

Pitcairn Institute of Veterinary Homeopathy

*Professional Course in*

# Veterinary Homeopathy

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*Workbook*

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# A New Look at the Vaccine Question

Originally presented by Richard H. Pitcairn, DVM, PhD, in Minneapolis, 1993

What we are going to do, in this presentation, is look at the question of vaccinations in four aspects. First, I want to tell you how my clinical experience led me to understand that vaccination was important, in a causative sense, in many of my cases. Second, we will look at the homeopathic perspective on chronic vaccine disease, or vaccinosis. Third, I wish to present some ideas on how vaccinosis may manifest in the dog and cat. Fourth, we will consider the question of the efficacy of vaccinations — do they really do what they are purported to do?

We are looking at this question, also, from my perspective as a practitioner of homeopathic medicine, not from the allopathic model that assumes vaccines to be useful and safe with occasional aberrations. Most of us are aware that vaccine-caused diseases — such as immune disorders, bleeding problems, tumor formation — are recently receiving attention from the allopathic community. However, the premise that these are exceptions to a basically safe procedure is not the same viewpoint as that which I am presenting to you today.

## Introduction

My understanding of the importance of vaccination in animal diseases gradually developed over several years. I began homeopathic practice without considering vaccination as a factor of special importance. So, what I did was to consider the totality of symptoms in the case and choose the remedy which seemed to be the simillimum based on that picture. This is classical homeopathic procedure and, ordinarily, one which would be effective. However, there were a significant number of cases that would not react curatively. Though there was improvement in some respects, nonetheless, a cure was not forthcoming. Eventually, through following

the case over a period of time, the image of the remedy Thuya would emerge — which when administered would resolve the case which had been so difficult.

What, then, is the significance of Thuya as a remedy? Thuya is the most important remedy to be used for that state induced by vaccination. Other remedies noted to have this correspondence are Sulphur, Mezereum, Malandrinum, Sarsaparilla, Carcinosis, and Silicea among others. Malandrinum and Carcinosis are interesting remedies because both are nosodes — the former from horses with “grease heel” and the latter from a cancerous discharge from a human being. Thuya, Mezereum, and Sarsaparilla are vegetable remedies — Thuya from the *Arbor vitae* tree, Mezereum is known as Spurge olive, and Sarsaparilla an herbal medicine. Sulphur, the element and Silicea, which is silicon dioxide or quartz are mineral remedies. Thus we have representations from all the major remedy classes.

It gradually dawned on me that the underlying problem in some of my difficult cases was a state of illness that had been induced by vaccination. So, rather than simply use a totality of symptoms to choose my prescription, I found it more effective to emphasize the rubric “Vaccination, effects of” almost to the exclusion of other remedies. In this way, I was able to make progress in some very frustrating clinical situations.

Let me give you a few recent cases that demonstrate the usefulness of Thuya.

## Case 1: Jack The Cat

Ten month old DSH, male cat. Ill since first obtained as a stray kitten about 12 weeks old. Symptoms primarily fever, diarrhea and vomiting. Associated symptoms were red gums, retained baby teeth, offensive breath, thirst, swollen cervical lymph nodes, craving for strange

foods (cinnamon rolls, persimmons), blood at end of penis, licking genitals, dragging bottom on floor, and very strong-smelling urine.

When neutered at age seven months, he developed fever, fear of noise, trembling, warm head, dilated pupils, pale gums with red line along the teeth, loss of appetite, craving for plastic, cardboard boxes and house plants, extraordinary hysterical fear on being allowed outside, dry stools with constipation, prolapsed third eyelids, crying in pain before passing a fluid stool, and vomiting any water drunk.

Several homeopathic remedies were given during this illness with sometimes definite improvement, almost to normal. However, the condition always recurred and the previous remedy would then not be effective. Based on the symptoms of chronic diarrhea of offensive stools, with lots of gas causing sputtering sounding stool, and crying in pain before urinating — this cat was given *Thuja 30C*.

Client reported almost immediate improvement with return to “97% himself” within a few hours. He has continued to be free of most of these symptoms since this one treatment with *Thuja*.

### **Case 2: Jerri The Chow Dog**

Three and 1/2 year old mixed chow dog. Afflicted with sarcoptic mange and recurrent ear infections for 2 and 1/2 years. Treated allopathically without resolution of the problem (Mitaban and Paramine dips, immune system stimulants, bacterial extracts, etc.).

Skin condition characterized by itching, hair loss, thickened dark skin, red irritated skin involving primarily the feet, lower legs, around the eyes, abdomen, top of the head, inside both ears. Patient has also become timid & cautious with the other dogs.

Condition markedly ameliorated by a dose of *Thuja 1M* with regrowth of hair, normalization of appearance of the skin, reduction of ear inflammation, and return of normal personality

and behavior.

Condition recurred, in milder form, one year later (after use of homeopathic nosodes for disease protection) and was resolved by one dose of *Thuja 10M*.

### **Case 3: Monster The Tiger Stripe**

Seven year old DSH, tiger stripe. Chronic diarrhea for 1 and 1/2 years with 1-3 bowel movements a day. Very offensive diarrhea with a lot of gas being passed. *Thuja 200C*, one dose, resulted in marked improvement, with a perfectly formed stool within three weeks.

### **Case 4: Mei-Ling The Charpei**

Six months old, female charpei dog imported to Brazil from Kansas. Never well since first obtained, now is diagnosed with a seborrhea (biopsy) and skin fungal infection. The skin is dark, itchy, with red, scaly spots. These lesions spread rapidly over most of the body.

Client says the puppy was normal until receiving “puppy shots”. She began to lose hair all over, especially from flanks and front legs and on the back near the tail. Treated with oral antifungal drug and two ointments without improvement.

No effect from treatment with *Sulfur 6X*; temporary improvement with *Rhus toxicodendron 200c*; rapid recovery after *Thuja 200c*. Change for the better was very rapid with hair growing in faster than ever seen before with this dog.

Another dose of *Thuja 200c* needed three months later, after exposure to plaster and chemicals used in refinishing a room. Other remedies were needed, months later, for some lingering minor symptoms, but *Thuja* clearly turned this case around.

You can see from these cases that progress was dependent on use of *Thuja*, the anti-vaccine remedy. Though this was not necessarily the final remedy for these patients, it seemed to be a necessary prescription. It is as if vaccinations have



the ability to block response to a constitutional remedy, an obstacle that must be dealt with before cure can be underway.

## Homeopathic Discovery of Vaccinosis

Of course, this “discovery”, which was actually more the reinvention of the wheel, prompted me to search the homeopathic literature for information about the relation of vaccination to disease. The most important source on this phenomenon is the book *Vaccinosis and Its Cure by Thuja with Remarks on Homeoprophylaxis* by J. Compton Burnett, M.D. The first edition of this book appeared in London in March 1884.

It is here that vaccination is first clearly described as a chronic disease. The effect of vaccination, besides the physical effects of stimulating an antibody response, is to establish a chronic disease — one that is long-lasting, indeed, in some cases a lifelong, condition. Burnett refers to the chronic disease that results from vaccination by the name *Vaccinosis*. So, we will adhere, in this discussion, to the same convention. Vaccinosis is to be understood as the disturbance of the vital force by vaccination that results in mental, emotional, and physical changes that can, in some cases, be a permanent condition.

Burnett gives several cases that demonstrate this. Several of them are in infants and children, showing the profound effects of vaccination on the growing organism. However, I wish to emphasize the long-standing effects of vaccination so will mention a couple of example cases to you.

### Human Case 1

A woman, of about age 50, suffered greatly for 20 years from a condition of terrible pain in the eyes. The attacks of pain were so severe, that she would be confined to bed for days at a time and for some periods as long as six weeks.

In spite of many examinations and treatments by allopathic doctors, no relief was forthcoming.

