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# Homoeopathic Vaccines: A Possible Approach in Treating HIV/AIDS

**KEY-WORDS:** One plus & one minus make minus, but two minuses make a plus.

**MATERIAL USED:** Human milk and human blood, collected from two young mothers, both around 30-32 yrs; one a patient of nipple cancer, the other full-blown



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AIDS. Both were treated by the author.

**INTRODUCTION:** AIDS is an infection caused by HIV, a retro virus, which infects human cell bearing the CD4 surface marker, and causes gradual loss of immunity. During dormant state, virus hides inside genome. Genome is smaller than cell, the structure of virus is also very small, and a number of viruses can be accommodated inside the genome. A genome of virus also called as 'virion'.

Virions multiply through an enzyme, 'Reverse Tran-



scriptase' from RNA to DNA, (that is in reverse order), hence also known as 'Retro-virus'.

The infection transmits through sexual contact, body fluid or contaminated needles and from mother to child. It passes into three stages: Acute, Sub-acute and Chronic. Various strains and sub-types have also been identified: HIV-I is the main type, and most virulent. Possesses a typical shield in form of a cone made of surface glycoprotein, (gp 120) also known as envelope of the virus. In fact, the actual stage or the chronic stage of AIDS begins as the virus hatches out from this envelope. As long as it remains inside the cone, patient may remain symptomless. This is a window period or sub-acute stage.

The envelope or surface glycoprotein acts as an antigen, to which lymphocytes form specific antibody. HIV-I is the most common cause of AIDS in United States and Europe. HIV-II is a related virus, common in Western Africa. India has mixed variety, or may be of type III.

**ACUTE STAGE:** may vary, go unnoticed, or become difficult to diagnose.

**Symptoms:** are like flu or malaria. Fever is usually very high, occurs due to violent humoral response. As the virus enters into the blood stream (viraemia), body brings about the highest temperature (106-108). But because of our conventional fever remedies, the fight against AIDS fails here. This stage can be diagnosed in forms of immunoglobulin antibody by various methods, or by isolation of the virus.

**SUB-ACUTE STAGE:** carrier stage; can be diagnosed through routine tests, although a negative test cannot rule out that patient has contracted HIV. Western blot is a specific test to confirm HIV infection.

**VACCINES:** Due to multiple strains and various type of the virus, it is impossible to make an vaccine effective against all types. Perhaps that was the reason the Center for Disease Control, (CDC, USA) recommended a few alternatives in treating AIDS- Homoeopathy being one.

In the year 1995, WHO funded an Indian Homoeopath Dr Mishra from Kolkata (Calcutta), who worked on homoeopathic dilutions of gp 120, at the AIDS Research Centre, Bastyr-University, (USA) and the trials were supposed to be carried out in India. But no further information available yet. One more Homoeopath, Dr Nazeer Ahmed from Bangladesh prepared a nosode (vaccine) from an HIV patient, in the year 1991 & 1994 and attenuated it into 125 trillion and proved on himself. His proving was published in a 'Homoeopathic Magazine' (Dec 1999, Lahore).

I also did the same but in a different way. I attenuated the patients first by treating them and turning them into healthy persons. I proved it first on myself and then in my healthy patients (of HIV). The details of the proving are published in the book, titled 'Homoimmunization', published on World's AIDS Day 2000. I communicated this to WHO and Govt of India, but so far have got no response. One international journal, 'Links' has published this in its Dec 2001 issue

**CONCEPT OF CURE:** The common concept of allopathic cure means elimination of causative agents while removing symptoms, while Homoeopathic Cure concept is elimination of the disability of vital force. In "Organon" Aph 27, Hahnemann says: "The curative power of medicines, therefore, depends on their symptoms, similar to the disease but superior to it in strength."

CDC uses six major parameters to label AIDS & its cure:

1. Progression of disease
2. Changes in CD 4 + Lymphocyte
3. Changes in quality of life
4. Weight changes
5. Viral load
6. Mortality.

