Homeoprophylaxis: Human Records, Studies and Trials

In the beginning...

Homeopathy's ability to prevent as well as treat epidemic disease was first discovered in 1799 by Samuel Hahnemann, founder of Homeopathy, during an epidemic of scarlet fever in which he successfully use a matching homeopathic remedy to contain its spread in those he treated.

The prophylactic effects of Homeopathy were quickly picked up by other Homeopaths of the day and subsequently used with success in all of the great world epidemics. It is still employed in outbreaks and epidemics today - by people, communities and governments who have retained the knowledge and the will to use it. The following is a collation of some of those instances – historical and current.

Chikungunya

2006: In Kerala, India, a group of doctors distributed a homeopathic preventative for chikungunya. The results of the study showed that while over 73 % contracted chikungunya in the unprotected group, only 17% of the protected group contracted the disease.

Cholera

1831: Samuel Hahnemann prevented and treated cholera during the 1831 Asiatic cholera epidemic with three main remedies. Accounts can be read in Cure and Prevention of Asiatic Cholera. ii

1849: Dr Clemens von Boenninghausen treated and prevented "untold" numbers of cholera infections with the above remedies recommended by Hahnemann during the 1849 European epidemic. While a death rate of 54-90% occurred with conventional treatment, Boenninghausen's patients had a mortality rate of only 5-16%. III

1841-1854: Dr Charge, after producing a statistical table showing the difference in cholera mortality between homeopathic and allopathic treatment at the Convent Refuge at Marseilles, stated that once homeopathy was introduced prophylactically, no further cases were reported. iv

Dengue Fever

1996: The Central Council of Research in Homoeopathy reported that a homeoprophylactic was administered to at least 39,200 people in the Delhi area during an epidemic of dengue haemorrhagic fever. The follow-up of 23,520 people, 10 days later, revealed that only 5 people (0.125%) had developed mild symptoms, with the rest showing no signs or symptoms of the disease. \(^{\text{V}}\) (During epidemics of dengue, attack rates among the susceptible are often 40-50 %, but may reach 80-90 %, World Health Organisation)\(^{\text{V}}\)

2001: In São Paulo, Brazil in May 2001, a single dose of a homeoprophylactic was given during a dengue outbreak to 40% of residents in the most highly affected neighbourhood. Thereafter, dengue incidence decreased by 81.5%, a highly significant decrease when compared with those neighbourhoods that did not receive homeopathic prophylaxis (p<0.0001). VII

2006: A dengue outbreak was controlled by the Cuban Government through the preventative and treatment use of homeopathic remedies. A marked reduction in dengue haemorrhagic fever occurred easing the demand for intensive care beds. VIII

2007: Between April and September 2007, a homeopathic complex (a combination of homeopathic remedies) was given to 20,000 city residents in São Paulo, Brazil. Unfortunately the trial was aborted prematurely due to national political intervention, but the preliminary findings indicate that homeopathy was effective in the prevention and treatment of the dengue epidemic.^{ix}

2008: Facing an outbreak of dengue in early 2007, the Secretary of Health of the county of Macaé, Rio de Janeiro, Brazil, carried out a "Homeopathy Campaign against Dengue". 156,000 doses of a prophylactic complex (a combination of homeopathic remedies) was freely distributed to asymptomatic patients and 129 doses of the 'genus epidemicus' (the remedy that matches the characteristic symptoms of the prevailing epidemic) to symptomatic patients within outpatient clinics. The disease incidence in the first three months of 2008 fell 93% in comparison to the corresponding period in 2007. The rest of the untreated state experienced an increase of 128%.^x