The patient was confined to a darkened room, her head bound, and crying from the pain. These attacks were always preceded by what seemed to be “flu” and the frequency of these episodes was such that she was confined to her room about half of every year.

As this patient had been extensively vaccinated, the use of *Thuja* as a remedy was used by Burnett. *Thuja*, has a type of cephalgia similar to that described by the patient and, indeed, use of *Thuja 30c* successfully resolved the condition in six weeks. A follow-up in one year showed that the cure held.

### Human Case 2

A young woman, 19 years of age, suffered from severe headaches for nine years. The attacks were characterized by a pain in the back of the head as if it were being squeezed in a vice with throbbing of the head as if it would burst. These attacks occurred once or twice a week.

Associated symptoms were habitual constipation, poor appetite, a tendency towards styes, eruption of boils, cold feet, easily made motion-sick, tendency to faint, skin sensitive to wind which becomes rough with cracks forming in the lips. The patient had been vaccinated against smallpox at three months of age, seven years of age, and again at fourteen years. In spite of this vaccination, she had actually come down with smallpox at age 10!

She was treated with *Thuja*, in low potency, over a period of several months and was eventually cured of her symptoms. A two year follow-up confirmed the stability of the cure.

Many other cases are described in Burnett’s little book. Lest you think that only head pain is the outcome of vaccinosis, let me hasten to give brief descriptions of some of the others.

## Observed symptoms of vaccinosis

- ◆ Wasting away (marasmus) of an infant being nursed by a recently vaccinated mother.
- ◆ Several cases of skin eruptions, pimples, ringworm.
- ◆ Enlarged cervical lymphatic glands and unhealthy lungs tending towards tuberculosis.
- ◆ Loss of hair, in patches, on the face of men.
- ◆ Unusual susceptibility to influenza and general ill-health.
- ◆ Facial acne and nasal dermatitis.
- ◆ Diseased fingernails.
- ◆ Chronic vertigo.
- ◆ Paralysis and muscular weakness.
- ◆ Very painful spine, with weakness, inflammation, twitchings, etc.
- ◆ Hand cramps and enlargement of the spleen.
- ◆ Insufficient growth in children with paralysis on one-half of the face.

These cases and others, in subsequent books, began to present to the homeopathic community the nature of vaccinosis. Indeed, it was possible, from these cases for Burnett to declare vaccinosis a variant of the sycosis miasm. As you will already know, sycosis is characterized by affections of the skin, the lymphatics, the immune system, susceptibility to fungal infections, susceptibility to cold, damp weather, arthritis, affections of the blood, and many other symptoms of this sort. Most importantly, it is typical of the sycotic miasm, and therefore of vaccinosis, to develop growths of all types — cysts, polyps, warts, tumors and cancers.

Some of Burnett's other books, especially *Tumors of the Breast and their Treatment and Cure by Medicines*, *Curability of Tumors by Medicines*, and *Delicate, Backward, Puny and Stunted Children* especially bring out some of the variety inherent in vaccinosis and the tremendous damage it can do once established.

One more thing I will mention before leaving the subject of Burnett's work. This is his interesting observation that the person that is most susceptible to contracting the disease being vaccinated against is more likely to die (after being vaccinated) when they do come in contact with the natural disease. In other words, rather than protecting some individuals as planned, it actually makes them more susceptible. The vaccination having created a chronic disease ahead of time, can predispose the patient to a more serious natural illness which combines with the established vaccinosis. As we shall see later in this presentation, there is evidence that this is what has happened in vaccinated populations.

Does this extend our understanding of vaccinosis? We can expand our definition to say that vaccinosis is the establishment of, instead of the acute natural disease, a chronic condition which now has the time to develop a multitude of manifestations not ordinarily seen. Another way of saying this is that the process of laboratory modification of a viral disease to make a vaccination strain is the conversion of the disease from acute to chronic. The virus has been changed so that its natural tendency to arouse a strong response is gone. Instead it can be introduced into the body in a form that does *not* elicit much of a reaction. The result is the establishment of a chronic disease that has never been seen before in clinical practice.

To illustrate what I mean by this, I would like to briefly discuss aspects of three of these vaccine diseases—chronic canine distemper, chronic rabies, and chronic feline panleukopenia.

## Chronic Canine Distemper

Canine distemper, a very old disease of dogs, is well known in its clinical manifestation. According to *The Infectious Diseases of Domestic Animals*<sup>1</sup> the major symptoms are:

1 William Arthur Hagan, D.V.M., D.Sc. and Dorsey William Bruner, B.S., D.V.M., Ph.D. 1961. *The Infectious Diseases of Domestic Animals*, fourth edition. Ithaca New York: Comstock Publishing Associates. pp. 833-834.

- ◊ Watery discharge from eyes and nose.
- ◊ Conjunctivitis, with discharge (eventually purulent).
- ◊ Vomiting and diarrhea, loss of appetite.
- ◊ Watery feces, mixed with mucous, offensive and often bloody feces; intense malaise, loss of weight, and death.
- ◊ Severe, fetid diarrhea.
- ◊ Spasms, fits, epileptiform seizures.
- ◊ Paralysis.
- ◊ Eruption around the mouth where hair meets the naked skin of the lips.
- ◊ Swelling of the feet, red footpads.
- ◊ Pneumonia.
- ◊ Eruptions on the skin of pustules, on the abdomen, inside the thighs, and elsewhere.
- ◊ Emaciation.

What I am suggesting to you is that, because of repeated vaccination, *the acute disease of canine distemper has changed form to appear as a variety of chronic diseases*. The original disease, Distemper, has been, for the most part, replaced by *Distemper Vaccinosis*, a chronic disease of great variety. This chronic disease also creates a susceptibility to new acute forms of distemper like parvovirus. Because, by its nature, chronic disease is more developed than an acute disease, the many ramifications of this condition have been given new names from the mistaken idea that they are different and distinct diseases.

In Table 1, the acute, natural form of the Distemper has become the chronic disease indicated.

**Symptoms of Distemper**

**Related Clinical Conditions**

Watery discharge of eyes and nose.	Tendency for water fluid to drip from the nose.
Conjunctivitis.	Chronic conjunctivitis, eye discharge; entropion.
Vomiting, diarrhea and loss of appetite.	Chronic gastritis, hepatitis, pancreatitis; appetite disorders.
Watery feces, mixed with mucus; offensive and often bloody feces; intense malaise, loss of weight, death. Severe fetid diarrhea.	Parvovirus. Recurrent chronic diarrhea. Food sensitivities with subsequent diarrhea.
Spasm, fits, epileptiform seizures; paralysis of limbs.	Epilepsy; rear leg paralysis; spondylitis.
Eruption around mouth where hair meets the naked skin of the lips.	Lip fold dermatitis. Allergic eruptions on the face.
Swelling of the feet; red footpads.	Habit of licking the feet; eruptions between the toes; inflammation and swelling of the toes & bottoms of the feet; interdigital dermatitis.
Pneumonia.	Kennel cough; chronic bronchitis.
Eruptions of the skin, consisting of pustules on the abdomen, inside the thighs but also elsewhere.	Chronic skin eruptions involving abdomen, inside the thighs and generally affecting the lower half of the body; allergic dermatitis.
Emaciation.	Failure to thrive; abnormally thin condition. Emaciation due to very poor appetite.

