

Vaccine Damage – Prevention and Treatment with Homoeopathy

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Abstract: Dr. Golden details by citing various articles and studies many of the long-term adverse health effects of vaccination; he then contrasts the incidence of these with those of homeoprophylaxis. Lastly, an isopathic treatment protocol consisting of a series of vaccine isodes – 30C, 200C, 1M and 10M – for vaccine damage is described.

Keywords: vaccine damage; vaccination, conventional vs. homeoprophylaxis; vaccine damage, isopathic treatment protocol



Introduction

Homœopathic immunization (or homœoprophylaxis (HP)) and vaccination were developed around the same time. Jenner introduced smallpox vaccination into England in 1796, and Hahnemann first used Belladonna to prevent scarlet fever in the late 1790's, and first published his findings in 1801. (1)

Hahnemann wrote positively about Jenner's work,(2) but it wasn't long before homœopaths found that smallpox vaccination produced both short and long-term adverse reactions in patients. Bœnninghausen spoke of "the great diffusion given to the miasma through vaccination" in his essay *Anamnesis of Sycosis* in the mid 1800's.(3)

By the time that Compton Burnett published his famous little work *Vaccinosis – and its Cure by Thuja* in 1884, homœopaths knew that vaccination was potentially dangerous. One unintended consequence of Burnett's work is that it influenced recent generations of homœopaths to believe that Thuja was an effective antidote against all vaccines, when, in fact, it is only useful against smallpox vaccination (which ceased many years ago), or for those few patients whose constitutional remedy is similar to Thuja.

Our profession needs to be clear about the evidence relating to vaccine damage, and how to both prevent and treat it. The purpose of this paper is to attempt to summarize the available evidence and draw practical and appropriate conclusions to assist practitioners.

Vaccine Damage

Orthodox health journals report details of many adverse events arising from vaccination, as do the handbooks produced by Health Departments in most developed countries. Yet the same authors claim that the procedure is basically safe and certainly much less dangerous than the possible adverse effects of the diseases which the vaccines are aimed to prevent, thus making the procedure acceptable.

Their claims concerning relative safety, however, are unscientific for one very simple reason: the orthodox community has undertaken practically no research on the long-term impact of vaccination on the total well-being of recipients, thus making impossible a "scientific" comparison between the risk of diseases and the risk of vaccination. One exception is the research by Dr. Michel Odent, and it was arrived at by accident.

In 1994, Dr. Odent reported the results of his study of the effects of breastfeeding on the long-term well-being of children. He expected to find that the fully breastfed children in his study would be generally more healthy than the non-breastfed children. He used the incidence of asthma, eczema, ear/hearing problems, and hospitalization experience to indicate general wellness. To his surprise he found that within the breastfed group there was a relatively healthy group and a relatively unhealthy group. Odent determined that the factor separating these two groups of breastfed children was vaccina-

tion. His data showed that children who received the pertussis vaccine were 5.43 times more likely to develop asthma in later years, over twice as likely to have ear infections, and significantly more likely to spend longer periods in hospital than those who had not received the vaccine. (4)

Other articles have indirectly supported Odent's hypothesis regarding a link between asthma and DPT vaccination. For example, Kemp and colleagues studied 1,265 children in Christchurch, New Zealand, born in 1977. The 23 who were not vaccinated against DPT and Polio had no recorded asthma or other allergic illnesses before the age of 10. In the immunized children, 23.1% had asthma, 22.5% had asthma consultations, and 30.0% had consultations for other allergic illnesses. Similar differences were observed at ages 5 and 16 years. (5)

I extended Odent's work in my recent doctoral studies. (6) I examined four groups of children aged between 4 and 12 years of age, including vaccinated children, those who used HP, those who used general/constitutional prevention, and those who used no method of immunization. To measure overall well-being, I examined the incidence of asthma, eczema, ear/hearing problems, allergies and behavioural problems. I also tested whether the conditions were diagnosed by a general practitioner (GP) or not. The resulting 40 possible outcomes were compared using odd ratios and Chi Squared probability tests. The results for the vaccinated and HP groups are shown in Table 1. (7)

hood of the results being coincidental. So $P = 0.05$ represents a 95% level of confidence in the results.

For all conditions where the results were statistically significant, vaccination was associated with an increased incidence of the condition, and HP with a reduced incidence of the condition. The figures showed that vaccinated children are 15 times more likely to have asthma than children using HP, and 7 times more likely to have skin problems. They are likely to have higher levels of ear/hearing problems, allergies and behavioural problems, but the latter comparisons were not all statistically significant. Vaccinated children were also significantly less healthy than both the general/constitutional group and the group that used no method of immunization.

Another way to assess possible long-term vaccine damage is to come at the problem backwards; i.e., tabulate the health conditions suspected to be caused by vaccination which have responded to specific vaccine-damage treatment. For example, if a patient whose asthma is suspected as being triggered by the DPT vaccine is given a potency of the vaccine and the asthma improves for no other apparent reason, then we can conclude with a high level of confidence that the DPT vaccine caused the asthma.