Today HIV has emerged as a constitution, the psychological and the behavioural factors of younger generation who are susceptible to HIV, are more or less same



all around the world. In fact HIV as a disease takes root in an internal environment created by various psychological and other factors within the body. This typical behaviour influences an individual to HIV infection. One is courageous, creative and constructive but brooding in silence, type (HIV I). The other is recessive, timid, begging type (HIV II). Both are sensitive with tendency to suicide.

**RESULTS:** On clinical proving it has been found that in one specific dilution, both have similar actions. One tones up and increases the immunity of immuno-suppressed children, other raises the immunity of elderly weak persons. In the same way, one improves the quality of life in patients who enter into the last stage of cancer, the other helps full blown AIDS patients. On the other hand known higher dilutions aggravated same identical cases, but acted well on physically healthy individuals who had anticipated phobia of the same disease.

In other words low dilutions in molecular doses help recoup health of real affected persons, while higher potentised dilutions act opposite upon the sick minds but physically healthy individuals. Nosode I (*Carcinosin*) & Nosode II (*Virionum*) are in specific dilution for epidemic use.

We have enough evidence that these Nosodes have cured some tumours, as some tumours are believed to be caused by a virus, while some forms of blood cancer have symptoms very similar to AIDS.

These Nosodes or vaccines prepared homoeopathically can prevent AIDS. But for the treatment, in addition to these, various causative and clinical remedies would also be required.

**EXAMPLE OF A CASE TREATED BY ANOTHER:**

One letter was brought to my attention, in which a Doctor wrote, "I am here in Ethiopia trying to find an effective homoeopathic approach to HIV/AIDS. The theme here is, in response to AIDS:

SHOCK at the Test Results HIV: Run NAKED through

the streets, commit SUICIDE by hanging themselves (cut down in coma). Completely healthy before, start symptoms same day as diagnosis, die in 8 months.

**CHRONIC CONSEQUENCES:**

It is GOD'S WILL that this happened to me.

ASHAMED, keep it secret out of shame.

CONCERN for the surviving family/their children. What will happen? Who will stop them getting HIV! 3000 new orphans per day, 1500 children die each day.

EMACIATION, WASTING AWAY, LOSS OF STRENGTH common.

COUGHS are typical complication, along with Tuberculosis and PCPs.

The people are CHILDLIKE in their nature, really simple, worker like.

MONEY is a BIG issue but it is also basic to survive in the third to poorest nation on earth. BEGGING/ MANIPULATING/ PLEADING is common in this situation.

**SOME SUGGESTIONS from other colleagues:** *Opium, Hyoscymus, Silicea, Arsenic & known Nosodes.* But did no good."

This Doctor wanted to get an Epidemic Remedy. I suggested him the remedy on the basis of above symptoms as per causation, mental & clinical rubrics mentioned above, on the following points.

**MY INTERPRETATION TO THE RUBRICS:** (Refer Kent's Repertory)

1. Runs Naked, also Ashamed of; Interpret as: NAKED, wants to be: Pg 68 HIDE, desire to. Pg 51
2. Normal at the time of Report, which means terror of HIV was more effective than its infection. Interpret as: FRIGHT, complaints from- Pg 49
3. It is GOD'S WILL, as RELIGIOUS affections- Pg 71
4. Runs & remove clothing; Interpret as: INDIFFERENCE to his exposure Pg 55



5. Run away also interpret as: ESCAPE, attempts to Pg 39
6. Hanged himself- as SUICIDAL DISPOSITION Pg 85. Cut down immediately, found dead as if interpret as: UNCONSCIOUSNESS, Remains fixed in one spot; Motionless like a statue Pg 90
7. Bed ridden, as; Sensation of Isolation, cannot go to work: FORSAKEN Pg 49
8. Poverty, as: DELUSIONS; Poor, thinks he is Pg 31
9. BEGGING, MANIPULATING Pg 9
10. ANXIETY, future about -what happen to the family? Pg 7.
11. FEAR of dark- Future. Pg 43.
12. Childlike, simple behaviour, interprets as FOOLISH behaviour, Pg 48
13. BASHFUL, TIMIDITY Child like Pg 89
14. EMACIATION- WASTING AWAY- Pg 1358