**Table 1: Distemper in natural form compared to the chronic condition after vaccination.**

## Chronic Rabies

Let's now look at Rabies in the same way. Some of the symptoms of rabies are known to be similar for dogs and cats<sup>2,3</sup>

- ◆ Restlessness, uneasiness, apprehensiveness and a developing viciousness. This is most apt to be manifested toward strangers.
- ◆ Dogs normally affectionate may hide away and shun company.
- ◆ Dogs normally independent may become unusually attentive and affectionate (an expression of anxiety).
- ◆ Desire to travel away from home for long distances.
- ◆ If restrained, it will chew viciously on metal chains or anything that is used to restrain or confine it.
- ◆ The dog may inflict severe bite wounds on itself.
- ◆ Strange cries and hoarse howls (partial paralysis of the vocal cords).
- ◆ No interest in food.
- ◆ Unable to swallow because of paralysis of muscles of deglutition.
- ◆ Eyes staring with dilation of the pupils.
- ◆ Unable to close the eyes; cornea becomes dry and dull.
- ◆ Hanging down of the lower jaw.
- ◆ Swallows pieces of wood, stones, its own fecal material and other foreign bodies.
- ◆ Destruction of blankets, towels, clothing.
- ◆ Convulsive seizures.
- ◆ Muscular incoordination.
- ◆ Agonizing pain and constriction in the throat; spasms of the throat.

- ◆ Increased sexual desire; satyriasis, nymphomania; attempted rape.
- ◆ Inflammation of the heart muscle; disturbed heart function, irregular rhythm, heart rate too slow or too fast; heart failure.
- ◆ Periods of excitement and jerky breathing; cluster breathing.

Now let's consider how this acute disease has, through vaccination, become a variety of "new" ailments. These symptoms of *Rabies Vaccinosis* are not familiar to us because, until vaccines were widely employed, we never saw rabies in a chronic form in our patients. Even now, these effects of rabies' vaccination are generally unrecognized even though a careful follow-up of changes in a dog's temperaments and physical condition after rabies' vaccination will often confirm this.

See Table 2 on the next page.

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2 Ibid, pp. 771-772.

3 Colin Kaplan, ed.. 1977. Rabies — The Facts. Oxford: Oxford University Press. pp. 38-44.

**Natural Rabies Symptoms****Clinical Condition After Vaccination**

Restlessness, uneasiness, apprehensiveness and a developing viciousness—most apt to be manifested toward strangers.	Restless nature; suspicious of others & unfriendly to other dogs; vicious to other animals and desire to kill; aggression and mistrust of strangers, esp. people in uniforms.
Dogs normally affectionate may hide away and shun company.	Changes of behavior to aloofness; from affectionate to not affectionate.
Dogs normally independent may become unusually attentive and affectionate.	Clingy behavior, fear to be left alone. Follows client from room to room. Wants physical contact.
Desire to travel away from home for long distances.	Tendency to escape confinement and to roam.
If restrained, it will chew viciously on metal chairs or anything that is used to restrain or confine it.	Attempt at restraint results in hysterical, violent behavior. Resistance can be so extreme as to cause self-injury.
The dog may inflict severe bite wounds on itself.	Self-mutilation; tail chewing, chewing off toes or a foot (seen in severe allergic or nervous diseases).
Strange cries and hoarse howls (partial paralysis of the vocal cords).	Changed voice; hoarseness. Excessive tendency to bark or be vocal.
No interest in food.	Chronic poor appetite; very particular about food; finicky.
Unable to swallow because of paralysis of muscles of deglutition. Hanging down of the lower jaw.	Paralysis (or partial paralysis) of mouth, tongue or throat; sloppy eaters or drinkers; tendency to drool or lose saliva.
Eyes staring with dilation of pupils.	Loss of sight, cataract formation, visual defects.
Unable to close the eyes; cornea becomes dry and dull.	Keratitis sicca, “dry eye”.
Swallows pieces of wood, stones, its own fecal material and other foreign bodies.	Habit of eating wood, stones, sticks, earth. Excessive desire to eat stool (their own or other animals).
Destruction of bedding, blankets, towels, clothing.	Destructive behavior and shredding of blankets or bedding.
Convulsive seizures; muscular incoordination.	Seizures, epilepsy, chorea, twitches, etc. Ataxia.
Agonizing pain and constriction in the throat; spasms of the throat.	Psychomotor seizure syndrome.
Increased sexual desire; satyriasis, nymphomania; attempted rape.	Increased sexual desire, even in neutered males; humping; sexual aggression.
Inflammation of the heart muscle; disturbed heart function, irregular rhythm, heart rate too slow or too fast; heart failure.	Irregular pulse; heart failure.
Periods of excitement and jerky breathing; cluster breathing.	“Reverse” sneezing attacks.

**Table 2: Rabies**

## Chronic Feline Panleukopenia

The third, and final, disease we are to consider is Feline Panleukopenia. The symptoms of this dread disease are:<sup>4</sup>

- ◆ Lassitude.
- ◆ Inappetence.
- ◆ Fever.
- ◆ Rough, unkempt coat.
- ◆ Indifference to owner or surroundings.
- ◆ Rapid weight loss.
- ◆ Dehydration.
- ◆ Vomiting.
- ◆ Profuse, watery, diarrhea (often blood-tinged).
- ◆ Mucopurulent discharges from the eyes and nose.

Feline leukemia, in the primary stage, is characterized by fever, malaise, anorexia, lymphadenopathy, leukopenia, anemia, and thrombo-

<sup>4</sup> Ibid, p. 858.

cytopenia.<sup>5</sup> Thus, in many ways, chronic panleukopenia looks like feline leukemia. It is like the acute syndrome of panleukopenia stretched out in time to so that it becomes chronic. The changes to a chronic disease condition are shown in table 3.

## The Homeopathic Perspective

Probably, by this point, many of you are wondering what I can mean about panleukopenia (or any of these diseases) becoming a chronic disease like feline leukemia.

I am speaking from the homeopathic perspective that understands that every being, including viruses, has a life force behind it. This vital force, which is the life force or chi, is the energetic pattern that develops and maintains the physical form. It is “upstream” to the flow of information that results in the physical condition. When the

<sup>5</sup> Niels C. Pederson, D.V.M. and Bruce R. Madewell, V.M.D. 1980. Feline Leukemia Virus Disease Complex, Current Veterinary Therapy XII, Philadelphia: W. B. Saunders. p. 404.

### Symptoms Of Natural Panleukopenia

### Condition After Vaccination

Lassitude; indifference to people, other cats, or surroundings.	Lazy cats, not active, lie around most of the time.
Inappetence.	Appetite problems; finicky, not wanting to eat well.
Fever.	Chronic fever, for weeks, with few symptoms except for cervical gland enlargements.
Rough, unkempt coat.	Poor groomers (or cats that never groom).
Dehydration.	Chronic dehydration leading to cystitis and bladder calculus formation; chronic interstitial nephritis.
Rapid weight loss.	Emaciation; think “skeletal” cats. Hyperthyroidism.
Vomiting; profuse, watery diarrhea (often blood-tinged).	Inflammatory bowel disease.
Muco-purulent discharges from the eyes and nose.	Chronic upper respiratory infections; sinusitis.

**Table 3: Panleukopenia**

usual, natural physical expression is changed or blocked, as happens when the chronic vaccine disease is established, then the life force behind the disease manifests itself in a different way.

These new forms, we give new names. *We haven't really eliminated anything by vaccination, we have just changed its shape.*

I picked these three diseases for discussion because of their importance to dogs and cats who have suffered from them for thousands of years. They would seem to have a susceptibility to these diseases that has never been satisfied. Now, with the extension of these diseases into a chronic form with vaccination, the influence of these diseases on the dog and cat species has never been so great as they are today.

### Are Vaccines Effective?

The last thing I want to consider in this discussion is the larger question — are vaccines really effective in preventing disease? To answer this question is more difficult than it would seem at first. We don't really have a system for tabulating the incidence of the common diseases of dogs and cats, for example. There are figures for some of the reportable diseases of livestock, but the rapid turnover of these animals makes long term studies almost impossible. However, what we can do is kind of a reverse process of what we usually find ourselves doing as veterinarians. Instead of using animals to study human disease, let's use human disease to answer our question. There *are* statistics for the common human diseases and we can use these to answer our question about the efficacy of vaccinations.

