remedy within a short amount of time, i.e., give the remedy in 200C, 1M, and 10M in a 24 hour period. In one to two months, repeat the procedure with the next remedy. The most common remedies used in this fashion are **Haemophilus, Lathyrus**, and **Tetanotoxin** for Hib, polio, and tetanus respectively.²⁷ Efficacy of protection runs at 89%, which is comparable to that of vaccines. This methodology can be used with the respective nosodes of all commonly prevented infectious contagious diseases, such as diphtheria, measles, mumps, influenza, etc. with their respective nosodes or prophylactic remedies (see each particular chapter).

Homeoprophylaxis for each childhood disease can be initiated through successive introduction of the particular nosodes over several months or years. Disagreement exists among homeopaths about whether it is advisable to introduce a homeopathic medicine into the body if the susceptibility does not clearly indicate its use. Rather, it is advisable to focus on constitutional treatment first and then to use homeoprophylaxis in the face of a particular epidemic.

Chapter 5

Vaccine Injury and Its Treatment with Homeopathy

History of Vaccinosis and the Smallpox Vaccine

Smallpox dates back to 1196 BC in Egypt, 1000 BC in China where epidemics were rampant, and in Europe through the Middle Ages.¹⁷ Smallpox was still widespread and fatal during the late 1700's when scientists and doctors were looking for ways to reduce the spread of the disease. It was observed that people previously infected with cowpox (an eruptive disease similar to smallpox but less severe) were immune to smallpox. It was also found that inoculation with cowpox disease material would produce a local infection similar to that of the smallpox reaction and would generate life-long immunity to smallpox. The smallpox vaccine (from cowpox matter) was made in 1796 was one of the first ever vaccines to be made available to the public. In the days following the injection of the vaccine, there was a development of a fever and other local reactions including a pitted scar similar to the smallpox scar. According to scientific thought the vaccination "took" if the vaccine could stimulate this initial immune response resulting life-long immunity to smallpox. This local reaction was called *vaccinia*, in relation to the cowpox disease (see **Smallpox** for more information).

Burnett, a homeopath contemporary to the introduction of the smallpox vaccine, introduced the radical idea that the *vaccinia* reaction to cowpox was not the sign of whether a vaccination had "taken" or had been successful. Rather, he argued, if the vital force could mount a strong response to the vaccination through local reactions and fever, then the vital force was strong enough to fight the vaccine and the full natural disease. He also argued that if the person did not respond to the vaccination, if the prophylaxis "did not take," it was because the vaccination had implanted itself on the vital force as a disease state and the disease material was absorbed into the body. This absorption of the disease into the body

represented a serious condition leading to chronic problems that he termed “vaccinosis.”¹⁷ The vaccinosis of smallpox is a chronic process where other disease symptoms like partial paralysis, neuralgias, cephalgias, pimples, and acne, etc. develop.

Burnett was the first doctor to forcefully warn against the dangers of vaccination, and the use of material disease agents to protect against serious diseases. He believed that vaccination generated a state of disease, not that of the disease intended to be protected against, but rather a similar low chronic state of ill health; a contracted miasm. This is because pathogenic material injected into the blood stream pollutes the body. Moreover, he stated, if a vaccination does work, it does so because it generates a response on the part of the vital force, on account of its homeopathicity to an inner latent weakness or susceptibility in the vital force to that disease. The latent weakness to the smallpox vaccine is that of the sycotic miasm.¹⁷

Burnett argued that vaccination, as practiced by Pasteur and Jenner (who developed the cowpox vaccine) using material doses, will eventually end in disaster because it is temporary protection. It does not individualize the dose to the strength of the individual and it brings long-term chronic consequences. He argued also that vaccination would actually increase the mortality rate because, in addition to the vaccinosis incurred, if the person also catches the disease the prophylaxis was intended to prevent, he/she is more likely to die from the disease than if he had just caught the disease without the vaccination.¹⁷

Burnett proposed the use of a homeopathic potency of the germ of disease as a less harmful way to encourage an immune system response without the introduction of the actual disease material into the blood.¹⁷ Through this understanding, the use of homeopathic nosodes were introduced into homeopathic practice. Examples of nosodes are discussed throughout this book in their pertinent chapters.

Dissimilar diseases

The mechanisms Burnett refers to are detailed in the Organon of Medicine paragraphs 24-70. Several points are important for the discussion here. As described in **Chapter 1**, the governing law of homeopathy, the Law of Similars, states that a particular disease will be cured when the remedy given has the power to produce symptoms similar to that disease. While the remedy is different from the disease as it is not a germ or pathogen, it can produce in the body a condition similar to the disease. In this context, the remedy is considered a “disease” agent.

Hahnemann states that when two similar diseases meet in an individual and one is stronger than the other, the stronger will remove the effects of the other (para. 26). Accordingly, as medicines are always stronger than diseases, medicines homeopathic to a particular condition will always cure that condition (para. 33). By means of this similarity, along with the remedy's somewhat greater strength, the power of the medicine substitutes itself upon the vital force over that of the natural disease, and thereby deprives the disease of all influence upon the vital force (para. 26). The result is the condition is cured.

In **Chapter 4**, the phenomena whereby two similar natural diseases can cure one another are discussed (para. 44-45). For example, whooping cough and smallpox must be similar in nature, as they can cure each other.¹ Furthermore, regarding to the smallpox vaccine, Burnett concurred that if the vaccine was able to prevent the disease, then somehow the vaccine must also be similar to a latent miasmatic condition of the person and so was homeopathic and curative to that miasmatic condition. Many other examples of this similarity and curability of two different diseases are listed in **Chapter 4**.

Burnett cautioned however, that if the vaccine was not homeopathic (i.e. was dissimilar and the vaccine "did not take") then it was not a similar disease and a resultant disease state would ensue. In this chapter, **Vaccine Injury and Its Treatment with Homeopathy**, we discuss the condition where two dissimilar diseases meet in an individual (the original disease of the person becomes exposed to a disease, either through natural exposure or from vaccination). In paragraphs 36-40 of the Organon of Medicine, Hahnemann expounds upon the possible reactions between dissimilar diseases as described below:

- 1) If the two dissimilar diseases are of equal strength, the older of the two will have the power to *repel* the newer and so it will not make an impact (para. 36).
 - i. If the person is already sick with a strong disease and is exposed to a dissimilar disease of equal strength to the original state, then the newer disease would take no effect. The original disease will remain.
- 2) If one of the two dissimilar diseases is stronger than the other, as is the case with other stronger diseases, allopathic drugs, or vaccines, the stronger disease will *suspend* the actions of weaker for a time, which will resume its course unchanged once the stronger has passed (para. 38).
 - i. In the case of a more virulent disease than an older weak chronic disease, the virulent disease will take over the reactivity of the vital

- force until it has run its course and then the original weaker disease will return unchanged.
- ii. This is the case in the “taking” of the smallpox vaccine or other vaccinations where there is an initial fever and other reaction. After the vaccine, the vital force is occupied by reacting to this new disease. A fever and local inflammatory response is produced. Upon resolution, the health of the individual returns to its former state. Burnett’s understanding is that if the disease matter in the vaccine is similar to the original state, then the health will actually be better after the vaccine reaction has run its course.
 - iii. If a second or third vaccination is given before the action of the first has completed, depending on whether the second vaccination is of a stronger dissimilar disease to the first, the reaction to the first vaccine may be suspended until that of the second resolves. This consideration is significant in determining the effects of vaccine damage as explained later.
 - iv. Vaccinosis, the imprint of the disease matter onto the constitution, occurs when the vital force is not able to throw off the new stronger disease of the vaccine and this new state continues in its own nature towards chronicity. Here the process has either awoken a latent miasmatic condition, or imparted a new miasmatic condition onto the individual.
- 3) If the two dissimilar diseases are not able to repel or suspend one another they *co-exist* in the body, each residing in their organs of affinity (para. 40).
- i. The process of vaccination imparts a dissimilar disease agent in the body to which an immature immune system is unable to effectively respond.
 - ii. The vital force is not able to repel the disease or recover from it.
 - iii. The new disease state introduced by the vaccines co-mingles with the original state of health and results in what is termed a “complex disease.”
 - iv. This is the case in most vaccine injuries.

In light of these mechanisms, we must consider the difference between the mechanism of dissimilar natural diseases and their natural exposure routes (via inhalation and contact with the skin) and those of dissimilar diseases introduced by way of vaccination (man-made

disease injected into the bloodstream). As opposed to natural diseases which can be directly treated with homeopathic remedies relating to the disease expressions, man-made diseases must be reconciled with the vital force with remedies aimed at supporting the vital force.

Vaccinosis in Modern Day

Historically the term **vaccinosis** was specific to the ill state of health resultant from the smallpox vaccine. Today the term **vaccinosis** describes any compilation of chronic symptoms resulting from any vaccination.

Due to mass inoculation campaigns driven by public health measures, multiple disease germs are repetitively introduced into large populations. When the smallpox vaccine was introduced into smaller populations as a single vaccine, its resultant **vaccinosis** was easy to differentiate. With the introduction of many disease germs through multiple vaccinations, it is virtually impossible to identify a clear symptomatology of the different diseases, the vaccine responses, and the correspondingly different resultant **vaccinoses** or complex disease states arising from this practice. In order to treat **vaccinosis** effectively with homeopathy, one must be able to understand the varying distinctions between the underlying health of the person, the diseases in the vaccinations, the responses of the vital force to the vaccinations, and the resultant complex disease state. The following discussions are an overview of the mechanisms involved and how they relate to homeopathic philosophy.

Five General Variations of Vaccine Reaction

1. The initial immune system reaction to the vaccine; fever and malaise in the following days; a demonstration of immune activity intended to develop immunity.
 - Two dissimilar diseases with that of the vaccine being stronger than that of the health of the individual. The disease of the vaccine runs its course and the original health returns.
2. Resultant incomplete immune system response from the vaccination (as described in **Chapter 3**); incomplete expression of the disease in the vaccine resulting in continued fever, allergic responses, repeated “infections,” neurological conditions, behavioral conditions, etc; immune system disorders.
 - This is where two dissimilar diseases co-mingle and result in a complex form of disease.

3. The resultant disease state incurred from the actual disease material found in the vaccines; **vaccinosis**, (**contracted miasm**).
 - Two dissimilar diseases, the later being stronger and existing on top of the original constitution.
4. The effects of the vaccines have stirred the system to awaken a latent miasmatic condition that now will express itself according to the miasm; **psora**, **sycosis**, **tuberculosis**, **syphilis**, **cancer**.
 - Once the newer dissimilar disease has worn off the older disease expresses it self more clearly.
5. Damage from the toxins, specifically mercury, used as preservatives in the vaccines; **autism**, **neurological deficits**, **yeast conditions**; **toxicity**.
 - Complex disease due to the nature of the mercury in the vaccines and the body's inability to detoxify itself.

The individual's health and miasmatic susceptibility prior to vaccination will determine which variation of vaccine reaction will present itself. In addition to the type of vaccine reaction to the vaccine, there is also the degree of reaction. In 'The Science of Homeopathy', George Vithoulkas describes these various strength of reaction and their interpretations.² The following is a table contrasting the variations of vaccine reaction with the strength of reaction and the relative health of the individual. In general, the degree and intensity of response to a vaccination demonstrates the variation in vaccine reaction.

Degrees of Vaccine Reaction / Interpreted Health of the Individual

Response to Vaccination	No response
Immediate Symptoms Manifested	No symptoms manifested
Possible Interpretations (not all apply) and Long Term Condition	<ul style="list-style-type: none"> • Two dissimilar diseases of equal strength and the older <i>repels</i> the newer. • There is no susceptibility to contract the disease and health remains the same. • The individual is so healthy the vaccination passed right through and does not leave an imprint. • Two dissimilar diseases not able to <i>repel</i> or <i>suspend</i> one or the other. • The immune system is too immature to develop an immune system reaction to that vaccine at this time but leads to an increased likelihood of future localized inflammations. • The vital force is too weak and is unable to muster any response to the vaccine. • A state of chronic disease relating to the disease matter in the vaccine will develop slowly; <i>vaccinosis</i> particular to that disease.

Degrees of Vaccine Reaction / Interpreted Health of the Individual

Response to Vaccination	Mild systemic response
Immediate Symptoms Manifested	Mild systemic symptoms affecting energy, sleep, appetite, and mood, with low-grade fever. Symptoms last 24 to 48 hours.
Possible Interpretations (not all apply) and Long Term Condition	<ul style="list-style-type: none"> • Two similar diseases whereby the miasmatic condition is cured by the similarity of the vaccine matter, by a mild systemic reaction, also known as an aggravation. Resultant health will be stronger after resolution of minor symptoms. • There is some susceptibility to the disease and this reaction is a mild vaccine reaction. Immunity will be generated. • If the person were to contract the disease, they would have mild symptoms with no long-term effects and would be in a better state of health after the disease. • Two dissimilar diseases of unequal strength, whereby the disease of the vaccine is stronger than that of the individual. The disease of the vaccine suspends the chronic disease of the person, which will return once the vaccination has finished its course. • Only partial immunity to the disease is generated. Vaccination will have to be repeated for complete immunity. • The immune system is affected and is trying to develop a reaction to clear the disease. • The immune system is too weak to generate a stronger response and clear the disease. • The disease germ in the vaccines may linger in the body and develop into chronic disease; vaccinosis. • The disease of the vaccine overrides or co-mingles with the underlying health.

Degrees of Vaccine Reaction / Interpreted Health of the Individual

Response to Vaccination	Strong systemic response
Immediate Symptoms Manifested	Acute, particular, and general symptoms, including runny nose, loss of appetite, sleepiness or sleeplessness, mild to high fever, and headache. Mood alterations and emotional discomfort. In children, we see anger, crying, whining, wanting to be held, anger tantrums. Symptoms can last up to two weeks.
Possible Interpretations (not all apply) and Long Term Condition	<ul style="list-style-type: none"> • Two dissimilar diseases of unequal strength, whereby the strength of the vaccine is stronger than that of the individual. The disease of the vaccine suspends the chronic disease, which will return once the vaccination has finished its course. • Susceptibility to the disease is high. • If the person were to contract the disease there would be a lot of symptoms and an according degree of severity. There would be the possible secondary complications of the disease. • Complete immunity to the disease will be generated and may be in a stronger state of health after. • A resultant state of ill health can linger with the two dissimilar diseases coexisting. Increased tendency to more colds, ear infections, digestive upset, and other seemingly acute illnesses (which are commonly treated with antibiotics). • Over time if left untreated, these symptoms could settle into a mild state of chronic disease, allergies, transient infections, asthma, skin conditions, digestive problems, rheumatic symptoms. • Symptoms can be related to immune system hyperactivity rather than the diseases in the vaccination.

Degrees of Vaccine Reaction / Interpreted Health of the Individual

Response to Vaccination	Severe reaction
Immediate Symptoms Manifested	Symptoms are no longer outwardly expressed through fevers, eruptions, or discharges but are pushed to deeper organ systems. Instead of eruptions, there are neurological symptoms. Organ systems shut down. There could be neurological or immunological deficits that result in autism, liver failure, pancreatic disease, diabetes, and mental retardation.
Possible Interpretations (not all apply) and Long Term Condition	<ul style="list-style-type: none"> • Two dissimilar diseases meet whereby the artificial disease permanently deranges the health of the individual. • Extremely high susceptibility to the disease. • If the disease were contracted there would be severe complications with eruptions failing to appear, tendency towards secondary illnesses such as pneumonia and seizures, and increased likelihood of death. • The immune system was severely compromised prior to vaccination. • The vital force is very weak and the disease has moved past the periphery organs into the vital organs. Usually this does not occur after the first vaccine, but rather after a series of vaccines. • Heavy metals from the vaccines accumulate in the hair, nails, brain, and internal organs. • Increased likelihood of repetitive antibiotic use with resultant yeast conditions.

Comments on Vaccine Reaction and the Relative Health of the Individual

From these tables, one can see that vaccine reactions are similar to the reactions to the actual diseases. Those who would suffer from the disease will suffer from the vaccines. The healthier the individual is prior to vaccination the more superficial the level of vaccine reaction. Correspondingly, the healthier they are, the less likely they will contract the disease. If they do contract the disease, they will experience only a mild form of it. Vaccinations

given when the child is sick and in the middle of an immune response to another vaccine or other sickness have more potential to cause adverse reactions. Multiple vaccinations given all at once, or in close succession, have a greater potential for adverse reactions, as the initial immune response that was in process from the first vaccines will be interrupted with the onslaught of the new vaccines. Regardless of the vaccine decision, attention must be focused on lessening susceptibility and increasing health prior to vaccination.

Symptoms and Conditions Common to Vaccine Injury

Any one of these conditions is not related to any particular vaccine but rather is commonly found in those individuals with vaccine injury:

Acne, ADD, ADHD, AIDS, allergies, anaphylaxis, Asperger's syndrome, asthma, autism, behavioral conditions, cancer, cavities, chickenpox, colds that do not resolve, confusion, continued fever, convulsions, coughs that do not recover, cramps, decomposition of the blood, degenerative conditions, diabetes, digestive insufficiency, diphtheria, draining ears, nose and eyes, ear infections, eczema, emaciation, epilepsy, eruptions, failure to thrive, fears and phobias, head banging, headaches, hepatitis, hives, inability to eat various foods, inability to focus, learning disorders, liver and kidney problems, measles, meningitis, multiple sclerosis, neuralgias, neurological deficits, polio, repetitive illnesses, restlessness, rheumatic conditions, screaming, septicemia, shingles, shock, skin eruptions, sleeping all the time, sleeplessness, tendency to get sick, tics, unexplainable fevers, violence, warts, wounds failing to heal.³

Basis for Homeopathic Remedy Selection for Vaccine Injury

For complete understanding for each specific case, one must be able to differentiate which aspect of vaccinosis is playing the biggest role and if there were any further suppressions. Suppression of the vaccine response with other medication only drives the process in deeper. All of this is important to understand in terms of remedy selection, remedy reaction, and the prognosis for each case as the presentation will be specific to their particular susceptibility. The following are some considerations to keep in mind while taking the case:

- 1 **What is the underlying health of the individual?** Susceptibility and inherited health, miasmatic influences, pregnancy, and birth related influences. Are there any weaknesses in the inherent strength of the individual that would produce a susceptibility to vaccine damage?

- 2 **What was the level of vaccine reaction?** No response, mild response, systemic response, or severe reaction? This will tell you whether you are dealing with a weak constitution, immune system damage, vaccinosis, or mercury toxicity. It will also tell you which variation in vaccine reaction is more significant. It will also give information to the relative health of the person and strength of the vital force.
- 3 **Which symptoms were developed in response to which vaccine?** The first symptoms developed after vaccine will give a clue into the affinity of the vaccine to the person and the susceptibility of the individual. Even if the vaccine reaction was long before current treatment, these symptoms are the first signs of reaction the body gave and are representative of the baseline level of health of the individual. These initial symptoms often pass, as it is difficult for the vital force to maintain symptoms over a prolonged period of time. Yet the state of health driving the symptoms still exists. Also, depending on the vaccine, different symptoms may represent the differing states of disease induced. One has to understand the nature of the disease in the vaccine and how a partial response to the illness has been elicited without the development of the complete disease picture.
- 4 **Were the vaccine reaction symptoms treated and/or suppressed with allopathic medicine?** Careful case-taking will help determine how the symptoms were suppressed and will give a clue as to which remedy would be needed to remove the suppression. Removal of the suppression may need a different remedy than treatment of the vaccinia or vaccinosis.
- 5 **What is the resultant state of health?** The presenting symptoms are representative of the individual's response to the particular disease agent and demonstrate their susceptibility prior to the vaccine.

After taking the case and sorting the information, remedy selection can be initiated. We must also in our mind be able to identify those conditions resulting from exposure to the disease and those conditions that are a result of the vital force.

In homeopathy, we are always looking for the remedy that is homeopathic to the expression of the vital force. Often we will be treating complex diseases in the case of vaccine injury. Here homeopathy is quite complicated. More often than not, we need remedies that are

multi-miasmatic remedies, or remedies given in succession as various aspects of the complex disease resolve. Below are some guidelines for remedy selection based on the cause of vaccination, the goal of treatment in relationship to the vital force, expected remedy action, and possible remedies.

Factors to Consider for Remedy Selection for Vaccine injury

Variation of vaccination	Weak constitution prior to vaccination
Symptoms Selected for Remedy Selection	Totality of all mental, emotional, and physical symptoms prior to vaccination, and the resultant constitutional symptoms from the vaccine
Goal in Remedy Action	To slowly strengthen the constitution over time, remove miasmatic influences with the result of being less susceptible to sickness, and improve the ability to recover from the vaccination. To strengthen the individual so that he/she may <i>repel</i> future diseases.
Possible Remedies	Anti-psoric remedies: Calc-c., Kali-c., Lyc., Med., Nat-m., Psor. Sil., Sulph., Tub., and others.

Variation of vaccination	The immediate immune response to a vaccination
Symptoms Selected for Remedy Selection	Acute symptoms that develop since the vaccination; fever, runny nose, ear infections, intermittent fever, behavior difficulties, digestive upset. Also, consider the nature of the vaccine.
Goal in Remedy Action	Expect an increased immune system response such as a fever, excretive discharge, or eruption to bring a full recovery in a few days. Remedies are selected on their similitude to the present condition and for the body to develop the appropriate immune response to a foreign agent injected into the blood without suppressing any of the immune response. The <i>suspended</i> underlying state of health will be returned upon completion of the immune response. After which the vital force will often settle clearly the

	prior state of health, and then a constitutional remedy may be selected. If there were multiple vaccinations, various remedies may be needed in succession, particular to the vital force's response to each vaccine.
Possible Remedies	Remedies specific to the disease in the vaccines; nosodes of the disease and/or the vaccine; febrile conditions; blood poisoning; or puncture wounds: Acon., Apis, Ars., Bell., Calen., Cham., Echi., Gels., Hep-s., Hyper., Led., Merc., Mez., Phyt., Plan., Puls., Rhus-t., Staph., Stram., Thuja.

Variation of vaccinosis	Vaccinosis: imprint of the disease matter on the individual from the vaccine.
Symptoms Selected for Remedy Selection	The disease state brought on by the vaccine; the symptoms that are representative of an atypical presentation of the disease; or the latent miasmatic condition awakened by the vaccine.
Goal in Remedy Action	The first remedy indicated would treat the removal of the disease imprint while a second remedy may be needed to treat the underlying susceptibility to that imprint (miasmatic treatment). (See the discussion following the table for more details.) Symptoms may slowly disappear or there can be an aggravation with an exonerative discharge or eruption with resolution following, with or without a febrile response.
Possible Remedies	Vaccine Nosodes. Miasmatic nosodes: Carc., Diph., Infl., Maland., Med., Morb., Parot., Pert., Tet., Tub., Vac., Varic., Vario. Anti-psorics and Anti-sycotics. Ant-c., Calc-c., Sulph., Sil., Thuja. Remedies for suppressed eruptions to the nervous system, joints or lungs: Apis, Bry., Camph., Cupr., Hell., Stram., Verat., Zinc. Remedies used to treat the diseases the vaccines are intended to prevent.

Variation of vaccinosis	Mercury or heavy metal toxicity
Symptoms Selected for Remedy Selection	Select a remedy based on all symptoms that cannot be explained by relation to immune system action (or inaction), relation to the disease vaccinated against (vaccinosis), or constitutional weakness. Select a remedy based on symptoms that are indicative of mercury or heavy metal poisoning.
Goal in Remedy Action	To support the body's ability to recover from toxicity. Remedies may be aimed at supporting the liver and kidneys. This may be called drainage therapy. Reaction would include greater functioning of the eliminatory system and a reduction of mercury related symptoms. For more adjunctive measures see the next section.
Possible Remedies	Constitutional, anti-psoric or anti-syphilitic remedies: specific remedies for mercury toxicity: Acon., Ant-c., Ant-t., Ars., Aur., Bell., Graph., Guia., Hep., Kali-chl., Lach., Merc., Mez., Mur-ac., Nat-m., Nit-ac., Phyt., Podo., Rhus-t., Sars., Sil., Staph., Sulph., Syph., Thuja, Zinc.

Comments on Remedy Selection for Vaccine Injury

From the information presented, it is apparent in every case there are multiplicity of factors involved. These are not set procedures but rather a navigation through understanding the implications of which I may only be just scraping the surface. Clinical practice will glean the considerations that are more important. Below are some examples of how this thinking is applied.

It may be possible to resolve vaccine injury with the administration of the pertinent prophylactic homeopathic remedy specific to the disease in the vaccination. For example, **Antimonium crudum** can be used as a prophylactic remedy for chickenpox. Accordingly, ailments from the chickenpox vaccine may also need **Antimonium crudum**. A nosode of the disease or a nosode of the vaccine preparation may also be necessary. For chickenpox, the pertinent nosode would be **Varicellinum**. This understanding is applied to ailments

from other vaccinations. As **Thuja** works for the smallpox vaccine, and in the treatment of smallpox; **Ledum**, homeopathic to tetanus, could work for ailments from the tetanus vaccine; **Drosera**, homeopathic to whooping cough, would be for ailments from the whooping cough vaccine; **Pulsatilla** for ailments from measles vaccine, and so on. Any remedy that has an affinity to the treatment of a particular disease has the potential to treat the state of vaccinosis developed from that particular vaccine.

For example, as tetanus' main action is in the nervous system, there may be a nervous system disorder in response to the tetanus vaccine. The vaccine reaction can be seen as a mild form of the disease. The remedies **Cicuta**, or **Cina**, which have a similar affinity to the nervous system and to the treatment of tetanus could then treat injury from the tetanus vaccine. Correspondingly, those with a weakness in the nervous system would have greater susceptibility to producing a nervous system disorder from the tetanus vaccine. **Cicuta** or **Cina** could actually be indicated to treat the underlying susceptibility and the vaccine response. In this example, we can treat the susceptibility and the vaccine injury with the same remedy.

In the case of multiple successive vaccinations, there may be a complex overlay of multiple diseases suspending each other until the responses to the diseases of the subsequent vaccines resolve. In combination vaccines, the resultant state may be a compilation of responses to each of the denatured viruses present or just a matter of the original susceptibility of the person.

With the mumps, measles, rubella (MMR) vaccine, it is difficult to determine which adverse reaction is related to the mumps, measles, or rubella. This semi-disease-induced state can lead to a symptom picture needing any of the remedies listed for any of the individual diseases or for the secondary complications to those diseases depending upon how the strength of individual's susceptibility relates to the relative strength of each of these diseases. Study into the applicable homeopathic remedies to each of these diseases in comparison to the symptoms present will guide one in selecting the correct remedy: A common response to the MMR vaccine is head banging, an indication that the disease matter has gone to the brain.³ Review of the remedies for suppressed exanthematic eruptions to the nervous system with symptoms and the rubrics in the repertory for symptoms pertaining to banging the head would lead one to **Apis**, **Stramonium**, **Veratrum album**, **Zinc**, or other possibilities.

Naturopathic Adjunctive Measures and Therapies for Mercury Toxicity

In addition to the single remedy approach in homeopathy, there are various other approaches needed to augment the process of recovery from vaccine injury. Behavioral modification therapy, special diets (i.e. wheat-free, dairy-free, and/or casein-free (dairy protein)) may also need to be used to alleviate the incumbent stress on the liver, kidneys, nervous system, and digestive system from vaccine injury. Probiotics, naturally occurring intestinal bacteria, may also be used to replace natural bacteria. Commercially available colostrum from cows provides many antibodies and immune system components which help rebuild the immune system. Both of these supplements help to repair the tissues of the digestive tract after repetitive antibiotic use. Chelation therapy, vitamin therapy, herbs, and detoxification agents can be used to remove mercury from the body. Chelators bind with liberated toxins and herbs strengthen the eliminatory organs of the liver and kidneys. In addition to these naturopathic approaches, there is a methodology called sequential homeopathic treatment, where a series of standard remedies are used sequentially to address the many different aspects of vaccinosis.

Most contemporary treatments for vaccine damage are focused on damage from mercury. Despite the trend to blame all vaccine damage on mercurial poisoning, I believe that after the mercury is removed from all vaccines, we will still have a significant number of children suffering from vaccine injury. The cloud of the mercury will be removed, only to reveal the deeper more sublime, yet pervasive, aspects of immune system damage that is just beginning to be understood. It is here that homeopathy is able to have impact. It is here that the rest of this chapter is focused.

This text is based upon a single homeopathic remedy approach. With the use of a single homeopathic remedy, as the underlying condition begins to be treated, the body will initiate its own detoxification process. For these reasons, I will limit my discussion of adjunctive therapies to the above paragraphs and focus on the application of homeopathic remedies, one at a time, to immune system damage from the act of vaccination, from the transferred disease material in the vaccines, and for the underlying miasmatic conditions which create the susceptibility to vaccine damage.

Prognosis

As with any disease condition, the prognosis for vaccine injury depends on many factors. In the largest sense, this problem goes beyond the individual receiving the vaccination. It is a

socio-economic problem fueled by inadequate science, greedy pharmaceutical companies, misplaced political pressures, and populations of people pressured by fear, economic reasons, and lack of education. Despite a decreased mortality rate in many developing countries and the eradication of many diseases from mass inoculation efforts, this practice is introducing every known disease into the human race's bloodstream. This complex of partially expressed diseases undermines the health and well-being of generations to come. If left untreated, this larger problem of vaccine injury will lead to the demise of civilized people. (It seems an oxymoron that most civilized cultures vaccinate.) If the world continues to be vaccinated at the current rate, with the multitudes of vaccines that are available and the unknown quantities of vaccines that are in development, the prognosis for vaccine injury in terms of global health is rather bleak.

Chronic disease is on the rise coupled with a general deterioration of mental health globally. Incidences of autism in children, just one condition related to vaccine injury, are staggering. Estimates range from 1 in 500 to 1 in 1000 diagnosed cases of autism each year in the United States alone, according to government statistics.²⁰ When these children reach adulthood, how will they be able to participate in the workforce and what unknown diseases will they have as they age? Conventional treatment for autistic children mostly consists of behavioral modification techniques. The cost of this is estimated at 30,000 to 40,000 dollars per child annually.²⁰

Fortunately, homeopathy has the potential to treat vaccine damage. For those individuals who cease to vaccinate their children, they can adopt homeopathy as a system of medicine for the treatment of their underlying susceptibilities. Homeopathy can also treat infectious contagious diseases as they occur.

For those individuals who select homeopathy for the treatment of vaccine injury, there is the potential of full recovery. As more people turn to homeopathy for all of their health needs, they will attain higher levels of health. There will be groups of people less susceptible to being annihilated by acute diseases and they will be less likely to suffer from chronic disease.

For individuals with vaccine injury, if given the chance, the time, and the dedication of the invested party, homeopathy can bring about remarkable changes. All too often lack of education, skepticism, lack of commitment or understanding to the process of homeopathy, lack of finances, impatience, inaccurate perceptions of health and healing, or other possible reasons, lead those looking for treatment astray. Furthermore, the situation is compounded by the difficulty in understanding the complexity of the condition and how effectively a

practitioner applies homeopathy. If one or another of these factors comes into play, the likelihood of an individual's success in clinical treatment is marginal.

If we were to go beyond all of the socio-economical and political challenges limiting the application of homeopathy and just focus on the clinical practice of homeopathy, we can be more optimistic towards the prognosis. In some cases, only one remedy is needed and the case will be cleared in a relatively short period, one to five days. Other cases may require several remedies given in relatively quick succession as the immune system response kicks into gear and moves through various states exonerating the system from the encumbrances of foreign pathogenic material. Fevers, discharges, and other symptoms of varying strengths will appear and resolve as this occurs. Depending on the individual's level of limitation, they may need different remedies to move through each expression, frequent consultation with the practitioner is needed over a period of years or more.

For each past fledgling attempt of the immune system to remove the offending agent, and for each suppressive treatment, through the course of healing, the immune system will want to cycle back through the thwarted reactions. Each period of suppression may need a different remedy to facilitate its resolve. Alternatively, the same remedy may need to be repeated frequently in support of the vital force's attempt to heal itself. The time involved in these types of cases can be anywhere from several weeks to several years for complete recovery. As the symptom picture changes, homeopathic prescriptions must adapt. Changes in potency, remedies, and the inter-current use of nosodes will be called into play according to the expression of the vital force in the symptoms manifested.

The underlying health of the individual, the strength of reaction, and the amount of suppressive treatment the individual has received along the way will determine the prognosis of their treatment. For general purposes, we can say that the healthier the person is, the less time it will take to return the health. For those with severe immune system damage, homeopathic treatment will be needed for several years to bring the individual back to health, so that they can learn, play, and develop healthy immune responses to disease agents. A child's health is also dependent on the environment in which the child lives. For example, an autistic child growing up in a family of abusive alcoholics will have many other aspects of their well-being challenged in terms of recovery.

Homeopathic Remedies for Vaccinosis

What follows is an incomplete list of possible remedies for the treatment of vaccine injury. Vaccine injury is a relatively new phenomenon in the health of humans and the application of homeopathy. A complete understanding and use of our current homeopathic remedies is limited. More time and clinical work in this arena will flesh out the use of many more remedies. In addition, as the scientific world develops more vaccines to more diseases, we will see this list grow as the vital force of humanity responds to them. Theoretically, any remedy that has an affinity to the disease in the vaccination can also treat the vaccinosis from the vaccine. It follows that any of the remedies listed throughout this book for the treatment of any specific disease may be called into action at one time or another through the course of treatment. It is also interesting to note that most of the remedies listed below for the treatment of vaccine injury are miasmatic remedies: remedies made from the center-point disease of a particular miasm (see **Chapter 4**). In differentiating between remedies for particular cases, those that have no relation to the diseases in the vaccinations are less indicated for the resultant vaccine injury.

The more commonly indicated remedies used for the treatment of vaccine injury are summarized below. Throughout this book, other remedies are further discussed in relation to their specific diseases. If it is a response to a particular vaccine to be treated, refer to the pertinent chapters relating to the disease in the vaccine for more remedy suggestions. Following these remedy descriptions available nosodes are listed, of which one or another may also be needed in the treatment of vaccine injury.

Remedies: acon., ***ant-t.***, ***apis***, ***ars.***, bac., ***bell.***, bufo, calc., ***carc.***, crot-h., echin., gels., graph., gunp., hep., hyper., kali-chl., kali-mur., lac-v., **MALAND.**, ***med.***, ***merc.***, merc-s., **MEZ.**, nat-bic., ***ped.***, ***per.***, phos., plan., ***psor.***, puls., thus-t., sabin., sarr., sars., sep., **SIL.**, skook., **SULPH.**, syc-co., **THUJ.**, ***tub.***, **VAC.**, ***vario.***, **ZINC.**

Apis: Immediate effects of the vaccination causing allergy and inflammation to the area.

Conditions arising from eruptions that fail to appear and as a result *cause inflammation in the meninges*. Where the condition has gone to the brain causing cerebral inflammation. Constant whining in children. *Weeping*, cannot help crying, all day and night without any cause. *Sudden shrill cries*. Sudden shrill, piercing screams. Stupor with sudden sharp cries and startings. *Rolling of the head from side to side in hydrocephalus, boring of the head backward in pillow*. Apathy and indifference. Lost of consciousness, cannot think clearly. Great inclination to sleep but cannot from nervous restlessness. Sensation of dying. Listless,

anxious restlessness, and fidgety. Trembling, jerking and twitching. Headache better from pressure. Allergic edema of face, eyelids, lips, mouth and throat. Puffy rosy red, sensitive, sore skin. Rough eruptions or stinging-like spots on skin. Large urticaria. Burning itching. Inflammation of kidneys. Better from cool air and cool bathing, worse from heat in any form; heat of room. Edematous swellings. Sudden puffing up of whole body.

Carcinosin: A nosode originally made from the discharge of a breast cancer, **Carcinosin** is a remedy par-excellence in the treatment of vaccinosis. *Indicated when there is a history of suppressed immune responses.* Indicated when the symptoms are constantly changing or in cases where a number of remedies seem indicated but fail to act. Can also be used in influenza, whooping cough, pneumonia, herpes, warts, mononucleosis, tuberculosis, cancer, and AIDS. Most frequently indicated remedy in cases of vaccinosis due to the *contamination with a compilation of multiple disease germs* found in the vaccines. Vaccinosis from multiple vaccinations, rather than from any particular vaccine. Never well since pneumonia, mono, or vaccinations with a family history of cancer, heart disease, tuberculosis, or diabetes. Also indicated because of its affinity to a partially aroused immune system response with insufficient resolution. *Childhood diseases are too severe, absent or too late. Symptoms include high fevers of unknown origin, insomnia, multiple allergies, and chronic fatigue. Arrested development in children. Sensitive emotional passionate people with little self-identification, or chameleon type personalities who take on the affect of friends and family. Perfectionist, dutiful individuals, with a great sensitivity to reprimand.* Sensitive and passionate people.

There is so much to say about this remedy that these few paragraphs do little justice. It is important to note that the culmination of all the vaccines through subsequent generations has brought the cancer miasm into every community. If any disease were to be reflective of the disease of the ages, it would be cancer. Correspondingly, the homeopathic remedy made from a cancerous breast tumor brings the opportunity for the salvation of Man from this tendency. Often not used directly for the treatment of cancer, but indicated if there is a strong family history of cancer and/or the lifestyles that will produce cancer: suppressed grief, any suppressed emotional expression, overwork beyond one's capacity, drive for perfectionism, depletion on multiple levels, and exposure to carcinogens.

Echinacea: To be used more when there is *obvious poisoning of the blood.* The passage of vaccine matter into the blood, which causes poisoning resulting in *a malignant and destructive state.* Bad or weak blood, asthenia, adynamia, and particularly a tendency to

malignancy in acute and sub-acute disorders. Also valuable as a local cleansing and anti-septic wash for wounds. A corrector of the depravity of the bodily fluids. *Anti-septic, anti-fermentative and anti-zymotic (that which prevents enzymatic action).* Ill effects of vaccination. Tissue alterations as are exhibited in boils, carbuncles, abscesses, or cellular glandular inflammations. **Echinacea** has long been used by herbalists in typhoid conditions, diphtheria, malignant scarlatina, carbuncles, and boils. **Echinacea** corrects blood and immune disorders; hence, it is useful in all types of blood poisonings. Acute autoinfection, septic conditions, bites of poisonous animals, lymphangitis (inflammation of the lymph glands), gangrene, or vaccinosis. Erysipelas and foul ulcers. Patient feels weak, tired, with aches in the muscles. There is much *chilliness* (coldness of right leg) and *sensitiveness to cold, worse from exposure to cold air.* Irregular, chills, rise of temperature and sweat. Chilliness with nausea. Vertigo with weakness, dizziness, and profound prostration. Hair falls out and the nails fall off.

Kali muriaticum: Catarrhal conditions resulting from vaccination. Sub-acute inflammatory states, with fibrous exudations and glandular swellings. A chronic catarrhal condition of middle ear. Chronic middle ear infections. White or gray coating of the base of the tongue and expectoration of thick, white phlegm seem to be special guiding symptoms. **Kali-m.** causes catarrhal condition, producing milky white, viscid, sticky, thick, slimy or lumpy discharges. Discontent. Deafness from catarrhal condition and occlusion of eustachian tubes. Catarrhal conditions of the middle ear. Fears evil. Sits in silence. Imagines he must starve. Habitual loss of appetite or refuses food. Aphthae. Thrush. Crusta lactea. Copious white dandruff. Acne, erythema and eczema with vesicles containing thick, white contents.

Malandrinum: A nosode of the disease in horses called “Grease” which is the origin of cowpox. Contact with grass upon which an infected horse has trodden on causes infection of the udders of cows; cowpox. Due to its similarity in presentation to cowpox and smallpox, it is used for the treatment of both diseases. According to this relationship, this nosode of Grease is effective in the treatment of ailments from the smallpox vaccine and for conditions of the sycotic miasm. It is also indicated for measles, impetigo, and typhoid. Therefore, can be used in the treatment of vaccinosis from vaccines of these diseases if the symptoms match. *Dry harsh skin from vaccination.* *Greasy skin with eruptions*, slow suppuration, never ending as one spot heals another appears. *Boils and malignant pustules.* *Dark cadaverous smelling stools, foul smelling diarrhea.* Child constantly handles his penis. Dullness and dizziness of the mind. The relationship of grease to cowpox and smallpox is discussed further in **Smallpox**.

Medorrhinum: Prepared from the gonorrhea bacterium, **Medorrhinum** is a powerful deep-acting medicine suited to sycotic diseases. Often indicated in cases where there was excessive antibiotic use, and ailments from vaccination and a sycotic family history. Stunted growth and arrested development. *Children are sensitive to the environment, moon, weather, and emotional conditions, yet have an anarchistic tendency. Runs from authority and is looking for fun. Gets in trouble in school and is the instigator of rebellious activity. Fears the police are behind him. Cannot concentrate, weak memory, things seem strange unreal and time passes too slowly. Melancholic, sensitive to reprimands. Fear there is someone behind him.* Loses the thread of conversation. Difficult concentration. Fears going insane. Sensitive to nature, animals, and the spirit world. *Masturbation in children.*

This remedy is considered the mother of *pus and catarrhs*. *Chronic rheumatism, disturbance and irritability of the nervous system.* In children, we see dirty noses, *chronic nasal discharges, thick and yellow with a fishy odor.* Lips thickened from mouth breathing. *Asthma from humid air and psoriasis.* Night sweats, offensive body odors. Worse from sunrise to sunset (see more in **Gonorrhea**).

Mercurius: Indicated in vaccine injury due to its presence in vaccinations and because of its similarity to some of the diseases in the vaccines. **Mercury salts** based on their symptom similarity may also be indicated. Mercury toxicity effects every organ and tissue of the body, it transforms healthy cells into decrepit inflamed and necrotic wrecks, decomposes the blood, producing a profound anemia. The lymphatic system is especially affected with all the membranes and glands and internal organs, bones, etc. **Mercurius** is indicated in children who are constantly sick. Behavioral conditions that lead to unstable personality. Learning delays, stammering, violence. *Hurried in speech.* Nervous with tremors. Great anguish, restlessness, is constantly changing from place to place. Irresolution. *Instability of ideas, which constantly drive away each other.* Changes their mind constantly. Poor self-confidence. Memory weak, forgets everything. Loss of will power. Slow in answering questions. Moral dejection, with great listlessness, discouragement, dread of labor. Agitation with excessive internal torment, as if conscious of having committed some crime. *Violent horrid impulses, homicidal, suicidal.* Raving. Fury, with dread of liquids. Filthy in mind and body, does foolish, mischievous, disgusting actions. *A human thermometer.* Sensitive to heat and cold. Complaints increase with sweat and rest, all associated with a great deal of weariness, prostration and trembling. Parts are swollen with a raw, sore feeling and the profuse oily perspiration does not relieve. Breath, discharges of the body smell foul. Tendency to formation of pus, which is thin, greening, putrid, streaked with blood.

Mezereum: Indicated in skin conditions and neuralgias that arise after vaccination. Affects skin, bones, nerves and mucous membranes of the mouth and stomach. *Eruptions, destruction of the bones, and nerve disorders.* Affections go from above downward, from within outward, and from right to left. Mind, skin, eyes, mucous membranes, and bones are affected in much the same way with sensitiveness to damp, cold and warmth and nightly aggravations. Neuralgia about the eyes, obstinate facial neuralgia brought on or greatly worse by eating and relief with holding the painful side close to radiated heat. *Sensitiveness to cold air. Worse from drafts.* Burning, darting sensation in the muscles. Pains shoot upward and seem to draw patient up out of bed. *Indifference to everything and everybody. Looks through a window for hours without being conscious of objects around.* Forgetful. *Aversion to talk, it seems to him to be hard work to utter a word.* Reproaches or quarrels with others. No rest when alone, wants company. Ideas vanish while talking, cannot repeat what has been learned by heart. Does not know what she is doing, forgets what she is about to utter, looks ill-humored, pale, and wretched.

Eruptions, ooze, acrid, gluey moisture, form thick crusts, scabs with pus beneath or chalky white. Deep hard, painful ulcers worse touch and warmth. Eczema. Intolerable, itching, worse by warm bath, worse in bed. Deafness from suppressed eruptions and from vaccinations. Catarrhal symptoms and desquamation of the mouth, throat, and pallet.

Psorinum: Indicated in cases where there is a *lack of reaction in chronic disease* when well-selected remedies fail to improve or act. Clears up confused cases. *There is a constant state of dirtiness, itching of the skin, chills, and emaciation. Despair of recovery. Hayfever and allergies with complete exhaustion. Debility, independent of any organic disease, especially the weakness remaining after acute disease. Secretions have a filthy smell. Profuse sweating. Foul, discharges, odor of the body, stools, eruptions, sweat, and stubborn foot sweat. Secretions thick. Weak, tender and thin. Easily takes cold, chilled. Clothing seems too large or he feels pushed down when walking in the sun. Hungry or unusually well before an attack. Wants to wash parts. Sick babies will not sleep day and night but worry, fret, and cry or are good and play all day with troublesome screaming all night. Gets sick all the time and does not recover. Repetitive infections and skin conditions.*

Sarsaparilla: Acts as a “blood purifier, and “restorative” after overdosing with mercury or **Mercurius**, because it is a homeopathic antidote. Its chief center of action is on the genito-urinary organs, skin, bones, and right lower extremity. Conditions such as ulcers, coetaneous eruptions, indurated glands, decay, necroses, joint swellings, and rheumatism often improve under a protracted course of it. Some think it a kind of restorative after an

exhausting course of mercury. *Eruptions following hot weather and vaccinations, boils and eczema. Scratching causes itching to begin in another place, causes eruption on forehead to become humid.*

Depression and anxiety from pain. Sensitive, easily offended. Ill-humored and taciturn. Despondent, gloomy without any cause. *It has drastic action on the urinary tract and kidneys, causing stone formation in both kidneys and bladder with painful dysfunction of those organs. One outstanding symptom is inability to pass urine freely except in a standing position.* Sinking sensation. Anxiety accompanies the pains of **Sarsaparilla** and *causes depression.*

Silica: Indicated in children where the *nutrition is disturbed since vaccination, due to imperfect assimilation of the food.* *Scrofulous rickety children with a large head, open fontanelles, distended hot and hard abdomen, slow in walking and wasted in body, especially the legs. Glands are enlarged.* Slow incomplete inflammation of glands, cellular tissue and skin, then indurations of the tissues. *Always getting sick, with a lack of recuperative power.* Ill effects of vaccination. Ill effects of skin punctures. Children crawl nervously or are dragged in on their mother's arms. On running, they become pale. Sensitive to noise, pain, and cold. Fine delicate features with fine aesthetic sensitivity. *Shy and nervous, timid and apprehensive. Want of grit, moral or physical.* Prostration of mind and body. Sensitive to emotional environment with nervousness and performance anxiety. Inaptitude for mathematics. Learning disorders or precocity. Likes things ordered in lines and rows. *Obstinate, stubborn, headstrong children. Cries when kindly spoken to.*

The **Silica** patient is *cold, chilly, hugs the fire*, wants plenty of warm clothing, and hates drafts, hands and feet cold, worse in winter. *Lack of vital heat.* Tendency to get colds. *Suppurative processes* stubborn, fistulous openings, abscesses. It is related to all pustular burrowings. *Ripens abscesses since it promotes suppuration. Ailments attended with pus formation. Skin fails to heal.* **Silica** also helps neurasthenic states with increased susceptibility to nervous stimuli, noises and light, with exaggerated reflexes. Epilepsy.

Skookum chuck: Skookum has strong affinity for skin and mucous membranes. It is an anti-psoric remedy. Skin disorders. Eczema. Dry skin. Hay fever. Profuse coryza and constant sneezing. Otitis media. Catarrh. Profuse, ichorous, cadaverously smelling discharges. Urticaria. Vaccinal eczema.

Sulphur: Whether it is by ailments from vaccination, inherited dyscrasia or an unresolved illness, Sulphur acts as a restorative where it *strengthens the recuperative powers of the vital force.* Sulphur meets all the conditions of a broken down constitution. Persons of psoric

temperament, nervous, quick-motioned, quick-tempered, plethoric, skin excessively sensitive to atmospheric changes. *Dirty, filthy people with greasy skin* and long, straight, matted hair, prone to skin disorders. Complaints that relapse. General offensive character of discharge and exhalations. Of great use in beginning the treatment of chronic cases and in finishing acute ones when the reaction is deficient, or when the carefully selected remedy fails to act.

Very red lips and face, flushing easily. Redness of orifices or of single parts is another prominent feature due to irregular circulation; lips, ears, nose, eyelids, anus, and vulva. Nutrition is affected on account of defective assimilation in spite of *voracious appetite; the patient emaciates* (especially children). *Patient is unable to walk erect, stoop-shouldered, unwashed, tall and lean, untidy, and body offensive in spite of washing.*

Intellectuals. Busy all the time. Hopeful dreamers. *Strong tendency to philosophical or religious reveries with fixed ideas.* Lazy, hungry and always tired. Childish peevishness in grown people. Very selfish, no regard for others. Religious melancholy. Imagining giving wrong things to people, causing their death. *Imagines himself a great man.*

Thuja: Formation of wart-like growths upon mucous and skin surfaces, fig-warts and condylomata. It has a specific antibacterial action, for gonorrhea, and for prevention of ailments from vaccination to smallpox: that profound and often long-lasting morbid constitutional state engendered by the vaccine virus. The effects of chronic vaccinosis are protean. Prominent among them are asthma, neuralgias, skin disorders, indigestion, and constipation, warts, and new growths of many kinds. Emaciation, brain damage, epilepsy, and blindness. Hyperactivity, Attention Deficit Disorder, and Autism. Vaccinosis, never well since vaccination, neuralgia, skin troubles, etc. Pains keep extending from the original site of the vaccination. Smallpox; aborts the pustule and prevents the suppurating fever. Retardation from vaccination. Sycotic pains, lameness, *tearing in muscles and joints*, worse at rest, better in dry weather, *worse damp humid atmosphere.* Crying babies with a sycotic taint from the parents. The **Thuja** child is sickly and piteous. Congenital inguinal hernia. Neurasthenia, prostatic weakness, rheumatism, paralysis. Long established skin troubles, neuralgia, etc.

Thuja is the remedy for soft, exuberant, *fungoid tissue, polyps, condylomata, warts;* pedunculated, black, and suppressed. Great prostration and rapid emaciation. Complaints from the moonlight. Left-sided and chilly medicine. Discharges are foul,

acrid, musty, rancid or of a sweetish odor. Burning, sticking, numbing, drawing or wandering pains worse from warmth. *Oily, stools; skin; sweat.*

The patient is exhausted and soft; *body feels thin and delicate, frail.* Deadness of the affected part. *Thinks his blood is dirty or poisoned.* Introverted. Fixed ideas, as if a strange person were at his side, as if soul and body were separated, as if something alive in abdomen. Some level of self-disgust. Retardation and learning difficulties. Children can be sweet and sensitive, yet there is a disconnect between you and them. They suffer in their own world (see more in **Smallpox**).

Tuberculinum: Made from a tubercular cow's lung, **Tuberculinum** is indicated in children who have a great restlessness with a *desire for change*, defiant, destructive and impulsive, hyperactive children. *Restlessness, cannot sit still, great agitation and boredom.* Often indicated in ADD, ADHD, and behavioral conditions.

Symptoms are constantly changing and well-selected remedies fail to improve. Mentally deficient children. Very sensitive, mentally and physically. Sensitive to music. *Rapid emaciation.* Great value in epilepsy, neurasthenia and in nervous children. Relapsing states. Great restlessness and excessive burning up of energy causing a depleted state mark the Tubercular miasm. Tendency to bronchitis, pneumonia, influenza, lung conditions.

Always tired, motion causes intense fatigue. Increasing exhaustion and lowered vitality. *Rapid breakdown of health.* Weakness and emaciation with good appetite. *Chronic, enlargement of the glands, adenoids.* Very susceptible to changes of weather. *Cold is taken from the slightest exposure, which ends in diarrhea. Diarrhea in children running for weeks, extreme wasting, bluish pallor, exhaustion.* Enlarged tonsils. Skin affections, acute rheumatism. Remittent fever. Profuse sweat. Neurasthenia. Nervous weakness. Trembling. Epilepsy. Arthritis. Formication. Fainting. Clothes feel very damp. Bruised pain throughout the body. Bones painful.

Vaccinosis from smallpox may block the action of **Tuberculinum** until **Thuja** has been given. When **Tuberculinum** fails, **Syphilinum** often follows, producing a positive reaction. Compare to **Bacillinum**, made from tubercular sputum for a human (see **Tuberculinum**).

Vaccininum: Vaccine nosode of smallpox. Mostly for complaints brought on since the smallpox vaccine, the vaccine poison of which is capable of setting up a morbid state of

extreme chronicity, named by Burnett "vaccinosis." The symptoms of vaccinosis are diverse and changeable and are for the most part identical with the symptoms of the Sycosis of Hahnemann. Vaccinosis is a sycotic disease. *Neuralgias, long-standing skin eruptions, chilliness, and indigestion with great flatulent distention* are leading features of the smallpox vaccinosis miasm. Whooping cough. **Vaccinimum** has skin eruptions, new growths, and sycotic conditions. Restlessness. General malaise, languor, and lassitude. Tired all over with stretching, gaping feeling, and *unnatural fatigue*. Child wants to be carried. Many persons faint when being vaccinated. *Irritable, impatient, nervous.* Crying. Ill humor with restless sleep. Nervous, impatient, irritable, disposition to be troubled by things. This condition is dated to the use of the smallpox vaccine and may resurface if the smallpox vaccine comes into use again (see **Smallpox**).

Variolinum: This nosode is prepared from lymph from a smallpox pustule. It is an efficient preventive against modifying and aiding in the cure of smallpox and vaccinal infections. Bad effects of vaccinations. The cardinal indications are *severe cold, chill, chilly creepings as if cold water were trickling down the back, violent fever with extremely hot skin, with or without high pulse. Violent headache. Nausea. Pain in epigastrium.* Pain in limbs as if in bones. Severe backache. There may be rash or there may not. Calcareous deposits in the blood vessels, spinal cord, etc. **Variolinum** was Burnett's chief remedy in shingles as it wipes out the disease, eruption, and pain as well. It will also cure *neuralgia left by herpes.* Post vaccine shingles. *General aching in the muscles worse in back, occiput, and legs.* The backache of smallpox is about the worst backache known and **Variolinum** has cured a number of bad backaches that nothing else seemed to touch.

Zinc: Indicated in vaccine injury when there is a suppression of eruptions and the condition *strikes into the mind and nervous system.* Zinc poisons the brain and nerves and it corresponds to nerve poisoning of various kinds. *Poisoning from suppressed eruptions or discharges.* Lethargic, stupid, *cannot develop exanthemata or discharges.* *Cerebral depression.* Tissues are worn out faster than they are repaired. Period of depression in disease. **Zinc** causes a decrease in the number and destruction of red blood corpuscles. Defective vitality. General emaciation; skin clinging tightly to the body; eyes pale bluish; drawn back into the orbits; ears unequally warm; mouth hot and shiny, and hanging down at times dry; appetite undisturbed; rumination slower; stool grass-green, thin-flowing and fetid; at times cough. Brain and spinal symptoms, trembling, *convulsive twitching and fidgety feet are guiding symptoms.* Twitching. Pain, as if between skin and flesh. Brain and nerves are fatigued. Cannot throw a ball. In children, we see the difficulties appearing in the intellectual realm. *Insufficiency of comprehension, repeating themselves and others.* Muddled. Brain-fag. Weak

memory. *Very sensitive to noise and the voices of others.* Aversion to work, to talk. Fretful, peevish, cries if vexed or moved during sleep (children). Child repeats everything said to it. Fears being arrested for an imagined crime. Rage and violence. Melancholia. Easily startled, excited or intoxicated. Forgetful. Screams with pain. Stares as if frightened on waking and rolls head from side to side. Weeps when angry.

Nosodes

Nosodes, defined by the Food and Drug Administration's Homeopathic Pharmacopoeia of the United States, are a homeopathic attenuation of either pathological organs and/or tissues, causative agents, or disease products from infected individuals such as discharges, excretions, and secretions. Accordingly, nosodes can be made from sputum or nasal discharges, scrapings from mucous membranes, vesicles or cankers, pathological tissue such as cancerous tumors or tubercular encasements, pathological blood, decomposed matter such as in **Pyrogenium**, cultured bacteria, viruses, or vaccines.

Many of the nosodes used in homeopathic practice have unknown or obscured origins where the exact source of the remedy was not documented at the time of preparation. Those of unknown origin are termed "historical dose." Subsequently, the following list of nosodes and their sources is as complete as my research was able to determine. As with all other homeopathic remedies, the use of nosodes is based upon the symptom indications and their homeopathicity to the condition you are trying to treat. Regardless of their exact source, if nosodes are indicated in a particular condition, they will act according to homeopathic principles. Some of the nosodes listed below have undergone provings to determine their curative properties while others have been introduced into practice based on speculation and their clinical results have become the indications for use.

Nosode: Source of Remedy.

AIDS: Blood of a person in the last stages of AIDS.

Anthracinum: Anthrax poison extracted from the spleens of affected sheep.

Bacillinum: Maceration of tubercular sputum from a human with lobular tuberculosis.

Carcinosin: Cancerous breast tissue.

Choleratoxin: Made from cholera toxin.

Diphtherinum: Diphtherial membrane of an infected person.

Haemophylus Influenzinum: *Haemophylus influenzae* culture.

Influenzinum: Influenza vaccines dated by year i.e. Influenzinum 2005, or 2004, etc.

Hepatitis A and Hepatitis B: Made from their respective vaccines.

Hydrophobinum: Saliva from a rabid dog, also known as **Lyssin**.

Hippozaeninum: Nosode of glanders, a disease in horses.

Malandrinum: Grease, an eruptive disease in horses similar to cowpox.

Malaria officinalis: Decomposed vegetable matter much like **Pyrogenium**.

Malaria Co: Compilation of plasmodiums of malarial species: *P. falciparum*, *P. vivax*, *P. ovale* and *P. malariae*.

Medorrhinum: Gonorrhreal discharge from a person infected with gonorrhea.

MMR: Made from the MMR vaccine.

Morbillinum: Bucho-pharangeal discharge of a person infected with measles.

Parotidinum: Mumps; historical dose.

Pestinium: Modified virus of plague; historical dose.

Pertussin: Whooping cough sputum.

Pneumococcus: Pneumococcal bacteria.

Poliomyalitis: Polio disease; historical dose.

Polio: Polio vaccine.

Psorinum: Scabies vesicle.

Pyrogenium: Rotten meat.

Scarlatinum: Scarlet fever; historical dose.

Staphylococcus: Staphylococci bacteria.

Streptococcus: Streptococcal bacteria.

Syphilinum: Syphilitic canker.

Tarentula cubensis: Decayed Cuban tarantula spider.

Tetanotoxin: Tetanus vaccine or from cultured *Clostridium tetani*.

Tuberculinum: Avian tuberculosis.

Vaccinimum: Smallpox vaccine originally from cowpox.

Variolinum: Smallpox matter; historical dose.

Varicellinum: Chickenpox; either vaccine or vesicle.

Notes:

*Whether derived
from the purest gold
or the purest filth,
our gratitude for its
excellence in service
forbids us to inquire
or care.*

P.B. Bell

Rabies

Rabies is a viral disease of mammals. Rabies is an RNA virus belonging to the genera *Lyssavirus*, of the order of *Mononegavirales*. Rabies is most often transmitted through the bite of a rabid animal. The vast majority of rabies cases reported to the Centers for Disease Control and Prevention (CDC) annually occur in wild animals like raccoons, skunks, bats, and foxes. Domestic animals account for less than 10% of the reported rabies cases, with cats, cattle, and dogs most often reported rabid.

Although all species of mammals are susceptible to rabies virus infection, only a few species are carriers for the disease. In the United States, rabies virus variants have been identified in bats, raccoons, skunks, foxes, and coyotes.

Routes of transmission include contamination of mucous membranes (i.e., eyes, nose, and mouth), aerosol transmission, and corneal transplantations (through contact with the eye). The most common mode of rabies virus transmission is through the bite and virus-containing saliva of an infected host.

Humans can be exposed to rabies if they have been attacked or bitten by a rabid animal. Following primary exposure, the virus enters an eclipse phase (dormant phase) in which it cannot be easily detected within the host. This incubation period may vary from a few days to several years, but is typically one to three months. During the eclipse phase, the host's immune defenses may confer cell-mediated immunity against viral infection because rabies virus is an easily recognizable antigen. If immunity is developed, the disease will not progress.

In cases where the disease does progress, the virus can enter directly into peripheral nerves at the site of infection and indirectly after viral replication in the surrounding muscle cells. It is transported into the central nervous system (CNS) via the peripheral nerves. Dissemination of the virus within the CNS is rapid, and includes early involvement of the limbic system, the part of the brain that controls emotions. Active cerebral infection is

followed by passive centrifugal spread of the virus to the peripheral nerves. The amplification of infection within the CNS occurs through cycles of viral replication and cell-to-cell transfer of progeny virus. Centrifugal spread of virus leads to the invasion of various tissues that are rich in nerves, and the salivary glands. During this period of cerebral infection, the classic behavioral changes associated with rabies develop.

The first symptoms of rabies may be nonspecific flu-like signs such as malaise, fever, or headache, which may last for days. There may be discomfort, tingling, or numbness at the site of exposure (bite). As the disease progresses, neurological symptoms appear and may include insomnia, anxiety, confusion, delirium, abnormal behavior, slight or partial paralysis, excitation, hallucinations, agitation, hyper-sexuality, hyper-salivation, frothing at the mouth, convulsions, difficulty swallowing, sensation of suffocation, and hydrophobia (fear of water). Death usually occurs within two to ten days of the onset of symptoms. In humans, the outcome is almost always fatal.

Several factors may affect the outcome of rabies exposure. These include the virus variant, the dose of virus (i.e., how much saliva was contacted), the route and location of exposure, (i.e., whether the bite was in the foot or head), as well as individual host factors, (i.e., age and host immune defenses). Susceptibility to rabies is increased if the wound does not bleed freely. Free bleeding of the wounds helps to clear out the wound. The ability to develop an exonerative discharge will also prevent the development of the disease. Different remedies are indicated for the treatment of rabies depending on which discharge was suppressed (i.e., blood, sweat, urine, stool, and other bodily excretions). Promotion of these discharges will lessen the susceptibility to developing the disease.

Of those bitten, 40-50% will become infected with rabies. The suspected animal should be captured and observed for ten days after the incident to determine if it is in fact a rabies host.

The direct fluorescent antibody test (dFA) is most frequently used to diagnose rabies. This test requires brain tissue from the animal suspected of being rabid. The test can only be performed post-mortem (after the animal is dead). This is not very helpful in determining if an animal is infected while it is still alive. Several tests are necessary to diagnose rabies ante-mortem (before death) in humans; no single test is sufficient. Tests are performed on samples of saliva, serum, spinal fluid, and skin biopsies of hair follicles at the nape of the neck.

Vaccination and Treatment

Conventional prevention of rabies and includes both passive antibody (**immune globulin**) injections and vaccination.

There is no conventional treatment for rabies after symptoms of the disease appear. However, two decades ago scientists developed an extremely effective new rabies vaccine regimen that provides immunity to rabies when administered after an exposure (post-exposure prophylaxis) or for protection before an exposure occurs (pre-exposure prophylaxis). Although rabies among humans is rare in the United States, every year an estimated 18,000 people receive rabies pre-exposure prophylaxis and an additional 40,000 receive post-exposure prophylaxis.¹⁸

Pre-exposure vaccination is recommended for persons in high-risk groups such as animal handlers, veterinarians, and certain laboratory workers. Other persons whose activities bring them into frequent contact with rabies virus or potentially rabid bats, raccoons, skunks, cats, dogs, or other species should also be considered for pre-exposure prophylaxis. In addition, international travelers likely to come in contact with animals in areas of endemic dog rabies that lack immediate access to appropriate medical care should consider pre-exposure prophylaxis.

If rabies is suspected, consult state or local health departments, veterinarians, or animal control officers to make an informed assessment of the incident and to request assistance if needed. After exposure to a potentially rabid animal, wash the wound thoroughly with soap and water, and seek medical attention immediately.

Homeopathic Prevention and Treatment

Rabies was quite common during Hahnemann's day and he recommended using **Belladonna** 200C every third or fourth day for several doses and then spreading the doses out to every week and then every month for several months to not only cure the imminent infection but to ward off the possibility of progressive disease. Louis Pasteur was the first to develop a vaccine for rabies but it took several years to fine-tune the vaccine as many of the first individuals who received the vaccine ended up dying of rabies. In light of fine tuning the vaccine, Constantine Hering developed the nosode of rabies from the saliva of a rabid dog as an attempt to administer the disease in a way that would not be toxic to the individual. He was the first to prove **Lyssin**, also known as **Hydrophobinum**. The

symptoms developed from the proving were much like those of hydrophobia, so he introduced it into practice for the prevention and treatment of rabies. He recommended using it in the same manner as Hahnemann had recommended **Belladonna**.

Dr. Boenninghausen, a contemporary to Hahnemann, advised preventing rabies with the following alternation of remedies over five days: **Belladonna** 200C, **Hyoscyamus** 200C, **Belladonna** 200C, **Stramonium** 200C, and then again **Belladonna** 200C. As this disease is rapid and fatal, this multiple remedy approach is more likely to affect a positive result than a single remedy, and waiting to see if it takes action.

The mere act of being bitten by a wild and aggressive animal can instill a level of fear and defense in the victim whether or not the animal is infected with rabies. This reactive state of being marks the hydrophobic miasm, or acute miasm. The main feeling is one of acute threat and the reaction is strong and instinctive. The main remedy for this miasm is **Lyssin**.

I have treated several individuals and animals (see **Tetanus**) who have been bitten by either a cat or a dog who can concur that the feeling that enters them as a result of the attack is one of fear, defense, and threatening aggression. It is a poisoned feeling in their blood separate from the degree of infection in their wounds. More often **Lyssin** is the remedy that addresses not only the wound infection but also the marked mental and emotional accompaniment. This feeling of fear and defense can also occur after attack from another human if the condition of the attack is like that of a wild animal. Some instances of child abuse fall in this category. The main feeling in **Lyssin** is that of being dependent and tortured. There is a desire to attack the aggressor but it is followed by quick repentance because the victim is fearful and/or dependent on the aggressor. Much like the dog being dependent on yet fearful of his master

Depending on the susceptibility of the person, other states of being may be induced by an animal bite. Accordingly, one or other of the remedies listed below may be more indicated. In some situations, the state of the person provokes attack. Consideration of this is relevant for homeopathic remedy selection.

A nine-year-old boy was brought into my clinic because of violent and threatening behavior. His adoptive mother said he would run after her and threaten her with a knife. His case history revealed that a rabid dog had bitten him at the age of four, but he had also been the victim of child abuse as his drunken father had beaten him many times. He was eventually taken into custody by the authorities and adopted out. The adoptive mother described his

state as if he were a wild animal. He did not trust anyone and was prone to violent outbursts after which he would beg for forgiveness. **Lyssin** matched his symptoms. The attack of the dog must have induced a hydrophobic state in the boy despite not developing active rabies. This case brings up the question of whether he was more susceptible to the attack of the dog because he had been a victim of child abuse and/or if he was more susceptible to becoming afflicted with the state of hydrophobia because of this history. Unfortunately, we do not have the results of the case as the mother did not understand the reasoning in homeopathy and was hesitant to give him the remedy.

Rabies vaccination is required for all dogs. Pet owners have concern over the impact of this vaccine on their animal's health. **Lyssin** 30C along with the other remedies listed above can be alternated in the days preceding and following vaccination in order to help clear the miasmatic tendency the vaccine will create.

Several other remedies match the intensity of this state and accordingly can treat rabies. Following are descriptions of remedies indicated for rabies. Many are either derived from poisonous animals, are poisons which threaten the existence of life, or they are alkaloids from plants which can produce a violent animal-like state of mind.

Curative action of the remedy depends on the degree of neurological involvement. Remedies given at the time of the bite will act preventatively for the condition. If the mental state is strong, the appropriate remedy will help resolve it in the days following administration. If the disease has progressed to the point of advanced neurological symptoms, curative action will be demonstrated by an increase in discharges, perspiration, saliva, and urine. If the disease has progressed too far, the chances of recovery are lessened. Constitutional remedies may be needed to facilitate complete recovery.

Remedies: acet-ac., acon., aconin., agav-a., agn., am-c., anag., anan., ant-c., anthr., apis, aran., arg-n., ars., **aspar.**, **bell.**, brom., calc., camph., camph-br., cann-i., **canth.**, carc., cedr., chlol., cocci-s., crot-h., cupr., **cur.**, fagu., gels., gent-c., grin., gua., ho., HYDR-AC., **hyos.**, hyper., iod., jatr., kali-br., **lach.**, laur., lith-br., LYSS., mand., merc., naja, nat-m., nux-v., phel., phos., phys., plb., ran-s., ruta, sabad., scut., spirae., STRAM., stry., sulph., tanac., tann-ac., tarent., ter., trach., verat., xanth.

Aconite: The *rapidity of action* of **Aconite**, as it is a deadly poison, determines its appropriateness for conditions in which the symptoms set in with great intensity. *Anxiety, fright, and shock.* Fears death and believes that he will soon die. Predicts the day.

Someone who sees something very frightening and panics and goes into a shock. Does not want to be touched. Restlessness; physical and mental. *Sudden fever. Worse from checked perspiration.* Numbness and tingling, shooting pains, icy coldness in the limbs, burning in internal parts. Loud, labored breathing. Trembling and temporary stammering. *Chokes on swallowing. Tingling sensation of strangling.*

Apis: Indicated in cases of bites of poisonous animals. Is indicated when nature of the wound is marked by *burning, stinging, sharp pains, and excessive swelling.* Apis produces serous inflammation with effusion; membranes of the brain, heart, and pleuritic effusion. *Sudden shrill cries in hydrocephalus.* Great anxiety, restlessness, and fidgety. *Awkward; drops things readily.* Listless, cannot think clearly. *Sexual mania alternating with stupor. Jealousy.* Panting breath, feels every breath would be his last. Sudden involuntary biting teeth together. Throat constricted. *Thirstless.*

Arsenicum: This mineral poison is indicated in states of *great restlessness, anxiety, and prostration. Fears death will ensue. Fears he had been poisoned. Despair of recovery. Thinks it useless to take medicine.* Fear of death and disease. Chilliness with burning pains. Speech rapid, lisping. Bites tumbler while drinking. *Sips water often.* Trembling, jerking, convulsions and chorea, twitching. Epilepsy; suddenly becomes unconscious with convulsions.

Belladonna: Acts upon nerve centers producing twitching, convulsions, and pain. Changeable moods. *Hallucination; sees monsters, and hideous faces. Biting, striking, tearing mania.* Stammering speech. *On being spoken to flies into a violent rage.* Excited mental state, hyperesthesia of all senses, delirium, restless sleep, convulsive movements, dryness of mouth and throat with aversion to water. *Cheeks and ear-tips brilliant scarlet, other parts of face, especially around mouth are white as snow, eyes brilliant, staring, pupils dilated.* Skin dry and hot like fire. *Fullness and congestion of parts, especially the head.*

Cantharis: Sphere of action is in *exciting the animal passions.* Burning, stiches, shooting pains, and exudation are the indications. *Violent inflammation causing frenzied delirium. Moaning and violent cries interspersed with barking. Paroxysms of rage with crying, barking, biting, and worse by bright objects, by touching the larynx, and drinking cold water.* Sexual excitement during pains. Anxious restlessness ending in rage. Acute mania, sudden loss of consciousness with red face. The mucus is profuse, tenacious, and ropy. *Saliva disgustingly sweet.*

Cuprum: Affecting the nerves of the cerebro-spinal axis and muscles, causing *spasmodic effects, convulsions, and cramps of violent form*. *Striking inward* of diseases (disease rapidly go in towards the nervous system). Chorea from fright. Confusion, afraid of everybody who approaches him. Loquacious, then melancholy with fear of death. *Attacks of rage, wants to bite the bystanders*. Strong metallic, slimy taste with flow of saliva. *Grinds the teeth. Froth from mouth*. Stammering speech. Loss of speech. Blue in the face. *Better from cold drinks.*

Hydrocyanic acid: *Convulsions and paralysis* are the leading keynotes of the medicine's action. *Effects are sudden; spasms, collapse, strokes*. The body is stiffened and thrown back during convulsions. Unconsciousness. Wild delirium. Loud involuntary screams just before the convulsions. *Spasmodic constriction in larynx, feeling of suffocation, pain and tightness in chest, palpitation, pulse weak and irregular*. *The breathing comes in paroxysms, jaws set, foaming at mouth, face flushed, bluish tint*. Noisy swallowing drink, rumbles through throat and stomach. *Icy coldness.*

Hyoscyamus: Disturbs the *mind, brain, and nervous system* profoundly. *Diabolical force seems to take possession* of the brain preventing its functions. **Hyos.** causes a *mania of a quarrelsome and lascivious nature*. Inclined to be unseemly and immodest in acts, gestures, and expressions. Jealousy. *Very talkative and persists in stripping herself or uncovering genitals. Afraid of being poisoned*. Muscular twitching, spasmodic affections. *Active mania or convulsions alternates with/ or ends in deep stupor*. Falls suddenly to the ground with cries. Foams at the mouth. Tongue protruded with difficulty, can hardly draw it in. Speech impaired. Bites the tongue while talking. *Constriction of throat, inability to swallow liquids; solid and warm food better*. Fluids come out through the nose.

Lachesis: Fever with *tossing delirium and mania*, low forms of disease when the system is thoroughly poisoned and the prostration is profound. Intensively rapid onset. Nerves become very sensitive, especially cutaneous and vasomotor nerves. Delusions; thinks she is *under super-human control; thinks she is dead and preparations are being made for her funeral; thinks herself pursued, hated, and despised. Mocks*. Crawls on the floor, spits often, hides, laughs, or is angry during spasms. *Insane jealousy and suspicion. Sudden forcible protrusion and retraction of tongue*. Thick blundering speech. Cannot open mouth wide. Symptoms appear on *left side*. *Sensation of constriction in the throat. Worse from sleep. Septic conditions and hemorrhage.*

Lyssin: Heightened sensations, *exquisite sensitiveness to breath of air, to bright objects, especially the surface of water, to sounds, and most of all to the sound of running water*. Headache from bite of dog, whether rabid or not. Worse by *noise of running water, bright light. Cannot bear heat of sun.*

Copious thick saliva. Constant spitting. Thirst with inability to swallow. Severe twitching in arms and legs. Better from excessive sweating, and steam baths. Rapid speech and impatience are very noticeable. Dangerously violent temper followed by quick repentance. Desire to kill with a knife. Rude, abusive, bites, and strikes. Feels he cannot physically endure his fears any more.

Scutellaria: Derived from a plant with the common name of Mad-dog. Used for its *calming effects on the nervous system*. Twitching of muscles. Restlessness. Night-terrors. Sleeplessness. Confusion of mind. Fear of some calamity. Inability to study or fix the attention on one's work. Explosive headaches. *Twitching of muscles, must keep moving. Sensation of lump in throat which could not be swallowed.* Nervous agitation from pain or exciting emotions. Brain irritation.

Stramonium: A marked and persistent disorder of the mental faculties. Nymphomania. Religious mania; an exaggerated and ridiculous scruple of conscience. Fixed notions; that some unpardonable sin has been committed, which the patient is nevertheless unable to remember; that he is possessed of the devil. Hallucinations. Dread of darkness and a horror of shining objects. Fear and anxiety on hearing water run. Sight of water or anything glittering brings on spasms. Stammering. Hallucinations which terrify the patient; sees ghosts, vividly brilliant or hideous phantoms, animal, jumping sideways out of ground or running to him. Worse from looking at shining objects, water. Increases the mobility of the muscles of expression and of locomotion, the motions may be graceful, rhythmic, or disorderly. Allays spasmodic movements and restores suppressed excretions in which absence of pain is a prominent symptom. Passes neither urine nor stool. Dry, dribbling, or viscid saliva. Cannot swallow on account of spasm. Worse on swallowing.

Tarentula hispanica: Symptoms appear suddenly and with violence. Affects the nerves which are highly strung; producing remarkable nervous symptoms, hysteria, and chorea. Extreme restlessness; must keep in constant motion even though walking aggravates. Moral depravity. Crafty, cunning. Selfish. Palliates the agony of death pains. Nymphomania. Music causes excitement. Violent pains, neuralgias, as if thousands of needles were pricking. As of insects creeping and crawling. Thirst for cold water. Tongue drawn backward preventing speech. Alternate chills and heat. Dyspnea and complains, signs of suffocation, vomiting, agitation and convulsions. All symptoms ameliorated by music.

Xanthium spinosum: Spiny cocklebur is said to be specific for hydrophobia. Hemorrhagic tendency; blood does not clot. Diarrhea. Waking from suffocation. Sensation of walking on wool. Pain in the back, thighs, and lower limbs.

Notes:

Tetanus

Tetanus, or lockjaw, is a neurological condition caused by a neurotoxin released by the bacteria *Clostridium tetani* in a contaminated wound. *C. tetani* bacteria are prevalent in rural areas, specifically in soil and dust, and are spread by animal and human feces. The bacteria enter the body through wounds in the skin (puncture wounds caused by nails, splinters, insect bites, and gunshots). These deep wounds provide an excellent breeding ground as they often do not bleed much and they become anaerobic quickly. Accordingly, clean, freely-bleeding wounds decrease the chance of tetanus because the bacteria need an oxygen-deprived area to multiply.

The incubation period of tetanus is from three to twenty-one days but averages eight days after the time of infection. The first symptoms are mild pain at the site of the injury and spasm of the muscles local to the wound. There may be fine red lines radiating out from the wound. These lines demonstrate the infection and inflammation of the surrounding nerves. There can be ascending pain as the neurotoxin travels up the nerve. Within 48 hours, the person can experience difficulty opening their mouth, hence the name "lockjaw." As the muscle spasms progress they become more generalized, causing rigidity of the back (opisthotonus) and grimacing of the face (risus sardonicus). Light, noise, and movement can trigger the muscle spasms or they can be nearly constant. Restlessness, irritability, difficulty swallowing, headache, chills, and fever are also among the early symptoms. There can also be convulsions and asphyxia. Elevated temperature or subnormal temperature with over-excitement of the circulatory system (increased blood pressure, rapid heart rate, etc.) usually indicates a poor prognosis and pending death. The rate of fatality if left untreated is 65%.

Diagnosis is made by clinical observation, as the bacterium is difficult to grow by culture. Because the toxin affects the nervous system, it is especially important to provide a non-stimulating environment for patients with tetanus. The room must be kept dark and quiet. Drafts of cold air, noises, or other stimulus must be kept to minimum to prevent the convulsive muscle spasms.

Vaccination and Treatment

Tetanus is routinely given to children in combination with diphtheria and pertussis, in the DPT vaccine. See the section on **Diphtheria** for more details on the side-effects of this vaccine. The tetanus is also available in independent doses. Booster shots are to be given every five years and at time of injury. If admitted to the hospital with a wound, a booster shot is routinely given. Current medical treatment for unvaccinated people involves intramuscular injections of human tetanus immune globulin (tetanus antibodies), careful wound cleaning, and penicillin.

To give a vaccination to a previously unvaccinated person at the time of injury is fruitless, as the body does not produce antibodies quickly enough to prevent the infection. A booster dose of tetanus in a previously vaccinated person will boost the antibody levels quickly thus fighting the infection. There is also available antitoxin to the tetanus toxin. The antitoxin injected into the blood can help neutralize the toxin. More recently, treatment with hyperbaric oxygen (providing oxygen under high pressure) to the affected areas or systemically, has been used with success.

Homeopathic Prevention and Treatment

Treatment starts with good wound care. Carefully clean the wound and surrounding area with antiseptic soap and thoroughly irrigate the wound with sterile solution. Soaking the wound in warm, soapy water usually works well.

Ledum pulustre is the best prevention for potential tetanus infection from a wound. In addition to being a preventative, **Ledum** also treats the symptoms of tetanus (see below). 30C, taken three to four times a day for several days or until the wound is healing well, is sufficient to prevent tetanus. If signs of infection develop despite the use of this remedy (i.e., increased pain, redness and swelling), one or other of the remedies listed below will be indicated.

Hypericum perforatum is indicated in wounds that manifest an upwards shooting pain from the site of the injury or for any other development of symptoms that starts to look like lockjaw. The wound should be re-cleaned and **Hypericum** 30C is to be taken three to four times a day for several days as needed. As the pain subsides and healing commences, the frequency of repetition can be decreased. For routine care, **Hypericum** and **Ledum** can be alternated. **Arnica**, and **Tetanotoxin** (a homeopathic preparation of the tetanus toxin), may

also be used for prevention. **Tetanotoxin** is a prescription remedy. One or the other remedy would be more indicated based on how the injury occurred. For traumatic injuries with extensive soft tissue damage, **Arnica** is indicated. In cases where there was more nerve damage at the time of the injury, **Tetanotoxin** is indicated to prevent tetanus. As always, treat to the largest totality with the suited homeopathic remedy and many possible outcomes will be avoided.

I have seen several cases of puncture wounds from nails and animal bites that have shown the initial stages of tetanus: cold wound with red lines radiating out, some pain, and muscle twitching. After several doses of the homeopathic remedy **Ledum pulustre** alternated with **Hypericum perforatum**, the initial tetanic symptoms disappeared in a few hours with the wound healing completely over the next few days.

Calendula and/or **Comfrey** tincture used topically to promote the healing of wounds should be avoided until the depths of the wound are healed. **Plantain** in tincture is a much better option here as its action is to pull out any necrotic tissue from the depths of the wound and to open the wound so that the deeper levels can heal first.

I had a cat that developed a deeply-infected wound on his side from a catfight. The surface had healed over and a large, grape-size cyst filled with pus developed. **Plantain** was applied in a poultice while he slept. In a few hours, the whole wound opened up and all the pus, smell, and necrotic tissue came away as he cleaned himself. Despite the gaping hole on his side for a few days where the cyst once was, no infection developed and it healed completely from the inside out. He needed a dose of **Hydrophobinum** to treat his underlying state lingering from the catfight (see **Rabies**). He had the sudden impulse to attack when approached, which he did, and then he attempted to reconcile his outburst of violence by attendant affection; all indications for **Hydrophobinum**.

If the above remedies do not seem sufficient, below is an expanded list of possibilities. Remedies given at the time of injury will reduce the susceptibility to developing tetanus. If red lines start radiating from the site of the wound or if the surrounding muscles have started twitching, expect relatively quick action for a remedy in the first few hours of administration. Conditions that develop deeper into the nervous system demonstrate that the disease is progressing. In these situations, the remedy will have to be repeated more often in various potencies to bring an effect. With the correct remedy, an initial amelioration will be felt in a few hours but it may take several days for complete recovery. Match the rate of recovery with the frequency of repetition. Repeat more frequently when the recovery is slow.

Match the severity of symptoms with the potency given. Lower potencies are better when the pathological symptoms are presenting. If the state seems to be more energetic, go higher.

Remedies: *acon.*, alum., *am-c.*, aml-n., *ang.*, arn., *ars.*, atro., *bell.*, bry., calc., *camph.*, cann-s., canth., *cham.*, chin., chlo.l, *CIC.*, cimic., cina, cocc., coffin., con., cupr., dig., dros., gels., graph., grat., *guare.*, hell., hep., hydr-ac., *hyos.*, hyper., *ign.*, *ip.*, kali-br., kali-c., kali-cy., kreos., lach., lat-m., laur., led., *lyc.*, mag-c., mag-p., *merc.*, *mosch.*, nat-m., nux-m., nux-v., ol-an., *OP.*, passi., *PETR.*, phos., phys., phyt., *PLAT.*, *pib.*, puls., rhod., thus-t., *sec.*, seneg., *SEP.*, sol-n., stann., staph., *stram.*, stry., sulph., tab., tetox., thuj., upas, valer., *verat.*, verat-v., *zinc.*

Aconite: Fever with anxiety, alternation of paleness and redness in the face, and distortion of the eyes, which are drawn upwards. Stiffness of the jaw, limbs, and back. Anxiety; fears he will suffocate, death is eminent.

Belladonna: Painful constriction of the throat and jaw. Breathing becomes labored and irregular. Delirious with *staring eyes and dilated pupils*. Symptoms come on *violently and rapidly*. *Opisthotonus. High fever.*

Cicuta virosa: *Twitching and spasmodic jerks* are the keynotes of Cicuta. *Bending the head backwards* is very characteristic. Violence is a leading feature: *spasms, moans, howls, and great agitation, making gesticulations, odd motions, and strange desires; wants to eat coal.* Head turned or twisted to one side. Opisthotonus and frightful facial distortions, with bloody foam from the mouth. Does not remember what has happened, does not recognize anybody, but answers well. *Mistrust and shunning of men. Everything seems strange.*

Gelsemium: The action of this remedy is centered on *the muscles and motor nerves*. The patient will feel *exhausted, heavy, and weak*. The facial expression is dull, drowsy, and stupid looking. They may have a dull, confused feeling in their head, a “spaced out” feeling. *Partial paralysis of the tongue and throat* can result in slurred speech, difficulty swallowing. Paralysis of groups of muscles. *Tremors or twitching* of single muscles. Despite the person wanting to move the muscles, they feel bruised and do not obey the will. Pain is referred to the spine and the back of the head. Temperature is moderate, head hot, feet cold.

Hypericum: This remedy is indicated when the symptoms of *tetanus are beginning to develop*. This remedy removes the mental and physical consequences of *injury and shock*. Patient lies on back, jerking head backwards. Pains extend towards the trunk or down sides with

crawling and numbness. *Tingling, burning, and numbness* with pain in the nerves. *Puncture wounds, lacerations, surgical wounds, bites of animals, insect bites, and injuries to areas rich in nerves.*

Ledum: This remedy is indicated homeopathically when the site of the wound is *cold and white, rather than red and hot.* The wound *does not bleed freely*, nor is there the appropriate heat needed for healing. The person may be *continually cold* but the heat of the bed is intolerable. There is weakness and numbness of the affected part. Puncture wounds where the surrounding muscles twitch. There may be *red lines radiating* out from the site of the wound. This remedy can also be given as a *preventative* to tetanus.

Magnesium phosphoricum: **Mag-phos.** is contained in the blood corpuscles, muscles, brain, spinal marrow, nerves, and teeth. Disturbance of its molecules results in pains, cramps, paralysis. It is a remedy for *cramps, convulsions, neuralgic pains, and spasmodic effects*, showing its influence on nerves and muscles. Pains rapidly change place. *Dread of cold air of uncovering, of touching the affected part, of moving, and of cold washing.* Cramping of muscles with radiating pains. *Neuralgic pains relieved by warmth.* Stiffness of neck and back. Dorsal spine very painful and sensitive to touch. Facial neuralgia worse when body gets cold, from washing, or standing in cold water. Chills run up and down the back with shivering followed by a suffocating sensation.

Platina: Affects the nerves; *vagus, sensory, and trifacial*, causing violent cramping, squeezing, thrusting or numbing pains, and then spasms. Spasms alternate with dyspnea. Pains increase and decrease gradually. Hemorrhages with black clots. *Tonic and clonic spasms, with laughter.* Contortions of limbs, epilepsy, catalepsy, and *excessive sexual desire.* *Oversensitive mind, emotions, and nerves. Haughty and arrogant with a contempt for others.*

Stramonium: *Tonic and clonic spasms.* Convulsions spurred by *sparkling objects or looking at water.* *Grinding teeth.* Red face. Singing in a state of delirium with graceful and rhythmic motions of the limbs. Frightful dreams; awakes terrified, knows no one, screams with fright and clings to those near. Craves light and company. *Absence of pain.*

Notes:

Polio

Poliomyelitis, or polio, is an acute contagious viral disease caused by the *poliovirus*, which attacks the central nervous system, injuring or destroying the nerve cells that control the muscles, sometimes causing paralysis or atrophy of the muscles. Symptoms can also include high fever, headache, vomiting, sore throat, pain and stiffness in neck and back, and drowsiness. Paralysis most often affects the legs but can involve any muscles including the throat, affecting swallowing; the bladder and bowels affecting elimination; and the diaphragm, affecting breathing. The most serious cases result when the breathing becomes paralyzed, which can result in death even if mechanical ventilation is used.

There are three strains of the virus, called 1, 2, and 3 respectively. Each strain has a different affinity to particular organs and slightly different development of symptoms. Most paralytic cases are due to strain number 1. Poliomyelitis is a serious disease but is usually not fatal. Paralysis develops in about half of those who contract the disease and half of those recover completely in several days to several months. Children under five are most at risk for harm from polio. The vast majority of polio infections (90-95%) are so mild they go unnoticed, undiagnosed, and unreported. About 5% of polio cases produce a nonspecific febrile illness similar to common flu symptoms.

The virus is spread either by water droplets expelled from the throat, or by the fecal-oral route. Incidental contact with contaminated feces and then inadvertently ingested can lead to infection with polio. Most people unknowingly become exposed. For example, changing the diapers of a child infected with the virus can lead to contraction if your contaminated hand touches your mouth. In travel to foreign countries where polio is endemic, exposure to the virus would be from contaminated water. Water purification and good hygiene practices will lessen exposure. The virus is short-lived and cannot survive long airborne. Family members of the infected person can be carriers.

The incubation period of polio is one to three weeks. During the first few days of the sickness the virus is more commonly found in the throat and later in the large intestines.

Polio is contagious in the first seven days of the disease. The initial symptoms are fever, muscle pain, sore throat, and stiffness in the back of the neck, drowsiness, and headache lasting for two to six days. In non-paralytic polio, the fever usually lasts seven days with the stiffness fading in the next three to five days. In paralytic polio, some weakness or paralysis begins one to seven days after the first symptoms. The paralysis is asymmetrical and usually above the legs, affecting one side more than the other. There is a loss of reflexes. For example, the knee-jerk reflex may disappear. There is also a flaccid paralysis which means that the paralyzed parts are limp rather than rigid. A key symptom in diagnosing polio is that the sensations of the skin remain normal with the paralysis. The first signs of bulbar polio, which affect the muscles of breathing and swallowing, are difficulty swallowing, speaking, and breathing.

In 1-3% of polio cases, there can be several symptom-free days, which are then followed by an infection of the spinal fluid, called meningitis. Of these cases, the people with high fever, severe muscles pains, and anxiety progress to the feared paralysis. The symptoms of meningitis include fever, headache, rigid spine, neck pain, and nausea. Mild cases resolve spontaneously. For more protracted cases, physical rehabilitation through massage, hydrotherapy, and therapeutic exercises will help rebuild the muscles and reestablish coordination.

There seems to be a pattern of epidemics every forty years. In the United States, the last epidemic was during the fifties. In temperate climates, polio epidemics usually occur in the summertime. Susceptibility to the virus occurs when there is exposure to cold while perspiring. Eating ice cream in the summer or swimming in cold water when it is hot outside are examples.

Vaccination and Treatment

There were two types of vaccines available for polio: the Salk vaccine, which is made from the killed poliovirus and the Sabine oral polio vaccine, which is a live attenuated version of the virus. Use of the oral live-virus vaccine stopped in the United States in 2000 as it caused about eight cases of paralytic polio a year. The injected, killed-virus vaccine is in use now. This vaccine is recommended to be given at two, four, six and eighteen months of age in infants and again at four to six years old, prior to school entry.

There are great concerns about the Salk vaccine. In Africa, where the test runs of this vaccine were done, there are now high numbers of AIDS cases.¹¹ It is believed that the

monkey kidneys used to incubate the viruses for the vaccine contained a monkey flu virus very similar to HIV. The theory is the monkey flu virus mutated during the polio vaccine production process. The polio vaccines incubated in the monkey kidneys were then injected into over 50,000 Africans to test its efficacy. The population where this vaccine was tested now has the highest incidence of AIDS cases worldwide.

In terms of the effect on the immune system the Sabine oral polio vaccine (without viral contaminants) is safer for the individual vaccinated as it has the potential to initiate a generalized immune response from the initial exposure to the mucous membranes in the mouth before triggering a specific immune response. By initiating this generalized immune response, the polio-specific antigen response becomes more complete. Details into the various levels of immune response are expounded on in **Chapter 3**. However, as the virus can remain in the intestines for up to seventeen days after vaccination, infants who receive the oral polio vaccine can shed the virus in their stool for several weeks increasing risk of contagion in non-vaccinated individuals. This method of exposure was most common after the first vaccine dose and did account for the eight cases of polio in the United States per year when the oral vaccine was used. If infants and children are exposed to contaminated feces, they may contract the disease.

