Australian Register of Homœopaths

Statement on the Use of Homœopathic Medicines for Prophylaxis

Homœoprophylaxis (HP) refers to the use of potentised substances in a systematic manner, guided by the anticipated symptoms of the infection to be prevented. It does not refer to the methodology used to prevent further episodes of recurrent infections in an individual patient, eg recurrent boils, middle ear infections, bronchitis, cystitis etc.

The Board acknowledges that:

- there has been positive clinical experience with the use of HP in several diseases over 200 years. (1 - 15)
- the mechanism of action of HP remains conjectural, and is probably different to that utilised by immunisation practices. No scientifically rigorous attempt has been made to compare the effects and effectiveness of HP with those of immunisation. Prejudice, commercial and ethical concerns, and the fact that homeopathic products are generally not patentable, impede access to funding for research into HP, and publication of the findings. Nonetheless, there is increasing scientific investigation of HP, and considering the risk and cost/benefits demonstrated to date, further controlled ethical research into its use is warranted. (16 - 31)
- public health authorities in Australia may lack awareness of some of this evidence and do not currently accept that there is substantial evidence of efficacy, and such evidence is lacking for a number of the diseases for which immunisation is available.
- doubts have been raised about the actual efficacy of some vaccines (32 - 34), and many people are concerned about the recognised and perceived sequelae of immunisation products (30 - 44). The perception that immunisation contributes to disease burden more widely than is commonly acknowledged, is also supported by reports of ill patients responding well to homeopathic remedies made from immunisation products. (45, 46)
- Confusion is easily created by presentation of conflicting data (44, 47) and data collected about the effects of a vaccine, which has subsequently been replaced by another vaccine (eg whole-cell replaced by a cellular pertussis vaccine, and the removal of thiomersol from some vaccines). Such data may no longer be applicable to currently used vaccines.
- public health authorities acknowledge that in some circumstances immunisation might have heightened risks for particular individuals. (47)
- there may be no clear answer when attempting to balance the risk of a disease, with the risk of the known and less recognised effects immunisation might have on a particular individual. HP may be a reasonable choice for the patient.
- there are a variety of views concerning HP among homeopaths. (54, 55)

Practitioners should encourage their patients, parents and appropriate adults to exercise their right to make informed decisions. Health care professionals have the responsibility to provide advice based on balanced information gathered from a broad range of sources, or to refer to others if they feel unable to do so. For this reason, the Board recommends the following protocol to Homœopaths:

A. Homœopaths may supply or prescribe homœopathic medicines for prophylactic purposes only upon the request of patients in their care, with whom they have discussed the relevant issues in detail.

B. In the course of consultation, homœopaths must avoid exerting undue influence upon the

Homœoprophylaxis Statement 10 May 2013
patient’s decision on the treatment of their choice. When asked for advice about immunisation or prophylaxis, practitioners should avoid giving directives and instead encourage their patients to inform themselves of potential options, from a wide range of sources. Practitioners must encourage patients to make their own informed decisions about their treatment choice, in the light of their own particular circumstances.

C. Where the efficacy of HP has not been well demonstrated to be as high as that achieved with available immunisation for a specific disease considering any relevant factors (eg comparability and reliability of data sets, relevance of the conditions surrounding the data collection to those relating to the patient in question), HP should not be recommended as a substitute for immunisation. Any practitioners recommending HP should be prepared to support such recommendation with data (in a Court if necessary). However, a patient (after examination of the relevant information), considering risks and benefits may choose to use HP instead of an available immunisation, or for a disease where an immunisation is not available, and/or as part of an ethical clinical trial. In certain circumstances, however, this has lead parents into legal proceedings. (56)

D. As outlined in the ‘National Competency Standards for Homeopathy’ (HLTHOM9A - Provide Specific Homoeopathic Assessment and Care) practitioners are obliged to clarify their patients’ expectations and the potential outcomes, and to provide information on infection control procedures, which include the NHMRC- recommended immunisations and management strategies for acute infections (47 - 53).