'*Stramonium*' would be the possible causative remedy which has all these symptom. Thus as per the totality this could be the EPIDEMIC REMEDY. But *Stramonium* which could most likely be the clinical remedy as well, did not cover PHTHISIS- (The Tubercular and most important associated infection, almost always seen in Africa), see Pg 879. Thus *Stramonium* cannot be the remedy, as per totality.

On the contrary Nosode II covers all these symptoms mentioned above, including Phtisis (TB). Reference 'Homoimmunization' (By Author) for Nosode II (Virionum) proving. It is, therefore, Nosode II (a specific dilution of Virionum) will not only be the constitutional remedy or clinical remedy, it would also be, (most likely) the Epidemic Remedy: Both as a therapeutic as well as a preventive.

**One more example:** Another Doctor wrote, "Dear Dr Baig, I have been reading your booklet on Homoimmunization ever since the Bangalore seminar where I heard you. The HIV patient has finally started responding after giving your Nosode 2. This 47 yr. Parsi

male, Haemophiliac patient has been a Hepatitis-B carrier since a routine blood transfusion in 1978. Since 1966 due to extensive gastro-intestinal bleeding with unknown cause blood transfusions were periodical. In 1978 he underwent gastrectomy, cholecystectomy and appendectomy at England wherein gastric erosions only detected. Married in 1986, no issue. In 1992 on routine, tested as HIV. In 1995 herpes zoster and multiple bouts of diarrhoea.....".

There was a long list of sufferings and various kinds of treatments. Also treated for TB. Finally brought to this doctor during terminal stage. His CD4 count was low, viral load was 6.7 lac. He had continuous fever, not responding to any treatment. Finally responded to Nosode II. (*Editor: This case of a NJH team member cannot be reported as a cure, but certainly shows the impact of Homoeopathy. The patient is on Anti retroviral therapy too, following which he goes down in vitality, which a single dose of Thuja 1M followed 10 days later by Virionum boosts up. His general health is very good, and he is still active 9 mths down the line.*)

Actually the indication of Nosode II comes in similar situations. It improves the quality of life and checks relapses.

#### **FEW MORE CASES: CASE 2:**

Mrs N S, 27 yr old, HIV, tested during the prolonged illness of her husband. Her 4 1/2 yr old daughter also suffering from the same. She was fearless about her own health but was very anxious about the health of her husband and daughter. She herself had no symptoms.

She was from a rich family, hyperactive and happy-go-lucky type with pleasant personality and decent behaviour. Her husband was bed-ridden. Husband's & daughter's CD4 (immunity marker) count was low. But her profile was normal, but she was positive to the HIV-I antibody, to which her husband and daughter



were also affected.

There was a family history of cancer & diabetes. She came to us after reading news about homoeopathic vaccines, published in some daily newspapers of Mumbai.

Her husband was on anti-retroviral without much improvement & was bed ridden. The girl's condition was more complicated & was not on anti-retroviral because of very low immunity marker cells. The paediatrician concerned was hesitant to give it to her & wanted to decide the doses after consulting other experts.

6.1.01: *Carcinosin* 200, single dose: **Rubrics:** Anxiety without fear; Hyperactive & sympathetic, committed to a good cause. Pleasant personality with decent behaviour; History of cancer & diabetes in the family. **FOLLOW UP:** Encouraging. She developed hope against no hope. She brought her husband for his treatment as well..