Partial paralysis, Gillian-Barre syndrome, aseptic meningitis, brain tumors, and other conditions affecting the nervous system are common vaccine side-effects to the Salk vaccine.³

Homeopathic Prevention and Treatment

Instances of polio in epidemic proportions for the last two centuries have called upon the homeopathic remedy **Lathyrus**.⁶ In the 1957 polio epidemic in San Francisco and Chicago, 300 children were given **Lathyrus** and no cases of polio developed, while many children given the Salk vaccine contracted the disease. In the 1957 Buenos Aires epidemic, the pharmacies distributed **Lathyrus** to 40,000 people and not one case of polio was contracted. Dr. John Bastyr, in 1953, 1956, and 1957 treated polio epidemics and had no polio cases in over 5,000 patients to whom he gave **Lathyrus**.⁶

If you are planning to travel to an area where polio is a problem, **Lathyrus** 200C can be taken before arriving and every seven days if there is continued threat. If an unvaccinated child is exposed in a daycare setting where there are children who have received the oral

polio vaccine recently, **Lathyrus** in 30C could be repeated once per month to prevent lateral transmission of the virus.

Dependent on the strain of polio present, different remedies may have a greater affinity for the prophylactic action. For the strain that has a tendency to cause respiratory paralysis, **Cuprum**, **Opium** or **Silica** may be more indicated. **Plumbum** or **Physostigma** would be more indicated when the disease demonstrates itself through lack of control of the muscles and progression towards paralysis.

As the onset of polio may not easily be distinguished from the flu, treatment may not be specifically directed towards the actual disease but rather to finding remedies that are homeopathic to the symptoms presented. In this stage, it is hard to diagnose polio unless there is an epidemic in progress. Regardless, administering the specific remedy relating to the symptoms will resolve the condition prior to any neurological damage, even if the diagnosis is uncertain. This is the beauty of homeopathic treatment. As always, homeopathic remedies are selected according to the symptom picture rather than the diagnosis. As the early symptoms of polio look much like influenza, you will find many of the same remedies listed for both. Prevention and early treatment is the best option. Once the damage from polio is established, it is difficult to reverse with homeopathy. Below you will find many remedies indicated for polio.

Prominent homeopath George Vithoulkas has speculated that there has been a rise in the incidence of multiple sclerosis (MS) as a result of the mass vaccination campaign for polio.² Accordingly, homeopathic treatment of an individual with MS may involve the use of one of the remedies described.

Reaction to the remedy depends on the potency and the pace of the illness. The goal in treatment is to prevent permanent nerve damage. An initial increase in fever is not necessarily a bad sign. Prolonged fever is not good. However, do not stop the remedy after the fever subsides as the paralysis and nerve damage can still occur after the fever passes. As many cases are mild and look like the flu, indications that the remedy is correct will be marked by a general improvement of comfort and calmness, even if the fever is higher. This calmness is not to be confused with placidity and unresponsiveness. Stiffness and increased loss of reflex indicates the disease is progressing. Monitor and repeat the remedy as needed, or switch to a more indicated remedy. The disease is still contagious in the first seven days even if a remedy is being used, and the virus will still be passed out through the stool. Constitutional remedies may be needed to facilitate complete recovery.

Remedies: *acon.*, aeth., alum., arg-n., arn., ars., bell., *bung.*, *calc.*, carb-ac., *caust.*, chin-a., chr-s., cupr., cur., dulc., ferr-i., ferr-p., **GELS.**, hydr-ac., hydroph., hyos., kali-i., kali-p., karw-h., kres., lach., **LATH.**, merc., nux-v., op., phos., phys., *plib.*, plb-i., *rhus-t.*, *sax.*, sec., sil., stry-p., sulph., verat., verat-v.

Aconite: This remedy is indicated during the *initial stages when the fever is high* and there is a marked anxiety and restlessness with tossing and turning at night. *Sensation of suffocation.* When congestion is localized, **Belladonna** or **Gelsemium** should be utilized. The key to this remedy with polio is a *sensation of vertigo* (dizziness with a spinning sensation). The hands and feet are icy cold.

Belladonna: Should be remembered when there is a *sudden onset of symptoms. The face is flushed, pupils dilated, and all the indications of cerebral congestion are present.* Shooting pains in the spine. A sensation of stabbing pains from the inside outward. These pains appear to be hindering any motion. Paralysis of the legs with incontinence of the bladder and bowels. Twitching and spasms of the affected limbs. High fever with localized congestion and redness. *Stiffness in neck with arching of back.*

Carbolic acid: A languid, painless, foul, and destructive remedy. Paralytic prostration with loss of sensation and motion. Discharges are foul and burning. Acts primarily on the central nervous system, mucous membranes, heart, and respiration. Feeble pulse, stupor, depressed breathing, and death due to paralysis of the respiratory centers.

Causticum: Gradual *ascending paralysis with urinary incontinence.* Sympathetic and sensitive patients.

Cuprum: Pulmonary paralysis. Spasmodic effects, convulsions and cramps of violent form.

Dulcamara: Rheumatic symptoms induced by *cold and damp.* One-sided spasm with speechlessness. Paralysis of single parts. Gripping in the bowels with diarrhea. Dry fever. Chill and icy coldness of paralyzed parts. All symptoms are brought on from the *transition from warm to cold.*

Gelsemium: This remedy is useful in *early treatment with polio paralysis.* The patient will feel exhausted and weak. The facial expression is *dull, drowsy and stupid looking.* Partial paralysis of the tongue and throat can result in slurred speech, difficulty swallowing. *Urinary incontinence* is common. Despite the person wanting to move the muscles, they feel

bruised and do not obey. Pain is referred to the *spine and the back of the head*. There is a partial loss in vision and the temperature is moderate.

Lathyrus: This remedy affects the anterior and lateral columns of the spinal cord causing many *paralytic disorders of the lower limbs*. After *influenza* and *wasting diseases*. Weakness, with slowness to recover. Reflexes increased. Spastic gait. Excessive rigidity of the legs. *The knees knock together when walking and cannot stand erect*. Lower limbs become emaciated.

Opium: Absolute unconsciousness, complete muscular relaxation, pupils contracted to a pinpoint aperture. Face is turgid and bloated. Very red or bluish face, stertorous breathing, pulse slow and full. Death takes place by asphyxia, the heart continuing to beat after breathing has ceased. Pulmonary paralysis. Breathing stops on going to sleep, must be shaken to start it again.

Phosphorus: *Burning pains* in the spine accompanied by weakness of vision and episodic dizziness. The person is excessively *thirsty for cold drinks, ice*, desires ice cream, and fears being alone. Paralysis of the diaphragm.

Physostigma: *Speedy general paralysis* with death occurring from failure of respiration. The heart may be affected also through the nerves. The paralysis settles in the spinal cord with fluttering tremors in the muscles; *involuntary muscles are excited to active movements and expulsive efforts*. Intestines are twisted up in knots. All secretions increased. Cannot move the muscles except with tremendous effort.

Plumbum: This should be studied in the *advanced history* of a case when *paralysis and atrophy* are present and the acute symptoms have passed. *Progressive and excessive wasting, sclerotic conditions, anemia*. Fear and paranoia, fear of being assassinated. Taciturn and depression.

Rhus toxicodendron: For the *initial stages where there is an etiology of getting chilled while perspiring*. Symptoms will present as flu with *aches and pains in the muscles*, restlessness, and stiffness if lying for too long. Paralysis after over exertion.

Saxitoxin: Patients appear *comatose and flaccid, unresponsive paralysis* with fixed, dilated pupils. Gradual ascending paralysis. Weakness, prostration. *Sensation of lightness and floating*. Disoriented, *joking mood*, not taking anything seriously. Cold perspiration and chill.

Notes:

Diphtheria

Diphtheria is an acute, highly contagious disease of the nasopharyngeal (nose/throat) and/or laryngotracheal (voice box/trachea) regions caused by the bacteria *Corynebacterium diphtheriae*. Sometimes it can enter into an open wound and cause symptoms on the skin, vagina, eye, or ear. Diphtheria can be fatal if not treated promptly.

Humans are the only source of diphtheric bacteria and some people are silent carriers, thus spreading the disease without having the manifestations of the disease. It spreads through mucus and droplets of moisture from the mouth, nose, and throat of an infected person. It can also be spread from handkerchiefs, eating utensils, towels, and any other object used by the infected person. The incubation period is usually two to five days after exposure.

Susceptibility to the development of diphtheria is determined by the Schick test, which indicates the presence or absence of circulating antibodies. Diagnosis is made by the characteristic membranous condition of the throat and is confirmed by culture. Even after recovery, the bacteria can survive in the host's body from two to four weeks and still be communicable.

In diphtheria, the membranes lining the nose, throat, and mouth become gray in color and separate off the walls. These tissues are called diphtheric membranes. The membranes of the affected areas slough off in large sheets and can cause severe blockage of the upper breathing passages. The tonsils are the common site of initial infection. The sore throat is often accompanied by the symptoms of headache, fever, and malaise. The breath has a sickening smell and the lymph glands in the neck become swollen and tender. As the bacteria releases its toxin throughout the body, life-threatening complications arise as the toxin damages the heart and nerves. Thrombocytopenia (low platelet count), myocarditis (inflammation of the heart muscle), vocal cord paralysis, and/or ascending paralysis (paralysis beginning in the fingers and toes spreading upwards) can result.

Vaccination and Treatment

Vaccination for diphtheria is given with pertussis and tetanus in the combined DPT vaccine. The vaccine is made from weakened toxins and is usually given at six or eight weeks of life. Boosters are given at age one and before kindergarten entry, around five years of age. Diphtheria was once one of the most fatal childhood diseases. Cases of diphtheria have been reduced to almost nonexistence since the late 1950's. Health authorities have attributed this to the introduction of the vaccine in 1947. However, in the United States, the incidence of diphtheria had already reduced prior to the use of vaccination. In the early 1920's, when public health authorities had started recording this data, there were approximately 140 cases in 100,000. Before the introduction of the vaccine, the rate of incidence had dropped to 3 in 100,000 people.⁷ The incidence of diphtheria had been diminishing over the twenty years prior to the introduction of the vaccine. The reporting evidence does not substantiate that vaccination was the reason for the reduction of incidence of diphtheria.

The DPT vaccine, however, has been known to cause autism and cerebral palsy. In a study done in Canada in 1988, of the 669 children who received the DPT vaccine, 76 had severe reactions with swelling, convulsions, paralysis, and/or crippling brain disorders.⁸ It is not known if it was the mechanism of vaccination (injecting disease matter directly into the blood stream) that was the trigger for these conditions, or if it was the result of the combination of attenuated toxins from the diphtheria, whooping cough, and tetanus bacteria present in the vaccines. All of these toxins have an affinity to the nervous system so it is possible that they are responsible for these neurological conditions. If there is a history of neurological illness in the family, such as brain disorders, nerve injury, paralysis, multiple sclerosis, Parkinson's, Alzheimer's, etc., this vaccine is not recommended.

Allopathic treatment of diphtheria includes administration of diphtheria anti-toxin and antibiotics. Prognosis depends on the severity of infection and how soon treatment is commenced. Carriers of the disease are also treated with antibiotics. Isolation is necessary to contain the disease.

Homeopathic Prevention and Treatment

Homeopathic treatment and prevention of diphtheria is not focused on removing the bacteria or its toxin but rather towards the person's specific reaction to the bacteria and its toxin, and the susceptibility of the person prior to contracting the disease. Accordingly, many remedies are useful and effective for the treatment and prevention of diphtheria.

Diphtherinum is a homeopathic remedy made from the diphtheric membranes of a person infected with diphtheria. As a preventative in an epidemic, this remedy can be administered in 200C potency once per week. Dr. Dorothy Shepard has advised using higher potencies such as 1M or 10M for more prolonged prevention.⁵ Experiments performed by Paul Chevanuax in England during World War II with **Diphtherinum** in various potencies, at various rates of repetition over time, showed that the higher the potency and the greater the frequency of repetition, the greater the immunity.⁶ **Diphtherinum** is a prescription remedy.

Apis mellifica (made from crushed honeybees), **Lac caninum** (made from dog's milk), and **Mercurius cyanatus** (cyanide of mercury) are three remedies producing symptoms very similar to diphtheria in their symptomatology. Accordingly, they are effective remedies when used for prevention. Begin with one dose of one of the remedies in a 30C potency and alternate weekly with one dose each of the other remedies for several weeks if there is a known exposure or epidemic conditions.

If the disease is contracted, despite prophylactic dosing, look for a more suitable medicine in the section below. The correct remedy will lessen the degree of membrane development and hasten sloughing off of the membranes, care being taken to avoid the risk of suffocation. Fever may increase with a general sense of peace in the next 24 hours, after which recovery will ensue. Even with homeopathic treatment, the bacteria can still be communicable. Constitutional remedies may be needed to facilitate complete recovery.

Remedies: *acet-ac.*, *ail.*, *am-c.*, *an-t.*, **APIS**, *arg-n.*, **ARS.**, *ars-i.*, *arum-t.*, *bapt.*, *bar-c.*, **bell.**, **BROM.**, *bry.*, *calc-p.*, *canth.*, *caps.*, *carb-an.*, *con.*, *crot-c.*, *crot-h.*, *cupr-ac.*, *diph.*, *echi.*, *elaps.*, *guia.*, *hep.*, *ign.*, *iod.*, **KALI-BI.**, **KAIL-CHL.**, *kali-ma.*, *kali-m.*, *kali-p.*, *kali-per.*, *kreos.*, **LAC-C.**, **LACH.**, *lachn.*, *led.*, *lob.*, **LYC.**, *merc.*, *merc-c.*, *merc-cy.*, *merc-i-f.*, *merc-i-r.*, *mur-ac.*, *naja*, *nat-a.*, *nat-m.*, *nit-ac.*, **PHOS.**, **PHYT.**, **RHUS-T.**, *sabad.*, *sal-ac.*, *sang.*, *sec.*, *sulph.*, *sul-ac.*, *thuja.*, *vinc.*, *zinc-m.*

Apis: In the first stages of the disease when there is weakness and fatigue. Despite the seriousness of the disease, there is only a low-grade fever with a very strong pulse. *Intense inflammation of the tonsils with pronounced swelling. Rosy-red hue of tissues.* Nothing must touch the throat. Throat is *bright red and puffy*, "varnished" looking. Uvula long, edematous. Throat is better drinking cold fluids. However, there is a profound *thirstlessness and diminished urination. Stinging pains in the throat that extend to the ear.*

Arsenicum album: The appearance of the membrane is very dry and shriveled. *Ulcerations* extend from the mouth to the throat. Blood oozes from the raw surfaces. The general symptoms that point to this remedy are extreme *weakness and prostration* worse moving about. However, the patient is also very *anxious and restless*. Despite the weakness they toss and turn in bed. Child desires to be carried about quickly, as they are restless and anxious. Worse from being alone. Thirsty for *sips of water*. Worse after midnight, 1-2 am. *Chilliness with burning* in the ulcerations.

Baptisia: Putridity with dull red face and drowsiness. The patient is as if *drugged*, dull, inability to think, *bewildered*. *Sick, tired, bruised feeling* all over body with high fever of sudden onset. Septic fever. *Putrid offensive breath*. Ulcers in mouth with salivation. Painless inflamed throat. Cannot swallow foods, only liquids. Contraction of cardiac orifice.

Bromium: More suited to blond-haired, blue-eyed individuals with large glands. Dry cough with hoarseness and burning pain behind sternum as if one had inhaled a *caustic gas*. *Lungs feel coated with down*. Membrane starts in the larynx and spread upwards. Glands of the neck are very hard and swollen. Tickling in trachea. Pain worse swallowing liquids than solids. Aphthae. *Easily over-heated. Better at the sea*.

Crotalus horridus: For a more *severely decomposed* expression of diphtheria. Where the blood becomes disorganized and tissues start to rapidly decompose producing *malignant septic conditions*. Right-sided. *Paralysis from diphtheria in the insane. Hemorrhagic conditions of black and stringy blood*. Hoarseness with weak, rough voice. Throat dry, swollen, constricted, and *gangrenous*.

Diphtherinum: When from the onset the attack leads to malignancy. *Painless diphtheria*. Symptoms are almost entirely objective. Patient is weak with apathy and stupor. Dark red swelling of the throat and tonsils. Discharges are offensive. Nose bleeds from onset. Collapse. Swallows without pain but fluids are vomited or returned through the nose. *Post-diphtheric paralysis*. When the person from the first signs seems doomed and *other remedies fail to relieve*. Diphtherinum can also be used to *remove the persistent organisms in "silent carriers."*

Ignatia: Soreness of the *throat, which is better from swallowing foods*, is the most characteristic symptom calling for this remedy. Neck is stiff from swollen glands. Pain in throat radiates to ears. *Feeling of a lump in throat*. Tendency to choke. Small ulcers on inflamed tonsils. *Sullen, hysterical, or indignant*.

Kali bichromicum: Nasal diphtheria with thick tenacious ropey discharges. Exudation is tough and firmly adherent. Profound prostration and soft pulse. Throat pains on sticking tongue out. Deafness from congestion. Pain at the root of the nose.

Lac caninum: This remedy is most useful when the membrane or pain *alternates from side to side* in the mouth and throat. The pains are sharp. Constant need to swallow. The symptoms appear first in voice box and extend up to mouth. Aversion to liquids. *Sensitive to touch of bedding on her abdomen, must keep legs apart, fingers apart.* Shining glazed appearance with milky white deposits. Feeling she is *a loathsome horrible mass of disease.* Visions of snakes.

Lachesis: Membrane *starts on the left and goes to the right.* Face and throat look cyanotic. Choking. Great *sensitivity of neck and throat* so patient cannot stand the touch of bedclothes and pulls neck of nightshirt open. All symptoms are *worse from heat, after sleep, left side, and are better after discharges. Suspicious and jealous.*

Lycopodium: Starts in the nose or *right side of throat and then spreads to the left. Worse 4-8 pm.* *Excessive movement of the nostrils with breathing.* Diminished urine or sediment in urine.

Mercurius cyanatus: This remedy follows **Apis** well. The membrane has a *putrid odor* and appears to cover the whole mouth, throat, and nasal passages with a thick layer of *grey-green mucus and ulcerations.* The patient will have *profuse nosebleeds and excessive saliva.* The least movement will cause sweating and even fainting because the heart is very weak. Rapid onset with *prostration.* Hot sweats. Can swallow tepid liquids better than hot or cold liquids.

Mercurius iodatus ruber: Also known as **Mercurius bin-iodatus** has great affinity for the throat especially if the symptoms are more on the left side. Indicated by mercurial symptoms.

Phytolacca: Effects the *glands, especially the breasts and tonsils,* with affinity to the muscles of the neck and throat. Enlarged glands with the sore throats. Worse by swallowing cold drinks, better from warm drinks. Worse right side. Pains and aches come and go, here and there. *Shooting pain into ears from swallowing.* Throat feels rough, narrow as if choked, and hot with pain at root of tongue.

Notes:

Whooping Cough

Whooping cough, also known as pertussis, is caused by a respiratory tract infection by the bacteria, *Bordetella pertussis*. The disease is characterized by catarrh of the respiratory tract, inflammation of the mucus membranes accompanied by excessive mucus, and peculiar paroxysms of cough ending in a prolonged crowing or whooping respiration. Whooping cough was termed the “one-hundred day cough” due to the length of time between contraction and full recovery. Unlike other respiratory diseases, whooping cough is more likely to occur in the spring and summer than in winter. It affects females more often than males and is more common in children.

The bacteria are spread through coughing and sneezing, and by objects that have been touched by an infected person. The incubation period is usually about seven days, although it may vary between two to twenty-one days.

Whooping cough begins as a mild respiratory illness with runny nose and persistent cough. This stage is indistinguishable from a common cold and is considered the catarrhal stage that usually lasts two weeks. It is during this time that the disease is most readily spread. The cough is generally worse at night and there will only be a slight fever. The expectorated mucus is very viscous and difficult to expel. The coughing paroxysms can often end in vomiting or the child can become cyanotic (blue) due to choking on the mucus. After two weeks, the paroxysmal stage begins, lasting approximately six weeks. The cough will become more spasmodic with eight to ten coughs per breath. This forces air from the lungs and the child may turn blue or purple from the effort of coughing and shortness of breath. Finally, the child catches his breath causing the long, noisy characteristic whoop. The severity of the cough will often cause fear, which is shown in the eyes of the child about to begin a coughing spell.

During the convalescence stage, which can last several weeks to months, the coughs come less often and eventually, the child recovers to normal. In some cases, the convalescent stage

may last from four months to two years. If the child becomes ill with other bronchial viral infections, the symptoms can all return but usually they will be less severe.

Complications are more severe in infants under the age of six months. They can become apneic (stop breathing) and have a much higher risk of pneumonia from the fluid build up in the lungs, or they can develop seizures and encephalopathy (infection of the brain). Fatalities in infants are not uncommon.

The human is the only host for this bacterium. Adults and older children can have atypical infections that go undiagnosed, allowing them to be transmitters to younger children. 90% of unvaccinated household members will contract pertussis from an infected family member. Diagnosis is made by clinical evaluation but can be confirmed by antibody testing from a nasopharyngeal swab made during the catarrhal stage. Once contracted, life-long immunity is generated.

Vaccination and Treatment

Vaccination for whooping cough (pertussis) is usually given in combination with diphtheria and tetanus in the DPT vaccine (see **Diphtheria** for more details on the vaccine and side-effects). It is possible to receive a single pertussis vaccine if requested.

There is no standard medical therapy for pertussis; however, antibiotics may be given to prevent secondary infection with pneumonia. Please refer to the section on pneumonia for more information.

Homeopathic Prevention and Treatment

Pertussis can be a serious disease in infants that should be prevented if possible. Following are various homeopathic remedies that can be used effectively to prevent whooping cough.

Pertussin is a prescription homeopathic remedy made from the expectoration of a person with whooping cough. This means that you must see a homeopathic practitioner to get this remedy. Dr. J.H. Clarke introduced this remedy into homeopathy in 1906. **Pertussin** can be used for prevention or treatment during the catarrhal stage. For prevention, 30C can be taken daily for two weeks when there is known exposure. If the person has contracted the disease, it may need to be repeated every four hours daily for a few days. Early administration may actually abort the disease before reaching the paroxysmal stage.

Drosera rotundifolia, from the Sundew plant, is another remedy indicated for prevention of pertussis. This remedy can be administered in the same frequency and potency as **Pertussin** but does not require a prescription.

Another remedy that has been used to prevent whooping cough is **Vaccinimum**. It is a prescription nosode made from vaccine matter for smallpox (derived from cowpox).

Historically it was observed that the vaccine for smallpox could remove whooping cough.¹ The understanding here is that the state of vaccinosis produced by the smallpox vaccine was similar enough to whooping cough and through this homeopathic relationship, the whooping cough vanished.¹⁰

On the other hand, homeopathic observers have seen whooping cough develop immediately upon smallpox vaccination and have cured it with **Thuja** 30C. This remedy is the most similar remedy to vaccinosis caused by the smallpox vaccine. It seems whooping cough is a part of the sycotic miasm, thus understanding the nature of miasms is necessary before giving nosodes and for the effective treatment of whooping cough. Hahnemann also cites the observations of Bosquillon during simultaneous epidemics of whooping cough and measles; those children who went through the measles remained rendered incapable of contracting whooping cough, then and in subsequent epidemics.¹ This would not have happened unless measles was in part similar to whooping cough. Correspondingly, many of the same remedies will treat both whooping cough and measles. **Morbillinum** (the nosode of measles), may act preventatively and curatively for whooping cough.

I refer you to **Chapter 4** and **5**, for a deeper understanding into epidemics, nosodes, relationship of diseases, and the implications of using nosodes and working with disease matter to treat other diseases.

Of these remedies, **Drosera** would be more readily available. It is not advisable to give prevention for pertussis routinely, only when there is a potential or known exposure. This is reasonable because when a remedy is given during the catarrhal stage, it can prevent or diminish significantly the more serious paroxysmal stage, thus rendering a potentially grave illness benign.

With the cases of whooping cough that I have seen in my practice, I have individualized my selection of the remedy rather than given prophylactic treatment or routine prescriptions. **Anacardium**, **Drosera**, **Pertussin**, **Ipecacuanha**, **Coccus cacti**, and **Cuprum**, have all worked well. As the subsequent cough persisted over the following months in each of these

cases, constitutional prescribing for the totality of symptoms, with the cough in mind, is what diminished the episodes and eventually fulfilled the susceptibility to the recurrent attacks. I have also observed that whooping cough outbreaks occur in situations that can appear to be oppressive (i.e., around a very dominant person, an oppressive social or political situation, etc).

Different stages of the cough may need different remedies. During the initial onset of the disease, the correct homeopathic remedy will help bring the fever up sufficiently to neutralize the whooping cough virus. Once the catarrhal stage has developed, a different remedy may be indicated depending on the symptoms. As that stage passes, constitutional remedies will be needed to facilitate complete cure.

Remedies: acon., all-c., **ambr.**, am-c., **anac.**, **anan.**, ant-c., **ANT-T.**, **arg-n.**, **arn.**, **ars.**, arum-t., asaf., asc-c., bad., **bar-c.**, bar-m., **bell.**, **brom.**, **bry.**, **calc.**, **calc-p.**, caps., **carb-ac.**, **carb-an.**, **carb-s.**, **CARB-V.**, **cast-v.**, **caust.**, **cham.**, **chin.**, chlol., **chlor.**, **cina.**, **coc-c.**, con., **cor-r.**, **crot-hor.**, **CUPR.**, cupr-ar., dig., **DROS.**, **dulc.**, **euphr.**, **ferr.**, ferr-at., **ferr-p.**, **graph.**, guare., **hep.**, **hippoz.**, hydr-ac., **hyos.**, hyper., ign., indg., **ip.**, **kali-bi.**, kali-br., **kali-c.**, kali-chl., kali-i., **kali-p.**, **KALI-S.**, **kreos.**, **lact.**, laur., **led.**, **lob.**, **lyc.**, **mag-m.**, mag-p., **meph.**, merc., **mez.**, mosch., mur-ac., **nat-m.**, nicc., **nit-ac.**, **nux-v.**, op., par., phel., **PHOS.**, podo., **puls.**, rhus-t., **rumx.**, ruta., **samb.**, **SANG.**, sec., **seneg.**, sep., sig., **sil.**, **spong.**, **squil.**, stann., stict., stram., **sulph.**, sul-ac., syph., **tab.**, tri-p., **vac.**, **verat.**, viol-o., **visc.**, zinc.

Anacardium: The paroxysms of cough are triggered by *fits of anger*. The child is usually irritable with mean and *malicious* tendencies. The cough is excited by talking or after eating, with vomiting and pain in the occiput. Mucus is expelled only during the day. Asthmatic fits ends in flow of tears. *Blue rings around the eyes. Contradictory impulses.*

Antimonium tartaricum: The paroxysms of cough are excited by anger and after eating. The mood is of a peevish quality with whining and moaning. *Wants to be left alone.* Copious *mucus rattles loudly in the chest*, which can be heard and felt easily. This rattling has to be present for this remedy to be given. Thirstless, with a coated tongue. Rapid, short, difficult respiration. Feels as if would suffocate, must sit up. Coughing and gasping. Head bent back.

Arnica: This remedy may be given when the *violence of the cough* or the repeated bouts of coughing lead to *straining and soreness* of the muscles in the neck and/or the thorax. The child does not *want to be touched or approached*. Cries before the cough in fear of the pain it

will cause. Intensity of the *cough may cause petechia* (minute hemorrhagic spots the size of a pinhead), or *purpura* (larger areas of bleeding into the skin).

Belladonna: Weeping and pains in the stomach before coughing. Feels as if *head would burst* with cough. Dry spasmodic cough worse at night, lying down. A peculiar cough wherein, as soon as great *violence* and great effort have raised a little mucus, there is peace during which larynx and trachea get dryer and dryer and begin to tickle, then comes the spasm and the whoop and the gagging. Worse after exposure to cold. Furious rages, *desire to escape. Biting, striking, tearing, mania. Sees monsters and hideous faces.*

Bromium: More suited to blond-haired, blue-eyed individuals with large glands. Dry cough, *with hoarseness and burning pain behind sternum as if one had inhaled a caustic gas. Lungs feel coated with down.* Wants to take a deep breath but it excites the cough. Suffocative fits, *choked and croupy.* Better at the seaside.

Bryonia: Child coughs immediately after eating and drinking; vomits, then returns to the table, finishes his meal but coughs and vomits again. Dry spasmodic cough with shaking of the entire body. Cough makes him spring up in bed. *Must hold the chest while coughing.* Generally, there is *aggravation from any movement. Irritability and desire to go home.* Does not want to be touched.

Carbo animalis: Feeling of *coldness* in the chest. Severe dry cough that shakes the abdomen as if all would fall out; must support the belly. Hands numb with chest disorders. Suffocation on closing the eyes. Glandular enlargements and catarrhal states.

Carbo vegetabilis: Indicated where the person is in poor health to begin with and the prodromal period is accompanied by *exhaustion and collapse.* Breathing is laborious, quick, and short, worse walking. Wants to take a deep breath, *needs to be fanned.* Spasmodic cough, with gagging and vomiting. Cough is hard and dry, or sounds rough. Every violent spell brings up a lump of phlegm. *Cold sweat, bluish, pinched looking face, with cold breath.* Craving for salt. Low vitality with *stagnant blood and lack of oxygenation.* Body is icy-cold, almost *lifeless.* Sluggish and indifferent.

Cina: Irritability of *temper*, variable appetite, *grinding of teeth*, convulsions with screaming and violent *jerking of hands and feet.* Gagging cough in the morning. Sneezing with violent, recurring paroxysms of cough. Sensation as of down in the throat. Cough ends in spasm.

Suffocative attacks. Afraid to speak or move as it may bring paroxysms of cough. Cough so violent as to bring tears. *Becomes rigid, with clucking sounds in esophagus as paroxysm ends.*

Coccus cacti: Wakes in the morning with paroxysms of whooping cough which end in *vomiting ropey, clear mucus which hangs in long strings from the mouth.* Child holds his breath to prevent coughing. Worse at night when hot in bed. Better lying in a cool room without many coverings. If mother can get to the child quickly enough with a drink of cold water, she can ward off the paroxysm. Headache with cough as if head would split. *Face becomes purple* with the cough. Sadness in the early morning on waking or in the afternoon, 2-3 pm.

Corallium rubrum: Smothered sensation before the cough, exhaustion after. Profuse secretion of *mucus dropping through posterior nares.* Hawking of profuse mucus. Reverberating, machine-gun cough. Cough begins with gasping for breath accompanied by a purple face and followed by a vomiting of stringy mucus and exhaustion. Cough is worse from cold air or change from a warm to cold room. Peevish and inclined to scold.

Cuprum metallicum: Convulsions or seizures during the course of whooping cough. *Spasms occur predominantly in the muscles of flexion.* Uninterrupted paroxysms until the breath is completely exhausted. Gasps with repeated crowing inspirations until black in the face. Blue tinge to the skin. Mucus in trachea, spasms in larynx. *Cramps begin in fingers and toes.* *Thumbs are tucked in the hand during the cough.* Constriction in the occiput. Better by swallowing cold water. Worse from eating and inhaling cold air. Attacks of rage, wants to bite, and hide. Convulsive laughter.

Drosera: Impulses to cough follow one another so violently that he can hardly catch his breath. Spasmodic cough with retching and vomiting caused by a *tickling, as of a feather, or dryness in the throat pit.* Oppression of the chest as if something kept back the air when he coughed and spoke so that the breath could not be expelled. When he breathes out, a sudden contraction in the hypogastrium makes him heave and excites the cough. The region below the ribs is painful when touched yet when coughing it must be held to mitigate the pain. *Cough commences as soon as head touches the pillow for the night.* Great mistrust and suspicion of friends. Imagined spiteful, envious people were deceiving him.

Ipecacuanha: Violent hollow cough which stiffens the child; he goes rigid, loses breath, grows pale, *becomes blue in the face, then relaxes and vomits.* Retching from the cough. Nose bleeds from cough. Blood in mucus coughed from the lungs with nausea. Loose, coarse

rattle without expectoration. Irritable, holds everything in contempt. Cries, screams, and howls.

Kali sulphuricum: Whooping cough with retching, without vomiting. Tongue coated with yellow mucus. *Yellow, slimy expectoration. Thick yellow mucus from nose*, as if whole head was filled with this mucus. Ears plugged, can't hear, discharge of yellow mucus from ears. Rattling of chest. Hates to cough and weeps. Nose obstructed, smell lost, breathes through mouth.

Mephitis: Whooping cough or any violent cough; very violent; *spasmodic as if each spell would terminate life*. Frequent paroxysms, worse at night, worse lying. Child must be raised. Rush of warmth in various parts. Gets blue in the face and cannot exhale. Wants to bathe in ice-cold water. Nervous exhaustion with trembling and choking with enlarged thyroid. Fine vibrations cause uneasiness.

Sambucus nigra: Spasm affecting the respiratory system, larynx, chest, and nasal passages. Profuse sweat and shortness of breath will accompany many symptoms. Edematous swelling in various parts of the body. Snuffles in infants. Worse from dry, cold air and cold drinks while overheated. Holding the head low or lying down in bed aggravates. *Must sit up to regain breath*. The typical cough is such that there is *sudden suffocation or strangling on falling asleep*. Child awakes suddenly, nearly suffocating, sits up, *turns blue with a paroxysmal suffocative cough coming on around midnight*. Cannot expire.

Notes:

Mumps

Mumps is an infectious contagious disease caused by a virus that is in the family of viruses that causes influenza and Newcastle disease (a highly contagious viral bird disease affecting many domestic and wild avian species). Mumps attacks one or both of the parotid glands, the largest of the three salivary glands. The parotid glands are located in the cheeks in front of and slightly lower than the ears. Occasionally, the submaxillary glands (located under the chin) are affected as well. Although older people may contract the disease, it usually strikes children between the ages of five and fifteen. Mumps is usually not serious in children and up to one third of cases go undetected because of lack of symptoms.

Mumps is spread by droplet infection (through coughing and sneezing). The disease is contagious one to two days before symptoms appear and one to two days after they disappear. The incubation period is usually eighteen days although it may vary from twelve to twenty-eight days. Most cases last from three to ten days and are relatively mild. One attack of the mumps gives life-long immunity.

The illness begins with fever of 100° to 104° F, headache and fatigue. Within 24 hours, the patient complains of earache and swelling of one or both parotid glands. When swollen, the glands may obliterate the jaw line. Because of the swelling, the ears can be pushed up and out giving the face an extremely swollen look. Pain and tenderness on swallowing accompanies the swelling. Sour foods and drinks increases the pain as it causes the glands to salivate. The duct to the parotid gland is located inside the mouth just above and outside the upper molars. The opening may appear red and secrete a yellow fluid. Other common symptoms include loss of appetite and back pain.

Secondary illnesses such as aseptic meningitis (inflammation of the meninges; the membrane that surrounds the brain and spinal cord), encephalitis (inflammation of the brain), pancreatitis (inflammation of the pancreas), or orchitis or oophoritis (inflammation of the testicles or ovaries respectively) in adolescent patients can occur. The breasts may also be affected. Sterility is a rare problem but may develop if both ovaries or both testicles are

affected. There is an increased risk of cancer later in life of the affected gonad. Other less common complications are involvement of the auditory nerve resulting in deafness, myclitis (inflammation of muscles), and facial neuritis.

Vaccination and Treatment

The mumps vaccine is given in combination with measles and rubella in the MMR vaccine (see **Measles** for more information about this vaccine).

Vaccination is not recommended for infants under one year of age or for persons allergic to eggs or neomycin (an antibiotic for gram-negative bacteria). Mumps-immune globulin may afford some short-term immunity when there is extraordinary need for protection.

Treatment usually includes staying at home, bland diet, and rest. Total isolation is not necessary, as the mumps virus is short-lived outside of the human body. It is recommended that adolescent boys avoid contact with the infected person.

Homeopathic Prevention and Treatment

Trifolium repens, made from white clover, is the best homeopathic remedy for prophylaxis of the mumps. Because of the long incubation period, mumps is easy to prevent once the person has been exposed. Giving **Trifolium repens** 30C daily for three to four days is usually sufficient. If swelling of the parotid glands has started before a remedy is given, **Trifolium repens** several times a day may abort the illness. **Jaborandi**, also known as **Pilocarpus**, may also be used under the same indications and will prevent any metastasis. Otherwise, treat according to homeopathic principles and select from the remedies below.

Parotidinum, a prescription nosode made from the saliva of a parotid gland infected with mumps, can also be used as a prophylactic remedy for mumps. It can be given in a 6C or 30C two to three times per day for those that have been exposed.

Depending on how the symptoms develop, administration of the correct homeopathic remedy would reduce the swelling of the glands while the fever may initially increase. Over one to two days expect full recovery. With homeopathic treatment, secondary conditions will be reduced. If any of the secondary conditions were to arise, more accurate prescribing is needed to prevent sterility and/or meningitis.

Remedies: *acon.*, ail., *am-c.*, ant-t., am-m., anth., anthr., apis, *arn.*, *ars.*, **ARUM-T.**, *aur.*, aur-ar., *aur-m.*, *aur-s.*, bapt., **BAR-C.**, bar-i., *bar-m.*, bar-s., **BELL.**, **BROM.**, *bry.*, *calc.*, calc-sil., *calc-s.*, *carb-an.*, *carb-v.*, **CHAM.**, *cist.*, *cocc.*, *con.*, *crot-h.*, *dulc.*, euphr., fago., *ferr-p.*, *hep.*, hippoz., hyos., **JAB.**, kali-ar., *kali-bi.*, kali-c., kali-m., kali-p., kali-sil., *lach.*, *lyc.*, mag-p., **MERC.**, *merc-cy.*, merc-i-f., *merc-i-t.*, nat-m., petr., *phos.*, *phyt.*, *piloc.*, *psor.*, **PULS.**, **RHUS-T.**, sars., *sil.*, stram., *sul-ac.*, sul-i., sulph., *trif-p.*, *trif-t.*

Baryta iodata: Glandular enlargement and growths especially the tonsils and breasts. Breast cancer after trauma. Increased leucocytosis. Also consider **Baryta carbonicum**.

Baryta muriaticum: In cases of the elderly and in childhood where the person is *dwarfish, both mentally and physically*. Whizzing and buzzing in the ears. Affects the parotid glands and pancreas. Child goes around with mouth hanging open and talks through the nose. Hard of hearing. Suppuration of tonsils after every cold.

Belladonna: Marked by a *rapid onset*. Right-sided mumps where the glands are *bright red and hot*. *Violent shooting pains*. Burning in the throat. Pains come and go suddenly. Glands are sensitive to the touch. Glowing redness of the face. *High fever, dazed, and delirious, eyes sensitive to the light*.

Bromium: Suited to blue-eyed, fair people, scrofulous constitutions. Children with pale delicate skins. Enlarged *indurated glands*. Especially left-sided with *stony hard glands* that are warm to the touch. Hoarseness of voice. Onset from *over-heating*, worse damp weather and sensitive to the cold and drafts. Slow inflammation of the glands that become hard but seldom suppurate. Metastases to breasts or testicles.

Carbo vegetabilis: Persons who have never fully recovered from a previous illness. *Cold and pale with lack of reaction*. Metastases to the ears, deafness. Sensation as if throat has closed. Swelling of testes and breasts.

Jaborandi: Also known as **Pilocarpus**, seems to surpass all the rest for the treatment of mumps. *It acts very quickly and relieves the pain*. Suitable when there are metastases to the breast or testes. *Rapid swelling of all salivary glands*. When the *swelling of the parotid suddenly subsides as the result of a chill* and worse troubles supervene. Face, ears, and neck become deeply flushed and drops of perspiration break out over the body while the mouth waters and saliva pours out in a continuous stream. Great thirst. Tension in the salivary

glands. Urea in the saliva. Very nervous and tremulous. Nervous deafness and tinnitus. Mouth dry. Affinity to the thyroid: goiter and hyperthyroidism.

Lachesis: Especially mumps of *the left side*. Parotid enormously swollen; *sensitive to the least touch*, the least possible pressure causes severe pain: shrinks away when approached; can scarcely swallow liquids but better swallowing food. *Purple, livid color of throat. Collar must be loosened around neck.* Septic parotiditis. Purple, mottled, bloated face. *Flushes of heat.*

Lycopodium: Mumps that *begin on the right side and move to the left*. Desires warm drinks. Urinary or digestive complaints often accompany the other symptoms.

Mercurius: Right-sided inflammation of the parotid and submaxillary glands. *Offensive salivation. Foul tongue and offensive sweat. Profuse salivation with ulceration of mucus membranes.* Gland is swollen and tender but pale. Soft swelling of the glands with *tendency to pus formation or abscess. Fluctuations in temperature.* Other mercurial salts may be indicated depending on the particulars.

Parotidinum: Can be used as a preventative for mumps or when complications arise (i.e. *cerebral inflammation, or orchitis*). Can be used *post infection* in cases of sterility or chronic enlarged glands.

Phytolacca: Inflammation and stony *hardness of glands where pain shoots into the ear when swallowing.* Metastases to breasts and testes. The greatest affinity to *tumors of the breasts and glands with pus* and fetid-smelling discharges. A remedy for absorption of growths, fat, and cancers. Right-sided mumps, worse from warm drinks and empty swallowing. Bluish-red parts of the throat with sensation of a lump in the throat. Great pain at root of tongue on swallowing. Worse from heat of bed and at night.

Pulsatilla: Adapted to persons of the phlegmatic temperament. Symptoms *changing with pains that rapidly shift from one place to another. Weeping and whining behavior. Thirstlessness with nearly all complaints.* Dry mouth with a thickly coated tongue. Hearing as if the ear was stuffed. Sensation in the ear as if something was being forced outward. Mumps metastases to the breasts. Erratic temperature in fevers. Lingering fevers. *Better in the open air.*

Rhus toxicodendron: Left sided mumps where the glands are highly inflamed and enlarged. Worse from *catching a chill while perspiring.* Worse from the cold, cold winds, *cold and wet*

weather. Stiff neck and back with restlessness. Pains are burning and stinging. Accompanied by herpetic sores on the lips.

Trifolium repens: This remedy produced specific action on the salivary glands. Prophylactic against mumps. **Trifolium pratense** may also be used and is related to this remedy in symptomatology. Discomfort and *pain in the glands followed by copious salivation.* Pain, congestion, and hardening of the glands especially the submaxillary, worse lying down. Sensation as if heart would stop with great fear; better sitting up or moving about, worse when alone with cold sweat on the face.

Notes:

Scarlet fever, Streptococcus A, Roseola, and Rocky Mountain Spotted Fever

I have grouped these diseases together as they have fevers of various types and at some point develop a rash. In homeopathy, as you treat according to the symptoms present, the diagnosis plays a secondary role. Individuals with the same diagnosis may need different remedies while the same remedy will be effective for many different diagnoses. The reason for this is that you treat with homeopathy the response to the disease rather than the disease itself. For the sake of clinical understanding, I will describe the diseases below; however, it is the nature of reactivity of an individual's vital force responding to the disease we are most concerned with in homeopathic prescribing. The symptoms expressed guide us to the remedy.

Scarlet Fever

Scarlet fever, also known as scarlatina, is an acute contagious childhood disease in which the organism *group A beta-hemolytic Streptococcus* has been implicated. Other related bacteria can also cause the same group of symptoms less severe than the *group A Streptococcus* bacteria. The illness more commonly begins with strep throat, but may also be in the site of a wound, burn, or in the birth canal after delivery (puerperal scarlet fever). Scarlet fever is rare in children under three years of age and is uncommon in adults. A high percentage of children and adults are carriers for the *group A* bacteria and may be a source of infection without showing any signs of illness themselves. The disease is most common in late winter and spring.

Scarlet fever is spread by droplet infection. Objects of the infected person such as clothes, dishes, and toys may carry the bacteria. Occasionally milk and food can become

contaminated. The incubation period is usually two to five days although it may be as few as one day or as many as seven. Symptoms vary between relatively mild to quite severe.

Common symptoms include a sore throat, swelling of the submaxillary glands and surrounding lymph nodes, and fever. The tonsils and back of the throat may be covered with a whitish coating or appear red, swollen, and dotted with whitish or yellowish specks of pus. Early in the infection, the tongue may have a whitish or yellowish coating punctuated by the now enlarged red papillae, referred to as a strawberry tongue. The bright red rash, which may be localized to the chest and back or widely spread over the body depending on the strain of bacteria, appears on the second day. Scarlet spots or blotches, giving a boiled lobster appearance, are often the first sign of rash. The face can be flushed with a pale area around the lips. The rash is often first noted in the underpants area, where the skin stays the warmest. The skin may be hot and dry and there may be chills, body aches, headache, loss of appetite, nausea, and vomiting. The fever can range from 101° to 105° F and can last several days.

In the development of the disease, the immune system forms antibodies in response to the bacteria that cross-react with not only the parts of the strep germ that acts as a toxin but also the normal tissues in the blood vessels of the body. When this happens in the skin, the blood vessels are injured and caused to dilate, and the characteristic red sandpaper rash develops. The rash lasts from two to five days. After the rash is gone, the skin on the tips of the fingers and toes often begins to peel.

Group A strep infections carry a small but definite risk of further reaction with the heart which can cause permanent damage to the heart valves (rheumatic fever), or to the kidneys, causing dangerously high blood pressure (acute glomerulonephritis), or to the brain, causing a chorea (pronounced like Korea), a movement disorder. All of these are a result of the strep being unsuccessfully treated. The scarlatina rash is also something to watch out for in any child with chickenpox because it may indicate a secondary infection of the pox. In some cases, scarlet fever may develop from a streptococcal skin infection like impetigo. Other conditions such as sinusitis, otitis media, mastoiditis, pneumonia, septic arthritis, and meningitis can develop as secondary complications to scarlet fever.

Conventional treatment includes antibiotics to reduce the risk of the secondary complications. Antibiotics are also used prophylactically if one is considered a carrier where one tests positive for the bacteria yet show no signs of the disease. In times past, in epidemics of scarlet fever, all personal possessions needed to be burned and the house

heavily disinfected to remove the pathogen and contain the epidemic. Hand washing with lye is the best effective germicide (lye is an extremely caustic agent originally made from the ashes left over from wood stoves and is the base of most soaps).

Roseola

Roseola is a common viral disease of small children. Just about everyone has had it by age four or so although it is rare to have had it before three months of age. It is caused by *human herpesvirus 6* (HHV-6) which is related to but not the same as the herpes simplex and chickenpox viruses (herpes zoster, also known as shingles, is a result of the same virus as chickenpox). Another herpes virus, *human herpesvirus 7*, has been implicated in some cases of roseola but its role is not yet clear. It takes about seven to ten days after exposure to the virus to develop roseola.

Roseola is distinguished by the way in which the symptoms appear. In the first phase, the child develops a high fever. Temperatures may reach 104° to 105° F. Febrile seizures are relatively common with roseola (about one in ten patients) because of the high temperature, rather than as result of the virus.

In the second phase, a red rash with bumps appears. The hallmark of roseola is that the rash appears after the fever goes away. Occasionally, the rash may start while the child is still febrile or may not appear until a little while after the fever breaks. Once the fever breaks, the child is usually not contagious despite the rash.

Like the herpes and chickenpox viruses, the roseola virus persists in the body and may reactivate in a similar way to shingles. However, reactivation seems to happen most often in people who have problems with their immune systems.

There is no vaccine available for roseola and no test for the virus outside of research labs. Since it is a virus, antibiotics will not help at all. The only conventional treatment is to keep the child's fever down.

Rocky Mountain Spotted Fever

Rocky Mountain spotted fever is the most severe and most frequently reported Rickettsial illness (microorganisms whose morphology is in-between that of bacteria and viruses) in the United States. It also occurs in Mexico and in Central and South America. The disease is

caused by *Rickettsia rickettsii*, a species of bacteria that is spread to humans by ixodid (hard) ticks. Initial signs and symptoms of the disease include sudden onset of fever, sudden fever (which can last for two or three weeks), severe headache, tiredness, deep muscle pain, chills, nausea, and a characteristic rash. The rash might begin on the legs or arms, can include the soles of the feet or palms of the hands, and can spread rapidly to the trunk or the rest of the body. The disease can be difficult to diagnose in the early stages, and without prompt and appropriate treatment it can be fatal. Some patients become highly irritable and delirious, or so lethargic that they may lapse into a stupor or coma. Clinically, it resembles typhus, typhoid fever, and measles.

The disease usually begins three to ten days after a tick bite. It is diagnosed by blood test. Without prompt treatment, kidney failure and shock can develop, leading to death.

The conventional treatment for the disease is antibiotics. No vaccine is available to protect humans against Rocky Mountain spotted fever. The best way to avoid getting the disease is to avoid areas such as the woods or fields where ticks are found. If this is not possible, you can reduce your risk by taking these precautions:

- Control the tick population on your property. Keep pets tick-free. Mow grass often in yards and outside fences.
- During outside activities in wooded areas and around tall grass, wear long sleeves and long pants tucked into socks.
- Use insecticides to repel or kill ticks. Repellents containing the compound DEET can be used on exposed skin except for the face, but they do not kill ticks and are not 100% effective in discouraging ticks from biting. Products containing permethrin kill ticks, but they cannot be used on the skin, only on clothing. When using any of these chemicals, follow label directions carefully. Be especially cautious when using them on children.
- After outdoor activities, check yourself for ticks and have a “buddy” check you, too. Check body areas where ticks are commonly found: behind the knees, between the fingers and toes, under the arms, in and behind the ears, on the neck, hairline, and top of the head. Check places where clothing presses on skin.
- Remove attached ticks immediately. Removing a tick before it has been attached for more than four hours greatly reduces the risk of infection. Use tweezers and grab as closely to the skin as possible twisting the tick in an anti-clockwise direction to remove it (ticks, which they attach, screw

themselves into the skin in a clockwise direction). Do not handle ticks with bare hands. Do not try to remove ticks by squeezing them, coating them with petroleum jelly, or burning them with a match.

- After removing the tick, thoroughly disinfect the bite site and wash your hands. See or call a doctor if you think that tick parts may remain in your skin. If you get a fever, headache, rash, or nausea within two weeks of a possible tick bite or exposure, seek medical attention promptly.

Homeopathic Prevention and Treatment

While each of these diseases has a different “causative agent,” they may be treated with the same remedies as the presentations of the diseases are similar. Scarlet fever and strep infection, classified as an acute infectious contagious disease can become epidemic. The greatest risk is at the acute phase of the disease and with the secondary complications. If strep or scarlet fever is suspected, the consult of a practitioner is necessary for effective homeopathic treatment. Roseola, on the other hand, is a relatively mild sporadic viral disease, which in most cases resolves on its own. However, if one’s health is previously compromised, long term conditions can result. In these cases, constitutional homeopathic treatment will be needed to completely resolve the disease. Rocky Mountain fever is a sporadic disease that is potentially life-threatening if not properly treated. However, if treated with homeopathic remedies according to the symptom presentation, rapid resolution is expected of all three.

Conventional treatment of group A strep infection is to prescribe antibiotics to prevent any secondary infections and the likelihood of the disease affecting the heart, kidneys, or nervous system. The result of this is the development of bacteria strains that no longer respond to antibiotics and the creation of individuals who are carriers of strep yet show no symptoms. The assumption is that if you test positive for strep then you must take more antibiotics. The logic and necessity of this falls short in the light of homeopathic understanding and the knowledge that we carry all bacteria on us at all times. Only when we become mal-tuned will we become susceptible to an infection. Furthermore, as it is the individual’s health that must be brought back into balance in order for the infectious bacteria to be held in check. Homeopathic remedies will help in the development of the appropriate immune response to destroy the bacteria and/or its toxins.

I have seen many individuals who have tested positive for strep A (who either show no symptoms and are well, or have all the symptoms of strep throat and the beginnings of

scarlet fever) respond superbly to homeopathic treatment. In many of these cases, they had been re-tested for group A strep after receiving their homeopathic remedy and the results came back negative. Not all high fevers are a result of known bacteria, virus, or other organism; but if the diseases have similar presentations then the same homeopathic remedies may be applied preventatively and curatively.

Hahnemann found that those individuals who had received **Belladonna** previously in their care were not susceptible to the scarlet fever epidemics. From this, he concluded that **Belladonna** must be a prophylactic to scarlet fever due to its similarities to the presentation of the high fever and subsequent rash. Correspondingly, **Belladonna** may be prophylactic for roseola and for the sudden fever of Rocky Mountain spotted fever. More clinical experience needs to be developed in this area to confirm this.

Rhus toxicodendron, **Phytolacca**, or **Ailanthus glandulosa** are also common for the prevention of strep throat and scarlet fever. The remedy **Scarlatininum**, a nosode prepared from scarlet fever, may also be used as a preventative and curative agent or for any sequelae of the disease. Depending on how an individual presents in a particular exposure, one or other of these remedies will be more indicated for prevention. Potency selection for prevention is along the same lines as other conditions. Curative signs include the breaking of the fever and completion of the expression of the rash. Despite positive strep culture the correct homeopathic remedy will support to body in removing the bacteria and if re-cultured after improvement of the symptoms in one to two days, the culture will come back negative. The secondary complications of untreated strep A affecting the kidney will respond to **Terebinthinia** or **Lachesis**, while **Hepar sulphuris calcareum** is indicated if the heart is implicated.

If one suspects a tick bite, the best preventative treatment for Rocky Mountain fever would be **Ledum**, which is indicated in puncture wounds, bites of poisonous animals, parasitical infections, and rashes.

Remedies: acet-ac., acon., AIL., **AM-C.**, am-m., anthr., **APIS**, arn., *Ars.*, *Arum-t.*, asim., bar-c., **BELL.**, *Bry.*, *Calc.*, calad., calen., caps., *Carb-ac.*, *Carb-v.*, caust., *Cham.*, chin., cist., coff., *Com.*, cop., *Croc.*, *Crot-h.*, *Cupr.*, dulc., echin., eucal., euph., *Gels.*, grin., hep., hyper., *Hyos.*, iod., ip., **LACH.**, **LED.**, lob-p., **LYC.**, **MERC.**, *Mur-ac.*, **NIT-AC.**, *Pb-ac.*, **Phos.**, phyt., pyrog., **RHUS-T.**, rob., *Stram.*, *Sulph.*, ter., *Zinc.*

Aconite: Sudden violent *onset of fever after exposure to cold wind*. Miliary eruptions. Red, hot, swollen, dry, burning rash like measles. Dry, hot skin or as if ice were on it. Formication. Full, bursting headache. Burning headache as if the brain were moved by boiling water.

Ailanthus glandulosa: *Lividity, stupor, fetor, and malignancy are marked conditions.* The sore throat is very dark and swollen. This remedy is characterized by a severe onset with vomiting, headache, dizziness, and drowsiness. The *drowsiness progresses to delirium* within several hours of onset. Anxiousness and restlessness. The rash is *dark red to almost purplish* in color being mostly confined to the forehead and face. The rash is patchy on the other parts of the body.

Antimonium crudum: Malignant scarlet fever with drowsiness. Body red as if covered with a rash. Dark red and putrid throat. External throat swollen. Head pain as if the head would burst. States like blood poisoning; great difficulty of breathing, dusky face, and puffy. *Averse to being looked at or touched.*

Apis: *Thick rose-colored rash.* Feels rough. Red patches and blotchy appearance. Tumefaction of skin. *Inflammation with burning stinging and swelling.* Sore throat swollen, edematous, with stinging pain. Convulsions when the rash fails to come out. Worse from heat, wants the covers off and a cool room.

Belladonna: Throat is extremely painful. Swallowing with great difficulty. *The head is very hot with the fever but the rest of the body is cool; the feet may be cold.* Fiery red face. Tongue is either red with white, raised papillae or white-coated with red edges. Congestion in the head, frightful visions on closing the eyes. Bright red skin, glossy-looking, alternating redness or paleness. Intense dermatitis. Boils.

Berberis aquifolium: A tea made of the leaves of **Berb-a.** “Mahonia” has a local reputation in the mountain typhoid of the Rockies and the provings of **Berb-a.** shows febrile symptoms and a marked action on the spleen. Appearance of rashes, blisters, pustules, papules, and urticaria.

Caladium: Asthma alternating with itching rash. Bites that itch and burn intensely. Fever with drowsiness. Sweet odor of sweat. *Great desire to lie down and aversion to motion, but if he makes the effort he is strong enough.* Attacks like fainting after writing and thinking, when lying down or when rising.

Calendula: Calendula is the homeopathic anti-septic. It restores the vitality of an injured part making it impregnable against the forces of putrefaction. Useful for *septic conditions, fevers, infections from foreign material in the blood*. Localized strep infections and Rocky Mountain spotted fever. Lacerated wounds and suppurative wounds. Almost all the symptoms appear during the chilly stage of the fever; he feels most comfortable when walking about or else when lying perfectly still. *Pain is excessive and out of all proportion to injury.* Great disposition to take cold, especially in damp weather.

Cedron: It has powers of healing snake bites and insect stings. *Regular paroxysms of fever, coming at same hour, commencing every day at 6 pm with chills in back and limbs, or cold feet and hands.* Hot stage: dryness, heaviness of head, redness of face, burning heat in hands, pulse full and accelerated, thirst with desire for warm drinks. Shivering and chill, followed by profuse perspiration every evening. Clock-like periodicity in the recurrence of the symptoms, accurately periodic neuralgias and intermittent fever commencing the *same hour every day or every other day.*

Cistus canadensis: Cistus is a very ancient remedy for disorders of the skin and gangrenous ulcerations. This patient is *extremely sensitive to cold and all complaints become worse after exposure to cold. Poisoned wounds, bites, phagedenic ulcers.* Malignant disease of the glands of the neck. Inhaled air feels cool. *Cold breath.* Itching, crawling, all over without eruptions. Small, painful pimples. Very restless at night. Cannot sleep from coldness in throat.

Echinacea: This remedy is a blood purifier and immune tonic. Bad or weak blood, asthenia, adynamia, and particularly a tendency to malignancy in acute and sub-acute disorders. A great remedy *when boils progress to the stage where they appear about to point then stop and do not suppurate.* Blood poisonings. Acute auto-infection, septic conditions, bites of poisonous animals, lymphangitis, gangrene, or vaccinosis. Tendency to malignancy in acute and sub-acute disorders. *Erysipelas and foul ulcers. Gangrene.*

Grindelia: Itching or painful erythematous eruptions. It is also useful for bites and stings of insects. *Rattling breathing. Suffocation on falling to sleep or on awakening.* Bronchorrhea with tenacious, whitish expectoration. *Rash like roseola with severe burning and itching. Vesicular and papular eruptions.* Ulcers with swollen, purplish skin.

Hepar sulphuris calcareum: Sore throat feels as if there is a splinter lodged in the throat; *sharp pain extending to the ears on yawning and swallowing.* Extreme chilliness and irritability. Sensitivity to being touched. Tendency to suppuration with offensive discharges.

Offensive breath. Skin is very sensitive to the cold air. *Foul and moist eruptions; pulsating ulcers.* Urticarial eruption. Poor granulation of eruptions. Throat inflammation may spread to the mastoid process. Infections left unchecked may develop into kidney and cardiac complications, or rheumatic symptoms.

Hypericum: A remedy for *wounds or punctures of the tissues.* Tearing, rheumatic, shaking pains and paralytic weakness. Pulse hard, accelerated. Heat with delirium, wild, staring look. Hot head, throbbing of the carotids; bright-red, bloated face. Crawling sensations in hands and feet, feels fuzzy; sticking in them as from needles. *Convulsions after knocking the body against anything. Lies on back, jerking head backwards.* Pains extend towards the trunk or down sides with crawling and numbness. Eczema of hands and face, intense itching, eruption seems to be under the skin. Skin rough as if full of small knots. *Smarting eruption like nettle-rash, on the hands.* Roseola and Rocky Mountain spotted fever.

Lachesis: Advanced stages. Malignant scarlet fever. Rocky Mountain fever. *Purple face. Worse for heat.* Bursting and hammering pains. Throat pain *worse on the left side*: may extend to the right. *Jealousy and suspicion, loquacious delirium.* Sleeps into the aggravation. *Bluish and purplish skin,* dissecting wounds. May progress to glomerulonephritis resulting in bloody urine. Urine frequent, foamy, and dark.

Ledum: Ledum cures the itch and scald-head by its parasiticide action. This anti-parasitic action indicates its use as a *remedy for bites and puncture wounds.* *Wounded parts are cold.* There is a general lack of body heat and yet, heat of bed is intolerable. Rheumatic symptoms begin in feet and travel upward. Foul pus. Eruptions on only covered parts. Edematous swelling. Red spots and rash. Foul sweat. Profuse night sweat.

Mercurius: May follow **Belladonna.** For sore throat, mouth, and tonsils with ulceration and *excessively foul breath.* *Perspiration which aggravates the symptoms.* Bleeding gums. Itching skin, increase perspiration. Secondary effects of scarlet fever. Chronic states.

Phytolacca: Dark purplish-red sore throat with large swollen glands. *Throat pain extends to the ears on swallowing. Pain at the root of the tongue.* Sensation of a lump in the throat. Throat feels hot. Cannot swallow anything hot. Cannot swallow even water. Acrid nasal discharge which excoriates the skin around the nose. *Swollen glands of the neck.* The tongue is red at the tip with thick yellow coating. Worse from exposure to cold damp weather or changes in weather. Dry harsh skin. Disposition to boils. Rash; flaking eruptions. Useful in the early stages of cutaneous diseases.

Rhus toxicodendron: *Effects of getting wet, drinking cold water, and from wetting the head while being over-heated. Deep aching in the muscles.* Red, puffy, itchy, fauces. Tonsils covered with a yellow membrane. Sticking pain in swallowing. Pain and stiffness in the neck and back. Strawberry tongue. Restlessness and constant moving. Fine rash of a sand-paper texture. Vesicular rash. Coarse rash. Itching and burning skin. Drowsy and restless.

Scarlatininum: Well-known affinity for the skin, throat, and kidneys suggests its applicability for disorders of those organs. Grave heat in the tonsils, swollen; the uvula dark red, the sub-maxillary glands swollen and painful. *Nephritis. Skin disorders.*

Terebinthinia: *Protein in the urine after scarlet fever. Effects on the kidneys may progress. Swelling in the extremities after kidney involvement. Blood in the urine.* Drowsiness, difficulty breathing. Tongue dry and glossy. General sensibility of the skin increased. Itching, pustular eruption; vesicular eruption. *Fever with violent thirst, dry tongue, profuse cold, clammy sweat.*

Notes:

Measles and German Measles

Measles

Measles, also known as rubeola or seven-day measles, is an epidemic illness caused by *Morbillivirus*, which is spread by droplet infection. The incubation period is nine to fourteen days. The patient is most contagious three to four days before development of the rash and until the rash begins to fade; a total of about seven to eight days.

Symptoms usually appear in two stages. In the first stage, the person is tired and uncomfortable and may have a runny nose, cough, and a slight fever. There are pains in the head and back, the eyes may become reddened, and sensitive to the light. The fever rises a little each day. The second stage begins at the end of the third or fourth day. The patient's temperature rises to between 103° and 104° F. Koplik's spots (small, round, white dots like grains of salt surrounded by inflamed areas) develop on the gums and insides of the cheeks. A rash appears, starting at the hairline and behind the ears spreading downward, covering the body in about thirty-six hours. At first, the rash consists of separate pink spots about one quarter of an inch in diameter. As the rash spreads, some of the spots run together giving the patient a blotchy look. The rash may be itchy. The fever usually subsides after the rash has spread. After three to four days, the rash turns brownish with a fine scaling and flaking as it gradually fades.

Since the disease is highly contagious, quarantine and hand washing are necessary as well as air masks to filter the breath and reduce the spread of the disease. Once a person has the measles, a life-long immunity is acquired. Complications are more prevalent in malnourished populations. The most serious complication of measles is encephalitis, which occurs in less than .01% of all cases and results in mental retardation. Symptoms of encephalitis include violent behavior, clumsiness, vomiting, seizures, and coma. Other complications include otitis media, pneumonia, and mastoiditis (see **Pneumonia** and **Otitis media** for more information). A late complication, called sub-acute sclerosing panencephalitis (progressive hardening and scarring of the entire brain) can occur in one of 100,000 cases of measles.

Several years after the outbreak, the brain progressively deteriorates resulting in muscle jerking with death occurring within six to twelve months of symptom development.

German Measles

German measles (also known as rubella or three-day measles) is a viral disease that is very difficult to detect. The incubation period is sixteen to eighteen days. Its symptoms can be variable and are often mild. In 50-80% of the cases, the disease is so mild as to not be noticed. The typical illness begins with nonspecific cold-like symptoms followed by enlarged lymph nodes behind the ears and at the base of the head on the neck, causing pain when the head is moved. A fine bumpy rash begins on the face and quickly spreads downwards to the body and arms in the first day. The rash usually fades by the fourth day. There is neither coalescing of the rash nor scaling of the skin following the rash as in the seven-day measles. Rubella is contagious from the first appearance of symptoms until the rash fades.

The illness is not as contagious as chickenpox or measles, but there can be epidemics among school-age children. The virus is spread by direct contact and droplet infection. The significance of rubella is the congenital issues for fetuses exposed during pregnancy. Over 80% of women infected in the first four months of pregnancy deliver babies with birth defects. Congenital Rubella Syndrome can include intrauterine growth retardation, heart defects, cataracts, deafness, and chronic brain inflammation, among other problems. The earlier in pregnancy the exposure, the more significant the problems are for the infant.

Vaccination and Treatment

Currently, there is a live virus vaccine for measles and a vaccine for rubella (German measles) derived from attenuated viruses found in the aborted fetus tissue of a mother who contracted rubella. These vaccines are given in combination in the MMR (mumps, measles, and rubella) vaccine. Upon request, the vaccines can be given independently. Public health authorities recommend that the shots be given after one year of age. Use of the vaccine may cause atypical forms of the disease to appear (see **Chapter 5**, for a more detailed explanation of this phenomenon).³

The efficacy of the measles vaccine is questionable as there are many reported cases of individuals becoming infected with measles after being vaccinated and the duration of immunity is not very long so repeated vaccination is necessary.⁴ The rubella vaccine is contraindicated during pregnancy for the afore-mentioned problems. A complete list of

adverse reactions to the MMR vaccine is too long to list here. However, a selection of behavioral disorders, such as autism, ADD, and ADHD are linked to the vaccine.³ Other ailments such as encephalitis, meningitis, sub-acute sclerosing panencephalitis, seizures, myelitis, and other progressive neurological disorders are common adverse vaccine reactions.³ There is significant research demonstrating that the measles virus can be found in the intestines of previously vaccinated children for several years after vaccination.⁹

The benefits of the use of vaccination in underdeveloped countries outweigh the risks of the vaccine injury. However, poor sanitation, malnutrition, and compromised health from other conditions leave one more susceptible to becoming fatally ill with these diseases. The World Health Organization has admitted that the need for improved living conditions supersedes the need for increased vaccination. Previous malnutrition can lower a child's immunity making the child more susceptible to diseases such as diarrhea, measles, and respiratory infections. These in turn reduce appetite, cause nutrient loss, inhibit absorption, and alter the body's metabolism, thereby resulting in inadequate dietary intake and further malnutrition.²⁶ In particular, Vitamin A deficiency increases the susceptibility to measles and therefore increases the severity of the measles attack. Once nutritional and sanitary conditions are improved, the fatalities from these diseases will be reduced.

Homeopathic Prevention and Treatment

There is debate in the homeopathic community whether the infectious contagious exanthematic diseases, also known as acute miasms, such as measles, rubella, and chickenpox, should be treated or left alone. Natural immunity is more complete than vaccine-generated immunity and the manifestation of each of these diseases is relatively mild in developed countries where the general nutritional status of the children is high and sanitation is usually not a problem. In these populations, one has to wonder if the risks of vaccination outweigh the risks of the disease.

Measles and rubella are acute miasmatic diseases related to the sycotic miasm. Susceptibility to these diseases is dependent upon this prior miasmatic taint. Once contracted these diseases offer an avenue to clear this miasmatic influence and improve the individual's health. One common side-effect of the measles vaccine is that the measles virus can remain in the intestines of the vaccinated person. The presence of the virus in the intestines can lead to a variety of conditions including diarrhea, mal-absorption of food, food allergies, and behavioral changes. One or other of the remedies listed below may be indicated in the

treatment of these conditions (see **Chapter 5** for more information on treatment of vaccine injury and adverse reactions).

The best prevention for both diseases is the homeopathic remedy **Pulsatilla nigriceps**, made from the windflower. If you are aware of being exposed, 30C daily for seven days should be sufficient to subvert the disease. If you are traveling in an area where measles is epidemic, **Pulsatilla** 30C, once weekly should be sufficient. Historically, the homeopathic remedy **Morbillinum** (originally potentized from sugar pellets that were soaked in the blood of a person infected with measles or made from some globules that were held in the hand of an infected person) was used in a 30C two or three times daily for a week with great success. **Euphrasia** may also be used preventatively in those cases that are prone to copious nasal catarrh. Homeopathic prevention and treatment will reduce the risk of possible sequelae of the disease.

Measles is related to smallpox and whooping cough. Many of the remedies listed in those chapters will also prove effective for the treatment of measles. Likewise, natural immunity to measles wards off susceptibility to smallpox, another reason supporting the process of contracting the disease.

Good hygiene, nutrition, and rest are the best preventatives. If you are fortunate to have had measles as a child, immunity is certain and prevention is unnecessary. Even if you have been vaccinated, you should probably take either of these remedies if you are exposed to measles, as immunity from the vaccine is uncertain.

Homeopathic care for measles or rubella is very proficient and will help the disease resolve with the least amount of suffering. The course of the disease will continue but the stages pass faster and the severity of symptoms will be reduced. What I have found to be true in my practice is that children, who have been treated constitutionally with homeopathy, if infected with exanthematic diseases, will develop very mild forms of the disease. In addition, when treated with homeopathic remedies at the time of infection, these children recover much quicker than the expected time without any secondary complications such as pneumonia or spinal inflammation.

In the case of a one-year-old who became sick with a mild, paroxysmal fever that spiked every twelve hours for four to five days; there was a runny nose and swollen glands. Based on his whimpering and clingy mood, and the physical symptoms he expressed, I gave **Pulsatilla** in a 200C. It seemed as if his vital force did not have the sufficient strength to

sustain the fever and fight the virus. After the remedy, the fever went up for a few hours, sufficient time for the fever to break and for him to develop a fine rash over his entire body. The rash lasted for two days from which he quickly recovered with no subsequent symptoms. In fact, his mother reported that in the weeks that followed, he began to walk and to speak more words, and overall he seemed happier and healthier than he had been in the months prior to this sickness. My understanding of this was that the passage through this disease strengthened certain aspects of his immune system. His body was too weak to go through the process on his own and he was beginning to suffer. With the help of the remedy, he was given not only sufficient strength to process the illness but as a result, he passed several developmental milestones in the following weeks.

Even though we are dealing with two different viral entities, as the symptoms of these diseases are very similar, just differing in degree or intensity, selection of a homeopathic remedy is not dependent on the exact diagnosis. Remedy selection is based upon the constellation of symptoms. Potency selection is based upon the intensity of symptoms and the relative strength of the individual. In terms of homeopathic prophylaxis or treatment, the same remedies can be used for either disease. I have listed these remedies together in the following rubric.

Curative signs will be an efficient fever and the development of the rash. If the rash becomes bothersome, itching, burning or otherwise irritating, a more suitable remedy may be needed to bring calm to the person while the rash eliminates the pathogen. As I mentioned before, the expression of measles may in fact increase the child's level of health. If in the weeks following the health continues to be hampered, it demonstrates that the measles has revealed a constitutional weakness and the indications for the correct anti-psoric remedy will be clear.

Remedies: ACON., *am-c.*, am-m., *ant-c.*, ant-t., APIS, *arn.*, *ars.*, *bell.*, bor., BRY., camph., *carb-v.*, *carbn-s.*, cham., chel., chin., *chlor.*, *coff.*, *cop.*, croc., *crot-h.*, cub., *dros.*, dulc., elat., euph., EUPHR., *ferr-p.*, *gels.*, hell., hyos., ign., *ip.*, *kali-bi.*, kali-m., kali-s., lob., mag-c., maland., merc., MORBILL., nuv-v., op., *phos.*, phyt., pix., PULS., *rhus-t.*, *squil.*, *stict.*, *stram.*, sulfon., SULPH., ter., tri-p., tub-a., verat., xan., zinc.

Aconite: This remedy is indicated at the *onset of measles* when a high fever is accompanied by a *full, rapid pulse and dry skin*, even before the rash is apparent and clinches the diagnosis. Restlessness preventing sleep and a dry cough. The onset is usually around midnight. Itching and burning of a rough miliary rash. Fearful and anxious. *Goosebumps.*

Antimonium tartaricum: Retarded eruptions. Drowsy and debilitated with marked lung symptoms. Difficult respiration, rattling of mucus. Loose cough without expectoration.

Apis: If the patient seems to be heading into meningitis or if the rash is accompanied by any swelling, **Apis** is the first choice of a remedy. *Suppressed eruptions, Rash goes in and brain symptoms appear.* Rash like scarlatina. Erysipelas with a *rosy hue*. *Stinging pains, large urticarial spots.* *Swelling of the throat, stiff neck, water on the brain.* Rolling of the head from side to side or boring the head backwards into the pillow. Sudden *shrill, piercing screams.* Delirium and stupor. Children are whining, restless and fussy. Apathy and indifference with swollen sensation in the head. *Thirstless, worse from heat,* hot room or fire. Better in the cool air, cold applications. Urine scanty.

Arsenicum: Severe measles or the sequelae of measles. *Eruptions burn. Thirst for small amounts of water to moisten the mouth.* Weakness, restlessness, and utter exhaustion. Acrid discharges. High fever with chills.

Belladonna: Especially useful in the early stages. *Face is bright red; fever is very high and hot.* Head is hot with much *congestion.* *Pupils dilated.* Worse from light, noise and jarring sensations. Bright, red glossy skin with rash looking like scarlatina. *Intense dermatitis.* There may be twitching of the arms and legs.

Bryonia: There is *dryness* with all affections and the patient is very thirsty. Slow development or sudden receding of rash in eruptive fevers. Delayed eruptions. Difficulty moving about as all *motion aggravates.* *Undeveloped measles.* The eruption may be suppressed to the *joints or lungs.* Rash disappears and child becomes drowsy with a pale, twitching face, and chewing motion of the jaws. Painful, continued fevers. Alternatively, instead of the rash, symptoms of bronchitis or pneumonia develop. Dry, hard cough with stitches in the chest. Lips are dry and cracked. Very thirsty. Irritability, wants to go home, lie down, and not be bothered.

Camphora: After-effects of the measles. A state of collapse. Restlessness. Extreme coldness of the body and breath, but desires to be uncovered. Skin sensitive to slightest touch. Itching. Weak, slow, small pulse. Sudden inflammatory fevers with rapid alternation of heat and cold followed by rapid prostration. Where disease retreats from the circumference to the center, and the body is cold and in a state of collapse.

Cuprum metallicum: Where the disease conditions “strike in” on account of *non-appearance or suppression of eruptions and discharges* (see **Cupr-acet**). Symptoms are very violent. Starts up from sleep. *Eruptions suppressed into the nervous system. Spasms, cramps, convulsions. Cramps in the fingers and toes*, or they start there and spread. Clenching of the thumb with occipital pressure in fevers. Itching spots in folds of joints. Severe itching, without eruptions. Bluish, marble-like skin. *Grinds the teeth.*

Dulcamara: Measles at the onset of change of weather from hot to wet or cold weather.

Euphrasia: In cases with great *catarrhal intensity*. *Streaming, burning tears, photophobia, non-irritating, running of the nose*, intense throbbing headache, dry cough and a rash. Hoarse voice. *Copious acrid lacrimation with streaming, bland nasal discharge*. First stage of the measles with *eye symptoms* well marked. Conjunctivitis, thick, yellow acrid discharge. Sticky mucus in eyes. When symptoms agree, **Euphrasia** will make what would be a violent attack of measles turn into a mild sickness.

Gelsemium: Indicated when the rash has begun. *Chills and heat chase one another*. Dullness and drowsiness. A watery nasal discharge excoriates the sides of the nose. *Severe heavy headache and occipital pain*. Drowsy and stupid with heavy eyelids. Eyes inflamed. *Face dark red and besotted-looking*. Hot dry skin with moist, yellow, itching eruption. Livid spots. Catarrhal symptoms aid in bringing out the eruption.

Helleborus: Indicated when entire *sensorial life is suspended* and child lies in a *profound stupor*. Miliary eruptions with desquamation of the skin. *Rolls head and bores it in the pillow*. *Disease has gone to the brain*. Strikes the head. Shooting pains causing sudden screams. Chill with the fever.

Kali bichromicum: Is like **Pulsatilla** but only worse. Useful in the later stages of measles. Fever not as marked. It has a rash like measles with catarrh of the eyes. *Purulent discharge of the eyes and ears*. Pustules on the cornea. Salivary glands are swollen and there is catarrhal deafness. *Stringy, ropey discharges*. Papular eruptions, vesicular eruptions. Scars linger after the eruptions pass.

Malandrinum: Useful in prevention of measles. Relates with smallpox and vaccine effects. Can also treat the measles when symptoms agree. Greasy skin and greasy eruptions with slow suppuration. As one eruption heals, another appears.

Morbillinum: A nosode made from measles. *Koplik's spots* in the mouth, small white patches surrounded by a red areola, slightly raised, seen on the internal walls of the cheeks and on the gums. On the skin, rosy maculae, round and oval, of different shapes separated by healthy skin, disappearing by pressure. *Paroxysmal cough with purulent pleurisy.* Lachrymation. Nasal voice.

Pulsatilla: Especially adapted to *slow phlegmatic constitutions*. Indicated where there is a disposition to *chilliness, dry mouth, and thirstlessness*. *Mild, insufficient fever*. Erratic temperatures in fever. *Chilly yet adverse to warm rooms*. One-sided chill. Changeable, *shifting symptoms*. *Better in the fresh air*, with copious mucosal discharges from the nose and eyes. Profuse lachrymation with itchy eyes. Often the child is weepy and wants to be held. *Clingy*. Skin itches with heat.

Stramonium: Rash not properly developed. *Tosses and cries as if frightened in sleep. Expression of terror on the face*. Convulsive movements. Hot, bright red face. *Skin crawling as if of many bugs*. Shining red flush on skin but *non-appearance of exanthemata*. Throat dry with great thirst. Cries as if frightened in sleep. Convulsive movements. Fixed sparkling eyes, *staring wide open*. Loss of vision complains of darkness and calls for more light. Aversion to all fluids.

Veratrum album: A picture of collapse with extreme *coldness, blueness, and weakness*. *Cold sweat, feeble rapid pulse, pale face, vomiting and purging*. Skin feels scorched. *Eruptions are tardy and pale*. Ill effects of suppressed rashes. Nettle rash, scarlatina in hot weather. Eyes surrounded by dark rings. Picture of delirious mania, *scorns and scolds*. Despair of salvation.

Zinc: This remedy corresponds to the *poisoning of the nerves and the brain*. Poisoning from suppressed eruptions or discharges. Where the child is too weak to develop an eruption. *Retraction of eruption*. Formication of legs and feet as of bugs crawling over skin. A picture of cerebral depression. Child *repeats* everything said to him. Very *sensitive to noise*. Dictatorial. Convulsions with a pale face and no heat. Brain and spinal symptoms with convulsive twitching and *fidgety feet*. Rash comes out sparingly. Body cool, lies in a stupor *gritting the teeth*. Dilated pupils, squinting and rolling the eyes.

Notes:

Chickenpox

Chickenpox, caused by the *varicella-zoster virus*, is a highly infectious acute viral disease with mild constitutional symptoms and vesicular skin eruptions. Chickenpox is a common childhood disease with symptom presentations varying from mild to severe. For many people the symptoms are so mild that they are not even aware that they have the chickenpox. The disease usually spreads by contact with the blisters of an infected person or by droplet infection. The incubation period is two to three weeks while the period of contagion starts two to three days prior to the rash developing and lasts about two weeks from the onset. The most infectious time is a day or two before the lesions appear and continues until the lesions scab over. The symptoms in children are usually less severe than they are for adults.

Common symptoms are the onset of a slight fever, runny nose, headache, backache, loss of appetite, and general malaise (weakness and prostration). Within a day or two, red spots appear usually on the back and chest first. Generally within a few hours, the spots enlarge and develop into vesicles that become filled with a clear liquid. The bases of the eruptions are surrounded by an area of reddened skin. The worst part of the illness is the degree of itching present with the eruptions. After a day or two, the fluid turns yellow, and a crust or scab develops. The scabs fall off over the next five to twenty days. Once the lesions are crusted, the person is no longer contagious. Conventional treatment of chickenpox is bedrest, fluid intake, emollient baths with oatmeal to soothe the skin and calm the nerves, and calamine lotion to prevent itching.

Some people develop secondary infections in the eruptions, or the eruptions spread to inside the mouth, throat, esophagus, or stomach, which cause further pain and makes eating and drinking difficult.

Varicella pneumonia is a complication that is often seen in small children, immune-compromised individuals or pregnant women. The symptoms include cough, shortness of

breath, rapid breathing, and lung congestion (for more information on the treatment of pneumonia, please refer to **Pneumonia**).

If aspirin is given to children with chickenpox, they may develop Reye's syndrome. This complication involves protracted vomiting, change of mental status, confusion, lack of coordination, and lethargy. It can be fatal but can be avoided by avoiding aspirin. Another complication that mimics Reye's syndrome is varicella encephalitis. This is an infection of the brain from the virus. This complication is rare but can cause fatality in up to 5% of cases. In cases of individuals with severely compromised immune systems (those with diseases such as lymphoma, leukemia, or taking large doses of steroids), the varicella virus can be fatal from pneumonia, encephalitis, or hepatitis. There is a risk to the fetus if the pregnant mother becomes exposed to chickenpox in her last few weeks of pregnancy and she has not had chickenpox before. It is advisable to avoid exposure to chickenpox if you are pregnant and have not yet had the disease.

Susceptibility to the varicella virus is greater than 95%, but once you have had chickenpox, life-long immunity is acquired. The virus can stay dormant in a ganglion of sensory nerves and is related to the herpes virus. The infection may be reactivated in 10-15% of people later in life and manifests as herpes zoster or shingles, especially when the person is under stress (see **Herpes** for more information).

Vaccination and Treatment

The chickenpox vaccine is a more recently developed vaccine and does not bear the test of time as some of the other vaccines available. The vaccine is cultured on aborted human fetus tissue. Not all states in the United States have included the chickenpox vaccine in vaccine schedules. It is considered optional. Efficacy and duration of effect of the vaccine is undetermined and many people are concerned that if the vaccine is given to children and it only lasts a few years, it will leave them susceptible to getting the chickenpox later in life (when the disease could be more troublesome). A case could be made for the need of the vaccine in individuals with an already compromised immune system. However, it would seem logical to work on improving the function of the immune system with constitutional homeopathic treatment rather than giving the vaccination.

Side-effects of the vaccine include death, neurological symptoms including Bell's palsy, demyelinating syndromes, convulsions, auto-immune reactions such as joint pain, thrombocytopenia, and increased incidence of shingles.³ These side-effects seem far more

severe than the actual disease. Many individuals vaccinated actually develop the disease as a vaccine side-effect. The weeping eruptions that develop as a result of vaccination are contagious. For the treatment of post-vaccinal shingles, see **Herpes** for more information. More often parents who have had chickenpox as a child do not see the risk in the disease and are not interested in the vaccine for their children. Some parents of unvaccinated children actually seek exposure to chickenpox for their children so that they can acquire the disease and the resultant life-long immunity.

Homeopathic Prevention and Treatment

As with all relatively mild diseases, one has to question whether it is advisable to treat chickenpox with homeopathy. My clinical experience demonstrates that, as with other exanthematic illnesses, a general improvement of health occurs after the disease has run its course. If you are concerned for individuals with a compromised immune system who have been exposed to chickenpox, the remedies **Antimonium tartaricum** or **Antimonium crudum** can be used as a prophylactic. **Antimonium tartaricum** is indicated if there is a tendency to chest infections. In these cases, the chickenpox may develop, but the secondary pneumonias will not set in. To prevent contagion of the disease, use a 200C of either remedy two or three times in 24 hours after known exposure should be sufficient. **Varicellinum** (a prescription nosode made from the discharge of a chickenpox eruption), can be used for prevention and in cases where complications arise. All individuals with compromised immune systems need constitutional treatment.

Given the perspective that these childhood diseases are part of a natural process of developing the immune system, one might ask why treat chickenpox at all, even with homeopathy. Homeopathic medicine always aims at supporting and facilitating the individual in whatever process they are going through. With homeopathy, the healing response of the individual is supported so they can come to resolution quicker with less sacrifice of the body by way of symptoms. Moreover, if one's health is compromised prior to infection, the level of suffering from the exanthema will be considerable. Homeopathic treatment at this time can support the individual through the disease and may even facilitate the removal of some of the prior susceptibilities. Without homeopathic treatment, the person may be left with the sequelae of the illness for quite some time.

In simple terms, the sicker the general health, the more severe the response will be to the disease. More often than not, those children who have been under constitutional homeopathic treatment prior to exposure will experience very mild symptoms. In a case of a

3 year old who had never been vaccinated and had received homeopathic care her whole life, she developed only three blisters on her arm that was diagnosed as chickenpox. She was very healthy and so only experienced the disease mildly. She did not develop a fever, runny nose or any other symptom. A single dose of **Rhus-tox.** 200C was all that was needed to quickly resolve the few spots she had.

In a case of a 2 1/2 year old child who developed chickenpox, she was treated with **Ant-crud.** 30C, single dose. The fever passed, eruptions developed and crusted in two days, and then she began to cough. As there was an accumulation of phlegm in her lungs, **Ant-tart.** 30C was given. Everything cleared in a few days. At the time, I felt that she had made a complete recovery. However, over the next year she developed various wart-like blemishes on her hands, face, neck, and shoulders. I saw her eighteen months later and she had over 30 of these wart-like blemishes on her body. They were clear, flesh-colored, fluid-filled outcroppings about the size of the lead tip of a pencil. She had also developed a rather disturbing way of screaming very loudly when things did not go her way. Tortuous screams, at the top of her lungs where she would refuse to be consoled. She wanted to be left alone and nobody could look at her. **Ant-crud.** was indicated again. This time she received a 200C of **Ant-crud.** Her parents reported that over the next week her behavior completely changed for the better. She became amiable and no longer screamed. At the end of the week, she developed a high fever. Slowly, during the fever, over the next two days, the warts disappeared one by one. In about two weeks, she was in good health.

My understanding of the case was that the first dose of **Antimonium crudum** was insufficient to pull her completely through the chickenpox. The wart-like eruptions were a demonstration that the viral aspect of the disease had not been completely resolved. This incomplete resolution was demonstrated by not only her physical symptoms but also by her mental and emotional state. At the time of the chickenpox, even though the **Ant-tart.** cleared the lungs, I should have repeated the **Ant-crud.** in a higher potency to finish the case. Fortunately, the parents brought her back in for homeopathy and the final dose of the **Ant-crud.**, albeit eighteen months later, was sufficient to bring the fever back to resolve the viral condition.

Please refer to **Measles** for the remedies indicated when the eruptions fail to appear or recede. Many of the remedies described there are applicable in eruptions that fail to appear in chickenpox too. Response to the correct remedy will include increased fever, and development of a full rash dependent on the strength of the individual. In cases that are moving toward the nervous system, repeat the remedy more often to help bring the rash out.

As you can see from the above cases, only one or two doses are sufficient. If the condition is not changing, it may be the wrong remedy. As with measles, if there is a lingering constitutional weakness after the chickenpox, a constitutional remedy will support complete recovery.

Remedies: acon., **ANT-C.**, **ant-t.**, apis, ars., asaf., **bell.**, bry., calc., canth., **carb-v.**, carc., caust., clem., coff., con., cycl., dulc., gels., graph., hep., hyos., ip., **led.**, **merc.**, merc-c., nat-c., nat-m., psor., **PULS.**, **rhus-t.**, sec., **sep.**, sil., **SULPH.**, **thuj.**, varic., vario.

Antimonium crudum: The person needing this remedy is very irritable with an *aversion to being touched, bathed, or looked at*. The person and the symptoms are aggravated under these conditions. The mood can also be sweet, sentimental, and romantic. The eruptions have shooting pains from pressure. *Digestive difficulties; weak digestion; craving sour things, and white coating on the tongue.* Honey-like discharge from the eruptions and the skin can be hard and cracked. Eruptions are worse from radiant heat, and warm bathing.

Antimonium tartaricum: The indications for this remedy are a slow or delayed onset of rash or a receding rash. Large pustular eruptions, leaving bluish scars after the scabs fall off. Like **Ant-crud.**, children needing this remedy will have an aversion to being touched and can be irritable. Symptoms are accompanied by a rattling cough and bronchitis. *Indicated for secondary pneumonia.* They are very drowsy and sweaty with the fever, irritable and whining, yet desires company. There is a peculiar spasmodic throwing of the head backwards.

Apis: Apis is indicated if the symptoms have moved into the spinal column, causing inflammation of the brain and spinal cord. *Intense piercing shrieks*, walks around with the tongue sticking out. *Bores head in the pillow.* Hot and flushed face. Cries easily. *Inflammation and effusion of the meninges, suppression of urine and swelling of the whole body.* Skin *stings and burns*, better from *cold applications*.

Arsenicum: Extremely *chilly with burning pain.* Restless yet exhausted. Accompanied by some mistrust, anxiety over the health, will they die, or fear of robbers. *Fastidious to order.* Worse around midnight, 1-3:00 am. The whole person is worse from cold. Large *eruptions with pus, leading to open sores that burn.* Thirst for small sips of water.

Belladonna: Indicated during *the initial stages.* High fever with a flushed face. Severe throbbing headache, sensitive to movement, light or noise. Pupils dilated, hot skin and drowsiness with

inability to sleep. Delirium where they might see monsters or ghosts. Thirst for cold water or lemons. *Bright red skin with a fine pustular rash.*

Dulcamara: This remedy is often helpful if the chickenpox comes on after a *change to rainy weather*, or after *they have gotten wet and chilled. Swollen and indurated glands.* Eruptions are scaly, thick, crusty, moist, and bleeding. Dry burning heat all over. Icy coldness with pains.

Mercurius: Large eruptions with *foul pus, leading to ulcers.* After suppuration, the edges of the pustules erode away getting larger and larger. *Worse at night, with heat or cold. Offensive breath and smell of body. Profuse perspiration and salivation with swollen cervical glands. Drooling.* Sensitive to hot and cold and cannot regulate their internal heat mechanism.

Natrum muriaticum: Scars painful. Redness of old scars. Continued chilliness very marked. Morning chill with thirst. Chill between 9 and 11 am. Heat; violent thirst increases with fever. Nasal discharge thin and watery like raw white of an egg. Sneezing early in the morning.

Pulsatilla: Indicated at the onset of symptoms when the *child is weepy* and desires to be held. Craves company and consolation. *Little thirst with the fever. Fever may be paroxysmal or insufficient to bring the eruptions out. Fever comes on and then recedes over 24-48 hours, and then comes on again.* Pulsatilla will bring the fever on and hasten the symptoms. *They are worse in the heat, at night and desire fresh air, with the window open. Thick, bland, yellow-green, creamy nasal discharge.*

Rhus toxicodendron: *Intense itching of a rash that looks like poison ivy.* Small vesicles with clear liquid and base of lesion is red. Sometimes the eruptions larger and more pustular. Vesicles traced in the line of scratching. *Rash feels better from hot compresses or scalding hot bathing.* Everything is worse after scratching. *Very restless in bed, cannot get comfortable, gets stiff and must move, but too much movement exhausts.* Can be suspicious and feel that they are being poisoned or that something bad will happen.

Sulphur: *Smelly eruptions worse with the heat of the bed, very itchy, scratching until the skin bleeds.* Big appetite but eats less than desired. Lazy and unbothered by disarray, *dirt or cleanliness. Skin is much worse after bathing.*

Notes:

Smallpox

Smallpox, also called variola, is a serious, highly contagious, often fatal, infectious disease caused by a *poxvirus*. The name smallpox is derived from the Latin word for “spotted” and refers to the raised bumps that appear on the face and body of an infected person.

There are two clinical presentations of smallpox: variola major is the severe and most common form of smallpox with a more extensive rash and higher fever; variola minor is a milder disease and is less common. There are four types of variola major smallpox: ordinary (the most frequent type, accounting for 90% or more of cases); modified (mild and occurring in previously vaccinated persons); flat; and hemorrhagic (both rare and very nearly always fatal). In hemorrhagic-type smallpox, known as “purpura variolosa,” the initial stage of the illness (before the rash appears) is accompanied by a dark, purplish, blotchy flushing of the skin. People who developed purpura variolosa usually have a severe loss of blood into the skin and internal organs (hemorrhage), and die before the typical smallpox rash appears.