### Smallpox

Let's start our evaluation with smallpox which was the disease for which Jenner developed his method of vaccination in 1796.<sup>6</sup>

There are two things of interest around this

<sup>6</sup> This information on smallpox statistics is taken, with permission, from Neil Z. Miller. 1992. *Vaccines: Are They Really Safe and Effective?* Santa Fe, NM: New Atlantean Press.

time of Jenner's early work. First is that James Phipps, the eight-year-old boy initially vaccinated by Jenner in 1796, was revaccinated 20 times, and died at the age of twenty. Second, Jenner's own son, who was also vaccinated more than once, died at the age of twenty-one. Both succumbed to tuberculosis, a condition that research has linked to the smallpox vaccine.

It is apparent from the beginning that doctors were confused about the question of vaccine protection. They thought that because the specific syndrome of smallpox did not appear that the vaccine was effective. They did not see that the subsequent overall level of health of the boys receiving the vaccine was equally an indicator of vaccine effectiveness in that the purpose of using the vaccine was to maintain health. If the vaccine prevented a particular illness but weakened and made sick the one receiving it, then this must be part of the complete evaluation made of the procedure.

Another thing of importance to understand in evaluating the significance of smallpox vaccination is that smallpox and other communicable diseases were declining before vaccination programs were enforced. This is attributed to the sanitation reforms and nutritional teachings instituted around the mid-1800's as much as to the vaccination programs as these other communicable diseases, for which there was no vaccination, were also declining at the same rate.

The interesting thing, however, is that the incidence of smallpox *actually increased* once vaccination programs were instituted. In Jenner's time, there were only a few hundred cases of smallpox in England. After more than fifteen years of mandatory vaccinations, in 1870 and 1871 alone, more than 23,000 people died from the disease. Later, in Japan, nearly 29,000 people died in just seven years under a stringent compulsory vaccination and revaccination program.

This increase in smallpox deaths was associated with a noticeable lack of protection — not the best combination of events. For example, in

Germany, over 124,000 people died of smallpox during the same epidemic. All had been vaccinated. Additionally, (unaltered) hospital records consistently show that about 90 percent of all smallpox cases occurred after the individual was vaccinated.

This lack of efficacy and increase in disease incidence, while other communicable diseases were declining, led to the refusal of smallpox vaccination by some countries. This resulted in a drop of the incidence of the disease that is quite remarkable.

In Australia, when two children died from their smallpox shots, the government terminated compulsory vaccinations. As a result, smallpox virtually disappeared in that country (three cases in fifteen years). When England began to reject vaccination, then the incidence of smallpox deaths decreased accordingly.<sup>7</sup>

## **Polio**

This is another disease for which people assume that vaccination has made a great difference in incidence. However, let's look more closely at the facts.<sup>8</sup> From 1923 to 1953, before the Salk killed-virus vaccine was introduced, the polio death rate in the United States and England had already declined on its own by 47% and 55% respectively. Statistics show a similar decline in other European countries as well.<sup>9</sup>

When the vaccine became available, many European countries questioned its effectiveness and refused to systematically inoculate their citizens. Yet, polio epidemics also ended in these countries as well.

Additionally, as with smallpox vaccine, the number of reported cases of polio following mass inoculations with the killed-virus vaccine was significantly greater than before mass

inoculations.<sup>10</sup> Though these facts are readily available, the mass vaccination against polio has continued with the result that most of the cases of this dread disease are now attributed to the vaccine.

In 1976, Dr. Jonas Salk testified that the live-virus vaccine, used almost exclusively in the United States since the early 1960's, was "the principle if not the sole cause" of all reported polio cases in the United States since 1961.

The Federal Centers for Disease Control recently (Feb. 1992) admitted that the live-virus vaccine has become the dominant cause of polio in the United States today. According to CDC figures, 87% of all cases of polio between 1973 and 1983 were caused by the vaccine. More recently, from 1980 through 1989, every case of polio in the U.S. was caused by the vaccine. During this same time period, three of the five people that caught polio during foreign travel were previously vaccinated against the disease.

## **Measles**

Measles<sup>11</sup> is an especially interesting disease for us to look at because of its close similarity to canine distemper.

The measles vaccine was introduced in 1963, yet in the United States and England, from 1915 to 1958, a greater than 95 percent decline in the measles death rate had already occurred.<sup>12</sup> In addition, the death rate from measles in the mid-1970's (which was several years post-vaccine) remained exactly the same as in the early 1960's (pre-vaccine), e.g., .03 deaths per 100,000.

Once again, the efficacy of vaccination in prevention of this disease has not been established. According to a study conducted by the World Health Organization, chances are 14

7 Eleanor McBean. 1974. *The Poisoned Needle*. Mokolunne Hill, CA: Health Research. p. 142.

8 Neil Z. Miller. 1992. *Vaccines: Are They Really Safe and Effective?* Santa Fe, NM: New Atlantean Press.

9 Michael Alderson. 1981. *International Mortality Statistics: Facts on File*, Washington, DC.

10 Hannah Allen. 1985. *Don't Get Stuck: The Case Against Vaccinations*. Oldsmar, FL: Natural Hygiene Press.

11 Neil Z. Miller. 1992. *Vaccines: Are They Really Safe and Effective?* Santa Fe, NM: New Atlantean Press.

12 Michael Alderson. 1981. *International Mortality Statistics: Facts on File*, Washington, DC.



times greater that measles will be contracted by those vaccinated against the disease than those who are left alone. According to Dr. Atkinson of the CDC, “measles transmission has been clearly documented among vaccinated persons. In some large outbreaks.... over 95 percent of cases have a history of vaccination...”

In addition, of all reported cases of measles in the U.S. in 1984, more than 58 percent of the school age children were “adequately” vaccinated.<sup>13</sup>

In 1985, the federal government reported 1,984 non-preventable cases of measles. But 80 percent of these so-called “non-preventable” cases occurred in people who had been properly vaccinated. More recent outbreaks continue to occur throughout the country, sometimes among 100 percent vaccinated populations.

In spite of the evidence for lack of efficacy of this vaccine it is still strongly promoted. This continued use of a useless vaccine, however, is not without its price. It has been determined that the measles vaccine may cause ataxia, learning disability, retardation, aseptic meningitis, seizure disorders, paralysis and death. It has also been investigated as a possible cause of or cofactor for multiple sclerosis, Reye’s syndrome, Guillain-Barre syndrome, blood clotting disorders, and juvenile-onset diabetes.

Another additional harmful effect is that the disease has changed form, and now affects primarily a different age group. The peak incidence of measles no longer occurs in children, but in adolescents and young adults. The risk of complications of pneumonia (3%) and liver abnormality (20%) have increased as a result.

Also, before the vaccine was introduced, it was extremely rare for an infant to contract measles. However by 1993 more than 25 percent of all measles cases were occurring in babies under a year of age. CDC anticipates a worsening

13 John H. Frank, Jr., MD et al. May 6-9, 1985. Measles Elimination — Final Impediments. 20th Immunization Conference Proceedings.

of this situation and attributes it to the growing number of mothers who were vaccinated during the last 30 years and therefore have no natural immunity to pass on to their children.

The implications for our having changed the natural disease into this new form are immense.

## Whooping Cough (Pertussis)

Just as we have seen with the other diseases already discussed, the incidence and severity of whooping cough had begun to decline long before the pertussis vaccine was introduced in the 1940’s.<sup>14</sup> From 1900 to 1935, in the United States and England, before the pertussis vaccine was introduced, the death rate from pertussis had already declined by 79 percent and 82 percent, respectively.<sup>15</sup>

However, once again, the usefulness of this vaccine is in doubt. Some studies indicate that the effectiveness of the pertussis vaccine may be as low as 40-45 percent. Further evidence indicates that immunity is not sustained. During an epidemic in 1978, of 85 fully vaccinated children, 46 (54%) developed whooping cough.