In this case *Carcinosin* was repeated fortnightly in 200 and then 1M. She reported last 8.12.01: health maintained, normal serologically as well. *Apis* & *Phosphorus* were indicated as per symptoms during periodical acute illnesses. *Nosode* 1, after every menstruation cycle for toning up her system: indications- Positive to specific antigen gp 120; Immunity Markers were within range. Today- No Fear. No Anxiety. Weight maintained

### CASE 3:

Baby M S, 4 1/2 yr. F, (now 5 1/2 , 18.6 kg) weight as 14 kg, on 6.1.2001. She was suffering form extensive skin lesions in form of dermatitis, ulcers and boils, almost all over her body, more dense on arms, forearms, thighs & legs. She used to itch till they bleed. The skin was dry with bloody oozing ulcers. Tongue smooth & glossy due to multiple Kaposi's sarcoma. Also marks of infected candidiasis and thrush in her mouth.

**Other complaints:** running nose of thick yellow discharge. CD4 & CD8 were low. Total lymphocytes and infected lymphocytes were also out of range. She was positive with HIV-I; DNA and PCR detected; viral load- 59,000.

By nature she was bashful, timid, but intelligent, hyperactive & loves for music and the love for nature, with artistic sense. She was very sad at that time.

History revealed that when 3 months old, she was very hairy with skin pustules and dry eczema, possibly after some drug, or vaccine? There was history of too many vaccines. Chickenpox vaccine also given. History of diabetes on paternal side as well.

'*Bacillium*' 200, single dose was the first prescription on following points: Chronic cold with rattling and weak chest, with thick yellow nasal discharge along with chronic skin infection which also indicates that Tubercular miasm is in the background. *Phosphorus* followed as second prescription, 3 doses of 30. Followed by *Nosode*-1 in molecular and repeated doses. On 18.1.2001, child developed swelling left parotid gland and fever. Gland was painful and sensitive. No medicine, considered as good sign, since child was otherwise OK. Only Vit 'C' in physical doses advised.

23.1.01- *Sulphur* 200; single dose, as intercurrent, also Thuja, as miasmatic. Repeated by *Carcinosin* in vaccine form (*Nosode* 1) and then in known dilutions as the child improved to normal and more active. *Calcarea*, *Lyc* were indicated as clinical remedies as per symptoms during periodic illnesses of gastro intestinal reflex. There was history of Hep- B vaccine too. Hep-B vaccine spoils the digestive system of young children. *Lyc* usually helps in this situation.

Finally *Syphilinum* as intercurrent further helped the child in stopping the recurrent throat problems in form of pharyngitis and tonsillitis. This is how the TB (psuedosyphilitic miasmatic) eliminates out from the system.

On 19.6.01- viral load markedly reduced to 777, and the immunity markers came within the range. She did not receive any anti-retroviral drugs during any phase of her illness. Till today 18.12.01- she is fine, no relapse.

### CASE 4:

Mr P S, 34 yr, father of the child, used to suffer with



recurrent asthma, and respiratory infections. During one such complication he was hospitalized. Finally diagnosed as pneumocystis carinii pneumonia & declared as full-blown AIDS. Treated with anti-retroviral medicines, and as his condition stabilized, shifted from hospital to home. His immune system was totally shattered and out of range. But the viral load, although out of range, but was not very high. Since he was on anti-retroviral therapy, he was very weak and bed ridden. The patient was brought to us on 9.1.01. History revealed he had herpes 7-8 yr. back, after failing in his affair. He wanted to marry his childhood friend, who was elder to him and out caste. Strong opposition came from the parents and he was forced to marry another girl who is his wife now. While describing his first affair, he giggled. His weight was 76 kg, because of extra fat, (considered as the side effect of anti-retroviral drugs). There was no history of exposure, or blood transfusion, or any other contact. His appetite was good but had constipation. He was also a happy-go-lucky type but became timid and frightened after his prolonged illness. His viral load was 2590 & CD4 was 150. He had no other complaints, except profound weakness.