About 3% of the people with variola major develop purpura variolosa. Flat-type smallpox affects about 5% of the persons with variola major. Persons with this form of the disease have lesions that develop more slowly, never raise above the surface of the skin, and feel soft to the touch. As the eruptions do not fully develop, the body cannot eliminate the virus. Large areas of skin can slough off and will leave the person vulnerable to secondary infection and dehydration. If people with flat smallpox survive, they rarely experience the severe scarring associated with the normal progression of the disease. Both purpura variolosa and flat smallpox are virtually never seen in persons infected with variola minor.

Historically, variola major has an overall fatality rate of about 30%. Variola minor is a less common presentation of smallpox, and a much less severe disease, with death rates historically of 1% or less. Survivors of smallpox are often left disfigured with permanent scars on much of their body, especially the face. Malignant smallpox develops in 5-10% of patients; this rapidly progressing form of disease is fatal within five to seven days.

Direct and prolonged face-to-face contact is required to spread smallpox from one person to another. It is spread through direct contact with infected bodily fluids, excrement, or contaminated objects such as bedding or clothing. In some instances, smallpox has spread through the air in enclosed settings such as buildings, buses, and trains. Humans are the only natural hosts of variola. It is not known to be transmitted by insects or animals.

A person with smallpox is sometimes contagious with onset of fever (prodromal phase), but they become most contagious with the first spots of rash in the mouth and remain contagious until the last smallpox scab falls off.

The incubation period is from seven to seventeen days, with an average of twelve to fourteen days. Once inhaled, the variola virus invades the respiratory mucosa, migrates to regional lymph nodes, and begins to multiply. A few days later, the virus enters the bloodstream and begins a second wave of multiplication in the spleen, bone marrow, and lymph nodes. Finally, the virus reenters the blood in leukocytes, producing fever and toxemia, and then passes from the leukocytes to adjacent cells in small blood vessels of the skin and beneath the mucosa in the mouth. The first symptoms of smallpox include fever, malaise, headache, body aches, and sometimes vomiting. The fever is usually high, in the range of 101° to 104° F. At this time, people are usually too sick to walk, stand, or carry on their normal activities. After two to four days of fever and malaise, a rash emerges. The first spots to appear are small red spots on the tongue and in the mouth.

These spots develop into sores that break open and spread large amounts of the virus into the mouth and throat. At this time, the person becomes most contagious. Around the time the sores in the mouth break down, a rash appears on the skin, starting on the face and spreading to the arms and legs and then to the hands and feet. The rash spreads to all parts of the body within 24 hours. As the rash appears, the fever usually falls and the person may start to feel better. By the third day of the rash, the rash becomes raised bumps.

By the fourth day, the bumps fill with a thick, opaque fluid and often have a depression in the center that looks like a bellybutton (this is a major distinguishing characteristic of smallpox). The bumps become pustules, sharply raised, usually round and firm to the touch as if there was a small round object under the skin. The pustules form a crust and then scab over. By the end of the second week after the appearance of the rash, most of the sores scab over. The fever often will rise again at this time and remain high until scabs form over all the bumps. Eventually the scabs fall off leaving marks on the skin; leaving disfiguring pits and

scars that never heal. Most scabs fall off within three weeks after the appearance of the rash. The period of contagion remains until all of the scabs have fallen off.

Painful, incapacitating, and disfiguring, smallpox transforms people into hideous masses of pustulated flesh. Fatalities occur from lack of nutrition, secondary infections, and prolonged fever. Quarantine is necessary for sixteen days for those with known contact. All contaminated objects must be destroyed by burning, sterilizing, or disinfecting.

Smallpox can be confused with chickenpox but several features of these diseases are significantly different:

1. The initial symptoms of smallpox are much more severe than those of chickenpox (i.e., high fever, severe muscle aches, etc.).
2. Smallpox rash is most common on exposed portions of the body: face, forearms, wrists, palms, lower legs, feet, and soles (chickenpox is most common on covered areas of the body).
3. The smallpox lesions that develop in one part of the body tend to be at the same stage of development (with chickenpox, it is common to have more than one batch of pox lesions on any one part of the body and the lesions are in different stages of maturation).
4. Smallpox lesions tend to be deeper in the skin than chickenpox lesions, hard to the touch, and the vesicles are tough to break (chickenpox lesions are more fluid filled and will brake on pressure).

Smallpox is at least 3000 years old dating back to 1196 BC in Egypt, 1000 BC in China where epidemics were rampant, and in Europe through the middle ages.¹⁷ Especially deadly and specialized, variola suffers from its own success. The disease either kills the person or affords immunity rendering them unsuitable for the virus to linger in or to return to. For the parasite, this presents a problem. Variola consumes its human hosts as a fire consumes its fuel, leaving spent bodies, dead or immune, behind it. Possessing no carriers or victims other than humans, the virus needs to find new hosts quickly. It thrived in places crowded with people, and benefited from diseased (but not yet symptomatic) travelers visiting new and unaffected communities. Variola seemed deadliest where social chaos prevailed, wars, slavery, oppression, etc. Bad enough in the best of circumstances, smallpox fatality soared when people lacked nurturing care.

During the 17th and 18th centuries, smallpox was the most serious infectious disease in the West and accounted for a substantial proportion of deaths, especially among town dwellers. The mortality rate varied regionally with 10% in Europe and 90% in America. Infected travelers would bring the disease to communities where its transmission would decimate the local population. For example, the Spanish attempted to settle Hispaniola (modern Haiti and the Dominican Republic) for sugar cane plantations in 1509. By 1518, every single one of the estimated 2.5 million island natives had perished, and the labor population had to be restored with African slaves.¹⁹ The torment of smallpox was brought to North America during early American history. Native American Indians died in especially large numbers because almost everyone in a village became sick at the same time, leaving too few to provide food, water, firewood, and care to the afflicted. Malnourished, dehydrated, cold, and demoralized, they rarely survived the virus. A colonist described the Indians' pustules as "reeking and mattering, and running one into another. And then, being very sore, what with cold and other distempers, they all died like rotten sheep."¹⁹

Vaccination and Treatment

It was in China in the 10th century that an early form of vaccination called "variolation" was first used to combat smallpox. Healers would take samples from the lesions caused by the smallpox, grind them into powder, and put some under the skin or inhale them through the nose.

During the early eighteenth century, the British and their colonists also began to practice variolation: inhalation of the dried crusts from smallpox lesions like snuff, or in later modifications, inoculation of the pus from a lesion into a scratch on the forearm of a child. The intentional implantation of live smallpox matter into an incision made in an arm or a hand would produce immunity without producing the ravaging disease. For reasons that are still unclear, smallpox artificially taken through a cut proved less debilitating and less deadly than when contracted randomly and naturally through inhalation. Fewer than 5% of the variolated died, compared to the 25% ordinarily killed by natural exposure.¹⁹

Through the process of variolation or vaccination, the vaccine either "takes" or "does not take." The vaccination "took" if the vaccine could stimulate the initial immune response with the production of a fever and an eruption. As a result, the person generated life-long immunity. For those that "did not take," the disease would be driven deeper into the body and develop a state called vaccinosis (see **Chapter 5** for more on the history of vaccinosis).

Edward Jenner, who was variolated at the age of eight, developed a vaccine from cowpox in 1876. It proved effective against smallpox in a percentage of cases. Since prophylaxis could be provided in the absence of the disease for the majority of patients, widespread vaccination became possible.³⁰

Jenner developed a method of “ring vaccination.” Ring vaccination involves finding people who were exposed to an infected person. Then the exposed person and those people he or she had been in contact with were given the vaccine. This approach creates a “ring” of vaccinated people around the people who were infected with smallpox and stops the spread of the disease. Despite the fact that a small percentage of people died from this method, it was this strategy of ring vaccination that completely got rid of the disease.³⁰

The last reported case of smallpox in the United States was in 1949. The last naturally occurring case in the world was in Somalia in 1977. After the expression of the disease was eliminated from the world, routine vaccination against smallpox was discontinued because it was no longer necessary for prevention.¹⁸ There is some debate as to whether the disease was eradicated by the vaccination program or if it was in a natural decline.³⁰

Except for laboratory stockpiles, the variola virus has been eliminated. However, in the aftermath of the events of September and October 2001 (911), there is heightened concern that the variola virus might be used as an agent of bioterrorism.¹⁸

Patients with smallpox can benefit from supportive therapy (i.e., intravenous fluids, medicine to control fever, or pain) and antibiotics for any secondary bacterial infections that may occur. There is no specific treatment for smallpox, and the only conventional prevention is vaccination.

Homeopathic Treatment and Prevention

One might ask why include a chapter on smallpox in this book if in fact, the disease has been eliminated. It is true the eruptive acute expression of smallpox has been eradicated but Hahnemann and his contemporaries began to notice that individuals who had received vaccination but did not “take” developed a chronic state of disease. Failure to develop the characteristic scar at the sight of the vaccination means that the vaccination did not “take.” In these individuals, symptoms like partial paralysis, neuralgias, cephalgias, pimples, and pitting acne would develop. Other cases of asthma, epilepsy, nephritis, headaches,

rheumatism, retardation, and tissue growths began appearing with the onset of symptoms dating back to vaccination.

Despite the eradication of the eruptive expression of this disease, millions of people suffer from its vaccinosis. Specific homeopathic remedies are effective for prevention and treatment of smallpox as well as for the treatment of the vaccine-induced vaccinosis.

Moreover, in the event of terrorist activity, smallpox may become prevalent once again. If this situation were to arise, there would be the need for and opportunity to use homeopathy in this area of public health.

The fact that for a period of 20 years, during the mid 1900's nearly everyone on the planet was vaccinated with smallpox means that the disease germ was introduced into a whole generation of people. What this global campaign has done to the health of the average person is unknown and beyond our ability to accurately determine as individual responses vary. What we see in clinical practice now are miasmatically mixed, complex forms of chronic disease. The tendency for miasms to mix started with the vaccinosis of smallpox. Understanding this relationship is fundamental in treating chronic disease. Correspondingly, to treat chronic disease we must be able to recognize the clinical appearance of the miasmatic condition that is related to the suppression of smallpox.

Boenninghausen was the first to deduce the link between smallpox, smallpox vaccination, and sycosis (see **Chapter 4**).²⁹ Based on his extensive and successful use of **Thuja**, a known anti-sycotic remedy, in treating patients affected with smallpox or the after-effects of smallpox vaccination he recognized this relationship. While smallpox is considered an acute miasmatic disease, susceptibility to it is based upon a previous taint with sycosis. Correspondingly, other anti-sycotic remedies may be indicated for the treatment of smallpox. **Thuja** 30C, 200C, and 1M given in successive doses over 24 hours before and/or after exposure to the smallpox virus, and then repeated seven days later, will afford prophylaxis.

Due to the similarity of smallpox presentation to 'grease,' an eruptive infectious contagious disease in horses, the nosode **Malandrinum** (made from the discharge of a grease eruption) acts well as a preventative to smallpox and is used to treat smallpox vaccinosis. The suggested dosage for prevention with **Malandrinum** is three doses of 200C in a week before or after exposure.

Variolinum, a nosode prepared from smallpox matter has been proven very effective for prevention of the disease without the risk of introducing the actual disease germ into the economy. Given at 24-hour intervals in a 200C it also modifies the progression of the disease and affects a rapid resolution to active smallpox.

Nosodes of whooping cough and measles (**Pertussin** and **Morbillinum** respectively) may act preventatively and for the treatment of smallpox as the diseases themselves are homeopathic to smallpox. (See **Chapter 4** and the respective chapters for the relationship of smallpox, measles, and whooping cough). All of the afore-mentioned nosodes are prescription items and must be administered under the guidance of a practitioner.

Workmen in silver-plating factories where **Kali cyanatum** was used in the plating process were found to be completely protected from smallpox suggesting its use as a prophylactic.⁶

As epidemics of smallpox affected whole villages, often one or two homeopathic remedies treated the majority of cases. Once determined, the Genus Epidemicus would be used for prophylaxis in all those associated with the afflicted. In 1870 in America, Swan and Finkle introduced **Variolinum** into 100 families in contact with one case of smallpox.⁶ It was protective for the remaining people. In Texas in 1883, **Vaccinimum** (the nosode made from the cowpox vaccine) was used and completely protected against smallpox, even for those eating and playing with others infected with smallpox. In the 1871 epidemic in Belgium, **Sarracenia** was the Genus Epidemicus. No deaths were reported in those who were immunized homeopathically. **Antimonium tartaricum** was used in a 1902 epidemic. During the 1941 smallpox outbreak in America, homeopathic prophylaxis recorded a 98-99% efficacy rate. **Antimonium crudum** is another remedy that has been successfully used. It was found that when many cases in the epidemic presented with variable symptoms, the nosode **Variolinum** was more effective.⁶ One must wonder if homeopathic prophylaxis partially accounts for the global eradication of smallpox.

The remedies listed below will be useful for the treatment of the disease and for ailments from the vaccination. Many of the descriptions of these remedies describe aborting the eruptive process which must be differentiated from suppression of the disease. As the virus enters the body, it multiplies. Antibodies are formed and eruptions develop to rid the body of the circulating antibody/antigen complex. In order for the body to remove the disease, some sort of discharge is necessary. The difference is whether the process of eruption or pus formation is in balance to the extent of the disease and effective at removing the antigen

without destroying the person in the process. Possible scenarios of the disease going awry are:

- The initial inflammatory process could be so violent it causes its own level of risk.
- The eruptions can fail to appear and they move into the nervous system causing convulsions and paralysis.
- The body gets stuck in pustulating and excessive pus is formed creating a susceptibility to secondary infections.
- The condition becomes malignant and no longer does the body remove the antigen/antibody complex; the body rots and putrefies.

The process to recover includes going through all of the stages of the disease. The action of the appropriate remedy is to help support the body through each stage and to bring the process to completion without undue pain and suffering. The potency and frequency of repetition will depend on the speed with which this takes place and the health reserves of the person. Repeat the remedy as the pace of recovery slows down. Use an inter-current remedy such as the constitutional remedy or nosode to hasten the cure.

Remedies: acon., agar., am-m., anac., **ant-c.**, **ANT-T.**, **apis**, arn., **ars.**, bapt., **bell.**, **bry.**, bufo, camph., cann-s., canth., **carb-ac.**, carb-v., caust., cham., clem., cocc., coff., crot-h., croto-t., cund., cupr-acet., gels., hep-s., hyos., kali-bi., kali-cy., kreos., lac-c., lach., lyc., maland., med., **MERC.**, merc-s., mur-ac., **nat-m.**, nat-s., nit-ac., petr., ph-ac., phos., psor., **puls.**, pyrog., **RHUS-T.**, sanic., **SARR.**, sec., sep., sil., spig., stram., **sulph.**, syph., **thuj.**, tub., vacc., **vario.**, verat., verat-v., **zinc.**

Aconite: Used to modify the first stage and early second stage. *High fever and great restlessness.*
Fear of death.

Anthracinum: *Gangrenous cases with severe burning in the sores.*

Antimonium crudum: Effects of suppressed eruptions. Mucous membranes generally affected. Swelling, pain, and redness of glands. External parts turn black, dry gangrene. Digestive symptoms marked particularly by the *characteristic white tongue. Pimples, vesicles, and pustules.* Sensitive to cold bathing. *Thick, hard, honey-colored scabs.* Scaly, pustular eruption with burning and itching, worse at night.

Antimonium tartaricum: Long held as a specific for smallpox. *Pustules with a red areola which leaves a crust and forms a scar.* Pains in the back and loins. Violent pain in the sacro-lumbar region, slightest moving causes retching and cold sweat. *Violent headache*, worse in the evening, lying, better sitting up, and in the cold. Variola, backache, headache, *cough with crushing weight on chest*, before or at the beginning of the eruptive stage with diarrhea. Also indicated *when the eruption fails to come out*. Tardy eruption with nausea, vomiting, sleeplessness, or suppressed eruptions. *Putrid variola with typhoid like symptoms.* For bad effects of vaccination when **Thuja** fails and **Silica** is not indicated.

Apis: Erysipelatous *redness and swelling*, with *stinging burning pains in the throat and on the skin.* *Worse from any heat.* Absence of thirst. Urine scanty or suppressed. *Sudden puffing up* of the whole body after vaccination.

Arnica: While it does not destroy the vaccination like **Thuja** and **Maland**, it has the amazing power to *take away pain, swelling, and the general malaise* of the disease while it passes onto completion.

Arsenicum album: *Great sinking of strength, burning heat with a rapid, small pulse. Great thirst and restlessness.* Rash irregularly developed with typhoid like symptoms. Hemorrhagic cases or when the pustules sink in and the areolae grow livid. Metastasis to the mouth and throat. Worse from the cold. *Chilliness with intense burning of the eruptions and internally.*

Baptisia: Typhoid-like symptoms with *fetid breath. Pustules are thick on the arch of the palate, tonsils, uvula, and nasal cavities* but scanty on the skin. Great prostration with pain in the sacral region. Drowsy, comatose, *limbs feel tossed about the bed.*

Belladonna: First stage of the illness with *high fever and cerebral congestion.* Intense swelling of the skin and mucous membranes. Painful urination and tenesmus of the bladder. *Delirium and convulsions. Photophobia.* Fever with inflammation local to the point of vaccination.

Carbolic acid: Erysipelas with violet-colored swelling and roughness. Powerful anti-septic. *Languid, painless, foul, and destructive.* Prostration is very marked. *Putrid discharges. Very offensive breath.* Tendency to destruction of tissue internally and fetid odor. Burning, itching vesicles and pustules. Very sleepy. Profuse cold sweat. Burning in mouth to stomach. Fauces of the throat are red and covered with exudation. The skin is inflamed and other symptoms appear with burning, tingling, itching, and numbness. *Profound prostration and fatigue, with convulsions, collapse, and a cold clammy sweat.*

Crotalus horridus: Hemorrhagic presentations of the disease. Bleeding from all orifices. Post vaccinal eruptions. Pustular eruptions, boils, gangrenous conditions, when fever is low and parts are bluish.

Cuprum aceticum: Produces the leading features of **Cupr.**, cramps, griping pains, spasms, paralytic disorders, and convulsions. Attacks come on suddenly and periodically. It corresponds to the results of repelled eruptions. Leprous-like eruption over whole body in spots of various sizes without itching. As pointed out by General Phelps, the "Crimson Cross Ointment," which was used successfully by Dr. Fielden in the Gloucester epidemic of smallpox, owes its virtue to the **Cupr-acet.** which it contains.³¹ The symptoms are worse by heat and by motion. The patient frequently changes posture.

Cuprum sulphuricum: Cerebral irritation where eruptions fail to appear. Convulsive phenomena.

Hamamelis: Hemorrhagic cases. Oozing of dark blood from the nose, bleeding gums, and bloody stools.

Hepar sulphuris calcareum: Abscess. Papules (a small, solid, usually conical elevation of the skin). Easy bleeding. Ulcers, with bloody discharge, smelling like old cheese. Ulcers are very sensitive to contact. Putrid ulcers, surrounded by little pimples. Cannot bear to be uncovered, wants to be wrapped up warmly. Great sensitivity to slightest touch or chill. Anguish in the evening and at night, with thoughts of suicide. Irritable, dejected, and sad. Worse from cold winds, cool air, and lying on the painful side.

Hippozaeinum: Low forms of malignant ulcerations where nasal cartilages are affected. Confluent smallpox where the eruptions run together and cover a large area. Pustules and ulcers spread extensively over the body until hardly a part remains free. Nosode made from Glanders, a pustular infectious disease in horses.

Hyoscyamus: Eruptions fail to appear causing great excitement, rage, anguish, and paroxysms of delirium. Low fevers with muttering.

Kali cyanatum: Cases of suicide and attempted suicide. Agonizing neuralgias especially of orbital and supra-maxillary nerves with screaming and loss of consciousness. Respiration nearly suspended, but thorax convulsively rises, at irregular intervals, far apart. Respiration superficial. Slow and difficult breathing. Hands and face covered with cold perspiration. Rheumatism of the joints and neuralgias. Apoplectic and epileptic conditions, respiratory disorders, rheumatism of the joints and neuralgias; all symptoms of the sycotic taint.

Lachesis: Hemorrhagic cases. Worse after sleep. Dusky, purplish appearance of the ulcerations with excessive tenderness to the touch, and worse from being covered.

Malandrinum: Dry, rough skin remaining for years after vaccination. Modifies the severe effects of vaccination if given immediately after vaccination. Lower half of the body has greasy skin with eruptions. Slow, never-ending pustulation. Very effective for the prevention of smallpox.

Mercurius: Indicated at the stage of maturation. Excessive salivation. Cadaverous breath. Gravitation of blood to head. Moist swollen tongue with great thirst. Diarrhea or dysentery with tenesmus of the rectum, especially during desiccation of the scabs.

Mezereum: Eczema and itching eruptions after vaccination.

Phosphoric acid: Confluent eruptions with typhoid-like fever. Pustules fail to pustulate; they degenerate into large blisters, which leave a raw surface. Stupid, indifferent, wants nothing, not even a drink. Answers questions but does not talk. Twitching of the tendons, especially the hands with low fever. Restlessness. Fear of death. Watery painless diarrhea.

Phosphorus: Hemorrhagic cases. Bloody pustules. Dry hard cough with a raw sensation in the chest. Hemorrhage from the lungs. Back feels as if broken, fainting with great thirst for cold drinks.

Pulsatilla: Relates with measles and eruptive diseases. Ulcers with hard, red, glistening arcolae. Skin itches on being heated. Worse from heat in general. Changeable symptoms. Weeping. Desires fresh air.

Rhus toxicodendron: Eruptions turn livid, low fever with bodyaches, dry tongue, and sordes (thick dark brown crust-like collection on the lips, teeth, and gums in low fevers). Wants to get out of bed. Very restless. Confluent eruptions, swelling at first, filling with a clear fluid, then they shrink and become livid.

Sarsaparilla: Blood purifier after vaccination. Removes the itchy eruptions from the face and skin.

Sarracenia: Brought into homeopathy by the North American Indians. The spotted appearance of the plant suggested the resemblance to smallpox. Arrests pustules and aborts the disease. It has power to antidote the smallpox poison. Fever, backache, headache, and gastric

disturbance. Debility; heavy and languid. *Dull, heavy, sore feeling in all bones.* Eruptions similar to *crusta lactea*.

Sepia: Ill effects of vaccination producing a state of *sluggish portal congestion*.

Silica: Ailments from vaccination. Abscesses or convulsions after vaccination. *Feels a lack of grit,* shrinks from responsibility, chilly, and sensitive to drafts but invigorated in very hot weather. *Head sweats at night, with sweaty offensive feet.* Carbuncles, boils, and pustules everywhere. Variola like pustules on the forehead, occiput, sternum, and spine extremely painful and after a long time form suppurating ulcers. Itching and crawling over the whole body, in the day and especially after undressing.

Sinapis nigra: Burning heat and stiches in skin. Skin turns red. *Frightful suppuration and gangrenous inflammation reaching down to sternum.* Ulcers on legs. *Severe chills, chattering of teeth.* Dry sinuses and pharynx with thick, lumpy secretion.

Sulphur: Ill effects of the vaccination causing *burning itching eruptions, worse bathing and with the heat of the bed.* *Warm patient.* Hungry for everything; for fats. Intolerant of the weight of clothes. *Kicks off the bedclothes and puts the feet out of bed.* Eruptions of every kind. Tendency to metastasis to brain during the suppuration period. *Stage of desiccation, with intense itching and heat in the skin.* Can be used as an inter-current where others fail.

Sulphuric acid: Patients needing this remedy are *weak and exhausted.* Yet *mentally impatient and hurried* and are prone to suffer from ulcerations both externally and internally. *Confluent and malignant variola.* Aphthae during protracted disease. *Offensive breath.* Ulcers in the mouth spread rapidly.

Thuja: *Bad effects of vaccination, immediate or remote to the vaccination.* In acute cases, it wipes out the fever and eruption and causes the pustules to wither and abort. Necessary for many chronic cases without which cure is impossible. *When symptoms improve to a point and then always recur,* when the disease can be traced back to vaccination. **Thuja** will supply the deep stimulus necessary for cure. Collapse and convulsions. Whooping cough after vaccination to smallpox. Pains in the arms, fingers, and hands with fullness and soreness of throat. Areola around the pustules is marked and dark red. Pustules are milky and flat, painful to touch. *Given especially in the stage of maturation or eruptions to prevent pitting.*

Vaccinimum: A nosode made from the smallpox vaccine (attenuated cowpox matter).

Indicated in growth of scar tissue after vaccination. Keloids or ulcers. Used to counter the effects of vaccination. Neuralgias, inveterate skin eruptions, chilliness, and indigestion with great flatulent distention. Also treats whooping cough. *Nervous, impatient, irritable, disposition to be troubled by things.* Morbid fear of taking smallpox. *Small pimples develop at point of vaccination.* Eruption of pustules with a dark red base and a round or oblong elevation, filled with pus of a greenish-yellow color, resembling variola, some as large as a pea, some less without depression in the center, coming with a round, hard feel in the skin (like a shot), very itchy. Fever with heat, thirst tossing about, crying, and aversion to food. Chill with shaking. *Worse in the early morning.*

Variolinum: The most potent of all, a nosode prepared from a smallpox vesicle. Its symptomatology has the complete picture of the disease from which it was prepared. *Used as a preventative it will produce mild symptoms of smallpox while developing immunity.* Dullness of the head. Severe pains in the limbs, which become numb. Chills followed by fever. *Violent headache, white coated tongue. Thirsty.* Severe pains and distress in the stomach with nausea and vomiting, mostly of greenish water. Profuse diarrhea. Despondency. Pustules develop on different parts of the body. Mostly abdomen and back. *Pustules perfectly formed, some umbilicated with others purulent.* *Given steadily the disease will run a milder course. It changes imperfect pustules into regular ones, which soon dry up.* Promotes suppuration and desiccation. Prevents pitting.

Notes:

Anthrax

Anthrax is an acute infectious disease caused by the spore-forming bacterium *Bacillus anthracis*. Anthrax is known historically as malignant pustule, tanner's disease, splenic fever, or wool sorter's disease. Anthrax most commonly occurs in wild and domestic cattle, sheep, goats, camels, antelopes, and other herbivores, but it can also occur in humans when they are exposed to infected animals or tissue from infected animals. While anthrax can be found globally, it is more common in developing countries or countries without veterinary public health programs. Anthrax is a zymotic disease (relating to fermentation) creating carbuncles and blood poisoning, resembling diphtheria, erysipelas, gangrene, and scarlet fever tending towards gangrene.

Anthrax is most common in agricultural regions including South and Central America, Southern and Eastern Europe, Asia, Africa, the Caribbean, and the Middle East. *B. anthracis* spores can live in the soil for many years. When anthrax affects humans it is usually due to an occupational exposure to an infected animal, dead animals, and animal products from other countries in which anthrax is more common. Rare cases of anthrax have occurred in wild livestock in the United States. Anthrax is not known to spread from person to person. Communicability is not a concern in managing or visiting with patients with anthrax.

There are three routes of infection for anthrax: cutaneous (direct skin contact), inhalation (spores become air-borne and are inhaled), or gastrointestinal (by eating undercooked meat from infected animals). Symptoms of vary depending on how the disease was contracted. Once exposed the symptoms usually develop within seven days.

Direct contact of the bacterium to a cut or abrasion on the skin, accounts for 95% of all anthrax cases. Workers handling contaminated wool, hides, leather, or hair products (especially goat hair) of infected animals are at the highest risk for contracting anthrax. It cannot enter the skin except in this way. Skin infection begins as a raised itchy bump that resembles an insect bite but within one to two days, it develops into a vesicle and then a painless ulcer, usually one to three centimeters in diameter, with a characteristic black

necrotic (dying) area in the center. Lymph glands in the adjacent area may swell. About 20% of untreated cases of cutaneous anthrax will result in death. Smarting, burning, and stinging accompany the pathology. The eruptions ooze, burn like fire, and discharge a bloody pus and bloody watery flow.

If the disease is contacted via inhalation, the initial symptoms resemble a common cold. After several days the symptoms progress to severe breathing problems and shock. Inhalation anthrax is usually fatal and is the second most common natural form of the disease (accounting for most of the other 5% of cases). In this scenario, the patient experiences a one to six day incubation period with no symptoms, then a brief non-specific influenza-like syndrome manifests including an extremely high fever and fatigue. The intensity of the symptoms at this point should be taken as an important signal that this is not a garden-variety cold or flu. After this comes a phase of improvement, although the gangrenous ulcers are developing internally and covertly. Eventually, the patient suddenly becomes much more ill, manifesting severe breathing problems, swollen lymph glands, shock, delirium, cyanosis, hemorrhagic meningitis, and necrotizing pneumonic lesions, followed by death within one to two days.

In cases of inhaled anthrax, a simple sputum test can identify the organism so that treatment can begin. The key is recognizing the disease before the final stage is reached. Patients who experience a very high fever and great fatigue with flu-like symptoms should be tested for anthrax if there is a chance of exposure.

The intestinal manifestation of anthrax following the consumption of contaminated meat is characterized by an acute inflammation of the intestinal tract. Initial signs include nausea, loss of appetite, vomiting, and fever, followed by abdominal pain, vomiting of blood, sepsis, abdominal bloating, and severe diarrhea. Intestinal anthrax results in death in 25% to 60% of cases.

In general, wherever anthrax has entered the human system it produces the same basic pathological results: ulcers that hemorrhage and become gangrenous, severe edema or swelling, and conditions that turn septic and black (hence the name “anthrax”, from the word for “coal”). As this process advances, the patient’s whole system develops a septic state of shock, leading to coma, intense delusions, chorea, and ultimately death. Anthrax is diagnosed by isolating *B. anthracis* from the blood, skin lesions, or respiratory secretions, or by measuring specific antibodies in the blood of persons with suspected infection.

In countries where anthrax is common and vaccination levels of animal herds are low, humans should avoid contact with livestock, animal products, and avoid eating meat that has not been properly slaughtered and cooked.

Vaccination and Treatment

The anthrax vaccine is a cell-free filtrate vaccine, which means it contains no dead or live bacteria in the preparation. Anthrax vaccines intended for animals should not be used in humans. A different anthrax vaccine has been licensed for use in humans. The vaccine is reported to be 93% effective in protecting against anthrax.

The Advisory Committee on Immunization Practices (US) has recommended anthrax vaccination for the following groups:

- Persons who work directly with the organism in the laboratory.
- Persons who work with imported animal hides or furs in areas where standards are insufficient to prevent exposure to anthrax spores.
- Persons who handle potentially infected animal products in high-incidence areas (incidence is low in the United States, but veterinarians who travel to work in other countries where incidence is higher should consider being vaccinated).
- Military personnel deployed to areas with high risk for exposure to the organism (as when it is used as a biological warfare weapon).

Mild local reactions occur in 30% of recipients and consist of slight tenderness and redness at the injection site. Severe local reactions are infrequent and consist of extensive swelling of the forearm in addition to the local reaction.

Systemic reactions occur in less than 0.2% of recipients. Conventional treatment is with antibiotics, which should be initiated early. If left untreated the disease can be fatal.

Homeopathic Treatment and Prevention

Anthrax is classified as a sporadic disease randomly affecting people who are directly exposed to it. The different forms of the disease (cutaneous, inhalational, or gastrointestinal) are not different diseases. They are differing manifestations of the same disease based on the site of initial contact to the bacteria or spore.

Homeopathy bases its prescriptions on the nature of symptoms. Because the disease progresses rapidly toward death, it is important to commence treatment quickly and to monitor the recovery. Homeopathy can be used in addition to antibiotics if the case warrants. When several cases of anthrax appear in a local community anthrax can be considered a collective epidemic (where the symptoms become common to all involved and so will respond to a Genus Epidemicus). In past epidemics, the remedy routinely called for was **Arsenicum album**.³³ **Anthracinum**, a nosode prepared from an anthrax eruption could also be used. Dr. G.H.G. Jahr, in Forty Years in Practice Encyclopedia Homeopathica, describes treating two farmers for anthrax, citing his reservations about using a nosode as opposed to the Genus Epidemicus.

Dr. H.C. Allen, in his Keynotes to Materia Medica with Nosodes, gives the following suggested remedies, besides **Anthracinum** or **Arsenicum**, for various potential symptoms of anthrax: **Crotalus horridus**, **Pyrogenium**, **Carbolic acid**, **Lachesis**, **Lycopodium**, **Veratrum album**, or **Ipecacuanha**.

Samuel Lilienthal, in Homeopathic Therapeutics (published 1890), provides these remedy suggestions for anthrax infections: **Apis**, **Arsenicum**, **Belladonna**, **Camphora**, **China officinalis**, **Hepar sulphuris calcareum**, **Hyoscyamus**, **Kali iodatum**, **Kreosotum**, **Lachesis**, **Lycopodium**, **Rhus toxicodendron**, **Stramonium**, or **Tarentula cubensis**. All of these remedies have an affinity to treating eruptive conditions that become malignant and turn septic or gangrenous.

Dr. J. H. Clarke, in The Prescriber, recommends the following treatment protocol in cases of anthrax. Start with **Anthracinum** 30C in the first one to two hours. As symptoms develop, use the following remedies accordingly:

- Excessive sensitivity, purple coloration of the parts, fear to be touched or approached, irritability of temper, use **Lachesis** 6C, every fifteen minutes for 1 hour, with a local compress of the same.
- Burning pain, great thirst, restlessness, anguish, use **Arsenicum** 3C, every 1 hour.
- If there is much fever, dry hot skin, thirst, restlessness, anxiety, and fear of death, use **Aconite** 3C every ½ hour.
- If there is delirium and flushed face use **Belladonna** 3C, every 1/2 hour.

Anthrax has fearsome consequences in its internal forms but is not usually an epidemic disease since one must personally be in direct contact with diseased tissue or spores.

Therefore, it makes no sense to panic and to administer prophylactics to everyone regardless of actual risk of exposure. Once exposure is confirmed, early treatment is crucial for those susceptible to the disease.

The staples of homeopathic treatment are the nosode **Anthracinum** and **Arsenicum album**. In addition, depending on the stage of disease development and the predominant symptoms, in addition to the above mentioned remedies **Aconite**, or **Elaps** may be indicated.

The appropriate homeopathic remedies can be used in conjunction with antibiotics especially since the antibiotics only kill the bacteria but are incapable of destroying the toxin which is the essential factor that renders the disease fatal. Homeopathic remedies are more suited to supporting the body in removing the toxin and treating its effects rather than targeting the bacteria.

Curative response to homeopathic remedies includes a reduction in septic conditions and a general energetic shift towards recovery. Higher potencies will encourage the fever to become more effective while lower potencies will help promote suppuration once the carbuncles have developed. The goal is to support the fever as the immune system works to localize and destroy the invading pathogen and then support the process of suppuration where the antibody/antigen complex is removed.

Once localized in a carbuncle the discharge of offensive pus is an attempt to remove the toxins from the system. Curative remedies will facilitate this process of localization and suppuration. If the condition is an intestinal manifestation or from inhalation, increases in suppuration will result in an increase in stools or sputum respectively. Supportive measures to facilitate the removal of the septic ichor include mild percussion of the chest or soothing colonic as the case may be. When the gangrene becomes systemic rather than localized to areas of demarcation, the condition has turned the wrong direction. Alternate remedies as the case progresses depending on the most salient symptoms and monitor for 24 to 72 hours to ensure complete recovery.

Remedies: acon., **anth.**, **APIS**, arn., **ARS.**, ars-br., bell., bell-p., both-i., bry., bufo, calc-chin., camph., **carb-ac.**, carb-v., carb-n-s., chin., corn-f., **crot-h.**, cupr-ac., **echi.**, euphr., **hep-s.**, hippoz., hir., hoit., hyos., ipecac., kali-br., kali-i., **kreos.**, **lach.**, **lappa.**, ledu., lob., lyc., **MALAND.**, merc., merc-c., mur-ac., nit-ac., per., phyt., **pyrog.**, raja-s., rhus-t., sang., sarr., scol., SEC., silica., **staphycocc.**, stram., **sul-ac.**, sulph., tarent., **tarent-c.**, tell., ther., verat.

Anthracinum: *Induration of cellular tissue.* Red lines, streaks, and stripes mark the course of lymphatic system from the site of the carbuncle. Edema of affected parts. *Discharge of ichorous (thin acrid), foul-smelling pus.* Black circles around the carbuncle burning like fire. *Sloughing of black, dead, hard-like dried beef tissue. Gangrene. A line of demarcation separates the gangrenous part.* Little knotty dead formations no bigger than the end of the finger; *black, dead, and filled with blood dried down.* Used for absorption of ichors with ichoraemia (pus in the blood). Collapse. *Violent burning pains, not relieved by Arsenicum.*

Apis: Nodular swellings here and there come and go. Erysipelatous inflammatory condition, in patches, here and there, about the head, with great tumefaction about the face, eyes, and eyelids. *Swellings with pitting upon pressure. Stitching, burning pain in anthrax, with sensitivity to the least touch.* Boils, with manifold sloughs of dead connective tissue. Chronic tendency to boils. *Swelling and rosy redness of the parts.* Internal swelling. Serous inflammations with effusion in the coverings of organs. *General amelioration from cold and aggravation from heat.* Depression of spirits with constant weeping.

Arsenicum: *Carbuncles burning like fire* with a reddish, bluish spot becoming gangrenous. Sensation in swelling as if boiling water were running beneath the skin, *Skin cold, blue, and dry as parchment, peeling off in large scales.* Cold sweat, pulse small, irregular, and frequent. Restless with extreme anxiety and fretfulness. Feels he has been poisoned and will surely die. He loathes life and wants to die. Screaming, with pains. Feels his whole insides are mortifying. *Gangrenous inflammation, so violent, sudden, and malignant. Anxiety, prostration, fear of death, and chilliness; the patient wanting to be covered warmly.* With inflammation of the bowels, the patient is relieved by heat.

Belladonna: *Acute inflammation* of the subcutaneous connective tissue, affecting adjacent glands. *Throbbing pains.* Tendency to cerebral manifestations. Erysipelatous redness around the anthrax carbuncle. High fevers going towards delirium. Heat, intense heat. Violent heat. The inflamed parts, and very commonly the skin, are very red and, as the inflammation advances grow dusky. As the fever advances, the face becomes mottled. However, the first presentation of **Bell.** is bright red, and the skin is shiny.

Camphora: Skin tenses, hot, and dry like parchment; nervous anxiety and stupefaction, great exhaustion; threatening gangrene; bed sores; fear of being left alone. **Camphora** has a state of collapse with *icy coldness* of the whole body. Skin sensitive even to the slightest touch.

Carbolic acid: Carbolic Acid is a *languid, painless, foul*, and destructive remedy. Prostration is very marked. *Discharges are foul, burning. Gangrenous ulcers, erysipelas of a malignant type.* The worst cases, with sloughing, and terrible burning pain (**Ars., Lach.**). Physical exertion brings on abscess somewhere. *Collapse.* Bloody discharges. Trembling with an uncertain, staggering walk. The skin is inflamed and other symptoms appear with *burning, tingling, itching, and numbness.*

China: *Exhaustion of vital power, with excessive sensitiveness and irritability of the nerves, and deficiency of animal heat.* Decomposition with symptoms of putrid fever. Produces congestion and hemorrhages, anemia, relaxation, and collapse. *Gas and bloating of the abdomen.* Indurated glands, scrofulous ulcers, and decay. *Humid gangrene.*

Crotalus horridus: *Hemorrhagic cases* in which the blood oozes from mouth, nose, anus, or sexual organs; black, thick, tar-like blood, rapidly decomposing. *Low septic states.* General disorganization of the blood. Hemorrhages and jaundice. Tissues rapidly decompose producing putrid and malignant conditions. Dark or bluish parts. Septic conditions tonsils, goiter, ulcers, abscesses, blood boils. *Dissecting wounds.* Boils, carbuncles and eruptions are surrounded by purplish, mottled skin, and edema. Vesication. Great sensitivity of the skin on right half of body. Old scars break open again.

Echinacea: *Bad or weak blood. When boils progress to the stage where they appear about to discharge then stop and do not suppurate.* Echinacea helps in carbuncles with similar symptoms, a bluish-red color and intense pain. *Very serviceable in gangrene,* where it may be classed between **Rhus-t.** and **Arsenicum.** A corrector of the depravation of the body fluids and even this does not sufficiently cover the ground. *Anti-septic, anti-fermentative, and anti-zymotic.* Tissue alterations are exhibited in boils, carbuncles, abscesses, or cellular and glandular inflammations. Intense itching and burning of skin on neck. Little papules on skin with redness, feeling like nettles.

Hepar sulphuris calcareum: *Formation of boils or pustules around the anthrax;* relieves the severe pain, favors the suppurative process, and hastens the discharge of the slough. The higher potencies may abort the suppuration while the lower potencies promote it. If it is necessary to hasten it, give in low potency frequently. Catarrhal process with a tendency to hemorrhage and ulceration. Thick, yellow, acrid,ropy discharge, mucus is found in the stools in the urine, hawks up mucus. *Great sensitiveness to all impressions.* The lesions spread by the formation of small papules around the side of the old lesions. Putrid ulcers.

Chilliness, splinter-like pains, hypersensitiveness, craving for sour and strong things. Sensitiveness to noise, to odors. *Irritable and angry, feels inclined to kill anyone who offends him.*

Hippozæninum: The catarrhal symptoms are pronounced, the skin being chiefly affected, with deposits in the lungs. *Malignant ulcerations and swellings, abscesses, and enlarged glands.* Weakness, fatigue, general discomfort, they give up their business. General prostration with considerable emaciation. *Abscesses, pustules, and ulcers are spread so extensively over surface of body that hardly any part remains free,* particularly attended by large formations of pus and destruction of parts. Ulcers have no disposition to heal, livid appearance.

Hyoscyamus: Anthrax in nervous and hysterical people; great restlessness caused by excessive nervous excitement, shaking of head in all directions, optical illusions, constriction of pharynx, itching around the part. *Septic fevers. Slides down in bed. Low fever* with hot, pale skin. Warm sweat. Before the condition has reach formation of carbuncles but rather remains in a state of septic fever.

Ipecacuanha: *Intestinal cases with vomiting and nausea.* Drowsiness from defective respiration; nausea, but much better after vomiting. *During the nausea, the patient is forced to scratch himself, until relieved by vomiting.*

Kali iodatum: Anthrax on a syphilitic basis or combined with scrofula Tissue distended by interstitial infiltration, enlarged glands.

Kreosotum: *Tendency to decomposition.* Great irritability, worse by rest. Historically called a *flesh-preserved.* Enormous appetite. Stabbings here and there. *Eyes feel as if in a woody smoke.* Sneezing. Spleen pain. Nasal pus. Suppressed secretions, or more frequently increased secretions with putridity. Foul breath. Bloating. Decay of teeth and bones. Cadaverous coldness. Predominant left-sidedness. Deep nervous and mental derangement. *Rapid ulcerations and destructions of tissues. Disorganizes the blood.* Pulsations all over the body and profuse bleeding from small wounds. Very severe, old neuralgic affections, pains rather aggravated by rest.

Lachesis: Dark redness around the sore which discharges dark, bloody pus; tension of the skin around the carbuncle as if too short; nightly burning of the ulcer obliging one to rise and wash it with cold water. *Gangrene, carbuncles from blood poisoning. Malignant pustules; black or blue blisters; often fatal in 24 or 48 hours (like Pyrog.).*

Lycopodium: Warm poultices aggravate all the pains; boils returning periodically; carbuncles, with burning stitches all around, with alternate chilliness and heat of the body. *Yellow skin.*

Pyrogenium: *Septic fever, rapid loss of strength, sinking pulse, delirium, and fainting. Bad effects from inhaling foul odors of putrid fevers or from the dissecting-room.* Poisoning by foul breath. Septic states with intense restlessness. When blood is disorganized, heart becomes weak and muscles prostrated. Dissecting wounds. Either from contact to the skin, inhalation, or ingested anthrax. *Horribly offensive discharges.* Great pain and violent burning in abscesses. Threatening heart failure in zymotic and septic fevers. Aching, bruised, sore, and prostrate, yet restless. Discharges are horribly foul, taste, odor of body, menses, sweat, vomiting. Rosy red streaks from site of ulcers.

Rhus toxicodendron: *Cellulitis and infections, carbuncles in early stages. (Echi.) Septicemia.*

Burning itching around the carbuncles with vertigo as if one were about to fall; *stupor*, pale face, disfigured and convulsed, pointed nose. Bloody or serous frothy diarrhea. Glands are swollen, hot, painfully indurated, and suppurating. Symptoms appear on the left side or go from left to right. *Pains as if the flesh was torn loose from the bones. Pus erodes the hair. Vesicles over abscess.*

Secale: It decomposes the blood, *producing hemorrhage, which is thin, fetid, watery, black, and oozing continuously.* Mortification, gangrene. Small wounds bleed much. *Everything feels loose and open.* Chronic, sharp, stinging neuralgic pains, which burn like fire better application of heat. Restlessness, extreme debility, and prostration. Collapse. Walking causes giddiness. *Death takes places in convulsions, from gangrene and consequent exhaustion, or from exhausting hemorrhages or discharges, as diarrhea.* Many who escape immediate death are reduced to a cachectic state from which they never recover, are paralyzed, have limbs distorted, and senses impaired. **Secale** can help restore life in these cases. *In general, the sufferer retains a clear intellect and a good, even abnormally good appetite to the last.*

Tarentula cubensis: It is useful in septic conditions when incubation is slow but further progress is rapid with alarming prostration, atrocious burning, or sharp stinging pains, board-like hardness of affected part, and copious sweat. *Is remedy for the pain of death, soothes the last agony.* Anthrax, especially on back of neck, with burning, excruciating pain, banishing all sleep. Great prostration. Restless feet. Intermittent septic chills. Various forms of malignant suppuration. *Wounds have a purplish hue and burning stinging pains.*

Paralysis then convulsions. Abscesses, where pain and inflammation predominate.
Pungent burning.

Notes:

Plague

Plague is an infectious disease of animals and humans caused by the bacterium *Yersinia pestis*. It has been given the name of “black death” because of the gangrene that can result from the infection. Plague develops after being bitten by a rodent flea that is carrying the plague bacterium or by exposure from handling infected animals.

There have been four great pandemics of plague in the course of recorded history. The first started in 542 AD in Egypt and spread to Turkey, Greece, and Europe. The second plague occurred in the 1300's. It began in Asia Minor and Africa and spread to Europe killing about a fourth of the world's population. The third epidemic, from the 1300's-1700's, affected millions of people in Europe. Most people died from plague when flea-infested rats inhabited their homes and places of work.

The current worldwide epidemic began in China and has maintained activity in India, other parts of Asia, Brazil, and the southwestern United States. Outbreaks in people still occur in rural communities or in rat-infested cities. Plague outbreaks can occur following natural disasters and at times when regular sanitation practices are interrupted. Risk of infection also increases during the summer months as more people are outside and have a higher risk of exposure.

In the United States, the last urban plague epidemic occurred in Los Angeles in 1924-25. Since then human plague in the United States has occurred as mostly scattered cases in rural areas (an average of 10 to 15 persons each year). Globally the World Health Organization reports 1,000 to 3,000 cases of plague every year. Countries like India, where the rat populations in cities are high, have higher incidence of plague.

Incidence of plague is a result of periodic disease outbreaks in rodent populations resulting in a high death rate in the animals. During these outbreaks, hungry infected fleas that have lost their normal hosts seek other sources of blood thus increasing the risk to humans and other animals frequenting the area.

Between outbreaks, the plague bacterium is believed to circulate within populations of certain species of rodents without causing excessive mortality in the rodents. Such groups of infected animals serve as silent, long-term reservoirs of the disease.

Plague is transmitted from animal to animal and from animal to human by the bites of infected fleas. Less frequently, the organism enters through a break in the skin by direct contact with tissue or body fluids of a plague-infected animal, for instance, in the process of skinning a rabbit or other animal. Plague is also transmitted by inhaling infected droplets expelled by coughing, from a person or animal (especially domestic cats) infected with pneumonic plague. Transmission of plague from person to person is uncommon and has not been observed in the United States since 1924, but does occur as an important factor in plague epidemics in some developing countries.

Onset of plague is usually two to eight days after a person is exposed. Initial manifestations include fever, headache, and general illness, followed by the development of painful, swollen regional lymph nodes. The pathological sign of plague is a very painful, usually swollen, and an often hot-to-the touch lymph node, called a bubo. This finding, accompanied with fever, extreme exhaustion, and a history of possible exposure to rodents, rodent fleas, wild rabbits, or sick or dead carnivores, should lead to suspicion of plague. The lymph node can swell from one to ten centimeters in diameter. The buboes become extremely painful forcing the patient to remain still.

The disease can progress rapidly when the bacteria invade the blood-stream, producing plague septicemia. Once a human is infected, the disease is progressive and potentially fatal within two to four days. As the disease progresses the person develops lethargy, restlessness, and agitation. Children can have seizures. Mortality rate is 50%.

The *Y. pestis* bacteria release a toxin into the blood causing it to not clot, resulting in internal bleeding. The development of purpura or petechiae signals the development of this hemorrhagic form. Blood flow to the hands and feet becomes impaired and gangrene begins to develop in the extremities resulting in the “black death.” The person will soon go into shock and die if not treated.

Progression of plague can also develop into plague pneumonia, which can be transmitted to others from the expulsion of infective respiratory droplets through coughing. The incubation period of primary pneumonic plague is one to two days during which time an overwhelming pneumonia with high fever, cough, bloody sputum, and chills develops. For

plague pneumonia patients, the death rate is over 50%. Cutaneous plague occurs when bubonic plague is accompanied by boils, pustules, and scarring of the skin in the area of the swollen lymph node. Plague meningitis can occur when the bacterium spread to the spinal fluid surrounding the brain. This results in neck stiffness, delirium, and seizures.

As soon as a diagnosis of plague is made, the patient should be isolated, and local and state health departments notified. Confirmatory laboratory work includes blood cultures and examination of lymph node specimens.

Those individuals closely associated with the patient, particularly in cases with pneumonia, should be traced, identified, and evaluated. Contacts of pneumonic plague patients should be placed under observation. It is a U.S. Public Health Service requirement that all suspected plague cases be reported to local and state health departments and the diagnosis confirmed by the CDC. As required by the International Health Regulations, CDC reports all U.S. plague cases to the World Health Organization.

Epidemic plague is best prevented by controlling rat populations in both urban and rural areas. This goal has been reached in the cities, towns, and villages of most developed countries. This has not been achieved in either the rural or urban areas of many developing countries where the threat of epidemic plague continues to exist. Control of plague in such situations requires two things: close surveillance for human plague cases and for plague in rodents, and the use of an effective insecticide to control rodent fleas when human plague cases and rodent outbreaks occur.

Vaccination and Treatment

Plague vaccines have been used since the late 1800's but their effectiveness has never been measured precisely. Field experience indicates that vaccination with plague vaccine reduces the incidence and severity of disease resulting from the bite of infected fleas. The degree of protection it affords against primary pneumonic infection is not known.

The plague vaccine licensed for use in the United States is prepared from *Y. pestis* organisms grown in artificial media, inactivated with formaldehyde, and preserved in 0.5% phenol. The vaccine contains trace amounts of beef-heart extract, yeast extract, agar, and peptones and peptides of Soya and casein. Following the primary series of three injections, about 7% of individuals do not produce PHA antibody and a few fail to develop a titer of 128, the level

correlated with immunity in experimental animals. Such testing can be arranged through state health departments.

Since plague vaccination may only ameliorates the illness, whenever a vaccinated person has a definite exposure prophylactic antibiotics may be indicated whether or not an antibody response has been demonstrated. Primary vaccination results in general malaise, headache, fever, mild swollen lymph glands, erythema, and induration at the injection site in about 10% of recipients. Plague vaccine should not be administered to anyone with a known hypersensitivity to any of the constituents such as beef protein, Soya, casein, and phenol. Patients who have had severe local or systemic reactions to plague vaccine should not be revaccinated.¹⁸

Conventional drug therapy is initiated as soon as possible after laboratory specimens are taken. The drugs of choice are streptomycin or gentamycin, but a number of other antibiotics are also effective. Rare cases of sensitivity reactions manifested by urticarial and asthmatic phenomena have been reported.

Antibiotics may be taken in the event of exposure to the bites of wild rodent fleas during an outbreak, or to the tissues or fluids of a plague-infected animal. Preventative therapy is also recommended in the event of close exposure to another person or to a pet animal with suspected plague pneumonia.

Throughout the early history, great plagues have killed millions of people. Often healers noticed that with some cases of plague, once a person had become ill, they did not become re-infected. One of the first written records of acquired immunity came from the Greek author, Thucydides, who noted during the great plague of Athens in the fifth century BC, that the people who survived did not get the disease again; life-long immunity is developed after infection with *Y. pestis*.

Homeopathic Prevention and Treatment

*Ring around the rosy
A pocketful of posies
“Ashes, Ashes”
We all fall down!*

The words to the Ring Around the Rosy children's ring game have their origin in English history. The historical period dates back to the Great Plague of London in 1665 or even

before when the first outbreak of the Plague hit England in the 1300's. The symptoms of the plague included a rosy red rash in the shape of a ring on the skin (Ring around the rosy). Pockets and pouches were filled with sweet smelling herbs (or posies), which were carried due to the belief that the disease was transmitted by bad smells. The term "Ashes Ashes" refers to the cremation of the dead bodies. "We all fall down," relates to the extremely high mortality rate of the disease. The Great Fire of London in 1666 halted the plague as it killed the rats and flees that carried the disease.

In the late sixteenth and seventeenth centuries, victims of the plague would be sealed in their houses. The houses would be locked and bolted from the outside. The victims were not allowed to leave and neither was anyone else allowed to enter. This action was tantamount to signing a death warrant for the whole family and one of the terrible consequences of the disease. Any victim of the plague would have to obtain a 'Certificate of Health' to resume normal life, if they recovered.

Nostradamus discovered a homeopathic cure for the Great Plague. It consisted of sawdust from a green cypress, rose petals, cloves, iris, resinous aloe, and calamus. It is not known whether he found this cure in medical text or made up a solution that caused the same symptoms as the Great Plague. This remedy helped many more people than conventional medical treatments.⁴⁷

Historically, it was noted that schizophrenics were protected from the disease. Also, consuming wine and garlic was rumored to afford protection. Those that had been previously bitten by the European viper were also protected. Correspondingly, **Vipera**, the homeopathic preparation of the snake venom, is useful for prevention and treatment. It, like other snake venoms, has affinity to hemorrhagic cases. An Indian homeopath discovered in 1920 that **Naja**, venom from the India cobra, could treat and prevent plague. He had an advanced case where the person, unconscious and delirious with buboes, was cured with **Naja**. Prior to his discovery, he had formerly lost all of his plague patients.⁶

Homeopathic history of the treatment of plague has involved the use of several remedies. **Pestinum**, a nosode prepared from the serum of a person infected with plague, can be taken in a 30C daily or weekly for prevention in areas where there are infestations. **Anthracinum**, **Carbo animalis**, **Bufo**, **Cinnabaris**, **Lachesis**, **Mercurius**, **Naja**, **Syphilinum**, or **Tarentula cubensis**, are remedies to consider in the development of buboes while **Anthracinum**, **Baptisia**, **Hyoscyamus**, or **Pyrogenium**, may be more

indicated in cases that become septic. Think of **Crotalus horridus**, **Lachesis**, **Phosphorus**, or **Vipera** for hemorrhagic plague.

In pneumonic plague look to **Arsenicum**, **Hepar sulphuris calcareum**, **Iodoform**, or **Phosphorus**. While the remedies **Bufo**, **Lachesis**, **Naja**, or **Tarentula hispanica**, are more suited to cases that become epileptic.

A report of treatment of an individual case of plague follows. It gives an example of the kind of symptom detail that is sought in selecting the appropriate homeopathic remedy and the rapidity of response that can be expected when the correct remedy is chosen.

“April last, 1903, S. Chakerbutty, a young man, thin and spare in form, a clerk in Government employ, came back from his office in the evening and complained of slight headache, feverishness, general languor, a sore feeling all over, thirst with entire loss of appetite. In the course of another couple of hours or so, this state was followed by chill, rigor, severe headache, acute pain around the right shoulder with smarting pain, and tenderness of one or two swollen axillary glands on both sides. He had high fever, nausea, thirst for large quantities of cold water, burning of the body, hands and feet, restlessness, fear of death, and lastly a tendency to drowsiness. Night passed away in this state.

“The next morning a doctor was called in, who, after examining the patient ordered a mild purgative and a fever mixture. The opening medicine did not act properly, but next day the fever subsided with some signs of improvement in the morning, but during afternoon fever again came on with violence accompanied by chill and rigor, the temperature rose up to 104°F, followed by copious perspiration and furious delirium.

“On the day following, I was sent for and on my approach I saw the patient in a semi-unconscious condition, eyes suffused and bloodshot, delirious but could partially recognize me, slow of comprehension, and answered questions with an erratic mind and disposition. I noticed petechial eruptions all over his chest and the inside of the arms, and ecchymosed patches on back and shoulders, which were very painful, with an enlarged and a very painful, swollen axillary gland on the right side. The temperature was 103.4°F, skin hot, pungent and dry, face puffed, of dusky color, tongue dry, red and cracked. The appearance of those eruptions and bloodstained

marks were so sudden and peculiarly symmetrical and prominent that speculations were rife among friends as to what might have been the probable cause of these.

"Without hesitating, I at once prescribed **Crotalus horridus** 30C, to be given at an interval of at least four hours. Two doses were given on the first day. The evening aggravation of the fever along with all the other symptoms was not so pronounced as on previous days, the patient consequently passed a better night. Next morning I was surprised to notice improvements in every respect and ordered the same medicine to be continued as before, and in course of another couple of days, the patient became convalescent. In fact, all those symptoms that threatened an impending dissolution, gradually disappeared under the influence of this single remedy, though he required some other medicines for the subsequent treatment of minor complaints, which lurked about him for nearly a week, such as **Nux vomica** and **Sulphur**."⁴⁶

This recount of the progression of the disease and the need for continued repetition of the remedy at this frequency is a model to compare the treatment of future cases. Despite the severity of the condition and potential for death, the homeopathic remedy was able to turn the condition around in a few days and with the use of other anti-psoric remedies, he was able to return to full health.

Remedies: acal., acon., all-c., alum., alumn., anan., ang., ant-t., anthr., apis, **ars.**, ars-i., ars-met., aur., aur-ar., aur-m., aur-m-n., aur-s., bad., **bapt.**, bar-m., bell., blum-o., **BUFO**, calc-o-t., calc-s., calen., canth., **carb-an.**, carb-v., caust., chel., **CINNB.**, clem., **crot-h.**, dulc., ferr-p., **graph.**, **HEP.**, hydr., ign., iod., **iodof.**, **iris**, jac-c., kali-chl., **kali-i.**, kali-m., lac-c., lach., **lith-c.**, lyc., lyss., **mang.**, med., **merc.**, merc-c., **merc-i-f.**, merc-i-r., merc-pr-r., **merc-s.**, myric., naja, **nit-ac.**, oci., oper., pest., ph-ac., phos., phyt., puls., **pyrog.**, rhus-t., rob., sep., **sil.**, sol-x., staph., stram., sul-i., sulph., **syph.**, **tarent.**, tarent-c., thuj., tus-p., vip., zinc.

Aconite: Nearly all authorities praise this remedy in the *early stage* of fevers where there is *high fever, chilliness and dry skin, bounding pulse* and the characteristic mental accompaniments of *fear and anxiety*, which are quite likely to be present in this disease. *Tossing about in agony, feeling as if they will die. Predicts the time of death. Face is red with the fever.* Ailments of the immune system, especially if caused by suddenly checked sweat, or by dry cold air, storms, or cold winds.

Anthracinum: Cases that progress towards gangrene. *Induration of cellular tissue. Glands painfully swollen.* Edema of affected parts. Red lines, streaks, and stripes mark out the course of lymphatic system from the site of the carbuncle. *Discharge of ichorous (thin acrid), foul-smelling pus.* Conditions of boils and boil-like eruptions. Black circles around the carbuncle burning like fire. *Sloughing of, black, dead, hard-like dried beef tissue.* Little knotty dead formations no bigger than the end of the finger; *black, dead, and filled with blood dried down.* Black or blue blisters. Bubo, where there is a purulent focus. Collapse.

Arsenicum: Skin cold, blue, and dry as parchment, peeling off in large scales. Cold sweat, pulse small, irregular, and frequent. *Restless with extreme anxiety and fretfulness. Feels he has been poisoned and will surely die.* He loathes life, and wants to die. That everything he touches is contaminated. Screaming with pains. Feels his whole insides are mortifying. Gangrenous inflammation, so violent, sudden and malignant. *Anxiety, prostration, and fear of death, with chilliness, the patient wanting to be covered warmly.*

Baptisia: Useful in the first stages or cases that turn septic. When the patient has a red flushed face, and confused expression. *Fever of a rapid onset and rapid course.* Very heavy sleep interrupted by frightful dreams. Delirium. *Besotted condition.* Answers a word or two. *Feels scattered about the bed, tries to get the pieces together. Great muscular soreness and putrid states are present.* The body is chilly and sore worse while lying down because of pressure on the abdomen. *The chilliness is worse during the day and the fever is worse during the night.* *Foul odor of the body, of the breath, of excretions, stools, sweat, and urine etc.* Livid, dark spots appear upon the body. Glands of the left groin swollen.

Bufo: Low-grade inflammatory action, fetid exhalations, and discharges. *Tendency towards epilepsy. Septic lymphangitis.* Buboes. Neurasthenic spots on skin. Aversion to the sight of brilliant objects. Fetid discharges and exhalations. Convulsions from suppurative conditions. *Idiotic. Paralysis of tongue. Extremely sensitive to light and noise.* Swelling of hands and arms, with burning pains. Bloody saliva, fetid breath. Red streaks under skin. Yellow large blisters oozing a yellowish, corrosive fluid.

Carbo animalis: *Glands are indurated, veins distended, skin blue. Ulceration and decomposition.* All its secretions are offensive. Patients are susceptible to colds. Indurations after inflammations. Glands enlarge, slowly and painfully becoming indurated. Burning like fire. Glands indurated, swollen, painful in the neck, axilla, groin, and breasts. Pains lancinating, cutting, and burning. Tendency to malignancy. Sensations of looseness or crawling as of bugs. *Bluish color of limbs. Buboes.*

Cinnabaris: *In case of great weariness, languor, and prostration, worse before eating and better when riding in the open air.* Worse lying on right side, feels as if contents of body were being dragged over to that side. General nervousness and uneasy sensation. Heat of the body during the whole night. Profuse perspiration between the thighs. Perspiration most at noon. Pimples, pustules, and ulcers, with violent itching and pricking, especially about the joints. *Muscles seem contracted. Glands enlarged.* Nodes on the shin-bones. Buboes.

Crotalus horridus: *Hemorrhagic cases* where the blood oozes from the mouth, nose, anus, or sexual organs. Black, thick, tar-like blood, rapidly decomposing. *Bloody pus and sweat. Low septic states.* General disorganization of the blood. Hemorrhages and jaundice. *Tissues rapidly decompose producing putrid and malignant conditions.* Dark or bluish parts. Septic conditions. Inflamed tonsils, goiter, ulcers, abscesses, blood boils. *Dissecting wounds.* Boils, carbuncles, and eruptions are surrounded by purplish, mottled skin, and edema. Vesication. Great sensitiveness of skin on right half of body. Old scars break open again. Bubonic plague.

Hepar sulphuris calcareum: Cases that develop abscesses. **Hep-s.** acts on the abscesses before they open. The higher potencies may abort the suppuration while the lower potencies promote it. If it is necessary to hasten it, give in low potency frequently. *The lesions spread by the formation of small papules around the side of the old lesions.* Sweats day and night without relief. Catarrhal process with a tendency to hemorrhage and ulceration. Thick, yellow, acrid, ropy discharge, mucus is found in the stools in the urine, hawks up mucus. *Great sensitiveness to all impressions. Cannot bear to be touched or uncovered, wants to be wrapped up warmly.* Putrid ulcers. Chilliness, hypersensitiveness, splinter-like pains, craving for sour and strong things. Sensitiveness to noise, to odors. Irritable and angry, feels inclined to kill anyone who offends him. Can go into pneumonia.

Hyoscyamus: Indicated in late, advanced stages of plague. Fevers develop rapidly. Sensorium clouded. Patient is in a deep stupor, but when roused will answer correctly. Or, a mania of a quarrelsome and obscene character. Staring eyes. Mutters or says nothing for hours. Muttering delirium. *Refuses medicine, thinks it will poison him. Suspicious, and jealous, alternately mild and timid, then violent.* Will scratch and try to injure. *Tongue dry and unwieldy, rattles in the mouth.* Dry tongue. Aversion to water. Septic fevers. Slides down in bed. Desire to uncover. Low fever with hot, pale skin. Warm sweat.

Iodium: Cases going towards pneumonia. All glandular structures, respiratory organs, and circulatory system are especially affected. They atrophy. Great debility, the slightest

effort induces perspiration. Pneumonia, rapid progression. **Iodium** is warm and wants cool surroundings. Weakness and loss of breath going upstairs.

Lachesis: Septic states, low forms of disease when the system is thoroughly poisoned and the prostration is profound. Burning pains relieved by cold applications. *Loquacity and suspicion. Thinks he has been poisoned.* Black blood. Sensation of a lump in throat. Boils. Bubo. Bubonic plague. *Bluish, purplish appearance.* Boils, carbuncles, and ulcers with bluish, purple surroundings. Dark blisters. Blue-black swellings. Small wounds bleed much. Septic and epileptic cases.

Mercurius: Cases with marked glandular involvement. *Affinity to the membranes and glands which become ulcerated and there is a tendency to form foul smelling pus. Internal thermostatic mechanism is over-functioning.* First there is a chill and then the person is too hot; covers come off and are put back on again. Perspiration and salivation with an old sickly smell. **Mercurius** is homeopathic to depressed state of health where the *mind is impulsive* and losing reason, and the body appears to be *disintegrating. Speech difficult* because of a trembling tongue. Metallic taste and a *fetid odor* from the mouth.

Naja: Neurological cases. Fever is characterized by a hot face and icy feet. Perspiring freely. Despite the fever and dry mouth, no desire to drink. Bubo surrounded by purple mottled skin. Skin swollen, mottled and of a dark purple, livid color. Large pimples on inflamed base. Boil-like swelling. Causes no hemorrhage but only edema. *Feeling of intoxication is produced, followed by a loss of power over the limbs.* The patient has loss of speech, loss of swallowing and the control over the movement of the lips.

Pestinium: Also called **Yerbetinum** or **Yersin** after the bacteriologist that isolated plague. The prophylaxis and treatment of plague with injections of more or less modified virus of plague by old-school practitioners affords evidence that the nosode of plague is available like other nosodes for the treatment of cases of the disease from which it is derived. Can be used as an inter-current remedy or independently.

Phosphorus: Ulcerating buboes with a foul, colorless discharge. Burning pains accompanying the fever. *Anxious and fearful, desires company, and thirsty for icy drinks.* Will treat pneumonia in delicate persons; patient stupid, with violent pleuritic stitches, tongue dry, skin dry, and burning in the lungs. Petechial spots on the skin.

Pyrogenium: Desperate cases with extreme restlessness, has to keep moving. Only momentary relief from moving but has to move again to get relief. *Repulsed by their smell.* Full of anxiety and insane notions. Cannot tell whether dreaming while awake or asleep. *Septic states when blood is disorganized, heart becomes weak, and the muscles prostrate.* Cannot lie more than few minutes in one position. *Horribly offensive discharges, menstrual, diarrhea, vomit, sweat, breath, etc.* Aching, bruised, sore, and prostrate, yet restless. Recurrent abscesses with pain and violent burning. Abscesses, bedsores, boils, pyemia (parasitical poisoning of the blood resulting in abscesses), and ulcers. Septic cuts, bites, and wounds. High fevers with sore limbs and delirium. Temperature rises rapidly. Quickly oscillating temperature. Septic fevers.

Syphilinum: When the patient's response to that remedy is feeble or nil. Nightly aggravation of complaints with extreme mental and physical restlessness together with its intense irritability are striking indications for its use. Aversion to company. Sad and lamenting. *Hopeless, despairs of recovery. Feels he is going insane or is becoming paralyzed. Always washing the hands.* Utter prostration and debility in the morning. Sweats at night with exhaustion. *Ulceration of mouth, nose, genitals, and skin.* Succession of abscesses. Foul or green pus. Abscesses. Bubo.

Tarentula cubensis: *It is useful in septic conditions, when incubation is slow, but further progress is rapid with alarming prostration, atrocious burning or sharp stinging pains, board-like hardness of affected part and copious sweat.* Is remedy for the pain of death, soothes the last agony. *Bubonic plague, as a curative and preventive remedy especially during the period of invasion.* Bubo. Various forms of malignant suppuration. Purplish hue with burning and stinging pains. *Bluish painful abscesses.* Great prostration. Restless feet. Intermittent septic chills. Paralysis then convulsions. *Abscesses, where pain and inflammation predominate. Pungent burning.*

Notes:

Haemophilus influenzae

Haemophilus influenzae type b (Hib) is a gram-negative polysaccharide-encapsulated bacterium that causes a variety of invasive syndromes particularly severe in infants. *Haemophilus influenzae*, also spelled *Haemophylus*, is a normal bacterial resident of the mucous membranes of humans. There are up to six differing forms of the bacteria labeled respectively type a, type b, ... type f. Multiple strains of the bacteria are implicated in a large number of sinus, throat, and ear infections. Type b is implicated in 95% of cases of more invasive disease. The most common types of invasive disease caused by *Haemophilus influenzae* are meningitis, epiglottitis, pneumonia, arthritis, and cellulitis.

Haemophilus influenzae was first isolated in 1889 from the sputum of a patient who died of influenza, and the isolated organism (then called the Pfeiffer bacillus) was assumed to have caused the patient's illness. *Haemophilus influenzae* received its name in 1920, to acknowledge its historical association with influenza even though it is not directly related to influenza.

Hib is the leading cause of bacterial meningitis and other invasive bacterial diseases among children younger than five years of age. Older children and adults are not susceptible to these bacteria. Breast-feeding and passive immunity from the mother protects the infant in the early months leaving the period of six to twelve months as the most vulnerable time, with immunity slowly developing by the age of five. The longer the mother breast-feeds the less susceptible the child will be to Hib infection. Native American and Eskimo children have a higher susceptibility to Hib meningitis. However, they do not seem to be affected by Hib epiglottitis.

The bacteria normally reside in the nasopharynx. It is unknown how these bacteria become pathogenic or how they spread to others but it is assumed to be through respiratory droplet. As it survives in anaerobic conditions, it can remain active without the development of any symptoms in the carrier. Hib can be isolated in the nasopharynx and lungs of 1/2-3% of all infants and young children. The contagious period of the disease is limited. However, those

in close contact may become infected or pass along the germ to others in similar contact (i.e. through daycare centers or to other members of the family).

In some persons the bacteria causes an invasive infection in the blood stream. Common presentations of invasive disease are as follows:

- Meningitis is an infection of the membranes covering the brain and is the most common clinical manifestation of the disease accounting for 50%-65% of cases. Symptoms include high fever, headache, nausea and vomiting, tiredness, and irritability. This is followed by a change in alertness, decreased mental status, a stiff neck, and seizures. The fatality rate is 3-8%. Hearing impairment and other neurological sequelae occur in 15-30% of resolved cases.
- Epiglottitis is an infection and swelling of the epiglottis, the tissue in the throat that covers and protects the larynx. It usually begins with swelling between the base of the tongue and the epiglottis accompanied by a high fever. Sometimes the epiglottis swells to deformation from the development of a pustular abscess in the surrounding tissue. The swelling of the epiglottis results in a dry croaking voice, difficulty with inspiration or expiration, and blockage of the airways resulting in suffocation. It can result in death if not treated quickly.
- Septic arthritis (infection in the joints), cellulitis (a rapidly progressing potentially life-threatening skin infection that usually involves the face, head or neck), or pneumonia (which can be mild or severe) are all common manifestations of invasive disease.
- Osteomyelitis (bone infection) and pericarditis (infection of the membrane covering the heart) are less common forms.
- Some of the strains of *Haemophilus influenzae* can cause otitis media and acute bronchitis.

Vaccination and Treatment

There have been several vaccines developed over the years with differing levels of immunity generated. The first vaccine was a polysaccharide vaccine (HbPV) licensed in 1985. It was determined to be non-effective in children younger than eighteen months of age and so it missed the most susceptible period. Repetitive doses did not raise immunity.

Polysaccharide-protein conjugate vaccines seem to have greater effectiveness. These types of vaccines are made by combining the Hib antigen with a protein marker from the membrane of a different disease antigen.

The first Hib conjugate vaccine (PRP-D, ProHIBIT) was licensed in 1987, but again failed to produce immune activity in children younger than eighteen months of age. This vaccine is no longer available in the United States.

Currently there are three conjugate Hib vaccines available. HbOC (HibTITER) is made from a mutant diphtheria protein, PRP-T (ActHIB) is made from the tetanus toxin, and PRP-OMP (PedavxHIB) is made from meningococcal group B outer membrane protein. These vaccines, when used in combination or singly effect an increase in antibody production against Hib. It is recommended that these vaccines be given beginning at two months of age in a series of two or three doses. Efficacy of the vaccines varies and there is debate as to whether the decline in incidence in Hib is due to the vaccines or was a part of the natural decline of the disease.³

It is difficult to separate out the adverse effects of the Hib vaccine because in most cases it is given in combination with DPT¹ vaccines. Muscle weakness, anaphylaxis, demyelination of the nervous system, seizures, and death have been reported as adverse effects from the combination of these vaccines.³ The most commonly reported side-effect of the Hib conjugate vaccines has been the increase in Hib disease following the vaccine.³ Studies found a 2-6% increase in incidence after the vaccine.³ Other adverse effects of the Hib vaccines include Guillain-Barre syndrome (progressive weakness of the legs and feet with inability to walk), transverse myelitis (paralyzing disease of the spinal cord), other neurological deficiency symptoms, thrombocytopenia, and diabetes.³

Conventional treatment requires hospitalization and antibiotic therapy administered intravenously. Some strains of the bacteria are becoming resistant to the common antibiotics, so a combination of antibiotics is often needed.

Homeopathic Treatment and Prevention

The study of *Haemophilus influenzae* type b (Hib) provides an opportunity for many points of interesting study:

- This is a situation where the bacteria that normally reside in us become lethal.
- Susceptibility decreases with age as the immune system develops the ability to create the particular antibodies necessary to fight the disease.
- Many of the presentations of Hib look like some of the other diseases described in this book.

- The incidence of the disease was on the rise from 1948 to 1985, which parallels the period between the introduction of the DPT vaccine, and the development of the Hib conjugate vaccines.
- Conjugate vaccines that generate immunity to Hib are made with markers from diseases that have similar presentations to Hib: tetanus, diphtheria and meningitis.

All of the factors listed above are important to consider. The first point has to do with susceptibility. If the bacteria that normally reside within us make us sick, then something about our health triggers the onset of the diseases. These situations require constitutional homeopathic treatment to lower one's susceptibility to becoming sick from our own bacteria.

The second point demonstrates that the immune system does, in fact, develop in stages and that the infant's immune system cannot develop specific antibodies to all diseases. Specific antibody production towards Hib does not occur until between the ages of two and five. The argument for prolonged nursing of infants to increase resistance is supported here.

The last three points of discussion have an interesting correlation. The various presentations of Hib have similarities to tetanus, whooping cough, diphtheria, or meningitis. Rises in the incidence of Hib came after the introduction of the DPT vaccine and conjugate vaccines are developed with proteins derived from those diseases. In **Chapter 5**, the possibilities of incomplete disease expression is explored. We must question if the expressions of Hib are directly related to the diseases in the conjugate vaccines. These concepts, the implications of suppression of disease with vaccinations, the chronic effect of vaccinations on the population at large, and the evolution of disease incidence are discussed in **Chapter 4** in the section on **Epidemics and Collective Susceptibilities** and in **Chapter 3**, in the sections **Infant's Immune System Response to Vaccinations** and **Working with the Immune System Rather Than Against it**.

Regardless of the pathological relationship between Hib and diphtheria, whooping cough, meningitis, and tetanus, the possible homeopathic remedies applicable to the various expressions of Hib disease are the same as those used to treat the other diseases. Descriptions of some of these remedies are expounded on below.

As the different manifestations of Hib are potentially life-threatening, if the homeopathic remedy you have selected is not available or if you cannot differentiate one, expedient admittance to the nearest hospital is necessary.

Preventative treatment starts with constitutional care. Beyond that, following are some remedies that have an affinity to the worse presentations. **Apis** correlates with meningitis, swelling of the air passages, joint inflammation, and cellulitis. After exposure to Hib in an infant, **Apis** 30C can be taken once a day for several days to prevent the development of the disease. **Aconite** is indicated for any inflammatory condition after exposure to cold air and corresponds to sudden suffocative attacks and fevers that may progress towards meningitis. **Belladonna** is related to the meningitis symptoms: febrile congestion of the head, stiff neck, and altered mental function. **Bryonia** is indicated in conditions involving inflammation in serous membranous linings such as the meninges, the pericardium surrounding the heart, and the joint capsules. Other remedies such as **Bromium**, **Chlorum**, **Mephitis**, **Sambucus**, or **Spongia**, are more indicated in cases going toward epiglottitis. The various remedies made from gases, **Ammonium**, **Bromium**, **Chlorum**, or **Iodium** all have symptoms of suffocation or spasm of the epiglottis. Salts of these minerals will have similar symptoms. **Haemophylus** is a nosode of Hib and may be used preventatively for Hib or in the treatment of it. **Haemophylus** is a prescription remedy.

In the odd case where inflammation of the bones or pericardium occurs, **Aurum** or **Capsicum** are options.

For the secondary conditions of otitis media and pneumonia, refer to the pertinent chapters. If none of the remedies listed here seems to be indicated, look to **Tetanus**, **Diphtheria**, or **Whooping cough** for more ideas.

Curative action includes a general relaxation and initial easing of the most limiting symptoms. This will demonstrate itself in ease of breathing, softening of the voice in cases of epiglottitis, and freer movement of the neck in cases going towards meningitis. The fever may continue while the child sleeps, but soon it will be broken by a sweat. Expect a near immediate response to the remedy depending on the potency given. 30C may need to be repeated every ten to twenty minutes, two or three times, to hold the effect. If you need to repeat a 200C more than twice in an hour, look for a different remedy. If you are not sure, take your remedy kit to the hospital with you while you wait for the remedy to make a curative response.

Remedies: achy., **acon.**, adon., am-br., am-c., am-caust., ant-ar., **APIS**, apisin., **apoc.**, **arn.**, **ars.**, **ars-i.**, ars-s-f., **asc-t.**, **aur.**, aur-i., aur-m., bar-c., bell., brom., **bry.**, **cact.**, calc., calc-f., calc-p., calc-s., **camph.**, cann-s., **canth.**, **caps.**, **carb-an.**, carb-v., **carbn-s.**, caust., cham., chin., **chlol.**, **chlor.**, cob-n., coc-c., **colch.**, colchin., **con.**, cop., cor-r., crat., crot-c., crot-h., cupr., **daph.**, **dig.**, eberth., euph-pi., ferr., ferr-p., fil., **Fl-ac.**, flav., franc., gels., **glon.**, graph., hecla., **hell.**, **hep.**, hippoz., hist., hoit., hydr., **hydr-ac.**, hydrog., hyos., iber., **iod.**, indo., kaliar., **kali-c.**, kali-chl., **kali-i.**, kali-m., **kalm.**, LACH., lact., lat-m., laur., led., lycps., lyss., mag-mur., magn-gr., **mang.**, mangi., med., **merc.**, **merc-c.**, meph., **MEZ.**, naja, nat-m., nat-n., **nit-ac.**, nux-v., **op.**, ox-ac., paro-i., **PH-AC.**, phase., **phos.**, phyt., plat., prot., **Psor.**, **puls.**, raja-s., **rhod.**, thus-t., **ruta**, **samb.**, sang., sароth., sars., sec., **sil.**, **sin-n.**, **SPIG.**, **spong.**, squil., **staph.**, **staphycoc.**, still., **stram.**, stroph., stry., sul-h., **SULPH.**, tab., ter., tere-ch., thuj., toxo., upa., valer., **verat.**, **verat-v.**, vip., x-ray, zinc.

Achyranthes: Similar to **Aconite** in fevers. Acute congestive states, feverish with sluggishness and indifference towards the environment. *Congestive, throbbing headache.* Dryness and burning of the mucous membranes and of the skin. *Torpor with sudden starting from sleep to return again to a state of torpor.* Severe congestive frontal headache. Prickling in the throat after a cold drink. Hoarseness, difficulty in speaking in cold weather.

Aconite: Serous membranes and muscular tissues affected markedly. *Fever from exposure to dry, cold weather.* *Acute, sudden and violent illness with high fever.* Stiffness in nape of neck. Anxious expression, face red, hot, flushed, and swollen. Pulse fast, full, hard, tense, and bounding. *Hoarse, dry, croupy cough, loud, labored breathing.* Child grasps at throat every time he coughs. Very sensitive to inspired air. Red, dry, constricted. Sensation of contraction in the throat. Inability to swallow, with hoarseness.

Ammonium bromatum: *Sudden strangling, suffocating, cough.* Suffocating sensation before epilepsy. A sudden desire to cough, so sudden it causes strangling. Must walk about for fear of suffocation.

Ammonium causticum: Great swelling of mucous membrane of mouth and throat, *stertorous breathing, voice muffled and husky,* later, cough develops with bloodstained expectoration. *Spasm of the glottis with suffocation, patient gasps for breath.* Cyanosis. Esophagitis.

Apis: *Redness and swelling with stinging and burning pain in eyes, eyelids, ears, face, lips, tongue and throat.* Edema of the throat may be accompanied with *stinging pains.* In the

serous membranes of heart, brain, pleura, etc., it produces *inflammation with effusion*. Swelling or puffing up of various parts, edema, and red, rosy hue. *Sudden shrill cries in hydrocephalus and meningitis*. Feels as if he could not draw another breath. Suffocation, short, dry cough. Rosy red, sensitive, sore skin in cellulitis. Constricted, stinging pains. *Uvula swollen, sac-like*. Great sensitiveness to touch. Dull, heavy sensation in occiput, as from a blow, extending to neck. Rolling of the head from side to side. *Boring of the head backward in pillow in meningitis*. Pulse is hard, small, intermittent, quick, and weak.

Aurum: Marked by decay and induration. *Osteomyelitis and decay of the bone. Inflammation of the pericardium. Worse from sunset to sunrise. Nightly bone pains*, especially cranial, nasal and palatine. Conditions attacking the blood, glands and bones. *Low-spirited and lifeless*. Febrile chills over the whole body, while in bed in the evening. Tonsils swollen and ulcerated. Pulse rapid, feeble, and irregular.

Baryta carbonica: *Infantile states*. Tendency to get sick often with enlarged glands. Spasm of esophagus as soon as food enters esophagus, causes gagging and choking.

Belladonna: Otitis media, meningitis, and epiglottitis. High fever. Awakened or at least sits up at night in bed screaming. Cannot be pacified. Eyes brilliant, and staring, pupils dilated. Stiff neck and shoulder (right). *Hot, sensitive and painful ears. Throbbing and beating pain deep in ear, synchronous with the heartbeat. Boring of head in the pillows, head drawn backward and rolls from side to side*. Throat feels constricted. *Swallowing difficult, worse liquids*. Spasms in the throat. Clutches at during epilepsy.

Bromium: Tendency for glands to infiltrate. Glands become hard, but seldom suppurate. Effects of Bromine are seen in the respiratory tract, especially larynx and trachea. *A sense of suffocation, excoriating discharges, profuse sweats and great weakness*. Tonsils swollen, deep red with network of dilated blood vessels, pain worse swallowing fluids than solids. In cases of epiglottitis where there is difficult inspiration. Worse in the heat. Boring pains in bones.

Bryonia: **Bryonia** is less rapid in its action than **Acon.**; it goes deeper in its effects and often takes up the work where **Acon.** leaves off. **Bryonia** affects all serous membranes and the viscera they contain, causing dryness, inflammation and exudation. Inflammation of the meninges, pericardium, and joint capsules. Great irritability and bad temper. Pain is stitching and tearing. *Bursting, splitting headaches*. Aching in joints and muscles all aggravated by motion. *Wants to be left alone and not moved*. Painful stiffness of neck. Sharp stitches in chest.

Throat, dry, scraping and rough, seems swollen. Hoarseness worse in open air. Deep hoarseness if heated.

Capsicum: Affinity to diseases that manifest with inflammation of the mucous membranes and the periosteum. Marked tendency to suppuration in every inflammatory process. Swelling and pain behind ears. *Inflammation of the mastoid. Face red, but cold or pale and red alternately. Disagreeable smell from mouth.* Constriction of throat with urging to swallow. Inflamed uvula and palate, swollen and relaxed. Joints crack, stiff, *painful* on beginning to move.

Chlorum aqua: Made from chlorine gas, this remedy has a marked action on the respiratory system and with *spasm of the glottis*. The mental state is noteworthy: fears he will go crazy, that he would not be able to make a living. Cannot remember names of people he sees or if he sees the names cannot remember the person. Delirious. *Mouth inflamed, ulcerated. Rapid emaciation.* Acute rheumatic pains. Coma, fainting with cold, viscous sweats. Hemorrhage from the rectum in typhus, blood black, coagulated or thin, smelling like carrion. Chilliness, burning, dry heat with anxiety, and raving. Skin dry, yellow, shriveled. Malignant pustules and carbuncles.

Cuprum: Meningitis and epiglottitis. Convulsions may be either tonic or clonic. *Spasmodic effects, convulsions and cramps of violent form.* Piercing cries, twisting of the head to one side. Meningitis, cannot hold head erect or bores into the pillow. *Spasms with blue face and clenched thumbs.* Spasms of throat. Unable to talk on account of spasms of throat. Dryness of the throat, with thirst. Inflammation of the pharynx. *Better swallowing water.* Icy coldness of skin.

Hydrocyanic acid: Useful in severe cases of meningitis or epiglottitis when death seems imminent. **Hydr-ac.** is one of the deadliest and most rapidly acting of poisons. It is useful in cases of critical intensity. *Convulsions and paralysis* are the leading keynotes of the medicine's action. *In convulsions the body is stiffened and thrown back, cramp in nape of neck is very characteristic, breathing comes in paroxysms, jaws set, foaming at mouth, face flushed, bluish tint.* Spasmodic constriction in larynx. Feeling of suffocation, pain and tightness in chest, palpitation; pulse weak, irregular. Asphyxia. Dry, spasmodic, suffocative cough. Unconscious. Wild delirium. Pupils are motionless or dilated.

Lachesis: Intensively rapid onset of the disease with great prostration. *Symptoms can develop in sleep* and the patient wakes up from symptoms, at any time day and night. *Septic states.*

Flushes of heat, rushes of blood. Sensation of constriction in the throat better from eating. Sore throats begin on the left side. Choking. *Worse from slight touch or pressure of clothes around the neck.* **Lach.** has helped in cellulitis with burning and blue color of the skin. Restless and uneasy.

Mephitis: Suffocative feeling. Violent cough; very violent; *spasmodic as if each spell would terminate life.* Frequent paroxysms, worse at night, worse lying. Child must be raised up. Gets blue in the face and cannot exhale. Wants to bathe in ice-cold water. Tendency to choke when drinking and speaking. Nervous exhaustion with trembling and choking. Fine vibrations cause uneasiness. Rush of warmth in various parts.

Mezereum: In cases that turn to cellulitis. Mind, skin, eyes, mucous membranes and bones affected with sensitiveness to damp, cold and warmth and nightly aggravations. Eruptions ooze, acrid, gluey moisture form thick crusts, scabs with pus beneath or chalky white. Ulcers itch and burn, surrounded by vesicles and shining, fiery-red areola.

Rhus toxicodendron: Useful in cases that go *septic, with cellulitis, joint inflammation, bone inflammation and esophagitis* from swallowing corrosive matter. *Influenza-type fever, restless, stiff and sore. Easily chilled* worse least uncovering with pain in limbs. Burning eczematous eruptions with tendency to scale formation. *Vesicles over abscess.* Drowsy after eating. Desire for milk.

Sambucus: Spasmodic affects mainly in the respiratory system, larynx, chest, and nasal passages. Useful in epiglottitis. *Child awakes suddenly, nearly suffocating, sits up, turns blue. Cannot expire.* When nursing, child must let go of nipple, nose blocked up, cannot breathe. Dry, burning fever while asleep, copious sweating on awakening. *Screeching voice. Spasms of glottis.* Itching tingling in throat.

Spongia: **Spongia** affects the heart valves, larynx, trachea and glands. Anxiety and difficult breathing. Throat "dry as a bone." *Crowing inspiration. Fear of suffocation and death.* Contraction of larynx as if suddenly grasped. Rouses up in sleep as if in a great fright. Worse from dry, cold winds, better by eating or drinking, by swallowing, especially better by warm food. Hypertrophy of the heart.

Sulphur: Difficult respiration, wants windows open, nightly suffocative air hunger. Patients rescued from imminent death and fully recovered. Aphonia. Deep hoarse voice. Ball

seems to rise in throat and close the pharynx. Epilepsy with a feeling that mouse is running up arms to back before the fit. Child jumps, starts and screams fearfully.

Notes:

Otitis media

Otitis media is an inflammation of the inner ear. It does not fit entirely into the classification of infectious contagious disease because there is not a contagious aspect of the condition. Correctly speaking, it is not even an infection. The following section is included in this book as otitis media is a common ailment in young children and is often related to vaccine injury. However, with the inflammation there is often the development of pus, which can become a breeding ground for bacteria thus rendering otitis media an infectious process.

Otitis media is one of the very first signs of vaccine injury. In an attempt to isolate the vaccine matter, the immune system localizes the pathogen in the middle ear canals and produces a state of inflammation. This local inflammation is accompanied by heat, redness, irritation, and often a discharge from the ear canal. Symptoms are incorrectly treated as an “infection” with antibiotics, which helps initially for a short time but often the symptoms come back as the antibiotics wear off. The antibiotics do nothing to treat the condition as it is a local inflammation instead of a true infection. Middle-ear “infections” affect nearly 70% of all children ages six months to three years.⁴

There are several subgroups of otitis media:

- Otitis media without effusion: Inflammation of the tympanic membrane. The membrane appears red and opaque. There is no fluid behind the tympanic membrane. The symptom of redness is the early stages of otitis media. There may be paroxysmal pain, pulling on the ear, heat and redness in the outer ear, and a one-sided runny nose or flushed check in correspondence to the side inflamed. There may be a fever, sleeplessness, and a marked mental and emotional state.
- Acute suppurative otitis media: Inflammation of the middle ear with fluid build up. Here the tympanic membrane begins to bulge from the fluid behind the membrane causing pressure and pain. As the fluid increases, it turns to pus, and can sometimes be visible through the membrane. Typical

accompanying symptoms include purulent nasal discharge, increased localized heat and fever, swollen glands on the affected side, and increased pain with diminished hearing. With the fever, there is increased malaise and insomnia from the pain. Acute suppurative otitis media can also occur with or without a fever and can be a result of repeated use of antibiotics.

- Recurrent otitis media: Symptoms of pain and inflammation with the accompanying discharge and fever, recurring every few weeks to every few months. This condition is often a result of repetitive antibiotic use. With each round of antibiotics, the symptoms go down only to resurface once the antibiotics have been completed.
- Otitis media with effusion: Also known as serous otitis. Asymptomatic effusion of the middle ear. The membrane can be transparent with some fluid or pus behind the membrane. This condition is typical of phlegmatic constitutions. There is mild to no pain, with constant drainage into the throat leading to coughing and choking. This condition is usually diagnosed as an allergic problem, or a condition of the mechanics of a narrow or mal-formed eustachian tube, or from scarring from repetitive inflammations. Other acute symptoms of fever, pain, and malaise are absent.
- Chronic otitis media: Chronic suppurative otitis media, also known as “glue ear”: Persistent discharge from the middle ear either from a perforation in the tympanic membrane or from an implanted ear tube. The discharge can be clear, pus-filled, streaked with blood, or in any combination. Sometimes the discharge has a particular odor to it. Inflammatory symptoms, local or systemic, are mild to non-existent. There may be an accompanying nasal discharge, and pain is intermittent. There is also hearing loss, which if the condition is not treated properly, may result in permanent deafness.

Conventional treatment of otitis media includes antibiotics, which may be repeated several times. If the condition moves towards chronicity, ear tubes will be put in the ears to let the pus drain. The hope is that children will eventually grow out of the ear infections. Effects of repetitive use of antibiotics are discussed in **Chapter 3**.