During a ten month period in 1984, the state of Washington reported 162 cases. Of the cases aged 3 months to 6 years, 49% had been fully vaccinated against the disease. In the same year, of the 560 cases reported to CDC in the age bracket of seven months to six years with known vaccination status, 46 percent had received vaccine protection.<sup>16</sup>

In 1986, in Kansas, 1300 cases of pertussis were reported. Of the patients whose vaccination status was known, 90 percent were “adequately” vaccinated.

As with measles vaccine, there are several

14 Neil Z. Miller. 1992. Vaccines: Are They Really Safe and Effective? Santa Fe, NM: New Atlantean Press.

15 Michael Alderson. 1981. International Mortality Statistics: Facts on File, , Washington, DC.

16 U.S. Department of Health and Human Services. October 1985. 20th Immunization Conference Proceedings, Dallas, Texas, May 6-9, 1985.

known or suspected harmful effects from this vaccine. These included SIDS (Sudden Infant Death Syndrome — research shows that children die at a rate eight times greater than normal within three days after getting a DPT shot), encephalitis (the pertussis vaccine is used in animal experiments to help produce anaphylactic shock, and to cause an acute auto immune encephalomyelitis), retardation and learning disorders, fever as high as 106 degrees — with pain, swelling, diarrhea, projectile vomiting, excessive sleepiness, high-pitched screaming, inconsolable crying bouts, seizures, convulsions, collapse, and shock. In studies, approximately 1 in 200 children who received the full DPT series suffered severe reactions.

In the 20 months prior to July 31, 1992 — 250 deaths and 7,200 adverse reactions linked to whooping cough vaccinations had been reported to CDC. In addition, the US Public Health Service announced that as of Nov. 16, 1992, some 3,200 pertussis vaccine claims against the US government had been filed.

## **Conclusion**

We have considered the vaccination question from several aspects. We have looked at the way in which I think that routine vaccinations can result in the production of chronic disease in animals and I have made some specific suggestions as to the symptoms that result.

Also, we have considered the question of vaccine effectiveness with the surprising evidence that vaccines do not actually protect populations from disease in the way most people assume —though they do seem to modify the pattern in which the acute disease manifests.

I realize that this topic is a controversial one and that many will disagree with my conclusions. However, what I have observed is that if one can look at this question with an open mind, one will be surprised at the amount of evidence that is actually there. If you look at the larger perspective of disease incidence (of any type) in the weeks and months following vaccination, you will soon see confirmations of what I am presenting to you today. And once this is seen, the way is open for you to question the whole edifice.



# Homeopathic Alternatives to Vaccines

Presented by Richard H. Pitcairn, D.V.M., Ph.D., in Minneapolis, 1993.

## Introduction

In this presentation, we are going to look at several issues about this question of disease protection with homeopathic remedies. First, the question: Have remedies been used in a protective way (rather than just the treatment of disease)? Second, what is the mechanism for such a protective effect? Third, what specific guidelines can we use for the use of remedies for the protection of our animal patients?

## History of the Idea of Homeopathic Prophylaxis

The idea of using a medicine, prescribed homeopathically, for the prevention of disease was present from the very beginning of homeopathy. To my knowledge, the first presentation of this concept was by Samuel Hahnemann in an article, entitled *Cause and Prevention of the Asiatic Cholera*, which was published in 1831.<sup>1</sup> In this article, Hahnemann suggested a list of remedies (camphora, veratrum, bryonia, rhus toxicodendron, cuprum) that would be of most use in the cholera outbreak that was raging at that time. He was able, from an understanding of the principles of homeopathy and a knowledge of the medicines, to give this guidance even though he, himself, had little experience with the current outbreak of the disease.

His followers quickly put these suggestions to the test with remarkable results. In no little way, this predictive ability of Hahnemann's, in a time of great uncertainty in the use of medicines, was tremendously effective in convincing doctors of the efficacy of homeopathic medicine. To be able to have effective treatment in the face of an epidemic puts aside, at one stroke, the idea of

indefinite, imaginary, or placebo effects from use of the medicine.

Later, Boenninghausen, one of Hahnemann's most able and early students, describes his discovery of the similarity between smallpox (in people) and malanders (in horses).<sup>2</sup> He noticed that when smallpox would appear in an area, the horses would also show the disease of malanders — that these two diseases appeared together. So, because Thuya was considered to be the specific remedy for this problem in horses, Boenninghausen tried it in smallpox in people and found it to be very effective in treatment. He carried this one step further, giving the remedy to members of the same household of the patient ill with smallpox and found it prevented the disease with every person it was used.<sup>3</sup>

This concept of using remedies to prevent disease was used by many of the earlier homeopaths but in sort of an immediate way. That is, it was used during an epidemic to protect exposed people or with family members, but it was not, to my knowledge, used on a long term basis without the threat of disease actually being present. It was much later, in this century, that homeopathic prophylaxis was extended to the idea of long term protection.

Also, as nosodes<sup>4</sup> of the specific diseases began to be used, more experience in disease prevention accumulated.

1 Samuel Hahnemann, MD. 1831. Cause and Prevention of the Asiatic Cholera. Archiv. f. hom. Helik., vol. xi.

2 A dry, scabby or scurfy eruption or scratch behind the knee in a horse's foreleg.

3 C. M. F. Boenninghausen. Concerning the Curative Effects of Thuja in Small-pox. Allg. hom. Zeit., Vol. xxxvii. p. 21.

4 A nosode is a remedy made from the products of a disease, e.g., a secretion, discharge, or lesion. It is not made directly from a culture of the disease agent or from a vaccine. This is an important point as there is a great difference in efficacy between a proper nosode and a remedy made from a culture or vaccine (which are not known how effective they are, as usually are not proven remedies).

Evidence of this can be found in the literature. Here are some examples from the fascinating little book by Dr. Dorothy Shepherd, *Homeopathy in Epidemic Diseases*.<sup>5</sup>

## **On Prophylaxis**

“Epidemic diseases treated and nursed at home raise the problem of prophylaxis or prevention. Here again homeopathy offers the best solution. Believe me, it has been shown again and again that our medicines given intelligently and according to our law that ‘like cures like’ do not only cure infectious diseases speedily and easily without the development of any complications, but they also prevent these same diseases. This is of great importance, particularly in the case of infants who have not enough stamina to stand up to an onslaught of whooping cough or measles or diphtheria, or infantile paralysis....”

“If one can prevent these diseases until the children are over five years of age, the disease is usually not so fatal, and the children stand a better chance.

“Of course, the modern methods of prevention of disease occupy much space in our medical literature, and apparently they are successful to a degree. The agents used in prophylaxis resemble crudely the medicines used in homeopathy, and some homeopathic physicians have been somewhat led astray by this similarity to the homeopathic principle, and recommend the present orthodox methods.

“Are the inoculations against the various infectious diseases 100 per cent foolproof? Do they not in some cases lead to serum or vaccine disease? Is it not a fact that they often produce severe reactions? Indeed, they have been known to lead to fatal consequences. Have I been more unfortunate than the average homeopathic physician in seeing the negative or disease-producing effects of orthodox prophylaxis? Indeed I was not biased either in the beginning. I was

extremely interested in prevention of such diseases as diphtheria and measles and the rest. *It was a great disappointment to me to observe the frequent severe reactions in the wake of immunization against diphtheria, and later on the uncertain effects of inoculations against measles, whooping cough, and scarlet fever.*

“Now some of my fears of the dangers inherent in the modern methods of inoculations have been proved to be well rounded and correct. *Some impartial medical observers in Australia have found that the incidence of poliomyelitis, the modern infantile paralysis, has vastly increased since whooping cough and diphtheria inoculations have become more popular, and that the incubation period of infantile paralysis corresponds closely to, and follows exactly on the correct day after the inoculation has been made* (my emphasis).