2008 – 2010: An interview with the Secretary of Health responsible for the integrative homeopathy program of the previous paper reported the following: In 2007, facing a dengue epidemic, the city of Macaé, Rio de Janeiro, decided to add a homeopathic medicine to the contingency plan for dengue fever after which the disease incidence in Macaé in 2008 fell by 71% compared to 2007. In the north Fluminense region, which did not receive the prophylactic, there was an increase of 273%, and in the State of Rio de Janeiro, the increase was 315%. In 2011, there was a decrease of 89% of confirmed cases in the protected area in the first quarter compared to the same period in 2010. The prophylactic was freely distributed by the Health Department of Macaé in the years: 2007: 216,000 doses; 2008: 203,878 doses; 2009: 211,059 doses; 2010: 178 677 doses. In terms of lethality and notified dengue cases there was 0.2 in 2007, 0.0 in 2008, 0.1 in 2009 and 0.2 in 2010. In 2010 the agreed lethality target for severe forms in Macaé was 2.58; the municipality reached 0.68, a much lower rate compared to the state and other municipalities. xi

2010: The Colombo Municipal Council (CMC) and homeopathic doctors used homeoprophylaxis to curb dengue in areas prone to dengue mosquito breeding in Colombo city and its suburbs. xii

2012: In Mudurai, India, doctors from the government medical college and hospital dispensed a homeopathic prophylactic to thousands during a dengue fever epidemic. First to receive the remedy were doctors, nurses, hospital staff and students followed by the residents of the city. **iii

2012: The Government Homoeopathic Medical College and Hospital at Tirumangalam, India, distributed homeoprophylaxis for the prevention of dengue fever at two free camps during an outbreak. xiv

2012: The Medical and Health Department of Chittorr, India, distributed homeoprophylactics to 2.5 million people during a dengue fever epidemic following the earlier success of prophylactics distributed for the swine flu epidemic in Kurnool.^{XV}

2012: Researchers and doctors from KEM hospital used a homeopathic prophylactic as the genus epidemicus (the remedy that matches the characteristic symptoms of the prevailing epidemic) for the treatment and prevention of dengue fever in Pune, India. *Vi

2012: The Government Homoeopathic Medical College and Hospital at Tirumangalam, India, established more than 30 camps to distribute a homeoprophylactic for dengue fever control during regional outbreaks.^{xvii}

2013: AYUSH doctors in Guwahati state, India, used homeopathic remedies to treat and prevent dengue during a local outbreak. The former deputy director of health services and state programme officer of AYUSH advised that the constitutional medicine and nosodes (remedies prepared from a disease component) were among the best preventive medicines for the disease. **viii*

2014: The Sing Buri province of Thailand reported the lowest incidence of dengue fever of all provinces following the distribution of a homeoprophylactic by the Thai government. If pilot studies in a further seven provinces are equally successful, country-wide implementation of the program will be considered. xix

Diphtheria

1932: Laboratory experiments published by Dr Chavanon showed that 45 children became Schick test negative (indicating the presence of antibodies to diphtheria) after being treated with homeoprophylactically.^{xx}

1941: The test was repeated by Drs Patterson and Boyd with 23 out of 33 children becoming Schick test negative after being given the prophylactic. xxi

1947: Dr Roux repeated the test and produced a similar result. xxii

Epidemic Fever

2007: Epidemic fever with the symptoms of: body pain; joint pains; headache; backache, chills, shivering, oedema, vomiting, cough & cold, and skin rashes, spread through Kerala, India. The Government's Rapid Action Epidemic Control Cell - Homeopathy (RAECH) quickly distributed a genus epidemicus remedy (a remedy that matches the characteristic symptoms of the prevailing epidemic). Two months later, they followed up with a study that found the overall percentage of protection offered by the remedy was 76.2% and the average protection rate was 73.83%. The percentage of protection was higher in those who had taken the genus epidemicus properly and the protection rate higher among those who had not taken other medications at the same time. The genus epidemicus, although administered in the prophylactic dose, also had a curative action in those who were already affected by the epidemic; many symptoms were significantly reduced and of shorter duration. There were also fewer post epidemic symptoms, less expense, and a smaller number of work or study days lost. **xiii*

Hepatitis

1991: Dr Eizayaga of Brazil noted both the curative and preventative effects of a common homeopathic remedy used for many years in the prevention of viral hepatitis. When treating individuals with hepatitis, he would also give their family members and school-mates the prophylactic. None contracted hepatitis in spite of being in close contact. xxiv

Influenza and Respiratory Tract Infections

1968: Between 1968-70, a survey conducted in Indian factories and offices compared the results of allopathic (conventional) treatment and homeopathic treatment of influenza. The purpose of this survey was to determine the effectiveness of the nosode (a remedy prepared from a disease component) as a homeopathic preventative (prophylactic). Almost 20% of the patients treated by conventional medical physicians contracted the flu. Among the homeopathically treated patients, only 6.5% came down with the disease. Those who did become ill recovered more rapidly than their allopathically treated patients. The number of working days lost by the allopathically treated patients was nearly eight and a half times greater than those lost by homeopathic patients.