Homeopathic Treatment and Prevention

Ear infections are one of the most common reasons why children are brought into homeopathic practice for treatment. Rounds of antibiotics have not helped and now the parents are looking for something “natural” to treat their children. Normally children

respond relatively quickly to homeopathic treatment where the acute symptoms of otitis media can be treated as well as the underlying propensity to have ear infections.

The best prevention for ear infections is not to be vaccinated and/or to receive constitutional homeopathic care. If the child is healthy, the likelihood of developing a middle-ear infection is reduced.

Homeopathic remedies listed below offer a viable alternative to successfully treat ear infections in the acute state and for chronic conditions. Some of the remedies are more indicated for chronic conditions while others are more for acute situations. In practice the remedies most frequently used in acute otitis media are **Pulsatilla**, **Chamomilla**, **Belladonna**, **Ferrum phosphoricum**, **Apis**, **Stramonium**, or **Lycopodium** (in this order). For chronic or recurrent ear infections **Calcarea carbonicum**, **Lycopodium**, **Calcarea sulphuricum**, **Kali sulphuricum**, or **Carbo vegetabilis** are often indicated. The miasmatic remedies such as **Tuberculinum**, **Medorrhinum**, **Psorinum**, or **Carcinosin** may be needed in chronic conditions that do not respond to the indicated remedy, if the condition keeps relapsing, or when the symptoms match the indications of the nosode. A nosode may also be indicated if there are no characteristic symptoms indicating any other remedy.

Potency and repetition of remedies is in accordance with the severity of the symptoms, the strength of the vital force of individual, and the amount of suppressive therapy. I refer you to the potency section in **Chapter 1** for more information.

Below are the remedies more often indicated in acute otitis media. Start with the remedy indicated at the time and then begin constitutional care. This coupled with acute care for the subsequent infections is the best way to treat ear infections and the susceptibility to them. The limited remedy presentations below may not list every possible effective remedy to clear chronic conditions. If the ear infections are because of vaccine injury then the larger perspective of treating vaccine injury must be brought into play to effectively treat the condition. I refer you to **Chapters 2, 3, and 5** for more information on vaccine damage in the immune system.

Adjunctive measures in the treatment of ear infections include chiropractic care and cranial sacral therapy. These can help if there is a structural condition that creates the propensity to develop ear inflammations. Avoiding dairy and laying down while feeding are other factors to consider.

Curative action after the indicated remedy is administrated includes going to sleep, a slight increase in fever with a reduction in pain, and mental and emotional ease (ability to sleep is one of the first signs that the body is resting and placing its attention on immune system action). This usually happens within minutes of taking the correct remedy. If by the end of the day there has not been a change in symptoms, a different remedy is indicated. In some cases, release of pressure through spontaneous rupture of the tympanic membrane will occur. This will heal in the days that follow, taking care to keep the ear dry.

Remedies: acon., all-c., alum., *apis*, arist-cl., *arn.*, *ars.*, *asaf.*, asar., *aur.*, bapt., *bar-c.*, *bell.*, bor., bry., **CALC.**, calc-f., **CALC-S.**, cand-a., *caps.*, *carb-v.*, carb-n-s., *caust.*, **CHAM.**, chin., cocc., colch., con., cur., *dulc.*, *ferr-p.*, gels., **HEP.**, hydr., **KALI-BI.**, *kali-c.*, *kali-chl.*, *kali-i.*, kali-m., kali-s., kali-sil., kreos., lap-a., **LYC.**, meningoc., **MERC.**, **MERC-D.**, methyl., mill., mur-ac., *myris.*, *nat-c.*, *nat-m.*, nux-m., nux-v., *ph-ac.*, phos., pneu., *psor.*, **PULS.**, thus-t., sep., **SIL.**, skook., stann., stram., **SULPH.**, *tell.*, ter., *thuj.*, tub., tub-a., tub-m., zinc.

Aconite: Acute otitis media with a *sudden onset from a cold, dry wind*. Onset from a chill. Ears will be hot, swollen, and painful. Sharp pain with *fear and surprise*. *High fever*.

Belladonna: Acute otitis media with a *sudden onset*. *Flushed face with red-hot ears. Dilated pupils and glassy eyes*. May have a strawberry tongue. Delirious with the fever. *Dry fever, restless*. Extremities are cold, head is hot. Cries out during sleep. Pain comes and goes suddenly. Ear is bright red, membrane is red and bulging. *Throbbing, violent pain*. Right-sided. Worse at 3 am or 3 pm. Fever comes on at that time. Worse from touch, sudden movement, noise, drafts.

Calcarea carbonica: Useful for chronic or suppurative otitis media. Hearing impaired with a humming and roaring sounds in the ears. Itching of the tympanic membrane. Purulent discharge. *Tendency to take cold, glandular enlargement in pale, sweaty children. Delayed development, obstinate behavior*. Easy exhaustion, but looks robust.

Causticum: Allergic basis to recurrent otitis. Earache from *dry cold wind on the ears*, roaring and buzzing in the ears. Words echo and reverberate. Accompanying a chronic *sore, raw feeling throat*. *Sympathetic and caring. Anxiety for others*.

Chamomilla: Acute otitis without effusion. Fever is worse 9 pm. Restless sleep, moaning and weeping in the sleep. *Extremely painful ears, screams from the pain*. Very *irritable and*

capricious. Hypersensitive to any form of pain. *Desires to be carried quickly. Angry and screaming, demanding and arching the back in defiance.*

Ferrum phosphoricum: Acute otitis with a moderate pace of onset. Non-suppurative otitis. *Moderate fever* that lacks the delirium of **Belladonna**, the suddenness of **Aconite**, and the drowsiness of **Gelsemium**. *High fever with congestion and inflammation.* Red, inflamed tympanic membrane with *paroxysms of pain*. Redness of ear, pain not relieved by discharge from the ear. Violent crying. *Tendency to hemorrhage.*

Graphites: Tendency to chronic otitis media. Offensive purulent discharge of a fishy odor. Left ear. Tympanic membrane *ruptures again and again*. Chilly, slow, indolent children. Chubby and awkward. Sensitive to storms. Tendency to skin complaints, eczema, and scar tissue development.

Hepar sulphuris calcareum: Most commonly indicated remedy for *suppurative otitis media*. During the fever is *very chilly. Sharp pain in the ear. Tendency to pus formation.* Very sensitive to touch, drafts, wind. *Foul cheesy-smelling discharge* from the ear. Threatened infection of mastoid process. *Very irritable.* Aversion to being touched. Screams as if being murdered. Feels insulted by those he depends upon.

Kali bichromicum: Acute suppurative otitis. Otitis from colds. Tendency to take cold. *Mucus discharge is green, thick and ropey.* Metallic taste. Must breathe through the mouth. *Pain in one spot, at the root of the nose.* Chubby, flaccid face, sickly-looking with sunken eyes. Very good child, conformist, tattletale.

Kali muriaticum: Chronic suppurative otitis. Retracted tympanic membrane. *Slow progression of deafness.* Blocked eustachian tubes, always *yawning to relieve the pressure.*

Lachesis: Acute suppurative otitis. Worse left side. Severe infection of the ear with extreme pain. Pain is worse at night; *child wakes up with the pain.* Otitis with vomiting. Hemorrhages and abdominal tenderness. *Left-sided, swollen glands with sore throat. Talkative, jealous, and suspicious.* Oversensitive to touch. Septic fever.

Lycopodium: Acute or chronic otitis. *Starts on the right side and goes to the left.* Worse from drafts and cold air. *Tendency to digestive upset, gas and bloating.* Desires sweets. Wakes with irritability. *Interacts well with others but is a terror at home.* Irritable, bratty and bossy. Fear of the dark and being alone.

Magnesium carbonicum: *Emaciated children that do not thrive.* Nervous conditions and sour stomach. Diminished hearing. Feeling of distention in the middle ear. *Sour perspiration.* Asks for nothing.

Magnesium muriaticum: Excessive weakness. Liver and nervous disorders. *Puny children with underdeveloped bones.* *Cannot digest milk.* Very sensitive to noise. Pulsation in the ears. Recurrent ear infections.

Medorrhinum: Chronic otitis with chronic sinusitis. *Frequent colds with copious green discharge.* *Dreamy and sensitive.* Wants to stay up late, seems older than his years. *Strikes at the parents, yet sensitive to reprimand.* Craves oranges and green fruit. History of repetitive antibiotic use.

Mercurius: Acute, chronic, and suppurative otitis. Cervical glands are large and spongy. Tendency to take cold. Excessive salivation. Suppuration of the tonsils, and tympanic membrane. Purulent offensive discharges. Foul breath. Debilitating fever with profuse perspiration and chill. Moody and impulsive.

Salts of Mercury:

Mercurius dulcis: Chronic otitis media, with catarrh of the eustachian tube with deafness. Tympanic membrane thickened, retracted and immovable.

Mercurius iodatus flavus: Right-sided otitis with pharyngitis, swollen glands, coated tongue, yellow at the base, cheesy exudate, and offensive breath.

Mercurius iodatus rubber: Left-sided with pustular abscesses. Extreme pain in the left tonsil. Swollen and obstructed eustachian tube.

Nitric acid: Chronic suppurative otitis. Red ear. Excoriated skin around ear, mouth or nose. Abscess of mastoid process. Sore throat with sticking pains. Irritable and unforgiving.

Pulsatilla: The number one remedy for ear infectious, acute or chronic, despite the symptoms. Usually indicated in *weeping, clingy* children who want to be held and comforted. Colds that develop into ear infections. Pain can be mild to strong but usually comes with tears. *Child pulls on the affected ear.* Outer ear is red. *Eyes can have greenish discharge* on the same side as the affected ear. *Discharge of pus* from the ear. Deafness as if the ear is plugged. Changeable symptoms. Thirstless. Worse rich foods, fats, and pork. Worse from heat, better in the open air.

Silica: Chronic otitis leading to chronic pain and hearing loss. Where the recuperative powers of the child are low. Ears rupture and drain. *Abscesses in the ears. Stopped ears with popping, cracking, and roaring. Boring in the ears while sleeping. Thick purulent discharges. Sensitive to loud noises. Chilly, craves the warmth. Catches colds easily. Lack of stamina.*

Stramonium: Acute otitis that can look like **Belladonna** but with less congestion. *Wakes up screaming at night, disoriented and fearful. Intense pain or insensibility to pain. Kicks and screams. Eyes wide and staring. Sensation of rushing in the ears. Hallucinations of hearing. Deafness.*

Sulphur: Chronic ear infections from colds that do not resolve. Painful, stopped ears. Bright red ears. Itching inside the ears.

Tellurium: Inflamed ears. Painful or stopped up ears. *Excoriating discharges that have a fishy smell.*

Tuberculinum: Chronic otitis. Ruptured ear drums with ragged edges. Persistent offensive discharges. *Bangs the head on the floor or against the wall. Indicated when symptoms are constantly changing or when well-selected remedies fail to act. Rapid emaciation.*

Notes:

Influenza

Influenza is an acute viral infection of the respiratory tract occurring in isolated cases, epidemics, and pandemics. There are three main types of the *Orthomyxovirus* that have been recognized and labeled by researchers as type A, B and C, with subgroups of each category. Viral strains of influenza change from year to year and are related to avian flu species. Under the right circumstances, avian flu viruses can mutate to be accepted by the human host. Influenza is also related to Newcastle disease and mumps.

The virus spreads by person-to-person contact (i.e., aerosolized droplets from coughing and sneezing) and by coming into contact with objects contaminated by mucus from an infected person. The virus enters the body through the respiratory tract. Incubation is one to three days. The person is most contagious one day before the onset of symptoms and for up to seven days after the symptoms begin. Most people will be sick for two to five days. However, the fatigue and resultant cough can last for several weeks.

Symptoms can include sudden onset of fever and chills, headaches, malaise, and muscle aches and pains. Usually the subsequent sore throat, nasal congestion, and cough are not as severe as the primary symptoms. There can also be gastrointestinal disturbances and neuralgias. The intensity of the symptoms depends upon the constitutional health of the individual and the strength of the viral strain. Prolonged stress, overwork, poor nutritional status, and a history of recurrent upper respiratory infections can lead to more prolonged and more severe symptoms.

Complications of influenza are most frequent in the very young, the elderly, and those with a compromised immune system. These complications include secondary bacterial infections of the ear, sinuses, and lungs. For those in the high-risk group, pulmonary complications such as pneumonia can result in death. Reye's syndrome is a serious complication of the flu in children who are given aspirin while infected with an influenza virus. The death rate of this complication can be as high as 30%. Symptoms of this condition are edema of the brain, liver dysfunction with protracted vomiting, and lethargy that can progress to coma. One of

the less complicated, yet potentially fatal ramifications with aspirin given during influenza is pneumonia. In the pandemic of 1918, it was documented that people who took aspirin were more likely to contract pneumonia and die than those that did not.¹⁵ Reduction of the fever with an antipyretic before the flu virus is neutralized allows the condition to settle into the chest (see **Pneumonia** for more information).

Supportive measures include increased fluids (tea and soup), bed rest, and hot baths. Antibiotics may be given to reduce the risk of secondary infections.

Vaccination and Treatment

Vaccination for influenza is highly marketed on the American population. Each year the pharmaceutical industry makes new vaccines based upon the types of influenza viruses that were found in pigs and migrating ducks the year prior. The assumption is that the viruses found in the human population the following year would be similar to these avian and swine species of the previous year. More often however, the viral strains that are in the vaccines are not at all similar to the actual viruses spreading through the population. Accordingly, the efficacy of the vaccines is only around 30-40%.^{3,4} Vaccine use is targeted towards the young, elderly, or those with weakened immune systems.

There are many side-effects from the vaccines. Frequent side-effects are those symptoms common to the flu: fever, fatigue, muscle aches, headache, vomiting or diarrhea. More severe symptoms include damage to the nervous system and increased incidence of Guillain-Barre syndrome; a disease marked by an unstable gait, loss of sensation, and loss of muscle control.³

In one of my patients, a woman developed numbness in her toes immediately after her influenza vaccine. This condition persisted for three years and gradually got worse to include her whole feet and numbness in her fingertips. She had fallen on her coccyx since receiving the influenza vaccine, which caused damage to her tailbone and spine. Her back had responded well to **Hypericum** 12C and 30C, yet the symptoms in the extremities were not touched. **Hypericum** 1M was given and the post-vaccination symptoms got immediately worse; the numbness ascended her legs and arms and progressed for two months, to a point where her whole nervous system was in a state of agitation; sounds and coffee could not be tolerated. It seemed that the vaccine went directly into her nervous system and was dormant for the prior three years. The **Hypericum** 1M stirred up the underlying state of inflammation in the spinal cord in an attempt to rid the system of the injury received from

the vaccine. The symptoms reached a climax and then slowly, over the next three to four weeks, most of her symptoms receded.

Homeopathic Prevention and Treatment

Homeopathy has its place in the history books documenting the great success homeopaths found in treating the influenza pandemic of 1918. In contrast to conventional care in the United States where some 548,000 people died from the flu, homeopathic literature is filled with many success stories from clinics around the country. In Philadelphia, a reported 26,795 cases were treated with homeopathy with a mortality rate of only 1.05%. While the allopathic practice lost between 30-60% of the cases, as most of those who died had taken aspirin which led to pneumonia and then to death.¹⁵

Most influenza viruses are relatively benign while some more virulent strains can sweep through a population and cause a great deal of suffering and a high mortality rate. For the most part however, influenza is easy to treat with homeopathy. It is virtually impossible to determine the exact prophylactic remedy for influenza prior to each season before the first few cases of the season present themselves. However, once a sampling of cases has been seen, one or two remedies will be more often indicated for that season of flu. The remedy that best matches the symptoms of most of the presenting cases is called the "Genus Epidemicus" and will afford good results in most of the subsequent cases seen. Once determined, this remedy can be given as a prophylactic to friends and family of those exposed, if the situation warrants. Sometimes a group of remedies will be effective as the Genus Epidemicus. In the epidemic of 1918, the primary Genus Epidemicus was **Gelsemium**. Other remedies like **Rhus toxicodendron**, **Bryonia**, **Eupatorium perfoliatum**, **Baptisia**, and **Pyrogenium** (in that order) were also used with success during that epidemic. These remedies are still commonly used in the treatment of the flu and prophylactically.

In addition to those mentioned above, the homeopathic remedy **Oscillcoccinum**, prepared from duck liver, could be used as a preventative (in a 30C weekly) especially in the elderly or those at risk of complications from the flu. **Influenzinum**, a prescription nosode prepared from the influenza virus, is also a useful preventative. This nosode changes from year to year according to the changing flu species and depending on the pharmacy that supplies it. **Influenzinum** may be used in the same manner as **Oscillcoccinum**.

In 2005, the world became aware of a possible bird flu pandemic. Early reports suggest that this flu strain passes very quickly to the lungs and results in death through pneumonia. Given this presentation of symptoms, the homeopathic remedies such as **Ferrum metallicum**, **Tuberculinum**, **Stannum**, **Antimonium tartaricum**, **Chelidonium**, **Baptisia**, **Mercurius**, or **Ferrum phosphoricum**, may be indicated as Genus Epidemicus for this pandemic if it were to occur.

More frequently though, with preventative measures it is best to have constitutional care to support the health, and then to treat each case individually as the influenza takes hold. It is common for a whole family to have the flu yet for each person to have a different set of symptoms. In this situation, one has to treat each person individually according to the symptoms presented.

Furthermore, a healthy lifestyle and constitutional treatment will lower one's susceptibility to the flu. Homeopathic clients frequently say, after they have been treated for six months or more, that they do not get sick any more. More often than not, the flu comes at times of increased stress, when one's life is out of balance or overworked. In these cases, the flu serves as an attempt for the body to regain balance. The symptoms require one to stop, slow down, decompress from the daily struggle of life, and to take care of oneself. Conversely, to keep one's lifestyle at the same hectic pace and to get the flu vaccine will lead to a more serious state of disease. When it comes to homeopathy, the goal is to bring one back into balance with life. The problem of the lifestyle that creates the susceptibility to the flu will be reconciled by the solution in the homeopathic remedy.

Over time, I have come to see these incidences of sickness as a great valve release for the pressures we create inside ourselves. Knowing our remedies allows us to understand how the state of **Gelsemium** can come when there are too many deadlines; or that of **Rhus toxicodendron** after over-exertion, or **Arsenicum**, after there has been a threat to one's financial well-being. Successful treatment with homeopathy allows us to get a deeper glimpse into an individual's strengths and weaknesses, a deeper understanding of the susceptibility of humans and ultimately, greater knowledge of the path we must walk to keep in harmony with life.

The remedies listed below here are just a partial list and serve as a guide. Virtually any remedy could be indicated depending on the nature of the person, the strength of their vital force, and the types of symptoms presented. I have not included descriptions of the common fever remedies that may be indicated, as they are listed frequently throughout this

book in other sections. Rather, I have commented on the more common characteristic flu remedies.

Curative action may include an increase in fever in the next 24 hours, and then resolution by breaking a sweat. If the fever gets too high, becomes prolonged, or is insufficient to break a sweat, look for a more indicated remedy. Drainage from the lungs and sinuses may continue in the days following. Depending on the severity of the case, it may take one to two weeks for full recovery. Continued ill health after influenza indicates the need for **Carcinosin**, to be followed with the appropriate anti-psoric remedy.

Remedies: *acon.*, *arn.*, *ars.*, *ars-i.*, *ascl-t.*, *bac.*, *bad.*, *bamb-a.*, *bapt.*, *bell.*, *bry.*, *camph.*, *capp.*, *carc.*, *caust.*, *chel.*, *chin.*, *cimic.*, *eucal.*, **EUP-PER.**, *ferr-p.*, **GELS.**, *indol.*, *ip.*, *lycps.*, **MERC.**, *nat-n.*, *nat-s.*, **NUX-V.**, *oscil.*, *ovi-g-p.*, *oxyg.*, *ozone*, *phos.*, *phyt.*, *puls.*, **pyrog.**, *ran-g.*, **rhus-t.**, *rumx.*, *sabad.*, *sang.*, *sarcol-ac.*, *sars.*, *sil.*, *spig.*, *squil.*, *stann.*, *stict.*, *still.*, *verat-v.*

Arnica: *Fever after exertion or injury.* Sensation as if body *has been beaten or run over by a truck.*

Deep aching and intense pain in all the muscles of the body. *Bed feels too hard. Aversion to be approached or touched.* Says he is well when in fact he is not.

Arsenicum: Symptoms come on suddenly *at night, usually between midnight and 2:00am, with an almost suffocative congestion of the chest and nasal passages.* There is an exaggerated state of prostration, out of proportion to the illness. Very chilly. Extreme weakness and lethargy, yet restless and anxious. Sensitive to the cold. Children will moan and whine piteously. Desire to be held and carried with a state of anxiousness. Too weak to move. Profuse watery, runny nose that *excoriates the upper lip and wings of the nose.* Burning in the eyes and the edges of the nose. Cough with burning excoriating expectoration. There may also be intestinal symptom with vomiting, cramping and diarrhea. *The diarrhea burns the anus. Thirst for sips of water.*

Baptisia: This remedy is indicated in *quite severe forms of influenza.* Those illnesses that look more like septicemia. *Dusky appearance to the face with heavy eyes, congested and besotted look. A state of confusion,* cannot think clearly, disoriented and disassociated. Breath is foul with ropey saliva. *Offensive sweat, like that of decomposition.* Pain on swallowing. Inflammation of the mastoid region.

Bryonia: Indicated when the person is a *grumpy as a bear* and does not want to be bothered.

Does not speak nor want to be spoken to. Very difficult to please. They are *extremely thirsty for large quantities of water* and may have a bitter taste in the mouth. *They are worse from any kind of movement.* Headache worse with stooping or coughing. Flu accompanied with a cough that racks the chest. *They must hold the chest while coughing* because of the pain. Stabbing pains in the chest. Burning and congestion in the nose.

Eupatorium perfoliatum: This remedy is indicated where the most intense symptoms are the *bone pains*. Aching all over the skeleton; arms, legs, shoulders, hips, back and most particularly the shinbones. Distressing bone pains. *Sensation as if bones were broken. Feels better on all fours, rocking back and forth.* Depression and intense complaining about the state they are in. Nasal obstruction with fluent coryza and sneezing. Chilly and sensitive to any draft of air. Violent coughing with a bursting sensation in the head with the cough. *Intermittent symptoms, fever and vomiting.* Bilious vomiting of green liquid.

Ferrum phosphoricum: Indicated in *the early stages of any inflammatory process*, half-way between the rapid heat of **Aconite** and **Belladonna** and the weakness of **Gelsemium**. *Nervous and easy flushing.* Weakness of chest, *congestion of the lungs.* Mouth hot with an inflamed throat. Throbbing in the head and ears with a sensation of short, quick, soft pulse. Chill at 1:00 pm. *Congestive states with tendency to hemorrhage.*

Gelsemium: One of the most important remedies in the treatment of influenza, **Gelsemium** covers all of the common symptoms. *Slow onset with chills running up and down the spine.* Flushed face and unstable heat reaction. Drowsy with a *heavy head and eyelids.* A dull toxic condition. *Must lie down.* Headache as if a tight band were around the head. *Weakness and trembling;* hands become tremulous, *cannot stand.* Dry mouth and throat with an unpleasant taste.

Mercurius: *Internal thermostatic mechanism is over-functioning.* First, there is a chill and then the person is too hot, covers come off and are put back on again. Perspiration and salivation with an old sickly smell. **Mercurius** is homeopathic to depressed state of health where the *mind is impulsive* and losing reason, and the body appears to be *disintegrating. Affinity to the membranes and glands* which become ulcerated and there is a tendency to form *foul-smelling pus. Speech difficult* because of a trembling tongue. Metallic taste and a *fetid odor* from the mouth.

Nux vomica: High fever of a rapid onset with *extreme chills and sensitivity to cold air* and being uncovered. *Toxic* headaches. Nausea, better vomiting. Over sensitivity and *irritability* to all impressions. Sleeplessness and unable to drop their *preoccupation with work*. Sore throat.

Oscillococcinum: Prepared from the extract of goose liver, this remedy has a relationship to influenza as many of the prevailing viruses are transmitted to human populations through migrating birds. This is a good prophylactic remedy if you are overly-concerned for your health or are in a more susceptible population, i.e. a young child or elderly person. In some cases, it can be repeated throughout the flu season. Typical flu symptoms are *body aches, chill, fever and malaise*.

Pyrogenium: A *septic* flu that rapidly *proceeds towards death*. Chill begins in the back, temperature rises rapidly, yet the fever is not relieved by sweating. *Rapid pulse and low temperature, or slow pulse with a high temperature*.

Rhus toxicodendron: Viral infections that gravitate to producing symptoms in *the joints and muscles*. *Great stiffness and desire to be rubbed*. Much worse from cold air, catching a chill, damp weather. Worse from *over-exertion, getting wet, and catching a chill*. Aching and wandering rheumatic complaints. Great restlessness as laying still causes *stiffness*. Better from gentle movement. *Urticaria* with the fever. Swollen glands.

Notes:

Mononucleosis

The *Epstein-Barr virus* (EBV) or the *cytomegalovirus*, both of which are members of the herpes simplex virus family, are implicated with infectious mononucleosis. *Cytomegalovirus* cause cells to enlarge resulting in swollen glands. Mononucleosis, also known as “mono,” the kissing disease, or glandular fever, is characterized by swollen lymph glands and chronic fatigue.

EBV is a very common virus to which most adults in the US have been exposed. About 80% of adults who are infected with EBV do not develop symptoms. When children are infected with the virus they usually do not experience any noticeable symptoms. However, adolescents and young adults who are exposed to the virus develop mono in nearly 50% of exposures. It is most common among people fifteen to thirty-five years old.

The mono virus is found in saliva and mucus. It is usually passed from one person to another through kissing, although it may rarely be passed in other ways such as from coughing. However, mono is not as easily spread as some other viruses such as the common cold. Signs of mono usually develop four to six weeks after exposure to the virus. Blood tests confirm the diagnosis.

Each individual may experience symptoms differently. Symptoms include fever, sore throat, headaches, white patches on the back of the throat, extreme tiredness, and loss of appetite. Swollen lymph glands occur in the neck, armpits, and groin. Sore throats (which often makes swallowing difficult), enlarged spleen, and liver involvement causing temporary jaundice, and constant fatigue are also common symptoms. Mono usually lasts for one to two months, and will resolve without treatment.

After the symptoms of infectious mono have disappeared, the EBV will remain dormant in the throat and blood cells during that person's lifetime. The virus can reactivate periodically, however, usually without symptoms. Once a person has been exposed to the *Epstein-Barr virus*, they are not usually at risk for developing mono again. However, other conditions such

as chronic fatigue, fibromyalgia, and immune system hypo- or hyper-reactivity may become chronic.

The main serious concern with mono is that the spleen may enlarge and even rupture. Although a ruptured spleen is rare in people with mono, it is wise to be aware of the signs and seek immediate medical attention if any of these symptoms appear. Signs of a ruptured spleen include pain in the left upper part of the abdomen (under the left chest), feeling lightheaded, rapid, pounding heart rate, bleeding more easily than usual, and trouble breathing.

The main point of conventional treatment for mono is to relieve symptoms with rest and fluids. Salt-water gargles, lozenges, and frozen deserts help with the throat pain.

Corticosteroids may be used to reduce swelling of the throat and tonsils. Antibiotics are of no help in mono. There are no vaccines for mononucleosis.

Homeopathic Treatment and Prevention

Each individual case of mono will speak of a similar story, that the development of the disease was preceded by a long period of stress and overwork. This level of over work is common in high school seniors and colleges students. It seems that studying, and the pressure of a student's life (working and going to school) leaves them more susceptible to mono. As with any other disease a detailed history of the onset is needed to determine the best remedy. This state of overwork is part of the cancer miasm, which is marked by pushing oneself beyond one's capacity. Correspondingly, many remedies of the cancer miasm are indicated for the treatment of mono. If one recognizes this pattern, **Carcinosin** may be the best preventative treatment. Given in a 200C this remedy can do wonders to clear the immune system and to rectify the imbalance created by working beyond one's means.

Individuals testing positive for EPV also test positive to herpes, measles, and other viruses demonstrating the relationship of mono to these diseases.¹⁸ As herpes and measles are manifestations in the sycotic miasm we can see that the condition of mono is mixed miasmatically between sycotic and cancerous tendencies. The finding of heightened blood levels of measles and herpes in those affected with mono demonstrates that the immune system is actually overwhelmed with multiple disease agents, which again indicates **Carcinosin**. Correspondingly, **Carcinosin** not only can be used for the treatment of mono it is also effective in cases of herpes and those who have never-been-well-since measles.

Suggestions of homeopathic remedies include **Belladonna**, **Conium**, **Ferrum phosphoricum**, **Phytolacca**, **Phosphoric acid**, or **Kali muriaticum**. **Belladonna** is indicated in the first 12 to 24 hours for fever, a red face and lips, and a dry, red throat. **Ferrum phosphoricum** or **Kali muriaticum** is indicated to address cases of prolonged fever, painful cough, sore chest, occasional night sweats, and swollen tonsils. **Phytolacca** or **Conium** are indicated if glandular swellings are the most prominent symptom. **Mercurius** if there is attendant bad breath with white patches on the glands and tendency to ulceration of the throat. **Phosphoric acid** is indicated if the main symptom is extreme fatigue especially from prolonged study. Match the level of fatigue and prostration to remedies that can produce the same level of exhaustion.

In cases of mono, usually a single dose in high potency is sufficient to change the direction towards recovery. A renewed fever in the next forty-eight hours is possible. Slow, steady improvement over one to two weeks is normal. Pauses in recovery or a relapse of symptoms indicate the need to repeat the remedy.

The length of time to fully recover depends on how depleted the person was prior to getting sick. Accordingly, the best homeopathic remedy will be the one that addresses the tendency to overexertion. Constitutional treatment in the following months will ensure complete recovery and decrease the likelihood of developing chronic fatigue or cancer later in life. Prolonged viral infections depletes folate (vitamin B9) so supplementation is recommended.

Remedies: acon., ail., alumn., anan., **apis**, ast-i., **ars.**, **bapt.**, bar-c., bar-i., **bar-m.**, **bell.**, **bism.**, **CALC.**, **CARC.**, **cist.**, clem., con., **dulc.**, **GELS.**, graph., **hep.**, iod., **iodof.**, **kali-i.**, **MERC.**, **merc-i-t.**, **phos.**, ph-ac., **phyt.**, thus-t., sil., **sil-mar.**, sulph.

Baptisia: This remedy is indicated in *severe* expressions of mono. Those illnesses that look more like *septicemia*. *Low septic fevers*. Extreme prostration. Indescribable sick feeling all over. Tired, and bruised. *Dusky appearance to the face with heavy eyes*, congested and besotted look. *A state of confusion*; cannot think clearly, *disoriented and disassociated*. Hysteria with prostration, numbness, and fear of paralysis, wanting to die, rubs hands continually, restlessness. *Prostration is rapid, bed feels too hard* on account of soteness of muscles, yet he feels too weak to move. *Lifeless body but restless mind*. *Breath is foul* with ropey saliva. *Offensive sweat, like that of decomposition*. Pain on swallowing.

Baryta carbonica: Affects *glandular structures* and useful in general degenerative changes. Blood vessels soften and degenerate, become distended. Dull and apathetic individuals,

tendency to embarrassment, seeking solitude, sobbing and crying. Prostration, weariness, constant inclination to lie down, sit or lean on something. Upper half of the body feels stiff and numb. Too tired even to eat. Swelling and induration of glands. Enlarged glands in occiput and neck. Hungry but refuses food; swallowing painful. Takes cold easily, sore throat from cold.

Belladonna: For the initial symptoms of high fever with prostration. Red face and conditions where there is local plethora. Inflammatory states with pain, *throbbing and shiny redness of surfaces*. Jovial and entertaining when well, but violent when sick. Moaning at every breath. *Sensitive to light to slightest noise to motion or jar as when some one touches the bed.* Sore throat, headache, and delirium. Must take a drink to swallow solid food. Drinks in sips. Tonsils enlarged. Muscles of swallowing very sensitive.

Carcinosin: The main remedy to think of in mono. It may be used preventatively after stress and overwork. Ill effects from vaccinations, night-watching, nursing of loved ones, overwork, too much responsibility at a young age, or exertion. It can be used during the illness and will speed up recovery. Acute or chronic mononucleosis. It also may be used in cases that have never-been-well-since mono, influenza, or pneumonia. The symptoms are variable and constantly changing. Contradictory and alternating symptoms. Absence of childhood diseases but a chronic low state of health. Multiple allergies and chronic fatigue. Good health before the paroxysms. Annual periodicity. Constantly relapsing states. Weariness and excessive fatigue. Tendency to inflammation. Inflammation of joints. Enlargement of tonsils. Passionate people who over-extend themselves. Sympathetic. Desire for travel. Fear of getting cancer. High fevers of unknown origin. At night, the patient is wide-awake with chronic insomnia.

Cistus canadensis: Marked action in glandular affections, herpetic eruptions, and chronic swellings. The patient is extremely sensitive to cold and all complaints become worse after exposure to cold. Indurated glandular swelling of the neck and throat. *Swollen gums separating from the teeth, gums bleed easily, putrid, disgusting. Suppuration of the glands of the neck, coldness of the tongue.* Mouth feels cold, putrid, impure breath. Desire for acid food and fruits. Excitement aggravates.

Conium: **Conium** acts on the glandular system, engorging and indurating it. Can be used as a tonic after influenza or viral conditions. **Conium** affects the nerves and muscles, causing *incoordination and paralysis, uncertain gait, difficult speech.* Patient becomes gradually weak. Irregular, action, and development of symptoms. Great debility in the morning in bed. *Vertigo, when lying down and when turning over in bed. Night and morning sweat with offensive*

odor. General feeling as if bruised by blows. Weakness of body and mind. Trembling with palpitations. Sudden loss of strength while walking. Great liability to take cold.

Dulcamara: Phlegmatic and torpid constitutions sensitive to the *cold and damp*. Onset of change of weather from hot to wet or cold weather. Relates with measles and herpes. Every cold settles in the eyes, throat or affects the bladder, respiration or bowels. Rheumatic troubles. *Glands, swollen and indurated.* Stiffness, numbness, aching and soreness of muscles on every exposure to cold especially of back and loins.

Echinacea: This remedy is a *blood purifier and immune tonic*. Bad or weak blood, asthenia, adynamia and particularly a tendency to malignancy in acute and sub-acute disorders. *Blood poisonings. Foul discharges with emaciation and great debility.* Acute autoinfection and septic conditions. Lymphangitis, gangrene, or vaccinosis. Irregular, chills, rise of temperature and sweat. *Insufficient fever.* Helps the immune system gather strength to fight off viral and bacterial conditions.

Ferrum phosphoricum: Corresponds to disturbed states of circulation, irritation and relaxation of tissue. The typical **Ferr-p.** subject is not full-blooded and robust, but nervous, sensitive, and anemic with the false plethora and easy flushing of **Ferrum**. Prostration marked, but looks more active than **Gels**. Great physical and mental lassitude indisposed to physical exertion, nervousness, prostration, rheumatic paralysis. Great prostration; could hardly move about. *In the early stages of febrile conditions.* Fevers; continued, infectious, pneumonia, intermittent, measles, and hemorrhagic. Pulse soft and flowing. Inflammation induration and enlargement of blood vessels. *Tendency towards nose bleeds, bleeding gums.* Anemia. Paroxysmal pains. Emaciation. Takes cold easily.

Gelsemium: Produces a general state of paresis, mental and bodily. There is the lassitude, but the patient does not express it. The same paretic condition is shown in the eyelids; heaviness, can scarcely keep them open. In the esophagus, it causes the loss of the ability to swallow. In the anus, it causes diarrhea from depressing emotions or bad news. The mental prostration is typified in “anxiety,” as before an examination or stage fright. Overpowering aching, tiredness, heaviness, weakness, and soreness, especially felt in the muscles of the limbs. Lack of muscular coordination. General depression from heat of sun. *Chills up and down the spine.*

Kali muriaticum: It is of great value in catarrhal disorders in the sub-acute inflammatory states, fibrinous exudations, and glandular swellings. *White or gray coating of base of tongue*

and expectoration of thick, white phlegm. Discontent, discouraged. Fears evil. Sits in silence. Imagines he must starve.

Lachesis: In cases that seem to be going towards septicemia. *Low muttering delirium of a jealous and suspicious nature.* With all the classic ameliorations and aggravations of **Lach.** *Worse left side, better with discharges, sleeps into the aggravation, etc.* Tendency toward liver involvement.

Mercurius: The lymphatic system is especially affected. *Destruction of mucous membranes, glands, internal organs, and bones, etc.* Weakness with ebullitions and trembling from least exertion. Weak, exhausted, and ready to sink down. *Glands swell every time patient takes cold. Sensitive to heat and cold, one minute hot the next cold. Ulceration of mouth and throat. Putrid sore throat, worse right side. Fetid odor from mouth can smell it all over the room.* Oily perspiration which does not relieve. Yellowness of eyes, teeth, nasal discharges, biliousness, and jaundice.

Nitric acid: Patients are greatly debilitated, trembling, shivery, sensitive, and sore. *Excessive physical irritability. Great weakness from prolonged struggle.* Anxiety about diseases. *Constantly thinks about past troubles. Refuses consolation on one's misfortune. Orifices are red, swollen, and cracked. Splinter-like pains.* Tonsils are red, swollen, uneven with small ulcers. Takes cold easily. Exhausting profuse sweats smelling like urine.

Phosphoric acid: Marked action on the emotional and sensorial faculties inducing a *drowsy, depressed, apathetic state of being.* *Ailments from over-lifting and over-study.* Debility and nervous exhaustion. Weakness and debility with free secretion, profuse urination, loss of fluids and sweating. **Ph-ac.** is useful to those young people who *grow rapidly and who are over taxed mentally and physically.* When the immune system is weakened from acute diseases. Worse from fatigue and convalescence from fevers. *Indifferent, prostrated and stupefied with grief, effects of disappointed love.*

Phosphorus: Suited to tall, slender persons, narrow-chested, with thin, transparent skin, weakened by loss of vital fluids, with great nervous debility and emaciation. Marked by irritation, inflammation, and degeneration; destroys bone, disorganizes the blood, gives rise to hemorrhages, and jaundice. Great susceptibility to external impressions, to light, sound, odors, touch, electrical changes, and thunderstorms. Sudden prostration. Great lowness of spirits. Easily vexed. Fearfulness, as if something were creeping out of every corner. *Clairvoyant state.* Great tendency to start. Hectic fever with small, quick pulse and viscid night-sweats. *Thirst for ice cold drinks. Easy nose bleeds.*

Phytolacca: Acts on the whole glandular system. In addition, it has a powerful action upon the muscles of neck and back, joints, and osseous tissues. *Glandular swellings with heat and inflammation.* High fever, alternating with chilliness and great prostration. Enlarged and painful cervical glands accompany the inflamed sore throats. *Aching all over the body; sudden, in eyeballs, kidneys, neck, shoulders, back, forearms, below the knees. Worse exposure to damp cold weather or changes of weather, when it rains.* Dark red or bluish-red tonsils. *Shooting pain into ears on swallowing. Cannot swallow even water. Tenacious yellow mucus. Nightsweats.* Constipation and small stools.

Notes:

Pneumonia

Pneumonia is classified as an infectious disease, but not as a contagious disease. The bacterium, *Streptococcus pneumoniae*, is held responsible for 90% of all bacterial pneumonia. Other implicated agents are *staphylococci* and gram-negative enteric bacilli. Pneumonia may be a primary disease but more often is a complication or progression of other diseases. This chapter is included in this book as pneumonia is one of the most common potentially fatal secondary complications arising from infectious contagious diseases. Unsuccessful treatment of those diseases will lead one to studying this chapter.

Pneumonia is a term describing this process rather than the title for an infectious contagious disease. Pneumonia is marked by inflammation of the lungs where fluid is formed and collected in the tiny air sacs (alveoli). This fluid accumulation prevents oxygen from entering the lungs and in turn the blood stream. In the worst cases individuals die from suffocation. The microorganisms implicated in pneumonia may be either bacterial or viral. It may involve one or both lungs. The microorganisms that flourish during pneumonia are always present in the upper respiratory tract. They cause no harm, unless resistance is lowered by some other factor such as severe colds, influenza, whooping cough, chickenpox, general poor health, loss of vital heat, or alcoholism for example. It is only when the conditions are favorable, when the resistance of the person is weakened, that an infection takes hold.

Pneumonia is more common in infants, young children, the elderly, and those with weakened immune systems. Despite the availability of antibiotics pneumonia still accounts for 37% of hospital deaths and ranks within the ten leading causes of death in the United States.⁴

The types of pneumonia listed below may originate from viruses, bacteria, or other sources. Diagnosis is based upon the severity of symptoms, area of affinity in the lung, and rate of progression.

Lobular pneumonia: Pneumonia that affects a segment or a particular lobe of the lung is called lobular pneumonia. Of all pneumonias this is the most severe. When both lungs are affected it is called double pneumonia. Whole sections of the lung tissue solidify from inflammatory material so that air cannot enter the alveoli. This process is called hepatization (as the solidified lung tissue resembles that of the liver). Chest x-rays determine the extent of the infection. The onset of lobular pneumonia is sudden. The illness quickly travels from the upper respiratory tract to deep in the lungs within a few hours. Symptoms include a cough with sharp chest pains, blood streaked or brownish phlegm, and a high fever that usually starts with a chill. The lungs fill with fluid that is difficult to expectorate and leads to suffocation. Pulse and respiration rates increase to almost twice their normal rate. Fatalities are common in this type of pneumonia.

Bronchial pneumonia: Also called bronchopneumonia, is a more common less dramatic form of pneumonia. The area of lung affected is usually smaller and inflammations are localized in or around the bronchi rather than deep into the alveoli. The symptoms appear gradually and are usually milder than the symptoms of lobular pneumonia. The lungs become spotted with clusters of infected tissue. The temperature rises more slowly, does not go as high, and does not reach the same level of crisis that lobular pneumonia reaches. Bronchial pneumonia is rarely fatal except in patients with heart disease or other complications. It is however more difficult to treat and relapses can occur.

Primary atypical pneumonia: This type of pneumonia occurs primarily in young adults who are otherwise healthy. Often this type of pneumonia goes undiagnosed, as the symptoms are similar to those of a cold. Headache, fever, dry cough, generalized aches, and extreme fatigue are the primary symptoms. X-ray reveals evidence of the infection.

Other types of pneumonia: Other causes include inhalation of poisonous gases (chemical pneumonia), accidental inhalation of food or liquids (aspirational pneumonia), a blow or injury to the chest that interferes with normal respiration (traumatic pneumonia), or inhalation of an oily substance (lipoid pneumonia). Aspirational pneumonia is common in newborns when there is difficulty breathing after inspiration of meconium that was passed in the amniotic fluid, or if the infant is born prematurely and the lungs are underdeveloped. There is also hypostatic pneumonia which frequently occurs in elderly bedridden patients and is due to lying

on the back for an extended time. Interstitial pneumonia is another form which is due to an increase in interstitial tissues in the lung and a decrease of the proper lung tissue with indurations (hardening) of the remaining tissue.

Vaccination and Treatment

There is a newly developed pneumococcal polysaccharide vaccine available. This vaccine is developed from 23 different strains of pneumonia. CDC reports that about half of the people getting the vaccine get mild side-effects such as redness or pain at the site of the injection. Less than 15% develop fever and some develop systemic allergic reactions such as hives, difficulty breathing, or shock. The CDC recommends that infants and the elderly get this vaccine, as they are most susceptible to death from pneumonia.¹⁸ This is a new vaccine and so its long-term effects have not yet been assessed.

Conventional treatment of bacterial pneumonia includes the use of antibiotics. Severe cases will require supplemental oxygen to ensure oxygenation levels remain sufficient. Plenty of bed rest and fresh air is necessary. Conventional treatment of viral pneumonia is by anti-viral drugs with the possible adjunct of antibiotics to prevent bacteria pneumonia from setting in.

Homeopathic Prevention and Treatment

It is apparent that pneumonia is a potentially dangerous condition, which when not treated correctly can lead to death. In developing countries influenza and pneumonia is responsible for as many as 1000 in 100,000 deaths annually.²⁶ For these reasons, the consult of a practitioner is advisable. Some preventative measures will reduce the likelihood of contracting pneumonia. Lifestyle choices such as smoking and inactivity will leave one more susceptible to having common colds or influenzas that turn into pneumonia. Constitutional treatment with homeopathy will render one healthier and in the event of infectious contagious disease if treated with homeopathy the disease is less likely to progress into the secondary condition of pneumonia.

From the listings of the various types of pneumonia one can see that proper case taking will lead one to the most indicated remedy. Understanding the etiological factors of the individual case will narrow down the search. Many remedies are indicated for pneumonia. Remedy selection is based upon the health and susceptibility of the person in question rather than collectively as in the treatment of epidemics of contagious diseases. Accordingly, it is difficult to isolate one or two remedies that could act as preventative to pneumonia for large

populations. If one has a susceptibility for complaints to move quickly into the chest, constitutional treatment with remedies such as **Tuberculinum**, or **Phosphorus** to address this susceptibility is the best preventative care. For the acute treatment of pneumonia, one must look at the speed with which the disease progresses, the etiological conditions and the main presenting symptoms to determine the best remedy. More commonly indicated remedies are described below.

Curative signs should occur within several hours of the remedy with resolution occurring in 24 to 48 hours. Changes will include a loosening of the cough, easier expectoration, and greater ease while resting. The fever may go up after the remedy but will soon break. After which the condition should resolve in a few days. Fevers that become remitting need a more indicated remedy; **Ferrum metallicum**, **Carcinosin**, **Pulsatilla**, **Bryonia**, **Lycopodium**, **Apis**, and **Sulphur** are good first choices for the treatment of pneumonia. The condition is not cured if the fever comes down yet there is still a lot of pain, difficult respiration, or congestion in the chest. Taking aspirin will bring down the fever without clearing the condition and is to be avoided especially in those who are bedridden or of weak constitution. Prolonged pneumonia without a fever will lead to death.

Pneumonia is considered a damp condition. Warmth and warming foods such as cardamom, cinnamon, cloves, and licorice, and facilitation of the fever with massage, hot baths, and mustard packs on the chest are all adjunctive measures to reduce congestion and facilitate a speedier resolution. Hand percussion on the back, sides, and front of the chest will facilitate expectoration and movement of the congestion.

Remedies: ACON., aesc., **agar**, **all-c.**, am-c., am-i., ant-ar., **ant-c.**, ant-i., ant-s., **ANT-T.**, **apis**, apom., **arg-n.**, **arn**, **ARS.**, **ars-i.**, ars-s-f., arum-t., asaf., asc-t., aur., aur-m., ba-tn., bac., **bad**, bar-c., bar-i., **bell**, benz-ac., beryl., both-l., **brom**, **BRY.**, **cact**, cadm., **calc**., calc-s., calc-sil., camph., **cann-s.**, canth., caps., carb-ac., **carb-an**, **carb-v.**, **carbn-s.**, carc., cham., **chel**, **chin**, **chlor**, cina, coff., coffin., **con**, cop., corn., crot-h., **cupr**., **dig**., dros., dulc., **elaps**, eup-per., **ferr**., **ferr-ar**., **ferr-i**., **FERR-P.**, **gels**., glyc., graph., **HEP.**, **hippoz**., **hyos**., hyper., ign., **iod**., **ip**., **kali-ar**., **kali-bi**., **kali-br**., **kali-c**., **kali-chl**., kali-hp., **kali-i**., kali-m., **kali-n**., **kali-p**., **kali-s**., **kreos**., **lach**., **lachn**., **laut**., led., **LOB.**, **LYC.**, lycps., **MERC.**, mercy., **mill**., mur-ac., myos., myrt-c., nat-ar., **nat-m**., **nat-s**., **nit-ac**., nux-v., op., ox-ac., **ph-ac**., **Phos**., phys., plb., pneu., podo., psor., **PULS**., pyrog., ran-b., **RHUS-T.**, rumx., **sabad**., samb., **sang**., sec., senec., **SENEG**., **SEP**., **sil**., solin., spig., spong., **squirl**., stann., stann-i., **stram**., stroph., stry., sul-ac., sul-i., **SULPH**., syc-co., **ter**., tub., tub-a., **tub-k**., urt-u., **verat**., **VERAT-V.**, x-ray.

Aconite: *Sudden onset from a chill or cold weather. First stages of pneumonia. Cough is hard, dry, and painful. Chest is tight. Hot, dry skin. Full, hard pulse, and rapid, difficult breathing. Lungs engorged; must sit upright. Grasping at larynx. Restlessness, anxiety, and fear.*

Ammonium carbonicum: Indicated in desperate advanced cases where there is great debility and drowsiness. *Rattling of bubbles in the chest. Bluish or purple lips demonstrating a lack of oxygenation. Coughs continually, but raises nothing. Like Ant-t. but Am-c. is worse from cold, whereas Ant-t. is worse from heat. Ailments from the inhalation of fumes.*

Antimonium tartaricum: Desperate cases with sudden alarming symptoms of *suffocation, oppression and short respiration*. Must sit up. *Great accumulation of mucus with coarse rattling. Expectoration of thick, white mucus after great efforts to raise it. Chest filling with fluid, threatened paralysis of the lungs, lack of reaction. Especially in infants and elderly people. Sickly sunken bluish face, twitching and covered with a cold sweat. Post viral, post chickenpox.*

Apis: Constant sensation in the chest as if he would not live another moment. Near death from the *inflammation of the lung tissues*. Impossible to get another breath as if each would be his last. Pleurisy (inflammation of the lining of the lungs) with exudation. One of the best remedies to bring about absorption. *Worse from heat. Works well with Sulphur.*

Arnica: *Says he is well when actually he is desperately ill. Traumatic pneumonia.*

Baptisia: *Sudden onset that goes rapidly into a typhoid state (see Typhoid).* Septic conditions where the face becomes dark, dusky purple, and bloated. Mind *confused; tries to answer but slips into a stupor.* Delirious, sensation of dual personality or scattered about the bed. *All discharges are foul, pungent, and fetid.*

Belladonna: Initial stages of pneumonia. Pneumonia with cerebral complications, great nervousness and delirium, sleepy yet cannot sleep. *Dry, hard, spasmodic cough, worse on the right side. Worse if the bed is jarred. Cannot lie on the sore side. Flushed face, and congested eyes with hot dry skin.*

Bryonia: More advanced cases where hepatization (solidifying of the lungs) has begun. *Cough is hard and painful. Expectoration thick. Oppressed breathing. Lays perfectly still; worse from any movement. Every breath causes intense pain. Short and rapid breathing to mitigate the pain. Lies on painful side and must keep still. Thirst for large quantities. Dry lips tongue*

coated and dry. Constipation. Probably the most frequently useful medicine for pneumonia. Right-sided remedy. Better lying on the painful side.

Calcarea carbonica: More often thought of as a constitutional remedy, **Calc-c.** has a great affinity to the chest and lungs. Leucophlegmatic individuals with a tendency towards bronchial catarrh. *Head sweats profusely in the sleep.* Cold damp feet. Rickets, big head, and big abdomen.

Cantharis: *Desperate cases where the inflammation of the lungs is turning gangrenous, with extreme prostration and the lungs burn like fire, or are as if full of boiling water.* Frequent urination with burning and cutting pain. Restlessness.

Capsicum: Indicated in plethoric flabby children, with red checks yet a cold face. Chest is too full; not enough room in it. Cannot get air deep enough into the lungs. *Explosive cough with a volume of fetid breath.* Sputum is dirty brown. Over-stimulated.

Carbo animalis: Indicated in cases of *lack of vitality rapidly going towards death.* Suppuration of the right lung with burning or coldness in the chest. Suffocative cough which shakes the brain. Brain feels loose. *Destruction of the lung tissue and decomposition of fluids expectorated.* Feels smothered on closing the eyes.

Carbo vegetabilis: Also called the homeopathic corpse reviver. *Burning in chest as from glowing coals.* Advanced cases of pneumonia. *Cold breath and sweat, yet wants to be fanned;* air hunger. Threatened paralysis of the lungs. Cold throat, mouth, and tongue. Face yellow, grey, greenish. *Patient is collapsed, almost gone.*

Carcinosin: *Pneumonia that comes after flu, mono, or other diseases.* Relapsing conditions. Insufficient fevers, or remitting fevers without resolve. *never-been-well-since pneumonia.* Fastidious, anxious, fears some unknown disease.

Chelidonium majus: Right-sided pneumonia. *Pain like a knife* though the chest on moving. Must sit up as the pain transfixes the chest. Worse movement. Apt to become jaundiced with the pneumonia. Lung conditions from a weak liver. Tongue coated. Pain in the lower angle of the shoulder blade. Cough loose and rattling but difficult to expectorate. In catarrhal pneumonia of young children where chest is full of mucus and difficult to expectorate. Like **Ant-t.**

Ferrum metallicum: Neglected cases where the *person looks strong but is progressively growing weaker*. Cough is dry and spasmodic. Difficult respiration. Irregular distribution of blood causing congestions, pulsing, and surging. *Lung complaints in anemic persons*. Flushed cheeks or deathly pallor. Weakness from speaking though looking strong. Slight *noises unbearable*. *Tendency to nose bleeds*.

Ferrum phosphoricum: Early inflammatory diseases with few indications. Lacks the restlessness of **Aconite**, the burning of **Belladonna**, and the intense thirst of **Phosphorus**. Breathing oppressed, short, and panting. Expectoration of clear blood. *Paroxysmal pains and hemorrhages*.

Gelsemium: Post-influenzal pneumonia. *Chills up and down the spine. Paralytic weakness, limbs heavy, eyelids heavy*. Dusky face, confused, dull, and dazed. Thirstless with a severe *congestive headache*. Tiresome, slow breathing with great prostration. Oppression of chest, with fluent nasal discharge. Spasms of the diaphragm, and lungs. Fever with stupor.

Ipecacuanha: Commonly indicated in infants in bronchial pneumonia. *Child coughs, gags, and suffocate, with a coarse rattle heard throughout the room. Gagging and retching from stimulation of the pneumo-gastric nerve*. Symptoms come on hurriedly. Like **Ant-t.** but more indicated at the beginning of the illness rather than as the case progresses and nothing is raised from the lungs.

Kali carbonicum: Frequently indicated in all forms of pneumonia. *Stabbing pains in the chest worse from motion*, like **Bryonia** but unlike **Bryonia** in that pains are also independent of respiration. Hepatization of the lungs with rattling of mucus during the coughing. Affects especially the lower right chest. Cannot lie on the right side. *Worse at 2, 3, or 5am*. Choking, wheezing, and whistling cough. *Stitching pain; lungs seem to stick to the ribs*. Stabbing pains. Leaning forward relieves chest symptoms.

Lachesis: *Left-sided pneumonia that may go over to the right side*. Cases that seem doomed to hepatization. *Fits of suffocation; cyanosis*. Threatened paralysis of the lungs with much difficult breathing and long lasting suffocative spasms. Must sit up or lean forward. *Least thing near the mouth brings on attacks of suffocation*. Sleeps into the aggravation. Worse after sleep. *Wakes up suffocating*. Face purple and mottled. Oppression of the chest worse covering the mouth.

Lycopodium: *Unresolved pneumonia* that can go on for months. Fever worse from 4-8 pm.

Frowning forehead in chest troubles. *Fan like motion of the wings of the nose* on inspiration due to difficulty of breathing. Wakes up angry or cross. *Little food fills up*. Short, rattling breathing. Worse lying on the back. Chronic mucus deep in the lungs lingering since the acute illness. Yellow expectoration. Cough worse at night. Tight chest. Worse eating and drinking cold things.

Mercurius: Pneumonia with extensive *offensive sweat, offensive breath* and expectoration.

Broncho-pneumonia, biliary pneumonia, in infants and the elderly. *Tongue is foul and notched with the imprint of the teeth*. Stabbing pains from the base of the right lung to the back. Bloody, thick, green expectoration. Suppuration of the lungs with a large quantity of pus. Tickling in the chest; sensation as if the chest would burst. *Copious sweating without relief*. The more he sweats the worse he becomes. *Excessive salivation*.

Natrum sulphuricum: Pneumonia of the left lung and left lower lobe. Pneumonia with asthma. Humid asthma. Worse 4 or 5 am. Worse from damp dwellings and damp weather.

Nitric acid: Inhalation of nitric acid causes rapid congestion and inflammation of the lungs.

Related in kind to **Ammonium carbonicum** due to the nitrogen component. Chest feels crowded. Oppression of the chest, worse bending backwards. Sputum tastes like glue, yellow, acrid, bitter, salty. Sputum flaps during respiration. *Fear of death and anxious about his illness*. Irritable and intolerant. Burning and sticking sensations.

Opium: End stage illness in bed-ridden patients. *Insensitive, comatose. Difficult breathing with puffing expiration*. Hot sweat.

Phosphorus: Frequently indicated in pneumonia in individuals with *weak chests who have grown too quickly*. Sensation of a *great weight upon the chest*. Constriction, anxiety, and oppression. Expectoration of bright red blood; sputum rust colored and purulent; salty tasting. Greater affinity to the right lower lobe. Stitching pains in the chest on the left side. Better lying on the right side. Pleurisy, pleuro- or broncho-pneumonia. Typhoid pneumonia. Liver conditions leading to pneumonia, hepatization of the lungs with a hard dry cough that racks the body. *Thirst for cold water. Wants company and is fearful to be left alone*.

Pyrogenium: For cases that have turned *septic*. Like **Baptisia** but worse. *General aching; bed feels too hard*. Intense restlessness. *Offensive of the discharges and the breath*. Fiery-red smooth

tongue. Oscillating temperature. *High temperature with a slow heart beat, or quick heart beat with low temperature.*

Ranunculus bulbosa: *Acute stabbing pains* on the chest with effusion. Intermediate cases with anxiety, difficult breathing, and distress. *Sore spots remain in the chest after pneumonia.* Sensation of subcutaneous ulceration. Everything is sore and bruised, very sensitive to touch. Short oppressed breathing. Cardiac and vascular excitement.

Rhus toxicodendron: Pleuro-pneumonia that has taken a typhoid form. *Ailments from catching a chill while wet or perspiring.* Dreams of great exertion. Restless sleep must toss about. Intermittent fever with chill, dry cough, and restlessness. Chill with least uncovering. *Chill from the perspiration, which makes him worse. Aching in all the bones.* Sudden edema of the lungs with rust colored sputum. Hemoptysis from over exertion.

Sulphur: Useful for conditions that relapse or after acute illnesses which do not entirely clear up. Local burning, throbbing or congestion, and flushes of heat with rush of blood to head, chest, and heart. *General offensive character, discharges and exhalations.* Mucus discharges and exhalations are acrid, blood streaked, offensive, and causes itching. Pneumonia. Asthma preceded by colds. Difficult respiration, wants windows open, nightly suffocative air hunger. Dyspnea in middle of night, relieved by sitting up. *Irregular breathing.* Loose cough, worse from talking, and in the morning. Greenish, purulent, sweetish expectoration. *Much rattling of mucus and heat in chest, worse 11 am.*

Notes:

Tuberculosis

Tuberculosis (TB) is an infectious disease caused by the microorganism *Mycobacterium tuberculosis*. It has been present in human populations for over 4000 years. In 1882, Robert Koch first identified the TB bacterium. Tuberculosis can affect several organs of the human body, including the brain, kidneys, and bones. Most commonly, it affects the lungs and manifests as pulmonary tuberculosis. Historically tuberculosis has been called “phthisis” or “consumption,” as it kills the person by literally consuming the lungs of its victims and drowning them in their own blood.

In 1993, the World Health Organization declared TB a global emergency as it kills more adults each year than any other infectious disease, including malaria and all tropical diseases. TB is spread by infected persons who travel. As travel to warmer climates is recommended to people with TB, countries like South Africa, have the highest incidence of tuberculosis. Once contracted the first stage of the infection usually lasts for several months. During this period the body’s natural defenses (immune system) resists the disease and most or all of the bacteria are walled in by fibrous capsules that develop around the area of infection. Before the initial attack is over a few bacteria may escape into the bloodstream and be carried elsewhere in the body where they are again walled in. In many cases, the disease never develops beyond this stage and is referred to as “latent TB.” People with latent TB infection have no symptoms, do not feel sick, cannot spread TB to others, but usually have a positive reaction to the Mantoux skin test.

The Mantoux test is performed by injecting a small amount of tuberculin (a glycerin extract of the tubercular bacilli) under the superficial layers of the skin. The test is then read 48 to 72 hours later. A positive skin test results in a raised bump (induration) at the point of administration. The size of the induration determines whether the skin test is considered significant. A “significant” reaction indicates infection with TB but does not indicate how long the person has been infected.

In countries other than the U.S., many people are vaccinated against tuberculosis using the Bacillus Calmette Guerin vaccine (BCG). BCG vaccine can also cause a positive skin test, especially if it was recently administered. There is no reliable method of distinguishing tuberculin reactions caused by vaccination with BCG from those caused by natural mycobacterial infections. Often those with a family history of TB will also react positively to the test even though they are not actually infected with TB.

A person with a “significant” skin test needs further testing to determine if treatment is necessary. Chest X-rays, sputum tests, and other tests are used to determine whether the positive reaction is associated with active TB. A false positive result, especially after repeated tests, can also occur from exposure to “atypical” *mycobacteria*, which cause different patterns of infection and disease. These non-tuberculosis forms of mycobacteria are most often found in patients who are HIV positive, and they seldom cause disease in non-HIV infected individuals.

If the immune system fails to stop the tuberculosis infection and it is left untreated, the disease can progress to the second stage; active disease. Once the disease becomes active, the encased germ multiplies rapidly and begins to destroy the surrounding tissues of the lungs (or other affected organs). Sometimes the latent period may last many years, and the bacteria only become active when the opportunity presents itself, especially when immunity is low. For example, people infected with HIV have greater tendency to develop active TB. The active stage of the disease is manifested by destruction or “consumption” of the tissues of the affected organ. When the lung is affected it results in diminished respiratory capacity. When other organs are affected it may leave permanent, disabling scar tissue. If left untreated, death results. Symptoms of TB depend on where in the body the TB bacteria are growing.

TB in the lungs may cause a bad cough that lasts longer than two weeks, pain in the chest, and/or coughing up blood or sputum (phlegm from deep inside the lungs). The hallmark symptoms of all cases of tuberculosis are weakness and fatigue, weight loss, nausea, no appetite, fever, chills, and night sweats.

The two main categories of active tuberculosis are pulmonary and extra-pulmonary. In addition, tuberculosis can also occur on the skin. Depending on the location different names under each category are given.

Pulmonary Tuberculosis

- primary tuberculosis pneumonitis
- tuberculosis pleurisy
- cavitary tuberculosis
- miliary TB
- laryngeal tuberculosis

Extra-Pulmonary Tuberculosis

- lymph node disease
- tuberculosis peritonitis
- tuberculosis pericarditis
- osteal tuberculosis
- renal tuberculosis
- adrenal tuberculosis
- tuberculosis meningitis
- cutaneous tuberculosis
- breast tuberculosis
- tabes mesenterica

Scrofula

- tuberculosis of the skin of the neck

Scrofula is most often caused by *Mycobacterium tuberculosis*, in adults. In children, it is usually caused by *Mycobacterium scrofulaceum* or *Mycobacterium avium*. Infection with *mycobacteria* is usually caused by inhaling air contaminated by these organisms. As the bacteria spread throughout the body they cause rubbery enlargements of the lymph nodes in the neck and elsewhere. If these are not treated the lymph nodes become ulcerated producing draining sores. From this scruffy appearance the name scrofula arose.

An individual with active pulmonary TB can spread germs by coughing, sneezing, laughing, or singing. However, repeated and / or prolonged exposure to someone with TB disease is generally necessary before another person becomes infected. As tuberculosis is spread from person to person through the air handshakes or sharing of dishes and utensils, are not likely to lead to contraction of TB. People infected with TB are most likely to spread it to people

with whom they spend the most time; family members, friends, classmates, and co-workers. Those at risk for developing TB include:

- Healthcare professionals.
- Those who were born in or have spent time in a country where TB is common (i.e., most countries in Latin America, the Caribbean, Africa, and Asia, except for Japan).
- Those who live in settings where TB is common (i.e., homeless shelters, migrant farm camps, prisons and jails, and some nursing homes or long-term care facilities).
- Those who are infected with human immunodeficiency virus (HIV).
- Those under immune-suppressive therapy.
- Inadequate access to healthcare.
- Family history of TB.

Vaccination and Treatment

Bacille Calmette Guerin (BCG) is the only vaccine available for tuberculosis. BCG contains a live attenuated (weakened) strain of *Mycobacterium bovis*. It was originally isolated from a cow with tuberculosis by Calmette and Guren who worked in Paris at the Institute Pasteur. This strain was carefully sub-cultured every three weeks for many years. After about thirteen years the strain was seen to be less virulent for animals such as cows and guinea pigs. During these thirteen years many undefined genetic changes occurred to change the original stain of *M. bovis*. This altered organism was called BCG. In addition to the loss of virulence, other changes to BCG were noted. These included a pronounced change in the appearance of colonies grown in the laboratory. Normal colonies of *M. bovis* have a rough granular appearance whereas colonies of BCG are moist and smooth.

BCG was first used as a vaccine to protect humans against tuberculosis in 1921. At first cultures of BCG were maintained in Paris. Later it was sub-cultured and distributed to several laboratories throughout the world where the vaccine strain continued to be maintained by continuous subculture. After many years, it became clear that the various strains maintained in different laboratories were no longer identical to each other. Indeed, it was likely that all the various strains maintained by continuous sub-culture continued to undergo undefined genetic changes. Indeed, the “original” strain of BCG maintained at in Paris had mutated during the sub-culturing used to maintain the viability of the culture. To limit these continuing changes the procedures needed to maintain the strain were modified.

'Today, the organism is maintained in several laboratories using a "seed lot" production technique which limits further genetic variation using freeze-dried cells so that each batch starts with the same cells.

BCG is widely used and the safety of this vaccine has not been a serious issue until recently. There is a concern that use of the vaccine in persons who are immune compromised may result in an infection caused by the BCG itself. In addition, even among immune competent persons, local reactions including ulceration at the site of vaccination may result in shedding of live organisms which could infect others who may be immune compromised.

The early use of BCG was marked by a tragic accident. In Lubeck, more than 25% of the approximately 250 infants who received a batch of the vaccine developed tuberculosis. It was later recognized that this batch was accidentally contaminated with a virulent strain of *M. tuberculosis*.

In the United States, the BCG vaccination is not routinely given to adults because it is felt that having a reliable skin test, and being able to accurately detect active disease, is more beneficial to society than vaccinating against a relatively rare (in the US) condition.

Current conventional treatment is aimed at destroying the tubercular bacilli. However, as the tubercular bacilli undergo random chromosomal mutations they have become resistant to every drug used to kill the tubercular germ. Furthermore, as the body encapsulates the bacilli to contain them, it is difficult for the drugs to access the microbes to kill them.

Most nations have now adopted the standard WHO six month treatment regimen, which includes isoniazid, rifampicin, pyrazinamide, and ethambutol. Nine-month regimens using rifampicin and isoniazid, together with an introductory phase of streptomycin or ethambutol, or both, have been predicted to cure 95% of patients.³⁹ If pyrazinamide is included in this treatment protocol for the first two months, the length of treatment could be reduced to six months and still retain cure rates of 95% or more.³⁹

Patient compliance for the duration of time necessary to remove the tubercular bacilli is often low thus making the effectiveness of treatment less. Acquired drug resistance for tuberculosis is almost always a result of inadequate treatment. This can include failure of the patient to take the prescribed drugs, failure of the physician to prescribe appropriately, failure of the healthcare system to ensure that drugs are available, or from mal-absorption of the drug(s) due to dysfunction of the digestive system or substandard bioavailability of the preparation.

Treatment of people who have tuberculosis and AIDS raises some key issues. Patients with AIDS may fail to properly absorb the anti-tuberculosis drugs, which increases the risk of treatment failure, relapses, and acquired drug resistance. Because antiretroviral therapy reconstitutes CD4+ lymphocyte numbers and immune function, patients may experience a paradoxical worsening of TB symptoms while under combined AIDS and TB treatment.

Sunlight helps to prevent tuberculosis. There have been many cures of tuberculosis via sunbathing and the milk diet, which these patients crave. Historically treatment for tuberculosis was to retire to the mountains for fresh air and rest or to travel to warmer parts of the globe.

Homeopathic Prevention and Treatment

Since Hahnemann's time homeopaths have been treating tuberculosis. Baron Clemens von Boenninghausen first came to homeopathy when he himself was sick and dying from TB. After treatment with **Pulsatilla**, he made a full recovery in a few months and went on to be one of homeopathy's greatest practitioners and advocates.

While tuberculosis is an acute infectious contagious disease, it has a tendency towards chronicity with a long and slow recovery. The imposed weakness and destructive tendency in the disease manifests itself further in the offspring of those infected. This chronicity we call the tubercular miasm, which manifests itself in the morphology and energetic disposition of the children of TB infected parents. Often the tubercular manifestations remain latent and skip a generation only to surface in the grandchildren or great-grand children of the person infected.

The particular constitutional attributes seen in individuals who have a family history of tuberculosis are long bones, fine delicate skin, restlessness, a tendency towards chest complaints, night sweats, ravenous appetite, emaciation, and a tendency towards overwork or over-exertion. The main sensation accompanying the physical presentation is of tremendous oppression, and the need for drastic change, a longing for something missing, and a desire for travel.

While conventional treatment is aimed toward killing the infecting microbe, homeopathy is directed at the well-being of the individual; the mental and emotional tendencies that create the susceptibility for the pathogen to take hold or become active. As the various strains of TB mutate, whether it be through culturing, drug resistance, or natural selection in the outer

world, conventional treatment and prevention will always be one step behind the evolution of the disease. Treatment aimed at improving the health of the individual will have greater success in limiting the fatalities from the disease than targeting the actual disease germ.

Tubercular epidemics often arise under oppressive political regimes, at times of war, poverty, famine, and homelessness. The life circumstance associated with these factors initially brings on a level of intense hurried activity in order to try to change the situation. However, as this level of energy cannot be sustained, it eventually ends in complete exhaustion with wasting of the physical body. It is at this point the door is wide open for an opportunistic infection of TB. Chronicity of the condition and development of the disease depends on how long the person keeps up this level of exhausting activity, how long the oppression lasts, or the core energy reserves of the person.

The term “burning the candle at both ends” is consistent with the tubercular miasm and refers to individuals who work all day and night and end up in a completely exhausted state. There is a romantic and nostalgic streak where the person is discontented with his place and circumstance. He longs for a better place and hopes that he will find it. There is an intense need for change as the longing and wistful feeling is never satisfied. This longing drives the person from one thing to another trying to fulfill the insatiable feeling. Instead of working on developing skills in order to survive in the present situation, he wanders the planet hoping to find the gate to paradise. Such is the condition of those about to go into insanity or about to go into some lingering disease. Tuberculosis and insanity are convertible conditions, the one falls into the other. In many cases of TB that are treated and seemingly cured with homeopathy, the phthisis of the lungs has just been turned aside while the patient finally becomes insane. Alternatively, persons who have been cured of insanity can go into phthisis and die, which shows the deep-seated character of their disease and the nature of tuberculosis.⁴⁰

In homeopathy, we have many remedies that are considered tubercular remedies (either because they correspond to the mental and emotional state of the disease or to the physical presentation of the disease). This not only means that these remedies can be useful in the treatment of tuberculosis but also for the inherited miasmatic tendency towards tuberculosis.

Whereas in an acute miasmatic disease, such as chickenpox, scarlet fever, or measles where the disease has a relatively short incubation period, prodrome, and manifestation followed by a quick recovery, tuberculosis remains a latent disease if contracted by a healthy person where the microbes become contained and capsulated. It is only when the constitutional

health of the individual becomes weakened that the disease manifest itself in its active presentation.

A family history of TB increases the susceptibility to tubercular manifestations. Correspondingly, the first line of defense in homeopathic treatment is to remove the miasmatic susceptibility. This is achieved with anti-tubercular remedies corresponding to the constitution of the individual. If exposure has occurred the homeopathic preparation of **Bacillinum** or **Drosera** might be the best prevention by facilitating the walling in of the tubercular germ in fibrous capsules and the gradual absorption of these capsules. As the person's health deteriorates, and the tuberculosis becomes active, remedies such as **Ferrum metallicum**, **Phosphorus**, **Stannum**, **Iodium**, **Kali carbonicum**, or any of the remedies listed below may be more indicated to return the person to health. Always look at the whole case to determine the best remedy. During an epidemic look for a Genus Epidemicus to be effective for the treatment of most individuals, taking into consideration the social and cultural pressures concurrent to the epidemic.

Curative signs in the treatment of active tuberculosis include initially a heightened fever followed by a reduction of the extreme weakness and debilitating night sweats. Sputum will become less purulent and easier to expectorate. Dosage depends on the severity of the condition and underlying health of the person. Lower potencies are better to avoid too rapid disturbance of the tubercular encasements. X-rays will determine the extent of the infection. In active tuberculosis monitor the case for two months or more, repeating the remedy as needed. Rest and plenty of fresh air are also needed to help restore balance. The person must not resume the same hectic pace in life they left off prior to the disease as that pace created the susceptibility to succumbing to the disease in the first place. For complete recovery, long-term care over several months with anti-miasmatic remedies and the inter-current use of nosodes is necessary.

Remedies: abr., acon., agar., alum., alum-sil., alumn., am-acet., am-c., ambr., ang., ant-c., apis, **aq-mar.**, arg., arg-n., arn., **ars.**, ars-i., ars-s-f., asaf., aur., aur-ar., aur-i., aur-m., bac., bar-c., bell., bor., **bry.**, calad., **calc.**, calc-ar., calc-hp., calc-i., **calc-p.**, calc-s., calc-sil., calo., carb-ac., carb-an., carb-v., carb-n-s., carc., caust., cham., **chin.**, chr-o., cic., cist., cocc., con., cund., cupr., **dros.**, dulc., **ferr.**, ferr-pic., form., form-ac., graph., guai., guare., hep., hippoz., hydr., hydrc., hyos., ign., **IOD.**, ip., irid., kali-acet., kali-bi., **KALI-C.**, kali-chl., kali-i., kali-m., kali-n., kali-s., kreos., lach., laur., **led.**, **LYC.**, m-arct., mag-c., mang., merc., merc-i-r., nat-m., nit-ac., nux-m., nux-v., ol-j., op., par., paull., petr., ph-ac., **PHOS.**, phyt., plb., psor., **PULS.**, ran-b.,

rhus-t., ruta, sabin., samb., sec., sel., seneg., **sep.**, sil., spig., spong., squil., STANN., staph., stram., **sulph.**, teucr., thiosin., thuj., tub., tub-k., urea, verat., x-ray, zinc.

Ammonium carbonicum: A condition of poor oxygenation. *Tired and weary, catches colds easily, wheezing, and feels suffocated.* In the night, there are dreams of specters, of death, and attacks of anguish. Mucous membranes of the respiratory organs are especially affected. *Much oppression in breathing, worse after any effort, and entering warm room or ascending even a few steps.* Pulmonary edema. Rattling in chest but expectorates little on coughing.

Arsenicum album: This remedy is most appropriate for individuals who often feel *scared and anxious*. Fretful and mistrusting. *Thinks he has been poisoned. All-prevailing anxiety, exhaustion, and restlessness, with nightly aggravations. Great exhaustion after the slightest exertion. Chilly, worried, and thirsty for sips of water.* Fear, fright, and worry. Dying patients. Tightness. Burning or coldness in chest. Darting pain through upper third of the right lung. Hemoptysis with pain between shoulders. Expectoration scanty or frothy.

Bacilllinum: For fever and weight loss associated with tuberculosis. Chronic reoccurring sore throats and coughs. *Excessive muco-purulent bronchial secretion threatening to occlude the lungs.* Bubbling rales and muco-purulent expectoration. Glands of the neck are enlarged and tender. Night-sweats. Attacks of suffocation at night with difficult cough. Hacking cough. Hard cough, shaking the patient. Suffocative catarrh. Ringworm. The patient expectorates very little. Tubercular meningitis. Useful as an inter-current remedy.

Bryonia: Complaints develop slowly, but forcibly. Mucous membranes become *dry; hence, discharges are scanty and adherent.* Dryness everywhere; of the mouth, throat etc. *Dreams of hard work, about household affairs, and about business of the day in delirium.* Painful continued fevers. *Chill with external coldness, dry cough, and stitches in the chest.* Easy, profuse perspiration. Blood seems hot. Pulse full, hard, tense, and quick. *Wants to take deep breath, but cannot or it excites cough.* Expectoration of rusty colored, blood-streaked, or tough mucus. Expectoration brick shade, tough, and falls like lumps of jelly. *Must hold the chest while coughing or lay perfectly still.*

Calcarea arsenicosum: It is a chilly medicine, the symptoms being worse in cold weather, when out of doors. Burning heat in chest. Feeling as if he would suffocate with palpitations. Night sweat after 3 am. Liver and spleen somewhat enlarged. Dyspnea with feeble heart. *Worse from slight exertion, errors in diet, and cold air.*

Calcarea carbonica: Early stage of tuberculosis of lungs with tickling cough, fleeting chest pains, nausea, acidity, and dislike for fats. For chills, drowsiness, perspiration (especially at night), and *swollen lymph nodes*. This remedy is particularly appropriate for individuals who are *susceptible to infections, tend to be stubborn, and crave eggs and cold drinks. A jaded state, mental or physical due to overwork*. Chest feels weak on ascending stairs, on walking, and from talking. Gets out of breath easily. Consider **Calc-c.** for fever, head sweats, weakness, and apprehension. *The hands and feet are cold and clammy.*

Calcarea phosphoricum: The **Calc-p.** patient is generally emaciated instead of fat like the typical **Calc-c.** patient. *Discontented and restless. Always wants to go somewhere; when away from home, wants to go there and when there, wants to go some other place. Affects the nutrition of bones and glands.* The bones become soft, thin, and brittle. Anemia after acute diseases and chronic wasting diseases. Chills up the back, but heat down the back. Sticky sickly sweat, worse on the head and throat, at night. *Enlargement of tonsils, acute and chronic.* Shortness of breath. Tendency to perspiration and glandular enlargement. Tuberculosis with cavities, with night sweats and yellow expectoration. Pain in chest from drafts. Must scrape mucus from larynx before one can sing or talk.

Carbo animalis: Often indicated in the *last stages* of cancer, pneumonia, bronchitis, or tuberculosis. Suited to weak, broken-down constitutions, and to the infirmities of old age or those prematurely aged. Patients are susceptible to colds and easy sprains. *Easily strained from lifting.* Desire to be alone, sad and reflective, avoids conversation. Does not want to be disturbed. *Right chest is most affected.* Ulcerations, gangrene, and decomposition *glandular enlargements with catarrhal states, flatulency, and asphyxiation. On account of venous stasis, the skin becomes blue.* Glands enlarge, slowly and painfully, and become indurated (like **Con.**, or **Merc-i-f.**). Glands, swollen, and painful in the neck, axilla, groin, and breasts. Ulceration and decomposition. Pains are lancinating, cutting, and burning like fire.

Carcinosin: Indicated in a family history of tuberculosis or for the prevention and treatment of TB. *Excessive weariness and fatigue. High fevers of unknown origin. Relapsing states. Sensitive overextended individuals who love to travel. Ailments from domination.* Insomnia. Immune system disorders. Glands chronically enlarged, tubercular, and open. *Deep desire to breathe.* Yawning. Cough worse from talking, laughing, yawning, undressing, or dressing. Difficult breathing after running. Expectoration is bloody, spitting of blood. Cough, worse cold air, or worse from a tickle in the throat.

Cistus canadensis: It is most suited to scrofulous subjects who are very sensitive to cold air and to cold inspired air. Marked action in glandular affections and chronic swellings. When the patient is extremely sensitive to cold. Sensation of coldness in various parts. Very restless at night. Cannot sleep from coldness in throat. Inhaling the slightest cold air causes sore throat, which he has not when inhaling air in a warm room. Stitches and cold feelings are very prominent; there is also a soft or spongy feeling, which is very characteristic. All mental excitement aggravates, (stitches in throat and cough). Affects the glands, especially naso-pharynx, neck, and breasts (left). The neck is studded with tumors. Hemorrhage from lungs. Night sweats.

Conium: A great deal of vertigo accompanies the complaints running through this remedy, the mental faculties and memory are profoundly affected. Great weakness of memory. The effects of blows or falls, grief, and over-study. Slow and impaired comprehension. Difficulty concentrating. Progressive debility going towards paralysis. Dreams of disease, mutilation, death, danger, and quarrels. Great liability to take cold. Sweat as soon as one sleeps or even when closing eyes. Disturbed and unrefreshing sleep. Night and morning sweat with offensive odor and smarting on the skin or offensive odor without sweat. Oppressed breathing, constriction of chest, pains in chest. Constant tormenting cough from dry spot in the larynx or tickling in chest and throat pit, worse when lying down.

Drosera: Drosera has an important place in the prophylaxis of tubercles. Sheep eating Drosera leaves acquire a nocturnal cough and die and the pleura of cats to which Drosera had been administered were found studded with tubercles. Spasmodic cough of tuberculosis. Spasmodic, catarrhal, and hemorrhagic effects. Drosera raises the resistance against tuberculosis. It is a useful remedy for tuberculosis of the lungs, larynx, and bones of joints. Great mistrust. Delusions of persecution. Imagines he was being deceived by spiteful envious people. Restlessness, which does not allow prolonged attention to the same object. Hoarseness and tubercular chest disorders. Tuberculosis with vomiting of food from coughing, with gastric irritation, and profuse expectoration. Tubercular glands. The attacks of cough follow each other very rapidly; can scarcely breathe between attacks. Coughs and chokes. Cough worse singing, talking. Cough very deep and hoarse, Chilliness during the day heat during the night. Warm perspiration at night, especially after midnight, and during the morning hours, mostly in the face.

Ferrum metallicum: It is adapted to young, anemic, pseudo-plethoric persons, who though looking strong are so weak that they are unable even to speak or walk. Wants to lie down. Always in the right, sensitive and excitable, worse on least contradiction. Weakness, almost amounting to paralysis of the whole body and of single parts. Anemia with weakness. Worse after any active effort.

Pallor of skin, mucous membranes, and face, alternating with flushed face. Rapid emaciation.

Pulmonary tubercular ailments often with blood spitting and deficient vital warmth.

Ferrum is a remedy that should be given carefully in hemorrhagic tuberculosis as it may aggravate the bleeding. The **acetate**, **iodide** and **phosphate** are better than the metal in such cases unless the similarity is very close. Spitting of blood of masturbators in tuberculosis. Profuse, debilitating sweat; clammy, yellow, cold, and acrid.

Ferrum picricum: Considered a great remedy to complete the action of other medicines.

The symptom that calls for it is the failure of the function of an organ under exertion.

Profound prostration.

Iodium: Acute catarrh of all mucous membranes, rapid emaciation, with a good appetite, and glandular atrophy call for this remedy in numerous wasting diseases and in scrofular patients. Indicated in tuberculosis of rapidly growing young people; thin with a dark complexion. Muscles, fat, tissues, and glands waste away and general emaciation is the result. In tubercular disease of all kinds, it may be called for. Tabes mesenterica (chronic inflammation of the mesenteric glands with caseous degeneration), and pulmonary tuberculosis. In pneumonia and tubercular disorders with lung consolidation. *When new growths and hyperplasia are present these come under the action of Iod.* before the normal tissues do. *Glands, thyroid, testes, mesenteric, and mammary, first get swollen, hard and heavy, then begin to dwindle.* Given internally its power is much greater, the absorbents are stimulated to fresh activity. Rapid metabolism. *Emaciation and weight loss with great appetite.* Great debility. The slightest effort induces perspiration. Weak and rapidly losing flesh even with a good appetite. Always feels too hot. *Great debility, the slightest effort induces perspiration, cannot talk, becomes out of breath going up stairs.* Marked fever, restlessness, red cheeks, and apathetic. Profuse sweat. The chief indications are dyspnea, cough with blood-streaked expectoration, tickling all over chest, weakness and emaciation, worse in a warm room. Worse by warmth is a leading modality of **Iod.**

Kali carbonicum: Weakness of the muscles of the heart, back, limbs, and intellect. The occurrence of bag-like swellings over the eyes between the eyebrows and the upper lids is common. Sweat, backache, and weakness. Sensitive to atmospheric changes, to every draft of air, always shivering with dropsical and paralytic tendency. Constant cold taking, better in warm climate. Constant backache, the patient feeling all the time that the back and legs must give out. Stitching, sharp pains, also called jerking pains, worse during rest, worse lying on affected side. Worse 2 to 4 am and awakes at about 2 to 4 am with nearly all complaints. The cold air feels hot. Tubercular diathesis. Never wants to be left alone.

Never quiet or contented. *Quarrels with his family.* Touchiness. Cannot bear to be touched, starts when touched ever so lightly, especially on the feet. *Dry, hard cough about 3 am* with stitching pains, and dryness of the pharynx. Expectoration must be swallowed, cheesy taste, copious offensive lumps. Expectoration scanty and tenacious.

Lycopodium: In many cases where **Lycopodium** is the remedy, some evidence of urinary or digestive disturbance will be found. **Lycopodium** is adapted more especially to ailments gradually developing, functional power weakening with failure of the digestive powers, where the function of the liver is seriously disturbed. Symptoms characteristically run from right to left., upper part of body wasted, lower part semi-dropsical. Lean and predisposed to lung and hepatic conditions. Scrofular constitutions. Worse from heat, warm room, hot air, hot bed, warm applications. *Hurried when eating. Weak memory, confused thoughts. Dyslexia. Spells or writes wrong words and syllables. Cannot read what he writes. Awakes terrified. Anxious dreams of fatal accidents.* Flying of the wings of the nose with the presence of mucus rales. Craves air but is chilled by it. Tickling cough. Short, rattling breathing, worse lying on back. Cough worse going down hill. Cough is deep, hollow. Expectorations gray, thick, bloody, purulent, salty, greenish-yellow, lumpy, or foul. Abscess of the lungs. Body becomes cold during cough. Foul, viscid sweat; axillary, or feet; smelling like onions.

Phosphorus: Suited to tall, slender persons of sanguine temperament, fair skin, blonde or red hair, quick, *lively perceptions, and a sensitive nature.* Young people who grow too rapidly and are inclined to stoop, chlorotic, and anemic. *Nervous persons with waxy, translucent skin, half-anemic, half jaundiced.* Narrow-chested, phthisical patients, with delicate eyelashes, and soft hair. Nervous, weak persons who like to be magnetized. *Hemorrhagic patients, slight wounds bleed profusely.* Necrosis may be either acute or chronic, but is always severe, and the patients usually die of consumptive fever. At first there is tenderness of the liver, but as it shrinks this passes away. *The right lung is more affected than the left.* Darting, cutting pains, causing much distress, starting from different points and flashing over whole abdomen. Tightness across the chest. *Feeling of a great weight on the chest.* Sharp stitches in chest. Respiration quickened and oppressed with heat in the chest. Hard, dry cough, with rusty sputa. *Worse at twilight and until midnight,* worse lying on left side, better lying on right side. Dry, titillating cough; the irritation is felt throughout the whole chest; he coughs all the time, a short hacking, exhausting cough as if emanating from every part of the lungs. Heat and oppression in the chest obliging frequent deep inspiration. The delirium is low, muttering, stupid, or violent, or there may be a state of ecstasy, or odd ideas, that his bones are in fragments and he cannot fit the pieces together. *It produces an excitable*

condition, exaltation of mental faculties, and the condition that follows over-exertion. The mind, like the special senses, is too excitable and impressionable.

Pulsatilla: Suited to timid, weeping dispositions with a tendency to inward grief, and silent peevishness or at all events has a mild and yielding disposition. Especially when the patient in his normal health was good-tempered and mild or even frivolous and good-humored. *Moody, contradictory. Changing, shifting symptoms. The patient seeks the open air, always feels better there, even though he is chilly. Thirstlessness, chilliness, and shortness of breath.* Smothering sensation on lying down, *worse in warm stuffy rooms.* Pressure and soreness upon the chest. Chest oppressed, as by a load. Cough dry, hacking from tickling in epigastrium. Dry cough in evening and at night, must sit up in bed to get relief. Expectoration, thick, purulent, slimy, sweet, and salty, bitter as it loosens up. Short breath, anxiety and palpitations when lying on left side. *Lies with hands over the head or crossed on abdomen and feet drawn up.* Great sleepiness during the day, wakes confused, languid, and unrefreshed. Erratic temperature in fevers. *Chilly, yet averse to heat. Worse in warm stuffy rooms.* One-sided sweat. Pains during sweat. Partial sweat.

Stannum: The chief action of **Stann.** is centered upon the nervous system causing *weakness the in chest, throat, stomach, upper arms and thighs.* Debility is very marked. Debility of chronic bronchial and pulmonary conditions, characterized by profuse muco-purulent discharges with a tubercular basis. Tendency to excessive mucous secretions, pale, sunken, sickly countenance with dark rings around the eyes. Sad and discouraged. Dread of seeing people. Hopeless, despondent, feels like crying all the time but crying aggravates. *Sinking, empty, all-gone feeling.* Chest feels weak, can hardly talk. Chest feels raw or *hollow. Talking causes a very weak feeling* in the throat and chest. Cannot walk, or do anything without coughing. Takes deep breath. Hoarse, mucus expelled by forcible cough. Violent, dry cough in evening until midnight. Cough worse using voice, laughing, talking, or singing. Copious green, sweetish, expectoration. Hemoptysis with copious expectoration. Catarrhal tuberculosis. Retching with coughing. Sensation as if sweat would break out. Hectic fever. Debilitating, musty sweat at 4 am. Heat in the evening, exhausting night-sweats towards the morning. Perspiration, principally on forehead and nape of neck, debilitating, smelling musty or offensive.

Sulphur: It causes irregular distribution of circulation, causing local burning, *throbbing or congestion, flushes of heat, rush of blood to head, chest, and heart.* When carefully selected remedies fail to act especially in acute diseases it frequently arouses the reactionary powers of the organism. *General offensive character of discharges and exhalations.* Very red lips

and face, flushing easily. Oppression, as of a load on chest. Shooting pains in chest extending to the back; worse coughing, lying on back, and deep breathing. Serous effusions or deposits are absorbed slowly. Glandular swelling indurated and suppurating. Weak faint spells. Feeling of weakness in chest, while talking. *Much rattling of mucus and heat in chest, worse 11 am.* Pleuritic exudations. Violent cough, in two or three incomplete bouts, from tickling as from "down" in the larynx. *Profuse sweat at night with a sulphuric odor.* Night-sweat on nape and occiput. Sweats without relief.

Tuberculinum: In tuberculosis where the symptoms are constantly changing, begin suddenly, cease suddenly, or are of an obscure nature and well selected remedies fail to improve. Patients who have inherited phthisis, patients whose parents have died of phthisis are often of feeble vitality, and are debilitated and anemic. They do not throw off their inherited tendencies. They are always tired. They take on sicknesses easily. They become anemic, nervous, waxy, or pale. Weakness and emaciation with good appetite. *A person gradually running down, never finding the right remedy, or relief only momentarily; has a constant desire to change, travel, go somewhere, and do something different, or to find a new doctor.* Persons on the borderland of insanity. Reckless. Depressed, melancholic, and hopeless. Hopelessness in many complaints. Aversion to mental work. Anxiety evening, until midnight. Weary of life. Cosmopolitan. Tormenting, persistent thoughts during the night. *Patient catches colds easily on slightest exposure, which ends in diarrhea. Very susceptible to changes of weather.* Anxiety during fever. *Loquacity during fever* is a common feature in hectic fever when the patient is decidedly affected by the toxins of tuberculosis. Anyone who has inherited phthisis, anyone who has been in a state of debility, who has had intermittent fever with continual relapses, and these mental symptoms are present you may think of **Tub.**

Notes:

Conjunctivitis

Conjunctivitis is an inflammation of the conjunctiva, the membrane that lines the eyelids and covers the exposed surface of the eyeball. Conjunctivitis can be classified as infectious or noninfectious. Infectious conjunctivitis (pinkeye) accounts for 70% of all cases and is caused by either bacteria (usually staphylococci, pneumococci, streptococci, or chlamydia trachomatis), fungus, viruses, or rarely parasitical agents. 50% of all cases of conjunctivitis are bacterial and 20% are viral. The eyes of newborns can be infected by gonorrhreal bacteria from the birth canal resulting in ophthalmia neonatorum, which looks much like conjunctivitis.