“It might have been coincidence, if it had only happened in one or two cases, but unfortunately it has happened in more than 5 per cent of the cases. (Note: I have seen the same relationship between Feline Leukemia vaccine and the occurrence of Feline Infectious Peritonitis which seems to follow the vaccine at a much higher incidence than one would expect.)

“At the moment doctors are advised not to immunize at the danger periods of the year, when infantile paralysis is most prevalent. Whether this is the first step in giving up the dangerous method of immunization, one does not know.

“My own personal opinion is, that inoculation with any type of serum in any of these infectious diseases is harmful and can easily and safely be replaced by a remedy or remedies, proved according to our Law of Similars that ‘like cures like’ on healthy individuals. Nosodes or disease products of the actual disease are often most active preventives. This will sound revolutionary to many doctors, but for years I have been in the position to watch the results and aftereffects, early as well as late, of immunization against diphtheria, and I have not been impressed.

<sup>5</sup> Dr. Dorothy Shepherd. 1967. *Homeopathy in Epidemic Diseases*. pp. 14-16.

“For years I worked in closest contact with an immunization clinic and had to convince the mothers of the great advantage that would ensue. It was somewhat difficult to deal with irate parents later on, when they had been told that the operation was painless, and they saw the swollen, congested arms which occasionally cropped up. And it was even more difficult when a child developed diphtheria after it had finished its course of inoculation! And as for that mother who lost her child of a fulminating attack of diphtheria within eight hours after the disease started when a certificate of safety had been issued from the clinic; I do not know how the immunizing doctor got over that (obstacle)!

“I was very unpopular, I remember, when the Medical Officer of Health was told about this fatality from diphtheria, and he remarked “This would not have happened, if the mother had the child immunized”, and I retorted that she had been well and truly (vaccinated) six months previously. I used to receive all the official publications on diphtheria immunization from the said doctor after this little contretemps, as if he was trying to shelter himself behind the official acts.

“I therefore have no hesitation in stating that from my own experience and observation, the homeopathic preventives are much safer in use, and absolutely certain in their effects. Even should the infectious, disease develop, it will be in a much milder form.”

## **On Whooping Cough**

“(For a time) in my professional life I had no opportunity to treat whooping cough. Parents accepted as a fact that whooping cough lasted at least six weeks, or until well on in May, and as it could not be cured it just had to be endured. A doctor was rarely called in. One day I procured a copy of Dr. Clarke’s monograph on Pertussin, the nosode of whooping cough (the potentized serum of this disease). My eyes were opened to the possibilities of cutting short an epidemic of this dread disease.

“At that time there was a small outbreak in the neighborhood of the clinic, so with the help of the visitors and nurses, we coaxed the mothers to bring the little sufferers to the clinic for treatment before the commencement of the session to avoid infecting others. The results with Pertussin in potency were so striking that I soon used it in all the clinics and nurseries I attended, both as a prophylactic and as the curative remedy after the disease had started.

“During the four years before the second world war, 950 cases were treated with the following results. One baby five months old died. Two mothers, having four children between them, did not carry on with the treatment after twenty-four hours, preferring their children to be sent to an (allopathic) hospital. These four youngsters were away from their homes for well over four months and came back a mere shadow of their former selves, requiring several months’ convalescence at the seaside. While the children in the same street who had been dosed with the small pilules of Pertussin were fully recovered after only a fortnight.

“It created quite a stir in that neighborhood at the time, I believe. The severity of the attacks was mitigated at once. They diminished in frequency as well. Vomiting became less violent, and the duration was considerably shortened. It depended largely on the stage of the disease at which the treatment commenced. It was aborted under a week if seen within the first day or two. If seen at its height, it would take another ten to fourteen days at the most, with greatly diminished severity. All the children escaped the usual complications. No bronchopneumonia followed, and we saw no wasting and no marasmus. It was indeed surprising how well they looked at the end of the attack — they were often better after the whooping cough than they had been before.

“On another occasion 364 cases were given daily doses of Pertussin for two weeks after contact. Many of these cases were seen in the day nurseries under my care — not one of these

children developed the disease. As two of the nurseries took in children from two weeks old, it was most essential that they should not be exposed to the infection, and it was gratifying to find that Pertussin was a means of preventing the spread of the disease.

To quote an early experience — when I was not sure yet of the power of Pertussin in preventing the disease, a girl of five years old attended a private school. Of the twenty-one children in her class, eighteen were infected with a severe type of whooping cough. Only three escaped — two had whooping cough a year before, and the third was my little friend. How anxious I was whether my little doses would work, and great was the triumph when we were successful.

“The school doctor, whose own two children were attacked with a particularly severe variety of whooping cough after doses of prophylactic serum administered by himself, was wrath with the little girl’s mother, because he would have it that the little one must have had whooping cough the year before without the mother knowing! He accused her of not being exactly truthful as it was impossible to prevent whooping cough.

“In another private school, a child came back after the holidays with a fully developed whooping cough, in spite of carrying a doctor’s certificate as being free from any infectious disease. All the twelve children in her class were infected. The headmistress, on my advice, gave Pertussin 30 four-hourly, and the children had the mildest attack of whooping cough she had ever seen. They enjoyed being ill, playing all the time in the orchard and in the big old barn instead of having lessons. Ten years previously, she told me, whooping cough was inadvertently taken to her school. Weeks of great anxiety and hard work followed. Several night and day nurses had to be called in — it was a nightmare time for her. She was grateful to homeopathy, and to the nosode Pertussin for turning so serious a disease into a mild one.<sup>6</sup>

6 Ibid. p. 64-67.

“In (another) epidemic there were 120 children of varying ages, ranging from twelve months to fourteen years, on prophylactic doses; only one out of this number, an infant of eight months, died, the parents counteracting the action of the Pertussin by applying camphorated oil to the chest.”<sup>7,8</sup>

## **On Diphtheria**

“I must say a few words on Diphtherinum — the diphtheria nosode — and its use as a prophylactic instead of the popular immunization of the orthodox school. Our homeopathic prophylactics are far safer and are not complicated by any early or late aftereffects. Diphtherinum, the diphtheria nosode, is an excellent preventive and has been used by other homeopathic physicians as well as by myself in hundreds of cases, with success.

“I have given Diphtherinum CM in unit doses and occasionally Diphtherinum 30 in weekly doses for four to six weeks, and I have not heard of any failures. Of course, it may be argued that these children might not have developed it in any case — which may be true.

“Which is the best potency to give for protection? I could not lay down any hard and fast rules myself; I have only been feeling my way so far. A French homoeopathic doctor is reported to have conducted an experiment along these lines for years, and when he published his results later, he claimed that the higher potencies give longer immunity: the 1000th<sup>9</sup> gave approximately two and a half years’ protection, and the lower ones less, by analogy it follows that the thirtieth would protect for only a few months.

“Doubt has often been expressed, whether Diphtherinum or any homeopathic medication can truly prevent diphtheria. Records have been

7 Ibid. p. 18.

8 Camphor is known to be an effective antidote to the effects of homeopathic medicines. Other antidotes with this effect are coffee, allopathic drugs (especially steroids).

9 That is, a 1M potency.

published by Dr. Paterson of Glasgow of the results obtained at the Mount Vernon Hospital for Children (Homeopathic). Diphtherinum in the 200th potency produced definite immunity, as shown by the Schick test<sup>10</sup> All the cases done in this way gave a Schick negative result within nine weeks, and some as early as three weeks afterwards.<sup>11</sup>

“Dr. Mitchell reports three children who were found to be Schick positive; two doses of Diphtherinum in potency were given; two weeks later two of the children were Schick negative, the third became Schick negative a few weeks later, before orthodox immunization was carried out. Dr. Mitchell adds ‘three cases do not prove anything except that immunity can be induced by homeopathic potencies.’