Pioneering work in this area has also been reported by Dr. Tinus Smits. (8) Working independently, we have come to remarkably similar conclusions regarding the probable long-term health effects of

Table 1: Comparative Safety of Vaccination and Homœoprophylaxis

Condition	Measurement	All Diagnoses		GP Diagnoses	
		HP only	Vaccination only	HP only	Vaccination only
Asthma	Odds Ratio	0.117	1.75	0.124	1.89
	Chi Test P	0.0004	0.0025	0.0006	0.0007
Eczema	Odds Ratio	0.382	1.315	0.239	1.76
	Chi Test P	0.0146	0.121	0.0097	0.006
Ear/Hearing	Odds Ratio	0.917	1.149	0.703	1.517
	Chi Test P	0.792	0.459	0.364	0.04
Allergies	Odds Ratio	0.550	1.220	0.307	1.518
	Chi Test P	0.074	0.239	0.038	0.061
Behavior	Odds Ratio	0.446	0.869	0.541	0.784
	Chi Test P	0.170	0.593	0.055	0.613

The figures in bold type are statistically significant ($P < 0.05$). An Odds Ratio > 1 indicates a positive association between the condition and the immunization option. If the Odds ratio is < 1 , the immunization method is associated with a reduced incidence of the condition. The P reading indicates the likeli-

vaccination based on our results from treating vaccine damaged children over 20 years. Table 2 summarizes a comparison of some of our results for 52 children (26 each) with 100 presenting conditions.

Asthma and respiratory conditions were significant, as were skin problems. Conditions relating to

	Golden		Smits		Total	
	#	%	#	%	#	%
Behavioral problems; Speech/learning problems; Autism; Epilepsy; Tourette's syndrome; Listlessness; Sleep disturbance	16	32.7%	17	33.3%	33	33.0%
Upper respiratory tract problems; Ears/hearing problems; Asthma; Lower respiratory tract problems	20	40.8%	18	35.3%	38	38.0%
Skin problems	6	12.2%	8	15.7%	14	14.0%
Allergies	2	4.1%	1	2.0%	3	3.0%
Gastrointestinal problems	2	4.1%	7	13.7%	9	9.0%
Raynaud's; Arthritis; Migraines	3	6.1%	0	0.0%	3	3.0%
TOTALS	49	100.0%	51	100.0%	100	100.0%

Table 2: Conditions Responding to Treatment for Vaccine Damage

mental/emotional/nervous system problems were also very significant. This is consistent with the work by Odent, Kemp and myself reported above.

Much more research needs to be undertaken into the possible long-term general health effects of vaccination. It is no credit to orthodox authorities that such work has not been done. The fact that we are looking at conditions that may slowly develop for years after the vaccine has been given, before being diagnosed, means that the task is difficult but not impossible. The research cited above shows that there is evidence of long-term vaccine damage that is presently not acknowledged. This evidence shows that drawing conclusions based only on comparisons of short-term vaccine reactions and possible disease effects is ignoring probably the largest negative impact of vaccination – the progressive long-term weakening of the overall well-being of the recipient.

Prevention of Vaccine Damage

There is only one certain way to prevent vaccine damage – don't be vaccinated!

Some homœopaths recommend a variety of procedures prior to vaccination to minimize the likelihood of vaccine damage, including:

- (i) Taking potencies of the relevant vaccines before vaccination
- (ii) Taking the nosodes of the relevant diseases before vaccination
- (iii) Taking Thuja (or other anti-vaccination remedies) in high potency before vaccination

(iv) Obtaining constitutional treatment before vaccination

I would certainly support the constitutional option as being worthwhile at any time. The more energetically stronger a person is before receiving a toxic shock to the system, which is what vaccination is, the more likely he is to survive unharmed; i.e., the stronger the vital force, the greater the chance of it correcting imbalances caused by the vaccine.

However, it is my experience that nothing can guarantee the prevention of vaccine damage. Neither can my usual suggestion provide such a guarantee. I recommend taking relatively (to the age) high doses of Vitamin C for a week before and a week after vaccination. This will assist the recipient to deal with the physical shock of the procedure, although not necessarily the energetic disturbance. I adopted this option some eighteen years ago after studying the experience of two Australian pioneers in the area of vaccine damage, Dr. Archie Kalokerinos and the late Dr. Glenn Detmann.⁽⁹⁾

I refer again to the work by Dr. Smits, who routinely supports option (i) above to minimize the likelihood of vaccine damage. He gives a dose of the intended vaccine in 200C potency, two days before the vaccine and again on the same day the vaccine is given. He then gives the remedy a month later in 30C, 200C, M and 10M potencies over some weeks.