Noninfectious conjunctivitis (which accounts for the remaining 30% of all cases), can be caused by allergies (such as pollen or grass), chemicals (such as air pollutants, smoke, or household cleaners), or underlying diseases (such as rheumatoid arthritis, cytomegalovirus (CMV), lupus, Kawasaki's disease, ulcerative colitis, or Crohn's disease). An incompletely opened tear duct or herpetic conditions (such as herpes simplex or herpes zoster) also can result in conjunctivitis. Additionally, conjunctivitis can be a result of hemorrhaging from trauma or changes in pressure within the head (subconjunctival hemorrhage).

The main symptoms of infectious conjunctivitis caused by a bacteria or viruses are eye pain, itching, swelling, and redness in the eyes; a yellow, green, or watery discharge from the eyes which collects overnight and crusts over the eye; a gritty feeling in the eye; enlarged lymph glands in front of the ear. One or the other eye may be infected and it can move back and forth between each eye or be present in both eyes. Secondary conditions of a runny nose, cold like symptoms, and middle ear infections can develop.

Infectious conjunctivitis is especially contagious among children and can pass through a classroom or a family rapidly. Hand washing is key to preventing the spread of the virus or bacteria.

The eyes are susceptible to infection because under adverse conditions they provide a suitable environment for bacteria to grow. Lysozyme (an enzyme found in the tears) normally destroys any invading bacteria. Resident bacteria line the surface of the eyelids (all the way down into the shaft of the eyelashes) which helps maintain the environment of the eyes. When the health status of the individual changes it can result in a change in the lysozymal secretion or in the normal bacterial population protecting the eye. This makes the conjunctiva predisposed to foreign germs. One can be susceptible to recurrent attacks of conjunctivitis and if there is an underlying health condition it can become chronic.

Conventional treatment of bacterial conjunctivitis is with oral antibiotics or antibiotic eye drops. Antibiotic eye ointment in place of eye drops can also be used. An ointment is often easier to administer to an infant or young child. Historically silver nitrate was used in newborns to prevent ophthalmia neonatorum. Conventional practice is to apply antibiotic ointment to the newborn eyes within the first thirty minutes after birth.

Viral conjunctivitis cannot be treated with antibiotic eye drops or ointment, as the viral infection must be addressed with the immune system. If the irritation is allergic conjunctivitis conventional treatment includes the use of antihistamines, decongestants, mast cell stabilizers, steroids, and anti-inflammatory drops. There are no vaccines available for conjunctivitis.

Homeopathic Prevention and Treatment

The vast majority of conjunctivitis are readily treated with homeopathy. Whether the condition is viral or bacterial, the response to the correct homeopathic remedy will be within minutes to hours of administration. The remedy will assist the person in developing the appropriate immune system response necessary to resolve the condition and to help return balance to the bacterial population.

Conjunctivitis is considered a sycotic condition due to the production of the greenish-yellow discharge. Correspondingly, it is considered a sexually transmitted disease if chlamydia trachomatis is implicated. Accordingly, many of the remedies effective for the treatment of conjunctivitis are anti-sycotic remedies. Despite being acutely infectious, conjunctivitis is a relatively benign condition except for in newborns. A sycotic history in the mother will increase the propensity to ophthalmia neonatorum (see **Gonorrhea** for more information).

There are various homeopathic remedies for the treatment of conjunctivitis. **Argentum nitricum**, **Pulsatilla**, **Silica**, and **Euphrasia** are the most commonly indicated. If “pink eye” is contacted through a daycare or school setting, **Argentum nitricum** 30C, single dose can be used to prevent the condition. If the condition does develop further, one or another of the remedies listed below may be more indicated.

Adjunctive measures include keeping the eye as clean as possible and try to wash the infection away with a warm washcloth. A warm water solution of boric acid and water or mixed with a few drops of **Calendula** or **Hypericum** tinctures can be applied to the washcloth. Let the moistened cloth rest on the eyes a few minutes to loosen any crusty discharge. Then rinse the eyes thoroughly but gently and pat dry with a clean towel.

Response to the correct homeopathic remedy should be within thirty minutes to 24 hours. The condition will become less painful and irritated as the discharge becomes blander and eventually clears. Constitutional treatment may be needed if the condition relapses or if the individual is prone to contracting the disease (i.e., they have a sycotic history or taint).

Non-infectious conjunctivitis can also respond to some of the following remedies. However, as the condition does not fall in the category of acute disease consult with a practitioner is necessary for a deeper understanding into the underlying condition.

Remedies: abr., **apis**, **ARG-N.**, **ars.**, asar., aur., aur-m., bor., bry., calc-i., calc-s., calen., colch., crot-o-t., ery-a., **euphr.**, grin., **ham.**, **hep.**, **hydr.**, jeqol., kali-bi., med., **merc.**, merc-c., merc-pr-r., nat-s., nit-ac., **petr.**, **phyt.**, plb., psor., **puls.**, thus-t., **sil.**, **sulph.**, **syc-co.**, **syph.**, **thuj.**, zinc., zinc-s.

Aconite: Rapidly developing conjunctivitis after exposure to the cold and wind. Irritation of eye after trauma or after a foreign body is removed. Redness and intense pain. Restlessness or fear with the condition.

Apis: Redness and swelling of the lid and conjunctiva. Prolapse of the conjunctiva past the lid. Stinging and burning pain in the eyes. Worse on the right side. Better with cold applications. Face is puffy and rosy, or bluish around the eyes.

Argentum nitricum: Infectious conjunctivitis with a purulent discharge. Relates with sycosis and gonorrhea. Inner canthi swollen and red. Violent painful purulent ophthalmia. Pterygiums (growths on the cornea) are pink in color. Ulceration of margin

of lids, sore, thick, and swollen. Was used as an ointment on the eyes of infants to prevent gonorrhea infection in the eyes. Silver nitrate, **Argentum nitricum**, has antibacterial properties.

Belladonna: Acute inflammation of the eye before pus begins to develop. Marked pain, redness, engorgement, and pulsation. Eyes look glistening or brilliant.

Borax: *Eyelids inflamed; feels as if the lids cut against the eyeball.* Turning of the border of the eyelids. Itching in the eyes. Redness about the eyes. Pressure on the eyes. *Eyelashes turn inward.* Visions of bright waves. Gummy, crusty, and sticky eyelids. Granular eyelids. Eyelids inflamed. Sensitive individuals.

Euphrasia: *Burning and acrid lacrimation with constant inclination to blink which relieves temporarily.* Burning, redness, and swelling of the lids, especially the margins. Profuse lacrimation and itching. Better from rubbing the eyes. Bland nasal discharge.

Graphites: Dryness and cracking of the inner canthi, with *thick agglutination or sticking of the lids from dried discharges.* Pain on opening the lids provokes sneezing. Redness and irritation of the margins of the eyes. Worse from light. Slow thinking.

Hepar sulphuris calcareum: *Purulent conjunctivitis* with swelling of the cornea, profuse discharge, and *great sensitiveness to touch and air.* *Sensitive to the cold.* Corneal ulcers. Eyes and lids red and inflamed. Pain in the eyes as if pulled back into the head. Ophthalmia, thick mucus discharge. Yellow offensive discharge. Irritability, sensation of sticks in the eyes, or cutting pains. *Discharge of fetid pus from the eyes.* *Discharges smelling old and like cheese.* Irritability.

Hydrastis: Ophthalmia with *thick yellow mucus discharge.* Profuse secretion of tears. Smarting and burning of eyes and lids. Lids agglutinated. Dark greenish-yellow conjunctiva. Offensive character.

Kali sulphuricum: *Discharges that are profuse and deep yellow, thin or sticky.* Tongue has a yellowish mucous coating. Catarrh of middle ear. Purulent yellow mucus in eye diseases. Dry skin. Desquamation. Between **Pulsatilla** and **Sulphur**.

Mercurius: Conjunctivitis *from taking cold.* Lids are red, thick, and swollen. Scaly eruptions on the lids. Lids spasmodically closed. Scanty or profuse burning acrid discharge. *Breath and*

discharges of the body smell foul. Tendency to formation of pus, which is thin, greening, putrid, slimy, acrid, and burning, streaked with blood. *Very sensitive to heat and cold.* *Photophobia, worse from heat and glare of fire.*

Pulsatilla: Allergic and infectious conjunctivitis. Redness of the conjunctiva with *thick, runny, yellow, or green discharge coming from the inner angle of the eye.* Comes with a cold, ear infection, or teething. *Worse from heat or in a warm room. Better in the open air and with cold applications.* Burning and itching with strong impulse to rub the eyes. Accompanied by thick nasal discharge. Sensation of a hair in the eye. Crying and whining.

Silica: Angles of eyes affected. Affections of canthi and tear-ducts. Swelling of lachrymal duct. *Silica patient is cold, chilly, hugs the fire, wants plenty of warm clothing, and hates drafts, hands and feet cold, and worse in winter.* Lack of vital heat. Suppurative processes. *Promotes expulsion of foreign objects in eyes.* Aversion to light, especially daylight, it produces dazzling. *Sharp pain through eyes as of splinters.* Perforating or sloughing ulcer of cornea. Obstinate colds with ear disorders. Nose obstructed. Chronic discharges. *Fine and delicate features.*

Sulphur: *Redness of eyes and lids especially at the rim of the lids.* Sensation of sand in the eyes. Purulent, yellow, bubbling discharge. Itching and scalding of the eyelids and lashes. *Worse from washing the eyes.* *Warm blooded and tendency to be dirty.* Wipes snot and mucus over face and does not notice.

Notes:

Herpes Simplex: Type 1 and Type 2

There are actually about 80 known viruses in the herpes virus family. The two we are concerned with here are the *Herpes Simplex Virus* Type 1 (HSV-1) and *Herpes Simplex Virus* Type 2 (HSV-2). Typically, the type one virus will affect the mouth area, resulting in cold sores, fever blisters, and inflammation of the eye cornea, while the type two strain most commonly affects the genital area and is considered a sexually transmitted disease. Both viral types are extremely contagious during their active stages.

Herpes, so called from its tendency to creep or spread from one part of the skin to another, causes an eruption on the skin. It takes various names according to its form or the part affected. Herpes develops an eruption of vesicles in small distinct clusters accompanied with itching or tingling. The conventional view is that once contracted, the virus never leaves the body. The virus lives silently in the proximal nerve endings deep within the base of the brain or spinal cord. The virus comes in and out of dormancy depending on the health and stress level of the host. In its active state, blisters form at the distal nerve endings in the skin around the mouth or genitals.

Reoccurrence of eruptions depends largely on the strength of the immune system. Other internal and external conditions can also trigger or wake-up the dormant herpes virus. The triggers most commonly associated with recurrent herpes infections involve foods high in arginine (peanuts, chocolate, soy, and sunflower seeds), exposure to strong sunlight, alcohol, menstruation, and physical and psychological stress. Emotional stress has been cited as the number one cause of frequent or repeated herpes outbreaks. Stress prompts the body to create more stomach acid. This is important because herpes virus thrives in an acidic environment. Stress also diminishes the power of the glandular system, which exerts a tremendous influence on the workings of the immune system.

An outbreak of either type of herpes is usually preceded by a period of tingling, itching, stinging, and pins-and-needles sensations in the area. Fatigue or swelling of the lymph glands is also known to occur. Within hours or days after the prodrome with renewed viral activity

the lesional stage presents. These blisters appear most often on the face, genitals, or buttocks and last from one to fourteen days. If one can learn to notice the prodromal symptoms and take restorative action before the outbreak occurs sometimes an outbreak can be completed avoided.

The herpes virus can be passed onto babies as they pass through the birth canal therefore, a cesarean section may be required to avoid contagion if the mother has an outbreak at the onset of labor. An eye infected with Type 2 herpes can lead to serious complications including blindness.

Current medical therapy consists of a few prescription drugs namely Zovirax (generically known as acyclovir), Valtrex and Famivir. These prescription-only medications suppress replication of the virus thus reducing outbreaks. Unfortunately, the drugs are not always effective against HSV-1 (cold sores) and about 5-10% of people with HSV-2 (genital herpes) do not respond to them. These medications work to suppress all DNA replication and so have multiple long-range adverse effects on the health of the individual. There are no vaccinations available for herpes.

Homeopathic Prevention and Treatment

Homeopathy offers a safe, reliable, and effective method of reducing the frequency and severity of herpetic eruptions. Homeopathic remedies can help the body not only overcome an acute herpetic outbreak but constitutional treatment can begin to correct the underlying susceptibility that produces the outbreaks.

Herpes, both oral and genital, is an expression of a mixed miasmatic condition with psoric, sycotic, and syphilitic attributes. Correspondingly, it is also in the cancer miasm which is arises from the mixed miasmatic condition. It comes with a social stigma and a feeling that you have been marked and you will forever endure the curse of it. As herpes is a sexually transmitted disease, infection with it adds increased stress to finding suitable long-term relationships. One's ability to be honest to the perspective partner and ultimately one's mindset towards being lovable is challenged. Depending on the miasmatic constitution of the individual this social pressure leads to the extremes of either a life of loneliness, withdrawal, and celibacy, or one of extreme denial, dishonesty, and unfeeling with regard to one's partners where some or no preventative methods are used to avoid transmission. Others may fall somewhere in between these two extremes. The conventional authority's

view of the condition being incurable and the only hope is the reliance on very suppressive medication to control the problem only compounds the social stigma.

Homeopathic remedies are not only effective in treating acute herpetic eruptions but they can resolve the mental and emotional state that accompanies this diagnosis. Accordingly, the mental and emotional state will indicate of the appropriate remedy.

Constitutional treatment with anti-miasmatic remedies will treat herpes. In this situation a remedy can be given whether or not there is a current outbreak. The prescription is based on all the constitutional symptoms of the person, the mental and emotional state, and the typical presentation of the herpetic eruptions. Reaction to the remedy varies on the individual, how much suppressive treatment they have had, and their overall level of health.

- Relatively healthy people will respond very quickly to homeopathy and will often no longer experience outbreaks.
- Those with a more challenged immune systems may need a series of remedies each acting in their own way before permanency of cure comes. It may take several months or years with some eruptions in between to reach a longer lasting cure.
- For those who have received suppressive treatment remedy reaction may include a series of more severe outbreaks for a short time followed by recovery as the homeopathic remedies help undo what the suppression has done.

In acute situations there are several homeopathic remedies that will work rapidly and deeply to relieve symptoms. The most common remedies for acute of herpetic outbreaks are **Natrum muriaticum**, **Dulcamara**, **Rhus toxicodendron**, **Sepia**, and **Hepar sulphuris calcareum**. **Thuja** may also be used, but is often more indicated for shingles (herpes zoster). Based upon the symptoms present, one of these remedies will be more indicated. Three pellets of a 200C to be taken orally at the time of outbreak should be a sufficient dose to resolve an acute outbreak.

If a particular remedy has worked in the past it can be repeated at the time of the first symptoms of a subsequent outbreak (i.e., with the pre tingling and itching), and may in fact abort the eruption. We must be aware that we are not using homeopathy in a suppressive way if the same remedy is used at each time of eruption without changing the tendency to produce eruptions.

Following is an extensive list of possible remedies for the treatment of herpetic eruptions, either facially or in the genitalia, both acutely and constitutionally. Descriptions of a selection of these remedies follows and can enable one to find the appropriate remedy for acute eruptions.

Remedies: acet-ac., acon., aegle-f., aethi-a., agar., aln., **alum**, alum-p., alum-sil., am-c., ambr., anac., anag., **anan**, ant-c., ant-t., **anthro**., **apis**, arg-n., arn., **ARS**., ars-br., **ars-i**., ars-s-f., aster., aur., aur-ar., aur-i., aur-m., **aur-s**., ba-tn., bac., **bar-c**., **bar-m**., bar-s., bell., berb., bor., **BOV**., **bry**., bufo, cact., cadm-s., calad., **CALC**., calc-acet., calc-f., calc-i., **CALC-S**., calc-sil., **canth**., caps., **carb-ac**., **carb-an**., **carb-v**., carb-n-o., **CARBN-S**., carc., **caust**., cedr., cham., chel., chin., chrys-ac., chrysar., **cic**., **cist**., **CLEM**., cocc., com., **CON**., cop., cortico., cosm., crot-h., **croto-t**., cupr., cycl., dip., dol., **DULC**., dys-co., equis., eucal., eup-per., euph., fl-ac., form-ac., **GRAPH**., grat., grin., guare., hell., **hep**., hydrc., hydrog., hyos., hyper., iod., iris., jug-c., jug-r., **kali-ar**., **kali-bi**., **kali-c**., **kali-chl**., **kali-i**., kali-n., kali-p., **kali-s**., kali-sil., kalm., **kreos**., lac-c., lac-d., **lach**., led., lith-c., **LYC**., m-arct., mag-c., **mag-m**., mag-s., manc., mand., mang., med., menis., menth., **MERC**., mez., morg., morg-g., morph., mosch., mucor., mur-ac., **nat-ar**., nat-c., **NAT-M**., nat-p., **nat-s**., nat-sil., nit-ac., nux-v., oci-s., ol-j., **olnd**., par., **petr**., ph-ac., **phos**., phyt., pip-m., plb., prot., prun., **psor**., puls., **ran-b**., ran-s., rhod., **RHUS-T**., rob., rumx., ruta, sabad., sac-alb., sal-ac., sanic., **sars**., sel., semp., **SEP**., sieg., **SIL**., sol-n., sphing., spig., spong., squil., stann., **staph**., stram., stry-at., sul-ac., sul-i., **SULPH**., syc-co., syph., tarax., tax., **TELL**., ter., teucr., thal., thuj., torul., tub., valer., vario., verat., viol-t., xero., zinc., zinc-p., zinc-val.

Apis: When a herpes outbreak is accompanied by stinging pain and the area looks *red and swollen*. The sores are tender to touch and hot, better from ice or cold compresses. Jealousy, nymphomania, heightened sexual desire.

Arsenicum album: Eruptions with *burning pain relieved by applying heat* suggest a need for this remedy. Eruptions that desquamate with a corrosive discharge. The person may feel *anxious, restless, chilly, and exhausted*. Syphilitic conditions. Feels as if they have been poisoned. Suspicious yet clingy.

Borax: This remedy can be useful for herpes eruptions in any area, mouth or genitals, with *tense-inflammation. Fester conditions that will not heal. White exudate upon the eruptions. Sensitivity to noise and a fear of downward motion* are other indications for **Borax**. As **Borax** is a **Natrum salt** look fr other **Natrum** indications such as unsuccessful relationships.

Carcinosin: Marked action in glandular affections and herpetic eruptions. Fever blisters and genital herpes. *Overwhelmed immune systems.* Feels stretched beyond ones capacity. Eruptions come at the point of collapse. Sex drive increased. Passionate sensitive individuals.

Dulcamara: This remedy is often helpful if herpes sores have appeared with a *change to rainy weather*, or when a person has gotten wet and chilled and is coming down with a cold. *Swollen and indurated glands.* This is an anti-sycotic remedy. Irritable and domineering.

Graphites: Herpetic eruptions with oozing of *honey-like discharge, crusting*, and cracking of the skin, suggest a need for this remedy. Psoric conditions where the person tends toward *many problems with the skin, tendency toward corpulence, and trouble concentrating with slow thinking.* Sensative and reactive individuals.

Hepar sulphuris calcareum: Herpetic sores that are *very sensitive to touch and worse from any form of cold* suggest a need for this remedy. A person who needs **Hep-sulph.** is *extremely sensitive to cold*, cannot bear to be uncovered. *Foul smelling eruptions.* Syphilitic states with anger and hidden violence. Jealousy, feeling of being insulted by those whom he depends upon.

Medorrhinum: A sycotic remedy more often indicated in individuals with a *history of multiple sexual partners.* **Med.** has profuse acrid discharges causing itching. *Fishy odors of the secretions.* Offensive odor of the body. Burning, small, very sore aphthae and blisters. Intense itching of the vagina, better rubbing and by bathing with tepid water. *Copper colored spots remaining after eruptions.* Heightened sexual desire. Promiscuity.

Mercurius solubilis: This anti-syphilitic remedy is indicated for sore, infected eruptions, especially if the person has *swollen lymph nodes, offensive breath*, and an unstable homeostasis to heat and cold. *Offensive oily perspiration at night. Spreading, ulcerating eruptions.* Feels disgusted with himself.

Mezereum: *Skin as if a million insects were crawling on it.* Ulcers itch and burn surrounded by vesicles with a shining fiery-red areola. *Eruptions ooze acrid gluey moisture, forming thick crusts and scabs with pus or chalky white powder underneath.* Bones are very sore and feel disconnected. Diseased parts wither.

Natrum muriaticum: The most commonly indicated remedy for acute and chronic herpetic eruptions. *Raw, red cold sores that develop on the lips and corners of the mouth, as well as the nostril area, face, and chin.* Cracked lips. Pearl like blisters. Eruptions in the genital area. Fever blisters. This remedy can sometimes stop a herpetic outbreak if taken in the early tingling stage. Crusty eruptions in bends of limbs and margin of the scalp. Redness of old scars. *Craving for and aggravation from eating too much salt. Worse from being in the sun.* Onset after disappointed love, cannot cry in front of others. Fear she will be betrayed in relationships.

Nitric acid: Belongs almost equally to all three miasms, psora, syphilis, and sycosis. It has a marked affinity for the margins of the outlets especially of the throat, anus, and mouth. It treats conditions where the upper layers of the skin appear to be destroyed. *Blisters and ulcers in the mouth, on the tongue, and genitals, that bleed easily with sticking pains and pains as from splinters. Discharges are acrid, thin, dirty, or brown, and cause redness or destroy hair.* Ulcers with pains that zigzag, irregular edges, and the base looks like raw flesh. Quarellsome as if she had been wronged. Unforgiving.

Petroleum: One of Hahnemann's leading anti-psorics and is especially closely related to **Graph.** This remedy may be helpful for genital herpes that spread to the anal area and thighs. People who need this remedy have a tendency toward many skin problems, with rough, dry skin that cracks and bleeds. *Ailments are worse during the winter. Skin gets raw, festers or will not heal, worse in folds of skin.* Homesickness and nostalgia for his family.

Rhus toxicodendron: Herpes simplex outbreaks in any location, especially around the lips, the corners of the mouth, or on and near the genitals and inner thighs. *Vesicular eruptions are dry, hot, red, and swollen with burning, pain, and itching, relieved by scalding hot water or warm applications.* The person may be very restless and often paces or feels a constant need to move around.

Sarsaparilla: Herpetic eruptions. Skin hard and indurated, copper colored eruptions. Skin dry and cracked.

Sulphur: Persons of psoric temperament, nervous, quick-motioned, quick-tempered, and plethoric with skin excessively sensitive to atmospheric changes. Eruptions itching, voluptuous, violent; worse at night, heat of bed, scratching, and washing. Burning when scratched, painfully sensitive to air, wind, washing.

Thuja: Thuja is an anti-sycotic remedy with affinity to herpetic eruptions or shingles that came on since vaccination. Chronic recurring herpes especially around the anus and on the perineum. *Neuralgic pain with the skin eruptions.* Eruptions itch or burn violently worse cold bathing. *Eruptions only on covered parts, worse after scratching.* Sensation of disconnection with his body. Feels as if something is irreversibly wrong with him.

Notes:

Genital Warts

Genital warts are a highly contagious sexually transmitted disease. They are benign growths on the skin and mucous membranes of the genital area caused by the *Human papillomavirus* (HPV). There are about 80 types of human papillomavirus. Genital warts are caused by HPV types 1, 2, 6, 11, 16, and 18. Alternative names are condyloma acuminatum, fig wart, moist wart, pointed wart, venereal wart, excrescence, condylomata, and verruca acuminata.

Genital warts are the most common sexually transmitted disease (STD) in the general population. It is estimated that 1% of sexually active people between the ages of 18 and 45 have genital warts; however, testing indicates that as many as 40% of sexually active adults carry the *Human papillomavirus*.¹⁸

Genital warts can be transmitted from one person to another and can travel from one part of the body to another. They occur on the skin or the mucous membranes that line the nose, throat, digestive tract, vagina and other body openings. About two-thirds of the people who have sexual contact with someone who has genital warts develop genital warts. For most people the body's defense system will clear the virus without the development of warts.

Risk factors for genital warts include multiple sexual partners, infection with another STD, pregnancy, anal intercourse, poor personal hygiene, stress, use of birth control pills, and heavy perspiration. Excessive use of tobacco and alcohol may lead to formation of genital warts. Pre-malignant and malignant cervical cancers in women also increases the chances of acquiring genital warts. The only reliable method of prevention is sexual abstinence. The use of condoms minimizes but does not eliminate the risk of HPV transmission.

Genital warts are benign growths and are not cancerous by themselves. Repeated HPV infection in women appears to increase the risk of developing cervical cancer as some types of HPV can infect a woman's cervix and cause the cells to change. Women infected with HPV types 16 and 18 should have yearly cervical smears. Recurrence is common with all

present methods of treatment (including surgery) because HPV can remain latent in apparently normal surrounding skin.

The incubation period of HPV varies from one to six months. After which the warts grow in the moist tissues of the genital areas and vary somewhat in appearance. They may be either flat, or resemble raspberries, or cauliflowers in appearance. The warts begin as small red or pink growths and can grow as large as four inches across, interfering with intercourse or childbirth. Genital warts often occur in clusters and can be very tiny or can spread into large masses on the genital tissues. In women they occur on the external genitals and on the walls of the vagina and cervix. In men they develop in the urethra and on the shaft of the penis. The warts can spread to the perineum; the area behind the genitals surrounding the anus. Symptoms include bleeding, pain, and odor as well as the visible warts. Small fluid-filled, painful blisters with itching or burning may accompany the warts. Small white, yellow, or gray bumpy spots may also occur.

Difficulty in passing urine, difficulty swallowing, abnormal vaginal bleeding after intercourse, increased vaginal discharge, flu-like symptoms such as backache, headache, swollen glands or fever, are all related to genital warts. In most cases within two to four weeks of initial appearance genital warts disappear. In some cases the warts will linger or they can reoccur with or without new exposure.

The diagnosis is made by examining scrapings from the warts under a darkfield microscope. If the warts are caused by HPV, they will turn white when a 5% solution of white vinegar is added. If the warts reappear after removal, a biopsy may be ordered to rule out cancer.

Vaccination and Treatment

Currently there is an experimental vaccine on the market for HPV. In June of 2006, The Food and Drug Administration (US) approved the vaccine Gardasil for girls between ages of 9 and 26. Though it does not protect against all types of HPV, the new vaccine covers the four types (6, 11, 16 and 18), which are linked to 70% of all cases of cervical cancers and 90% of all cases of genital warts. Despite advertisement campaigns that promote the use of this vaccine as a preventative for cervical cancer its effectiveness is yet to be determined.

Gardasil is a recombinant vaccine. Recombinant vaccines are made by genetic engineering; the process and method of manipulating the genetic material of an organism. In this case the genes that code for a specific protein from each of the four virus types of HPV are

expressed into yeast cultures where they create large quantities of the protein. The protein produced is purified and then used to make the vaccine. Because the vaccine only contains a protein and not the entire virus the vaccine cannot cause the HPV infection. The protein can trigger an immune system response to the recombinant protein that then protects against infection by the naturally occurring virus. However, if someone can produce an immune system response to the protein in the vaccine to develop immunity, they should also be able to produce a similar response to naturally occurring exposure without the vaccine.

Gardasil requires three injections for immunity to be developed. The second injection is given two months after the first and the third is given six months after the first. The vaccine is not currently approved for men. The Centers for Disease Control and Prevention have added the human papillomavirus (HPV) vaccine to the government-sponsored Vaccines for Children program. The vaccine only prevents contraction of HPV, and works better in women who have never been exposed to HPV. It does not treat infected women.¹⁸ No treatment for genital warts is completely effective because therapy depends on destroying the skin infected by the virus. There are no drugs that kill the virus directly. The target market for the vaccine is young girls before they become sexually active. The reactions include severe headaches, dizziness, temporary loss of vision, loss of consciousness, and seizures.¹⁸

Genital warts were until recently treated conventionally with applications of podophyllum resin; a corrosive substance that cannot be given to pregnant patients. Consequently, a milder form of podophyllum, Podofilox (Condylox), has been introduced. 5-fluorouracil cream, bichloroacetic acid, or trichloroacetic acid are other agents are prescribed to remove warts. All of these substances irritate the skin and require weeks of treatment. Historically, topical mercurial preparations were used to remove the warts.

Genital warts can also be treated with injections of interferon (an immune system stimulator). Interferon works best in combination with Podofilox applications.

Surgery may be necessary to remove warts blocking the patient's vagina, urethra, or anus. Surgical techniques include the use of liquid nitrogen, electro-surgery, and laser surgery.

Homeopathic Treatment and Prevention

The fig wart miasm of genital warts as Hahnemann calls it, is dependent on a history of the gonorrhreal miasm; sycosis. As with gonorrhea, there has to be a sycotic propensity in the individual to contract genital warts.

To effect infection with the fig wart miasm, Hahnemann describes it as follows:

“There is required a certain amount of friction in the most tender parts of the body, which are the most rich in nerves and covered with the thinnest cuticle, as in the genital organs, unless the miasma would touch a wounded spot.

“These excrescences appear usually, but not always, attended with a sort of gonorrhreal discharge from the urethra, several days or several weeks after infection through sexual contact. More rarely they appear like dry warts. More frequently they are soft and spongy emitting a specifically fetid fluid, sweetish and almost like herring brine, bleeding easily and in the form of a coxcomb or cauliflower.

“When these growths are removed by painful and violent means (surgical or chemical removal) they will usually come forth again. It being an external manifestation of an internal problem. To remove the growths without removing the inner disease state does nothing to cure the condition. More than likely the warts will reappear. If suppressed again they will find another avenue to express themselves in other parts of the body in the mouth, on the tongue, the palate, and the lips, or large raised brown and dry tags in the armpits, on the neck, or on the scalp. Alternatively, other ailments will arise such as the contraction of tendons and flexor muscles.”¹⁴

With the understanding that warts are merely an outward expression of an internal condition it is easy to understand why the tendency to cervical cancer is a logical consequence to previously contracted and removed genital warts. Cervical cancer is a sycotic manifestation that is one-step deeper in the economy than the external manifestation of the warts. Prevention of HPV by vaccination does nothing to address the underlying sycotic dyscrasia, which is at the root of the susceptibility to the condition. Removal of the warts by destroying the skin local to the infection seems senseless in light of this understanding.

More often the health of the person with genital warts is complicated with the miasms of psora, sycosis, or syphilis (see **Chapter 4**). Accordingly, the tendency towards cancer after infection with HVP implicates the cancer miasm. Therefore, a multi-miasmatic approach to treatment is necessary to remove the entire susceptibility.

Given that genital warts are a venereal disease the approach to homeopathic treatment is more complicated than for that of acute infectious contagious diseases. Selection of remedies required a deeper understanding into constitutional treatment of which I have only briefly

discussed here and there throughout this book. Accordingly, while one remedy may correspond specifically to the external manifestation of the wart and may in fact remove the wart, follow up with a multi-miasmic approach to treatment is necessary to get at the root of the condition.

Alternatively, remedies that may have little or no specific relation to the outward manifestation of warts can address the health of the vital force and in so doing the warts will go away.

One of the limitations of homeopathy is that many of the original provings and clinical texts were compiled and written prior to advancements in diagnostic methods. Accordingly, the internal manifestations of genital warts were often not confirmed or documented in homeopathic text. Such is the limitation of our science. While an individual may need a particular remedy for the treatment of their heath, that remedy may or may not have its affinity for genital warts documented. Correspondingly, there are be many more remedies than those listed here that may treat an individual case. The general symptoms of the remedy that correspond to the overall condition must match that of the person. Look for a remedy that has a sycotic tendency corresponding to the vaginal discharge, rheumatic condition, contraction of the tendons, or neurological deficits as the case presents.

I had a case of a child with warts who despite every remedy I had given her developed more and more warts. She had received many of the remedies listed below to no effect. After two years of treatment she had 28 warts on her hands. Finally I arrived at the remedy **Lac felinum** (a remedy prepared from cats milk) based on her mental and emotional state. Within a week of the remedy the warts were either reabsorbed into the body or fell off. In addition to this there was a transformational improvement in her whole disposition. **Lac felinum** is not listed in any repertory or *materia medica* as having the capacity to produce or remove warts. It was the behavior of the child that indicated the remedy. The symptom that lead me to the remedy was that she would run around the house screaming with a tail sticking out of her leotard in the hopes that the dog would chase her (much like the behavior of a cat).

Hahnemann had selected **Thuja** alternated with **Nitric acid** as the primary remedies for the treatment of genital warts unless the case was complicated with other miasms. He suggested ascending potencies of the **Thuja** over a period three to four weeks followed by the same of **Nitric acid** (i.e., 6C, 12C, 30C, 200C, one dose of the first potency followed by the second, third, fourth, ect...potency in successive weeks).

The following remedies; **Antimonium crudum**, **Argentum nitricum**, **Aurum muriaticum**, **Aurum muriaticum natronatum**, **Causticum**, **Cinnabaris**, **Medorrhinum**, **Mercurius dulcis**, **Natrum sulphuricum**, **Sabina**, **Sarsaparilla**, or **Staphysagria**, may be more indicated depending on the symptom presentation and the general constitution of the person. It is interesting to note that podophyllum, used in conventional medicine for warts, even though it is a homeopathic remedy also, is not noted for any homeopathic relationship to warts. Complete case taking will guide one to the best remedies for removal of the warts and treatment of the miasmatic tendency.

The correct remedy will result in dissolution or desquamation of the warts within two to three weeks after administration. In those individuals who already show signs of cervical dysplasia treatment must be continued over several months to years to reverse the condition. Place special attention to removing suppression of prior sycotic conditions.

Remedies: acet-ac., alum., alumn., anac., **ant-c.**, ant-t., apis, **arg-n.**, ars., ars-i., aur., aur-m., **aur-m-n.**, aur-s., bell., benz-ac., beryl., bry., **CALC.**, calc-sil., calen., **carb-an.**, **carb-v.**, **carbn-s.**, carc., **CAUST.**, cham., **CINNB.**, clem., cocc., con., cub., dulc., eucal., euph., euphr., **fl-ac.**, **GRAPH.**, **HEP.**, iod., kali-bi., kali-chl., kali-i., kali-m., kreos., lac-c., lach., **LYC.**, manc., **med.**, **merc.**, merc-acet., merc-aur., merc-br., merc-c., merc-cy., **merc-d.**, merc-i-f., merc-i-r., merc-k-i., merc-meth., merc-n., merc-p., merc-pr-a., merc-pr-f., merc-pr-r., merc-s-cy., merc-tn., mez., **mill.**, nat-c., nat-m., **NAT-S.**, **NIT-AC.**, nux-v., petr., **ph-ac.**, **phos.**, phyt., pic-ac., plat., plat-m., plb., psor., puls., ran-b., thus-t., **sabad.**, **sabin.**, sang., sanic., **sars.**, sec., sel., **sep.**, **sil.**, **STAPH.**, sul-i., **sulph.**, syph., tarent., teucr., **THUJA.**

Antimonium crudum: *Stomach weak, digestion easily disturbed, with a thickly coated tongue. Coating is thick and white, milky-white, or like whitewash evenly laid over the tongue. Worse by touch, being looked at, from wine, especially sour wine, from vinegar and acids (though tamarind water does not disagree), and from fruits. Sentimental mood in the moonlight. Adults who are sulky or sad. Weeping and impressionable. Planter warts on the palms of the hands or soles of the feet. Horny, dry, hard, or smooth warts. Leucorrhea watery, acrid, and lumpy.*

Argentum nitricum: A sycotic remedy with affinity to sexual organs, nerves, and tendons. Sycotic discharges, *Leucorrhea profuse with erosion of cervix; bleeding easily. Sex painful, followed by bleeding. Erections fail when sex is attempted. Chancre like ulcers on the prepuce. Paralysis of motion and sensation, a peculiar numbness accompanied with hyperesthesia. Sensation of a splinter sticking in various parts. Burning sensations.*

Aurum: Syphilitic cases where there is *a marked hopelessness, profound depression, tendency to suicide, and longing for death.* Worse from sunset to sunrise. Thick leucorrheal discharge, not offensive, white or yellowish, occasionally profuse, and invariably worse by walking.

Aurum muriaticum: A sycotic remedy causing suppressed discharges to reappear. Cancerous warts on the tongue and genitals. *Sclerotic and exudative degeneration of the nervous system.* Leucorrhea acrid; excoriating the thighs with itching of genitals. Gonorrhreal discharge with swellings in each testicle. Condylomata. *Excrencences from glans up to sacrum.* Warts on prepuce.

Aurum muriaticum natronatum: A sycotic-syphilitic remedy where the sycotic discharges corrode and eat away the parts. Depression and anger. Cancer of breast and uterus. Cancerous warts on the tongue. *Corrosive leucorrhea resulting in pustules on genitals.* Indurated cervix. Ulceration of neck of womb and vagina. Leucorrhea with spasmodic contraction of vagina. *Leucorrhea corroding the parts. Ulcers on foreskin with warts around them. Ulcers on the glans eating deeply into the flesh.*

Calcarea carbonicum: Warts can appear on the face, forehead, arms, hands, and fingers. Numerous small horny, inflamed, ulcerated, indented, or round warts that itch or sting. *Leucophlegmatic constitutions.*

Carcinosin: Can be used as an inter-current remedy. In multi-miasmatic cases. Tendency toward cancer. Induration of the uterus and cervix. Cancerous cachexia and emaciation. Polyps. Fear of getting cancer. *Disposition to masturbate. Too frequent or early masturbation. Sex drive increased.* Condylomata.

Causticum: Warts appear near fingernails, face, lips, eyelids, arms, and end of the nose. Fleshly warts, pedunculated warts (means on a stem). Small warts; soft at the base but hard on the surface. *Accompanied by loss of muscular strength, causing increasing uncertainty of control over the muscles, finally ending in paralysis of single organs or parts.* Leucorrhea smelling like the menses. Leucorrhea, profuse, flow during night with great weakness. Red spots on penis.

Cinnabaris: Warts found in the eye, rectum, and genitals. *Bleeding warts. Cinnab.* corresponds to sycosis as well as to syphilis and combinations of the two. In warts on the prepuce it is more specific than **Thuja**, especially for fan-shaped warts. General nervousness and uneasy sensation. Weariness, languor, tired, and prostrated; worse

before eating and better when riding in the open air. *Warts bleed when touched.* Leucorrhæal discharge with a feeling of pressure in vagina. Small red pimples on glans. Itching of corona glandis. Redness and swelling of prepuce. Warts, pimples, pustules, and ulcers; with violent itching and pricking, especially about the joints. Muscles seem contracted. Glands enlarged.

Conium: Useful in old age or for those persons who become old early, for old maids, bachelors, or youths who suffer from the ill effects of masturbation. *Conium acts on the glandular system engorging and indurating it altering its structure like scrofulous and cancerous conditions. Women, broken down, tired of life, and discouraged* who feel as if they were to cry and swallow they would choke as from a lump in the throat. Unable to sustain mental effort. Cervicitis. Induration of the os (cervical opening) and cervix. Ill effects of repressed sexual desire, suppressed menses, or from excessive indulgence. Leucorrhæa, white, acrid, preceded by griping in abdomen after urination.

Dulcamara: Warts on the back of the hands, palms, fingers, and face. Flat, smooth, transparent, large brown warts. Humid eruptions on face, genitals, hands, etc. Warts; large and smooth. *For conditions that are worse in cold, damp weather, or from changes from hot to cold weather. Rheumatic troubles.* Glands swollen and indurated. Eruptions on the hands, arms, or face around the menstrual period. Leucorrhæa.

Graphites: Warts that form alongside the nail, accompanied with thick, hard, cracking skin. Typical patients are fat, chilly, and costive. Lymphatic glands are swollen. Like the skin the mucous membranes are cracked and fissured and have scanty secretions. Thick crusts are formed on the skin. Leucorrhæa; pale, thin, profuse, and excoriating; in gushes with weakness in the back, worse before and after menses. Leucorrhæa in place of menses.

Lycopodium: Tendency to liver or kidney conditions. Loss of confidence. Brown spots, freckles worse on left side of face and nose. Viscid and offensive perspiration. Leucorrhæa acrid, periodical, milky, and worse before full moon. Sexual exhaustion, impotence, erections feeble, and exhausting pollutions. Enlarged prostate. Condylomata.

Medorrhinum: Sycotic cases with tendency towards promiscuity. *Suppressed sycosis.* Affinity to the genitals, rheumatic conditions, heart, and spinal cord. Diseases of the spinal cord, even organic lesions ending in paralysis. Enlargement of the lymphatic glands, all over the body, with heat and soreness. Os of the uterus ulcerated. Intense itching of the

vagina; better rubbing and by bathing with tepid water. *Fishy odors of the secretions.*
Offensive odor of the body. Sycotic warts on genitals.

Mercurius dulcis: *Broad, moist, and burning condylomata around external genitals, perineum, and anus of exceedingly offensive smell.* Offensive breath and salivation with sore gums. Look to **Mercurius nitrosus** or **Mercurius precipitatus ruber** as they may be more indicated.

Natrum muriaticum: Planter warts on the palms of the hands that are sore to touch.
Suppressed gonorrhea. *Greasy skin.* Dryness of mouth, throat, rectum, vagina etc. *Chronic affects of grief, disappointed love.* Aversion to sex, which is painful from dryness of vagina.
Burning and smarting in the vagina during sex. *White leucorrhœa turns green gradually.*
Leucorrhœa acrid, watery, and excoriating.

Natrum sulphuricum: *Sycotic constitutions with a tendency to take on water.* *Leucorrhœa, yellowish green,* following gonorrhea with hoarseness. Warts. Condylomata, soft, fleshy excrescences, with greenish discharges. Itching of glans or penis of scrotum. Violent itching. Sweat on scrotum in evening. Increased sexual desire.

Nitric acid: Represent all three of Hahnemann's miasms; psora, syphilis and sycosis. **Nit-ac.** belongs almost equally to all three. *A marked affinity for the margins of the outlets especially of the throat, anus, and mouth, producing pains as from splinters.* All discharges very offensive; especially urine, feces, and perspiration. *Blisters and ulcers in the mouth, on the tongue, and genitals that bleed easily.* Warts can appear on the face, nose, upper lip, external throat, sternum, chest, back, genitals, and anus. Pedunculated soft cracking warts of irregular shape that *bleed easily.* Easily inflamed. Golden yellow tinge to the warts. *Sharp sticking pains.* Leucorrhœa, brown, flesh colored, watery or stringy, which stains yellow or leaves spots with a black border. Soreness and burning in glans and beneath prepuce. *Ulcers; burn and sting exuding offensive matter.*

Petroleum: Chiefly acts on the skin, especially folds, the scalp, face, and genitals. Produces catarrhal condition of the mucous membranes. Genitals sore and moist. Dry, obstinate eruptions. Aversion to sex. *Leucorrhœa, profuse, and albuminous, (Alum., Calc-p.)* with lascivious dreams. Genitals sweaty. *Irritations in the folds of the skin.*

Phytolacca: One of the great spheres of the action of this remedy is the *absorption of tissues especially new growths.* Sycotic and syphilitic conditions. *Tendency towards cancer.* Soreness, hard aching, restlessness, and prostration are the guiding symptoms. *Glandular swellings*

with heat and inflammation. Dysmenorrhea in barren women with erosion of the cervix. Shooting along perineum to penis. Pus is watery, fetid, and ichorous.

Sabina: A close botanical ally of **Thuja**, **Sabina** is not too close to be complementary to that great anti-sycotic. Broad condylomata, fig-warts with much itching and exuberant granulations are characteristic. Like **Thuja** it removes wart-like growths from the mucocutaneous surfaces. Warts found in the genital region or around the anus. *Fig-warts with itching and burning of the external genitals.* The female pelvic organs and uterus are mostly affected. *Uterine hemorrhages.* Leucorrhea, foul, acrid, thick, and yellow. Gonorrhea with pus-like discharge. Sycotic warts and growths. Burning sore pain in glans. Sexual desire increased with violent continuous erections. *Black pores in the skin.*

Sarsaparilla: It covers the syphilitic, sycotic and psoric constitutions. *Kidney colic, marasmus, and periosteal pains due to venereal disease.* *Urinary symptoms well marked.* Ulcers, cutaneous eruptions, nodes, indurated glands, decay, necroses, joint swellings, and rheumatism. **Sars.** has cured fig warts and those needing it have a marked tendency to emaciation. *Moist eruptions about the genitals or between the scrotum and thighs.* Retraction of nipples in those of cancerous inheritance or constitution. Scratching causes itching to begin in another place. *Moist eruption in right groin before menses.* Genitals moist and offensive. Intolerable stench on genitals. *Spermatic cord painful after emission, or swollen after unrequited sexual excitement.* Itching scaly spots.

Sepia: Sepia affects the generative organs of both sexes. *Sex aggravates. Aversion to sex. Exhaustion after sex. Weariness and misery. Weakness, yellow complexion, bearing-down sensation. Feels cold even in warm room.* Leucorrhea, gonorrhea, and catarrh of the bladder. *Freckles.* Warts of the face and armpit. Flat, horny, brown, or hard warts that itch. Leucorrhea yellow-green *with much itching.* Labia swollen and abscessed. Offensive perspiration on the scrotum. Condylomata surrounding head of penis.

Staphysagria: Diseases of the genito-urinary tract and skin, Staphysagria produces both physical and moral sexual disturbances. *Sexual excesses. Sexual appetite and a tendency to masturbation and the physical state corresponding to the effect of that habit.* Victims of rape or a history of sexual abuse. Very sensitive. *Morbidly sensitive; the least word that seems wrong hurts her very much.* Very sensitive to the touch. Pains are stinging or cutting. *Ill effects of anger and humiliation.* Stiffness and sensation of fatigue in all joints. Granular growths of vagina. Leucorrhea. Itching or sensitive vulva. Warts. Condylomata. Cauliflower-like

bleeding warts that are dry, indented, inflamed, jagged, and pedunculated. *New growths extremely sensitive to touch which may bring on convulsions.*

Thuja: *A remedy for soft, exuberant, vegetations, fungoid tissue, spongy tumors, fleshy excrescences, polyps, condylomata, and wart-like growths upon mucous membranes and skin surfaces. Bleeding fungal growths. Venereal warts. Warts on the face, nose, chin, eyelids, external throat, genitals, vulva, perineum, anus, or extremities. Warts are brown or reddish, soft, bleeding, large, cauliflower-like, or pedunculated in crops. Warts are pedunculated and black. Suppressed warts leading to erosion of cervix. Vagina very sensitive preventing sex. Inflammation of prepuce and glans. Pain in penis. Swelling of prepuce. Excrescences of prepuce and glans. Indicated in suppression of syphilis, vaccinosis, or gonorrhea. Discharges are foul, acrid, musty, rancid, or of sweetish odor. Rapid exhaustion and emaciation. A left-sided and chilly medicine.*

Notes:

Gonorrhea

Gonorrhea is a sexually transmitted disease (STD) caused by *Neisseria gonorrhoeae*, a bacterium that can grow and multiply easily in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), uterus (womb), and fallopian tubes (egg canals) in women, and in the urethra (urine canal) in women and men. The bacterium can also grow in the mouth, throat, eyes, and anus.

Gonorrhea is a common infectious disease. The CDC estimates that more than 700,000 persons in the U.S. get new gonorrheal infections each year. Only about half of these infections are reported to the CDC.¹⁸ In 2004, 330,132 cases of gonorrhea were reported to the CDC. The rate of reported gonorrheal infections was 113.5 per 100,000 persons.¹⁸

Gonorrhea resides in the penis, vagina, mouth, or anus of infected persons. Contact with these parts of an infected person will lead to infection. Ejaculation does not have to occur for gonorrhea to be transmitted or acquired. Gonorrhea can also be spread from mother to baby during delivery. Any sexually active person can be infected with gonorrhea. In the United States, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans. People with gonorrhea who have received treatment may be infected again if they have sexual contact with another person infected with gonorrhea. Life-long immunity is not generated with prior contraction.

Symptoms of gonorrhea vary between men and women. In men symptoms can appear two to five days after infection or can take as long as thirty days to appear. Common symptoms include a burning sensation when urinating, a white, yellow, or green discharge from the penis. Sometimes men with gonorrhea get painful or swollen testicles.

In women, the symptoms of gonorrhea are often mild but most women who are infected have no symptoms. Even when a woman has symptoms they can be so non-specific as to be mistaken for a bladder or vaginal infection. The initial signs and symptoms of gonorrhea in women include a painful or burning sensation when urinating, increased vaginal discharge, or

vaginal bleeding between periods. Women with gonorrhea are at risk of developing serious complications from the infection regardless of the presence or severity of symptoms.

Symptoms of rectal infection in both men and women may include anal discharge, itching, soreness, bleeding, and/or painful bowel movements. Rectal infection also may cause no symptoms. Infections in the throat may cause a sore throat, but often does not cause symptoms.

Untreated gonorrhea can cause serious and permanent health problems in both women and men. In women, gonorrhea is a common cause of pelvic inflammatory disease (PID). About one million women each year in the United States develop PID. Women with PID do not necessarily feel any symptoms. When symptoms are present they can be very severe and can include abdominal pain and fever. PID can lead to internal abscesses (pus-filled “pockets” that are hard to cure) and chronic pelvic pain. PID can damage the fallopian tubes enough to cause infertility or increase the risk of ectopic pregnancy. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube.

In men, gonorrhea can cause epididymitis (inflammation of the epididymis, the lower part of the testicle and ducts, which connect to the vas deferens). Epididymitis is a painful condition of the testicles that can lead to infertility if left untreated.

Once contracted, gonorrhea can spread to other organs such as the bladder, kidneys, or rectum. In addition gonorrhea can spread to the joints (causing inflammation or arthritis), or to the blood where it lodges in the valves of the heart (causing endocarditis). In addition, people with gonorrhea can more easily contract HIV, the virus implicated in AIDS.

If a pregnant woman has gonorrhea she may give the infection to her baby as the baby passes through the birth canal during delivery. This can cause blindness, joint infection, or a life-threatening blood infection in the baby. As soon as gonorrhea is detected in pregnant women, commencement of treatment for gonorrhea will reduce the risk of these complications. Pregnant women should consult a health care provider for appropriate examination, testing, and treatment, as necessary.

Vaccination and Treatment

A vaccine is not available for gonorrhea. Conventional treatment consists of antibiotics. However, antibiotic resistant strains of gonorrhea are increasing in many areas of the world, including the United States, and successful treatment of gonorrhea with antibiotics is becoming more difficult. Because many people with gonorrhea also have Chlamydia (another sexually transmitted disease), antibiotics for both infections are usually given together. Persons with gonorrhea should be tested for other STDs.

Although antibiotics will stop the infection they will not repair any permanent damage done by the disease. The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Latex condoms when used consistently and correctly can reduce the risk of transmission of gonorrhea. Any genital symptoms such as discharge, burning during urination, or unusual sores or rashes should be a signal to stop having sex and to seek a medical attention. If a person has been diagnosed and treated for gonorrhea he or she should notify all recent sex partners so they can see a health care provider and be treated. This will reduce the risk that the sex partners will develop any serious complications from gonorrhea and will also reduce the risk of becoming re-infected. The person and all of his or her sex partners must avoid sex until they have completed their treatment for gonorrhea.

Homeopathic Treatment and Prevention

The study of gonorrhea in homeopathic practice provides a unique opportunity to glimpse into the nature of the sycotic miasm. First introduced to homeopathic philosophy by Hahnemann and later expounded upon by James Taylor Kent, the sycotic miasm reaches far into the depths of the human condition. Gonorrhea is considered to be the infectious principle of the sycotic miasm whereby contraction of the pathogen not only sets up the acute and chronic symptoms of gonorrhea, but opens up the susceptibility to a whole host of diseases, acute and chronic, which can be spread through the population vertically and horizontally (i.e., through direct transmission from one person to another or from parents to their children). The actual gonorrhreal germ does not need to be present for this transmission to occur as it is the sycotic state of being that is passed on.

This example of the transmission of a disease state from one person to another (with or without a particular germ implicated in the external manifestation) represents the fundamental tenet of homeopathy; disease is an energetic phenomena and eradication of the germ will not change the basic energetic substrate that provides the environment necessary for the germ to take up residence. Nor will removal of the germ change the tendency towards chronicity.

A disease spread through sexual contact means that the susceptibility to this disease and the ramifications of this disease go deep into the psychology and physiology of sexuality, reproduction, and inheritance; all aspects of the human condition that are at the foundation of health, and an individual's self-worth and understanding.

Diseases or conditions that have a tendency to produce infiltrations, growths, and greenish-yellow offensive discharges mark the sycotic miasm. The growths are usually located on or below the service of the skin and can be found in many organs (see **Genital Warts**). More prominently, there is the tendency to produce warts, polyps, or fleshy outcroppings, fibroids, cysts, tumors or cancers. Gonorrhea that has been insufficiently treated with antibiotics may progress to rheumatic conditions of the joints and heart conditions. A multiplicity of conditions affecting the reproductive organs including but not limited to infertility, sterility, endometriosis, epididymitis, absence of menses or excessive menses, genital warts, discharges, vaginitis and urethritis can also manifest. Other conditions such as chronic discharges, asthma, sinusitis, and pain in the soles of the feet are common indications for the sycotic miasm and a gonorrhreal inheritance.

In gonorrhreal sycosis the intellect is disturbed producing difficult concentration, impaired memory, sensation of being in a fog, errors in time and space, and loss of clarity of mind. Moreover, the psychology and behavior of the sycotic miasm is full of phobias, feelings of contamination, fixed ideas, anger, suspicion and introversion, guilt, disillusion of the self, nymphomania, eroticism and perversions, rape, incest, and ritualistic abuse.

Over time, there have been many homeopaths that have described in detail the sycotic state as it manifests in the psychology of the individual. Rajan Sankaran says the sycotic miasm is a state where the individual feels irreversibly flawed or weak on a deep level and so tries to mask or cover up this internal weakness. Obsessive and compulsive, ritualistic and secretive behavior are a part of this realm.²³ Harry van der Zee quotes a Czech physiologist, Stanislav Grof, in his book Miasms in Labour, as sycosis being a state of immense physical and psychological suffering; unbearable and inescapable situations the will never end; feelings of entrapment and engagment; no exit, agonizing guilt and

inferiority feeling. Horrors of war and concentration camps, terror of the inquisition; dangerous epidemics; disease; decrepitude and death... Meaninglessness and absurdity of human existence. The related psychopathological syndromes of this condition are schizophrenia, elements of hellish torture, experiences of this cardboard world; severe inhibited "endogenous" depressions (those that come from within), irrational inferiority and guilt feelings, hypochondriasis, alcoholism, and drug addiction. It is an eternal hell. Situations that can bring this state about are those of sexual abuse, rape, torture, and condemnation.²⁴

Modern day homeopaths speak of the sycotic miasm as demonstrating itself in consumerism, self-indulgence, the need for excitement and constant stimulation, gambling, promiscuity, homosexuality, capitalism, cosmopolitan lifestyle, desire for more and more, staying up all night, sleeping during the day, drug addictions, etc. Las Vegas captures the epitome of this lifestyle.

From the homeopathic perspective the acute expression of a disease like gonorrhea is only an outward manifestation of much deeper aspects of sickness in the human psyche.

Accordingly, in the homeopathic treatment of gonorrhea it is not just the acute manifestation that is to be treated. Rather, to eradicate such a disease one must reach deep into the collective mindset that creates the susceptibility for this disease to run rampant. One can affect this collective unconscious with homeopathic remedies thus liberating those tortured souls from their own condemnation. To do this requires years of constitutional homeopathic care.

However, many remedies will treat acute gonorrhea without prolonged consideration into these deeper aspects of the human psyche. Accordingly, some of these remedies may be used as a prophylactic. One must remember that the best prophylactic is to modify one's sexual behavior. Short of that, the best homeopathic remedy would be the one that addresses one's inability to do so.

The etiology of a disease, the constitutional temperament of the patient, and the totality of the signs and symptoms are three factors that form a complete picture of a disease. In homeopathy we often speak of the totality of the symptoms as the basis of selecting a remedy. We must include the causative factors, miasms, and the physical constitution of the individual while treating the disease in question. The miasms are present in the very symptomatology of the client. The syndromes produced by the miasms point to the fundamental cause and indicated remedy even if the condition cannot be traced to a specific etiologic factor. In some cases one would be treating the actual disease and in others, it would be the miasmic influence that needs to be treated to clear the condition. Below are

descriptions of remedies indicated for the treatment of gonorrhea. Included are general gonorrhreal symptoms, particular to men and then women, the secondary symptoms pertinent to the sycotic miasm or suppressed gonorrhea, and aspects of the mental state.

Look for concomitant affinities in the case such as conditions in the joints, tendons, and genitalia, or mental and emotional symptoms to guide in remedy selection.

The first list of remedy abbreviations are those similar to the sycotic miasm; the remedies that may be needed to clear the susceptibility to getting gonorrhea, for individuals with a history of gonorrhea, and/or with inherited sycotic traits. The second list of remedy abbreviations are those remedies that are more commonly indicated in acute gonorrhea, of which the more frequently indicated are described in further detail following.

Curative response to the correct remedy in acute gonorrhea will include cessation of the irritation in the urethra, reduction and clarification of the urethral discharge and general improvement in well-being over the next 24-48 hours. For most cases a single dose of a 200C aught to be sufficient to clear the case. Repeat if relapses occur. Further constitutional treatment will help clear the sycotic miasm.

Remedies for Sycosis: acet-ac., adlu., aesc., *agar*, agn., alco., alco-s., alum., alumn., am-c., am-m., anac., *anan*, ang., ant-c., ant-t., *anthro*., *apis*, aran., ARG., ARG-N., arist-cl., arn., *ars*., ASAFA., asar., asim., aspar., *aster*, AUR., *aur-m*., aur-m-n., Bar-c., *benz-ac*., berb., berb-a., bor., bov., bry., bufo, buni-o., calad., CALC., cann-i., cann-s., canth., caps., carb-ac., *carb-an*., carb-v., carc., cast., caul., *caust*, cedr., cham., chim., chin., chlam-t., cic., cimic., cinnb., clem., cob-n., coc-c., coch., colch., coloc., con., cop., croc., crot-h., crot-o-t., cub., cupr-acet., cupre-aust., cycl., cyna., dig., dor., *dulc*., epig., erach., erig., ery-a., eup-pur., euph., euph-pi., euphr., fago., *ferr*., *ferr-p*., *fl-ac*., flav., gamb., gels., gnaph., *graph*., guai., guat., ham., helon., hep., hydr., influ., *iod*., iris, kali-bi., kali-c., *kali-i*., kali-m., kali-n., *KALI-S*., *kalm*., kreos., kres., lac-c., *lach*., lil-t., lith-c., LYC., mag-c., mag-s., *mang*., MED., merc., *merc-c*., merc-d., *merc-s*., *mez*., mill., mosch., murx., nat-c., *nat-m*., *nat-p*., NAT-S., NIT-AC., nux-v., ol-j., orig., pall., pareir., penic., petr., petros., ph-ac., phos., *phyt*., pic-ac., pip-n., plat., plb., pneu., prun., psor., *puls*., rat., rauw., rhus-t., sabad., sabin., sac-l., sanic., sarr., *sars*., *sec*., *sel*., senec., seneg., SEP., *sil*., silphu., spig., STAPH., staphycoc., still., stram., *sulph*., tab., tell., ter., *ther*., THUJ., thyr., uran-n., vac., ven-m., vib., zing.

Remedies for Acute Gonorrhea: *acon.*, agn., anag., arg-m., *arg-n.*, ant-t., aur., aur-m., *baros.*, benz-ac., brom., calc., *camph.*, **CANN-S.**, *canth.*, *caps.*, chel., *clem.*, coca, coch., *cop.*, crot-h., *cub.*, dam., daph., *dor.*, ech., equis., eucal., euph., fab., ferr., *gels.*, graph., gunp., hedy., hep., *hydr.*, jac., *kali-bi.*, kali-i., kalm., mati., **MED.**, *merc.*, *merc-c.*, merc-p-r., methyl-b., mez., naptin., nat-m., *nat-s.*, *nit-ac.*, nux-v., *ol-sant.*, pareir., *petros.*, pin-c., phyt., *plat.*, psor., *puls.*, sabad., sabin., sal-n., sars., sel., *sep.*, sil., staph., *sulph.*, **THUJ.**, tritic., *tus-f.*, verat., viol-t., x-ray, zinc, zing.

Agnus castus: The “chaste berry” from this tree is taken as a herbal tonic for the sexual organs and hormones. *Agnus castus* is for low sexual vitality with corresponding mental depression and loss of nervous energy. Distraction of mind. Bad memory. Absent-minded, forgetful. Unable to recollect things. Lack of courage. Self-contempt from sexual abuse. Sexual thrill absent from excessive masturbation. Aversion to sex. Worse from masturbation; sexual excess. Sexual desire almost lost or sexual desire gone. Impotence with genitals cold and relaxed. Scanty emission without ejaculation. Testicles, cold, swollen, hard, and painful. Penis small, flaccid. Loss of prostatic fluid on straining. Gleety discharge. Yellow discharge from urethra. Spermatorrhea with impotence. Menses are suppressed with abdominal pains. Scanty menses. Infertility with suppressions of menses and no sexual desire. Leucorrhea staining yellow, transparent. Relaxation of genitals with leucorrhea. A transparent vaginal discharge passes imperceptibly from the very relaxed genitals. Retained placenta. Worse from over-lifting, sprains.

Argentum metallicum: Corresponds to deep-seated insidious diseases. The more deeply seated the troubles are the more likely they are to be painless. Affects all the cartilages and hence all the joints and bones, with tearing and bruised pains. Joint rheumatism without swelling. Thickening of tissues especially cartilages. Pains gradually increase, become violent then suddenly cease. Loss of control over mind and body. Loss of mental power. Total diminution of memory and difficulty in concentrating. Secretions of mucous membranes are thick, gray, tenacious, or like boiled starch. Frequent urination with burning. Yellowish-green discharge. Sterility. Foul, excoriating leucorrhea.

Argentum nitricum: The mental peculiarity is one of *anticipation, apprehension and fear*. When ready to go to church, diarrhea sets in. Impulsive; wants to do things in a hurry. Tormented by strange ideas and emotions. Loss of ambition. Believes that all his undertakings will fail. Weeps, says he is lost beyond hope. Nervous impulsive and hurried, yet timid and anxious. Panic and anxiety attacks. Early stage of gonorrhea; profuse discharge and terrible cutting pains, bloody urine. Cutting in urethra with painful erection. Violent pain from kidney to

bladder, worse from touch, motion, and deep inspiration. Sex painful, urethra as if stretched or sensitive at orifice. Urethra inflamed with pain, burning, itching. *Pain as from a splinter.* Chancre like ulcers, on the prepuce. Metrorrhagia with nervous weakness at menopause, also of young widows and childless women. Leucorrhea profuse with erosion of cervix.

Aurum: There is a condition of *melancholy, hopelessness, profound depression, tendency to suicide, and longing for death.* Persons who are low-spirited, lifeless, weak memory, yet sensitive to pain, which drives them to despair. *Sexual desire greatly increased.* Sexual hypersensitivity. Urine turbid, like butter-milk, with thick mucus-like sediment. Pain and swelling of testicles. *Chronic induration of the testicles.* Atrophy of testicles in boys. Epididymitis. Amenorrhea with great sadness. Infertility in women. In women a thick leucorrheal discharge, profuse, and corroding, not offensive; white or yellowish, and invariably worse by walking. *Foul-smelling nasal discharge. Breath offensive.* Hypertrophy of the heart. Angina pectoris and palpitations.

Barosma crenulatum: Chronic disorders of genito-urinary organs with *muco-purulent discharges, abundance of epithelium mixed with pus and mucous corpuscles.* Irritable bladder with catarrh or gravel with spasmodic stricture. Prostatic disorders. Vaginal leucorrhea. Undue secretions from mucous follicles of urethra, seminal vesicles, or the prostate produced by excessive sex or masturbation.

Benzoic acid: *Prone to dwell on unpleasant things in the past.* Omits words in writing. Depression. Bladder catarrh from suppressed gonorrhea. *Urine is hot, dark brown, strong foul odor of horse urine, ammoniacal.* Bedwetting. Sheets are unusually stained brown. Dribbling of urine. It produces and cures symptoms of a uric acid diathesis with urine highly colored and very offensive, strong smelling and gouty symptoms. Kidney insufficiency. Joints crack when moving. *Gouty and asthmatic.* Asthma has been cured by it, especially in rheumatic persons. Tearing and stitches in great toe, especially right (gout). Swelling and pain of right knee.

Camphora: *Insensibility, vanishing of all senses, or anxiety. Afraid of his own thoughts, wants to be diverted from thoughts of himself.* Fears to be left alone. Memory lost. Feeling that she is going to die; relieved, when she finds herself alive. Attacks of anguish at night. State of frenzy, hysterical, scratches, spits, bites, tears her clothes. Better from free discharges, sweating, thinking of it, drinking cold water. Worse from suppressions. Awkwardness. Delirium. Mania. Sexual excitement. Chordee. Priapism. Nightly emissions. Satyriasis. Priapism

during dreams. Impotence. Burning and strangury with tenesmus of the neck of the bladder. Retention with full bladder. Cramps with icy coldness of limbs is characteristic. *A state of collapse. Icy coldness of the whole body, sudden sinking of strength, pulse small and weak.* Cold yet wants to be uncovered.

Cannabis sativa: *Vanishing of thoughts; want of words. Ideas seem to stand still; he stares in front of him and is absorbed in higher thought, but is unconscious of them.* Time seems too long. Thinks everything is unreal, as if in a dream. Clairvoyance. Moaning and crying. Stuttering and stammering. Confusion of thought and speech. Embarrassed speech, at one time words are wanting, at another the voice fails. *Very forgetful cannot finish the sentence.* Must strain to urinate, has to wait for some time before the urine flows. Scanty burning urine passed drop by drop. Urine scalding with spasmodic closure of sphincter. Stoppage of urethra by mucus and pus. *Urine, turbid, white or reddish; as if mixed with blood and pus.* Sexual excitement in both the sexes. Great sexual excitement with infertility. Acute and chronic gonorrhea, especially when the patient walks with the legs apart. *The urethra is very sensitive to touch and pressure, the patient cannot bear the legs close together.* Itching and inflammatory swelling of the prepuce, glans, and penis with deep redness and a constriction of the foreskin that prevents it from being drawn back. The penis feels sore and burnt when walking; walks with legs apart. Vaginitis. Amenorrhea. Profuse menstruation. Miscarriage with convulsions. Threatened miscarriage from too frequent sexual intercourse or complicated with gonorrhea. Pain in kidney, while laughing. Unendurable fine stitching over whole body, as from a thousand needle points, at night, when sweating from warm covering, better uncovering. Feet feel heavy on going upstairs.

Cantharis: Belongs to the animal kingdom and finds its most prominent sphere of action in *exciting the animal passions.* There is anger in a very acute degree amounting to paroxysms of rage and a corresponding condition of the bodily tissues. *Paroxysms of rage with crying, barking, and biting worse by bright objects, by touching the larynx, drinking cold water.* Constantly attempts to do something but accomplishes nothing. Sings lewd songs. Prattles about genitals, urine, feces. *Frequent urination with burning, cutting pain;* attends the flow even when urination is not very frequent. Cantharis attacks the *urinary and sexual organs, perverting their function, and setting violent inflammation causing frenzied delirium.* Cantharis can produce an amorous frenzy, unbounded sexual desire, sexual weakness, and excitability. Constant desire to urinate. Intolerable tenesmus, cutting before, during, and after urination. Urine is passed drop by drop. Griping in bladder. Kidney colic. Membranous scales looking like bran in water. Urine jelly-like, shreddy. Bloody semen. Pollutions. Burning in urethra after sex. Strong desire, painful erection. Pain in glans. Pruritus with strong sexual desire,

at menopause. Leucorrhea with sexual excitement, causing severe itching and masturbation. Puerperal metritis with inflammation of bladder. Menses too early and too profuse, black swelling of vulva with irritation. *Aggravation from drinking coffee, drinking the smallest quantity increases pain in bladder and is vomited.*

Clematis: Also called Virgin's Bower. Indifference. *Fear of being alone, but disinclined to meet even agreeable company.* Ailments from homesickness. Peevish, dissatisfied without any cause. Melancholy. Affects mucous membranes of eyes and urethra and the glands, breasts, and ovaries. The glands which become very hard and painfully swollen. Acts especially on skin, glands, and genito-urinary organs (especially testicles). Tingling in urethra lasting some time after urinating. Frequent scanty urination; burning at orifice. Burning in urethra during urination. *Last drops of urine cause violent burning. Urine stops and starts or dribbles after urination.* Urethra feels constricted. Urine emitted drop by drop. There is mucus in the urine, but not pus. Testes hang heavy or retracted. Testicles indurated with bruised feeling. Swelling of right half of the scrotum. Aversion for sex. Swelling of the spermatic cord with burning and soreness, extending to abdomen.

Copavia: *In old persons, (men) who from cold or other causes cannot urinate or where there is frequent desire and only a few drops pass with much straining.* Mucus discharge from the bowels with much rumbling and rolling in the bowels. The chief action is on the genito-urinary organs and rectum. Irritation accompanying thickening of bladder. Burning at neck of bladder and in urethra; discharge milky, corrosive; meatus bulging and inflamed. It is suited to the irritable bladder of elderly women. Urine acrid, scanty, bloody, odor of violets. Greenish, turbid color, peculiar pungent odor. Suppuration ascends urinary tract. Purulent or acrid milky gonorrhea.

Damiana aphrodisiaca: Indian hunters discovered that a decoction of it was a great invigorator after wearisome journey, and they also found in it a cure for inability to exercise the reproductive functions in both sexes. Among the causes of the defect in the cured cases are injury to spine from a fall, or sexual excess. Syphilis or gonorrhea in men, and amenorrhea, dysmenorrhea, and leucorrhea in women. Chronic fatigue, headaches, impotence, incontinence, prostate disorders, sexual weakness, spermatorhea, and infertility.

Daphne indica: Despondent and sad. Agitated. Absent-minded and indecisive. Mental dejection. Timidity. Irritability. Over-excitement and trembling during the pains. Absent minded and indecisive. Exhaustion. Frequent and abundant emission of urine. Frequent

bedwetting at night. Urine turbid, thick, yellowish like rotten eggs. Fetid urine. Reddish sediment which adheres to the side of the vessel. Pain, as from excoriation in the urethra, when urinating. *Headache, provoked by all kinds of intellectual labor. Feels as if skull would burst, as if head were separated from body.* Excessive itching on the arms and hands. Gonorrhreal rheumatism. Bone-aches. Piercing pains in the bones and acute shooting pains in the fingers.

Doryphora decemlineata: Its general effects bears a strong resemblance to **Cantharis**.

Local application causes ulceration. The blood will not coagulate, blood globules disorganized, *enormous swelling of whole body*, swelling of feet with burning, *elastic swelling of whole body which will not pit on pressure.* The center of **Doryphora's** action seems to be in the urinary organs and hence its employment in gonorrhea and gleet. Burning sensations. Urethritis in children from local irritation and gleet. Stupor with muttering and loud rumbling in bowels. Delirium, talkative, red, bloated face, and protruding eyes.

Irritability.

Equisetum: Irritability of urinary tract, kidney stones, dysuria. **Equisetum** is a deep anti-sycotic that effects the urinary tract forcefully causing and curing severe cystitis. It relieved loss of control over bladder and rectum in a case of general paralysis. *Constant desire to urinate and passes large quantities of clear, light-colored urine without relief.* Frequent urging to urinate. Aching, full, tender bladder, not better after urinating. Pain in bladder as from distention. Albuminuria. Urine cloudy. Great excess of mucus on standing. *Bedwetting; nocturnal and diurnal.*

Hydrastis: The catarrh of **Hydrastis** is characterized by *thick, yellow, acrid, ropy discharge.*

Emaciated, broken-down constitutions. Forgetful, cannot remember what he is reading or talking about. *Irritable, disposed to be spiteful.* Gloomy, taciturn, disagreeable. Moaning with occasional outcries from pain. *Erosion and excoriation of the cervix.* *Thick, acrid, yellow, ropy leucorrhea.* Pruritis vulvae with profuse leucorrhea. Menorrhagia and metrorrhagia with fibroids. Mucus in urine. Gleety discharge. Urine smells decomposed. Putrid odor of urine. Catarrh of bladder, with thick, ropy mucus sediment in urine. Dragging in right groin to testicle, thence to left testicle, thence to left groin.

Kali bichromicum: Mentally ill-humored and low in spirit. Listless, aversion to mental and physical exertion, weak memory, vanishing of thoughts. Anxiety arising from chest. Indifferent. Indolent, aversion to mental and bodily labor. Fear of people, avoids human society. Discharges from mucous membranes of thick yellow, green tough, stringy

mucus or mucus which adheres to the part and can be drawn out in strings. The occurrence of pain in small spots. Punched-out, perforating ulcers, occurring on skin, mucous membranes and affecting bones. Alternating and shifting conditions; pains wander from part to part, rheumatic pains alternate with **gastric** symptoms or with dysentery, headache alternates with blindness, fibrinous deposits extend downwards. **Burning** in urethra. After urinating a drop seems to remain which cannot be expelled. Ropy mucus in urine. Gleet with stringy or jelly-like profuse discharge; clogging the urethra. Prolapsed uterus worse in hot weather. Itching, burning vulva with sexual excitement. Leucorrhea; acrid, yellow, ropy with pain across sacrum and heaviness in the hypogastrium.

Kali sulphuricum: Marked by profuse discharges which are *deep yellow, thin, or sticky*. **Kali-s.** is applicable to the later stages of inflammation. Hurried. Irritable. Frightened at trifles. Leucorrhea; yellowish, watery. Gonorrhreal discharge slimy and yellowish-green.

Accompanied by great desquamation of the epidermis.

Medorrhinum: Prepared from gonorrhreal germ, this is a powerful deep acting medicine indicated for chronic ailments due to suppressed gonorrhea. Desperate. Sad, tearful and fearful. Cannot concentrate. Weak memory. *Loses the thread of conversation.* Forgets names, word, her errand. *Feels life unreal, everything seems unreal. Fears going insane.* For women with chronic pelvic disorders. Chronic rheumatism. Great disturbance and irritability of nervous system. For dwarfish and stunted, sour smelling children. Chronic catarrhal conditions in children. Nose dirty, tonsils enlarged, thick yellow mucus from nostrils, lips thickened from mouth breathing. Profuse acrid discharges causing itching. *Fishy odors of the secretions.* Offensive odor of the body especially children and women. Body smells bad to her; cannot wash it away. Heaviness of prostate; painful and enlarged with frequent and painful urination. Impotence. Gleet; whole urethra feels sore, persistent gleety, yellow discharge. Painful tenesmus when urinating. Nocturnal bedwetting.

Mercurius precipitatus ruber: This intensely irritating mercurial salt has all the usual mercurial symptoms yet intensified. Apprehension. General trembling. Convulsions. Fierce intent look. Cramps of internal organs and in legs. Gonorrhea when the urethra felt as a hard string. As of a hot iron in anus moving up and down. Compare to other **Mercury** remedies

Petroselinum: For acute gonorrhea when frequent desire to urinate exists. Acts as a solvent on *uric acid if there is a tendency to its formation in the urine.* Frequent urging to urinate every half

to three-quarters of an hour with burning pains in bladder and urethra. Drawing, tingling, crawling, or itching in navicular fossa. During urination burning and tingling from perineum through whole urethra. Milky or yellow discharge. *Very painful urination causing him to shiver, dance round the room in agony.* Suddenly seized with desire to urinate, if not gratified immediately jumps up and down with pain. Shrrill singing in ears like a bell ringing out of tune which affects the whole organism. Fevers with traumatic or chronic inflammation of urethra or even stricture.

Sarsaparilla: Used as a restorative and blood purifier after exhausting course of mercury. It covers the syphilitic, sycotic and psoric constitutions. Chief center of action is on the genito-urinary organs, skin, bones, and right lower extremity. Kidney colic, marasmus, and periosteal pains due to venereal disease. Urinary symptoms well marked. Pains shoot in different directions and are accompanied by *depression* and anxiety. Sensitive, easily offended. Ill humored and taciturn. *Despondent, gloomy without any cause.* Dysmenorrhea, with retracted nipples or sore breasts. Genitals moist and offensive. *Intolerable stench on genitals.* Semen bloody. Spermatic cord painful after emission, swollen after unrequited sexual excitement. *Severe pain at conclusion of urination. Screaming before and while passing urine.* *Can pass urine only when standing.* Urine scanty, slimy, flakey, sandy, pussy, bloody. Crusty urinary sediment.

Staphysagria: *Ill effects of anger and humiliation.* Nervous disorders with marked irritability and diseases of the genito-urinary tract, and skin most frequently give symptoms calling for this drug. **Staphysagria** produces both physical and moral sexual disturbances. Sexual excesses. Sexual appetite and a tendency to masturbation and the physical state corresponding to the effect of that habit. *Rape or a history of sexual abuse.* Very sensitive. *Morbidly sensitive, the least word that seems wrong, hurts her very much.* Special senses become irritable; cannot tolerate touch, odor, noise, taste; everything is painfully sensitive. *Persistent dwelling on sexual subjects.* Seminal emissions followed by great prostration. Dyspnea, worse during or after sex. Granular growths of vagina. Leucorrhea. Itching or sensitive vulva. Prostatitis, pain extends from anus to urethra. *Frequent urging to urinate with scanty or profuse discharge of watery urine.* Urinates in thin stream or drop by drop. *Burning in urethra when not urinating.* Urging and pain after urinating. Arthritic nodosities on joints. Stiffness and sensation of fatigue in all joints.

Sulphur: Frequently needed after acute illnesses which do not entirely clear up. It causes irregular distribution of circulation causing local burning, *throbbing or congestion, flushes of heat, rush of blood to head, chest, heart.* Dull, difficult thinking; misplaces or cannot find proper words

when talking or writing. Absent-minded. Very forgetful. Aversion to do mental or physical work. *Averse to business. Lazy, hungry, and always tired.* Philosophical mania, wants to know who made this or that, and how. *Imagines himself a great man.* Lumbago and chronic rheumatic pains. Unhealthy hair and skin. Red orifices. *General offensive character of discharge and exhalations.* Vagina and vulva burn, itch, and are sore; worse sitting, is scarcely able to keep still. Sore feeling in vagina during sex. *Leucorrhea of yellow mucus, burning, excoriating.* Sudden call to urinate, must hurry. Great quantities of colorless urine. Itching, burning in urethra during urination, lasting long after. *Mucus and pus in urine.*

Thuja: Acts chiefly on the mucous membranes of genito-urinary tract, intestines, skin, mind, nerves, glands, occiput and left side. *It has a specific antibacterial action, as in gonorrhea and anti-vaccination.* Sycotic pains; tearing in muscles and joints, worse at rest, better in dry weather, worse in a damp humid atmosphere, lameness. Rapid exhaustion and emaciation. *Oily stools, skin, sweat.* Flesh feels as if beaten off the bones. Edema about the joints. *Rheumatism from suppressed gonorrhea.* Aneurysm by anastomosis (swelling of the blood-vessels). Stitching, tearing pains in the glands as if they were being torn to pieces. Sensation of lightness of body when walking. Thinks his blood is dirty or poisoned. Introverted. Dullness of mind. *Speech slow, hunts for words.* Cannot concentrate. *Full of hidden plans.* Sadness. Aversion to life. Menses scanty, retarded. Venereal warts. Vagina itching. *Leucorrhea; profuse, thick, greenish* lasting from one period to another. Vagina very sensitive, prevents sex. Prostatic enlargement. Chronic induration of testicles. *Offensive smelling genitals, sweetish smelling sweat on scrotum.* Feels as if a drop was running down urethra after urination. Urine burns, dribbles, is foul. *Urinary stream split and small.* Foamy urine.

Notes:

Syphilis

Syphilis is a sexually transmitted disease caused by the bacterium *Treponema pallidum*. Syphilis is believed to have come from native populations in the Caribbean. However, archeological studies have found disfigured remains indicating syphilis dating to earlier times. During the 1400's and 1500's, syphilis became epidemic through Europe. It entered Spain with the sailors who had just returned from their voyages from Hispaniola (the island of now Haiti in the Caribbean). The sailors had unknowingly contracted the disease from sexual interactions with the native women. Once back in Spain their sexual exploits quickly spread the disease. In 1493 a single doctor in Barcelona, Spain treated an estimated 20,000 victims.⁴⁸ During the War of 1494 in Italy, the Italians and Spaniards while under the captivity of the French were subjected to their debaucheries and the disease spread quickly through the war camps. When the war was over and the soldiers returned home, syphilis spread throughout Europe. The ailing soldiers were attended by prostitutes who became the victims and reservoirs for the disease. Within ten years syphilis had worked its way across Europe affecting sexually active aristocrats and peasants alike.

Syphilis is passed from person to person through direct contact with a syphilis sore called a "chancres." Chancres occur mainly on the external genitals, vagina, anus, or in the rectum usually on or near the point of original contact. Sores also can occur on the lips and in the mouth. Transmission of the organism occurs during vaginal, anal, or oral sex. Pregnant women infected with the disease can pass it to their babies through the placenta. Syphilis cannot be spread through contact with toilet seats, doorknobs, swimming pools, hot tubs, bathtubs, shared clothing, or eating utensils.

Syphilis has three stages of development primary, secondary, and tertiary. There is often a period of dormancy between the secondary and tertiary stages which is referred to as latent syphilis. Congenital syphilis refers to the mal-effects of the disease that are passed on from mother to infant and from generation to generation if those infants survived.

The time between infection with syphilis and the start of the first symptoms can range from ten to ninety days as the bacterium diffuses through the lymphatic system.

The primary stage of syphilis is marked by the appearance of a single chancre. In some cases there may be multiple sores. The chancre is usually firm, round, small, and painless with a varnished appearance accompanied by swollen glands in the area close to the site of the eruption. Sores usually appear at the spot where syphilis entered the body, usually on the genitals. The chancre lasts three to eight weeks, and can remit without treatment.

After a period of two months to three years, secondary syphilis begins to develop. The body becomes subject to a series of rashes and cutaneous eruptions. Rashes can appear as the chancre is healing or appear several weeks after the chancre has healed. The characteristic rash appears as rough, red, or reddish brown spots, both on the palms of the hands and the bottoms of the feet and usually does not cause itching. Painless lesions of the mucous membranes in the mouth, genitals, and anus can also develop. Sometimes rashes associated with secondary syphilis are so faint that they are not noticed. In addition to the rashes, other symptoms may include fever, swollen lymph glands, tumors, sore throat, patchy hair loss, headaches, weight loss, muscle aches, fatigue, and deafness. Eventually small nodules appear discharging fetid pus and blood. The signs and symptoms of secondary syphilis gradually resolve but the disease progresses to the latent and tertiary stages.

The latent (hidden) stage of syphilis begins when secondary symptoms disappear. The infected person will continue to have syphilis even though there are no signs or symptoms. It can remain dormant in the body for years and only after some external stressor, or through poor lifestyle choices, tertiary syphilis develops.

Five to thirty years later the tertiary symptoms of syphilis begin to appear. Signs and symptoms of the late stage of syphilis include:

- Destruction of the skin, palate, nasal septum, throat, bones of the lower leg, scalp, and tongue.
- Damage to the internal organs, including the brain, nerves, eyes, heart, blood vessels, and liver.
- The bones develop deep boring pains with lesions in the joints.
- Gastric and hepatic lesions, cardiovascular lesions, damage to the brain and nervous system causing difficulty coordinating muscle movements, muscle wasting, paralysis, numbness, gradual blindness, and dementia.

- Mental and emotional symptoms include temper tantrums, depression, weeping, poor personal hygiene, sensations as if the body were dead, or dying, or that the blood has ceased to circulate.
- Paranoia and delusions of having committed a crime. Eventually the damages become serious enough to cause death.⁴⁸

Those infected with syphilis will inflict their offspring with syphilis. The infants may be stillborn or die shortly after birth. Most infants are asymptomatic at birth and are identified only by routine prenatal screening. If untreated symptoms develop within weeks or months. The typical symptomatic newborn is born prematurely with an enlarged liver and spleen, skeletal involvement, and soon develops pneumonia, and skin lesions.

Early manifestations of congenital infection are varied and involve multiple organ systems. The earliest signs of congenital syphilis may be poor feeding and snuffles (chronic nasal discharge), striking lesions affect the mucocutaneous tissues and bones (mucous patches, rhinitis, and wart-like lesions), and there is biochemical evidence of liver dysfunction. Their nasal fluid is highly infectious. Snuffles are followed quickly by a diffuse maculopapular desquamative rash that involves extensive sloughing of the skin, particularly on the palms and soles and about the mouth and anus. These lesions are also highly infectious.

Scarring from the early systemic disease causes late manifestations of congenital syphilis. These manifestations include neurosyphilis and involvement of the teeth, bones, eyes, and the eighth cranial nerve. Other conditions such as scoliosis, teeth decay, missing digits or limbs, or other mal-formations of the body result from congenital syphilis.

Vaccination and Treatment

There are no vaccines for syphilis.

Historical treatment of syphilis was aimed at the removal of the primary syphilitic chancre with caustic topical agents, cauterization, surgery, topical mercurial salves, and steaming baths.

With the advent of penicillin, syphilis became very easy to cure. In 1943, US doctors launched a worldwide campaign to eliminate syphilis with penicillin. Subsequent cases of syphilis in all stages of development reduced to an all time low. However, within ten years

incidences of syphilis rose to pre-penicillin levels.⁴⁸ In the United States in 2004, health officials reported over 33,400 cases of primary, secondary, tertiary and congenital syphilis, including 7980 cases of primary syphilis and secondary stage syphilis.¹⁸

For a person who has had syphilis for less than a year, current treatment includes single intramuscular injection of penicillin. Additional doses are needed for cases existing longer than a year. For those allergic to penicillin, other antibiotics are available. In cases with advanced stage tertiary syphilis, antibiotic treatment may not be sufficient to halt the process of the disease, as the bacteria can enter the nervous system where the antibiotics cannot affect them.

Antibiotic treatment kills the syphilis bacterium and prevents further damage but it does not repair damage already done. Repetitive antibiotic use causes the bacteria to mutate and to develop resistance. Despite antibiotic treatment, it is important that persons be screened for syphilis on an on-going basis if their sexual behaviors continue to put them at risk. Persons who receive antibiotics must abstain from sexual contact until the syphilis sores are completely healed. Persons with syphilis must notify their sex partners so that they also can be tested and receive treatment if necessary. Having syphilis once does not protect a person from getting it again despite being previously treated. Additionally, the presence of syphilitic chancres makes it easier to transmit or acquire HIV infection (increasing the risk of transmission two to five times). Correct and consistent use of latex condoms can reduce the risk of syphilis.

Homeopathic Prevention and Treatment

Syphilis is one of Hahnemann's three great miasms, next to psora and sycosis. Taint from this venereal disease can last a lifetime and be passed down from generation to generation. Correspondingly, the spread of syphilis though Europe has been sufficient to influence multiple generations of people.

For inclusion in this book, syphilis is classified as an infectious contagious disease. But as with the other venereal diseases discussed, complete treatment of the miasm reaches into the realms of chronic disease. What follows, in addition to information in the treatment of acute syphilitic chancre, is a brief dissertation on the chronic manifestations of the syphilitic miasm.

The effects of syphilis during the last 700 years on European culture and social practices are protean. That a disease so hideous in its presentation could sweep through the population effecting rich and poor alike, is reflective of the destructive force of the disease. It became a shameful, stigmatizing, terrifying disease capable of turning the good health of a man into a pitiful mess of ulceration and decay.

It was believed that contagion with syphilis was a punishment from God: a punishment for immoral sexual behavior; sentencing to an eternal damnation. Prostitutes, the reservoir for the disease, were demoralized and shunned. Public health measures included quarantining all infected individuals to remote areas outside of the city walls. Doctors and hospitals refused to treat the patients, leaving those afflicted without solace or refuge. The prostitutes after forced treatment were beaten by their doctors as punishment for catching the disease. Not only did the victims suffer the torment of the disease, they were beaten and left alone to lead a miserable life with only the promise of a gradual death.

At best, in a desperate attempt of salvation, infected individuals became fastidiously concerned with cleanliness, sought religious consult, and practiced moral piety. At worse, when the disease pervaded the entire organism they became violent, obsessed with delusions of persecution, or suffered the tremendous guilt as if having committed a crime.

These themes of alienation, torment, despair of salvation, depression, and longing for death are all a part of the syphilitic miasm, as we know it in homeopathy. Rajan Sankaran describes the syphilitic state to be the feeling "*that he is faced with a situation beyond salvage, leading to complete hopelessness and despair.*"³⁵ In the desperate effort to save his soul, the person fights to his death. When the individual has invested all his strength and power into his fight, there is a point where it seems that he is not going to succeed, that it has all been for nothing, that now has come the time to die. Arriving towards this point, when death seems imminent and all efforts are expended defending oneself against enemies, or facing ones guilt, and depravity, we see the expression of the miasm clearly.

Common to all syphilitic conditions and syphilitic remedies are the nightly aggravations of symptoms, bone pains, ulceration or destruction of some sort on the skin or mucous membranes, hair loss, and sore throats. Yet each remedy homeopathic to the syphilitic miasm presents with a slightly different mental or emotional aspect of the syphilitic struggle; that of violence, contamination, religious despair, and death.

Brief examples from various remedies demonstrating the syphilitic mental state follow:

Arsenicum: Disposition to suicide. On his hands and knees praying. Frequent desire to stab himself with a knife. Despairs his life and that no one can help him and he must die. Feels his body must putrefy. Wants to hang himself.

Aurum: Disgust for life and longing for death, with no desire to live. Imagines herself irretrievably lost. He has lost the affections of his friends. Imagines he is unfit for the world and longs for death, which he contemplates with internal delight.

Guaiacum: Dreams; of fights and battles; of being murdered; of being stabbed. Disobedient, defiant, and contemptuous.

Hepar sulphuris calcareum: Remembers everything that was unpleasant in her life. The slightest thing made him break out in violence; he could have killed someone without hesitation. Anxiety, making him believe he could have died from it, even leading to suicide.

Mercurius: Feels as if he suffers the torments of hell without being able to explain it. Delusion everyone is an enemy. Morbid impulse to do violence, or kill someone. Disgust with himself, has no courage to live.

Platina: Imagines she does not belong to this race. Boredom and wishes to die. Feels he is destroying himself. Feels unworthy to live. Desire to kill his loved ones. Feels everyone is an enemy.

Syphilinum: Delusions he is dirty. Thinks he will never get better. Despair of recovery. Melancholia. Fears he is going insane. Indifferent to his friends and feels no delight in anything.

Thallium: Feeling of being attacked, hunted, and poisoned. Desire to fight. Striking rage.

Historically treatment of syphilis was aimed at the removal of the chancre. Hahnemann's contention was that this form of treatment actually drove the disease further into the body guaranteeing the development of secondary and tertiary manifestations. Even though he

lived before the germ of syphilis had been identified, Hahnemann had an understanding of the depth of the disease.

The outward expression of the chancre is an external manifestation whose purpose is to preserve the interior of the economy from the progression of the condition. He argued that if the primary chancre was allowed to remain on the surface while treatment was aimed at the interior economy, not only would the primary chancre resolve but also all secondary and tertiary developments would be avoided. In his fifty years of treating syphilis Hahnemann reported he had never seen a patient with an untreated chancre develop a full-blown case of the venereal disease.¹⁴

In The Chronic Diseases, Hahnemann describes the process as follows:

“If the condition has taken effect, the whole living body is in consequence seized with it. Immediately after the moment of contagion, the formation of the venereal disease in the whole of the interior begins. In that part of the sexual organs where the infection has taken place nothing natural is noticed in the first few days, nothing diseased, inflamed or corroded; so also all washing and cleansing of the parts immediately after the impure coition is in vain.

“Only when this penetration of all the organs by the disease caught has been affected, only when the whole being has been changed into a man entirely venereal (i.e., when the development of the venereal disease has been completed, only then diseased nature endeavors to mitigate the internal evil and soothe it by producing a local symptom). Which first shows itself as a vesicle and later brakes out in a chancre. This is therefore, manifestly a chancre ulcer, which has been produced from within by the organism after it has become venereal through and through, and is able through its touch to communicate also to every other man the same miasma: venereal disease.

“If the chancre is destroyed though local applications before the internal illness is healed, the miasmatic, chronic venereal disease remains in the organism as syphilis, and is aggravated from year to year until the end of the man’s life, even the most robust constitution being unable to annihilate it within itself.”¹⁴

Hahnemann directs us that the cure of syphilis is actually very simple as long as the chancre has not been suppressed or is not previously complicated with psora. Under these conditions, syphilitic patients with the primary chancre would respond remarkable to a few internal doses of potentized **Mercurius**. After which the chancre becomes a clean sore draining a little mild pus and then heals itself not leaving a trace or mark of its previous residency.