*“Dr. Paterson was most emphatic in urging that serum should not be given after a homeopathic remedy. Very bad results had followed this method (my emphasis); other doctors stated that when the serum was given first, and the homeopathic remedy second, no evil results had followed.*

“Dr. Bodman said that at the Bristol Homoeopathic Hospital some thirty to forty nurses were immunized by the orthodox method. *It was noticed hereafter that an enormous amount of sickness followed immediately after the immunization. It temporarily reduced resistance to any infection, and they went down with influenza, German measles, whooping cough, and the sickness rate among the nurses was higher during the six months following diphtheria immunization than in any period in the history of the hospital.*

*“Personally, as I have stated already on different*

*occasions, I have observed during the last twenty years that immunization is followed in an appreciable percentage of cases by a general lowering of resistance, (my emphasis) and I have seen serious and fatal cases of toxemia coming on within a week or two after diphtheria inoculation. Dermatitis starting from the point of inoculation and spreading all over the arm and to the chest and cheek developed in three children of one family after the inoculation, and the Loeffler bacillus was found in the discharges from the skin. Diphtherinum M in daily doses cleared up the dermatitis in a fortnight, when previously it had gone on spreading for several months, and resisted all sorts of local treatment.*

“I am chary of advising diphtheria inoculations as a method of prevention of the disease. I was medical officer at a children’s clinic which served a crowded area in South London within the reach of eight big schools, with a population of several hundred scholars in each. We had a daily attendance of over a hundred children for treatment. We always knew when there had been an immunization session at any of the schools nearby, for they flocked in their dozens to us, having their swollen arms, the septic sores, and the dermatitis dressed within a few days. We used to give them — as a matter of routine — Diphtherinum 30 in daily doses, and got rapid healing and disappearance of the lesions. Later results in many of the children who bore the brunt of the inoculations well in the early days, were crops of multiple warts<sup>12</sup> on hands, arms, and in their hundreds on the cheeks and face, peculiar dark brown, almost black, minute warts, which went on for months, but cleared up, almost overnight, at any rate in a week or two, with repeated doses of Diphtherinum 30.”<sup>13</sup>

<sup>10</sup> The Schick test is the injection (intra-cutaneous) of a quantity of diphtheria toxin equal to one fiftieth of the minimal lethal dose diluted in salt solution. If the patient is not immune to diphtheria, then the injection site becomes inflamed.

<sup>11</sup> It is not likely that an immune reaction is initiated by use of the diphtheria nosode, so this “immunity” is of a different type than that induced by injection of antigen.

<sup>12</sup> The development of wart and growths is a common manifestation of the sycosis miasm induced by vaccinations.

<sup>13</sup> Dr. Dorothy Shepherd. 1967. Homeopathy in Epidemic Diseases. pp. 26-29.

## On Poliomyelitis

“Infantile paralysis is one of the modern varieties of a disease which has come to the forefront during the last fifty to sixty years; gradually it has become more frequent and more virulent. It has extended its battle front for at first it attacked mainly infants and young children under two years of age; in Europe we had sporadic cases cropping up here and there, who came under the care of the orthopedic surgeon, when paralysis set in, usually too late for the physician to deal with it.

“The homeopathic (doctor) working on the facts observed on healthy people taking certain drugs, found that the remedy *Lathyrus Sativus*, presented a picture in its symptomatology, strikingly alike, both pathologically and clinically to infantile paralysis, hence its use as a preventive in this disease. And it has had one hundred per cent success during the last thirty years in many epidemics, as Dr. Grimmer of Chicago, for one, states. His recommendation is to give a dose of *Lathyrus Sativus* 30th or 200th potency once every three weeks during an epidemic, and he states there will be no case of paralysis among those so immunized. Does this sound too good to be true? Try it my friends and see.

“Dr. Taylor Smith.....used *Lathyrus Sativus* as a prophylactic in a group of eighty-two healthy people. Each was given one dose of *Lathyrus Sativus* 30, which was repeated in sixteen days; the group included forty-two white children, twenty-one coloured children, and nineteen white adults. The ages in the group varied from six months to twenty years; moreover they all lived in close proximity to a suspect area, twelve children in fact were direct contacts, yet not a single one in this group developed poliomyelitis.”

## On Canine Distemper

Literature on use of remedies preventively in animals is not as abundant as for human patients. However, there have been several instanc-

es mentioned here and there in the literature. The most extensive, to my knowledge is that by Dr. Horace B. F. Jervis, a veterinarian that pioneered the use of *Distemperinum*. In 1929, he published a monograph entitled *Treatment of Canine Distemper with the Potentized Virus* in which he describes the tremendous success he had with this nosode.<sup>14</sup> Let me use his own words:

“After a period of about twenty-five years of fruitless struggling with distemper, having to contend with it day after day in an (extensive) small-animal practice ever and always having the same disappointing results, losing the same large percentage of my patients all the time, I was led to earnestly seek some way out of this most trying predicament. So of late years I have turned absolutely from the old and dominant school of medicine,<sup>15</sup> and have taken up the study in earnest of homeopathy. And right here I wish to say that my one regret is that I did not take it up years before.

“I became intensely interested in the subject and bent all my energies to the study of it. My results were, and are, so much beyond my expectations that I am sorry not to be able to interest more veterinarians to take it up and give it a trial. Anyone doing so, I venture to say, will never go back to the old school again...”

Dr. Jervis discusses the ravages of this disease and the almost invariable death that followed its appearance. “This condition of affairs to one who besides being a veterinarian, is a great lover of the dog is most disconcerting. To have case after case brought to one and see so many, despite ones earnest efforts, die, whilst one stands by without any way of stopping this terrible archfiend, is simply heartbreaking to say the least.

14 Dr. Horace B. F. Jervis. 1929. *Treatment of Canine Distemper with the Potentized Virus*.

15 At the time that homeopathy was new and spreading around the world, the homeopathic practitioners called themselves the “new school” of medicine. The “old school” referred to the allopathic practitioners.



How often has the earnest practitioner asked himself: Cannot some means be devised to put a stop to this feeling of helplessness? Cannot the ravages of this enemy be stopped by some means? Where is one to turn?

“The thought naturally came to me that as I had taken up the practice of homeopathy, why not turn to her in my dilemma?

“I took the matter up in real earnest, feeling convinced that the fruit of the great Hahnemann should throw light on the subject. I accordingly bent every effort and spare moment from a busy practice, and I herewith append the results of my labors: truly a labor of love, at that, as it meant the possible saving of many a sweet little dog who otherwise would be swept away by this ruthless disease.

“I had some virus, styled by me as ‘strain L’ potentized by Ehrhart and Karl, of Chicago, in the 30th, 200th, and 1,000th potencies.

“Since commencing the use of this product the death rate in my distemper ward has been very materially decreased, and I have really for the first time in my years of practice felt a sort of load being lifted from my shoulders.”

Dr. Jervis then goes on to describe how useful this nosode is in treatment — often aborting the development of clinical distemper if given in the incubative stage. It also will stop the putrid diarrhea, the convulsions in the cerebral form, even reversing the dying stage seen later in the disease. He recommends especially use of the 200th potency. However, he cautions that some developments of distemper need other remedies, the nosode not sufficing.