E. Practitioners should document and date all discussions, advice and treatment with the patient. Prior to the provision of, or a prescription for, homeopathic medicines for prophylactic purposes, a signed statement of the patient or appropriate adult should be obtained (sample in Appendix), indicating that the patient:

- understands that HP does not guarantee immunity from infectious disease
- understands that evidence for the efficacy of HP is limited and is not accepted by public health authorities
- has been informed by the practitioner that there is a range of evidence and views in regard to HP
- has selected HP by free choice, not as a result of pressure from the practitioner.
- is familiar with the relevant sections of the current edition of 'The Australian Immunisation Handbook', published by the National Health and Medical Research Council (NHMRC) (47) and 'Understanding Childhood Immunisation' published by Australian Govt (48).
- Homœopaths should comply with the legislation and reporting requirements for notifiable diseases in their jurisdiction.
References


2. Dudgeon R. E. 1853. *Lectures on the Theory and Practice of Homeopathy* p.541,2. Republished by B. Jain Publishers, 2002, New Dehli. Following Hahnemann’s example, another eleven medical doctors prescribed Belladonna during the same epidemic. They reported that of 1,646 children exposed to scarlet fever after being given Belladonna, 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%.


5. Cholera - Von Boenninghausen, C. Baron. *Lesser Writings*. Dr Clemens von Boenninghausen treated and prevented cholera infections during the 1849 European epidemic with the above remedies recommended by Hahnemann. While a death rate of 54-90% occurred with conventional treatment, Boenninghausen’s patients had a mortality rate of only 5-16%.

6. Hepatitis A - Francisco Eizayaga MD. *Treatise on Homeopathic Medicine* published by Ediciones Maracel, Buenos Aires, Brazil, 1991 1991: When treating individuals with hepatitis, Dr Eizayaga of Brazil has noted both the curative effect of homeopathic Phosphorus and he would also give their family members and school-mates the Phosphorus prophylactic. None contracted hepatitis in spite of being in close contact.

2003: A Malarial Trial conducted by Assie Pittendrigh in Kenya between 2003-2005 used homeopathic Malaria co in a group of 33 volunteers. Twenty-one of the participants 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.


11. Eisfelder, HW. Poliomyelitis Immunization: A Final Report. *Journal of the American Institute of Homeopathy*, V. 54, Nov-Dec 1961, pp. 166-167. 1956-58, Dr Heisfelder used Lathyrus sativus for prophylaxis of over 6,000 children. There were no side effects and no cases of polio reported in the group.

12. Francisco Eizayaga MD. *Treatise on Homeopathic Medicine* published by Ediciones Maracel, Buenos Aires, Brazil, 1991 1957: A severe poliomyelitis epidemic occurred in Buenos Aires. The majority of homeopathic doctors prescribed Lathyrus sativus as a preventative, and drug stores distributed thousands of doses to the public. None of those who used the prophylactic registered a case of contagion. 1975: During another poliomyelitis epidemic in Buenos Aires, 40,000 were given the Homoeoprophylaxis Statement 10 May 2013
homeopathic prophylactic Lathyrus sativus. None developed poliomyelitis.

13. Von Boenninghausen, C. Baron. Vide Concerning the Curative Effects of Thuja in Smallpox. Lesser Writings. Mid 1800's: Clemens von Boenninghausen (1785-1864) used Thuja for 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, not one of them went on to contract it.

http://www.homeoint.org/winston/variolinum.htm
1902: Dr Eaton reported that during a smallpox epidemic in Iowa, via various physicians a total of 2806 patients were treated prophylactically with Variolinum. Of the 547 patients definitely exposed, only 14 developed the disease. Unfortunately the infection rate amongst a control group was not provided.


In 2001, case numbers fell more than in surrounding neighborhoods after the prophylactic use of Eupatorium perfoliatum 30cH

In April-May 2007 a complex of Phosphorus 30, Crotalus horridus 30 & Eupatorium perfoliatum 30 was used prophylactically in a county of Rio de Janeiro. In Jan-March 2008 the disease incidence fell 93% compared with the previous year, and the incidence in the rest of Rio increased by 128%.