Cases which have had the chancre outwardly removed and who present with secondary syphilis may still be easily treated with the similar remedy. However one expects that the previous chancre once destroyed will resurface shortly after the administration of the correct remedy. Continued internal treatment only changing the remedy as needed will continue to drive the disease out to the surface, thus liberating the internal constitution of any progress of the disease. Treatment of tertiary syphilis becomes more complicated requiring the use of anti-psoric medicines alternating with anti-syphilitic remedies as needed for several years.

Despite the advent of antibiotics which aim to kill the pathogen but do little to help restore the health of the individual, syphilis is still prevalent. Its continued occurrences demonstrate that there remains susceptibility in the human population for the disease. As long as war, violence, impure union between men and women, judgment and condemnation remain a part of the human psyche some manifestation of syphilis will occur.

Below I have gathered symptoms of various remedies corresponding to primary, secondary, tertiary and latent syphilis. The first grouping of remedies is more particular to the development of the chancre, while the second grouping relates to the entire syphilitic miasm.

These days homeopaths seldom see active cases of syphilitic chancre, let alone secondary or tertiary cases. However, our treatment rooms are often frequented by individuals who demonstrate latent and congenital syphilitic tendencies by their forsaken depression and suicidal disposition, or through the myriad of chronic physical conditions the syphilitic miasm has imparted upon their body through their inheritance (headaches, bone pains, decay, ulcerations, etc). In homeopathic philosophy, latent syphilis can occur with or without the presence of syphilitic bacteria but rather is observed as a propensity towards destructive mental states and disease. Homeopathic treatment is aimed at clearing this miasm. Movement out of

this state of destruction not only will help the individual patient but will liberate their offspring from the grips of the syphilitic miasm for generations to come.

Remedies for primary syphilitic chancre: anan., ARS., ars-i., **asaf**, **aur**, aur-ar., **aur-m**, **aur-m-n**, **aur-s**, **carb-v**, **cinnb**, **cist**, cor-r., **crot-c**, cund., **fl-ac**, graph., **hep**, IOD., **kali-bi**, **kali-chl**, KALI-I., lac-c., **lach**, lyc., **MERC**, MERC-C., merc-cy., merc-d., **merc-i-r**, **merc-pr-r**, mez., NIT-AC., **petr**, PHYT., rumx., sang., **sars**, sil., **staph**, **still**, stram., **sulph**, **syph**, THUJ.

Remedies for secondary, tertiary, and latent syphilis: acon., aethi-a., aethi-m., agn., ail., allox., aln., am-c., anac., anag., **anan**, **ang**, ant-c., **ant-t**, **apis**, arg., **arg-i**, **arg-n**, arn., **ars**, ars-br., ARS-I., **ars-met**, **ars-s-f**, **asaf**, asar., **asc-t**, astra-e., AUR., **aur-ar**, aur-i., AUR-M., AUR-M-N., aur-s., bad., bapt., bell., benz-ac., berb., **berb-a**, buni-o., cadm., calc., calc-ar., calc-br., **calc-f**, **calc-i**, **calc-s**, **calo**, **carb-an**, carb-v., carc., **caust**, **cean**, **chim**, chin., chin-ar., chin-s., cho., chr-o., **cinnb**, clem., cob-n., **colch**, **con**, convo-s., cop., cor-r., **cory**, crot-h., cund., cupr., cupr-s., dam., ech., ery-a., eryth., eucal., euph., ferr., ferr-i., **fl-ac**, franc., gels., **graph**, **gua**, guai., ham., hecla., **hep**, hip-ac., **hippoz**, hit., ho., hydr., hydr., hypoth., iber., **iod**, **iris**, **jac**, jac-c., jatr., jug-r., **kali-ar**, **kali-bi**, kali-br., kali-c., **kali-chl**, KALI-I., KALI-S., **kalm**, **kreos**, **lac-c**, lac-d., **lach**, LAUR., **led**, lith-c., lon-c., **lyc**, maland., MERC., merc-aur., merc-br., MERC-C., **merc-d**, MERC-I-F., MERC-I-R., **merc-n**, merc-p., **merc-pr-r**, merc-tn., **mez**, mill., **mygal**, nat-i., nat-s., nep., NIT-AC., nux-v., ol-sant., osm., penic., perh., petr., petros., **ph-ac**, **phos**, PHYT., piloc., pitu-p., plat., **plat-m**, psor., pyrar., reser., rhod., thus-g., **sabad**, **sang**, **sars**, sec., sel., **sep**, SIL., spong., **staph**, stict., **STILL**., **sul-i**, **sulph**, SYPH., ter., thala., thiop., **thuj**, thymol., **thyrr**, ulm., vac., **viol-t**, xan.

Anagallis arvensis: The Greek name of the plant means to laugh out loud. It produces *great exhilaration and over activity of mind*. Great hilarity. Useful in primary or secondary syphilis. Skin itches all over, becomes dry and rough. Ulcers and swellings on joints. *Pains in joints going from place to place*. Syphilis with nosebleeds, deranged mind, pain in small of the back, and itching skin. Groups of small vesicles, smarting and itching, oozing yellowish-brown lymph, which soon turn into a scurf, new vesicles appearing beneath.

Arsenicum: A very deep acting remedy affecting every organ and tissue. All-prevailing anxiety, exhaustion and restlessness with nightly aggravation, are most

important. Burning pains. Sensation of swelling; as if boiling water were running beneath the skin. *Skin cold, blue, and dry as parchment, peeling off in large scales.* Cold sweat, pulse small, irregular, and frequent. Restless with extreme anxiety and fretfulness. Feels he has been poisoned and will surely die. He loathes life, and wants to die.

Screaming, with pains. Feels his whole insides are mortifying. *Anxiety, prostration, fear of death, and chilliness; the patient wanting to be covered warmly.* Thinks it useless to take medicine. Fear of death and disease, yet tired of living, worse night. Nervous, constantly moving about, restless to a degree, and very prone to take fright. *Fear of starvation or financial loss. Self-torture, pulls her hair, bites her nails, tears his own body.*

Degenerative changes. Destructive process. Putrid cadaveric odors. Nightly aggravations, especially after midnight, 2 am to 4 am.

Aurum: Frequently indicated in secondary syphilis and effects of mercury. Like for the victim of syphilis, mental states of great depression are produced by it. **Aurum** develops in the organism, by attacking the blood, glands, and bone. Conditions bearing striking resemblance to mercurial and syphilitic infections, deterioration of the bodily fluids and alterations in the tissues. There is a condition of *melancholy, hopelessness, profound depression, tendency to suicide, and longing for death.* Despondent and great desire to commit suicide. Every opportunity is sought for self-destruction. Persons who are low-spirited, lifeless, have a weak memory, yet sensitive to pain, which drives them to despair. *Sexual desire greatly increased.* Ulcers that attack the bones. Warts, scrofulous, syphilitic, mercurial. "Worse from sunset to sunrise" is a leading modality of **Aurum**. Exostosis, decay, nightly bone-pains, especially cranial, nasal, and palatine. Glands swollen in scrofulous subjects. Palpitations and congestions. Pain and swelling of testicles. *Chronic induration of the testicles.* Atrophy of testicles in boys. Epididymitis. Amenorrhea with great sadness. Infertility. In women a thick leucorrhreal discharge; profuse, and corroding, not offensive, white or yellowish, and invariably worse by walking. *Foul-smelling nasal discharge. Breath offensive.* Hypertrophy of the heart.

Berberis aquifolium: It has been used by eclectics in chronic syphilis, chronic skin diseases in scrofulous cachexia, and for removing pimples from the faces of girls. Cases of very advanced secondary syphilis. A remedy for the skin, chronic catarrhal affections. *It hepatic torpor, lassitude, and other evidences of incomplete metabolism. It stimulates all glands and improves nutrition.* Fetid breath. Blisters on the edge of the tongue. The keynotes are intense, pulsating headache in the forehead, nausea, vomiting, and pains in the bladder. Rheumatic pains in the joints of the hands and in the lumbar and sacral regions; worse at night. *Appearance of rashes, blisters, pustules, papules, and urticaria.* Unhappiness and depression, sometimes

coming on suddenly. Disinclined to move or do anything, dullness, and stupidity.

Calcarea fluorica: *In cases of congenital syphilis manifesting itself in ulceration of the mouth and throat, decay and necrosis with boring pains and heat in parts. Secondary syphilis. It is naturally found in the surface of bones, the enamel of teeth, in elastic tissues, and in the cells of the epidermis and so has affinity for alterations in these tissues.* A powerful tissue remedy for hard, stony glands, varicose veins, and malnutrition of bones. Syphilitic periosteal swelling. Periosteitis of lower jaw, ribs etc. Indurations of stony hardness; tonsils, tumors, neck after injury, margins of ulcers. Indurations threatening suppuration. Indolent, fistulous ulcers, secreting thick, yellow pus. Hard, elevated edges of ulcer, surrounding skin is purple and swollen. Discharges turn grass-green. Great depression. Indecision. *Groundless fear of financial loss. Fear of poverty.*

Clematis: Syphilitic taint and secondary syphilitic patients. A direct irritant of the skin producing inflammation and vesication. Foul ulcers, inveterate skin eruptions, syphilis, and rheumatism. *The external head (left), eyes, teeth (left), skin, urinary, and male sexual organs show the greatest number of symptoms.* Disturbances of sleep and neuralgic pains in various parts. Sensation as if fire were streaming from eyes. *Corroding eruptions, ending in flat, eating ulcers with thick crusts, and eczema; worse on the occiput and lower legs.* Indifference. Fear of being alone, but disinclined to meet even agreeable company.

Corydalis formosa: Specific relation of the manifestations of syphilis; primary chancre, secondary syphilitic nodes, falling of the hair, and syphilitic ulcerations of the scalp. Dry, scaly scabs on face of old people. Lymphatic glands swollen. Enlargement of liver and spleen. Obstinate skin diseases. Syphilitic and non-syphilitic ulcerations of fauces.

Echinacea: Secondary syphilis. *Conditions affecting the blood, immune system, skin, and mucous membranes.* Tendency to malignancy in acute and sub-acute disorders. Bad or weak blood. When boils progress to the stage where they appear about to discharge, then stop and do not suppurate. Foul discharges with emaciation and great debility. A corrector of the depravation of the body fluid. Anti-septic, anti-fermentative, and anti-zyomic. Tissue alterations as are exhibited in boils, carbuncles, abscesses, or glandular inflammations. Intense itching and burning of skin on neck. Little papules on skin with redness; feeling like nettles. Post-nasal catarrh with ulceration and fetor. *Gums recede and bleed easily.* Ulcerated sore throat. Mucus in throat with raw sensation. Blood flows after stools. Small red pimples on neck and face. Left hip and knee pains. Pain in right leg. Confused,

depressed, or crossed. *Becomes angry when corrected, does not wish to be contradicted.* Felt depressed and much out of sorts.

Fluoric acid: Destructiveness is the keynote of this acid. **Fl-ac.** produces *slow, deeply destructive effects, decay of long bones, ulcerations, bedsores, varicose veins.* Especially adapted to chronic diseases with syphilitic and mercurial history. Old cases of nightly fevers, coming on periodically. *Promotes the expulsion of the necrosed part.* Old scars, scars become redder and itch. Small red spots here and there, worse by warmth, better in cool place. *Red blotches on body that tend to desquamate.* Discharges are thin, foul, acrid, or salty; causing itching. Secondary syphilis. *Affects teeth and bones of upper jaw.* Chronic nasal catarrh with ulceration of the septum. Periosteal abscess. Profuse and sour offensive perspiration. Syphilitic tubercles. Numbness of the part not lain on in brain diseases and spinal disorders. Calcareous degeneration. Better from cold washing. *Aversion to his own family; to those loved best. Becomes interested and converses pleasantly with strangers.* Inability to realize responsibility. Depression of mind. *Stands on the street looking at women as they pass by; so great is his lust.*

Franciscaea uniflora: A Brazilian remedy of great local repute as an anti-syphilitic and anti-rheumatic. It is called “vegetable mercury.” In large doses it is a poison causing *violent purgation and emesis.* Intense headache like a band around the head, pain in occiput, neck, and spine. Pains are lancinating and sticking. *Terrible aching all over with great heat, followed by profuse sweat, which improves all symptoms.* Chronic stiffness of the muscles. Gonorrhreal rheumatism. Pericarditis with rheumatism. Rheumatic pains in feet and lower part of legs.

Guaiacum: Secondary syphilis. Unclean odor from whole body. Promotes suppuration of abscesses. Free foul, secretions, expectoration, sweat, etc. Burning heat in affected part. *Muscles and tendons are contracted resulting in pain. Pains often end in a stitch.* Bones become spongy or suppurate. Syphilitic sore throat. *Sharp stitches towards the ear on swallowing,* Cannot swallow without a drink. Burning in the throat. Very sensitive to touch and there is worse from heat. Rheumatism in syphilitic and mercurial patients. Progressive emaciation. Contraction of limbs, stiffness, and immobility. Muscles seem too short or feel sore. Short tendons. *Feeling that he must yawn, and stretch, with uneasy feeling in the whole body.* Stitches between scapulae to occiput. Contractive pain between scapulae. Tearing pains in skull. Sensation as if the brain were loose. *Strong desire to criticize and despise everything. Indolent, obstinate, and fretful. Dreams she would be stabbed with knives. Dreams of fights. Contemptuous and defiant. Morose mood, speaks little. Rigidity.*

Hepar sulphuris calcareum: Primary and secondary syphilis. The lesions spread by the formation of small papules around the side of the old lesions. Relieves the severe pain, favors the suppurative process and hastens the discharge. The higher potencies may abort the suppuration while the lower potencies promote it. If it is necessary to hasten it give in low potency frequently. *Catarrhal process with a tendency to hemorrhage and ulceration.* Thick, yellow, acrid, ropy discharge. Mucus is found in the stools in the urine. Hawks up mucus. *Great sensitiveness to all impressions.* Putrid ulcers. *Chilliness, hypersensitive, sharp, splinter-like pains, stabbing pains, and craving for sour and strong things.* Sensitiveness to noise, to odors. Irritable and angry, impulsive; feels inclined to kill any one who offends him.

Hoang-nan: *Improves nutrition generally, especially in constitutional syphilis.* Tetanic convulsions beginning in legs and spreading over body. Glandular disorders. Exhaustion with vertigo, numbness and tingling in hands and feet involuntary action of lower jaw. Pustules and boils, tertiary syphilis, paralysis, eczema, prurigo, and old ulcers. *Revives the healing process.* Follows well after **Arsenicum**. *Apathy. Lassitude indisposition to make mental effort.*

Hydrocotyle asiatica: The skin and the female generative organs are the chief seats of the drug's action, though the liver, the nerves, and the mucous membranes are also powerfully acted upon. Ulcerative, aphthous, and syphilitic conditions. *It produces hypertrophy and induration of connective tissue.* Curative in disorders that exhibit *interstitial inflammation and cellular proliferation in any part.* Copper colored eruptions in various places. *Sensations as if hot water ran through marrow of bones.* Saliva increased. Intolerable itching especially of soles. Weak concentration. Gloomy thoughts. Misanthropy. Inclination for solitude. Indifference. Gaiety and loquacity.

Juglans regina: Primary and secondary syphilis. Chancre. Eruptions. Chancre-like ulcers. Skin eruptions are prominent. Muscles relaxed. Scabs appear on arms and in axilla. *Inflammation of the axillary gland, preceding an eczematous itching condition.* Axillary symptoms proceed from right to left. Tearing in hollow teeth. Salivation. Many of the proving symptoms closely resemble syphilis. *Drawing and paralyzed feeling in legs and knees with weakness.* Flatulence and bloating of the abdomen. Exhaustion and disinclination for the usual business. *Over sensitivity to influences and ideas, heightened impressionability.* People in need of **Jug-r.** may show heightened sensitivity to radiation, such as coming from neon lights or computers. They may also overreact to smells and become nauseated easily, even seemingly harmless substances such as perfumes may give a headache or nausea. This remedy offers protection from being invaded. *Exaggerated attraction to sexual matters; even*

though it may just be mental preoccupation. Excited, as if intoxicated in the evening in bed and a feeling as if the head were floating in the air.

Mercurius: Hahnemann's typical anti-syphilitic remedy. It *transforms healthy cells into decrepit inflamed and necrotic wrecks*, and decomposes the blood producing a profound anemia. This malignant medicinal force is converted into useful life saving and life preserving service if employed homeopathically. Hereditary syphilitic manifestations, are within its range: *Abscesses, marasmus, snuffles, or destructive inflammations of bones.* Very often indicated in the secondary stage of syphilis when there is a febrile anemia, rheumatoid pains behind sternum, and around joints. *Ulceration of mouth and throat. Internal thermostatic mechanism is over functioning. Sensitive to heat and cold. First, there is a chill and then the person is too hot; covers come off and are put back on again.* Perspiration and salivation with an old sickly smell. **Mercurius** is homeopathic to depressed state of health where the *mind is impulsive and losing reason, and the body appears to be disintegrating.* *Affinity to the membranes and glands which become ulcerated and there is a tendency to form foul smelling pus. Speech difficult, because of a trembling tongue.* Metallic taste and a *fetid odor* from the mouth. Uncertain in his mental and physical behavior. *Hurried in speech. Stammering, nervous, with tremors.* Great anguish, restlessness is constantly changing from place to place. *Irresolution. Instability of ideas, which constantly drive away each other.* Moral dejection, with great listlessness, discouragement, and disgust to life. Disposition to be angry, to fly into a passion, great susceptibility, quarrelsome, mistrustful, and suspicious. Violent, horrid impulses, homicidal, suicidal. Raving. Cross-reference with other **Mercury salts** that may be more indicated depending on the particular symptoms.

Nitric acid: Primary syphilitic chancre and secondary syphilis. Is one of the chief antidotes of crude mercury and in cases of syphilis that have been overdosed with it. It has a marked *affinity for the margins of the outlets especially of the throat, anus, and mouth.* It treats conditions where the upper layers of the skin appear to be destroyed. *Blisters and ulcers in the mouth, on the tongue, and genitals, that bleed easily with sticking pains and pains as from splinters.* *Discharges are acrid, thin, dirty, or brown, that cause redness or destroy hair.* Ulcers with pains that zigzag, irregular edges, and the base looks like raw flesh. Pains, as if flesh is torn from the bones. Decay and exostoses of bones. As the nitric acid patient begins to improve skin symptoms may appear for a time, indicating a favorable indication. *Sticking pains. Anxiety about diseases. Fear of death. Constantly thinks about past troubles. Irritable, hateful, vindictive, and headstrong. Hopeless despair.* Sensitive to noise, pain, touch, and jarring. There is excitability, peevishness, irritable, and quarrelsome, with fits of rage and cursing. *Inveterate ill will, unmoved by apologies.*

Phytolacca: Acts on the whole glandular system. In addition, it has a powerful action upon the muscles of neck and back, fibrous tissue, tendons and joints, osseous tissues, periosteum, throat, digestive tract, and right side. *Glandular swellings with heat and inflammation.* Discharges are shreddy, stringy, stools, menses etc. *Hard and painful nodes.* *Syphilitic bone pains.* Secondary syphilis. High fever, alternating with chilliness and great prostration. Enlarged and painful cervical glands accompany the inflamed sore throats. *Aching*, all over the body, sudden, in the eyeballs, kidneys, neck, shoulders, back, forearms, and below the knees. *Worse exposure to damp cold weather or changes of weather, when it rains.* Sore throat. Dark red or bluish-red tonsils. *Shooting pain into ears on swallowing.* *Cannot swallow even water.* Syphilitic rheumatism. Ulceration. Indifferent to life. Great fear, she is sure she will die. Disgust for business. Loss of personal delicacy, complete shamelessness, and indifference to exposure of her person.

Platina: Affects the nerves, vagus, sensory, and trifacial, causing violent cramping, squeezing, thrusting, or numbing pains, and then spasms. Spasms alternate with dyspnea. Pains increase and decrease gradually. Strong tendency to paralysis, anesthesia, localized numbness, and coldness. Alternating symptoms. Hemorrhages with black clots. Distortion of the muscles of the face. As if she were constantly growing longer and longer. *Tonic and clonic spasms*, with laughter. Contortions of limbs, epilepsy, catalepsy, and excessive sexual desire. *Alternate mental and physical, or sexual symptoms. Oversensitive mind, emotions, and nerves. Haughty and arrogant* with a contempt for others. *Degradation of self. Urge to destroy oneself and others.* Weary to death. With a feeling of boredom. Looks on the black side of things.

Stillingia sylvatica: A popular remedy for syphilis. The **Still.** proving shows an action closely parallel with that of syphilis, attacking the genito-urinary organs, throat, pharynx, larynx and trachea, mouth, head, and bones. Pustular eruptions. Chronic periosteal rheumatism, syphilitic and scrofulous disorders. Bone diseases. Sore throat. Hoarseness and chronic laryngeal disorders of public speakers. Heat in mouth and fauces. Taste salty, bitter in morning. Increased flow of saliva. Syphilitic cough of the hoarse, barking type. Necrosis of bones of nose. Ulcers, chronic eruptions on hands and fingers. Enlarged cervical glands. Persistent dull headache in vertex. Legs, and feet feel tired and his feet feel sore. **Still.** attacks the periosteum and produces pain in the bone. Sharp darting pains in right occipital protuberance. Pain in the cranial bones and the headaches of syphilis. Gloomy forebodings, depressed. Fear that something bad will happen. The patient, a man, suffered extreme torture from bone pains. After receiving **Still.** he slept well. The immense nodes disappeared from head and legs and "from the most deplorable, down-hearted,

sometimes almost raving from derangement, miserable, thin-looking object, he changed into a buoyant, joking, rotund-looking fellow."

Syphilinum: The nosode is frequently used to great advantage as inter-current remedy in the course of treatment in chronic disease, prior to, or following the apparently indicated remedy when the patient's response to that remedy is feeble or nil. Primary, secondary, and tertiary syphilis. Congenital syphilis. The leading features of the disease are the keynotes for the use of the remedy. First in importance is the *night aggravates, impossible to sleep*. Nightly aggravation of complaints with extreme mental and physical restlessness together with intense irritability. Especially when there is hereditary tendency to alcoholism. Delicate children. Syphilitics or patients who have had chancre treated by local means and as a result have suffered from throat and skin troubles for years. *Affects the nerves, mucous membranes, and bones*. Utter prostration and debility in the morning. Sweats at night with exhaustion. *Ulceration of mouth, nose, genitals, and skin*. Succession of abscesses. Foul or green pus. *Abscesses, mouth ulcerated, neuralgias, and decay of the spine*. Tongue cracked and ulcerated. Falling of the hair. *Linear headaches, beginning in the front and extending backwards on both sides in parallel lines*. *Symmetric skin eruptions*. A seething feeling as if hot water or hot oil running through all veins of the body, all night long. Aversion to company. Sad and lamenting. *Hopeless, thinks he will never get better*. Antisocial. Apathetic. Horrid depression. *Feels he is going insane or is becoming paralyzed*. Very nervous, laughs or weeps without cause. Does not want to be soothed. Insanity. *Always washing the hands*. *Impulse to wash the hands*.

Thallium: Secondary and tertiary syphilis. General emaciation with a lack of strength. Most horrible, neuralgic, spasmotic, shooting pains. Inflammation of the brain with periodic paralysis of the cranial nerves. Profuse falling of the hair following acute and exhausting diseases. Loss of body hair and hair of the head. Loss of hair in pubes, axillary, eyebrows, and lashes. Pain in stomach and bowels like electric shocks. Muscular pains. Trembling. *Discomforts are of a periodic nature, recurring in strength, at the same hour, and then disappearing again*. Salivation. Speech difficult. Eruptions, pustules, and rashes. Confusion, delirium, desire to fight, violence, and rage. *Loss of memory. Makes up stories to fill memory gaps. Feeling of being attacked, hunted, and poisoned*.

Notes:

AIDS/HIV

AIDS is an acronym for the term Acquired Immune Deficiency Syndrome. AIDS is believed to have developed as a result of the virus called the *Human Immunodeficiency Virus* (HIV). The source of the virus is unknown. While rare sporadic case reports of AIDS and sero-archaeological studies (historical studies of blood serum) have documented human infections with HIV prior to 1970, available data suggest that the current pandemic of HIV/AIDS started in the mid to late 1970's. By 1980 HIV had spread to at least five continents (North America, South America, Europe, Africa, and Australia). During this period the spread of the disease was unchecked by awareness or any preventive action. Approximately 100,000 to 300,000 persons may have been infected with HIV during this time.⁴² In the early 1980's several cases of Kaposi's sarcoma (KS) (a rare form of relatively benign cancer that tends to occur in older people), had occurred amongst young gay men in New York. At about the same time there was an increase in both California and New York, in the number of cases of a rare lung infection, pneumocystis carinii pneumonia (PCP). These occurrences were unusual and so began the study in understanding the development of this new disease.

Since that time, every year the number of people infected with HIV/AIDS has continued to rise at a steady and alarming rate. The number of deaths resulting from AIDS increases at a similar rate. In Africa, specifically the sub-Saharan region, levels of HIV/AIDS remain high and continue to rise. In 2003, the HIV/AIDS epidemic killed more than 3 million people and 5 million more acquired the HIV virus. This brings the total worldwide to 40 million people known to be living with AIDS.⁴²

At the end of 2003 an estimated 1,039,000 to 1,185,000 persons in the United States were living with HIV/AIDS, with 24-27% undiagnosed and unaware of their HIV infection.¹⁸ Each year, there are about 40,000 new infections. Of these, about 70% are among men and 30% among women.⁴¹

HIV is found in varying concentrations in blood, semen, vaginal fluid, breast milk, saliva, and tears. HIV is unable to reproduce outside its living host except under laboratory

conditions; therefore, it does not spread or maintain its infectiousness outside its host. HIV is transmitted from blood to blood contact.

Risk factors for HIV infection include:

- Sexual contact with an infected sexual partner that includes exchange of semen or vaginal secretions.
- Intravenous drug use that includes exchange of the needle with an infected person.
- Recipients of blood transfusions or blood components.
- Exposure of a cut or abrasion to the blood of an infected person in a medical setting.
- Vaginal births to an HIV-positive mother.
- Anal sex has the highest incidence of transmission as the mucous membranes of the rectum are more liable to tear than any other mucous membrane causing an opening for direct entrance of the virus.

Once inside the blood HIV attaches itself to a receptor site on the outer membrane of CD4+ T cells (white blood cells): the virus infects the cell by interacting with a CD4+ protein to gain entry. CD4+ cells are also called T-lymphocytes, T-cells, or T-helper cells. They belong to group of white blood cells that play a central role in cell-mediated immunity, a normal part of immune system function. Helper T cells are the “middlemen” of the adaptive immune system (the part of the immune system that regulates immune system response). Once activated by an antigen, CD4+ cells divide rapidly and secrete small proteins called cytokines that regulate immune system responses from other aspects of the immune system. Infection with HIV inhibits this regulatory part of the immune system.

As the virus becomes part of the CD4+ cells when the cells multiply to fight an infection they also make more copies of HIV. When the viruses are released into the blood, the CD4+ cells are destroyed. The immune system does make antibodies specific to HIV to inhibit the infection. However, as the body gradually loses the ability to produce enough CD4+ cells to replace the number that are being destroyed by HIV replication, and as the CD4+ cells are needed to stimulate antibody production in other cells, it becomes more difficult to fight HIV and other infections. There are millions of different families of T-cells. Each family of T-cells is designed to fight a specific type of germ. When HIV reduces the number of T-cells, some of these families can be entirely wiped out. The immune system loses the ability to fight off the particular germs those families were designed for. Once the immune system is no longer able to fight off infections the person is considered to have AIDS.

The time from HIV infection to the development of AIDS varies from person to person and is dependent on many factors including a person's health status and their health-related behaviors. Although the scientific evidence is overwhelming and compelling that HIV is the cause of AIDS, the disease process is still not yet completely understood. Without medication within 10 years of HIV infection AIDS usually develops.

Early symptomatic HIV infection is the first stage of viral infection. The first symptoms of HIV infection resemble symptoms of the common cold or flu. The symptoms of early infection can also be similar to the symptoms of other sexually transmitted diseases and other infections such as mononucleosis or hepatitis, which are more commonly and easily transmitted than HIV. Stress and anxiety can also produce symptoms similar to HIV infection even though HIV is not present. The onset of these symptoms signals HIV infection but are not the development of AIDS (which involves more life-threatening infections).

Some people who contract HIV experience very strong symptoms, while others experience none at all. Symptoms include fever, fatigue, and often rashes. Other common symptoms can include headache, swollen lymph nodes, and sore throat. These symptoms can occur within days or weeks of the initial exposure to the virus during a period called primary or acute HIV infection.

Other symptoms of initial HIV infection include:

- Rapid weight loss.
- Dry cough.
- Recurring fever or profuse night sweat.
- Profound and unexplained fatigue.
- Swollen lymph glands in the armpits, groin, or neck.
- Diarrhea that lasts for more than a week.
- White spots or unusual blemishes on the tongue, in the mouth, or in the throat.
- Pneumonia.
- Red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids.
- Memory loss, depression, and other neurological disorders.

Because symptoms associated with acute HIV infection are nonspecific, they are not a reliable way to diagnose HIV infection. HIV ELISA/Western Blot is a set of screening

blood tests used in the diagnosis of chronic infection with HIV. Testing for HIV antibodies with the ELISA test is the only way to know whether you have been infected; however, the HIV antibody test only works after the infected person's immune system develops antibodies to HIV. During the window period between the initial infection and when antibodies are detectable (which can be from two weeks to six months, but is usually three months), standard HIV testing is ineffective. Negative tests do not necessarily rule out HIV infection. Therefore, early HIV infection often results in a negative test; a person can develop the above symptoms without being able to accurately determine if they are HIV positive.

If the ELISA test is positive, it must be confirmed with a second test called the Western Blot, which is more specific and will confirm if someone is truly HIV positive (there are other conditions that may inaccurately produce a positive ELISA test result, including lupus, Lyme disease, and syphilis). If a person is suspected of having acute or primary HIV infection, and of being in the "window period," negative HIV ELISA and Western Blot test do not rule out HIV infection. Additional testing for HIV viral load may need to be performed. While awaiting test results precautionary measures must be taken to avoid transmission of the disease to others.

HIV positive persons will undergo other tests to evaluate their level of immunity and prognosis. These tests are as follows:

- CD4+ lymphocyte count: CD4+ counts are compared to the viral load of HIV to estimate how long someone will stay healthy. CD4+ counts are also used to indicate when to start certain types of drug therapy.
- Complete blood count (CBC) and White blood count (WBC): less than 4,000 indicates the development of AIDS.
- Platelet count: less than 100,000 indicates immune system damage.
- Skin test anergy: used to test for infection or immune function where a pathogen is injected into the skin to illicit a response. No response indicates lower immune function.

After the primary or acute infection is over most people do not experience any visible symptoms for another eight to ten years. During this time the person is considered infectious and will pass on the disease if they partake in any of the high-risk behavior associated with the transmission of HIV. Left untreated the immune system becomes increasingly weaker and the disease progresses to AIDS. The next symptoms experienced by

individuals infected with the virus are often associated with opportunistic infections such as pneumonia, tuberculosis, and the development of malignant cancers.

A list of potential opportunistic infections follows:

- Mouth disorders
 - Oral hairy leukoplakia of the tongue: a pre-cancerous condition marked by elongation of the taste buds, and is due to the presence of the Epstein-Barr virus.
 - Oral thrush: caused by the fungus *Candida albicans*, producing a white coating on the tongue and ulcers in the mouth.
 - Gingivitis: inflammation of the gums.
 - Canker sores and aphthae: ulcers in the mouth resulting from immune system depression.
- Skin disorders
 - Seborrheic dermatitis: a skin condition that causes flaky, white to yellowish scales to form on oily areas of the skin.
 - Molluscum contagiosum: a viral condition that appears as smooth, round, pearly lumps, with cores in the middle. It is passed from one person to another by direct skin-to-skin contact, including through sexual intercourse (anal, vaginal, and oral).
 - Chronic dermatophyte infection: fungal infections of the skin or nails.
 - *Mycobacterium marinum* infection: a bacterial skin disease caused by a bacterium related to tuberculosis.
 - Recurrent herpes zoster: herpes infection that occurs over a very small patch of skin, also known as shingles.
- Bacterial pneumonia.
- Infection with other viruses including: *Herpes Simplex Virus* type 1 and 2, *Epstein-Barr virus*, *Varicella-zoster virus*, and *Human papillomavirus*.
- Toxoplasmosis: a parasitical infection of the intestines caused by *Toxoplasma gondii* producing swollen lymph glands, or muscle aches.
- Joint pain.
- Peripheral neuropathy: damage to peripheral nerves resulting in pain, numbness, tingling, and pins and needles sensations.
- Cervical dysplasia: pre-cancerous cells of the cervix.
- Idiopathic thrombocytopenic purpura: unknown development of loss of platelets in the blood resulting in bruising.

- Kaposi's sarcoma (KS): a type of cancer, more frequently developed in men, which leads to swelling or breakdown of the skin. KS growths (called lesions or tumors), develop in a wide range of colors from pink to red-violet, to brown or blue.
- Pneumocystis carinii pneumonia (PCP): a parasitical or fungal infection of the lungs, lymph nodes, spleen, liver, or bone marrow that only occurs in those with compromised immune systems.
- Malignant lymphoma: Cancerous diseases of the lymphatic system that grow rapidly and aggressively, and lead to death within a few weeks or months.

Vaccination and Treatment

There are currently no vaccines available for HIV/AIDS. The best prevention is to eliminate avenues of contagion through behavioral changes. The focus of conventional treatment of HIV infection is to reduce blood levels of HIV through inhibiting viral replication with antiviral medications termed Highly Active Anti-Retroviral Therapy (HAART). As the number of HIV particles in the blood-stream is reduced the CD4+ count can increase which can dramatically improve the length and quality of life for people infected with HIV and delay the onset of AIDS.

There are over 140 different types of drugs from several different drug classes used for the treatment of HIV and AIDS. These drugs range from antiviral, anti-cancerous, antifungals, and antibiotics to immune system stimulators. Efficacy of the treatments for conditions associated with early symptomatic HIV disease is variable with some infections and disease processes being more readily treatable. There is a multitude of side-effects of most of these drugs.

Although people on HAART have suppressed levels of HIV they can still transmit the virus to others through sexual contact or needle sharing. HAART is not a cure for HIV but the treatment slows disease progression and may strengthen the immune system.

Homeopathic Treatment and Prevention

The study of AIDS raises many questions about the nature of the immune system. HIV/AIDS is a relatively new infectious contagious disease that has reached epidemic proportions globally. Its complete nature and implications for humanity are not yet fully understood. Correspondingly, the avenue to take in homeopathic treatment is not yet fully

developed. However, with the judicial application of homeopathic remedies according to homeopathic principles and the presentation of symptoms in the infected person we do have an opportunity to make an impact.

From a miasmatic perspective, it looks like the complicated disease state of AIDS has developed a new miasmatic condition that shares attributes common to the syphilitic, tubercular, and cancer miasms. Etiological factors categorize this disease as a venereal disease while symptomology of acute HIV infection looks more tubercular. Beyond the gross physical manifestations of the disease its psychological impact on society and those infected has been enormous.

Susan Sontag in her essay Illness as Metaphor describes how this venereal disease with tubercular and cancerous manifestations has taken on a deeper metaphoric meaning that goes far beyond its physical manifestation, both in the individual and in society. As soon as AIDS' presence became known, it joined the plethora of metaphoric illnesses as it infects the world. Its presence causes horror, revulsion, moral outrage, and fear. Accordingly, homeopathic treatment for AIDS must include a resolution to this mental and emotional experience.

It is too early to tell if we can treat this disease like a collective epidemic with a *Genus Epidemicus* or if each case must be treated individually. As AIDS develops depending on the susceptibility of the individual it manifests with many different diseases. Is there a single remedy that can treat all the different morphological expressions of the disease? Is there a miasmatic remedy that corresponds to the complicated nature of AIDS? Or must we place our attention on the treatment of the individual diseases as they pass through the person and the underlying health of the immune system?

Reference to the chapters of **Pneumonia, Mononucleosis, Herpes, Genital warts, Syphilis, Hepatitis, or Tuberculosis** will direct the treatment for these conditions as they present. Reference to other homeopathic literature is necessary for the treatment of some of the other manifestations of AIDS such as diarrhea, intestinal parasites, canker sores, skin infections, neurological disturbances, cancer, etc.

The goal of homeopathic treatment is to help improve immune system function rather than the removal of the virus through the suppression of viral replication. Early treatment of the feverish symptoms of HIV infection includes those remedies listed in **Mononucleosis**,

Tuberculosis, Influenza, and Pneumonia as the symptoms of these conditions are similar in presentation to those of acute HIV infection.

Continued constitutional treatment aimed at clearing the miasmatic tendencies as they present themselves is recommended to avoid the development of AIDS. One must also look at the possible history of vaccinations and antibiotic use to determine if these have played a part in the demise of the immune system.

Some authorities recommend treating with the use of the **AIDS** nosode as an inter-current remedy to homeopathically selected remedies (see the **AIDS** remedy description following). Alternatively, an auto-nosode made from the patient's own blood can be used as an inter-current remedy (see **Chapter 1** discussion on **Potency**).

Around the world, small groups of individuals are studying the effectiveness of Homeopathy for the treatment of AIDS; some of these studies are excerpted here:

- Homeopathic medicines have been found to be effective in checking the growth of certain infections in HIV positive patients by improving their immune system.³²
- In a study carried out on 100 patients in terminal stages of AIDS, homeopathic medicines proved useful in improving or maintaining immune systems of about 50% of the people, Dr. Nirupama Mishra, Research Officer at the Regional Research Institute for Homeopathy in Mumbai reported. It was observed in some of the cases that in spite of having a low CD4+ count, patients showed a general well-being as opportunistic infections remained absent.³²
- Studies showed homeopathic drugs were effective in treating various viral infections such as influenza, mumps, measles, and chicken pox, but the therapeutic efficacy in retroviral infections needs to be further evaluated. However, as the remedies could not cure the disease, the patients needed to be on a healthy diet to develop resistance to infections.³²
- The British Homeopathic Journal reported a trial in HIV infection in 1999. The study aimed to evaluate the role of homeopathic remedies on the immune status in 100 HIV positive individuals. The CD4+ and CD8+ve lymphocyte counts were monitored after homeopathic treatment, and where compared with placebo over a six-month period. There were significant increases in both lymphocyte counts in symptomatic AIDS patients after homeopathic treatment. No improvements were seen in the asymptomatic or placebo groups.³³

- At Lyon University Hospital a pilot study was conducted with 75 HIV and/or Hepatitis C (HCV) patients with a combination of homeopathic and orthodox antiviral treatment. Orthodox antiviral medicines induce well-known and unknown side-effects due to individual variation of reactions to the drugs. The study concluded that a synergy exists between the two therapies; anti-viral drugs reduced viral load while non-toxic homeopathic remedies improved the patients' quality of life by treating symptoms not related to the viral disease.³³
- A study on the immunological status of 34 HIV+ patients after six months of individualized homeopathic treatment revealed 23 (67%) of the 34 subjects' immune profiles improved. 13 patients experienced a 0-10% increase in CD4+ lymphocytes (a higher number of CD4+ lymphocytes suggests a stronger immune response) and 10 patients experienced a greater than 10% increase. Because there is a tendency for people with HIV to have continually decreasing CD4+ lymphocytes this study suggests that homeopathic medicines provided a benefit to the subjects.⁴³
- A San Francisco Bay Area homeopath Lawrence Badgley, MD, reported in a six-month study of 36 patients with AIDS or HIV whom he treated with homeopathy and other natural medicines. He observed a 13% increase in T4 helper cells and an average weight gain of two pounds. AIDS tends to have increasingly degenerating effects on the body. This relative improvement in the immune profile and weight gain seems to be rarely experienced under conventional medical treatment.⁴³
- Alan Levine, MD, a San Francisco physician who integrates homeopathic and other natural medicines with occasional prescription of conventional drugs, has one patient who was so sick with AIDS that he developed dementia (a state of mental deterioration that tends to occur in late stages of AIDS). This patient refused all conventional drugs from Dr. Levine and from all other physicians. Using only homeopathic medicines, acupuncture, and herbs, the patient is now very healthy, has no signs of dementia, and has not had a single opportunistic infection in several years.⁴³

AIDS represents the most extreme form of immune system break down. This progression of disease from an acute manifestation to chronicity and ultimate demise is much like the progression of hepatitis A to hepatitis C (as discussed in **Hepatitis**), or any other disease that is relatively benign but in some people develops to become life-threatening . The difference between these examples is the amount of time it takes for the disease to progress from point A to point B.

Correspondingly, the time it takes for homeopathic treatment to be effective is relative to the speed and velocity of the progression of the disease. I.e. sudden acute diseases will respond very quickly to the correct remedy, while those diseases of slow yet grave manifestations will respond very slowly.

In an individual case one must ask whether the vital force has the strength and time necessary for treatment to take effect. Accordingly, homeopathic treatment started early after infection with HIV will have more chance to make an effect on the development of AIDS than treatment started when the person is on their deathbed.

With the development of AIDS the infected individual becomes a virtual petrie dish upon which bacterial, fungal, viral, and parasitical life forms take residence. Accordingly, many adjunctive therapies will change the host's pH environment and support the various systems in the body thus reducing the invasion of pathogens while keeping the body in better health. Some of these therapies are listed below:

- Bacteria and fungus like to grow in environments that are acidic in nature. Alkalizing the body will help prevent the growth of these pathogens. Refer to acid and basic food tables to develop an appropriate diet. Refined foods, alcohol consumption, caffeine, processed meats, stress, and tobacco products produce a more alkaline environment.
- Parasites like to live in an environment rich in phenols. Household products containing alcohol and methyl derivatives, vaccinations, and foods with preservatives contain phenols.
- Yeasts and fungi grow in sugar rich environments. Elimination of sugar and refined carbohydrates will reduce fungal blooms.
- Supplementation of the amino acid L-lysine is effective against herpes by improving the balance of nutrients that reduce viral growth.
- Dental toxins such as amalgam fillings produce a more alkaline environment and promote yeast growth. Remove these fillings and replace with porcelain.
- As most antibiotics are a variety of fungus their continued use will increase displacement of natural bacteria while introducing fungi that can become pathogenic.
- Daily use of acidophilus or other full spectrum probiotic supplements will help maintain a normal bacteria population. Populations of healthy bacteria help defend the body against pathological bacteria.
- Bovine colostrum can dramatically increase immune system activity to help keep the HIV virus at bay and support CD4+ cellular replication and other immune system

functions. Colostrum has been shown to stimulate and regulate many other aspects of the immune system including taking over some of the activities the CD4+ cells manage.

- Liver and kidney cleansing ensures higher functioning of those organs so they can remove toxins from the body more efficiently.
- Colon cleansing programs are recommended to detoxify the body and remove parasites improving overall health and nutritional absorption.
- Nutritional herbs support and sustain organ systems.
- Chinese herbs.
- Meditation, laughing, and connecting with Spirit will support a state of well-being.
- Good food, clean air, water, exercise, and plenty of rest will help sustain a healthy body.

The mental and emotional considerations of AIDS are of significance. Originally it was considered a gay men's disease as homosexuals were the first cases to be documented.

Correspondingly, a certain level of immorality was associated with the disease. Many people were outcast and ostracized because the disease must implicate moral depravity. Speculative theories on the government's involvement of the passage of the HIV virus with the polio vaccine during the 1950's and 1960's are worth considering (see **Polio**). The conspiracy theories of AIDS as a manifestation of science intended to annihilate certain sectors of the population produces a state of paranoia, mistrust, and persecution. Religious factions see AIDS a result of the ultimate sin; sodomization.

At the root of homeopathic philosophy is the understanding that symptoms are a manifestation of an inner disturbance. These symptoms serve a purpose in keeping balance to the whole while sacrificing the least part necessary in order to maintain balance (see **Syphilis**). This principle is as real for the health of individuals as it is for the health of humanity and the planet we live on. Removal of the symptoms without correcting the imbalance will only lead to the expression of symptoms somewhere else - in another organ system -- in another group of people - or in another part of the earth. Symptoms are an expression of the innate intelligence in the laws of nature. Therefore, the symptoms must be respected for the purpose they serve. In the largest sense what aspect of human existence is the expression of AIDS serving? (See **Chapter 4**)

To answer the question of what AIDS is trying to tell us we must first ask what has the development of AIDS done for humanity? AIDS has forced scientists to study the immune system further. Despite the conventional view held by modern medicine, the immune system

is little understood. Study into the material presented in this book reveals that modern science is unaware of the damage it is causing with the use of vaccination. Scientists and doctors alike have yet to acknowledge the presence and functioning of the vital force's role in maintaining the auto-regulatory function of the human body. The focus of conventional medicine is aimed at the removal of the pathogen, rather than at the increase of health which is governed by the vital force. Correspondingly, doctors are unaware of the damage they are doing with nearly every form of suppressive treatment they use. While they may be able to abate disease presentations in the short run, is the expense of an increasingly higher percentage of lives with grosser manifestations of disease worth it in the long run? Is AIDS an evolutionary result of this misguided science?

Suppression of one disease only leads to the development of a more complex disease. Is AIDS an expression of the suppression of other infectious contagious diseases? What implication does the pervasive use of antibiotics, vaccinations, immunosuppressants, and suppressive physiological treatments with psychotropic meds, etc., have to do with the development of AIDS? Furthermore, is the cure for AIDS going to be found in antiviral medications that suppress DNA replication of every cell in the body?

What purpose of AIDS can we glean in its relationship to humanity? The result of the epidemic of AIDS has been to bring people closer together. It has helped reduce the lines of demarcation between sexual orientation, economic status, race, nationality, and age.

Understanding the avenue of contagion has enabled humans to figure out how to be able to have love and compassion for another person despite the potential risk of infection and eventual demise. Humanitarian concerns have forced a re-evaluation of outdated political power structures that benefit one level of the population at the expense of another. Is AIDS a manifestation of the need for humans to figure out how to live in harmony, to care for and love ourselves, each other, and the mother earth? Does the development of AIDS correlate to the level of destruction humans have imposed upon the planet earth?

As more and more people become infected and affected by AIDS we see a loss of self, helplessness, and a sensation of isolation. This comes on two levels; the first is seen in the loss of the immune system. The individual becomes unable to defend himself in the onslaught of even mild disease. The second is the loss of importance of the individual in relation to the level of responsibility society takes concerning their well-being. The result of which leaves an individual feeling alone, repulsed, victimized, persecuted, and helpless in their defense.

The work for homeopaths is to figure out which homeopathic remedy(s) corresponds to these expressions. Treatment must be aimed at correcting the imbalance that produces the symptoms rather than at the symptoms. Here the perspective may need to be from a larger point of view than just the individual.

Below are descriptions of various remedies that relate to different aspects of acute HIV infection. Remedies to consider are **Aconite**, **Arsenicum**, **Baptisia**, **Causticum**, **Ferrum phosphoricum**, **Gelsemium**, **Phosphoric acid**, **Phytolacca**, or **Tuberculinum**. Each of these remedies has a relative affinity to febrile conditions, glandular swellings, and night sweats. Curative action in HIV infection includes increased fever for a short amount of time with a reduction in the other symptoms.

Other remedies described below are for conditions that arise with the development of AIDS and address the larger constitutional picture. Potency selection is according to the health of the individual, the length of time they have been sick, and the relative import of maintaining causes. Often after a homeopathic remedy is given in advanced cases the person will develop a fever. This is considered a good sign and indicates an increase in immune system activity. Improved health is soon to follow (see **Chapter 2**). In advanced cases homeopathic treatment, in addition to conjunctive therapies, must be continued for months to years in order to achieve results and to maintain health. Despite the offerings of a few remedies below, this level of prolonged treatment is termed constitutional treatment for chronic disease and is beyond the scope of this book.

Remedies: acet-ac., **acon.**, **AIDS**, **ARS.**, ars-i., bapt., bor., **CARC.**, caust., **echi**, **ferr-p.**, **gels.**, lyc., **MED.**, **MERC.**, nat-mur., ph-ac., **phos.**, phyto., puls., pyrog., sil., sulph., **syph.**, **THUJ.**, **tub.**, x-ray.

Acetic acid: Especially indicated in pale, lean persons with lax and flabby muscles. The keynotes of **Acetic acid** are waxy, pale skin, anemia and a severe waterbrash (acid reflux). *Intense thirst, burning in throat, nausea, retching, and sour rising as met with in cases of cancer and debility.* Irritable and worried about business affairs. Grieves about his sickness and the children. *Grieves much and sighs often. Horrible attacks of anxiety with difficult breathing.* Emaciation and debility. **Acetic acid** has the power to liquefy albuminous and fibrinous deposits. Dissolves cancer cells. *Sycosis with nodules and formations in the joints. Hard chancres.* Prevents decomposition of animal matter. *Profuse exhausting diarrhea. Wasting away with great emaciation.* It corresponds to putrid and hectic fevers with drenching night sweats. Equal parts of vinegar (acetic acid) and hot water make a refreshing sponge-bath for many

conditions of fever, with or without perspiration. A plump and blooming young woman took a small glass daily to reduce size. She soon lost flesh and color. In a month, cough set in with white concocted phlegm, fever. Dyspnea, night sweats, anorexia, dropsy, diarrhea, and ultimately death. After death the lungs were found stuffed with non-suppurating tubercles. Anemia, fevers, skin cancer, stomach cancer, and tuberculosis.

Aconite: Aconite is a very poisonous herb, therefore useful in cases that seem to have been poisoned. *Useful at the initiation of infections, initial inflammatory symptoms of fever and swollen glands.* A state of fear, anxiety, anguish of mind and body. Restlessness; physical and mental. *Fears death and believes that he will soon die;* predicts the day. Delirium and fever is characterized by anxiety, worry, fear, and desperation. Restlessness and tossing about. Anthropophobia. Misanthropy. Fear of going to doctors. Most valuable febrifuge with mental anguish and restlessness. Sweat profuse and wants to uncover. Cold waves pass through him. *The rapidity of action of Aconite determines its appropriateness for conditions in which the symptoms set in with great intensity, such as influenza, certain fevers, and acute inflammations.* Useful for convulsions, dysentery, high fevers, gonorrhea, jaundice, pneumonia, tuberculosis, vaccinal effects.

AIDS: A nosode made from the blood of a person in the last stages of AIDS. In the proving of **AIDS**, the dreams were a particularly strong indicator of the essence of the remedy. *Extravagance in behavior and in buildings, a sense of suspicion and being under attack, a concern for the welfare of animals and children and restlessness* were all themes that came through clearly in both the provers' dreams and the feelings and symptoms they experienced after taking the remedy.⁴⁵

Although promiscuous homosexuality is by no means the story of even the majority of those who get AIDS, it has become part of the spirit of the disease. The feeling of *being an outcast, a person who breaks the taboos of anal sex and so courts the third taboo of death, such is a person who can never be accepted by the rest of society.* This feeling is absolutely central to the disease picture of the **AIDS** nosode. The AIDS patient often feels that he is abandoned by society and his illness is being ignored. That he or she is an outcast of society, that they are only safe in their own house where they can pull the curtains and create their own culture. When they leave the safety of their house they are defenseless and any attack becomes major, just as for the AIDS patient any disease or infection becomes life threatening.⁴⁵

One prover had his blood analyzed before and after taking the remedy. Prior to the proving his erythrocytes (red blood cells) were normal in shape, size and distribution; the day after taking the remedy his blood demonstrated the unusual phenomena of anisocytosis (distortion in the size of erythrocytes), and poikilocytosis (distortions in the shape of erythrocytes).⁴⁵ These findings demonstrate the possibilities in helping to restore pathological changes in the blood of those infected.

Arsenicum: A very deep acting remedy affecting every organ and tissue. Useful in HIV infection and in the progression of AIDS. *All-prevailing anxiety, exhaustion, and restlessness with nightly aggravation, are most important.* Fear, fright, and worry. Useful in many cases that have gone towards chronicity. Dying patients. Cancer pains. *The prostration seems to be out of proportion to the rest of his illness.* Anemia and chlorosis. Low vitality. Putrid cadaveric odors. Emaciation. Gradual loss of weight. Chilliness with burning pains. *Anxious; must sit up. Fastidious, upset about disorder, dirt, germs. Despair of recovery. Thinks it useless to take medicine. He despairs and weeps, and imagines that no one can help him, and that he must die.* When alone he thinks about disease, which he cannot dispel from his mind. Fear of death and disease, yet tired of living, worse night. *Fear of starvation or financial loss.* Fear of being left alone. Suicidal impulses, mania. Piteous complaining and anxiety about his health. *Begs to be killed to relieve his pains.* Useful for abscesses, anemia, aphthae, blood diseases, cancers, diarrhea, eruptions, fevers, gangrene, glandular swellings, herpes, jaundice, lung disorders, miliary eruptions, pneumonia, tongue disorders, and vomiting.

Borax: Aphthous mouth ulcers of the mucous membranes. Fears downward motion. *Fear of being infected by some contagious disease.* Fear of thunder. Sensitive to sudden noises. Starts or frightened at every noise or sudden noise or at trifles. Fault finding. Does not wish to do anything. Changes from one business to another, from one room to another. Disposition to be angry, with ill humor and passion. Becomes vehement and swears. Thrush. Herpes of the mouth. Salivation, nausea, vomiting, colic, diarrhea, and collapse. General emaciation. Marasmus. Skin and mucous membranes shriveled. Parts which are usually red turn white. Heat in the evening in bed with shivering on being the least bit uncovered. Aphthae with diarrhea. Herpes simplex, herpes zoster, screaming, syphilitic sore throats, thrush, trichinosis, and ulcers.

Carcinosin: Can be used as an inter-current remedy or from its own indications. *Indicated in constantly changing symptoms and states. Contradictory and alternating states.* At night the patient is wide-awake with chronic insomnia. *Multiple allergies and chronic fatigue.* Excessive weariness and fatigue. Never well since mononucleosis, or pneumonia. *Anxiety of what might happen.*

Passionate people who over-extend themselves. Sympathetic. Desire for travel. History of emotional suppression and deep guilty feelings. Desires dancing and music. Fears about health. Fear of getting cancer. Over extension of the inner reserves. Aversion to and ailments from reprimand or contradiction. Masturbation. Useful in treating AIDS, ailments from blood transfusions, allergies, pernicious anemia, cancerous cachexia, chronic fatigue, emaciation from progressive muscular disease, glands are enlarged, tubercular, and open. Hemorrhages from orifices of the body, hepatitis, herpes, inflammation of joints, immune deficiency disorders, induration of the uterus and cervix, moles, moluscum contagium, mononucleosis, pneumonia, sycosis, syphilis, tuberculosis, victims of abuse, rape, and torture, and ill effects of vaccination.

Echinacea: Tendency to malignancy in acute and sub-acute disorders. Erysipelas and foul ulcers. *Foul discharges with emaciation and great debility.* Cerebro-spinal meningitis. Post-partum infections. Hemorrhoids. Pustules. Pains come and go suddenly and are better by bending double. Sensation of something large and hard in the stomach. *Slowness in every action, speaks slowly, replies slowly, and walks slowly. Confused feeling of the brain. Confused, depressed, or cross.* Becomes angry when corrected, does not wish to be contradicted. *Dreams of difficulties, laborious, or quarrelsome.* Dreams about exciting things all night. Dreams of dead relations. *Broken-down and weak constitutions. Irregular chills,* rise of temperature, and sweat. Chilliness with nausea. Temperature raised a degree with flushed face and fullness of head, accelerated full pulse. Sweat chiefly on upper part of body. In two provers, there was a diminution of red blood corpuscles after the proving. There is much chilliness (coldness of right leg) and sensitiveness to cold, worse from exposure to cold air. Abscesses, auto infections, blood disorders and poisonings, boils and eruptions, diarrhea, fevers, gangrene, gonorrhea, impetigo, septic fevers, syphilis, and ill-effects of vaccinations.

Ferrum phosphoricum: In the early stages of febrile conditions. The **Ferr-p.** subject is not full blooded and robust, *but nervous, sensitive, and anemic, with false plethora and easy flushing.* Prostration marked, face more active than **Gels.** The superficial redness never assumes the dusky hue of **Gels.** Pulse soft and flowing, no anxious restlessness of **Acon.** *The first stage of all inflammations.* Great prostration, can hardly move about. In pale, anemic subjects with violent local congestions. Tuberculosis in patients of the transparent-skin type; the hemoglobin shining through. *Very talkative, hilarious, and excited. Keeps quiet. Anger and apathy.* Transient mania from cerebral irritation. Indifferent to pleasurable things. Averse to company. Fear of going into a crowd. **Ferr-p.** increases hemoglobin. Anemia,

bronchitis, takes cold easily, debility, emaciation, fevers, gonorrhea, hemorrhages, fevers, pneumonia, tuberculosis, and vomiting.

Medorrhinum: For patients with a history of gonorrhea. Chronic catarrhal conditions.

Profuse acrid discharges causing itching. *Fishy odors of the secretions. Offensive odor of the body.* Enlargement of the lymphatic glands all over the body with heat and soreness. Loss of power in the joints; joints feel loose. *Sensation of a bubble expanding in the body.* Desperate. Sad, tearful, and fearful. *Cannot concentrate. Weak memory. Loses the thread of conversation. Forgets names, words, or her errand. Time passes too slowly. Hopeless of recovery. Things seem strange. Life feels unreal, everything seems unreal.* Fears going insane. Fear in the dark and of someone behind her. Wild feeling. Impulsive, abrupt, rude, mean, and cruel. High sex drive. Promiscuity. Night people. Body smells bad to her cannot wash the smell away. Small very sore aphthae, and blisters with burning. A state of collapse, wants to be fanned all the time. Tumors and cancer, with history of sycosis.

Mercurius: Affects more or less every organ and tissue of the body. It transforms healthy cells into decrepit, inflamed, and necrotic wrecks, *decomposes the blood, producing a profound anemia.* This malignant medicinal force is converted into useful life saving and life preserving service if employed homeopathically guided by its clear-cut symptoms. The lymphatic system is especially affected including all the membranes, glands, internal organs, and bones. Lesions. *Weakness with ebullitions and tremblings from least exertion. Hurried in speech. Stammering.* Nervous with tremors. Great anguish, restlessness is constantly changing from place to place. Irresolution. Uncontrollable desire to travel far away. Thinks he is losing his reason. Poor self-confidence. Agitation with excessive internal torment, as if conscious of having committed some crime. Apprehensive. Ill humor, disposition to be angry, and to fly into a passion, great susceptibility, humor quarrelsome, mistrustful, and suspicious. *Violent, horrid impulses, homicidal, suicidal. Raving. Very sensitive to heat and cold.* Complaints increase with the sweat and rest, all associated with a great deal of weariness, prostration, and trembling. Parts are swollen with raw, sore feeling, with profuse, oily perspiration that does not relieve. *Blood decomposes producing profound anemia, lymphatic glands are enlarged, glandular activity especially of salivary and mucous glands increases.* Secretions are free, thin, slimy, acrid, burning, foul, or thick greenish-yellow. *Breath, discharges of the body smell foul.* Tendency to formation of pus, which is thin, green, putrid, streaked with blood. Useful in aphthae, bone destruction, cancers, chancres, diarrhea, emaciation, fevers, glandular swellings, unhealthy gums, hepatitis, herpes, liver disorders, skin infections, syphilis and vaccination effects.

Natrum muriaticum: This common salt affects the nutrition, causing profound nutritive changes to take place. Also corresponds to an alteration in the blood causing a condition of anemia and leucocytosis. *Salty taste in the mouth and the pathological secretions of the mucous membranes. Excoriations of the skin. Discharges are corrosive.* Thin patients that are thirsty and poorly nourished, on account of digestive disturbances. His mental behavior seems hopeless or awkward in nature. *Chronic affects of grief, disappointed love, fright, anger. Depressed and introverted. Dwells on past unpleasant memories. Cannot cry. Averse to consolation. Fear of being rejected or hurt emotionally. Fear or dreams of robbers. Thinks he is pitied for his misfortunes and weeps. Tendency to catch colds, coryzas, or hay fever.* Anemia, aphthae, catarrh, cracks in the skin, debility, depression, facial complexion unhealthy, gleet, gonorrhea, herpes, intermittent fevers, mouth sores, nettle rash, spinal irritation, tongue blistered and white coated.

Pyrogenium: Advanced cases that turn septic with intense restlessness. Full of anxiety and insane notions. Cannot tell whether dreaming while awake or asleep. *Active brain, making speeches, and writing articles at night. Loquacious, thinks and talks faster than ever before. Delusion, that he is very wealthy. Sensation as if she covered the whole bed. Feels when lying on one side he is one person and another person when turning onto the other side. Septic states when blood is disorganized, heart becomes weak, and muscles prostrate.* Cannot lie more than few minutes in one position. *Horribly offensive discharges, menstrual, diarrhea, vomit, sweat, breath, etc.* Aching, bruised, sore, and prostrate, yet restless. Recurrent abscesses with pain and violent burning. Abscesses, bedsores, boils, diarrhea, dysentery, hectic fevers, influenza, intestinal ulceration, pyemia (parasitical poisoning of the blood resulting in abscesses), tuberculosis, syphilitic conditions, and ulcers.

Silica: The action of Sil. on the connective tissues ends new growth as well as promoting suppuration and ulceration. The **Silica** patient is cold, chilly, hugs the fire, wants plenty of warm clothing, and hates drafts. *Hands and feet cold; worse in winter. Lack of vital heat.* Prostration of mind and body. Want of grit; moral or physical. Complaints from anticipation. *Loss of self-confidence, dreads failure, but it is unfounded. Disgust for life; wishes to drown herself.* Cannot express himself correctly. Fidgety. *Defective nutrition; due to imperfect assimilation.* Diseases of the bones and cartilages, decay and necrosis, softening of the bones. For the re-absorption of fibrotic conditions and scar tissue. *Suppurative processes. It is related to all pustulous developments. Ripens abscesses since it promotes suppuration. Glands are enlarged. Skin is unhealthy.* Tendency to easy exhaustion and abnormal sweats. One laboratory study showed that **Silica** had dramatic effects on *stimulating macrophages, an important part of the body's immune system, by 55.5% to 67.5%.*⁴⁴ Abscesses, anemia, anal fissures, boils, cancer, carbuncle, cellulitis, cerebral softening, conjunctivitis,

emaciation, eruptions, fibroma, glandular swellings, malnutrition, molluscum contagiosum, spinal irritation, tumors, ulcers, vaccination ill effects.

Syphilinum: The nosode is frequently used to great advantage as inter-current remedy in the course of treatment in chronic disease, prior to, or following the apparently indicated remedy when the patient's response to that remedy is feeble or nil. Nightly aggravation of complaints with extreme mental and physical restlessness together with its intense irritability are striking indications for its use. **Syph.** has been used in cancer, tuberculosis, severe types of neuro-arthritis, mental disturbances, or various forms of paralysis.

Aversion to company. Sad and lamenting. *Hopeless, despairs of recovery.* Antisocial. Apathetic. Horrid depression. *Feels he is going insane or is becoming paralyzed.* Very nervous; laughs or weeps without cause. Does not want to be soothed. Insanity. *Always washing the hands.* Impulse to wash hands. In chronic cases when the reaction is poor and the indicated remedy gives partial relief. Especially when there is hereditary tendency to alcoholism or the syphilitic miasm. *Affects the nerves, mucous membranes, and bones.* Utter prostration and debility in the morning. Sweats at night with exhaustion. *Ulceration of mouth, nose, genitals, and skin.* Succession of abscesses. Foul or green pus. Abscesses, alcoholism, anal fissures, insomnia, leucorrhea, mouth ulcerated, neuralgia, night-sweats, decay of the spine, tongue cracked and ulcerated.

Thuja: Its relation to the production of warty growths, vegetations, condylomata, and spongy tumors is very important. Moist mucous tubercles. Bleeding fungus growths. Birthmarks. Venous stasis. Wart-like growths upon mucous membranes and skin surfaces. Pig-warts and condylomata. It has a specific antibacterial action, as in gonorrhea and vaccination. Great prostration and rapid emaciation. Sweats only on uncovered parts or all over except the head, when sleeping. Sweat profuse, sour, and smelling like honey. Sweat profuse on genitals, gushing, and worse in company. *Sweat is foul, oily, pungent, sweetish, sometimes garlicky, staining yellow.* The patient is exhausted and soft; body feels thin, delicate, and frail. *Thinks his blood is dirty or poisoned.* Introverted. Fixed ideas, as if a strange person were at his side, as if soul and body were separated, as if something were alive in the abdomen. *Full of hidden plans. Irritable, jealous, quarrelsome towards husband or mother. Controls herself among strangers and doctors. Deadness of the affected part.* Flesh feels as if beaten off the bones. Stitching, tearing pains in the glands as if they were being torn to pieces. *Sensation of lightness of body when walking.* Deep seated skin troubles and neuralgias. Edema about the joints. Abdomen distended, anal fissures, cancer, diarrhea, erosion of the cervix, inflammation of the glans of the penis, gonorrhea, herpes zoster, polyps, sycosis, syphilis, tumors, vaccinal effects, and warts.

Tuberculinum: Patient is always tired, motion causes *intense fatigue, aversion to work, wants constant changes. Dissatisfied and restless, always wants a change.* Desire to travel, does not want to remain in one place long. *Wants to do something different or even to find a new doctor. Weary of life.* Reckless. Depressed, melancholic, and hopeless. *Fits of violent temper, wants to fight, and throws anything at anyone even without a cause.* When symptoms are constantly changing, well-selected remedies fail to improve and cold is taken from the slightest exposure. Rapid emaciation. Diarrhea running for weeks, extreme wasting, bluish pallor, and exhaustion. Chronic enlargement of the glands, and adenoids. Tubercular miasm. Relapsing states. Increasing exhaustion and lowered vitality. Rapid breakdown of health. *Patient catches colds easily on slightest exposure, which ends in diarrhea. Very susceptible to changes of weather.* Catarrh, tendency to catch colds, diarrhea, inflammation of the skin, glands swollen, leucorrhea, lung disorders, night-sweats, night-terrors, pneumonia, throat sore, tuberculosis, tumors.

X-ray: Changes take place in the blood, lymphatic system, and bone marrow. Its homeopathic action is centrifugal towards the periphery of the body. X-rays have the property of stimulating cellular metabolism. Arouses the vitality, mentally and physically. The remarkable action of this remedy should be noted for syndromes of *deficiency of certain elements present in the blood.* Distressing pain. Sexual glands are particularly affected. Atrophy of ovaries and testicles. Infertility. General debility. *Sadness. Aversion to company.* Irritable, desire to kill, especially during the menses. Mental processes not clear, writes the wrong words. *Unnatural and disgusting dreams, lewd dreams, and dreams of strife.* No hunger, goes until he feels faint. Nausea and vomiting with profuse sweat. Rheumatic type fevers. *General tired and sick feeling, persistent exhaustion, lame and sour all over.* X-rays brings to the surface suppressed symptoms, especially the psoric and sycotic due to mixed infections. Low vitality. *Chronic fatigue and a sick feeling.* Discharges, gray, or white, with jelly-like lumps. Skin lesions often followed by cancer. Anemia, cancer, chronic fatigue, emaciation, eruptions, leukemia, skin tumors.

Notes:

Hepatitis A, B, and C

Hepatitis A

Hepatitis A is caused by the *Hepatitis A virus* (HAV). This disease can present in epidemics or in individual cases. It is spread by the oral-fecal route from contaminated water or food, especially seafood. It primarily effects children and young adults and is found in environments in which there is poor sanitation and overcrowding (i.e., in day care centers, schools, hospitals, and similar institutions). It is a self-limiting acute disease with complete recovery 95% of the time. In some cases, it causes severe hepatitis (inflammation of the liver) which can result in rapid death. This disease seems to be less severe in younger people than those that are older. Infants and children rarely show any symptoms and often go undetected. However, despite the absence of symptoms the virus is still present and sheds through their stools making these children carriers for months.

Once a person is exposed, the incubation period can last from fourteen to fifty days. The initial onset of symptoms includes fever, loss of appetite, vomiting, headache, abdominal pain, and occasionally diarrhea, general weakness, and uneasiness. There may also be a very slight yellowing of the eyes. After five to ten days the stools become harder and clay colored, the urine is dark and foamy and contains some salts and traces of albumin (protein). There is systemic jaundice (yellowing of the skin) and a raise in temperature with a slow pulse. If the condition worsens the liver and spleen become enlarged. With the enlarged liver an intense puritus develops (itching without eruption). There will be an increase in temperature, chill, headache, and nosebleeds or other hemorrhages. Urine is scanty and has excess urea. This condition may last from two to three weeks and recovery will begin with a change in urine (lighter in color and greater in quantity). Extreme cases are always followed by a long convalescence and great emaciation. The disease is most infectious before the start of the jaundice and up to one week after the jaundice has begun. Fatigue, fever, and anorexia, (extreme lack of appetite) with generalized body aching can be prolonged and last for weeks or can have relapsing episodes for several months.

Conventional treatment of hepatitis A consists of bed rest. Thorough hand washing limits the spread of the disease. Immunoglobulin injection is recommended for household members, to boost immunity. Recovery from hepatitis A gives life-long immunity.

Hepatitis B

This is a more serious state of disease and has longer lasting consequences than hepatitis A. This type of hepatitis is caused by a double-shelled virus called *Hepatitis B virus*, (HBV), formerly called the *Dane particle*. Traditionally it was believed that hepatitis B was only transmitted through contact with contaminated blood and blood products (i.e., from blood transfusions or contaminated needles). It is now known the virus can also be transmitted via other bodily fluid such as tears, saliva, and semen, which qualifies it to be a sexually transmitted disease, passed to others through homosexual and heterosexual activities. In addition to this it can be passed from mother to child through pregnancy and birth. Whereas in hepatitis A, where the virus is usually eliminated from the body when the jaundice appears, the hepatitis B virus can persist in bodily fluids for years or even a lifetime if left untreated. Persons who are carriers of the virus are not only a risk for others but pose a threat to themselves as they may develop chronic hepatitis, liver cirrhosis, or cancer of the liver. The greatest risk of exposure to hepatitis B is from commercial blood banks and in hospital settings.

Symptoms can vary and range from being completely asymptomatic to jaundiced, with joint pain, a rash, and an increased risk of internal bleeding owing to delay in the clotting mechanism of the blood. The onset of hepatitis B is more insidious and less abrupt than for hepatitis A, but shares many of the symptoms with differing degrees of intensity. Contraction of hepatitis B can open a susceptibility to more serious chronic liver disease later in life.

Hepatitis C

There are now identified at least six viruses known to be present in chronic liver disease: Hepatitis A, B, C, D, E, and G, which each vary in their severity and characteristics. Clinically they are very difficult to distinguish. For simplification, this discussion is limited to hepatitis C.

Hepatitis C is a disease of the liver caused by the *Hepatitis C virus*, (HCV). It is a contagious viral disease that usually leads to serious permanent liver damage and in many cases death.

Transmission of the hepatitis C virus is through blood to blood contact with an infected person, whether or not the person is showing symptoms of the disease. The most common way of transmission is through needle sharing in drug users, through needles sticks in hospital work related environments, from blood transfusions, or from a mother to her baby during childbirth. The disease usually develops one to three months after exposure. Susceptibility to hepatitis C is increased if there is a history of hepatitis B.

Hepatitis C does not follow the normal pattern of infectious disease, with a prodromal period, active sickness, followed by convalescence. Hepatitis C is a long-term chronic illness that the immune system is unable to overcome without holistic treatment.

At the onset of contracting the virus 80% of people infected show no signs and symptoms of the disease. The first symptoms are relatively mild until the disease has caused significant damage to the liver. In all cases there is some degree of swelling of the liver. The most common early symptom is fatigue. There might be mild fever, with muscle and joint aches. The disease will progress over several months to years to include nausea, vomiting, loss of appetite, and vague abdominal pain. As the disease progresses and the liver becomes more damaged there will be jaundice, dark urine, abdominal swelling, cirrhosis of the liver (scarring and hardening) leading to liver failure, and eventually coma. It may take 20 years from the initial infection to develop significant liver damage. Statistics of the long-term effects of this chronic infection are as follows:

- 55%-85% of infected persons develop chronic infection.
- 70% of chronically infected persons develop liver disease.
- 1%-5% of infected persons may die of the disease.
- Hepatitis C is the leading indication for liver transplant.

Conventional treatment of hepatitis C includes the use of interferon and ribavirin to remove the virus from the liver. Long-term results are variable.

Vaccination

There is now a vaccine for hepatitis A recommended for travel to underdeveloped areas where the disease is epidemic and for school-age children. Cultured on aborted human fetal tissue this vaccine presents a moral dilemma for some. With any virus incubated on cultured

living human tissue there is a possibility that unknown human DNA or viral material is present in the finished vaccine.

Heptavax-B is a vaccine prepared from the plasma of asymptomatic carriers for hepatitis B. Because this vaccine does not contain the actual virus it is considered non-infectious. Passive immunity can be acquired through injected immune serum globulin. Vaccination is recommended for all persons who are at high risk, such as nurses and doctors in contact with blood and other bodily fluids. People with conditions that may require blood transfusions, individuals with multiple sex partners and people who use needles for health reasons or for drug use are recommended to receive the vaccine. The hepatitis B vaccine is given to babies routinely in hospitals after birth. This mandate seems a bit illogical as the vaccine is only effective for up to five years and the mode of infection and risk of exposure (sexual contact and IV drug use) usually does not occur until the teenage years or later.

There is no vaccination for hepatitis C as the virus mutates frequently.

In clinical practice I have seen several cases of ailments from the hepatitis B vaccine in children and teenagers. In all cases there was an observable effect upon the liver. More fatigue, loss of appetite, lingering coughs, itchy skin, depressive moods, and one case of diabetes. As with all vaccines the immune systems of newborns are too immature to be able to effectively process the vaccine. Diabetes, Gullian-Barre syndrome, arthritis, demyelization of the nervous system, and anaphylaxis are among some of the reported adverse reactions to the hepatitis B vaccine.³ As these vaccines are relatively new the long term effects are not known. Hepatitis C virus has only been recognized since the early 1990's. It is not known whether it has become more prevalent since the introduction of the hepatitis A and B vaccines or whether the C strain is a mutation of the hepatitis A or B viruses.

Homeopathic Treatment and Prevention

The study of hepatitis provides a good backdrop with which to understand the difference between acute and chronic disease and differing levels of health. While there are different viruses present in each of the diseases, all three of the diseases share a similar symptom picture. The differences in symptoms and degrees of intensity are relative to the underlying health of the individual. Hepatitis A is more common in children and young adults, while hepatitis C affects those who have a history of prolonged drug use, blood disorders that need transfusion, or alcoholism. Children and young adults are generally more healthy than adults with the afore mentioned history.

Correspondingly, in the acute hepatitis A there is greater reactivity of the immune system. The symptoms come on fast, produce a great variety of symptoms, and spontaneous recovery occurs in a few weeks. In order to have such a high reactivity to a pathogen there needs to be a relatively high level of health in the individual. The sicker the individual is the less likely that they will have the inner strength to fight the disease, the less likely it will remit on its own, and more likely the secondary complications will arise.

Hepatitis B is next in the relative strength of disease and tendency towards chronicity. Recovery from hepatitis B requires several months of good nutrition and bed-rest. In the chronic form of hepatitis C the initial responses are reduced to almost none while the progression of disease is slow and insidious regardless of lifestyle changes. With a lower vitality the disease moves towards chronicity. The difference is that a relatively healthy person would be more likely to be susceptible to the acute form, whereas someone in a more compromised state of health would be more susceptible to continue down the path of chronic liver disease. If someone with deep chronic disease were to be exposed to hepatitis A for instance, they would not have the reactivity to remove the disease. As a result, it would settle into the liver until, when and if, a greater level of reactivity was present.

With all of this in mind homeopathic treatment must be directed not only at the symptoms present but also at the relative health of the individual and the vitality in the expression of the disease. The best form of prevention is constitutional homeopathic treatment as described in **Chapter 4**. In the event of exposure, constitutional treatment with homeopathy is necessary to remove the disease and to reduce the susceptibility to the chronic forms of liver dysfunction. Good hygiene, healthy lifestyle choices, and removing oneself from risk are the best prevention for exposure for all three of these diseases.

In the homeopathic treatment of the acute form of hepatitis A, one would expect results within a few days to weeks of the correct homeopathic remedy. Usually high potencies will be effective and the remedy may only need to be repeated once, twice, or three times during the course of treatment. For chronic forms of hepatitis or resultant ailments from hepatitis, consult of a practitioner and a commitment of several months to years of treatment will bring effective results. Various remedies used in various potencies repeated more frequently over a period of time will be needed for complete recovery.

If there is a known exposure to any form of hepatitis, the homeopathic remedy **Phosphorus** can be administered in a 30C daily for three to four days for prevention. If symptoms do develop, research into the more appropriate remedy is necessary. **Bryonia, Chamomilla,**

Chelidonium, or **Lycopodium**, may be more indicated. The nosodes **Hepatitis A** and **Hepatitis B** may be used preventatively or when treating ailments from the Hep A or Hep B vaccines. In addition supportive measures such as rest, a light diet of fruits, vegetables, and easily digestible proteins is recommended. In serious cases, in addition to homeopathic care, herbal liver support with dandelion root, milk thistle, ginseng, and other bitter herbs may be needed for several months to return the liver to health.

When it comes to selecting a remedy, the diagnosis of hepatitis A, B, or C, is not so important. However, knowing the diagnosis is important for prognosis. It is how the symptoms manifest and the underlying health of the individual that decides the course of treatment and remedy and potency selection. Depending on the person's pre-existing health and life-style the disease will manifest itself in varying degrees of intensity. Different remedies may be pertinent at different stages of the disease. Some remedies are more pertinent to acute forms, grave conditions, or chronicity in liver disease, respectively.¹² The remedies listed below are a guide.

Remedies: absin., **ACON.**, act-sp., aesc., aloë., **am-m.**, anag., apis, arn., **ARS.**, ars-i., aur., bapt., **BELL.**, berb., **bry.**, **calc.**, **camph.**, **carc.**, **cham.**, **CARD-M.**, cean., **CHEL.**, **CHIN.**, chion., cholest., cina, cocc., coll., con., corn., crot-t., cupr., dol., fl-ac., gels., **hep.**, **hippoz.**, **hydr.**, ign., iod., iris-v., jug., kali-bi., **kali-c.**, kali-i., kali-m., **lach.**, lep., lup., **LYC.**, **mag-m.**, mang., **merc.**, merc-d., **myric.**, naja, nat-a., nat-c., **nat-m.**, nat-p., **NAT-S.**, **nit-ac.**, **NUX-V.**, **PHOS.**, phyt., **podo.**, **psor.**, **ptel.**, puls., pyrog., thus-t., sec., sep., sil., staph., stel., **SULPH.**, sulph-ac., tarax., verat., vip., yucca., zing.

Aconite: *Acute jaundice after a cold or fright with intestinal catarrh. Constant pain in the epigastric region radiating to the navel or alternating from the liver to the stomach. High fever with chill, hard pulse, and anxiety.*

Aloe: Acts electively on the rectum and to a lesser degree on the liver and large intestine. *Hepatic insufficiency and portal tension. Weakness of anal sphincter causing rectal prolapses, hemorrhoids and involuntary diarrhea of jelly-like mucus.* Alternatively, constipation due to rectal atony with portal congestion. Hard, marble like stools. Fullness in the liver region. Thick lumps of mucus in the throat. Itching skin. Aggravation from drinking beer. Dissatisfied and angry with himself. Hates people, *repels everyone.* Can be used in established hepatitis.

Berberis vulgaris: Dry scaly tongue with lancinating or pressive pain in the liver region aggravated by pressure. *Radiating pains with a bubbling sensation.* Morbid appetite alternating

with anorexia or great thirst alternating with dislike for any kind of drink. Acute cases with constant uneasiness in stomach. Intestines are full of wind and emissions of noisy gas. Pale stools or profuse irritating diarrhea. *Dark colored urine* with a thick deposit. Old school references to it as a bitter tonic for the liver and kidneys. *Mentally and physically tired, not inclined to do anything.* Concentration very difficult; least interruption breaks chain of thought. Useful for urinary drainage when the urine is dark and insufficient with pains in the kidneys.

Bryonia: Used in acute forms of hepatitis. *Sharp pains under the liver that radiate under right shoulder blade or into ribs.* The pains are *worse from motion* and better if the person lies on the painful side. The mouth will have a *bitter taste and a yellow-coated tongue.* Sensation of a lump lodged in the stomach. *Marked irritability;* wants to be left alone, go home and be quiet, all the while holding the sides of the chest. Extreme thirst. Large dry, very hard stools. The affinity of this remedy is to the right side of the chest, ribs, liver, and lungs.

Carduus marianus: Chronic and grave forms of hepatitis, where there is marked cirrhosis and pre-cancerous conditions. The liver will have sharp *stitching pains that are worse from pressure,* the opposite of **Bryonia**, and *worse lying on the left side.* Jaundice is accompanied by headache and a bitter taste in the mouth. *Tongue as if covered with fat.* The tongue is white in the center with a red tip. Nausea and vomiting of green, bile like vomit. Pasty, clay-like stools, with bleeding hemorrhoids. The action of the remedy is centered on the liver and portal system. Venous engorgement and dropsical conditions. Joyless, apathetic, and despondent.

Chamomilla: For the initial symptoms of acute hepatitis. Extreme irritability and capriciousness, tongue yellow, eructations taste bitter, greenish stools, hot yellow stools, and hot urine. Yellow skin with a mealy eruption and itching. Mind is *impatient and demanding,* he feels as if he cannot be healed fast enough.

Chelidonium: White coated, pasty tongue, burning with impression of teeth, red borders and tip with thick saliva and loss of appetite. *Desire for hot drinks.* Alternation of constipation and diarrhea. Spasmodic pain in gall bladder radiating back to right shoulder blade. *Yellow, itching skin.* Itching is better from eating. Established liver dysfunction.

China: For acute hepatitis and the beginnings of chronicity in liver dysfunction. Tongue is yellowish and the lips are dry. Bitter taste in the mouth. Everything, even water, tastes bitter. Liver and spleen swollen with *a tympanic abdomen,* causing difficulty breathing after

meals. Putty-like frequent stools. *Flatulent bloating. Debility from profuse exhausting discharges and loss of fluids. Severe diarrheas.* Hemorrhages are profuse with loss of sight and ringing in the ears. Yellow skin, with erysipelas and dermatitis. Scrofulous ulcers that decay. Stages of heat, perspiration, and chill marked in fevers. Drenching night sweats. Sepsis. Insomnia from fantasies. Discouraged feels tormented. No desire to live.

Chionanthus: Chronic liver conditions. Suited to bilious temperaments with a sick headache from digestive problems or with menstruation. Hypertrophy of the liver, enlarged and prominent with constipation, clay colored stools, and high colored urine. Black urine. Jaundice recurs every summer. Jaundice at the close of menses. The mouth is dry, which nothing ameliorates. Violent pains in the umbilical region. Sensation the intestines were tied; constricting suddenly and relaxing slowly.

Hydrastis: Chronic forms of hepatitis with thick, yellow, excoriating discharges from sinuses, vagina, lungs, and rectum. Stool covered with yellow mucus. Ulcerations and perspiration upon the skin. This remedy affects the mucous membranes producing catarrh, hemorrhage, and ulceration. Dark, greenish-yellow skin, with nettle rash. Pre-cancerous conditions. Chronic low states.

Leptandra: Affects the right side and the liver causing hemorrhages due to liver disorders. Jaundice with black tarry stools. Enfeebled portal circulation. Weakness; hardly able to stand or walk. Hopeless and despondent. Red or orange urine. Acute liver conditions with a dull ache in the region.

Mercurius vivus: More serious cases in the acute form or in chronic cases. The skin is jaundiced and the liver is sore. The tongue is a dirty yellow, with imprints of the teeth, excessive salivation, and fetid breath. Stool is clay, greenish in color, and passes with great strain followed by a never quite done feeling. Every cell of the body seems to be turned from healthy cells to decrepit, inflamed, necrotic wrecks. Mucous membranes are affected to a state of ulceration. Cannot get warm or is overheated. Internal thermometer is off. Hurried in speech, unstable, and impulsive. Great susceptibility to impressions, will fly into passions, quarrelsome, mistrustful, and suspicious.

Myrica cerifera: More useful in chronic forms where the skin is tinged yellow and there is a bitter taste in the mouth. Skin is very itchy without eruption and there may be an itching, acrid vaginal discharge. Rheumatic symptoms and strange hallucinations in the mind; sees dead bodies. Feels as if the body is disintegrating, decomposing. Wondering aches and pains.

Imagines he cannot eat, as the taste is so foul in the mouth. Loss of appetite but very thirsty in attempt to rid mouth of the taste. Desire for acid things. Pasty stools, with mucus coating, ash colored, and destitute of bile. Urine is less abundant and deep yellow.

Nux vomica: Used as a secondary remedy in acute cases, or with chronic indications. Liver pains that are sharp, worse moving around, and worse from touch. Aggravated by clothing around the waist. *Complications from drug usage, allopathic or recreational, alcohol, stimulants, and a rich life.* Sour, bitter eructation. *Nausea in the morning after meals. Better from vomiting. Ineffectual urging with constriction of the rectum.* Pale or yellow skin, blotchy with urticaria from gastric disturbance. Affinity to the digestive and nervous systems. *Very chilly. Quick, irritable temper, especially about the inefficiency of others. Overwrought and high-strung.*

Phosphorus: Acute cases marked by fever with night sweats and marked soreness of the liver. There is a *loss of appetite and unquenchable thirst for cold drinks and ice.* Long Stools. *Bleeding disorders, nosebleeds, vomiting of blood, or blood in the stools. Dreamy, sympathetic states. Can be close to death, a state of collapse.* For all stages of hepatitis, acute forms, and chronic conditions when the symptoms match.

Podophyllum: Acute cases and grave cases with *copious diarrhea.* Wide humid tongue. Putrid taste in the mouth, thirst for large quantities of water. Vomiting of mucus. Sensation of *distention of the abdomen* ameliorated by lying on the belly. Pain in the hepatic region better with rubbing. *Profuse, painless stools, more than what has been eaten.*

Taraxacum: A biliary remedy with heaviness in the liver region, gastric headaches, matted tongue, and jaundiced skin. Chronic conditions that take their toll on the liver. *Tongue with white spots on some places, some parts seem excoriated.* Enlarged liver that is acutely painful. Constipation. Stinging on the skin. *Eruptions all over with itching, appears to be a mix of lichen and urticaria.* Profuse night sweats. Dull, joint pains. Cold finger tips. *Copious, frequent urinating, bed-wetting.* Symptoms appear while the person is seated, and disappear while walking.

Vipera: Chronic and periodic actions whereby the symptoms appear annually for years. Irregular and intermittent fever. *All sorts of hemorrhages. Hematuria, cardiac dropsy, enlargement of the liver. Pain in the liver, worse with pressure, extending to shoulder and hip. Inflammation of the veins with great swelling. Seems as if limbs would burst when hanging down. Jaundice, skin peels in large plates.*

Notes:

Yellow Fever

Yellow fever is an illness caused by a virus in the *flavivirus* family (tic borne meningitis, dengue fever, west Nile; those diseases that spread through arthropod vectors, and is related to the hepatitis C virus). It manifests in two distinct forms. The first is an urban type whereby the illness is transmitted from person to person by urban mosquitoes. The mosquitoes breed in standing water in tires, cans, and roof catchments etc. The second form is the Sylvan or jungle form, which cycles every five to forty years and is transmitted from monkeys to humans via jungle mosquitoes. Currently yellow fever is mostly limited to South America and Africa. However, travelers can carry the disease to different lands.

Contagion occurs through the bite of a mosquito. The incubation period is three to six days. Most cases are very mild having only a fever and headache resolving within forty-eight hours. In more extreme forms the illness manifests with a sudden onset of fever headache and rapid pulse. The second day the pulse becomes very slow despite the continued fever. Muscle aches, back pain, irritability, insomnia, and a flushed face accompany the fever. The illness affects the liver where the blood clotting mechanism becomes disturbed, resulting in jaundice (yellowing of the skin, hence the name “yellow fever”) and spontaneous bleeding. Bleeding gums and spots of spontaneous bleeding in the skin, called petechiae, manifest.

By the third day, nausea begins accompanied by vomiting of coffee ground emesis (partially digested blood from bleeding in the stomach) and excess protein in the urine (which demonstrates the beginning of kidney failure). The forth day brings a welcomed remission of symptoms for several hours up to two days, only to be followed by an increased systemic toxicity and rapid worsening of the disease. More spontaneous bleeding occurs with nosebleeds, and vomiting of blood. Because of the drop in blood pressure from the loss of circulatory blood, functioning of the liver, kidneys, and heart fails. Eventually, the person develops an unusual episode of hiccough, which is followed by coma and death within seven to ten days. Severe cases occur 10-20% of the time with a 50% mortality rate of those cases.

Diagnosis of yellow fever is based on the clinical symptoms and is confirmed with a protein test which identifies the specific virus. Medical treatment involves supportive care with IV fluids and bed rest. To prevent the transmission to other persons mosquito nets are used to isolate infected persons from mosquitoes which will spread the disease.

Vaccination and Treatment

The vaccine for yellow fever is made from an attenuated version of the virus. The vaccine results in antibody production for ten years after vaccination. The vaccine is recommended to be given ten days before traveling to an epidemic area. People who are allergic to eggs should not receive the vaccination, as the vaccine is incubated on eggs.

Conventional treatment includes supportive measures with easy to digest foods, bed rest, and fever moderation with tepid compresses.

Homeopathic Prevention and Treatment

Given the severity of the disease prevention is of utmost importance when traveling to epidemic areas. Any remedy that has a propensity to produce liver failure and blood decomposition will have an affinity for this disease. Snake venoms and poisons have the capability to address the most severe cases.

Crotalus horridus, made from the venom of the rattlesnake, is preferable in cases of fluid hemorrhages, yellow skin, black vomit, and nosebleeds. **Arsenicum album**, another poison, also corresponds to a disintegrated state of the blood. These two remedies in a 30C potency can be alternated weekly for prophylaxis against yellow fever while in a high-risk area. If the exposure is prolonged a 200C potency taken every month can offer deeper protection. Other remedies like **Phosphorus**, **China**, **Nux vomica**, or **Carbo vegetabilis** etc., may also be indicated for prophylaxis depending on the constitution of the person.

Depending on the stage of the disease, different remedies may be called upon. If caught early enough and treated with the indicated remedy one will be able to subvert the disease from progressing to its more drastic manifestations. Below are excerpts of the most commonly indicated remedies.

Curative remedy response will result in a change in energetic state with a cessation of bleeding, and clearing of the yellowness of the skin within 24-48 hours. Short term increased

bowel function (i.e., for 12 hours or so) can be perceived as a good sign if it is accompanied with a decrease in bleeding and the jaundice symptoms. Depending on the extent and severity of the disease full recovery may take from three to ten days repeating the remedy as needed. Be cautious that an amelioration in symptoms is not the remitting of symptoms consistent with the fourth stage followed by rapid progression towards death. Look for a clearing of the urine and other symptoms consistent to reversal of the process of liver failure.

Remedies: ACON., *all-c.*, am-c., ant-t., *apis*, arg., *arg-n.*, *arn.*, ARS., *ars-h.*, BELL., *bry.*, *cadm-s.*, calc., CAMPH., CANTH., carb-ac., CARB-V., cham., *chin.*, chin-s., coff., coloc., crot-c., CROT-H., cupr., daph., dig., eup-per., gels., gua., hell., hep., *hyos.*, ip., LACH., lob., merc., morph., mur-ac., *nat-s.*, nit-ac., NUX-V., op., *phos.*, plb., *psor.*, puls., rhus-t., sabad., sabin., sep., *sul-ac.*, sulph., *ter.*, verat., verat-v.

Aconite: Nearly all authorities praise this remedy in the *early stage* of yellow fever where there is *high fever, chilliness, dry skin, bounding pulse*, and the characteristic mental accompaniments of *fear and anxiety*, which are quite likely to be present in this disease. Tossing about in agony feeling as if they will die. Predicts the time of death. Face is red with the fever.

Antimonium muriaticum: Poisoning symptoms show a *stupor, insensibility, collapse and cold, clammy skin. Pupils inactive, eyes sunken, and lusterless*. Nausea and vomiting, burning pains in throat and stomach, frequent abortive efforts to defecate. Mucous membranes destroyed. Mouth to jejunum becomes black. Useful in more advanced cases.