2007: Human herpesvirus 1, human adenovirus C serotype 5, influenza A virus, human respiratory syncytial virus, human parainfluenza virus 3, human rhinovirus B serotype 14, and human coxsackievirus serotype A9 cause, among other complaints, colds, flu, sore throat, runny nose, cold sores, bronchiolitis, pneumonia, hand foot and mouth disease, and conjunctivitis. Gripp-Heel, a proprietary combination remedy demonstrated significant in vitro reductions of infectivity by 20% to 40% when tested against these viruses. **xvi*

2010: Human rhinovirus B serotype 14, influenza A virus, H1N1 virus, herpes simplex virus 1, vesicular stomatitis virus, respiratory syncytial virus, parainfluenza type 3, and adenovirus cause,

among other complaints, flu, colds, sore throat, swollen glands, oral vesicles, runny nose, cold sores, bronchiolitis, pneumonia, hand foot and mouth disease, and conjuncitivitis. Proprietary products Engystol and Gripp-Heel displayed in vitro prophylactic effects when tested against these viruses. xxvii

2011: Nosodes (remedies prepared from a disease component) or placebo was given for 30 days to 450 children in Brazil to test their effectiveness in preventing flu and acute respiratory infections. Over the next 12 months the incidence of diagnosed acute respiratory infection or flu was 3 times higher in the placebo group than those given the prophylactics. The researchers commented that the low cost of treatment and the absence of adverse effects made these nosodes a useful therapeutic option for the Brazilian Public Health Service. **xxviii**

Japanese Encephalitis

1999 - 2003: Japanese encephalitis had caused significant morbidity and mortality in the state of Andhra Pradesh for several decades. In 1986, a high of 2038 cases with 638 deaths was recorded. Children were especially affected. A small decline in incidence occurred when homeopathic Belladonna was given as a prophylactic to some. When the Government Department of Indian Medicine and Homoeopathy began to systematically distribute prophylactics in 1999 via Public Health Centres, Government Homeopathic Dispensaries, homoeopathic pharmacies and homoeopathic doctors, notifications and mortality dropped to nil by 2003. The prophylactics were dispensed to approximately 20 million children under 15 years of age. **xix xxx**

2010: Research from the School of Tropical Medicine, Kolkata, in collaboration with Central Council for Research in Homoeopathy (under the Department of AYUSH, Government of India) showed that a homeoprophylactic in a range of potencies, was successful in controlling the virus in infected chick embryos. The placebo had no effect. **xxxi**

Leptospirosis

2007-8: In late 2007, the Cuban government rapidly distributed a homeopathic nosode (a remedy prepared from a disease component) of four leptospirosis strains to 2.3 million people at high risk of infection from an annual leptospirosis epidemic. The remaining population of 8.8 million was untreated. Within weeks, the treated provinces had an 84% decrease in disease incidence while the numbers of those infected in untreated provinces continued at expected historical levels. The intervention was "strongly associated with a drastic reduction of disease incidence resulting in complete control of the epidemic." The protective effect continued into 2008 with an 84% reduction in leptospirosis cases for the treated areas though no further prophylactic had been given. Leptospirosis infections in untreated areas increased by 22%.xxxii

2014: A re-evaluation of the above 2007-8 Cuban leptospirosis intervention was published. It assessed the influence of potential confounders on initial results and concluded that the results supported previous conclusions that homoeoprophylaxis can be used to effectively immunize people against targeted infectious diseases such as leptospirosis. **xxxiii**