The first prescription was *Apis* 1M/single dose, supported with *Nosode-I*. Interpreted as- Ailments due to high grade psychological trauma, (induced by strong opposition of parents to marry of his choice). These helped, his weakness vanished, CD4 count improved. Surprisingly viral load was also up. But his stamina & strength revived. He stopped taking anti-retroviral drugs. Old symptoms revived- *Calcarea-carb* 200, one dose as constitutional, dated 27.2.01, did not help. He was frightened as if AIDS is coming back, parent's negative attitude further aggravated the situation. His earlier doctor has also created a scene. He argued with the director of the Ranbaxy Lab. How CD4 will become normal, in spite of high viral count?

The answer: *Nosode I* raises CD4 marker, without interfering with the virus! But the patient was in dilemma. He got frightened and anxiety developed whether to

start anti-retroviral drugs again, was a big question? *Opium* 1M and *Virionum* 200/single dose were given accordingly. (*Virionum* in high dilution clears the phobia of disease in healthy individual).

*Opium* was selected on the rubric: "fear of extravagance" (Kent): Whether to take allopathic drugs, if take weakness come, if not, virus will go up!

Homoeopathic interpretation to this: As the PCR, DNA viruses of the cell goes down, the stamina improves. But the level of virus in the serum and the antibody level will go up. Here, patients become P24 positive again. (In full blown AIDS cases, usually P24 are always negative). In this stage, although the stamina of the patient increases, the anxiety and the fear about the disease revived because of the phobia and psychosis. *Virionum* in high dilution helps this state. Physically the patient improves but mentally becomes negative, because of the anxiety and phobia of the virus.

Today almost after a year the patient is in absolute fit condition. His viral load and CD4, both are within range, and the patient has no physical and mental distress. A full blown AIDS patient revived back to normal in every respect. Actually anti-retroviral therapy of AIDS is like chemotherapy in cancer. In which more and more cell became weak and disintegrate, the effect of which is tremendous weakness.

These Nosodes have shown their wide range of therapeutic applicability. The conditions which were difficult to treat by all stand points, responded to these Nosodes, such as: Brain tumours; like Venous angioma, Epindymoma, Glioma, Liver tumours like Hepatoblastoma, Hepatitis C or B, Teratoma, or Renal cysts. Rheumatoid Arthritis, or Scrofula-Derma. Cavernous-Haemangioma, Lupus-Verrucosa, Cholloid Millium or Bilateral Chalazion. Palmoplantar Psoriasis, or Infectious Eczematoid Dermatitis. White Matter Disease, or AIDS. All have been treated gently and permanently through these Nosodes on law of Similars. We have documented evidences. The method is simple



and cheap. *Nosode I* increases immunity marker cells, while *Nosode II* reduces viral load.

**INDICATIONS:** As prophylactic *Nosode-I* for removal of ill effects of conventional vaccines, and for treating advance stage of cancers.

*Nosode-II*, for treating initial stages of cancer, or full blown AIDS.

*Nosode-I*: Higher potencies for anxious but healthy individuals, below 30 yr.

*Nosode-II*: Higher potencies for anxious but healthy individuals, above age group of 30.

*Nosode-I*: for anxiety of cancer in age group below sixty.

*Nosode-II*, for anxiety of cancer in age group above sixty.

*Nosode-I*: For new born and younger children to increase their immunity against allergic conditions and worms.

*Nosode-II*: For AIDS anxiety for those healthy youth

who keep on testing for HIV.

*Nosode-I*: Builds resistance in younger age group, against Diabetes, Cancer and HIV.

*Nosode-II*: Builds resistance, in cases of resistant TB and Herpes.

**CONTRA-INDICATIONS** The contraindications are certain condition where careful selection is needed, such as *nosode-I* in HIV-II positive individuals and above the age of 60. While *Nosode-II* in HIV-I positive individuals, infants and younger children below the age of 15 years.

*EDITORIAL COMMENTS: Dr Baig has taken great pains to put this down in such a clear language for us to follow. This is a great effort and I compliment him. Though I have written the forward to his book, I have no personal experience of this method. But, the only way to find out is to try the method and report the failures, as Hahnemann advised. So let us do so.*



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