Arsenicum: This remedy becomes indicated most frequently in the second and third stages of yellow fever and is one of the most important remedies in the disease. The patient has *continued nausea and vomiting*. The vomited matter consists of bile or mucus streaked with blackish or red blood; the face is yellow, and the *pulse is small, weak, and tremulous*. Fainting and heaviness of the stomach. There is much *burning in the stomach* and intense *burning thirst, for small quantities of water only*. No better remedy for these symptoms is to be found than *Arsenicum*. It will often alone suffice to cure.

Belladonna: In the early stages of the disease when the *fever is high with cerebral congestion. Feet are icy cold*. Burning, pungent, steaming heat. Nausea and vomiting. Uncontrollable vomiting. Vomits everything with paleness and weakness. Empty retching. *Spasmodic hiccough with sweat and convulsions*.

Bryonia: May also be indicated during the first stage. Often takes up the work where **Acon.** leaves off. *Dry, parched lips and mouth.* Excessive thirst, bitter taste in the mouth. Liver involvement with *bitter vomiting* of bile and water, immediately after eating. Vomits solid food only. Skin, yellow, pale swollen, and dropsical. Painful continued fevers. Chill with external coldness, *dry cough, with stitches in the chest.* Right-sided remedy.

Cadmium sulphate: **Cadm-s.** is a cross between **Bry.** and **Ars.** It has the desire to keep quiet of **Bry.** with the exhaustion and stomach irritability of **Ars.** Has also the symptoms of black vomit therefore its study in the yellow fever is suggested. Weakness, emaciation, nausea, vomiting, liver damage, hair loss, and anorexia; which speeds up the time of death. *Conditions met with exhaustion, vomiting, and extreme prostration, as the disease runs deathward. The least thing touching the lips will excite vomiting.* Pitchy taste, food tastes like salt. Skin blue, yellow, scaly, cracking, and damp. Weakness after vomiting. Weakness of affected parts with goose bumps.

Camphora: With *its coldness and tendency to collapse* **Camphora** may be the remedy. The coldness of **Camph.** resembles that of **Verat.**, but with the latter the discharges are more copious and **Camph.** Has marked nausea. The expression facial expression of nausea includes having the upper lip drawn up. *Icy coldness of the whole body, sudden sinking of strength, pulse small and weak.* Persistent nosebleed with goose bumps. Skin old looking, pale, blue, and livid. Vomiting of bile or blood. Vomiting in the morning: bilious and sour.

Carbo vegetabilis: This remedy has been considered a preventive to yellow fever. Hering says this remedy, more than any other drug, corresponds in the totality of its action to yellow fever. It suits the third stage where *collapse, coldness, extremely fetid discharge and great exhaustion of the vital forces are present. Imperfect oxidation and disintegration.* **Carb-v.** antidotes the effects of putrid meats or fish, rancid fats, salt or salt meats and also the pathogenetic action of **China, Lach,** and **Merc** (i.e., if one or other of these remedies were incorrectly given and only worsened the condition). A lowered vital power from *loss of fluids.* The patient may be *almost lifeless*, but the head is hot. *Coldness, breath cool, pulse imperceptible, oppressed and quickened respiration. Must have air, must be fanned.* Hemorrhage; blood dark, and oozing, persistent for hours or days. Skin blue, cold, and bruised. Easily bleeding, pus smelling like **Asafetida**, wounds heal and break out again. Digestion slow, *food putrefies before it digests.* Vomiting of blood. Alternate chill and heat. Icy coldness.

China: **China** affects the blood, making it thinner and impoverished. *Blood loss with weakness. Periodicity is most marked.* Sensitive to drafts. *Weak digestion, fermentation, gas, and diarrhea.*

Gas and bloating of the abdomen. *Food poisonings. Worse from bad water, fruit, bad meat, or fish.* Convulsions during the hemorrhages. *Hemorrhages, profuse with loss of sight, faintness, and ringing in ears.* Yellow color of the skin. *Feels unfortunate and tormented.* Frequent vomiting of undigested food. Hiccoughs. Hematemesis. Longing for food, which lies undigested. Fermentation after eating fruits. *Drenching sweats, at night.*

Cimicifuga: A sense of gloom and dejection, as if there was a *black cloud over everything.*

General sick feeling with exhaustion. *Alternation of physical and mental effects.* Vomits green substance, groans, raves, and presses the head with both the hands for relief. Belching with nausea, vomiting, and headache. There is a general bruised feeling all over.

Crotalus horridus: This remedy produces a perfect picture of yellow fever and it corresponds to the stage of *black vomit and blood poisoning.* There is a low delirium, excessive drowsiness with apathy. The person seems half-alive. Cannot even move or speak. *Yellow skin and the blood does not clot causing oozing of blood from every orifice of the body,* bleeding from the gums, vomiting blood and even bloody sweat is sometimes present. The yellow skin produced by this remedy is characteristic, and denotes blood poisoning rather than jaundice. Severe headache and pains all over body.

Eupatorium perfoliatum: Acts principally upon the gastro-hepatic organs. *Violent aching, bone breaking pains.* Patient is restless, chilly and nauseated. Feels at night as if going out of his mind. *Must rock back and forth on his hands and knees.* Bone-pains, general soreness and fevers. *Abdomen full and tympanitic.* Avoids tight clothing. Vomiting immediately after drinking and preceded by thirst. *Nausea with smell or sight of food.* Craving for ice cream, and acid drinks. Jaundice. Vertigo, sensation of falling to left, worse lying on right side, and better by vomiting.

Gelsemium: This is a remedy for the onset when the patient is apathetic and dull with chills up and down the spine. *Dull, dizzy, drowsy, droopy, and weak.* The mind is sluggish. The whole muscular system is relaxed; *the limbs feel so heavy he can hardly move them.* Passive congestion of liver. Griping in the gall bladder. Skin is hot dry, moist, yellow, and itching. Hiccough, worse evening. Heat with drowsiness. *Trembling with the fever.* Thirst absent with trembling. *Wants to be held, because he shakes so.*

Ipecacuanha: The vomiting of the first stage is often controlled by **Ipecac.** *Nausea is a constant but desire to vomit or immediately after vomiting there is instead of relief, a desire to vomit again.* With this there is a *clean or not very dirty tongue.* There is profuse salivation with the

nausea. *Itching with nausea, scratches until he vomits.* During the nausea, the patient is forced to scratch himself, until relieved by vomiting. Gastric fevers. Uncontrollable desire to scratch. Aversion to all food. Thirstless. The stomach disordered may be occasioned by rich food, pork, pastry, fruits, candy, and ice cream. Cold drinks or ice cream causes colic. *Bright red, gushing hemorrhages with nausea.* Awkward; stumbles against everything.

Lachesis: This remedy has given very satisfactory results in yellow fever, especially when vomiting is present. Abdominal tenderness, brown tongue, delirium, slow speech, nausea, offensive discharges, and black urine. It corresponds to nerve poisoning and suits bad looking cases. *Delirium is worse at night and after waking from sleep. The blood is dark and does not coagulate.* If the patient is not in a coma, there will be *excessive loquacity.* Pressure of clothing around the neck and chest causes anxiety and *a feeling of suffocation.* The skin will be purplish or bluish with small petechiae, and will burn.

Morphinum: Looks like **Opium**, in near death or coma with constant hiccoughing. Dusky red or pale face, lips tongue, mouth, or throat. *Heavy, confused, wild, and haggard expression.* Teeth clenched. Incessant hiccough. Abdomen distended. Tympanities. Acute pain in abdomen and along the spinal column. Livid, purple spots. Nausea incessant and deathly, faintness, constant retching. Nausea and vomiting on rising up. Nausea with drowsiness. *Vomiting of: green matter, bright green fluid, greenish water, which is bitter and sour.*

Phosphorus: Hemorrhages, jaundice, and other symptoms brings **Phos.** to certain forms of yellow fever. It was successfully used in an epidemic occurring in Rio de Janeiro. At first there is tenderness of the liver, but as the liver shrinks this passes away. *Chiefly affects the liver and its ability to coagulate blood. Easy diffusion of blood.* Very small wounds bleed profusely. Blood-streaked discharges are very characteristic from lungs, nose, bowels, or other orifices. *Profound prostration, inability to raise herself, dry tongue, much thirst, stomach sensitive, with vomiting of black, sooty matter.* If the person remains conscious, *all symptoms are extremely painful.* It produces an excitable condition, *exaltation of mental faculties, and the condition that follows over-exertion.* *Burning thirst for cold water, cold water relieves, but as soon as it becomes warm in the stomach, it is vomited.*

Sulphuric acid: Is a useful remedy for hemorrhages of black blood, profuse sweat with exhaustion, fetid stools, and diminished secretion of urine. **Sulphuric acid** has the weakness or debility common to all acids. Jaundice. *Fevers are intermittent, putrid, malignant, contagious, comatose, or petechial.* Hemorrhages of dark blood from any of the orifices of the body are among the common complaints, hemorrhages from lungs, stomach, uterus, and rectum

frequently occurs in the sickness of these patients. Easy bleeding gums. Livid, red, itching blotches on the skin bleeding easily or forming petechiae. *Weakness yet hurried.*

Veratrum album: Like all other fevers that produce vomiting, **Verat-a.** is a mainstay.

Progressive weakness and emaciation in acute diseases. Copious evacuations, vomiting, purging, salivation, sweat, and urine with profound prostration, coldness, blueness, and collapse. Skin blue, clammy, inelastic, and cold as death. Cold sweat. In the second stage with vomiting; prior to blood poisoning and bleeding. Vomiting aggravated by drinking and the least amount of motion. Vomits or belches froth. Hiccough after hot drinks.

Notes:

Dengue Fever

Dengue fever is the most important mosquito-borne viral disease effecting humans. Its global distribution is comparable to that of malaria, where an estimated 2.5 billion people live in areas at risk for epidemic transmission. Dengue (DF) and dengue hemorrhagic fever (DHF) are caused by one of four closely related virus serotypes (*DEN-1*, *DEN-2*, *DEN-3*, and *DEN-4* respectively), and are in the genus flavivirus (all related to yellow fever). Various other names have been given to dengue fever: Breakbone Fever, Dandy Fever, Dengue Shock Syndrome, Duengero, and Seven Day Fever.

Infection with one of the dengue fever serotypes provides life-long immunity to only that serotype. Persons living in a dengue-endemic area can have more than one variety of dengue infection during their lifetime depending on exposure. DF and DHF are primarily diseases of tropical and sub-tropical areas, and the four different dengue serotypes are maintained in a cycle that involves humans and the *Aedes aegypti* mosquito. The *Aedes aegypti* is a domestic, day-biting mosquito that lives below 3000 feet above sea level and prefers to feed on humans. It is the most common *Aedes* species. Mosquito repellent and nets to sleep under are the best defenses from getting the disease.

Infection with the virus produces a spectrum of clinical symptoms ranging from a nonspecific viral syndrome to severe and fatal hemorrhagic disease. Important risk factors for DHF include the strain of the infecting virus, the age of the person, and their prior dengue infection history.

Dengue fever is characterized by sudden onset of chills and high fever after an incubation period of three to fourteen days (most commonly four to seven days). Symptoms include high fevers, severe frontal headache, severe muscle and backbone pain, accompanying weakness, a sensation of tastelessness, dry tongue, constipation, reddish eyes, and edema in the face. Many patients have nausea, vomiting, and rash. The rash appears three to five days after the onset of fever and spreads from the torso to the arms, legs, and face. The fever

runs from 102° to 105° F and continues for three to five days after which recovery is usually complete. Chances of fatality with DF are very low.

The disease is usually self-limited although convalescence can be prolonged. Many cases of nonspecific viral syndrome or even sub-clinical infection occur. Dengue can also present as a severe, sometimes fatal disease characterized by hemorrhagic manifestations and hypotension (DHF/dengue shock syndrome). DHF is more likely to occur in individuals who have previously had DF. The clinical manifestations of the DHF are high fever of acute onset lasting for two to seven days, liver enlargement and tenderness, nausea and vomiting, abdominal pain, severe pain in the whole body, especially in the backbone and joints, and hemorrhages: bleeding under the skin, nosebleeds, bleeding gums, blood in the vomit, and blood in the stool. Fatalities are more common with DHF.

Always consider dengue fever in the differential diagnosis of all patients who have fever and a history of travel to a tropical area within two weeks prior to onset of symptoms.

Commercial tests are available for serologic diagnosis, but their results must be interpreted with care. Sensitivity and specificity of kits may vary among manufacturers, laboratories, and over time. IgM positivity indicates a prior dengue infection, but IgG positivity may only indicate infection at an indeterminate time in the past. In addition, either IgM or IgG positivity may result from cross-reactivity with West Nile, yellow fever, Japanese encephalitis, and other flavivirus antibodies, so the possibility of exposure to other flaviruses must be considered.

The first reported epidemics of DF occurred in 1779-1780 in Asia, Africa, and North America. The near simultaneous occurrence of outbreaks on three continents indicates that these viruses and their mosquito vectors have had a worldwide distribution in the tropics for more than 200 years. During most of this time DF was considered a mild, nonfatal disease of visitors to the tropics. Generally, there were long intervals (ten to forty years) between major epidemics, mainly because the introduction of a new serotype in a susceptible population occurred only if viruses and their mosquito vector could survive the slow transport between population centers by sailing vessels.

A pandemic of dengue began in Southeast Asia after World War II and has spread around the globe since then. Epidemics caused by multiple serotypes are more frequent and due to the expanded geographic distribution of dengue viruses and their mosquito vectors. DHF has now emerged in the Pacific region and the Americas. In Southeast Asia, epidemic DHF

first appeared in the 1950's. By 1975, it had become a frequent cause of hospitalization and death among children in many countries in that region.

Each year, tens of millions of cases of DF occur and depending on the year up to hundreds of thousands of cases of DHF. The case-fatality rate of DHF in most countries is about 5%, but this can be reduced to less than 1% with proper treatment. Most fatal cases are among children and young adults.

The reasons for the dramatic global emergence of DF/DHF as a major public health problem are complex and not well understood. However, several important factors can be identified:

- Major global demographic changes have occurred: the most important of which have been uncontrolled urbanization and concurrent population growth. These demographic changes have resulted in substandard housing, inadequate water, sewer, and waste management systems, all of which increase *Aedes aegypti* population densities and facilitate transmission of *Aedes aegypti*-borne disease.
- In most countries, the public health infrastructure has deteriorated. Limited financial and human resources, and competing priorities have resulted in a “crisis mentality” with emphasis on implementing emergency control methods in response to epidemics rather than on developing programs to prevent epidemic transmission. This approach has been particularly detrimental to dengue control because in most countries surveillance is passive; the system to detect increased transmission normally relies on reports by local physicians who often do not consider dengue in their differential diagnoses. As a result epidemics often reach or pass its peak before it is recognized.
- Increased travel by airplane provides the ideal mechanism for the rapid transport of humans infected with dengue viruses between population centers of the tropics resulting in a frequent exchange of dengue viruses and other pathogens.
- Effective mosquito control is virtually nonexistent in most dengue-endemic countries. Considerable emphasis in the past has been placed on ultra-low-volume insecticide space sprays for adult mosquito control, a relatively ineffective approach for controlling the mosquito populations.

Vaccination and Treatment

No vaccines are available for dengue fever. Recently, however, attenuated candidate vaccine viruses have been developed. Efficacy trials in human volunteers have yet to be initiated. Research is being conducted to develop second-generation recombinant vaccine viruses. However, an effective dengue vaccine for public use will not be available for five to ten years.

Conventional practice recommends acetaminophen products for managing fever. Aspirin and non-steroidal anti-inflammatory agents (such as ibuprofen) should be avoided because of their anticoagulant properties. Patients should be encouraged to rest and take abundant fluids. In severe cases the prompt infusion of intravenous fluids is necessary to maintain adequate blood pressure. Because shock may develop suddenly, vital signs must be monitored frequently. Hypotension is a more frequent complication of DHF than severe hemorrhage.

Homeopathic Prevention and Treatment

Homeopathy has been used successfully around the world to treat and prevent dengue fever (DF) and dengue hemorrhagic fever (DHF). The selection of homoeopathic remedies in these cases depends upon the individual's response to infection and the virulence of the virus. Often, DF and DHF occur in epidemic situations. Study of the symptomology of the infected patients will help one to decide about the curative and preventive homoeopathic medicine for the individual as well as for the epidemic as a whole.

We have many remedies in our *materia medica* which match the symptomology of the various presentations. Like other epidemic diseases a particular remedy may be more indicated depending on the extenuating circumstances accompanying the epidemic, such as environmental factors, inclement weather, cultural susceptibilities, etc. Once a Genus *Epidemicus* has been determined, this same remedy may be used preventatively for other household members and the surrounding community.

The homeopathic remedies listed below have been successfully used by many homeopaths across the globe for the treatment and management of DF and DHF. For example, in 1996 during the epidemic of dengue in Delhi, ***Eupatorium perfoliatum***, also known as Thoroughwort or "Bone-Set," was found most effective in the treatment of DF and as a prophylactic.²⁵ It was used in the 1800 and 1900's by homeopaths when DF became

epidemic. In dengue hemorrhagic patients in the 2000 epidemic in Delhi, **Ipecacuanha** was most indicated.²⁵

Remedies corresponding to DF are **Arsenicum**, **Bryonia**, **Eupatorium perfoliatum**, **Gelsemium**, or **Rhus toxicodendron**. DHF can be treated with **Crotalus horridus**, **Ferrum metallicum**, **Hamamelis**, **Ipecacuanha**, **Lachesis**, or **Secale**, all of which have an affinity to hemorrhagic conditions. **Crotalus horridus** or **Lachesis** are especially indicated for severe hemorrhaging. For the swift onset of shock, **Veratrum album** or **Carbo vegetabilis** should be considered. In these cases conjunctive general management of the patient in the form of monitoring of their leucocytes and platelet counts is necessary.

Homeopathic remedies can be safely used in every patient along with the general treatment being given by allopathic doctors.

For the prevention of dengue fever, **Eupatorium perfoliatum** 200C can be taken twice daily for three days and subsequently at least two doses a week, at the interval of three to four days until the epidemic subsides. **Ipecacuanha** 200C can be given twice a day for three days and two doses a week in all the patients who have already suffered with dengue fever and are more prone to dengue hemorrhagic fever. This remedy can also be used alternately (every other week) with **Eupatorium perfoliatum** 200C to prevent both types of fever.

Curative response from the homeopathic remedy will be rapid within hours of contact with the remedy. Initial signs of amelioration in DF will include less pain, reduction in intensity of accompanying symptoms, while the fever may remain consistent and then break within 24 hours. In the next few days complete recovery will follow. In DHF, curative action will include greater ability to coagulate the blood, reduction in vomiting and pain while the fever finishes the work needed to remove the pathogen. Those DF cases treated effectively with homeopathy will be less likely to succumb to it again and will be less likely to develop the hemorrhagic form if re-infected. Higher potencies are indicated for those who are fairly healthy with sudden and acute manifestation of the disease, while lower potencies will be more affective and should be repeated more often in those who have compromised health and are going towards DHF. People who develop DHF need constitutional treatment to repair damage to the liver and to lessen their susceptibility to getting DHF again.

Remedies: *acon.*, *apis*, *aran.*, *arn.*, *ars.*, *arum-t.*, *bapt.*, *bell.*, ***bry.***, *carb-v.*, *canth.*, *chin.*, *coloc.*, **EUP-PER.**, *ferr.*, *gels.*, *ham.*, *ip.*, *merc.*, *nux-v.*, *phos.*, *podo.*, ***rhus-t.***, *thus-v.*, *sanic.*, *sec.*, *sul-ac.*, *verat.*

Arnica: Useful for both DF and DHF. Septic and *traumatic fevers*. Shivering over whole body. *Heat and redness of head with coolness of the rest of body.* Internal heat, feet and hands cold like **Bell.** Head or face alone hot, body cold. Coldness of part lain on. *Coldness of the nose.* Thirst during chill. Must uncover but it chills him. Limbs ache as if beaten. Sprained and dislocated feeling. *Pain in back and limbs, as if bruised or beaten.* Every little injury makes bruises. Black and blue. Ecchymosis. Bruises. Dusky, mottled skin. *Hemorrhages into the tissues of internal organs or the skin.* Putrid breath and fetid sweat. With **Arnica** there is apt to be incessant passing of stool and urine in these states. *Horrors in the night. Dreams of death, mutilated bodies, anxious and terrible dreams, awakes in terror,* then sleepless.

Bryonia: Indicated in fevers where the person *wants to lie still*, in a dark, quiet room and *remain undisturbed.* Fears he is going to die. Faint feeling upon rising. Pain is *bursting and splitting* in the occiput of the head. Feels as if hammers were being struck inside his head. *Worse with any motion. Urgent sense of thirstiness.* Wants to drink large amounts of water. Everything in mouth is *dry*, including tongue, and throat region. Tongue has a thick, white coating or a dirty yellow one. Vomiting after drinking water. Worse with warm drinks; which are vomited even more quickly. Sore stomach. Pressure in stomach after eating. Knife-like pains felt in stomach. Stiff neck, red spots on the sides of the neck. Shooting, tearing pains all over the back, especially under right shoulder blade. *All symptoms worse around 9 pm.* Feels better lying on something very hard. Worse from cold of any kind and better from heat of any kind. Pulse is full and hard. Chill worse in evening. Cold and shivering all over, even under covers of the bed. Chill followed by heat with sweat and thirst. Dry, burning heat felt throughout body. *Unique symptoms of chill and heat alternating, and then heat and shuddering alternating.*

Crotalus horridus: Produces profound nervous shock with deathly sickness, trembling, and prostration. *Low septic states. General disorganization of the blood; hemorrhages and jaundice.* Hemorrhages from every part of body. *Hemorrhages are slow, oozing of dark thin blood, not clots, from all the orifices and surfaces, especially from pharynx.* Dull, heavy, occipital pain, on right side and behind right eye. Pain in occiput, as of a blow in waves from the spine. General burning. Moldy odors of secretions. Progressive muscular atrophy. Edema in general or of affected part. More right-sided in its action. *Severe chills and high fever.*

Eupatorium perfoliatum: Will probably be the major remedy of choice for any epidemic condition. Person feels as if they are losing their minds. Anxious feeling, accompanied with moaning. *Restless and cannot sit or lie still;* although they wish they could as every movement hurts them. Throbbing pain, as if a cap of metal were pressed over the entire

skull pushing downward. Vertigo with falling to the left. Top and rear of head painful. *Headache may be periodical; every 3rd and 7th day.* Upon lying down the rear of the occipital region of the skull feels very heavy and there is a weighted feeling to it. Soreness of the eyeballs. Worse with light of any kind. Even the lids feel sore. Tongue has a thick yellow coat. Cracks or soreness at corners of mouth. Very thirsty for cold liquids. Bitter taste in mouth. Liver region sore to touch. Vomit may contain bile; green color. Vomiting preceded by being very thirsty. Hiccoughs. Does not want any tight clothing around the waist or stomach region. Diarrhea, green, watery with cramps. Sneezing. Hoarseness with cough, worse in morning, with a sore chest. *Great soreness of muscles and bones of chest.* All symptoms better by getting down on hands and knees. Sweating relieves all symptoms except the headache. *Chills between 9 am and 9 pm, preceded by a great thirst for liquids. Soreness and aching of the bones attend the fever.* Ache in lumbar region of back. Chills will start in low back and move upward. Arms and wrists ache. Knees and calves painful and stiff. Muscles stiff; person is unable to move or bend very much. Back may have a trembling sensation to it during the fever portion. *Arms and legs feel as if they have been badly bruised and severely beaten like Arnica.*

Ferrum metallicum: Useful in DHF where there is a previous history of the illness.

Seemingly healthy person goes rapidly into a state of collapse and near death. Hemorrhages of pale blood. Pseudo-plethora. Pallor of skin, mucous membranes, and face, alternating with flushes. General coldness of limbs, head and face hot. Chill with red face and thirst. Profuse, debilitating sweat; clammy, yellow, cold, acrid. *Weakness, almost amounting to paralysis of the whole body and of single parts.* Black or dark violet spots on the skin. *Bleeding in anemic patients. Blood like pale meat water.*

Hamamelis: No remedy has a wider sphere of usefulness in cases of hemorrhage and disordered blood vessels. Its position as being between the inflammatory state of **Acon.** and tendency to free bleeding of **Arn.** Fever at night, hands hot, burning in the eyelids on closing them. Sweats freely at night after lying down. *Chilly on going to bed, dreads an attack of fever. Cold creeps in the open air, chills run up the legs. The hemorrhages of Ham. cause great exhaustion out of proportion to the amount of blood loss.* Bruised soreness of the affected part. Nosebleeds; flow passive, non-coagulable with tightness at the bridge of the nose. Worse in rainy weather.

Ipecacuanha: produces violent irritation of the skin and between the acts of vomiting, an uncontrollable desire to scratch is often felt. Nausea is constant with desire to vomit, or immediately after vomiting there is instead of relief, a desire to vomit again. Hemorrhages are bright red and

profuse. Discharges are foamy and profuse. *Bright red, gushing hemorrhages with nausea.* Convulsions; body rigid, stretched out, followed by spasmodic jerking of arms towards each other. Bones of skull feel crushed or bruised. Pain extends to teeth and root of tongue. Pain in the occiput and the neck. Intermittent fever. Short chill with long heat. Chill alternating with heat. Heat without thirst. Hands and feet drip cold sweat.

Lachesis: Like other snake venoms **Lachesis** *decomposes the blood*, rendering it more fluid.

Hence, **Lachesis** has a hemorrhagic tendency that is marked. *Hemorrhages are thin containing dark particles like charred straw, nosebleeds, bloody urine, etc.* The skin is cold and clammy rather than cold and dry. *Ailments of the left side. Septic states and other low forms of disease, when the system is thoroughly poisoned and the prostration is profound. Ascending sensations in the throat, from hot flashes, and chills. Sensation of a lump in throat.*

Headaches with flickerings, dim vision, very pale face. Sun headaches with glimmering of vision. Chilly in back, feet icy cold, hot flushes, and hot perspiration. *Heat, on vertex in flushes, on waking, on falling to sleep.*

Rhus toxicodendron: *Fevers that come on after getting a chill while wet or perspiring. High fever with delirium and delusions.* Feeling of *extreme restlessness.* Changes position constantly. Senses become muddled. Apprehensive about nightfall and will refuse to stay in bed. A feeling of great helplessness coupled with deep sadness. Mental perceptions are dulled. Body feels heavy and scalp is very sensitive. Pain in the occiput, painful upon touch. *Stiff neck,* but feels better with warm cloth applied to area. Pain in forehead and headache moves up and over toward the occiput. *Worse with motion. Better in the morning, with heat and lying down.* A sensation as if someone were pushing down the forehead and driving the head into the pillow. *Fever blisters around mouth.* Pain in jaws. Unquenchable thirst. Hot, swollen, painful joints better with motion. If sitting or lying down, stiffness sets in along with pain. Better from heat of shower or bath. Tearing pains in joints. Worse with cold air or cold cloth on affected parts. Limbs become so stiff person may feel partly paralyzed until they can begin to move. Chilled but later feels hot and wants to stretch limbs. Pulse weak and soft; cannot be felt sometimes. Odd sensation of chill and cold on the back, but a feeling of heat on chest and torso. Fever in evening, first shivering, then heat and thirst, with sweating, and then followed by diarrhea. Fever strikes every 3rd or 4th day.

Notes:

Malaria

Malaria is a parasitical disease caused by four different plasmodium species: *P. falciparum*, *P. vivax*, *P. ovale* and *P. malariae*. Malaria is transmitted from human to human via the *Anopheles* mosquito. The anopheles bites in the night with most activity at dawn and dusk. Malaria is present in tropical areas of the world and in low swampy areas where mosquitoes breed in large numbers. It is one of the planet's deadliest diseases and one of the leading causes of sickness and death in the developing world. Of the four human malaria strains, *Plasmodium falciparum* is the most common and deadly form. It is responsible for about 95% of malaria deaths worldwide and has a mortality rate of 1-3%.

Each of the four species have different courses of disease and characteristic symptoms. Different geographical regions have higher concentrations of one or the other species. Infection results in a wide variety of symptoms ranging from absent or very mild symptoms to severe disease and even death. In general, malaria is a curable disease if diagnosed and treated promptly and correctly.

The parasites enter the human host's bloodstream after being bitten by an infected mosquito. Once inside the host they migrate to the liver where they multiply. The incubation period after the plasmodium enters the liver varies from seven to thirty days. Shorter incubation periods are observed most frequently with *P. falciparum* and longer periods with *P. malariae*. Once in the liver they either remain dormant to become active later, or they multiply. *P. vivax* and *P. ovale* strains can remain dormant in the liver for weeks or years.

Active parasites rupture the liver cells, enter into the blood stream, and then enter into the red blood cells. At the time of release into the blood stream, the characteristic febrile paroxysm associated with the disease manifests. These paroxysms occur in intervals of 24 to 72 hours. This cycling fever gives rise to the term "intermittent fever" also known as ague. Depending on the species of plasmodium the attacks occur daily as in quotidian malaria (*P. vivax*), every other day as in vivax malaria (*P. vivax*), every 42 to 47 hours, or third day with the tertian parasites (*P. falciparum*, *P. vivax*, and *P. ovale*), and every 72 hours or four days with

the quartan parasite (*P. malariae*). Diagnosis of the course of malaria can be determined by the demonstration of the particular parasite on a blood smear examined under a microscope.

Once inside the red blood cells the parasites can develop in one of two ways. The first path is to remain in the red blood cells to multiply and further infect other red blood cells thus destroying the red blood cells making the person anemic. The second path is to stay in an immature form in the blood to be taken up by another biting mosquito. Once back in a mosquito host the parasites replicate in the wall of the midgut of the mosquito. After which they can be released into the mosquito's salivary glands and then injected into the next human host at the next blood meal.

After a single sporozoite (the initial parasite inoculated by the female mosquito) of *Plasmodium falciparum* invades a liver cell, the parasite grows in 6 days and produces 30,000-40,000 daughter cells (merozoites). These are released into the blood when the liver cell ruptures. In the blood after a single merozoite invades a red blood cell the parasite grows in 48 hours and produces eight to twenty-four daughter cells, which are released into the blood when the red blood cell ruptures.

A classical malaria attack lasts 6 to 10 hours. It consists of a cold stage (sensation of cold and shivering), a hot stage (fever, headaches, and vomiting; seizures in young children), and finally a sweating stage (sweats, return to normal temperature, and tiredness).

More commonly, the patient presents with a combination of the following symptoms; fever, chills, sweats, headaches, nausea and vomiting, body aches, general malaise, and sometimes an enlarged spleen.

In countries where cases of malaria are infrequent, these symptoms may be attributed to influenza, a cold, or other common infection, especially if malaria is not suspected. Conversely, in countries where incidence of malaria is high residents often recognize the symptoms as malaria and treat themselves without seeking diagnostic confirmation.

Severe malaria occurs when *P. falciparum* infections are complicated by organ failures or abnormalities in the patient's blood or metabolism. Complications include:

- Severe anemia due to hemolysis (destruction of the red blood cells resulting in jaundice; yellow coloring of the skin and eyes).

- Enlargement of the liver and increased respiratory rate. If not promptly treated the hemolytic action may cause kidney failure.
- The hemoglobin from the destroyed blood cells will be present in the urine and cause the urine to become very dark, thus the term ‘blackwater fever.’
- Abnormalities in blood coagulation and thrombocytopenia (decrease in blood platelets).
- Fluid retention leading to fluid accumulating in the lungs.
- Cardiovascular collapse and shock.
- Cerebral complications with abnormal behavior, impairment of consciousness, seizures, coma, or other neurological abnormalities, resulting in death.
- Other potentially serious manifestations include acute kidney failure, hyperparasitemia (where more than 5% of the red blood cells are infected by malaria parasites), and metabolic acidosis (excessive acidity in the blood and tissue fluids), often in association with hypoglycemia (low blood glucose).
- Hypoglycemia can also occur in pregnant women with uncomplicated malaria or after treatment with quinine.

Severe malaria occurs most often in persons who have no immunity to malaria or whose immunity has been decreased by other disease agents, poor nutritional status, or poor health. These include all residents of areas with low or no malaria transmission, and young children or pregnant women in areas with high transmission.

In *P. vivax* and *P. ovale* infections, patients having recovered from the first episode of illness may suffer several additional attacks (“relapses”) after months or even years without symptoms. Relapses occur because *P. vivax* and *P. ovale* have dormant liver stage parasites that may reactivate. Treatment to reduce the chance of such relapses is available and should commence after treatment of the first attack. Natural immunity to malaria only develops after prolonged or repeated infection but does not afford complete protection.

Black Africans who carry the recessive gene for sickle cell anemia or thalassemia anemia, (both of which are genetic diseases of the blood and which only occurs when both parents pass on the gene), have immunity to malaria and do not develop the characteristics of the genetic disease.

According to the World Health Organization, there are 300 to 500 million clinical cases of malaria each year resulting in 1.5 to 2.7 million deaths. Children aged one to four are the

most vulnerable to infection and death. The disease kills more than one million children - 2,800 per day - each year in Africa alone. In the early 1960's, only 10% of the world's population was at risk of contracting malaria. This rose to 40% as mosquitoes developed resistance to pesticides and malarial parasites developed resistance to treatment drugs. Malaria is now spreading to areas previously free of the disease. There were 483 reported cases of malaria in Canada in 1993, according to Health Canada, and approximately 431 in 1994. The Centers for Disease Control and Prevention in the United States received reports of 910 cases of malaria in 1992. Seven of those cases were acquired in the US. In 1970, reported malaria cases in the U.S. were 4,247 with more than 4,000 of the total being U.S. military personnel.³⁸

Vaccination and Treatment

Currently there are no vaccines available for the prevention of malaria. The cheapest and most effective methods of prevention are anti-mosquito measures such as insect repellents, mosquito nets, and long sleeved clothing. If you are out at night, wear long-sleeved clothing and long trousers. Beyond that, various conventional medicines have relative success in preventing and treating malaria.

Two important currently used anti-malarial drugs are derived from plants whose medicinal values had been noted for centuries: artemisinin from the Qinghao plant (*Artemisia annua* L., China, 4th century) and quinine from the cinchona tree (*Cinchona officinalis*, South America, 17th century), which is used in Chloroquine.

There are various conventional medicines intended for the prevention of malaria that include some aspect of these herbal medicines. Each medicine has their treatment protocol and recommended duration of use. Resistance to anti-malarial drugs is proving to be a challenging problem in malaria control in most parts of the world. The plasmodia that cause malaria develop resistance to anti-malarial drugs. Since the early 1960's, the sensitivity of the parasites to Chloroquine, the best and most widely used drug for treating malaria has been on the decline. The Centers for Disease Control and the World Health Organization have up-to-date maps that delineate areas of infecting plasmodium species and their relative resistance to which particular drug.

Below is a list of medication, suggested doses, possible side-effects, and recommendation for long-term use:

Mefloquine also called **Lariam**: One 250 mg tablet weekly. Start two and a half weeks before travel, continue throughout one's stay in an endemic area and continue for four weeks after return. Can be taken for periods up to one year. Patients with a history of psychiatric disturbances (including depression) should not take **Mefloquine** as it may precipitate these conditions.

Doxycycline: One 100 mg capsule daily. Start two days before travel, continue throughout one's stay in an endemic area and continue for four weeks after return. There is a risk of photosensitization from this drug (i.e., sunburn). Can be taken for periods up to six months.**Maloprim**: One 12.5 mg tablet weekly. Can cause nausea, temporary blurred vision, rashes, lymphadenopathy, maculopapular exanthema, hepatitis, and increased risk of agranulocytosis. Can be taken for periods up to one year unless complications arise.

Malarone: Which is a combination of **Atovaquone** 250 mg and **Proguanil** 100 mg: One tablet daily. Start two days before travel, continue throughout one's stay in an endemic area and continue for one week after return. **Malarone** is a relatively new treatment and is virtually free of side-effects. It is licensed for use in stays of up to 28 days but there is now experience of it being taken safely for up to three months.

Chloroquine also called **Nivaquine** or **Avloclor**: 300 mg weekly. Start one week before travel, continue throughout one's stay in an endemic area and continue for four weeks after return. Can cause nausea, temporary blurred vision, rashes, and simple mouth ulcers. May be taken for periods exceeding five years.

Proguanil also called **Paludrine**: Two 150 mg tablets weekly can be taken in combination with **Chloroquine**. Can cause nausea, temporary blurred vision, and rashes. May be taken for periods exceeding five years.

Homeopathic Treatment and Prevention

As with every other disease it is one's susceptibility that determines whether or not one will contract malaria upon exposure. Accordingly, if one were to treat the susceptibility prior to

exposure, contraction of the disease is less likely. As malaria is a disease that centers in the blood, liver, and immune system, remedies that have an affinity to these areas are indicated for use preventatively and for treatment, once the disease has been contracted.

Correspondingly, continued homeopathic treatment may be necessary to treat relapsing conditions that occur in the following years. The goal in treatment and prevention of malaria is not in the destruction of the plasmodium but rather towards supporting the health of the liver and blood so that the immune system is effectively able to remove the pathogen from the body and limit its destructive effects. Conversely, prolonged use of anti-malarial drugs will have a tendency to produce a cachetic state of the liver and blood that looks significantly similar to the damage from prolonged malaria.

Cinchona bark has significant historical implications to malaria as it does to homeopathy. It has been used since the 1700's for the treatment of malaria. It was also the first homeopathic remedy proven (see **Chapter 1**). **Cinchona officinalis**, or **China**, as it is commonly called, can be taken in a 30C dose weekly prior to entering a malarial zone. Other remedies useful for the prevention of malaria include **Natrum muriaticum**, **Phosphorus**, or **Arsenicum**. **Malaria officinalis** (a nosode made from rotten vegetable matter) and **Eupatorium purpureum** have also been used as preventative remedies.

The nosode **Malaria Co.**, a compilation of plasmodiums of malarial species (*P. falciparum*, *P. vivax*, *P. ovale* and *P. malariae*) is a prescription remedy that can be used alternately with the above-mentioned remedies. These remedies in a 30C can be alternated weekly prior to visiting an endemic area. Start with a single dose of **Nat- mur.** 30C, the following week take a single dose of **China** 30C, followed the next week with a dose of **Phosphorus** 30C, and finally a single dose **Arsenicum** 30C in the last week of the cycle. Start this cycle one month before travel and repeat the cycle every four weeks throughout your travels. Depending on one's constitution, one or another of these remedies will have greater affinity to promoting well-being and therefore will be more effective for that person. Continue weekly prophylaxis with the remedy that has the best effect. If one stays for an extended time in a high-risk area these remedies can be administered in a 200C less frequently.

For the treatment of malaria, depending on the specific plasmodium and how the disease manifests, one or other of the remedies listed below will be more indicated. **Phosphorus** is indicated if there is marked liver involvement and yellowing of the skin; **China sulphuricum** when there is marked destruction of the red blood cells; **China** where the periodicity of the fever chills and perspiration is more marked; **Ferrum metallicum** when

there is complete exhaustion from the anemia; **Arsenicum** in the more active stages or when the disease has gone on for a long time and the person is completely exhausted;

Lycopodium when the disease has caused a weakening of the liver and kidneys and there is gas and abdominal bloating; **Tuberculinum** with intermittent fever, cachexia, and weak lungs; **Natrum muriaticum** in cases of cachexia, chlorosis, emaciation, and irregular intermittent fevers; **Malaria officinalis** to reduce the amount of live plasmodium in the blood.

In order to find the appropriate remedy for the treatment of malaria in a particular case, be sure to take a complete case delineating all the particulars of the fever, chill, and perspiration. Consult with a homeopathic repertory may be necessary to complete the search of possible remedies. The general symptoms of each remedy will help differentiate between them. Determine the duration of the fever and chill paroxysm, or the accompanying symptoms with the fever and chill? Is the thirst present before, during, or after the fever or the sweat? Are the accompanying symptoms in the gastric sphere, the blood, liver, or kidneys? What is the pace of the disease or tendency towards chronicity?

Potency selection for the treatment of malaria is dependent of the person's health and the length of time they have had the disease. LM potencies given daily may be advisable as the plasmodium will continue to multiply every few days and if the person's health has deteriorated over a long time. Daily support of the remedy will assist the body in managing the paroxysmal nature of the disease. Curative signs will include a reduction in the paroxysms of attacks over the following weeks. Accompanying symptoms such as diarrhea, loss of appetite, and headaches, etc., will also reduce. The length of time to complete recovery depends on the original health of the person, the length of time they have been sick, and the potency used. Monitor the case for one to two months and then every few months following to avoid relapse.

Remedies: abies-n., acon., agar., alst-c., alst-s., **ALUM.**, am-c., am-m., **am-pic.**, anac., ang., ant-c., ant-o., ant-t., **apis**, aran., arg-n., arist-cl., arn., **ARS.**, ars-br., ars-i., ars-s-f., arum-t., asaf., asar., aur., aza., baj., bapt., bar-c., **BELL.**, benz-ac., bol., bol-lu., bov., **bry**, bufo, buth-aust., cact., calad., Calc., calc-ar., **calc-p.**, calc-s., calli., camph., camph-br., canch., cann-s., canth., **caps.**, carb-ac., carb-an., **carb-v.**, caust., cean., cedr., cent., ceph., cham., chel., chelo., **chin.**, **chin-ar.**, chin-b., **chin-m.**, chin-s., chion., cic., cimx., **cina**, cist., clem., coc-c., cocc., coff., colch., coloc., corn., **corn-f.**, croc., crot-h., cupr., cycl., dros., **echi**, elat., **eucal.**, euon-a., **eup-per.**, **eup-pur.**, euphr., **FERR.**, ferr-ar., **ferr-i.**, ferr-p., fl-ac., gels., gent-l., gent-q., graph., guarc., **helia**, hell., hep., hydr., hyos., **ign**, ilx-a., iod., ip., iris, kali-ar., kali-bi., kali-c.,

kali-i., kali-m., kali-n., kali-p., **KALI-S.**, lac-d., ***lach.***, laur., led., lept., lil-t., lob., **LYC.**, lyss., mag-c., mag-m., mag-p., maland., malar., meny., merc., methyl., mosch., mur-ac., naja, nat-c., **NAT-M.**, nat-p., **NAT-S.**, nicc., **NIT-AC.**, nux-m., **nux-v.**, ol-j., op., ost., par., **petr.**, ph-ac., phel., **phos.**, phyt., plan., plb., podo., polyg-a., polyp-p., **pop.**, prun-c., **PSOR.**, ptel., puls., **PYROG.**, querc., ran-b., ran-s., rheum., thod., **thus-t.**, **sabad.**, sabin., samb., sang., sec., sed-ac., sel., senec., **SEP.**, **sil.**, **spig.**, spong., stann., **staph.**, stram., sul-ac., **SULPH.**, tarax., **TARENT.**, **tela**, tell., teucr., ther., **thuj.**, **TUB.**, urt-u., valer., verat., verat-v., verb., verbe-h., vip., zinc.

Apis: One of the most important remedies. Perspiration breaks out and dries up frequently.

Sleeps after the fever paroxysm. No thirst with sweat. *Chill with thirst at 3 or 4 pm. Chill, anticipating with dyspnea, urticaria, and desire to uncover alternating with heat.* Protracted cases with a nettle rash. *Suppressed urine*, loaded with casts, frequent and involuntary urine, stinging pain, and strangury with urination, scanty, high colored.

Arsenicum: This is one of our most important remedies and next to **China** it is more frequently indicated than any other. The characteristics are intensity and long duration of paroxysms, especially of the *burning heat, unquenchable thirst, anxiety and restlessness, a small, quick pulse, and a clean tongue.* The cleaner the tongue in violent paroxysms the more is it indicated. *After the attack, there is pallor, and exhaustion.* It is the sovereign remedy for the malarial cachexia; it antidotes quinine and its attacks are accompanied with a high grade of gastric irritability. **Arsenicum** is not as suited to the typical forms of intermittent fever, but rather to those types known as typho-malarial fevers (fevers resembling both typhoid and malaria). Other characteristics of **Arsenicum** are the *chilly*, defined paroxysms with one of the stages marking the *collapse of vital power and prostration.* The longer the disease has lasted the more likely **Arsenicum** will be indicated.

Calcarea arsenicosum: Chronic malaria. The fever symptoms are well marked; intermittent and remittent fevers. Hectic fever and masked malaria, the symptoms not being all out, especially in cases that have taken homeopathic remedies. *Chilliness is marked. Fever originates inwardly with a sensation as if skin and adjoining parts were hot. Liver and spleen somewhat enlarged. Weariness and prostration. Continuous fever with oscillating temperature. Sweat profuse and exhaustive at night. Eggs and fish produce diarrhea.* After the feverish cough in the chill no reaction of warmth. Heat with nausea.

Capsicum: Chill prevails, intense thirst, drinking causes an aggravation; the chill begins in the back; heat applied relieves. Thirst is wanting during the hot stage. *Homesickness with*

red cheeks and sleeplessness with hot feeling in fauces. Thirsty after stool with shivering. Coldness with ill humor. Chilly with the pains. Shivering after drinking. Chill alternating with heat, mounting to a head, then sweat. Lack of reaction and bodily irritability. Burning pains.

Carbo vegetabilis: Old cases with coldness of feet. Imperfect oxidation and disintegration. Works as an antidote to **China**. *Cases where too much medication has weakened the system into not responding.* Weakness from grave or serious diseases, from effects of drugs, and prolonged disease, or from obstinate complications. *Body becomes blue, icy-cold.* Bacteria and parasites find a rich soil in the *nearly lifeless blood stream*; a septic and typhoid state ensues. Alternate chill and heat. Internal burning heat at heart and chest with cold icy skin and cold sweat. Hectic fever, exhausting sweats.

Cedron: Great regularity marks this remedy, also violent symptoms. Headache. It is useful in masked interments, and the fevers of warm and damp, low, marshy regions. *Excitement before chill. Regular paroxysms of fever, coming at same hour, commencing every day at 6 pm with chills in the back and limbs, or cold feet and hands.* Congestion to the head is a marked symptom during apyrexia. Malaise and debility. Has been found curative in malarial affections especially neuralgias. *Adapted to persons of a voluptuous disposition, excitable, and of nervous temperament.* Mania.

China: This remedy is most suitable in epidemic and endemic form of chills and fever, being of little if any use in the general malarial cachexia occurring after prolonged disease. The paroxysms are irregular and it corresponds more to the tertian type, if to any. The precursory symptoms to the *chill are nervous excitement, anxiety, headache, nausea, and irritability.* The chill is of short duration and it soon becomes mingled with the heat. The remedy may be said to be one of the *thirstless remedies in fever*, as there is very little if any thirst during the chill and no real thirst during the heat, it being from a desire to moisten the mouth, rather than to quench the thirst, that the patient may desire water. During the fever the veins appear enlarged and there is congestion to the head, redness and heat of the face, even though other parts of the body are chilly. During the chill the patient sits near the fire and wraps himself up, but the warmth obtained does no good. During the sweat however, which is long and profuse, there is much thirst. **China** is seldom of use in inveterate cases where the liver and spleen are hypertrophied or where much quinine has been taken, though a swollen spleen does not contra-indicate the remedy. *The apyrexia is marked with debility, restlessness, loss of appetite or great hunger.* Anemia, gray complexion, congestions, backache, and edema. Scanty urine with brickdust sediment.

China sulphuricum: This remedy has great periodicity; chill towards evening with slight or violent thirst, and after the sweat there is much prostration, great weakness at the epigastrium, and debility. It has been found that the lower potencies act better. During the paroxysm a pain in the dorsal vertebrae on pressure is a good indication. Tinnitus. Violent ringing, buzzing, and roaring in ears. Deafness. *Rapid decrease of red blood cells and reduction of hemoglobin with tendency to leucocytosis.* Worse from exact periodicity. *Discouragement, inclination to cry.* Moroseness and ill-humor. Indolence with lassitude. Slowness of reflection. Anticipating chills. Chill daily at 3 pm. Thirst in all stages. Delirium during heat. *Increasing fever and prostration with profuse night sweats.* Profuse sweat that exhausts.

Eucalyptus: A powerful anti-septic and disinfectant. A remedy with marked effects on *catarrhal processes*, malaria, and intestinal disturbances. Fevers of a relapsing character. Remarkable bodily exhaustion, no desire for any motion, unable to do any real mental work, study, etc. *Slow digestion is the characteristic.* Useful in convalescence from intermittents. It produces odorous sweat. Quinine cachexia.

Eupatorium perfoliatum: *The bone pains and the vomiting as the chill passes off* are the chief characteristics of this remedy. There are gastric symptoms similar to **Ipecacuanha**. There is muscular soreness all over the body, and the chill is apt to occur on the morning of one day and in the evening of the next. Chill is preceded by thirst and bitter vomiting. *The patient knows the chill is coming on because he cannot drink enough.* The chill commences in the small of the back and is accompanied with a sense of pressure over the skullcap. *This pressure and weight over the forehead* is the surest indication for the remedy. With the heat the aching increases and the sweat is inconsiderable or absent. The paroxysms calling for **Eupatorium** are irregular in their development. The liver is at fault and there is a yellow tinge to the complexion.

Eupatorium purpureum: The fever symptoms of **Eup-pur.** resemble those of **Eup-per.**, but **Eup-pur.** has many more *symptoms in the urinary and sexual regions.* The general soreness is less marked with **purpureum**. Both have chills beginning in the back, those of **purpureum** (as also the pains) run upwards, and with them there is much shaking and comparatively little coldness. **Eup-pur.** has been well proved by a Mrs. Dresser and she experienced a *feeling of homesickness even when living in her own house.* *Fever with protracted with bone pains, nausea and vomiting, followed by slight sweat, mostly about forehead and head.* No thirst during chill, but frontal headache. Chill commences in back. Violent shaking with comparatively little coldness.

Ferrum picricum: P. C. Majumdar cured a student, suffering from *anemia* and malarial fever off and on for a year, who had these symptoms among other: *Impaired hearing of both ears, buzzing, hissing, vertigo, indigestion, headache, and a tired feeling after bodily or mental exertion.* He considers **Ferr-pic.** suited to the results of malarial fever, sexual excesses, and loss of blood.

Gelsemium: This remedy has no special hepatic, gastric, or intestinal disturbances and it suits especially malarial conditions in children. *The chill runs up the back or starts from the feet.* There is a bruised feeling all over and a characteristic is that the *patient wants to be held during the chill to prevent his shaking.* The characteristic time for the chill is in the middle of the day. The heat is attended with a red face. *Drowsiness, dizziness, and dullness* are characteristic symptoms. Thirst is not marked.

Ignatia: The *superficial and erratic character* of its symptoms are most characteristic. *Heat with aversion to uncover but no thirst. Feeling as if sweat would break out but does not.* Febrile shivering, especially in the back and arms, with thirst for cold water, and sometimes with nausea and vomiting. Warmth from stove relieves. Thirst only during chill.

Ipecacuanha: In the milder epidemics where the tertian form predominates **Ipecac** may prove useful. *The chill is most marked and the fever is accompanied with gastric symptoms; loss of appetite, loathing of food, nausea, vomiting, and diarrhea.* It is often the remedy in the beginning of intermittents suiting especially sensitive young patients. The thirst is wanting or slight during the chill and the chill predominates. The heat is trifling and the sweat is usually missing. Or, there may be a short chill and long fever. *During the paroxysms there may be a suffocative cough and spasmodic dyspnea.* During the apyrexia there are many gastric symptoms, sallow skin, headache, nausea, and vomiting. It is the remedy when the case seems all mixed up; a few doses will often clear the case and lead to the proper remedy.

Lachesis: Desires heat, but no relief therefrom. A most important remedy after abuse of quinine. *Intensively rapid onset of the disease with great prostration.* Intense nervous irritability with restless tossing and moving about. Hysteria. Hard throbbing or hammering pains. Chill worse drinking with sweat. *Heat, on vertex in flushes, on waking, and on falling to sleep.* Paroxysm returns after acids. Intermittent fever every spring.

Malaria officinalis: Malaria and rheumatism. Fearful headache, nausea, and aversion to food with distress through hypochondriac region, first in the spleen, then liver and stomach, and then chills. Malarial cachexia. *Chill and fever, continuous nausea, vomiting bile*

with retching. General sense of weariness. Spleen affections. A feeling as if he would have a chill, then as if he would become feverish, though neither is very marked. Fevers intermittent; quotidian, or tertian. Ague every other day. Weak and drowsy between attacks. Chill begins about noon every other day. Icy cold from hips down, chilly all over, fever worse about the trunk, and slight general sweat. Chilly every second day followed by heat; profuse sweat during the night; wakes up chilly and takes cold as perspiration ceases. May be used as an inter-current remedy to reduce the quantity of plasmodium in the blood.

Menyanthes: *Chill predominates without thirst. Icy coldness of finger tips felt most acutely in abdomen and legs and tip of nose. Shivering with yawning. Quartan malaria. Pulse slow during cold stage and accelerated during fever. Chill, which is better by heat of stove. Perspiration in evening as soon as he lies down continuing all night.*

Natrum muriaticum: This is a remedy seldom of use in recent cases rather corresponding more to inveterate and badly treated cases. Masked malaria. Will bring clarity to the case, either curing it or allowing for the expression of a more indicated remedy. *The stages are very unequal, the chill perhaps being continuous, heat moderate with violent headache, and perspiration wanting or excessive and debilitating relieving the headache. The complexion is yellowish gray and the spleen and liver are enlarged. Perhaps the most typical case calling for this remedy would have a chill commencing about ten o'clock in the morning, beginning in the back and feet with great thirst pains in the bones, pains in the back, headache, debility, accompanied with shortness of breath, and especially if fever blisters form on the lips. During the apyrexia the eyes are dejected and apprehensive, the face has a sallow complexion, and the tongue is white-coated. Sleepy in the daytime and sleepless at night. It especially corresponds to cases where there is a psoric taint. Emaciation from malaria.*

Nux vomica: Another remedy not so much indicated in inveterate cases, but it corresponds to cases where the *gastro-bilious symptoms are prominent*, and accompanied by nervous symptoms proceeding from the spinal cord. The *chill* is perhaps more commonly quotidian, coming on in the afternoon and evening. *The chill is predominant and starts with blueness of the fingernails, preceded by aching of the body, gaping and yawning, there being no special thirst, but a dull frontal headache and vertigo and nausea, disordered stomach and weakness of the limbs. There is no relief from covering or from external heat or an alternation of chills and heat.*

Pulsatilla: Known for its changing shifting symptoms. Long chill, little heat, and no thirst. The patient seeks the open air, always feels better there. Erratic temperature in fevers. Chilly with pains in spots, worse evening. Chill about 4 pm. Heat in parts of body, coldness in other. One-sided sweat, pains during sweat. One-sided coldness with numbness. During apyrexia, headache, diarrhea, and of appetite, nausea.

Rhus toxicodendron: Chill begins in the thigh and is usually attended with a dry cough. Chilly, as if cold water was poured over him, followed by heat and inclination to stretch the limbs. Chill as if cold water in the veins, preceded by cough, alternating with heat. Chill in single parts. Heat with busy delirium. Deep aches in the muscles.

Sulphur: Seeing that operatives in sulphur mines enjoy an immunity against ague when prevalent in surrounding districts. Before going on hunting expeditions in malarious districts men in Ethiopia submit themselves to fumigations with sulphur and find it an efficient prevention of ague. The probability of **Sulph.** having a power of destroying the organisms of ague in the blood of patients is certainly great and deserves investigation. A great reabsorbent and restorative and is frequently needed after acute illnesses which do not entirely clear up. Remittent fever. Chill spreading up back. Flushes of heat. Profuse sweat at night with sulphurous odor. Sweat without relief. Offensiveness of character and bodily functions. Belchings tasting like bad eggs. Ascending effects, rushes of blood, flushes of heat, vertigo etc. Ragged philosopher type.

Tuberculinum: One of the most prominent uses of this remedy is in intermittent fever. Some of the most stubborn cases of *intermittent fever where the fever will relapse and continue relapsing*, even when such remedies as **Silica** and **Calcarea** and the deeper-acting remedies have been indicated, have acted well, have broken the fever, and in a few weeks, from exposure to cold, from sitting in a draft, from becoming fatigued, from mental exertion, from over-eating or from disordering the stomach, this ague has returned. Wants covers on in all stages of fever. Restless at night and screams in sleep. Dreams, distressing, vivid, of shame, frightful. Awakes in horror. Loquacious during fever. Remittent fever. Profuse sweat. Sweat, easy, cold and clammy on upper parts, on hands, worse from coughing, and staining yellow.

Notes:

Typhoid and Typhus

Typhoid

Typhoid fever, also called enteric fever, is a life threatening infectious contagious disease caused by the bacteria *Salmonella typhi*. Typhoid fever is common in the developing world where it affects about 12.5 million persons each year. In the United States about 400 cases occur each year. 70% of these cases are acquired while traveling internationally. The condition is characterized by an acute onset of fever, abdominal pain, diarrhea, rose spots on the skin, enlarged spleen, and delirium. Death occurs from dehydration, loss of bodily fluids, and putrefaction.

The bacteria are found in contaminated food and water. Typhoid is not often a problem in developed countries because of adequate sewage treatment. However, it is common in underdeveloped countries and re-infection is a problem especially if sewage contaminated with *S. typhi* bacteria gets into the water used for drinking or washing food. The bacteria pass from person to person through the fecal-oral route. Sick people and carriers of the infection (whereby the bacteria take up residence in the gallbladder) shed the bacteria in their feces. Ingestion of food or beverages handled by a person who is shedding the bacteria will lead to the disease. Typhoid can occur year round on a sporadic or epidemic basis. Acquiring one infection once does not afford life-long immunity. Diagnosis of typhoid is determined from stool samples. As one can remain a carrier of the bacteria even though the sickness has passed it is important to have your stools checked again once all the symptoms are gone to ensure your stools are free of the bacteria as to avoid spreading the disease onto others.

Once *S. typhi* bacteria are consumed, they multiply and spread into the bloodstream. The body reacts with fever and other symptoms. The incubation period is eight to twenty-eight days. The initial symptoms to develop are a fever with chills, abdominal pain, loss of appetite, headache, and prostration. The fever will be sustained over a few days with temperatures as high as 103° to 104° F. Over the next one to three weeks symptoms build up in a stepwise fashion. The abdominal pain can be diffuse or localize in the right lower

quadrant in the area of the appendix. These early symptoms may mimic an appendicitis attack. Diarrhea occurs in one third of those infected. Stools are very watery and undigested, looking like pea soup. A rose spot rash with small red spots occurs during the second week and develops on the trunk of the body rather than on the arms and legs. Skin lesions may bleed beneath the skin or take on a hemorrhagic appearance. As the disease progresses in severity the person becomes more delirious and may experience altered states of consciousness. Blank staring, episodes of incoherence, not talking, or even coma marks this advanced stage. If left untreated the infection can last over a month. Relapse of symptoms is common and occurs one to two weeks after the initial episode but is usually milder.

The main complication is bleeding in the intestines with a perforation in the intestinal wall resulting in peritonitis (a severe life threatening abdominal infection). This occurs in 5% of cases. Incidences of mortality are as high as 20% despite antibiotic therapy. Dehydration is another concern. Ensure consumption of plenty of fluids.

Prevention of typhoid:

- Drink bottled water or boil your water by bringing it to a rolling boil for 1 minute before you drink it. Bottled carbonated water is safer than uncarbonated water. Ask for drinks without ice unless the ice is made from bottled or boiled water. Avoid popsicles and flavored ices that may have been made with contaminated water.
- Eat thoroughly cooked foods that are still hot and steaming.
- Avoid raw vegetables and fruits without peels. Vegetables like lettuce are easily contaminated and are very hard to wash well. When you eat raw fruit or vegetables that can be peeled, peel them yourself. (wash your hands with soap first). Do not eat the peelings.
- Avoid foods and beverages from street vendors. It is difficult for food to remain uncontaminated on the street, and many travelers get sick from food bought from street vendors.

Typhus

Epidemic typhus results from infection by *Rickettsia prowazekii*, a gram negative, obligate intracellular bacterium. At least two strains can be distinguished by genetic analysis. One strain is found only in humans; the other occurs in flying squirrels in the United States.

Transmission of epidemic typhus occurs by arthropod vectors. The primary vector in person to person transmission is the human body louse, *Pediculus humanus corporis*. Lice become infected with the bacteria when they feed on the blood of infected patients. The lice defecate when they feed on a new host excreting *R. prowazekii* in their feces. When the second person scratches the bite the feces are scratched into the wound and poison the blood.

The incubation period is one to two weeks (most infections become evident after twelve days). The onset of epidemic typhus is often sudden. The initial symptoms may include headache, chills, fever, prostration, and muscle pain. In approximately 50% of cases, a rash develops after four to six days. Small pink macules usually appear first on the upper trunk or in the armpits, and then spread to the entire body with the exception of the face, palms, and soles. As the disease progresses, the rash usually becomes dark and maculopapular, consisting of red small confluent bumps, or, in severe cases, it becomes petechial and hemorrhagic (small broken blood vessels on the surface of the skin). Enlargement of the spleen, hypotension, nausea, vomiting, and confusion may also be seen. The fever lasts approximately two weeks. In seriously ill patients, vascular collapse, renal insufficiency, bruises with gangrene, and symptoms of encephalitis, or pneumonia may occur. Children and adults with partial immunity can have a mild infection with no rash.

R. prowazekii sometimes remains latent and recurs years later (this form is called Brill-Zinsser disease). Recrudescence typhus is usually mild with lower mortality rates. Epidemics of typhus usually occur where louse populations are high. Infections are typically seen in populations living in unsanitary, crowded conditions; outbreaks are often associated with wars, famines, floods, and other disasters. Most epidemics occur during the colder months. Sporadic cases of zoonotic typhus (those cases transmitted from the squirrels) are seen in the United States.

The overall case fatality rate for untreated infections is 10 to 40%; the mortality rate increases with age. Infections are rarely fatal in children less than ten years old. In people over fifty years old the mortality rate can be as high as 60% without treatment. Deaths have not been recorded from the zoonotic form regardless of treatment. The symptoms of the zoonotic form resemble classic typhus but are usually mild. The fever usually lasts for seven to ten days and the rash is often barely visible or absent.

Vaccination and Treatment

Conventional treatment of typhoid is with antibiotics. Oral live typhoid vaccine is available and is taken in a capsule or liquid suspension taken in four doses. Vaccine efficacy is around

70%. Common side-effects are abdominal pain, diarrhea, and vomiting. There is also an injectable version of the inactivated bacteria with 60-70% efficacy and a killed whole cell vaccine that is reportedly more effective. This vaccine however has more potentially serious side-effects such as shock, multiple sclerosis, auto immune reactions, and kidney disease.³

For typhus, conventional treatment is with antibiotics. Relapses are uncommon. Treatment is sometimes begun before laboratory confirmation, particularly when the symptoms are severe. Antibiotics can also speed recovery in patients with zoonotic form. No commercial vaccines have been licensed for typhus but experimental vaccines are produced by military sources in the United States and may be available for high-risk situations. Insecticide treatment of the clothing and hair is recommended for people exposed to infected lice.

Homeopathic Prevention and Treatment

Homeopathy offers a number of remedies useful in the treatment of both typhoid and typhus as both diseases share many of the same symptoms even though the species of bacteria and mode of contagion are different. As both pathogens produce a level of blood poisoning, many of the same remedies will be indicated for treatment and prevention of both of the diseases.

In 1813 a typhus epidemic came to Germany following the devastation left by Napoleon's army as they marched through Germany to attack Russia. As the army pulled back from the east through Leipzig, Samuel Hahnemann, was able to treat 180 cases of Typhus; losing only two patients. This came at a time when the conventional treatments were having a mortality rate of over 30%.¹⁵

Baptisia is the most indicated homeopathic preventative for both typhoid fever and typhus. A person traveling in an epidemic region of either disease can take the remedy in 30C potency once a week for prevention. If known exposure occurs take the remedy more often.

Carbo vegetabilis, Crotalus horridus, Phosphoric acid, Rhus toxicodendron, or Pyrogenium are all commonly indicated for the treatment of these diseases and may also be used preventatively depending on the constitutional health of the person or the Genus Epidemicus for the area. If the disease progresses despite prophylactic treatment one of the remedies listed below may be more indicated.

Curative reaction to the remedy should be prompt; within a few hours. Depending on the severity of the disease full recovery may take several weeks. Signs of recovery are as follows; initially will be an improvement in the overall state of being with a cessation of the most limiting symptoms; fever may break, stools begin to firm, bleeding will become less and skin symptoms recede. When relapses occur in the general condition, repeat the appropriate remedy as necessary to bring full recovery.

Clearly, the preventative measures of avoiding contaminated water are necessary for the prevention of typhoid. Beyond that measures to increase colon health are equally important. Acidophilus or other probiotics help to populate healthy bacteria which keep pathological bacteria at bay. Digestive enzyme supplements can help destroy foreign bacteria as they enter the digestive tract. Activated charcoal as a daily dietary supplement works as an absorbent medium which traps bacteria so they can be eliminated with the stools. Preventative measures for typhus include avoiding lice infected bedding and clothing. Vinegar and water in a 1/10 ratio can be consumed at the rate of one gallon over 24 hours to cleanse the blood.

Cautionary measures for both of these include avoiding aspirin as it promotes bleeding, drinking purified water to avoid recontamination, eating a diet of soups, and easy to digest foods, and taking in electrolytes to prevent dehydration. For typhoid the BRAT diet (white rice, bananas, apple sauce and toast) is useful for many diarrheas to thicken the stool, ease the digestion, re-establish electrolyte balance, and gain nourishment.

Remedies for Typhoid and Typhus: *acet-ac.*, achy., acon., aeth., agar., *ail.*, alum., *alumn.*, am-c., amor-r., ant-c., *ant-t.*, anth., anthr., *apis*, arg., *arg-n.*, ARN., ARS., ars-s-f., ARUM-T., *asar.*, atro., BAPT., BELL., bor., BRY., cadm-s., calad., calc., *camph.*, cann-i., *canth.*, *caps.*, carb-ac., *carb-an.*, CARB-V., caust., *cham.*, chel., CHIN., *chin-ar.*, *chin-s.*, chinin., chlol., CHLOR., chloram., cic., cimic., cina, cinnam., *cocc.*, COLCH., con., coto., CROT-H., cupr., cupr-at., cur., cyt-l., dig., dor., dulc., ECHI., elaps., *eucal.*, *eup-a.*, *eup-per.*, *euphr.*, ferr., ferr-m., ferr-p., gaul., GELS., geum, glon., graph., gymn., haem., *ham.*, HELL., hep., *hydr.*, hydr-ac., hydrin-s., HYOS., ign., ilx-a., iod., *ip.*, iris, kali-bi., kali-c., kali-m., kali-n., *kali-p.*, kreos., lac-lup., LACH., lachn., laur., lept., LYC., lycps., lythr-s., maland., *mang.*, MERC., merc-c., merc-cy., merc-d., merc-i-r., methyl., mez., *mill.*, *mosch.*, MUR-AC., nat-m., nat-s., *nit-ac.*, nux-m., NUX-V., oci-s., OP., par., petr., PH-AC., PHOS., plan., plb., *psor.*, *puls.*, *pyrog.*, *quas.*, rheum, thus-g., RHUS-T., *thus-v.*, rob., sang., sars., *sec.*, sel., seneg., sep., sica-a., sica-t., *sil.*, spig., stann., staph., STRAM., stry., SUL-AC., SULPH., sumb., tarax., tarent., *ter.*, *thuj.*, *thymu.*, trach., trio., TUB., *urt-u.*, vac., valer., VERAT., verat-v., xan., xero., ZINC.

Arnica: *Says she is well when she is desperately ill.* Can be roused, answers correctly, and then goes back into stupor. *Says, 'I am not sick' and sends the doctor away.* Foul breath and stool. *Hemorrhagic tendency.* Bed feels too hard. So sore, can only lie on one part for a small amount of time. Restlessness from this cause. Involuntary and unnoticed stools and urine.

Apis: *The skin is burning hot* in some places and cool in others. The person is delirious and muttering to himself. The tongue is dry and cracked; ulcerated. It is difficult to protrude and trembles. The patient is anxious, *restless*, and fidgety. *The abdomen is sore, bloated, and very tense as if hidebound.* A watery, foul smelling diarrhea or constipation will accompany the abdominal pain.

Arsenicum: *Rapid sinking of strength with great emaciation. Least effort exhausts.* Great restlessness; constantly moves head and limbs. Keeps the trunk still because of extreme weakness. If he tries to move he will break out in a sweat. Tongue dry, and covered with black ulcers. Face is anxious and distorted, sunken and anxious. *Very fearful and anxious for their health.* *Rapid sinking of forces, extreme prostration. Thinks he must die.* Worse 1-2 am and pm. Worse from ices, fruits, fish, and uncooked food. Vomiting and diarrhea. *Burning in the stomach.* Cadaveric smell. *Thirst for cold sips.* Veins feel that hot water is flowing through them.

Baptisia: Useful in the first stages. When the patient has a red flushed face and confused expression. *Fevers of a rapid onset and rapid course.* Abdomen extends early. *Odor is horrible.* Very heavy sleep interrupted by frightful dreams. Delirium. *Besotted condition.* Answers a word or two. *Feels scattered about the bed, tries to get the pieces together.* The body is chilly and sore worse while lying down because of pressure on the abdomen. The chilliness is worse during the day and the fever is worse during the night. Stools are yellow and foul. Like **Arnica** and **Pyrogenium**.

Belladonna: *Extreme heat in the face, rapid onset with a wild delirium.* Screaming and trying to escape from the room. *Congestion in the head.* The face is *bright red with pupils dilated* and full of fear. *Intense pounding headache* in the vertex or occipital region accompanied with dizziness. Profuse watery diarrhea. Abdomen distended, hot, worse from touch of bedclothes. Transverse colon distends and protrudes during abdominal colic. *Bearing down in abdomen as if all the viscera would protrude through genitals.* Thin, green, dysenteric stool in lumps like chalk.

Bryonia: Conditions that develop slowly as with the pace of the remedy. Lacerating, throbbing, jerking headache. Nausea and disgust for food, with a whitish tongue. *Bitter*

taste. Thirst for large quantities of cold water. Nervous cerebral typhoid. Sluggishness with complete stupefaction. When roused sees images. Thinks he is away from home and wants to be taken home. Irrational talk, prattles of his business. Worse after 3:00 pm. Delirium starts around 9:00 pm. Wants to be quiet. Pain in the limbs when moving. Tongue dry. Easily angered. Faints if sits up.

Carbo vegetabilis: Vegetable charcoal is itself a product of imperfect oxidation and disintegration which are the keynotes of this remedy. Its deodorant, disinfectant, and anti-septic properties are more enhanced in potencies. *Decay and putrefaction. The blood seems to stagnate, causing blueness, coldness, and ecchymoses in the capillaries.* Blueness and coldness. Hemorrhages dark, decomposed, and unclotted. Vitality becomes low from loss of vital fluids. Weakness from grave or serious diseases. *States of collapse in typhus or typhoid. Must have air; must be fanned. When the patient is almost lifeless, cold body, breath cold, tongue cold, cold sweat, pulse imperceptible, respiration quickened, and wants to be fanned.* Indescribable paleness of the face. Greatly distended abdomen. Flatulent colic, forcing the patient to bend double. The smallest portion of food aggravates the sufferings in abdomen. *Food does not digest* but just sits there. Septic fever. Ulcers foul, burning, and bleeding, with a tendency towards gangrene around the edges. Is a mainstay in low states of typhoid; *in the last stages of collapse.*

China: Affects the blood, making it thinner and impoverished. *Weak digestion, fermentation, gas, and diarrhea.* Tympanic abdomen. Flatulent bloating. *Severe diarrheas. Intermittent periodicity* is very marked in fever. Hemorrhages, profuse with loss of sight. Faintness and ringing in ears. *Stages of chill, heat and sweat well marked.*

Chlorum aqua: Made from chlorine gas this remedy has a marked action on the respiratory system and with *spasm of the glottis.* The mental state is noteworthy. *Fears he will go crazy, that he will not be able to make a living.* Cannot remember names of people he sees or if he sees the names cannot remember the person. Delirious in typhoid and typhus. Mouth inflamed, ulcerated. *Rapid emaciation.* Acute rheumatic pains. Coma, fainting with cold, viscous sweats. *Hemorrhage from the rectum in typhus, blood black, coagulated, or thin, smelling like carrion.* Chilliness, burning, dry heat with anxiety and raving. Skin dry, yellow, shriveled. Malignant pustules and carbuncles.

Crotalus horridus: Conditions that have reached a state of *septic degeneration.* Bloody pus and sweat. Low septic states. *General disorganization of the blood, hemorrhages, and jaundice.* *Hemorrhages from every part of body.* Hemorrhages are slow, oozing of dark thin blood, not

clots, from all the orifices and surfaces especially from pharynx. Tissues rapidly decompose producing putrid and malignant conditions. Dark or bluish parts. Petechiae. Gangrene. Abdomen swollen, hot, and tender. Tongue fiery red, smooth and polished, intensely swollen. *Intestinal hemorrhage, blood dark fluid and non-coagulable.* Bloody sweat. Cold sweats. *Yellowness of the skin.* Cold and dry. Attacks come on with great rapidity. Rapidly increasing unconsciousness. Besotted appearance. Diseases of the very lowest, most putrid type, coming on with unusual rapidity.

Gelsemium: The mind is sluggish, the *whole muscular system is relaxed, and the limbs feel so heavy he can hardly move them.* This condition exists in the cases of typhoid. Moderate fevers, *with chills and down the spine.* Functional paralysis of all descriptions, shown in the heaviness of eyelids.

Hyoscyamus: Indicated in late advanced stages of typhoid and typhus. Fevers develop rapidly. Sensorium clouded. Patient is in a deep stupor, but when roused will answer correctly. Staring eyes. *Mutters or says nothing for hours. Muttering delirium.* Low speech with constant *carphologia*, picking at the bed sheets. Talks with imaginary persons or to dead ones. *Refuses medicine, thinks it will poison him.* Suspicious, jealous, alternately mild and timid, then violent. Will scratch and try to injure. Teeth covered with sordes (brownish-crusted masses). Tongue dry and unwieldy; rattles in the mouth. Dry tongue. Distention of the abdomen. *Colic, as if abdomen would burst.* Colic with vomiting. *Aversion to water.* Stools and urine involuntary, stools bloody, yellow, watery, or hard, Septic fevers. Slides down in bed. *Desire to uncover.* Low fever with hot, pale skin. Warm sweat.

Lachesis: *Great loquacity and delirium.* Face puffy, purple, and mottled. Rumbling in abdomen, distention of the abdomen. *Clothing cannot be tolerated; must not touch the abdomen or throat.* Tongue swells and becomes difficult to protrude. *Suspicious thinks everyone is conspiring to poison her.* Worse after sleep, sleeps into aggravation. Cold and clammy with rising flushes of heat. Stool mixed with dark blood. *Hemorrhage from bowels like charred straw.* Hot flushes and hot perspiration. Intermittent fever every spring. Fine petechiae, *purple and bluish spots of extravasation.*

Muriatic acid: One of the best remedies for typhoid. Tongue is dry, leathery and shrunken. *Muscular prostration comes first, mind remains long clear,* the reverse of many other remedies. Lower jaw drops. *Slides down in bed from excessive weakness.* Cannot urinate without the bowels moving. Nearer to **Carbo-veg.** than any other remedy.

Phosphoric acid: Another great remedy for typhoid. Simultaneous depression of animal, sensorial, and mental life from the start. *Slowly increasing prostration.* Advanced cases. *Lies in a stupor, unconscious of all that goes on around him, but if roused is fully conscious.* Glassy stare as if slowly comprehending. Tympanic abdomen. Dry brown tongue. Dark lips. Sordes. Bleeding from the nose, lungs, and bowels. Jaw drops and feels as if they would die from exhaustion.

Phosphorus: Abdomen distended, sore, and very sensitive to the touch like **Lach.** *Worse lying on the left side, better on the right. Stools offensive, bloody, and involuntary.* Anus appearing to remain open between stools. *Burning in the stomach, thirst for cold water, and desire for ice cream. Fear of being alone, in the dark, and of thunder.* Especially useful in cases that go towards *pneumonia.* Overwhelming anxiety of conscience. Sensitive to others.

Pyrogenium: *Rapidly progressing septic conditions. Bed feels too hard.* Restlessness and must constantly move to relieve soreness of the parts. Tongue clean, smooth, and fiery red, or dry and cracked. Horribly offensive diarrhea. *Quick pulse out of proportion to the temperature or the opposite, slow pulse with a high temperature. Disgusted with the smell of themselves.* Sense of duality.

Rhus toxicodendron: *Fevers accompanied with deep aching in the muscles and joints. Ailments from getting wet, or catching a chill while wet.* Cannot rest in any position. Slow and difficult comprehension, may answer correctly but brain feels in a stupor. Talks to himself. Refuses food and medicine. *Fears to be poisoned. Dreams of strenuous exertion.* Triangular red-tipped tongue.

Taraxacum: Like Rhus-t. only a mapped tongue.

Terebinthinia: *Extreme tympanities. Thick urine mixed with blood or cloudy, smoky, and aluminous.* Diarrhea with blood intermixed. Tongue bright red, smooth and glazed. Fresh bruises in great numbers.

Thymus: Thymol the active alkaloid is a very powerful germicide killing the germs of typhoid fever in thirty minutes. Related to **Camphora** and the labiaceae family of remedies. *Excited then depressive.* Muscular contraction and tremors, vertigo, and turning movements. *There is an increase of diarrhea, vomiting appears, prostration is extreme, the skin becomes cold, and death sets in with all the symptoms of a depressant position and with complete anesthesia.*

Veratrum album: A perfect picture of collapse with *extreme coldness, blueness, and weakness.*

Rapid sinking of forces, complete prostration, cold sweat, and cold breath. Vomiting, purging, and cramps in limbs. Diarrhea from drinking cold water on hot days. Violent mania alternates with silence and refusal to talk. Effects are violent and sudden. Cold perspiration on the forehead with all complaints. Cold as ice, breath, tongue. Blood seems to run cold, blood sepsis, pus in the blood. Fevers showing external coldness only.

Notes:

Cholera

Cholera is an acute diarrheal illness caused by infection of the intestine with the bacterium *Vibrio cholerae*, also called *Clostridium cholerae*, and its toxins. The infection is often mild or without symptoms but sometimes it can be severe. Approximately one in twenty people infected experience a severe state of disease characterized by profuse watery diarrhea, vomiting, and leg cramps. In these persons rapid loss of body fluids leads to dehydration and shock. Without treatment death can occur within hours.

Cholera is an epidemic disease that became pandemic in the 1800's attacking nearly every major country in the world. The bacterium was first isolated in 1883 by Dr. Robert Koch (1843-1910). Historically during epidemics mortality rates are as high as 50% without treatment. Infants and children are more susceptible to the disease and have a higher rate of fatality.

Cholera spreads rapidly in areas with inadequate treatment and separation of sewage and drinking water. The bacteria are killed by boiling water or by treating the water with chlorine or iodine. The cholera bacterium may also live in brackish rivers and coastal waters. Shellfish eaten raw have also been a source of cholera. Drinking water or eating food contaminated with the cholera bacterium leads to infection. The disease is not likely to spread directly from one person to another therefore, casual contact with an infected person is not a risk for becoming ill. The cholera organism is rapidly destroyed in alkaline environments when the pH is below 5.5. Antacids which raise the stomach pH increase the susceptibility to contraction. Individuals with type O blood usually have more severe symptoms than those with type AB. Breast milk passes on protective antibodies from mother to infant which protect the infants from contracting the disease. Infants feeding on formula, especially if the water used to mix the formula is contaminated, have a much higher risk of fatality from cholera. Diagnosis is confirmed by stool sample identifying the organism by culture and microscope.

Incubation time for cholera is twelve hours to six days. Symptoms of cholera are divided into three stages. Symptoms develop over a period of a few hours where the person rapidly passes from one stage of the disease to the next. The first stage usually comes without warning and is marked by giddy faint powerlessness, and sudden effortless and continuous diarrhea. The bacteria colonize in the small intestine and release a toxin resulting in the intestines excreting of large quantities of foul-smelling mucousy diarrhea. The mucus gives the stools the appearance of rice water and is followed by profuse vomiting. The diarrhea is a high in potassium and bicarbonate. The systematic loss of these electrolytes causes the blood volume to diminish and to become more acidic which will result severe dehydration, shock, and organ failure in a few hours if left untreated.

The second stage is called the cold or choleric stage, which sometimes overlaps the first stage. This stage is marked by a state of collapse resulting from the tremendous loss of fluid and electrolytes and is accompanied by excessive cramping (which demonstrates the loss of potassium). The pulse becomes rapid and almost imperceptible. The skin becomes icy cold, pale, and hollow. The facial expression is altered with the eyes sunken in, the tongue dry, and little urine is passed. The voice turns husky. Patients are restless and complain of severe thirst and cramps. There is a hopeless discouragement, dread of suffocation, and violent cramps. Death often occurs at this stage.

The third stage, or febrile stage, develops if the patient has survived the first two stages. In milder cases the pulse becomes stronger and slower, the color improves, and the skin warms up. In the most severe cases, there is no improvement but a rapid deterioration ending in death, mostly caused by uremia (a toxic condition of the blood from kidney failure).

The risk for cholera is very low for U.S. travelers visiting areas with epidemic cholera. When simple precautions are observed, contracting the disease is unlikely.

All travelers to areas where cholera is present should observe the following recommendations:

- Only drink water that you have boiled or treated with chlorine or iodine.
- Other safe beverages include tea and coffee made with boiled water and carbonated bottled beverages without ice.
- Eat only foods that have been thoroughly cooked and are still hot or fruit that you have peeled and washed yourself.
- Avoid undercooked or raw fish or shellfish including ceviche.

- Make sure all vegetables are cooked and avoid salads.
- Avoid foods and beverages from street vendors.

Vaccination and Treatment

Dukoral is a recently developed oral vaccine for cholera which is licensed and available in some countries. The vaccine appears to provide somewhat better immunity and have fewer adverse effects than the previously available vaccine. However, the CDC does not recommend cholera vaccines for most travelers, nor is the vaccine available in the United States. Further information about Dukoral can be obtained from the manufacturers; SBL Vaccines.

Medical treatment of cholera includes intravenous fluids and antibiotics. Care must be taken to replace the fluids with the correct electrolyte balance at an appropriate rate for the weight and size of the individual as too rapid administration can lead to swelling of the brain and death.

For oral administration of fluids mix one gallon of purified water with 0.5 oz. salt, 0.33 oz. baking soda, 0.2 oz. potassium chloride, and 6.67 oz. sugar or white rice boiled in the water. This solution must be consumed at the rate of 0.75-1.5 oz. of fluid per pound of body weight over the initial two hours, followed by 0.07-0.25 oz. of fluid per pound every hour thereafter. For example a 150 lb person should drink 0.75-1.75 gallons in the first two hours and 0.33-1 quart each hour after.

Homeopathic Treatment and Prevention

The use of homeopathy for the treatment of cholera dates back to Hahnemannian time. Where ordinary medicine lost three quarters of its cholera patients, homeopathy saved three quarters, and in some localities under certain doctors, not a single case was lost.

Hahnemann never having seen the disease but knowing the symptoms of the disease laid down the remedies that would be curative and his disciples everywhere became masters of the situation. Hahnemann published four articles on cholera from June to October in 1831. He was seventy-six years old at that time.

The articles were: Cure of Cholera, Letter about the Cure of Cholera, Surest Cure and Eradication of Asiatic Cholera, and Appeal to Thinking Philanthropists Respecting the Mode

of Propagation of Asiatic Cholera.³⁷ In these papers he detailed the homeopathic method of treatment and prevention.

His three great remedies were **Camphora**, **Cuprum**, and **Veratrum album**. **Camphora** is indicated in the cold stage with the recommended dose of a strong tincture diluted in water to be sipped every five minutes until warmth and rest are restored. **Cuprum** is indicated in the stages of excessive vomiting and purging where cramps are the feature of the case. A copper plate worn next to the skin is said to protect against cholera. **Veratrum** is indicated in cases with very profuse evacuations; profuse vomiting and purging, and profuse cold sweat.

Since Hahnemann's time, there have been various epidemics where efficacy of homeopathy was documented. Following are a few examples:

- When cholera struck Europe in 1831 the mortality rate (under conventional treatment) was between 40% (Imperial Council of Russia) to 80% (Osler's Practice of Medicine). Out of five people who contracted cholera, two to four of them died under regular treatment.³⁶
- Dr. Quin in London (a student of Hahnemann), reported the mortality in the ten homeopathic hospitals in 1831-32 as 9%.³⁶
- Dr. Roth, physician to the king of Bavaria, reported that under homeopathic care the mortality was 7%.³⁶
- Admiral Mordoinow of the Imperial Russian Council, reported 10% mortality under homeopathy.³⁶
- Dr. Wild, allopathic editor of Dublin Quarterly Journal, reported in Austria, the allopathic mortality was 66% and the homeopathic mortality was 33%. On account of this extraordinary result the law interdicting the practice of homeopathy in Austria was repealed.³⁶
- In a U.S. cholera outbreak in 1849, allopathic medicine saw a 48-60% death rate, while homeopathic hospitals had a documented death rate of only 3%.¹⁵
- In 1854 a cholera epidemic struck London. This was a historically important epidemic in that it was the first time the medical community was able to trace the outbreak to a single source (a contaminated public water pump), and when the pump was closed the epidemic soon ceased. The House of Commons asked for a report about the various methods of treatment for the epidemic. When the report was issued and the homeopathic figures were not included the House of Lords asked for an explanation. It was admitted that if the homeopathic figures

were to be included in the report, it would “skew the results.” The suppressed report revealed that under allopathic care the mortality was 59.2% while under homeopathic care the mortality was only 9%.³⁶

- During the cholera epidemic in Rio de Janeiro, Brazil, in 1855, 388 cases were treated with homeopathy with a 2% death rate, while the allopathic infirmary had a 40-60% death rate.¹⁵

Clearly, homeopathy offers highly effective treatment for cholera. Each epidemic offers an opportunity to determine the Genus Epidemicus as the expression of the disease is different from one location to another. The common symptoms of cholera are similar to several different remedies. One to three remedies may be suitable for all cases in a particular epidemic. Or, one remedy may be suitable for the first stage while a second would be more indicated for the second or third stage. The import of Hahnemann’s three remedies for cholera is revealed through study into the epidemics of cholera in Paris in 1832, 1848-9, 1853-4, and 1865. The social and political pressures of the time have a direct relationship to these remedies. Even as Hahnemann lived in Paris during this time, it is uncertain whether he was able to comprehend the full significance of how the mental and emotional aspects of the remedies he prescribed were reflective of the personal and social struggles relative to this epidemic.

It was post-revolutionary France, where the monarchy had been re-established under Louis XVIII (1814-1830) first, and King Louis-Philippe (1830-1848) after. Despite the re-established monarchy there were still memories of the overthrowing of French King Louis XVII and Marie Antoinette in 1789 and the Reign of Terror in the years that followed. During this period, thousands of people were imprisoned and executed for crimes against the revolutionary cause. Continued religious conflicts between Catholics and Christians shaped religious practices over the years that followed. From 1799-1814, the French were governed under the self-proclaimed emperor, Napoleon Bonaparte. What started out as an expanding empire soon became a fascist police state governed by strict military oppression in order to gain control and suppress the extreme level of reckless violence that was commonplace throughout the country.⁵¹

At the time, the population of Paris had grown and the streets were filthy due to the lack of proper sewer systems. It was normal for people to spit, defecate, and urinate in the street. To make matters worse, townsfolk had a habit of dumping their chamber pots out the windows on unassuming pedestrians. A demonstration of not only a lack of understanding of filth and germs, but, also a disregard for the low social status of pedestrians. Divisions between

nobility, the social elite, the rising middle class (the bourgeois), and the poor were broadening. There was an undercurrent of an upward rise in social status, a drive to be educated, well versed in social mannerisms, and etiquette. Now, accumulation of wealth could purchase social class rather than just blood lines. And often, the noblemen of days past were now down and out poor, while industrious workers who had become financially successful in business entertained with the elite classes. Despite the re-established monarchy, there was also a growing unrest for greater political liberation of the common folk. If there had been one self-proclaimed emperor, could there not be another? Beyond this, the degree of violence and human carnage people witnessed during and after the revolution and well into Napoleon's reign (public executions, corpses left to rot on the streets, pools of blood from the 40,000 beheadings in the town center, and the lack of public security from different factions of military militia, gangsters, and street violence), had untold impact on the state of mind of the average Parisian. Individuals were politically outspoken yet, depending on who was in charge, you were either sought after for political consult or imprisoned for crimes against the state. All of these factors (including; poor public sanitation, overcrowding, political instability and oppression, and major fluctuations in the appropriation of wealth), created the susceptibility to the cholera epidemics. It wasn't until the second empire, under the stable rule of Napoleon III, when major campaigns to improve the sanitation of the city through water works and sewer systems were employed, that the epidemics subsided.⁵¹

A brief study into particular aspects of the mental and emotional realms of the three remedies **Camphora**, **Cuprum**, and **Veratrum album** reveals their connection to this epidemic. Depending on an individual's susceptibility, one or another of the aspects of the socio-economic pressures (as illustrated above) will predispose one to one of the following remedy states.

Camphora: Ailments from injury, shock, mortification, or humiliation, creating a state of nervous excitability and sudden collapse. Any noise in the room startles him. His imagination fills the dark with ghosts and specters. He dare not get out of bed and bores his head in the pillow to shut out the hideous sights. Fear of a murderer standing at the bedside. Terrible fear of a general catastrophe. Abusive, insulting, and using indecent language. Swallowing of feces without showing the slightest sensitivity of shame. Rolling in his own filth. A most troublesome patient where nothing and nobody suits. Dictatorial, domineering, and despotic. Disputatious. Thought he ought to kill someone. Violence and rage, tearing of his clothing, or unconsciousness and insensibility. Where the mind is in a state of frenzy, followed by a rapid sinking of strength. Great fear of death. After the shock of witnessing beheading after beheading, he can not longer get

the images out of his head. He believes he himself is dead and tears at his skin to make sure it isn't so. He shouts and curses, issuing profanities, incensed by what he has seen, he is now cold, numb, and indifferent to life and lies in state of collapse. He fears for his own survival, will he be the next to be murdered? He sinks into a raving delirium, where he sees the ghosts of the past all about his room. Exhausted, he slips in to unconsciousness.

Cuprum: Cuprum produces a closed emotional state of being where the individual imposes strict discipline upon themselves in order to adhere to the strictest rules and regulations. This level of self-imposed restriction leads to an internal level of cramping and spasm. This physical manifestation will arise after shock, bad news, being approached by other people, and anticipation. If the person can not contain their emotions they will erupt forth in an outbreak of vehement violence. Attacks of rage, anger, and incoherent talk with violent, wild, and aggressive behavior. Total control over his emotions gives way to a temper tantrum that is so violent everyone near is afraid. Delusions; he is a commanding military officer; he is great person; a person of rank; officers are calling on him. Dictatorial and talking with an air of command. Pompous. Imagines he is going to be arrested; that he is pursued by his enemies or by the police; sees court officers who are about to bring him to trial. Fear of people approaching him. He cannot support injustice. Mania with biting, beating, tearing, and striking. Passing excrement on the floor. Desire to spit in the faces of people. The **Cuprum** individual has been suppressed by the military dictatorship but can only contain himself for so long. In his own rise in power he becomes despotic and suppressive to others. But he is afraid that he too, now may be arrested for his involvement in his political maneuvers. His body suffers under great spasms and contractions, or attacks of violence and rage with foaming and frothing at the mouth, vomiting, rigors, and convulsions as his nervous system can no longer contain this contradiction.

Veratrum album: The main issue with Veratrum is that he has lost his social position and must quickly regain it or he will be finished. He tries to find means for sudden gains such as through gambling, lying, fraudulent business etc. He has to tell lies and make a show of wealth, he exaggerates his importance. He suffers under ailments from deceived ambition, business failure, financial loss, being scorned, humiliation, or wounded honor. He has much ambition and will employ every means possible to move ahead in the world. Delusions; he is distinguished, squanders his money; he is a prince; he is Christ; he is a great person; he is in communication with God; he is a person or rank; he hears drums which proclaim his execution, he chides his father for taking part in the

revolution; he is a criminal; he will be murdered; he is ruined. Disposition to slander and desire to spit in the faces of people. Attempts to escape, must get out of the house. Fear of misfortune. Foolish behavior; stamps his feet; tears his clothing; swallows his feces. In attempt to rise up the social ladder he can't help but feel it is slipping away from him. Perhaps he came from a long line of wealthy noblemen, but now he must sell the shirt off his back to make ends meet. In response to the feeling that he is losing his social position he must react by boasting about his fame while insulting those he is around. He claims that he is in communication with God therefore he must be a special person. Despite his loss of financial means he still gambles and squanders his money. But perhaps he is guilty for not supporting the revolutionary cause and now he feels he will soon be arrested. He quickly tries to escape but can't get away. He acquiesces to his demise. Prostrated, and collapsed, he empties his bowels in profuse gushes; he succumbs to sitting on the floor licking up his feces, the retched fool he has become.