Dr. Smits recommends the following for those who intend vaccinating their child:

- a. Delay giving vaccines until the child is older, ten to twelve months. (Two months is far too

- young.)
- b. Don't give multiple vaccines at one time (one vaccine only).
 - c. Don't give vaccines so close to each other (two months apart is too frequent).
 - d. Don't give vaccines for as many diseases (cover only potentially serious diseases).
 - e. Don't give the next vaccines until a child has recovered from the previous vaccines.
 - f. Treat any immediate vaccine damage.(10)
 - g. Never vaccinate a child that is ill or not fully recovered from an acute disease.

As comprehensive as these recommendations are, the most common form of vaccine damage is long-term damage which may not manifest for months and often years following the vaccine. So the fact that a patient has been vaccinated with no obvious immediate complications is not a sufficient guide to the success of the method being recommended.

As stated earlier, nothing at all can give a complete guarantee of preventing vaccine damage, except not vaccinating. The methods described above may help to a lesser or greater degree, but none can provide certainty.

This fact highlights the potential value of homœoprophylaxis (homœopathic immunization) in the public health debate. With HP, parents can obtain a significant level of protection against diseases that concern them (around 90% - comparable to vaccine effectiveness), without any risk of toxic damage. My latest research has also demonstrated that appropriate HP does not cause any long-term energetic/constitutional damage.(11)

Treatment of Vaccine Damage

I have already mentioned the treatment of vaccine damage by myself and by Dr. Smits. We differ in that he adopts a repeatable protocol, whereas I tend to vary my decisions based on the presenting history of each patient.

I highly recommend that practitioners interested in the homeopathic treatment of vaccine damage study the advice given, as well as the cases on Dr. Smits' website. He used to give 4 doses over four days, but has changed this, preferring to use ascending potencies of the suspect vaccine (30C, 200C, M, 10M) over 2 to 4 weeks, repeated if required, but also spread further apart if indicated by the patient's individual susceptibility.(12)

My approach is generally more conservative. I usually begin with a single dose of the suspect vaccine in a 200C potency and observe for one or two weeks. This ensures that healing reactions in any highly sensitive or unstable patients will be minimized, and certainly will be able to be recognized before any further doses are given. If the vaccine

was given many years before (remembering that many adult patients are still damaged from vaccines given maybe more than thirty years earlier) and the patient appears reasonably robust, I may begin with a single dose of an M or a 10M potency, once again observing for a few weeks before making a decision as to remedy repetition or an increase in potency. I will then slowly increase the potencies of the vaccine for as long as results are obtained. I have not infrequently given 100M and MM potencies.

In some cases the vaccine potency alone gives remarkable results; however, I always prefer to combine this treatment with constitutional treatment if the patient agrees (some are happy with initial results and don't follow up over time). I believe this gives the patient the best possibility of restoring his health to the highest possible level.

It is also possible to treat the etiological "layer" caused by vaccination with remedies other than vaccine potencies. Kent listed 9 remedies in his repertory under the rubric "Vaccination," and the van Zandvoort's RUV now lists 51. I repeat again, Thuja is usually not the appropriate remedy to treat vaccine damage; it is just one of many "similars."

Readers can see that a variety of approaches are possible. This shows that we have tremendous flexibility within the Law of Similars. The use of vaccine potencies to treat vaccine damage is a practical use of the etiological similitimum, one of four possible similitimums within the Law of Similars.(13) Differences don't mean that one practitioner is correct and the other incorrect, but that a variety of treatments are possible, especially if we carefully respond to the reactions and subsequent symptom changes of our patients.

Conclusions

Vaccination is an established part of orthodox medicine. It is promoted vigorously and accepted, usually without question, by most orthodox practitioners. However the "science" behind vaccination is incomplete. In particular, there has been practically no research on the impact of vaccines on the long-term general well-being of recipients. We know that immediate mild reactions are common, but that very few people with reasonably strong immune systems die or are permanently brain damaged from vaccination. However we do not know what percentage of recipients are chronically damaged because comprehensive long-term studies have not been undertaken.

Most orthodox practitioners assume that if a child is not immediately affected by a vaccine, but develops chronic diseases such as asthma, autoimmune disorders, autism, etc. later in life, that the vaccine cannot be the cause. They are incorrect,

as the research reported above indicates. We need much more research, but it is not in the interests of the vaccine manufacturers to fund such studies, so nationwide studies are unlikely to happen without political intervention.

Therefore it is up to individual parents to make their own informed decisions, and it is up to practitioners to be able to assist them with what is often the most difficult decision the parents will ever make concerning their child's health. Whether they decide to vaccinate, or use homœoprophylaxis, or use general/constitutional prevention, homœopaths have valuable tools to help parents.

Working within the Law of Similars, we can offer parents a safe and comparably effective immunization option to vaccination. We can help them lessen potential damage if they decide to vaccinate. We can provide treatment if their child is vaccinated and damaged. We can assist with constitutional treatment to promote the overall health of their child. We can treat the parents themselves if they are carrying vaccine damage from their own childhood.

Vaccine damage is a real and constantly present problem in all highly vaccinated communities. It is under-reported and its significance is not accepted within the orthodox health system, and even by many CAM practitioners. Homœopathy, as usual, has much to offer.

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