Malaria

2003: A malaria trial conducted in Kenya between 2003-2005 used a homeoprophylactic with a group of 33 volunteers. Twenty-one of the volunteers had experienced 1-3 malaria episodes in the 18 months prior to the trial. During the trial, one person thought he may have developed malaria but this was not verified by blood test. After a full recovery in a matter of hours, malaria was considered unlikely. All other participants in the trial remained malaria-free. **xxxiv**

2008: At Kendu Bay, Kenya, where malaria is endemic, 34 clients participated in a homeoprophylaxis observational field study. In the 6 months prior to the study, all participants had experienced attacks of malaria or malaria-like symptoms at least once with 71% experiencing malaria or malaria-like symptoms at least once a month or every two weeks. Over the course of the study and use of the prophylactic only 12% (4 out of the 34 respondents) experienced an attack of malaria or malaria-like symptoms. *****

2011-2013: Chhattisgarh, India is a known endemic area for malaria. Between 2004 -2010 it had an alarming increase in deaths from the disease. Determined to prevent a repeat or worsening in 2011 the Health Minister instructed that a known homeopathic treatment and prophylactic remedy be distributed to 9 areas within the affected state. The results of this initiative were "more than encouraging". Significant protection was achieved with data showing that higher the number of doses of the prophylactic, the lower the number of malaria cases. Those in unprotected areas were 5 times more likely to contract the disease. On the strength of these results the program was expanded to 20 areas in 2012 and 40 areas in 2013. **XXXXXIII*

2013: Researchers evaluated the efficacy of two homeoprophylactics in combination therapy against lethal murine malaria in mice. The combination of remedies showed significant preventive activity with chemosuppression that was higher than the standard drug, pyrimethamine. It also showed a moderate curative activity with complete clearance of parasites in 50% of surviving mice. The researchers stated, "These findings point to the significant antiplasmodial efficacy of the combination of these homeopathic drugs against Plasmodium berghei." **XXXVIII**

2014: A combination remedy for Plasmodium berghei in mice demonstrated considerable in vivo antimalarial activity and enhanced mean survival time. The authors concluded: "The study establishes the effectiveness of the combination against P. berghei in vivo along with the safety of the drugs to the liver and kidney functions of the host."

Meningococcal Disease

1974: During a meningococcal epidemic in Brazil, 18,640 children were immunised homeopathically to protect against meningococcal infection, and 6,340 were not. The following results were obtained:

18,640 protected homeopathically – 4 cases of meningococcal infection. 6,340 not protected – 32 cases of meningococcal infection.

Based on the infection (attack) rate in the unprotected group, 94 cases of infection could have been expected in the homeopathically protected group. Instead, there were only four cases of meningococcal infection, showing that the homeopathic option was 95% effective against the meningococcal disease. xxxix

1998: The results of the first study (above) led to a larger government-funded study, 24 years later. It was conducted by two Professors of Medicine from the University Foundation in Blumenau, Brazil, and a Blumenau specialist physician and Health City Secretary. A total of 65,826 people between the ages of 0–20 were immunised homeopathically to protect against meningococcal disease while 23,532 were not. Over a 12 month period, the following results were obtained:

65,826 protected homeopathically – 4 cases of meningococcal infection. 23,532 not protected – 20 cases of meningococcal infection.

Based on the infection (attack) rate in the unprotected group, 58 cases of infection could have been expected in the homeopathically protected group. Instead, there were only four cases of meningococcal infection. Statistical analysis showed that homeopathic immunisation offered 95% protection in the first six months and 91% protection over the year against meningococcal disease.^{xl}

Pertussis

See 'Whooping Cough'.