Future epidemics may need different remedies than those describe above and below as the contemporaneous events surrounding the epidemic may indicate different remedies. However as these remedies have been so useful in many cholera epidemics, their use for prevention and treatment is still warranted according to the following indications:

As a prophylactic **Cuprum** 30C once weekly is recommended but not until cholera is in the neighborhood. **Cuprum** will act as a preventative to the mal-effects of loss of fluids. **Choleratoxin**, a nosode prepared from cholera bacteria, and **Lachesis** and **Sulphur** have also been used preventatively. **Camphora** is more indicated in the first stages while **Cuprum** and **Veratrum album** correspond to the marked degree of loss of fluids, coldness, and collapse consistent with the second and third stage of the disease. **Crotalus horridus** is indicated in cases going rapidly towards death accompanied by bleeding.

The toxic effects of crude camphor are nausea, vomiting, and abdominal colic and those of the plant White hellebore (**Veratrum**) include severe profuse evacuations, vomiting, purging, and cramps in the limbs. Correspondingly, use of these medicinal substances in potency will directly cure the similar condition. **Carbolic acid** for its rapid progression towards death is recommended when **Veratrum** fails and **Crotalus horridus** is not indicated.

Cholera symptoms are quite similar to those of acute arsenic poisoning. Therefore, **Arsenicum** is useful to consider for preventative treatment. Toxic effects of arsenic appear suddenly within one hour of ingestion and include watery or hemorrhagic diarrhea, vomiting, cold and clammy skin, fall in body temperature, convulsions, and coma. Death follows

within fifteen hours from circulatory failure. It is almost an identical clinical picture to cholera victims.

Suitable preventative potency ranges of the above remedies are from 30C weekly to 200C given in three doses over three days. Always look at the totality of symptoms in the first few cases. Current day epidemics may need different remedies than those listed above as we live in a much different world and may express the symptoms of the disease differently. Once a particular remedy demonstrates homeopathicity to a few cases it may be given for prevention to the community at large.

When the condition reaches a life threatening level of severity, it is better to dissolve a 30C remedy in water and sip frequently over a few hours, increasing the potency as needed, mixing fresh batches every day, until the person begins to feel better. Continue with the remedy until energy is sustainable and there has been a cessation of the loss of fluids for forty-eight hours or more, only reducing the frequency of repetition as improvement maintains.

Supplemental hydration with electrolytes and fluids are necessary to reverse the effects of the loss of fluids. Begin with soups and rice for nutrition. Introduction of healthy bacteria such as acidophilus will help return the intestines to their normal environment. Sustained use of probiotics may also act preventatively to contracting the disease.

Remedies: acon., aeth., agar-ph., am-c., ampe-qu., anil., ant-c., **ant-t.**, apis, arg-n., arn., **ars.**, ars-i., asar., aven., bac., bell., benz-ac., bism., bov., bry., cadm-s., calc., calc-acet., calc-ar., calc-i., calc-p., **CAMPH.**, camph-br., **canth.**, carb-ac., **carb-v.**, caul., cedr., cham., chin., chin-s., chlol., chlor., cic., coff-t., colch., coloc., colos., corn., crot-h., croto-t., cuph., **CUPR.**, **cupr-acet.**, **cupr-ar.**, dig., dios., dulc., elat., epil., epil-a., euon., euon-a., euonin., euph-c., euph-l., ferr., ferr-p., gad., gamb., gent-q., gnaph., graph., **grat.**, gua., guai., hell., hell-f., **hydr-ac.**, hyos., ign., indol., iodof., **ip.**, iris, jatr., kali-bi., kali-br., kali-p., kreos., lach., **laur.**, lept., lim., mag-c., mag-p., manc., med., merc., merc-c., mom-ch., mur-ac., naja, nat-m., nat-s., nuph., nux-m., nux-v., oeno., **op.**, oper., ox-ac., passi., paull., ph-ac., **phos.**, phyt., plan., plect., **podo.**, polyg., polyp-p., prot., **psor.**, puls., quas., raph., res., thus-t., ric., rob., sars., **sec.**, sep., sil., stram., sul-ac., sulph., **tab.**, ter., thuj., tub., **VERAT.**, verat-v., xan., zinc.

Aconite: This remedy has greenish or chopped spinach stools and *inflammatory symptoms*. In cholera where there is a rapid collapse, unattended with copious evacuations. A quiet, subdued, passive condition contraindicates **Aconite**. *Stools are like large choppings of grass*

and discharged with a blast of wind and water. Cholera discharges with collapse and restlessness. Anxious expression on the face. Feels death is imminent.

Aethusa: *Great anguish and crying.* As the disease progresses the patient becomes more and more retired in his disposition and *more inclined to weep*. *Violent vomiting, violent convulsions, violent pains, and violent delirium.* Profound prostration, stupor, and lack of reaction, even speechless. Collapse as bad as **Ars.** but not accompanied by restlessness. Undigested, thin, greenish stools, preceded by colic with tenesmus followed by exhaustion and drowsiness. Yellow-green slimy diarrhea. *Limpness and deep sleep after vomiting*, with a deathly nausea. Profuse, cold sweat. Must be covered during sweat. Pearly whiteness on upper lip, bounded by a distinct line to the angles of the mouth.

Aloe: Aloe has a diarrhea that is worse in the early morning. Has feeling of *insecurity of bowels on passing gas or before stool.* Relaxation in rectum. *Rumbling, gurgling in bowels, sudden urging, and sense of insecurity then hurriedly passes a gushing watery stool.* Uncertain whether gas or stool will come. *Pulsation in rectum.*

Argentum nitricum: *Face sunken, old, pale, and bluish.* Slimy, noisy stools. *Stools like finely chopped spinach, especially after eating too much sugar.* Stools of shreddy mucus and *enormous distention of abdomen, very offensive gas with belching.* Chills with nausea. Chilly when uncovered, yet feels smothered if wrapped up.

Arsenicum: Arsenic poisoning has been mistaken for cholera. Indications for its use include *intense vomiting and purging, brownish yellow, profuse, offensive yellow or green stools with thirst, cold body, and burning internally.* Thirst for sips. *Extreme prostration and weakness with restlessness.* It has more *restlessness* and less sweat than **Veratrum**. Undigested stools, restlessness, and rapid emaciation. Diarrhea from eating and drinking. It is distinguished from **Veratrum** by the scantiness of the discharges. *Worse at night from 1-3 am. Pale cadaverous face.* Skin dry, wrinkled, and toneless.

Calcarea carbonica: Craving for eggs, vomiting of milk in curds, diarrhea, worse in the evening. *Greenish, undigested, watery, and sour stools.* Persistent tenesmus after stool. *Cold and clammy.*

Calcarea phosphoricum: *Great emaciation, pale face, craving for bacon and ham are characteristics.* Stools green, slimy, hot, sputtering, undigested with fetid flatus. *Vomiting while hawking mucus with trembling hands. Always wants to go somewhere; when away from home,*

wants to go there and when there, wants to go some other place.

Camphora: It is an almost infallible remedy at the onset of cholera, and was so considered by Hahnemann. *Coldness, dryness, and blueness* express its characteristics. It corresponds to a dry cholera, where the patient is taken simply with *coldness*, has not the vitality to vomit and purge. It suits especially the period of invasion. The system seems overwhelmed by the violence of the poisoning even before the vomiting and diarrhea appear. There is at once *intense prostration, bluish, icy cold face, cold body, weak, squeaky voice, stiffness of muscles, clenching of the teeth, coldness, and collapse, burning in stomach and esophagus. Skin as cold as marble but will not be covered.* Discharges are scanty, if present at all. The tongue is cold. Relief by warmth is a characteristic.

Carbo vegetabilis: In cases where *reaction seems extinct*, the prostration is so great that the *patient lies quiet, too weak to move, cold body, pulse rapid and thread-like and breath cold.* When vomiting, diarrhea, and spasms or pain have ceased. Prostration from drain on the system, lips bluish, breathing weak; wants to be fanned.

China: Useful after the vomiting and diarrhea, in the collapse state. The debility is due to profuse, exhausting discharges, and loss of vital fluids. *Painless undigested stool; copious and putrid. Weak digestion, fermentation, gas, and diarrhea. Gas and bloating of the abdomen.* When the *symptoms are intermittent or periodic or when the fever develops but cannot be sustained.* The patient becomes very weak, over-sensitive, and nervous; everything upsets him; light, noise, odors, pain etc.

Colocynthis: *Drastic purging when accompanied by intense abdominal colic where the patient must bend double.* Sensations of cutting, twisting, grinding, contracting, and bruised pains. Pains as if clamped with iron bands. Stools, frothy, watery, shreddy, yellow, sour, or gelatinous with flatulence and pain. Jelly-like stools. Slippery bubbles escape from anus. *Irritable persons easily angered.* Neuralgic pains nearly always relieved by pressure. Pains come in waves. Face distorted. Checks are cold.

Croton tiglium: The characteristic stool of Croton is a *sudden evacuation in one gush like a shot, followed by great prostration. Swashing sensation in intestines.* Colic before stool, constant urging, worse from eating and drinking, and from every movement. Profuse yellow or watery stool provoked by eating or drinking. *Feels tight all over.* Burning in the esophagus.

Cuprum: May be used as a prophylactic for cholera. *Tense spasms and cramps* mark this remedy. There is coldness of the surface of the body, dryness of the mouth, thirst, *blueness of the skin, cramps of the muscles of the calves*, violent pains in the epigastrium, and ineffectual efforts to vomit. *Vomiting ameliorated by cold water.* Vomiting and purging nearly as great as **Veratrum**, but not the cold sweat. Cramps are more prominent under **Cuprum** than any other remedy. Spasmodic twitching. **Cuprum acetate** may be the better preparation for cholera.

Cuprum arsenicosum: Mixes the cramping and purging of **Cuprum** and the intense prostration, chilliness, and burning of **Arsenicum**. The evacuations of **Cupr-ars.** are choleric; they irritate more than they inflame, thus come nearer to cholera than **Arsenicum**. Everything is spasmodic, and it is *indicated only when vomiting and purging has set in.* Dark liquid stools. In the chest, the cramps produce dyspnea. There are *cramps in extremities, even in fingers and thumbs.* It produces inflammation of the digestive tract with violent colic, vomiting, diarrhea, and uremia with obstinate hiccup and icy cold body. *A remedy for symptoms of deficient kidney action. Uremic convulsions. End stage disease. Cold clammy intermittent sweat.*

Elaterium: Squirting cucumber gets its action from the nature of this plant. Profuse watery stools, coming out with a gush. It produces violent vomiting and purging with *copious forceful watery, olive green, bilious, or frothy evacuations. Squirting diarrhea.* Griping pains in the bowels. Nausea and vomiting with great weakness. *Gaping and yawning are well marked and when present with fever before the chill or before the chill of cholera.*

Gambogia: Stool is expelled all at once after considerable urging which is followed by a feeling of great relief. *Profuse watery diarrhea.* Stools are yellow, the color of the remedy also, green, bloody, lienteric (partially digested). Burning in anus after stool; anus sore and excoriated. Pinching, *gurgling in bowels, then sudden yellow or green, thin stools coming out in prolonged gushes with burning of the anus.* Frightful vomiting and purging with fainting. *Periodicity of symptoms.*

Hydrocyanic acid: The *collapse stage* of cholera, when it supervenes on *sudden cessation of all discharges, and convulsions* during severe attacks of illness. *Convulsions and paralysis* are the leading keynotes. Last stage of cholera with fainting spells and tetanic spasms. The *breathing comes in paroxysms, jaws set, foaming at mouth, face flushed, bluish tint.* Drinks rumble through throat and stomach.

Ipecacuanha: Vomiting is the predominating symptom with this remedy, which comes on alternately with a watery, yellowish diarrhea accompanied by colic. *Simultaneous vomiting and diarrhea. Persistent nausea and vomiting.* Stools are pitch-like, green as grass, like frothy molasses, or bloody and slimy with griping at navel. Lumps of mucus in stools. *Stools like a mass of fermented yeast. Great nausea with a pale face and clean tongue.*

Jatrophia: Corresponds more to the earlier than the collapse stage of cholera. Cramps are predominant, gripping cutting pains, *sensation as if balls were rolling together in abdomen.* The patient writhes about in bed with pain. The characteristic symptoms are *rice water stools, vomiting, and purging, more or less sweat, more or less cramps and suppression of urine.* Great prostration, syncope, and rapid onset peculiar to cholera. The vomiting and purging when the *evacuations are thick, albuminous, and lumpy instead of thin and watery.* Great prostration. Cramps and coldness. Peculiar gurgling, much noise in the abdomen as if a bottle was being emptied, or like gurgling of water coming out of a bung-hole, followed later by a thin stool.

Magnesium phosphoricum: *Pains sometimes tense in paroxysms* compelling her to cry out. Diarrhea ceases, spasms or other brain troubles set in. *Cramp-like pains in abdomen, better by pressure or bending double.* Pains, cramps, and paralysis.

Mercurius: Slimy, even bloody diarrhea with straining, followed by chilliness. Profuse perspiration that does not relieve. Mouth offensive. Salivation with intense thirst. Tongue large and flabby, notched with teeth marks. Worse at night, from the warmth of the bed. Thighs and legs are cold and clammy.

Mercurius corrosivus: Scanty stools streaked with blood, incessant straining not relieved by stool. *Passes pure blood or bloody-watery stools with shreds of mucous membranes.* Destroys the secreting portions of the kidneys. Lies on back with knees drawn up. End stage near death. *Chilly from slightest exposure. Chilly after stools.*

Phosphoric acid: Long continued diarrhea with cramps. Stools are white, watery, painless, and profuse. Patient becomes pallid and weary.

Phosphorus: Thin stools ooze from an open anus. Increased urine with diarrhea. Thirst for cold water. Exhaustion like the life is escaping out of him.

Podophyllum: There is a *painless watery stool* coming out with a gush and a loathing of food.

Undigested diarrhea, worse in the morning. Profuse offensive stools that drain the person dry. Stools larger than expected from the amount of food taken. Gurgling in abdomen. Retching with vomiting of green froth or food. Rectum prolapsed with soft stool.

Pyrogenium: Desperate cases with extreme restlessness, has to keep moving. Only momentary relief from moving but has to move again to get relief. Frightfully offensive stools. Repulsed by their smell. Sudden exhausting attacks of diarrhea.

Secale: Suits the stage of collapse with desire to keep cool, with profuse undigested stools; watery and offensive, followed by prostration. The patient is in a state of collapse with changes towards decomposition. The stools are copious and come in spurts; the skin is wrinkled, dry and cold; patient is almost pulseless, and cold, with intolerance to being covered. Coldness and cramps. Conditions are better from cold as the whole system seems to be pervaded with heat. Spasmodic twitching of muscles, spreads fingers apart, eyes sunken, and features are pinched. Stools are olive-green, thin, putrid, and bloody with icy coldness and great exhaustion. When death is imminent from convulsions, gangrene, consequent exhaustion, or from exhausting diarrhea.

Sulphur: Many symptoms of this drug resemble cholera in the first stage, and it has been recommended to put flowers of sulphur in the socks as a prophylactic. General offensive character of discharges and exhalations. Colic after eating or drinking, obliging one to bend double, worse sweet things. Bearing down against rectum. Diarrhea, painless, hurried in early morning, changing, mushy, foul, painless, watery, grayish, frothy and worse from milk. Stools are acrid leaving the anus red. Belchings tasting like bad eggs. Sour vomiting. Intolerant of heat. Great burry.

Veratrum album: This remedy should be given early in cholera. It has profuse watery stools with cold, blue skin, a cold sweat on forehead, and great prostration. Its characteristics may be summed as follows: Pain in the abdomen preceding stool. Profuse stool and forcible evacuation. Great prostration following stool. The sense of inner burning. Cold sweat and cold surface of the body. There are sharp, cutting pains in the abdomen and great weakness, almost fainting with stool, at the same time there is vomiting and purging, cramps and rice water discharges. There must be pain for **Veratrum** to be well indicated. Stools are worse at night and the patient emaciates rapidly. Greenish stools, sometimes containing flakes like spinach.

Notes:

Appendices

Appendix A

Types of vaccines

Scientists use vaccines to “trick” the human immune system into producing antibodies or immune cells aimed to protect the body against disease-causing organisms. Weakened microbes, killed microbes, inactivated toxins, and purified proteins or polysaccharides derived from microbes are the most common components used in vaccines.

Different types of vaccines are discussed here to shed light on the nature of immune system response and/or damage, and risk factors as the case may be, from that particular vaccine.

Different Types of Vaccines

Weakened Microbes: Live microbes are weakened by growing them for many generations in animals or in tissue cultures in the laboratory. These weakened microbes can be inoculated into humans and are intended to stimulate specific antibodies to the disease. The weakened microbes will cause antibody production without overwhelming the system and will provide protection to their disease-causing counterparts. The oral polio vaccine, as well as vaccines for mumps, measles, and rubella, has been developed from weakened microbes.

Experimental vaccines for influenza and respiratory syncytial virus (RSV) are being tested in clinical trials. Risks of this type of vaccine is that the microbes can be passed out of the body and be contagious. Mild symptoms of the disease should be expected as a part of the immune system response (see **Polio**, and **Measles and German Measles** for risks and side-effects).

Killed Microbes: A number of vaccines have been developed from whole organisms that have been killed. These inactivated microbes do not cause disease in people who receive them but they can stimulate the immune system to produce specific antibodies to that disease. Such vaccines in use today include those against polio and influenza (see **Polio**, **Influenza**, and **Typhoid**).

Inactivated Toxins: Some bacteria cause disease by producing toxins that invade the bloodstream. Inactivated toxins have been used to prevent diseases such as tetanus and diphtheria since the early 1900's. Risks include allergic reactions to the toxins resulting in anaphylaxis, swelling, or damage to the nervous system. The DTP vaccine is made with weakened toxins (see **Diphtheria** for risks and side-effects).

Subunit Vaccines: Recent research has focused on developing vaccines that use only part of a bacterium or virus. These vaccines, called subunit vaccines, produce an effective immune response without stirring up separate and potentially harmful immune reactions to the many antigens carried on a microbe. Subunit vaccines are currently available for typhoid and hepatitis B. A cellular pertussis subunit vaccine has been demonstrated to be effective in preventing whooping cough in babies and young children. Although not considered subunit vaccines, vaccine candidates using only the outer polysaccharide coat of the bacterium have been developed for meningitis and pneumonia. The protein coats provide sufficient identification to the immune system to initiate antibody production (see **Hepatitis** for adverse effects).

Conjugate Vaccines: Bacterial diseases such as pneumonia and meningitis once caused considerable illness and death among babies and children in the United States. Bacteria that cause these diseases have an outer coat that cannot be recognized by the immature immune systems of young infants and, therefore, vaccines made from these bacteria are not effective in babies. Researchers have devised a way to produce vaccines that link together proteins or inactivated toxins from a second organism to the outer coat of the bacteria. This enables a baby's immune system to respond to the combined vaccine and produce antibodies, initiating an immune response against the disease-causing organism. The licensed conjugate vaccines against *Haemophilus influenzae* type b (Hib), previously the major cause of bacterial meningitis in babies and young children, have virtually eliminated the disease in the United States (see *Haemophilus influenzae* for more information on risks and implications of this type of vaccine).

Vaccines Through Biotechnology

Advances in biotechnology are enabling scientists to change the genetic structure of infectious microbes for use in vaccine development. In these so-called "recombinant" vaccines, researchers alter an organism's genetic structure by snipping out a key gene, thereby allowing the organism to produce immunity but not the disease. In contrast, researchers can also insert a gene into an organism's genetic material, causing it to mass produce "foreign" proteins, or antigens, which can be used to induce an immune response.

In another approach, DNA is removed from an organism and modified so that it contains only a fragment of the original genetic material. Scientists theorize that when this “naked” DNA is inoculated into humans, the body’s cells will use it to generate antigens to protect against that disease. Such DNA vaccines could potentially result in lifelong protection and are being tested in humans against malaria, influenza, genital warts, and HIV (see Genital warts).

Genome Sequencing: Numerous projects are under way to sequence the genetic instructions, or genomes, of disease-causing microbes. National Institute of Health-supported researchers have reported the complete genomic sequence of several microbes including group A streptococcus, tuberculosis, and of the malaria parasite *Plasmodium falciparum*. New genomic sequence data provide important insights into the components of these organisms that might be incorporated into candidate vaccines.

Edible Vaccines: Researchers have found that edible vaccines can safely and effectively trigger an immune response against the *Escherichia coli* bacterium and the *Norwalk virus*. Scientists are now attempting to genetically engineer potatoes, bananas, and tomatoes that, when eaten, will initiate an immune response against harmful intestinal bacteria and viruses.

There are risks with all vaccines. The advances in science come at a cost. Depending on the microbe and the developmental stage of the person receiving the vaccine, a vaccine either can produce the intended immunity or can cause a multitude of adverse reactions. Certain ethical questions arise when the vaccines are cultured on aborted human fetus tissue, or monkey kidneys, as the case may be. The risk of contamination is present with whichever medium the vaccine is cultured in, whether it be from the incumbent DNA of the host culture, or from foreign viruses pre-existing in the medium.

Altering DNA also has many ethical questions to consider. Whereas homeopathy is an effective method of treatment for natural disease, are the artificial diseases created by altering DNA going to respond to homeopathic treatment the same way? What other diseases will arise in the event of changing the DNA of one disease? Is it our role as humans to tinker with nature?

Vaccines are intended to produce an immune response. Varying types of vaccines have different effects on the immune system. In some chapters the effects relating to the particular vaccine of the respective disease are discussed. As from discussions in **Chapters 3, 5**, and interspersed throughout this book, one must weigh whether the reaction from the vaccine is worth the intended outcome. Often, a fever, runny nose, or difficulty sleeping

occurs within 24 hours of vaccine. With the understanding that the immune system is responding to the vaccine and attempting to produce immunity to the disease in question these signs demonstrating immune system function must be considered a normal and expected result of a vaccine. However, often when a person visits with a doctor or medical professional with these symptoms, they are met with a dismissive statement that the symptoms would not have anything to do with the vaccine.

The preservatives in the vaccines have their own level of risk from allergic reactions to toxicity, or organ system damage. We must consider the nature of the disease and its implications for the human population, good or bad, and the individual receiving the vaccine when we start mandating vaccination schedules. If a disease has come as a result of a biological imbalance, is it our position as humans to interfere with the cycle of natural selection? Alternatively, if a disease has come that will actually liberate a person's health, what would be the advantage of suppressing that with vaccinations? (see **Chickenpox**) What is our responsibility to the individual who contracts the disease or suffers from vaccine injury? While we have some of the answers to some of these questions, many more questions arise. While vaccines may save the lives of many, are the benefits worth the compromised health of many more?

Appendix B

Cancer

Throughout this book there are many references to cancer and the reader may wonder why, in a book relating to infectious contagious disease, is cancer mentioned repeatedly. In order to tie up the loose ends regarding cancer this appendix is included.

First mentioned in **Chapter 3**, cancer is discussed in its relation to the ability of the immune system to differentiate self from non-self and the differentiation of cells into their fully developed selves; lack of the ability for cells to differentiate leads to the development of cancer.

The next place cancer is discussed is in **Chapter 4** in relation to miasms. Here the cancer miasm is described as follows: Cancer; every organ system, the immune system; growths or lesions from toxic substances and/or suppressed diseases or emotions, leading to disorganization of all systems, undifferentiation of cells, and ultimate death. (A mixture of psora, sycosis, tubercular, and syphilitic miasms; performing beyond his abilities leading to complete destruction). Miasms are introduced in **Chapter 4** so the reader may be aware that the breadth of homeopathic study goes beyond acute disease (infectious contagious disease) into chronic disease. From the schema of miasms delineated in **Chapter 4**, one can see that the cancer miasm is a complex arising from the preceding miasms.

The miasmic condition of cancer is further discussed in relationship to vaccine injury in **Chapter 5**. One of the five main vaccine reactions is the concept of awakening a latent miasm. The cancer miasm is not latent unto itself, but rather it is a complication of the miasms that have tendency towards a latent condition (such as tuberculosis, gonorrhea, and syphilis). Following the discussion on vaccine injury, the remedy **Carcinosin** (the nosode made from a cancerous breast tumor) is described for the treatment of these adverse effects. The key indication for **Carcinosin** is unresolved illness; more typically influenza, pneumonia, or mono. However, history of herpes, measles, or tuberculosis also indicates **Carcinosin**. Other conditions including immune system over-reactivity, allergies, never-

been-well-since vaccinations, etc. are all indicative of **Carcinosin** and forewarn the propensity to develop cancer many years later if the condition is left untreated. Clinical experience reveals that prior to the development of cancer some level of emotional suppression also occurred (incomplete emotional release of grief, anger, fear guilt, etc. (read more on **Carcinosin** in **Chapter 5**)).

Homeopathic treatment and prevention of infectious contagious diseases works towards the ability to develop healthy immune system responses towards external agents. The ability to develop defenses to these agents is an important aspect of the development of the immune system. Health is sustained when the immune system can differentiate between what is foreign and what is not. With this ability intact and fully developed, the immune system will not only be able to defend itself against infectious contagious disease but be able to identify and remove cancerous cells. There are cancerous cells developing all the time in the body. Cancer appears when rate of growth exceeds the rate of the removal by the immune system. The rate of growth of the cancer cells is directly in relation to the underlying health and susceptibility of the individual (see **Chapter 4**). Those with a weakened immune system and severely compromised health will have a greater tendency to develop cancer while those with a stronger health status will not.

The concept of vaccinating against one disease, as with a vaccine for genital warts, in the hopes of preventing cervical cancer, completely misses the objective. In order to prevent cervical cancer one must treat the underlying susceptibility that has a propensity towards contracting the warts and the attendant susceptibility to develop cancerous conditions. In order to reduce the occurrence of genital warts we must remove the sycotic condition that provides the susceptibility to contracting the warts (see **Genital Warts**). As this vaccine is new, we also do not know if the vaccine will create more susceptibility to cancer because of its deleterious effect on the immune system. Are we willing to risk the health of pre-teenage girls by vaccinating them with a vaccine created from a disease that has a tendency towards cervical cancer? While the vaccine may prevent the external manifestation of the genital warts, it does not address the internal dyscrasia that creates the expression of the warts.

Cancer is mentioned in various disease chapters through out the book. The first of which is **Mumps**. Here if the acute infectious aspect of mumps metastasizes to the gonads there is increased risk of cancer. Cancer is also discussed in the respective chapters of **Mononucleosis, Herpes, Genital warts, Gonorrhea, AIDS, and Hepatitis**.

Special attention has been applied towards the ordering of the specific disease chapters as they appear in the **Table of Contents**. While some of the criteria for the placement of

chapters was discussed in the **Preface** I bring your attention to the ordering of the following selection of chapters in relation to cancer. The placement of series **Haemophilus influenza, Otitis media, Influenza, Mononucleosis, Pneumonia, and Tuberculosis**, considers various factors. The first of the group, **Haemophilus influenza** is situated after the acute exanthematic and epidemic diseases, because it seems to be a complex disease relating to previously vaccinated against diseases (relates to tetanus, diphtheria and meningitis). In my estimation **Haemophilus influenza**, marks the beginnings of complex disease. Rather than strictly an acute miasmatic diseases (such as the series illustrated before), which have a self-limiting velocity and characteristic nature, **Haemophilus influenza** is the first chapter describing a condition whereby the individual becomes sick from the normal bacteria residing in their body. In this disease, the relative weakness in the immune system is greater than the virulence of the pathogen. Here a benign pathogen is capable of producing life-threatening consequences.

The second of the group, **Otitis media**, finds its placement here as it is often a secondary condition and auxiliary result of many of the acute diseases discussed earlier, and is often a side-effect of vaccination to those diseases. The development of otitis media demonstrates an overwhelm on the immune system's ability to completely through off the diseases injected with the vaccines. Inability to through off a disease is part of the cancer miasm. **Influenza** comes next, and though not directly related to otitis media through pathological indications or even symptomology, it is related because it is a disease in the cancer miasm. Even though influenza is not a complex disease in itself, ailments from the flu vaccine or never-been-well-since the flu does indicate **Carcinosin** the nosode for the cancer miasm. **Mononucleosis** follows as another indication of the cancer miasm due to the nature of the disease; over-extension of the energy reserves resulting in a low-grade level of chronic fatigue, and un-resolving fever with multiple viral agents in the blood stream (see **Mononucleosis**). **Pneumonia** follows, as it is another disease that comes as a complication of many of the previously described diseases. Never-been-well-since influenza, mono, or pneumonia, and recurrent fevers are chief indicators for **Carcinosin**. This inability to completely recover, or tendency towards secondary conditions is a cancerous condition. Pneumonia also affects the lungs, which brings us to **Tuberculosis**, the last in this series of chapters. Family history of tuberculosis is another indicator for the cancer miasm and the remedy **Carcinosin**.

In American culture, sickness is viewed as an inconvenience. If an individual gets sick they will miss work or they will feel bad. This feeling bad is feared, repelled, and avoided at all costs. They will take whatever measures possible to avoid getting sick including injecting themselves with multiple disease agents (as in vaccinations) with the intention to evade the

misery of sickness. This sickness of not wanting to get sick is a reflection of a fearful holding on to life, without understanding that through the resolution of acute sickness we have the potential to evolve and become healthier. This way of thinking depicts a willingness to live a life of chronic disease rather than taking one's chances with acute disease. If we postpone succumbing to acute sickness, the pathogens will only become relatively more virulent when they do strike. This suppression of the expression of sickness is synonymous to cancer. Whether it be by will, medication, or vaccination it is suppression all the same. When a mild disease is suppressed, the only choice the disease has is to continue in a more amorphous (undifferentiated) state. When the system has been suppressed repeatedly, the only option is for the development of cancer (the undifferentiated).

With this understanding of how cancer comes about, we have a chance to be able to address the fastest growing health concern of people in the developed world. By giving ourselves the permission to get sick and by finding natural methods that support healthy immune system reactivity in the face of prevention and treatment of acute diseases (i.e., homeopathy), we have the promise of a much healthier life. The biggest limitation to finding health is fear; fear of the unknown, fear of the void, and fear of disease. Delving into these fears reveals the lack of faith a person has regards to the intelligence and wisdom in the universe and their own powers to heal themselves. This process of suppression stemming from an ungrounded fear about mortality is recognized as the state of **Carcinosin** and more often precludes the physical development of cancer.

Appendix C

Quick Reference Guide for Preventative Remedies

The most commonly indicated remedies for prevention of select infectious contagious diseases are listed below. These remedies along with many others may also be indicated for the treatment of the respective disease. For a complete guide on potency and repetition schedules for prevention and treatment please refer to the individual chapters. The remedies are listed in this order: plant, animal then mineral. These remedies are available over the counter in the US. The respective nosode(s) are listed after, followed by related nosodes. Nosodes are prescription remedies.

Rabies: **Belladonna, Hyoscyamus, Stramonium, Lyssin**, also known as **Hydrophobinum**.

Tetanus: **Hypericum, Ledum, Arnica, Tetanotoxin**.

Polio: **Lathyrus, Polio**.

Diphtheria: **Apis mellifica, Lac caninum, Mercurius cyanatus, Diphtherinum**.

Whooping Cough: **Drosera, Pertussin, Vaccinimum**.

Mumps: **Trifolium repens, Jaborandi**, also known as **Pilocarpus, Parotidinum**.

Scarlet Fever, Streptococcus A, Roseola, and Rocky Mountain Spotted Fever:
Belladonna, Rhus toxicodendron, Phytolacca, Ailanthus glandulosa, Ledum.

Measles and German Measles: **Pulsatilla, Euphrasia, Morbillinum**.

Chickenpox: **Rhus toxicodendron, Antimonium crudum, Antimonium tartaricum, Varicellinum.**

Smallpox: **Thuja, Kali cyanatum, Variolinum, Vaccinimum, Malandrinum, Pertussin, Morbillinum.**

Anthrax: **Arsenicum album, Anthracinum.**

Plague: **Naja, Tarentula cubensis, Pyrogenium, Pestinium.**

Haemophilus Influenzae: **Apis, Belladonna, Bryonia, Mephitis, Haemophylus.**

Otitis media: **Belladonna, Chamomilla, Lycopodium, Pulsatilla, Stramonium, Apis, Ferrum phosphoricum.**

Influenza: **Gelsemium, Rhus toxicodendron, Arsenicum, Influenzinum, Oscillcoccinum.**

Mononucleosis: **Phytolacca, Mercurius, Phosphoric acid, Carcinosin.**

Pneumonia: **Bryonia, Lycopodium, Pulsatilla, Apis, Ferrum metallicum, Sulphur, Carcinosin.**

Tuberculosis: **Drosera, Ferrum metallicum, Iodium, Kali carbonicum, Phosphorus, Stannum, Bacillinum, Tuberculinum.**

Conjunctivitis: **Euphrasia, Pulsatilla, Argentum nitricum, Silica, Medorrhinum.**

Herpes Simplex: Type 1 and Type 2: **Dulcamara, Rhus toxicodendron, Thuja, Sepia, Hepar sulphuris calcareum, Natrum muriaticum.**

Genital Warts. **Antimonium crudum, Argentum nitricum, Thuja, Cinnabaris, Nitric acid, Mercurius dulcis.**

Gonorrhea: **Cannabis sativa, Petroselinum, Thuja, Medorrhinum.**

Syphilis: **Mercurius, Platina, Syphilinum.**

AIDS/HIV: AIDS, Medorrhinum, Tuberculinum, Syphilinum, Carcinosin.

Hepatitis A and B: Phosphorus, Hepatitis A and Hepatitis B.

Yellow Fever: Crotalus horridus, Arsenicum album, Phosphorus.

Dengue Fever: Eupatorium perfoliatum, Gelsemium, Rhus toxicodendron, Ipecacuanha, Crotalus horridus.

Malaria: China, Eupatorium purpureum, Arsenicum, Natrum muriaticum, Phosphorus, Malaria officinalis, Malaria Co.

Typhoid and Typhus: Baptisia, Carbo vegetabilis, Rhus toxicodendron, Crotalus horridus, Phosphoric acid, Pyrogenium.

Cholera: Camphora, Veratrum album, Cuprum, Crotalus horridus, Choleratoxin.

Appendix D

List of remedies discussed

(For nosodes see the end of Chapter 5)

Acet-ac. Acetic acid: Vinegar. Tincture.

Achy. Achyranthes: Herb of fever. Tincture.

Acon. Aconite, Aconitum napellus: Aconite. Monkshood. Wolfsbane. N. O.

Ranunculacee. Tincture of whole plant with root when beginning to flower.

Aeth. Aethusa: Fool's parsley. N. O. Umbelliferae. Tincture of whole flower plant.

Historical dose.

Agn. Agnus castus: Chaste tree. N. O. Verbenaceae. Tincture of ripe berries.

Ail. Ailanthus glandulosa: Tree of Heaven. Chinese Sumach. N. O. Simarubaceae. Tincture from flowers beginning to open.

Aloe Aloe socotrina: Common Aloes. N. O. Liliaceae. Trituration or solution in spirit of the gum.

Am-br. Ammonium bromatum: Bromide of ammonium. Solution in distilled water.

Am-c. Ammonium carbonicum: Carbonate of ammonia. Solution in distilled water.

Am-caust. Ammonium causticum: Hydrate of Ammonia. Spirits of Hartshorn. Solution in water.

Anac. Anacardium orientale: Marking Nut. Malacca Bean. N. O. Anacardiaceae. Prepared from the layer of nut between shell and kernel triturated.

Anag. Anagallis arvensis: Scarlet Pimpernel. Weather-glass. Red Chickweed. N. O.

Primulaceae. Tincture of whole fresh plant. The fresh plant of the scarlet-flowered variety, gathered before the development of the flowers is pounded to a pulp and subjected to pressure. The expressed juice is mingled with an equal part by weight of alcohol.

Ant-c. Antimonium crudum: Antimonium sulphuratum nigrum. Native Sulphide of Antimony.

Ant-m. Antimonium muriaticum: Butter of antimony, chloride of antimony. Trituration. Historical dose.

Ant-t. Antimonium tartaricum: Tartrate of Antimony and Potash. Tartar Emetic. Antimonium tartaricum. Trituration and solutions.

Apis, Apis mellifica: Honey-Bee. N. O. Insecta. Tinctures are made of the whole bee and of dilutions of the poison with alcohol.

Arg-m. Argentum metallicum: Silver Metal. Silver Leaf and Precipitated Silver. Trituration.

Arg-n. Argentum nitricum: Nitrate of Silver. Lunar Caustic. Trituration and solution.

Arn. Arnica: Leopard's Bane. Bruisewort. Fall Herb. N. O. Composite. Tincture of whole fresh plant. Tincture of root.

Ars. Arsenicum album: Arsenic Trioxide. The white oxide of metallic Arsenic. Solution and trituration.

Aur. Aurum: Metallic Gold. Trituration.

Aur-m. Aurum muriaticum: Chloride of Gold.

Aur-m-n. Aurum muriaticum natronatum: Double Chloride of Gold and Sodium. Trituration.

Bapt. Baptisia: Wild Indigo. N. O. Leguminosae. Tincture of fresh root and its bark.

Baros. Barosma crenulatum: Buchu. N. O. Rutaceae, Tincture of dried leaves or tea from leaves.

Bar-c. Baryta carbonica: Carbonate of Barium. Trituration of carbonate.

Bar-i. Baryta iodata: Baric iodide. Trituration.

Bar-m. Baryta muriaticum: Chloride of Barium. Trituration.

Bell. Belladonna: Deadly Nightshade. N. O. Solanaceae. Tincture of whole plant when beginning to flower.

Benz-ac. Benzoic acid, Benzoicum acidum: Benzoic acid. Obtained by sublimation from Gum benzoin or from several aromatic hydrocarbons. Tincture or trituration.

Berb. Berberis vulgaris: Barberry. N. O. Berberidaceae. Tincture of the bark of the root.

Berb-a. Berberis aquifolium: Mahonia. Oregon grape. Mountain grape. N. O. Berberidaceae. The fresh root and stem is pounded to a pulp and macerated in two parts by weight of alcohol. Tincture.

Bor. Borax veneta: Natrum biboracicum. Sodium baborate. Trituration and Solution.

Brom. Bromium: Bromine. Solution in distilled water. Must be prepared fresh, as it is liable to rapid deterioration.

Bry. Bryonia alba: Wild Hops. White Bryony. N. O. Cucurbitaceae. Tincture of root procured before flowering.

Bufo, Bufo rana: Toad Poison. Including the common variety, *Bufo rana* and the Brazilian toad. N. O. Bufonide. Solution in rectified spirit of the poison expressed from the skin glands.

Cadm-s. Cadmium sulphate: Cadmium sulpharatum.

Calad. Caladium seguinum: American Arum. Arum seguinum. N. O. Araceae. Dumb Cane. Tincture of whole fresh plant.

Calc-a. Calcarea arsenicosum: Arsenite of lime, trituration.

Calc. Calcarea carbonica: Calcarea ostrearum. Conchae praeparatae. Impure Calcium carbonate. Trituration.

Calc-f. Calcarea fluorica: Calcium Fluoride. Fluorspar. Trituration.

Calc-p. Calcarea phosphoricum: Calcium phosphate. Made by dropping dilute phosphoric acid onto lime. Trituration.

Calc-s. Calcarea sulphuricum: Sulphate of lime, plaster of Paris. Trituration. Historical dose.

Calen: *Calendula officinalis*: Pot Marigold. N. O. Composite. Tincture of leaves and flowers.

Camph. Camphora: Camphor. N. O. Lauraceae. A gum obtained from *Laurus camphora*. Solution in rectified spirit.

Cann-s. Cannabis sativa: Hemp. Marijuana. European or American Hemp. N. O. Cannabinaceae. Tincture of male and female flowering tops.

Canth. Cantharis vesicatoria: Spanish Fly. *Lytta vesicator*. N. O. Insecta, Coleoptera. Tincture or trituration of living insects.

Caps. Capsicum annuum: Cayenne Pepper. N. O. Solanaceae. Tincture of the dried pods.

Carb-ac. Carbolic acid: Phenolum. Phenol. Monoxy Benzine. Phenic Acid. Phenyl Alcohol. Solution in rectified spirit.

Carb-an. Carbo animalis: Animal Charcoal. Made from charred ox-hide. Contains Calc-p. Trituration.

Carb-v. Carbo vegetabilis: Vegetable Charcoal. Impure carbon. Trituration.

Card-m. Carduus marianus: St. Mary's Thistle. Silybum. N. O. Composite. Tincture or trituration of the seeds.

Caust. Causticum: Hahnemann's tincture of acris sine kali. Potassium Hydrate. Obtained by distilling a mixture of slaked lime and a solution of potassium sulphate. The chemical composition of Causticum is still uncertain though it is considered to be potassium hydrate or Caustic potash. Tincture with spirit.

Ced. Cedron: *Simaruba ferroginea*. Rattlesnake Bean. Simaba Cedron. N. O. Simarubaceae. Tincture of seeds. Tincture of pure bean.

Cham. Chamomilla: German Chamomile. *Chamomilla matricaria*. N. O. Composite. Tincture of whole fresh plant.

Chel. Chelidonium majus: Greater Celandine. N. O. Papaveraceae. Tincture of entire fresh plant, at time of flowering.

- Chin. *China officinalis*:** China Regia. Kina-Kina. Peruvian bark. *Cinchona calisaya* or *cinchona succirubra*. N. O. Rubiaceae. Tincture of the dried bark.
- Chin-s. *China sulphuricum*:** Sulphate of china.
- Chion. *Chionanthus*:** Fringe-tree bark. *Chionanthus virginica*. *Chionanthus americana*. N. O. Oleacee. The bark, which is the part employed, contains Saponin. Tincture.
- Chlor. *Chlorum aqua*:** Chlorine Gas in Water. Chlorine, the element. Solution. Chlorine water, when required of full strength, must be freshly prepared.
- Cic. *Cicuta virosa*:** Water Hemlock. Cow-bane. N. O. Umbelliferae. Tincture of fresh root gathered at time of flowering.
- Cimic. *Cimicifuga racemosa*:** Black Cohosh. *Actea racemosa*. *Macrotyls Racemosa*. *Actea Monogynia*. Cimic. Serpentaria. Black snakeroot. N. O. Ranunculaceae. Tincture of the root.
- Cina, *Cina*:** *Cina artemisia*. *Cina maritima*. Wormseed. *Artemisia maritima*. *Artemisia Cintra*. N. O. Composite. Tincture. The unexpanded flower-heads (commonly called "seeds") of several varieties of *Artemisia maritima*.
- Cinnb. *Cinnabaris*:** Red Sulphide of Mercury. Mercuric Sulphide. *Mercurius sulphuratus ruber*. Trituration.
- Cist. *Cistus canadensis*:** Rock Rose. *Helianthemum canadense*. Ice-plant. Frost-weed. N. O. Cistaceae. Tincture of whole plant.
- Clem. *Clematis erecta*:** Virgin's Bower. Upright Virgin's Bower. *Flammula Jovis*. N. O. Ranunculaceae. Tincture of leaves and stems.
- Coc-c. *Coccus cacti*:** Cochineal. N. O. Hemiptera. An insect that infests cactus plants. The tincture is prepared from the dried bodies of the female insects. They also constitute a well-known dye.
- Coloc. *Colocynthis*:** Bitter cucumber. N. O. Cucurbitaceae. Tincture of the pulp of the fruit.
- Comfrey:** see *Symphytum*.
- Con. *Conium maculatum*:** Poison Hemlock. N. O. Umbelliferae. Tincture of fresh plant in flower.
- Cop. *Copavia*:** *Balsamum copaivae*. *Copaifera officinalis*. N. O. Leguminosae. Tincture of the balsam.
- Cor-r. *Corallium rubrum*:** Red Coral. *Gorgonio nobilis*. N. O. Gorgoniaceac. Trituration.
- Cory. *Corydalis formosa*:** *Dicentra canadensis*. Wild Turkey pea. Stagger weed. N. O. Fumariaceae. Tincture of bulbous root gathered when plant is in flower. Trituration of the dried root. Trituration of *Corydalin*.
- Crot-h. *Crotalus horridus*:** The Rattlesnake. N. O. Crotalide. The Rattlesnake of North America. Trituration of sugar of milk saturated with the venom. Solution of the venom

in glycerin. Snake poisons are supposed to be chemically cyan. Hydrates of soda and other salts. Alcohol is the natural solvent of these salts and is an antidote.

Croton tiglum: Croton oil seeds. *Tiglum officinale*. N. O. Euphorbiaceae. Tincture of oil form the seeds.

Cupr. Cuprum metallicum: Copper. Trituration.

Cupr-ac. Cuprum aceticum: Acetate of Copper. Verdigris. Solutions. Trituration.

Cupr-s. Cuprum sulphuricum: Sulphate of Copper. Trituration.

Dam. Damiana aphrodisiaca: *Turnera aphrodisiaca*. N. O. Turneraceae. Tincture of fresh plant.

Daph. Daphne indica: Spurge Laurel. *Daphne odora*. Sweet-scented Spurge Laurel. N. O. Thymelaceae. Tincture of fresh bark.

Dor. Doryphora decemlineata: Colorado potato bug Colorado Beetle. N. O. Coleoptera. Tincture prepared by covering the crushed live beetles with alcohol.

Dros. Drosera rotundifolia: Round-leaved Sundew. N. O. Droseraceae. Tincture of active fresh plant.

Dulc. Dulcamara: *Solanum dulcamara*. Woody Nightshade. Bitter-sweet. N. O. Solanaceae. Tincture prepared from fresh green stems and leaves, gathered just before flowering.

Echi. Echinacea: Purple Cone-flower. *Echinacea angustifolia*. *Echinacea rudbeckia*. N. O. Composite allied to Rudbeckia. Tincture of whole fresh plant. The whole plant including the root is pounded to a pulp and macerated in two parts by weight of alcohol.

Elaps. Elaps corallinus: Brazilian Coral snake. Venom pressed from the living snake triturated with milk sugar.

Elat. Elaterium: Squirting cucumber. N. O. Cucurbitaceae. Tincture of unripe fruit.

Equis. Equisetum hyemale: Scouring-rush. Horse-tail herb. N. O. Equisetaceae. A rush growing in damp soil in Europe and America. Tincture of fresh plant chopped and pounded to a pulp.

Eucal. Eucalyptus: Blue gum tree. N. O. Myrtaceae. Tincture of fresh leaves.

Eup-per. Eupatorium perfoliatum: Bone-set. Thoroughwort. N. O. Composite. Tincture of whole plant.

Eup-pur. Eupatorium purpureum: Gravel root. Queen of the Meadow. Joe Pye Weed. Trumpet Weed. N. O. Composite. Tincture of the root.

Euphr. Euphrasia officinalis: Eyebright. N. O. Scrophulariaceae. Tincture of whole plant.

Ferr. Ferrum metallicum: Iron. Including also symptoms of the acetate and the carbonate.

Trituration of the pure metal and of the carbonate, solution of the acetate.

Ferr-p. Ferrum phosphoricum: Ferric Phosphate. Ferroso-ferric phosphate. White

Phosphate of Iron, (Schussler's). This is said to be a true ferric phosphate as contrasted with the ordinary phosphate of iron, which is a ferrous-hydric phosphate.

Ferr-pic. Ferrum picricum: Picrate of iron. Trituration. Tincture.

Fl-ac. Fluoric acid: Hydrofluoric acid. H. F. Made by distilling pure fluorspar, (Calcium fluoride) in a state of fine powder with sulfuric acid. Solution.

Fran. Francisaea uniflora: Manaca. Brazilian Manaca root. N. O. Scrophulariaceae. Allied to Brunfelsia. Tincture of fresh root. An alkaloid. Franciscein is also used.

Gamb. Gambogia: Gummi guti native to China. Tincture of the resinous gum form the tree. N. O. Guttifere.

Gels. Gelsemium sempervirens: Yellow Jasmine. Gelsemium lucidum. Yellow Jessamine. G. Nitidum. Bignonia sempervirens. N. O. Loganiaceae. Tincture of the bark of the root.

Graph. Graphites naturalis: Black Lead. Plumbago. Trituration of prepared Black Lead from the finest English drawing-pencils. A modification of carbon.

Grin. Grindelia robusta: Grindelia squarrosa. Rosin-wood. N. O. Composite. A tincture is made of the leaves and unexpanded flowers.

Guai. Guaiacum officinale: Resin of Lignum Vitae. Gum guaiacum. N. O. Zygophyllaceae. The gum-resin of Lignum sanctum or Lignum vite, a large tree growing in the W. Indies. Tincture of the gum-resin.

Ham. Hamamelis virginiana: Witch-hazel. Hamamelis macrophylla. Hamamelis dioica. N. O. Hamamelidaceae. A shrub growing in all parts of U. S. in damp woods or along streams, flowers in autumn, flowers yellow, the seeds ripen the year following. Tincture of fresh bark of twigs and root.

Hell. Helleborus niger: Hell. Helleborus niger. Black Hellebore. Snow-rose. Christmas rose. N. O. Ranunculaceae. Tincture of day powdered root. Juice of fresh root mixed with equal parts of alcohol.

Hep. Hepar sulphuris calcareum: The Calcarea sulphurata Hahnemanni. An impure Sulphide of Calcium prepared by burning in a crucible the white interior of oyster shells with pure flowers of sulphur. Trituration.

Ho. Hoang-nan: Strychnos gaultheriana. Tropical Bind-weed. N. O. Loganiaceae. Tincture

of dried bark.

Hydr. Hydrastis canadensis: Golden Seal. The Orange-root. Yellow Puccoon. N. O.

Ranunculacee. Tincture of the fresh root.

Hydrc. Hydrocotyle asiatica: Indian Pennywort. Gotu kola. N. O. Umbelliferae. Tincture of whole fresh plant.

Hydr-ac. Hydrocyanic acid: Prussic Acid. One measure of the dilute acid of B. P. to two measures of rectified spirit makes the 1c dilution, rectified spirit for all above.

Hyos. Hyoscyamus niger: Stinking Roger. Henbane. Hog-bean. N. O. Solanaceae.

Tincture of fresh plant.

Hyper. Hypericum perforatum: St. John's-wort. N. O. Hypericacee. Tincture of whole fresh plant.

Iodof. Iodoform: Trituration. Solution.

Ign. Ignatia amara: St. Ignatia's bean. Strychnos ignatia. N. O. Loganiaceae. Philippine Islands. Tincture and trituration of the seeds.

Iod. Iodium: Iodine. Tincture.

Ip. Ipecacuanha: Ipec root. Cephaelis ipecacuanha. N. O. Rubiaceae. Tincture and trituration of the dried root.

Jab. Jaborandi: Pilocarpus pennatifolius aut microphyllus. N. O. Rutaceae. Tincture of fresh leaves. Tincture of dried leaves and stems.

Jatr. Jatropha: Purging nut. N. O. Euphorbiaceae. From the West Indies. Trituration.

Jug-r. regina: Walnut. Tincture of leaves and of rind of green fruit.

Kali-bi. Kali bichromicum: Red Chromate of Potash. Bichromate of Potash. Postassium bichromate. Potassium dichromate. Solution in distilled water. Trituration.

Kali-c. Kali carbonicum: Carbonate of potassium. Potassium Carbonate. Solution. Trituration.

Kali-cy. Kali cyanatum: Potassium cyanide. Cyanide of Potash. Solution. Trituration.

Kali-i. Kali iodatum: Potassium iodide. Kali hydroiodicum. Solution. Trituration.

Kali-m. Kali muriaticum: Potassium chloride. Chloride of Potassium. Kali chloratum. Not to be confounded with Chlorate of Potash. Kali chloricum. Trituration.

Kali-s. Kali sulphuricum: Potassium sulphate. Trituration.

Kreos. Kreosotum: Beechwood Kreosote. A product of distillation of Wood Tar. Solution

in Rectified Spirit. This medicine is a mixture of phenols obtained from distillation of wood tar.

Lac-c. Lac caninum: Dog's milk. Historical dose.

Lac-f. Lac felinum: Cat's milk. Dilutions.

Lach. Lachesis muta: Bushmaster. Surukuku. Trigonocephalous lachesis. N. O. Ophidia. The Surukuku Snake of South America. Trituration. Dilution.

Lath. Lathyrus sativus: Chickpea. Wild vetch. "Jesse," "Jarosse," Lathyrus cicera. Lesser Chick-pea. N. O. Leguminose. Trituration of seeds. Tincture of the flower. Tincture of the green pods. Trituration of the dried pea.

Led. Ledum palustre: Marsh tea. Wild Rosemary. Marsh Cistus. Labrador Tea. N. O. Ericaceae. Tincture of dried small twigs and leaves collected after flowering begins. Tincture of whole fresh plant.

Lep. Leptandra: Culver's root. Tall speed well. N. O. Scrophulariaceae. Tincture of fresh root of the second year.

Lyc. Lycopodium clavatum: Club moss. Muscus terrestris repens. Pes ursinus. Wolf's-claw. N. O. Lycopodiacee. Hilly pastures and heaths in Central and Northern Europe, Russian Asia and North America. Common in Great Britain, especially the North. Its medicinal properties are disclosed by trituration and succussion of the spores. Tincture of fresh plant. Etherial tincture of spores, (ether dissolves the spore cases).

Mag-c. Magnesium carbonicum: Light carbonate of magnesium. Trituration.

Mag-m. Magnesium muriaticum: Chloride of magnesium. Magnesia chloride. Solution. Trituration.

Mag-p. Magnesium phosphoricum: Phosphate of Magnesia. Hydric magnesia phosphate. Trituration.

Men. Menyanthes: Buck bean. Bitterklee. N. O. Gentianacee. Tincture of whole plant.

Meph. Mephitis putorius: Skunk secretions. N. O. Mustelide. Alcoholic dilution of the liquid contained in the anal glands.

Merc. Mercurius vivus: Hydrargyrum. Argentum vivum. Mercurius Solublis Hahnemannii. Metallic Mercury. Quicksilver. Triturations.

Merc-cy. Mercurius cyanatus: Bicyanide of Mercury. Mercuric Cyanide. Solution. Trituration.

Merc-d. Mercurius dulcis: Calomel. Mercurous chloride. Subchloride of Mercury. Trituration.

Merc-i-f. Mercurius iodatus flavus: Mercurius protoiodatus. Green Iodide of Mercury. Mercurius iodide. Trituration.

Merc-i-r. Mercurius iodatus ruber: Mercurius biniodatus. Mercuric Bin-iodide.

Trituration.

Merc-pr-r. Mercurius precipitatus ruber: Mercurius oxydatus. Red Precipitate. Red Oxide of Mercury. Trituration.

Merc-s. Mercurius solubilis: see **Merc.**

Mez. Mezereum: Daphne mezereum. Spurge olive. Chameleons germanica. Mezereon. N.

O. Thymelaceae. Hilly woods over nearly whole of Europe and Russian Asia. Tincture of fresh bark gathered just before the plant flowers in February and March.

Morph. Morphinum: An alkaloid of opium. Trituration.

Mur-ac. Muriatic acid: Hydrochloric acid. Muriatic acid. First dilutions with distilled water.

Myric. Myrica cerifera: Bayberry. Wax Myrtle. Candleberry. N. O. Myricacee. Tincture of fresh bark of root.

Naja Naja: Cobra venom. The hooded snake of Hindustan. Tincture of the fresh virus or trituration in milk sugar of the fresh virus.

Nat-m. Natrum muriaticum: Salt, Sodium chloride. Common Rock Salt. Trituration. Solution.

Nat-s. Natrum sulphuricum: Glauber's salt. Sodium Sulphate. Sal Mirabile. Soda vitriolata. Trituration. Solution.

Nit-ac. Nitric acid: Nitric acid. Aqua Fortis. Solution.

Nux-v. Nux vomica: Poison nut. Strychnos Nux vomica. N. O. Loganiaceae. Tincture and Trituration of imported seeds.

Oscillo. Oscillococcinum: Potentized migrating duck liver. Historical dose.

Op. Opium: Papaver somniferum. Poppy. N. O. Papaveraceae. Opium is the gummy exudation of the unripe capsule of the poppy. Tincture.

Petr. Petroleum: Crude Rock oil. Oleum petrae. Coal oil. Trituration and tincture of the rectified oil.

Petros. Petroselinum sativum: Parsley. Carum Petroselinum. Apium Petroselinum. N. O. Umbelliferae. Tincture of whole fresh plant when coming into bloom.

Ph-ac. Phosphoric acid: Phosphoric acid. Dilution. The dilute acid of Britain forms the homeopathic 1x. In the U. S. the first solution is made of glacial Phosphoric Acid.

Phos. Phosphorus: The element. Saturated solution in absolute alcohol. Trituration or red

amorphous phosphorus.

Phys. Physostigma venenosum: Calabar bean. Esere. N. O. Leguminosac. Trituration of the bean.

Phyt. Phytolacca decandra: Poke root. Poke weed. Virginian Poke. Pole-root. Red Ink Plant. Garget Weed. N. O. Phytolaccaceae. Tincture of fresh root dug in winter. Tincture of the ripe berries. Tincture of fresh leaves. Solution of the resinous extract, Phytolaccin.

Plan. Plantago major: Plantain. Rib wort. N. O. Plantaginaceae. Tincture of whole fresh plant. Tincture of the root.

Plat. Platina: Platinum metallicum. An Element. Trituration.

Plb. Plumbum metallicum: Lead the Element. Plumbum aceticum. Acetate of Lead. Sugar of Lead. Plumbum carbonicum. Carbonate of lead. Pure White Lead. Trituration.

Podo. Podophyllum: American Mandrake. Podophyllum peltatum. May-apple. N. O. Berberidaceae by some placed in Ranunculaceae. Closely related to both. Tincture of root gathered after fruit has ripened of whole fresh plant of ripe fruit. Solution of resinous extract, Podophyllin.

Puls. Pulsatilla nigricans: Pulsatilla pratensis. Anemone pratensis. Pasque-flower. Wind flower. N. O. Ranunculaceae. From pastures in Central and Northern Europe, parts of South of England. Tincture of entire fresh plant when in flower (it flowers in spring and again in autumn).

Ran-b. Ranunculus bulbosa: Buttercup. Bulbous Crowfoot. N. O. Ranunculaceac. Tincture of whole plant.

Rhus-t. Rhus toxicodendron: Poison oak. Rhus radicans. Tincture of fresh leaves gathered at sunset just before flowering time.

Sabin. Sabina: Juniperus sabina. Savine. N. O. Coniferae. Tincture of the young, fresh tops of the branches. Tincture of the oil.

Samb. Sambucus nigra: Elder. N. O. Caprifliaceae. Tincture of fresh leaves and flowers.

Sarr. Sarracenia purpurea: Pitcher plant. N. O. Sarraceniaceae. Grows in boggy places from Canada southward. Tincture of fresh plant. Tincture of root. Contains a very active proteolytic enzyme.

Sars. Sarsaparilla officinalis: Smilax. Wild Liquorice. The rhizome of several species of Smilax. N. O. Smilaceae, by some classed as a sub-order of the Liliaceae. Trituration and tincture of the dried rhizome.

Sax. Saxitoxin: The organisms of red tide. Trituration in alcohol.

- Scut. Scutellaria laterifolia:** Skullcap. Mad-dog. N. O. Labiateae. Tincture of fresh plant.
- Sec. Secale cornutum:** Ergot of Rye. Spurred Rye. Claviceps Purpurea. N. O. Fungi. The black, hornlike spur into which the grains of rye cereal are changed by the fungus Claviceps purpurea. Tincture of the fresh spurs collected just before harvest.
- Sep. Sepia succus:** Cuttlefish Ink. Sepia officinalis. N. O. Cephalopoda. Trituration of dried liquid contained in the ink-bag.
- Sil. Silica terra:** Flint. Silex. Silicic anhydride. Silicon dioxide. Trituration of pure, precipitated silica.
- Sin-n. Sinapis nigra:** Black mustard. Brassica nigra. N. O. Cruciferae. Trituration and tincture of seeds.
- Skook. Skookum chuck aqua:** Salts of water from Medical Lake near Spokane, Wash. Skookum Limechen Chuck. Medical lake. A lake in Western U.S. containing in grains per gallon: Sodic carbonate 63.54, Sodic chloride 16.37, Sodic silicate 10.63, Potassic chloride 9.24, Ferrous carbonate. 526, Mag-c. 237, Calc. carbonate. 186, Aluminic oxide. 175 with traces of Lithic carbonate, Borax and Potassic sulphate. Trituration of the dried salt.
- Spong. Spongia tosta:** Roasted Sponge. N. O. Coelenterata. Tincture. 20 grains in 400 drops of alcohol.
- Stann. Stannum metallicum:** Tin. Trituration of the pure metal.
- Staph. Staphysagria:** Delphinium staphysagria. Stavesacre. N. O. Ranunculaceae Tincture of the seeds.
- Still. Stillingia silvatica:** Queen root. Queen's Delight. N. O. Euphorbiaceae. Pine barrens from Virginia to Florida. Tincture of the root after flowering.
- Stram. Stramonium:** Datura stramonium. Jimson weed. Thorn apple. Jamestown-weed. Stink-weed. N. O. Solanaceae. Grows in vicinity of cultivation on rank soil where refuse is deposited, in all parts of the world. Tincture of fresh plant in flower and fruit.
- Sul-ac. Sulphuric acid:** Sulphuric acid. Vitriol. Dilution.
- Sulph. Sulphur sublimatum:** Brimstone. Sublimed Sulphur. Trituration of "Flowers of Sulphur." A saturated solution of Sulphur in absolute alcohol constitutes the tincture. A trituration of amorphous Sulphur has also been used.
- Symp. Symphytum officinale:** Comfrey. Knitbone. Healing Herb. N. O. Boraginaceae. Tincture of fresh root-stock collected before flowering and in autumn. Tincture of fresh plant.

Tarax. Taraxacum officinale: Dandelion. Leontodium taraxacum. N. O. Compositae. The mother tincture is prepared from the whole plant when in flower.

Tarent. Tarentula hispanica: Spanish tarantula. Lycosa tarentula. N. O. Araneideae.

Tincture of the living spiders.

Tarent-c. Tarentula cubensis: The Cuban tarantula. Mygale Cubensis. Aranea peluda. N. O. Araneideae. Tincture of whole spider.

Tell. Tellurium metallicum: Tellurium. An element. Trituration of the precipitated element.

Ter. Terebinthinia oleum: Turpentine. Oleum terebinthine. Oil of Turpentine. The oil distilled from the oleo-resin (turpentine) obtained from various species of *Pinus*, purified by repeated rectification with water. Solution in rectified spirit. Ozonized Oil of Turpentine (prepared by exposure of the common oil to sun and air in a half-filled bottle and shaking from time to time).

Thal. Thallium metallicum: Thallium aceticum. A Rare Metal. Trituration.

Thuj. Thuja occidentalis: Arbor vitae. N. O. Coniferae, Tribe, Cupresineae. Tincture of the fresh green twigs.

Thymu. Thymus serpyllum: Wild thyme. The Thymol is decomposed into Thymine a liquid essence isomeric with the essence of Turpentine and Thymic acid, a Stearoptene similar to Camphor.

Trif-p. Trifolium pratense: Red clover. N. O. Leguminosae. Tincture.

Trif-r. Trifolium repens: White clover. N. O. Leguminosae. Trituration or tincture of flower heads.

Verat. Veratrum album: White hellebore. White-flowered Veratrum. N. O. Melanthacae of the Liliaceae. Alps and Pyrenees. Tincture of the root-stocks collected early in June before flowering.

Vip. Vipera torva: German Viper Snake. *Vipera communis*. Common Viper with other varieties, especially *V. redi* - Italian Viper. *Pelias berus*. N. O. Ophidiae, family, Viperidae. Potencies of the venom.

X-ray. X-ray: Dilutions made from vial containing alcohol exposed to X-Rays.

Xanth. Xanthium spinosum: Spiny cocklebur. L Asteraceae.

Zinc. Zincum metallicum: Zinc. An Element. Trituration of the metal.

Appendix E

Glossary

Acute disease: a condition with a sudden and rapid onset and short resolution by either spontaneous recovery or death.

Adynamia: Lack of strength or vigor (especially from illness).

Agranulocytosis: An acute condition involving a severe and dangerous leucopenia (reduction in the number of white blood cells in the body).

Allopathy: The term is sometimes used today to refer to conventional medicine. Latin derivative meaning different-'allo,' disease-'pathos.' The treatment of disease by conventional means, i.e. with drugs having effects unrelated to the symptoms. Often contrasted with homeopathy.

Amenorrhea: The absence of a menstrual period in a woman of reproductive age.

Anaerobic: Without air, usually referring to anaerobic organisms, those that live without air. Anaerobic conditions produce environments that anaerobic organism can live in.

Anti-miasmatic remedies: A homeopathic remedy that acts to treat, nullify, or rid the body of a particular miasm. Examples would be anti-psoric, anti-sycotic, anti-syphilitic, etc. See each particular anti-miasmatic for examples.

Antipyretic: Antipyretics are substances aimed prevent or reduce fevers.

Aphthae: Roundish pearl-colored specks or flakes in the mouth and on the lips, etc., terminating in white sloughs. They are commonly characteristic of thrush.

Apoplectic: Affected with, inclined to, or showing symptoms of stroke.

Apyrexia: The absence or intermission of a fever.

Areolae: Any small circular area such as the colored skin surrounding the nipple. It can also be used to describe other small circular areas such as the inflamed area surrounding a pimple.

Asphyxia: A condition in which an extreme decrease in the concentration of oxygen in the body accompanied by an increase in the concentration of carbon dioxide leads to loss of

consciousness or death. Asphyxia can be induced by choking, drowning, electric shock, injury, or the inhalation of toxic gases.

Asthenia: A feeling of weakness without actual loss of strength.

Attenuated: To attenuate is to weaken or to make (or become) thin. An attenuated virus is a weakened, less vigorous virus. A vaccine against a viral disease can be made from an attenuated, less virulent strain of the virus, a virus capable of stimulating an immune response and creating immunity but not causing illness.

Atony: Lack of normal muscle tone. Lack of accent or stress.

Bilious: Marked by or suffering from liver dysfunction and especially excessive secretion of bile. Indicative of a peevish ill-natured disposition or sickeningly unpleasant.

Cachexic: General ill health with emaciation, usually occurring in association with cancer or a chronic infectious disease.

Catarrhal: Inflammation of mucous membranes, especially of the nose and throat with or without discharge.

Cell-mediated immunity: Immunity generated by T-4 cells, white blood cells, that migrate towards an area of infection creating specific antibodies to particular antigens.

Characteristic symptoms: See **Symptoms**.

Chlorosis: Iron deficiency anemia in young women; characterized by weakness and menstrual disturbances and a green color to the skin.

Chordee: It is usually considered a congenital malformation of unknown cause. A condition in which the penis curves downward. The curvature is usually most obvious during erection, but resistance to straightening is often apparent in the flaccid state as well.

Chorea: Is an abnormal voluntary movement disorder resulting in quick movements of the feet or hands, vaguely comparable to dancing or piano playing. Characterized by brief, irregular contractions that are not repetitive or rhythmic, but appear to flow from one muscle to the next.

Chronic disease: As opposed to acute disease. A state of illness that, when left on its own, will progress deeper into the organism, causing more and more limiting symptoms over time, with no possibility of spontaneous resolution.

Concomitant: Existing or occurring with something else, often in a lesser way; accompanying; concurrent; an event and its concomitant circumstances. As in concomitant symptoms, refers to symptoms occurring with the main condition.

Constitution: The physical makeup of the body, including the mode of performance of its functions, the activity of its metabolic process, the manner and degree of reactionary process to stimuli, and its power of resistance to sickness. Different constitutions have differing degrees and directions of reaction. Constitutions are influenced by miasmatic tendencies and genetics. Constitutional remedies effect the entire constitution. Constitutional treatment is synonymous with chronic care and anti-miasmatic treatment in homeopathy.

Contagion: The direct cause, such as a bacterium or virus, of a communicable disease.

Convalescence: Gradual return to health and strength after illness. The period needed for returning to health after illness.

Conventional treatment: A currently accepted and widely used treatment for a certain type of disease, based on the results of past research. Refers to allopathy.

Corona glandis: The prominent posterior border of the glans penis. Refers to the head of the penis.

Crusta lactea: Also called milk crust. Seborrhea of the scalp of nursing infants.

Cyanosis: Refers to the bluish coloration of the skin due to the presence of deoxygenated hemoglobin in the blood vessels near the skin surface.

Desquamation: Flaking of the skin.

Diathesis: An elegant term for a predisposition or tendency. Thus, a hemorrhagic diathesis is nothing more than a bleeding tendency. A tubercular diathesis is a tendency towards tubercular conditions.

Drainage: Is the natural or artificial removal of surface and sub-surface water from a given area. Also refers to facilitating the excretory function of eliminatory organs. Drainage therapy in homeopathy refers to the use of homeopathic remedies aimed towards increased kidney and bowel function.

Dose: An amount of medication to be taken at one time. In homeopathy, it usually means three to five pellets of a single remedy. Repeating the remedy means repeating the dose. Single dose means give three pellets once. Split dose means to repeat the three pellets once shortly after, anywhere from 5 minutes to 24 hours. Extended dose is to repeat the same amount of pellets in successive intervals over several hours or days.

Dropsy: An old term for the swelling of soft tissues due to the accumulation of excess water. Also called edema.

Dysmenorrhea: Cramps or painful menstruation, where menstrual periods are accompanied by either sharp, intermittent pain or dull, aching pain, usually in the pelvis or lower abdomen.

Edema: Swelling of any organ or tissue due to accumulation of excess lymph fluid, without an increase of the number of cells in the affected tissue. Edema can accumulate in almost any location in the body, but the most common sites are the feet and ankles.

Energetic medicine: Energetic medicine encompasses dozens of diverse therapies and diagnostic approaches, including meridian therapy (e.g., acupuncture, acupressure), Applied Kinesiology, homeopathy, reflexology, polarity therapy, Therapeutic Touch, and (at least in its original theory) chiropractic. All these approaches are concerned with balancing or releasing energy in the body for the advancement of health and the treatment of disease. This energy has been given many names, including bio-energy, vital force, the life force, universal life energy, cosmic energy, chi (acupuncture), and Innate Intelligence.

Epidemic: An epidemic is a disease that appears as new cases in a given human population, during a given period, at a rate that substantially exceeds what is expected; based on recent experience (the number of new cases in the population during a specified period is called the incidence rate). An epidemic may be restricted to one locale (an outbreak), more general (an epidemic), or even global (pandemic).

Epigastrium: The upper central region of the abdomen. It is located between the costal margins and the sub-costal plane. In the region of the solar plexus.

Epithelium: Outer lining of the skin of mucous membrane surfaces. The outer layer of cells.

Eructation: An act or instance of belching.

Erysipelas: An acute streptococcal skin infection, resulting in inflammation and characteristically extending into underlying fat tissue. It appears as a red, swollen, warm, hardened, and painful rash, similar in consistency to an orange peel.

Erythema: A name applied to redness of the skin produced by congestion of the capillaries, which may result from a variety of causes, the etiology or a specific type of lesion often being indicated by a modifying term.

Esophagitis: Inflammation of the esophagus.

Etiology: Used in reference to the causes of various phenomena. It is generally the study of why things occur, or even the reasons behind the way that things act.

Exanthema: A skin eruption accompanying certain infectious diseases. A disease, such as measles or scarlet fever, accompanied by a skin eruption.

Excoriate: To corrode, tear or wear off the skin or make sore by abrading.

Exonervative: A means of providing absolution. Refers to an illness of process that liberates the person. Exhonerative discharges rid the person of toxins.

Exostosis: The formation of new bone on the surface of a bone. Exostosis can cause chronic pain ranging from mild to debilitatingly severe, depending on where they are located and what shape they are.

Expectoration: Sputum or the act of bringing up and spitting out sputum.

Exudate: Any fluid that filters from the circulatory system into lesions or areas of inflammation. Its composition varies but generally includes water and the dissolved solutes of the blood, some or all plasma proteins, white blood cells, platelets and (in the case of local vascular damage) red blood cells.

Fauces: A Latin plural word for throat (the singular *faux* is rarely used). In anatomy, it is the hinder part of the mouth, which leads into the pharynx.

'Freedom of choice' laws: Laws that allow consumers to choose the medical system they want to subscribe to as in health freedom laws: laws that provide for the legal practice of alternative and complementary healing practices that do not pose inherent risk or harm. As opposed to laws that mandate medical treatments or limit the availability to various healing modalities. I.e. Medical licensing laws that narrowly define the practice of medicine to include forms of prevention, or treatment for any health issue or concern and limits providers to be licensed by the state. Medical licensing laws also limit personal rights to access the type of health care you chose if the laws make that system of healing inaccessible.

General symptoms: A homeopathic term referring to symptoms that affect the entire person as opposed to a particular part. I.e. sleep, sex drive, mental and emotional disposition, hunger and food desires and aversions, thirst, temperature and seasonal sensitivity.

Genus Epidemicus: Homeopathic term given to the remedy that has been found to be most effective for the treatment of a particular epidemic. The term refers to the epidemic rather than the remedy. I.e. for the influenza epidemic of 1918 Gelsemium was found to be the Genus Epidemicus.

Glans: Head of the penis.

Glomerulonephritis: Describes the inflammation of the membrane tissue in the kidney that serves as a filter, separating wastes and extra fluid from the blood.

Hematuria: Blood in the urine.

Hemoptysis: Coughing up blood from the respiratory tract.

Hepatic insufficiency: Generally caused by active liver cirrhosis with portal hypertension.

Homeopathic aggravation: Sometimes after taking a homeopathic remedy the person may experience a worsening of symptoms. This is a good sign and means that the remedy is working and that the patient will soon get well. The higher the degree of susceptibility to the remedy the greater the chances for homeopathic aggravation. Usually the aggravation occurs with the general symptoms rather than the particular symptoms. Seldom is there a worsening of the pathology with an aggravation. The increase in general symptoms demonstrates a reactivity in the healing mechanism which will soon be followed by amelioration.

Homeopathicity: The degree to which a remedy is homeopathic to the set of symptoms at hand.

Homeopathy: Derived from the term “homeo” similar and “pathos” pathology. Refers to the practice of medicine where an agent that can cause a set of symptoms has the ability to cure that same set of symptoms.

Hypertrophy: The increase of the size of an organ or in a select area of the tissue. It should be distinguished from hyperplasia which occurs due to cell division increasing the number of cells while their size stays the same; hypertrophy occurs due to an increase in the size of cells, while the number stays the same.

Incubation period: The time elapsed between exposure to a pathogenic organism, chemical or radiation and when symptoms are first apparent.

Indurated: Characterized by being hard; an abnormally hard portion of a tissue with respect to the surrounding similar tissue.

Infectious contagious disease: An infectious disease is a clinically evident disease of humans or animals that damages or injures the host so as to impair host function, and results from the presence and activity of one or more pathogenic microbial agents, including viruses, bacteria, fungi, protozoa, multicellular parasites, and aberrant proteins known as prions. Transmission of an infectious disease may occur through several pathways, including through contact with infected individuals, water, food, airborne inhalation, or through vector-borne spread. A contagious disease (also called a communicable disease) is an infectious disease that is capable of being transmitted from one person or species to another. Contagious diseases are often spread through direct contact with an individual, contact with the bodily fluids of infected individuals, or with objects that the infected individual has contaminated.

Inter-current remedy: A homeopathic remedy given in addition to the indicated remedy to provide movement in a stalled case. Usually, but not always an undercurrent remedy is a nosode.

Intermittents: Referring to a type of fever in which the temperature falls to normal at regular intervals and then goes back up, i.e. malaria.

Keloid: A special type of scar, which results in an overgrowth of tissue at the site of a healed skin injury. Keloids are firm, rubbery lesions or shiny, fibrous nodules and can vary from pink to flesh-colored or red to dark brown in color.

Leucorrhea: Milky white vaginal discharge.

Leucocytosis: An increase in the number of white blood cells in the blood. It is a common feature of inflammatory reactions, particularly those caused by bacteria.

Leukophlegmatic: One of the four humors describing the tendency of the body to retain fluids. Having a dropsical habit of body, with a white bloated skin. Sluggish. Tendency to produce leucorrhea, sweats, nasal congestion and phlegm. Refers to a temperament characterized by want of tension of fiber, and general inertness of the physical and mental powers.

Lichen: An eruption of flattened papules of a reddish color and shining surface. Occurring singularly or in clusters. Occurs chiefly on the flexor surfaces of the extremities but may involve the trunk or mucous membranes.

LM potencies: Refers to the fiftieth millesimal potency (50M). See **Potency**.

Loquacious: Very talkative; garrulous.

Lymphadenopathy: Swollen lymph glands.

Maculopapular: Maculopapular describes a rash that contains both macules and papules. A macule is a flat discolored area of the skin, and a papule is a small raised bump. A maculopapular rash is usually a large area that is red, and has small, confluent bumps. The sandpaper-like rash of scarlet fever, or scarlatina, is the classic example of a maculopapular rash.

Magnetize: To massage rub, stroke, or to mesmerize.

Malady: An unwholesome or disordered condition.

MAN: Man in the largest sense, the human race referring to the spiritual, physical and psychical make up of humans. Referring to the entire population.

Materia medica: Medical matter, the branch of medical science, which studies the origin and preparation of drugs, their doses, mode of administration, symptomatology, and

toxicology. The term used to describe homeopathic texts which contain the symptomatology of homeopathic remedies.

Meatus: Opening.

Medicament: An agent that promotes recovery from injury or ailment; a medicine.

Meningitis: Inflammation of the meninges, the membrane that surrounds the central nervous system.

Metastasis: The spread of disease from its primary site to other places in the body.

Metritis: Inflammation of the uterus.

Metrorrhagia: Painful menstruation.

Miliary: Having the appearance of millet seeds. Characterized by the presence of small skin lesions that have the size and appearance of millet seeds.

Miasm: The infectious principle that may set up a specific disease.

Necrotic: Synonymous with dead. Necrotic tissue is dead tissue.

Neurotoxin: A toxin that acts specifically on nerve cells usually by interacting with membrane proteins and ion channels. Many of the venoms and other toxins that organisms use in defense against vertebrates are neurotoxins.

Newcastle Disease: A highly contagious zoonotic bird disease affecting many domestic and wild avian species. Its effects are most notable in domestic poultry due to their high susceptibility and the potential for severe impacts of an epidemic on the poultry industries. It is endemic to many countries. Relates with influenza and mumps.

Nosode: A homeopathic attenuation of pathological organs and/or tissues, causative agents, or disease products from infected individuals such as pathological discharges, excretions, and secretions.

Opisthotonus: A form of spasm in which head, neck, and spine are arched backwards.

Os: Opening of the cervix.

Osseous tissue: Bone tissue.

Pandemic: A pandemic is an epidemic (an outbreak of infectious disease) that spreads across a large region, or even worldwide.

Paradigm: Refers to a thought pattern in any scientific discipline.

Paresis: A condition typified by partial loss of movement, or impaired movement. When used without qualifiers, it usually refers to the limbs, but it also can be used to describe the muscles of the eyes.

Paroxysmal: A sudden attack, recurrence, or intensification of a disease. A spasm, fit, or convulsion occurring in sudden attacks.

Pathogenic: A pathogen or infectious agent that causes disease or illness to its host.

Pathology: The study of the processes underlying disease and other forms of illness, harmful abnormality or dysfunction. Specifically pathology is the study and diagnosis of the structural and functional changes in molecules, cells, tissues, and organs that underlie disease.

Pedunculated: Attached by a stem-like or stalk base similar to that of a mushroom.

Periodicity: The quality of occurring at regular intervals or periods.

Plethora: Over abundance or excess. General congestion full of blood. A plethoric appearance means a red robust complexion as though the blood could burst through the skin. An excess of blood producing a fullness of the blood vessels.

Plussing: A method of further potentizing a remedy whereby the dry dose is dissolved in water and several sips are taken over a period of time. The act of dissolving the remedy in water increases the potency hence plussing, but also delivers the remedy in a more gentle form. From the remaining water a second dilution can be prepared plussing it to the next slightly higher potency.

Portal tension: Restriction of the blood flow through the liver due to scaring and congestion of the liver.

Potentize: The process of repeated dilution and succussion in the making of a homeopathic remedy.

Prepuce: A retractable piece of skin which covers part of the genitals of primates and other mammals.

Priapism: A painful and potentially harmful medical condition in which the erect penis does not return to its flaccid state (despite the absence of both physical and psychological stimulation) within four hours. It is a medical emergency.

Prodrome: An early symptom indicating the development of a disease or indicating that a disease attack is imminent. For example, fever, malaise, headache, and anorexia are part of the prodrome for the mumps. It also refers to the initial round of viral replication before an immune system response has been initiated.

Prophylactic: A preventive measure. The word comes from the Greek for “an advance guard,” an apt term for a measure taken to fend off a disease or another unwanted consequence. A prophylactic is a medication or a treatment designed and used to prevent a disease from occurring.

Proving: The procedure for ascertaining the effects of a substance by administering it to healthy human subjects in order to observe and record the symptoms.

Prurigo: Usually begins as one or two small itchy bumps that resemble insect bites. Over a period of time the bumps spread and continue to itch. The itching is the most identifying feature, because it is a very intense “deep down” itch that is impossible to ignore.

Pruritus: An itch or a sensation that makes a person want to scratch. Pruritus can be a part of skin diseases, internal disorders, or due to faulty processing of the itch sensation within the nervous system.

Purulent: Pertaining to pus. Containing or composed of pus. The term “purulent” is often used in regard to discharges.

Pyemia: Septicemia caused by pyogenic microorganisms in the blood, often resulting in the formation of multiple abscesses. Invasion of the bloodstream by virulent microorganisms from a focus of infection.

Quartan: Occurring every fourth day, counting inclusively, or every 72 hours. Used to indicate the frequency of recurrence of a fever.

Quotidian: Recurring daily. Used especially of attacks of malaria.

Rales: Also referred to as crackles or crepitations, are the clicking, rattling, or crackling noises heard on auscultation of the lungs with a stethoscope during inhalation. The sounds are caused by the “popping open” of small airways and alveoli collapsed by fluid, exudate, or lack of aeration during expiration.

Repertorization: The process of utilizing the repertory to determine the accordance of specific remedies to a particular set of symptoms.

Repertory: A place book where information is categorized so that it may be found easily or logically. The homeopathic repertory is an index of symptoms.

Rickettsial: Referring to *Rickettsia*. *Rickettsia* are species of bacteria that are carried as parasites by many ticks, fleas, and lice, and cause diseases such as typhus and Rocky Mountain spotted fever in human beings.

Rubric: A short commentary or explanation covering a broad subject. A name for a class or category in homeopathy for a symptom. The rubric listing in the repertory is a symptom followed by a list of remedies that have been shown to produce this symptom in a proving or has been shown to cure that symptom in the ill.

Satyriasis: Characterized by an overactive libido and an obsession with sex.

Scrofulous: Relating to, affected with, or resembling scrofula. Refers to a variety of skin diseases: in particular, a form of tuberculosis, affecting the lymph nodes of the neck.

Scurf: Scaly or shredded dry skin, such as dandruff.

Secondary infection: A secondary infections are separate illnesses that occur as a result of the primary illness.

Septic: A serious medical condition, resulting from the immune response to a severe infection. **Septicemia** is sepsis of the bloodstream caused by the presence of bacteria in the bloodstream.

Sequelae: A pathological condition resulting from a disease or injury.

Side-effects: Problems that occur when treatment goes beyond the desired effect. Or problems that occur in addition to the desired therapeutic effect.

Similar: Some degree of symmetry in either analogy or resemblance between two or more concepts or objects. Used in homeopathy to refer to the correct use of a remedy. The most similar remedy is homeopathic and will cure the case.

Spermatorrhea: Excessive ejaculation, was regarded in the nineteenth century as a medical disorder with corrupting and devastating effects on the mind and body. The cure for spermatorrhea was enforced chastity and avoidance of masturbation.

Split dose: See **Dose**.

Sputum: Matter that is coughed up from the respiratory tract, such as mucus or phlegm, mixed with saliva and then expectorated from the mouth. It can also contain pus, blood, fibrin, bacterial products, or other foreign matter.

Stertorous: A heavy snoring sound in respiration.

Stomatitis: An inflammation of the mucous lining of any of the structures in the mouth which may involve the cheeks, gums, tongue, lips, and roof or floor of the mouth.

Strangury: This describes the painful sensation of urinary urgency and frequency when the bladder is empty.

Succuss: To shake. Part of the process of potentization. Shaking and impact of the diluted remedy in a vial on a hard surface.

Suppressive treatment: Any form of treatment designed to drive the symptoms away without treating the underlying cause. Usually driving the disease deeper into the organism.

Suppuration: The formation or discharge of pus.

Susceptibility: The degree to which an individual is sensitive and responsive to outside influences.

Sycotic: Hahnemann's term for the constitution relating to the effects of the gonorrhoeal miasm.

Symptoms: The phenomena of disease which lead to complaints on the part of the ill person. Symptoms can be categorized by how they effect the person and /or their relative relation to the disease. Comprehension of the expression of symptoms is necessary for the complete comprehension of the disease. Understanding which symptoms are important for the selection of a remedy is the key to being able to correctly repertorize a case and select the appropriate homoeopathic remedy. The following are a breakdown of relative classifications of symptoms.

Characteristic symptoms: Can refer to symptoms of a remedy or of the individual.

They are symptoms of an unusual nature and in turn give the case or remedy a pronounced flavor of individuality. They are more characteristic of the person rather than the disease.

Common symptoms: Refers to symptoms common to the disease that do not demonstrate the character of the person nor are they very helpful in determining the appropriate remedy.

Concomitant symptom: A symptom that accompanies another symptom.

General symptoms: Affects the entire person; sleep, fever, mental disposition, sex drive, food cravings, etc.

Modalities: Influential circumstances that ameliorate or aggravate the condition (i.e., worse from the heat; better lying down etc). Modalities are more often an expression of a general or characteristic nature (i.e., **Rhus-tox**. has stiffness better from initial motion and worse from prolonged motion). Even though it may be a particular symptom relating to the knee or lower back; these modalities are a general symptom of **Rhus-tox** as the person in addition to the stiff part feels better on initial motion, better from motion is also considered a general symptom. These modalities also are considered characteristic to **Rhus-tox**.

Particular symptoms: Those symptoms relating to a part rather than the whole. Even though they will express the organ of affinity they are less important than the general symptoms.

Peculiar symptoms: Symptoms of an unusual nature that direct to a particular remedy.
See **Characteristic symptoms**.

For more detailed and complete list of symptom definitions I refer you to A dictionary of Homeopathic Medicine Jay Yaspur R.Ph., MSc. Van Hoy Publishers: Greenville PA, 1992.

Tabes mesenterica: A wasting disease of childhood characterized by chronic inflammation of the lymphatic glands of the mesentery, attended with caseous degeneration.

Telluric: Relating to the earth: the physical, electrical, and biochemical nature of the earth.

Tenesmus: A feeling of incomplete defecation or urination. It is experienced as an inability or difficulty to empty the bowel or bladder. Painful contraction of the urinary or anal sphincter and may be accompanied by involuntary straining and other gastrointestinal symptoms.

Tertian: Marked with a periodicity of 48 hours.

Tincture: An alcoholic extract of an herb or plant material where the soluble properties of the herb are drawn into the alcohol and the cellulose matter is strained out. All soluble substances that are made into homeopathic remedies are first made into a tincture. The tincture is then further potentized according to the scale desired.

Tonic and clonic spasms: A tonic seizure is the rigid contracture of muscles, including respiratory muscles, which is usually brief. The clonic component is the rhythmic shaking that accompanies the contracture and lasts longer. Together, a generalized tonic-clonic seizure is also called a grand mal seizure and is one of the most dramatic of all medical conditions.

Toxicological study: The study of the nature, effects and detection of poisons.

Triturate: The reduction of a substance to a minute state or division by long continued rubbing. A method of remedy preparation, which a finely powdered medicinal substance is ground for a certain amount of time with a mortar and pestle with a specific amount of milk sugar. This method is used for medicinal substances that are not alcohol soluble. After trituration to the third centesimal potency substances become soluble and can then be further potentized via the standard method of remedy preparation.

Tubercular: Relating to the tubercular miasm. Characterized by long bones, fine skin, sensation of oppression, and longing for change.

Tumefaction: The act or process of puffing or swelling.

Tympanic: Resonant drum like in tone. A term applied to an elastic state of the abdomen. Sounding like a drum when struck, caused by the accumulation of air.

Ulcerating: To develop an ulcer; become ulcerous.

Umbilicated: Depressed in the middle, like a navel, as a flower, fruit, or leaf; navel-shaped; having an umbilicus; as, an umbilicated smallpox vesicle.

Urticaria: Also called hives, is a relatively common form of allergic reaction that causes raised red skin welts. An inflammatory reaction in the skin causing leakage from capillaries in the skin resulting in an edema, which persists until the interstitial fluid is absorbed into the surrounding cells.

Vesication: To blister or become blistered.

Vital fluids: Fluids vital to sustain human life, such as blood, lymph, serous fluids, etc. Loss of vital fluids through excessive bleeding, diarrhea, vomiting, etc will bring the person closer to death.

Vital force: The energy that maintains life in the individual. It is unique from person to person each being endowed with their own quality of it. The vital force is a unique governing principle of life distinct from chemical or physical phenomena.

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Addendum

Homeopathy is a vast study, offering those interested a lifetime of intrigue for the treatment of many conditions acute and chronic. The work presented herein opens a door to possibilities in the public health sector for prevention and treatment of infectious contagious disease with homeopathy.

The limitations to the global application of this system of medicine are protean. Political obstacles, lack of funding, and divergent beliefs about the science of healing pose seemingly impossible barriers to the availability of homeopathy at this level of public health. The task of breaking through these barriers will involve multiple levels of municipal and federal governmental endorsement in many nations along with public health initiatives established within the World Health Organization. Beyond the necessity for political maneuvers, the economic forces of the pharmaceutical industry pose a considerable impedance. Despite these seemingly insurmountable hindrances, I do believe that there will come a day when homeopathy will have global attendance. To these ends, I am interested in meeting with persons and organizations that have the interest, strategic connections, and financial wherewithal to back this impetus.

My vision is to establish homeopathic clinics around the world that disseminate homeopathic remedies locally for the treatment of infectious contagious diseases. These clinics will be staffed by homeopaths sufficiently trained in homeopathy and funded by local authorities outside of the grasps of pharmaceutical interests.

If you share in this vision, please do not hesitate to contact me: kbhomeopath@yahoo.com.

Thank you,

Kate Birch RSHom(NA), CCH. CMT.

This manual provides the information necessary for successful homoeopathic treatment and prevention of many common infectious contagious diseases. Beyond that, the information herein provides an avenue for the treatment of disease without the use of vaccination. Often the decision not to vaccinate is backed by a mere 'hunch' or 'gut feeling' that vaccination may not be good for oneself or our children. Armed with the knowledge of homeopathy, not only will one be able to successfully treat the disease in question, but also the decision not to vaccinate will be validated by the wealth of information presented in these chapters.

Overview

Introduction to homeopathic philosophy

Some of the adverse effects of vaccination on the immune system

Homeopathic treatment of vaccine injury

Individual chapters pertaining to the symptom development of infectious
contagious disease

Recommendations for homeopathic prevention and treatment for each disease

Kate Birch is a mother of two children, a homeopath and a massage therapist. She came to homeopathy when she was young mother for the treatment of depression, weight loss, and weakness. She witnessed her son suffering from asthma after vaccinations and subsequently opted not to vaccinate her daughter. After successful treatment with homeopathy for herself and her son, she went to school to become a homeopath.

Kate has been in homeopathic family practice since 1994. She has over 400 hours of teaching homeopathy in the classroom and lecture settings. From 2005-2008 she served as the Vice President of the North American Society of Homeopaths.

Over the years of helping many children recover from the harmful side-effects of vaccinations, antibiotics, and suppressive medications, in addition to treating infectious contagious diseases, Kate has experienced homeopathy as a more reliable, less harmful, and less expensive method of treatment in this area of public health. Future work is aimed towards the endorsement of homeopathy by the World Health Organization for the treatment of infectious contagious diseases in third world countries. To these ends, this book serves as an offering to humanity by broadening the choices in healthcare treatment options.