18. Chavanon, P. La Diphterie, 4th Ed, St Denis, Niort: Imprimerie 1952. 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 Diphtherinum.

19. Patterson, J. and Boyd, W.E. Potency Action: A Preliminary Study of the Alternation of the Schick Test by a Homeopathic Potency. British Homeopathic Journal. 1941; 31: pp.301-309. 1941: The test was repeated by Drs Patterson and Boyd with 23 out of 33 children becoming Schick test negative after being given Diphtherinum.


21. Krishnhamurty, Report on the use of Influenzinum during the outbreak of epidemic in India in 1968. Hahnemannian Gleanings 1970;37:225-6. 1968-70, a survey conducted in Indian factories and offices compared the results of allopathic (conventional) treatment and homeopathic treatment of influenza intending to determine the effectiveness of Influenzinum as a prophylactic. Almost 20 percent of the patients treated by conventional medical physicians contracted the flu. Among the homeopathically treated patients, only 6.5 percent came down with the disease. The homeopathic patients 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.


www.ncbi.nlm.nih.gov/pubmed/20674839
Cuban medical researchers reported that in late 2007, their annual epidemic of Leptospirosis was prevented by homeopathy. Of the 2,500,000 people given the prophylactic, only ten developed the disease, a marked contrast to the tens of thousands normally infected each year. No lives were lost and the program was highly cost-effective in comparison to traditional and less effective vaccine programs. The protective effect continued into 2008 with an 84% reduction in leptospirosis cases for the treated area. Leptospirosis infections in untreated areas increased by 22%.

Homoeoprophylaxis Statement 10 May 2013

1974: During a Meningococcal A & C epidemic in Brazil, of the 18,000 children (up to 14 yrs old) were single dosed with Meningococcinum 10C, and were followed for 6mths – 7 cases contracted the infection compared with 10 cases from the 6364 unprotected children.


1998: A larger study was conducted in Blumenau Brazil. A total of 65,826 people between the ages of 0–19 were given Meningococcinum 30CH single dose, while 23,532 were not. Over the next 6mths 1 of the medicated individuals had the disease, while 5 of the unmedicated did. Without repeating the medication, over the next 6 mths a further 2 homeoprophylaxed individuals had the disease, while 8 of the unmedicated did. By the end of this period it was estimated that the unmedicated population had increased to 25,058. This suggests that Meningococcinum 30CH provided 92.4% protection in the first six months and 91% protection over the year against Meningococcal disease.


Nosodes of potential infecting agents or placebo were given to 600 children age 1-5yrs daily for 30 days. The incidence of respiratory symptoms over the next 12 mths was 3 times higher in the placebo group.

27. For Hp research with animals see: http://www.alternativevet.org/research.htm


Piglets in the placebo group had slightly over 6 times more diarrhoea than piglets treated with E coli 30K.


Homoeoprophylaxis Statement 10 May 2013
46. *Challenging Children: Success with Homeopathy* P91-96
   A12E183FB21B71F1CA2575BD001C80F0/$File/UCi-Nov2012.pdf
Appendix

Homœoprophylaxis Patient Statement

Date

I.............................................................................................................

the legal guardian/parent of.........................................................................

hereby declare that I understand:
- that the use of Homœoprophylaxis does not guarantee immunity from any infectious disease.
- there is a range of views in regard to Homœoprophylaxis (also amongst homœopaths) and evidence for its efficacy is limited and not accepted by Australian public health authorities
- the sections of the current edition of 'The Australian Immunisation Handbook' (published by the NHMRC) relevant to the diseases for which I am intending to use Homœoprophylaxis, and relevant sections of the Australian Govt publication 'Understanding Childhood Immunisation'.

I have selected Homœoprophylaxis by free choice, not as a result of pressure from the practitioner.

Signed..........................................

Witness.....................................