Poliomyelitis

1800s: Dr Grimmer of Chicago treated 5,000 young children with a homeoprophylactic. None developed polio. xli

1850: During an epidemic of poliomyelitis, Dr Taylor Smith of Johannesburg, South Africa protected 82 people with a homeoprophylactic. Of these people, 12 came into direct contact with disease. None were infected. XIII

1956: In a study between 1956-58, Dr Eisfelder immunized over 6,000 children with a homeoprophylactic. No cases of polio were reported in the group and no side-effects were observed. XIIII

1957: A severe poliomyelitis epidemic occurred in Buenos Aires. The majority of homoeopathic doctors prescribed a known homeoprophylactic as a preventative. Drug stores distributed thousands of doses to the public. None of who used the prophylactic registered a case of contagion. xliv

1975: During another poliomyelitis epidemic in Buenos Aires, 40,000 were given a known homeoprophylactic for the disease. None developed poliomyelitis. xlv

Scarlet Fever

1799: Homeoprophylaxis was born during an epidemic of Scarlet Fever in Germany. In 1799 Samuel Hahnemann, founder of Homeopathy, discovered during an epidemic that a homeopathic remedy prevented Scarlet Fever in that particular epidemic if given to people before exposure. xlvi

1799: Following Hahnemann's example (above), another eleven medical doctors prescribed that remedy during the same epidemic. They reported that of 1,646 children exposed to scarlet fever after being given the prophylactic, only 123 (7.4%) developed symptoms of infection. In contrast, the infection rate in those who did not receive the prophylactic was as high as 90%. XIVIII

1838: The Prussian Government ordered the use of the prophylactic during all scarlet fever epidemics after a report from their protomedicus, Hufeland, showed it to be an effective prophylactic. xiviii

Smallpox

1800s: Clemens von Boenninghausen (1785-1864) used a common homeopathic remedy in both the treatment and prevention of smallpox during an epidemic. When given to uninfected family members of households with members already sick with the disease, none went on to contract it. xlix

1902: Dr Eaton reported that during a smallpox epidemic in lowa, 2806 patients were treated prophylactically with a nosode (a remedy prepared from a disease component). Of the 547 patients definitely exposed, only 14 developed the disease. The protection rate from these numbers was 97%.

Viral Diseases

2007: Human herpesvirus 1, human adenovirus C serotype 5, influenza A virus, human respiratory syncytial virus, human parainfluenza virus 3, human rhinovirus B serotype 14, and human coxsackievirus serotype A9 cause, among other complaints, colds, flu, sore throat, runny nose, cold sores, bronchiolitis, pneumonia, hand foot and mouth disease, and conjunctivitis. Gripp-Heel, a proprietary combination remedy demonstrated significant in vitro reductions of infectivity by 20% to 40% when tested against these viruses. ^{II}

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Whooping Cough

1967: Dr Dorothy Shepherd provides several accounts of whooping cough prophylaxis by a nosode (a remedy prepared from a disease component). The following is one example: "Personally I have always used for years and years in whooping cough its own nosode, (...), which Dr John Clarke recommended so strongly in his monograph (...) has given me 100% protection even though it raged in a particular district; all the children on (...), either on the 12th or 30th potency, given daily, escaped it. I used it for years in the nurseries, in my private practice, in the medical clinic, and in hundreds of cases in various epidemics we went through, and truly it is a great remedy." I in the medical clinic is a great remedy."

1987: A pilot study on whooping cough prophylaxis conducted by Dr J. English reported a reduction in whooping cough by a factor of approximately one in three when compared to the incidence of whooping cough in a similar but unprotected group. Iiv

1987: A small clinical trial on prophylaxis with a nosode (a remedy prepared from a disease component) by Dr A. Fox over a five-year period received 61 parent responses in which 5% of children definitely contracted whooping cough and 82% remained whooping cough free (the other 13% developed undiagnosed coughs). The prophylaxis was well tolerated with 67% of parents rating its effectiveness as "very good". Iv

2004: Dr Golden compared the pertussis attack rate between unimmunised children and those given the whooping cough prophylactic during his 15-year study. From this he was able to determine efficacy. The unimmunised had an attack rate of 85% while the homeopathically protected group had an attack rate of 11.7%, producing a figure of efficacy of 86.2%. Ivi

2012: In an Irish trial involving 112 children 1 -2 months of age, those given homeoprophylactics for childhood diseases, including whooping cough, were less likely to experience severe symptoms of the diseases if contracted than the vaccinated comparison group. Ivii

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