However, let’s continue with our interest in prophylaxis and see what he has to say about this. “The agent (distemperinum) bids fair to come very much to the fore as a prophylactic agent in the prevention of distemper in the susceptible pup.... . Two (unvaccinated) puppies that I happened to acquire I gave a course of potentized virus to and for a period of fifteen

days. They were placed in my distemper ward in close contact with the rest of my cases and both withstood the infection and never missed a meal. At the end of that time, not content with that exposure to the natural infection, I injected both of them subcutaneously, with one c.c. of crude virus. At the end of four days they both developed a dry husky cough, characteristic of the distemper cough with which we are all so familiar, and for two days showed a little bead of purulent nasal discharge. This latter had completely vanished at the end of the third day, and with the exception of the little cough that remained, the latter clearing up in about a week, the pups showed no ill effects from their experience.

“This greatly encouraged me to try it out on susceptible pups brought to the hospital for surgery, or what not, as it had always greatly mortified me to have a puppy here, either for board or other purposes, and have it afterwards come down with distemper in about three days. No amount of persuasion could ever convince the owner that the puppy did not pick up the infection at the hospital, and it was always a waste of breath to undertake the convincing, even though, had the puppy been at home he would most likely have gone down with it under the same conditions.

“Since I have been employing this method, not one of my surgical cases have been reported as being sick; and believe me you might soon hear about it when they go down with distemper, even long after the period of incubation is past.

“If this is not a means of permanently immunizing a puppy, it would appear most likely to modify the severity of the attack, as shown in the case of the two puppies that were given the crude virus. Of course the subject of bringing about immunity by any other means than the use of a hypodermic syringe is going to stick in the crop of a great many.”

## **How do homeopathic remedies prevent disease?**

To understand how a remedy can protect against a disease not yet experienced, we must consider three things — the question of susceptibility, the concept of chronic disease, and, lastly, the requirement for homeopathic similarity.

Hahnemann describes susceptibility like this: “The psychic and physical inimical influences that we encounter in the world and that we call disease agents do not have an absolute power to untune our organism. When I speak of disease as a tuning or untuning of the human economy....I am pointing out that diseases are not and cannot be mechanical or chemical changes in the material substance of the body, that they do not depend on a material disease substance, but are an exclusively dynamic, spirit-like untunement of life. We fall under their influence only when the organism is disposed and susceptible enough to their attack for its feelings and functions to be altered and untuned from the normal. Thus these disease agents do not make everybody sick each time.”<sup>16</sup>

In other words, Hahnemann is saying that a predisposition to susceptibility must exist first before an infectious disease can be established. The corollary then is that not every animal will be in this state of susceptibility — that it depends on the presence of something else to bring this about. This “something else” Hahnemann credits to the existence of a state of chronic disease. It is the condition of psora or psora mixed with sycosis which creates the condition of susceptibility. If the life force of a particular individual is not distorted by the presence of chronic disease, then a state of susceptibility does not exist — and contagious disease will not find an entry.

This state of susceptibility is also a quantitative one. There is a limit to the amount of disease

that can enter the individual. Kent puts it like this: “In contagion there is practically but one dose administered, or at least that which is sufficient to cause a suspension of influx (of disease). When cause ceases to flow in a particular direction it is because resistance is offered — for causes flow only in the direction of least resistance. When resistance appears influx ceases, and the cause no longer flows in.”<sup>17</sup>

How does all of this translate to an understanding of how a remedy can be protective of a disease not yet encountered? First of all, the state of susceptibility to contagious disease depends on the prior condition of chronic disease — either inherited or acquired. Second, the susceptibility is satisfied, or filled up one might say, by the inflowing of the disease itself. Once the vital force has taken in a certain amount then no more can enter in.

This, then, is the mechanism by which we can prevent disease. If we are able to satisfy this same susceptibility with a medicine that is similar to the disease (for which the patient is susceptible) then we, in essence, have plugged the hole that existed. There is no room for the natural disease to enter.

However, it is very important to realize that we are not doing treatment with this approach. We are not giving a remedy because the patient is ill. What we are doing is establishing a temporary, artificial medicinal disease that is taking the place normally occupied by the natural disease.

We can draw two conclusions from this. First, we must use a remedy that is very similar to the natural disease to satisfy that susceptibility. Second, the duration of this artificial disease is limited in time. These two principles give us a reliable guide in understanding how to protect animals from disease with homeopathic remedies. (A third implication, which we are not discussing today, is that complete cure of the chronic disease leaves the patient in a resistant

<sup>16</sup> Samuel Hahnemann, M.D. 1842. *Organon of Medicine*. Par. 31.

<sup>17</sup> James Kent, M.D. 1900. *Lectures on Homeopathic Philosophy*. pp. 106-107.

state without the need for use of prophylactic disease remedies.)

## Experience with Homeopathic Prophylaxis of Animals

In recent times, the most significant research with this approach has been by Dr. Christopher Day of England. Known as an outstanding homeopathic veterinary practitioner, he has published excellent studies in the use of nosodes. For example:

A kennel cough outbreak in a kennel housing over 200 dogs showed a very significant drop in incidence of the disease from almost 100% to less than 5%.<sup>18,19</sup>

Another study of prevention of porcine stillbirths resulted in a decrease of incidence from 80% to 30%.<sup>20</sup>

Use of a bovine mastitis nosode prophylactically, gave a reduction in incidence from 48% to 3%.<sup>21</sup>

These are very significant results that can greatly encourage us in use of this method of protection.

## When Are Nosodes Not Useful?

Though other nosodes are available for diseases like feline leukemia, feline infectious peritonitis, Lyme disease, etc., these remedies are not effective for treatment in the clinical situation and therefore not likely to be protective either.

18 Christopher Day, MRCVS. April, 1987. Isopathic Prevention of Kennel Cough — Is Vaccination Justified? *International Journal for Homeopathy*, V. 2, No. 1. pp. 45-50.

19 Christopher Day, MRCVS. November, 1987. Clarification of Kennel Cough Article from Vol. 2, No. 1, p. 45 “Isopathic Prevention of Kennel Cough — Is Vaccination Justified?” *International Journal for Homeopathy*, V. 2, No. 2. pp. 57-58.

20 Christopher Day, MRCVS. 1986. Control of Stillbirths in Pigs using Homoeopathy. *International Journal for Homeopathy*, V. 1, No. 2. pp. 26-28.

21 Christopher Day, MRCVS. 1986. Clinical Trials in Bovine Mastitis Using Nosodes for Prevention. *International Journal for Homeopathy*, V. 1, No. 1. pp. 15-19.

To understand this lack of efficacy of some nosodes in disease treatment, we must look again to the basic principles of homeopathy. Diseases like distemper or panleukopenia are what Hahnemann called “fixed miasms”. That is, they are acute, infectious diseases that have a definite form. This form does not change from year to year and when the disease appears, it can be recognized as the same that was seen decades ago.

Diseases like feline leukemia, feline infectious peritonitis, or Lyme disease are not fixed miasms. They are actually psora or psora/sycosis complicated by an opportunistic infection. The virus or infectious agent for which it is named is not really the causative agent for everything you see in the clinical situation. Therefore, what is needed in these cases is an individualized remedy for each patient — most often remedies that are the polychrest remedies.

## In Conclusion

We have considered the idea of using homeopathic prophylaxis from several angles. We looked at what is known from the literature, even from Hahnemann’s time. We considered the way in which a homeopathic remedy can establish an artificial disease that satisfies susceptibility to the natural disease.

In closing, I encourage all of you to consider this alternative to vaccinations. I think, as time goes on, we will see more and more evidence of the problems associated with vaccination. If I may venture to make a prediction, it is that 50 or 100 years from now people will look back at the practice of introducing disease into people and animals for the purpose of preventing these same diseases as a foolishness — a foolishness similar to that of the practice of bloodletting or the use of toxic doses of mercury in the treatment of disease.

As the problems associated with the practice of vaccination emerge into a larger concern, we will have the alternative ready for others to use.

