Homeopathic Prevention & Treatment of Epidemics & Pandemics

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American Association of Naturopathic Physicians
August of 2019, Portland, Oregon
Yemen's starving now face world's worst cholera outbreak
Cholera, a Horrific Present-Day Epidemic

- **Cholera** killed 1.1 million people in Yemen in just 2017 alone.

- **How BIG is 1.1 million?** That’s approximately the population of the following cities in WA: Seattle(725K), Bellevue(144K), Renton(101K), kirkland(88K), & Redmond(64K)

- 1.1m in one year = 3090 people PER DAY! (Note: Malaria also kills 3000 children/day.)

- The national average public school student size is approximately 525 students (2018-19). So, **1.1 million in one year = 3090/day = number of Kids in 6 U.S. public schools/day.**
Why should we discuss epidemics and why should we prepare ourselves for them?

• Epidemics are on the rise, and they will be one of the main challenges we will face as a species increasingly over the next few years and in the future.

• The biggest killers in history have been epidemic diseases. And, that is why we should prepare ourselves for them.
What are epidemic & pandemic diseases?

• **Endemic:** Regularly found among particular people or in a certain area, and it goes on through generations. Example:
  • Cholera has been endemic in India for 2000 years.
  • Plague is endemic in the Western U.S., South America, Asia and Africa.

• **Epidemic:** Much more acute than endemic. A widespread occurrence of an infectious disease in a community at a particular time.

• **Pandemic:** Prevalent over a whole country or the world.
What sort of epidemics are we referring to here? True epidemics are acute infectious diseases.

- True epidemics are acute infectious diseases which are usually febrile and are characterized by a prodrome, a crisis and then:
  
  1) A rapid decline which can lead to death or
  2) Recovery.
Malaria is estimated to have killed more people on Earth than any other disease in history. Malaria kills one child every 30 seconds, about 3000 children every day.
Biggest killers in history are epidemic diseases:

<table>
<thead>
<tr>
<th>Disease</th>
<th>ESTIMATED total killed in the world ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>36 million (in ~ 30 years)</td>
</tr>
<tr>
<td>Cholera</td>
<td>40 million (21,000 to 143,000 deaths worldwide/yr)</td>
</tr>
<tr>
<td>Influenza</td>
<td>50 million total (Spanish flu at least 20 m)</td>
</tr>
<tr>
<td>Plague (many episodes: Plague of Justinian: 100 million + Black plague: 50 million, modern plague: 10 million...)</td>
<td>240 million</td>
</tr>
<tr>
<td>Smallpox</td>
<td>500 million (In early 1950s an estimated 50 million/yr)</td>
</tr>
<tr>
<td>TB</td>
<td>1 billion over the past two centuries (killing between 1.5 - 2 million people a year)</td>
</tr>
<tr>
<td>Malaria (Nearly half a billion get it each year, and more than a million die.)</td>
<td>50 billion?? A completely speculative figure from the book &quot;The Fever: How Malaria Has Ruled Humankind for 500,000 Years&quot;</td>
</tr>
</tbody>
</table>

**TB**: The WHO estimates that approximately 1/3 OF THE WORLD’S POPULATION is infected with TB, with less than half of all TB cases ever diagnosed. We have **MDR** (multiple drug-resistant tuberculosis) and **XDR** (which is extreme drug-resistant TB) which doesn’t respond to anything at all and is extremely aggressive.

**MALARIA**: ½ of the world is exposed to it. Malaria kills one child every 30 seconds, about 3000 children every day. As of recently, there is a highly resistant form of malaria spreading rapidly in SE Asia.

The stats above come from the article: https://businesstech.co.za/news/general/71652/the-biggest-killer-diseases-in-history/
Epidemics have varying speeds

• Some epidemics such as smallpox spread quickly, and some such as HIV/AIDS more slowly:

  • HIV/AIDS has killed 40 million in NEARLY 30 YEARS now versus

  • Smallpox in the early 1950s killed an estimated 50 million PER YEAR, a total of 500 million killed!

  • We should be concerned about uprising epidemics that may be as deadly and fast-moving as smallpox!
**Important Terminology**

- **Genus Epidemicus (GE)** is a word coined by Dr. Hahnemann which denotes the homeopathic remedy that is similar to the totality of symptoms found in the majority of patients suffering in an epidemic disease and which, if given to the patients before the onset of the disease, prevents the epidemic disease or when given during the disease cures the patient.*

- **Nosodes** are remedies prepared from pathogens and/or human discharges produced in response to those pathogens.

- **Homeoprophylaxis (HP):** Usually involves the use of a nosode for preventing epidemics. We can also use a homeopathic remedy versus a nosode for HP.

* Dr. Narayan Mathur’s statement from Dr. Perko’s book *The Homeopathic Treatment of Influenza*
Topics covered in this presentation:

• How epidemics are on the rise.
• Why epidemics are on the rise.
• How conventional medical approaches by themselves (including drugs and vaccination) are NOT going to be sufficiently meeting the needs of our species.
• How we need an alternative solution.
• How we need a solution (namely homeopathy) that has passed the test of time, a solid solution that we can count on with a high degree of reliability during the present & upcoming epidemics.
• Evidence on the effectiveness of homeopathic remedies for various past AND present epidemic diseases.
Topics covered, continued:

• How homeopathy is being used by many governments and nations across the planet, and how this trend is rising.

• Highlights of case-taking & dosing during epidemics.

• The main 3 approaches to homeopathic prescribing during epidemics, for prevention AND treatment (1: Genus epidemicus, 2: The indicated remedy based on clinical rubrics, & 3: Homeoprophylaxis/Nosode).

• Why it’s important for us as a community to have a Pandemic Response Plan.

• Various helpful homeopathic and non-homeopathic websites and other important resources.
Sources for this Presentation

• The CD series and book by Dr. Robin Murphy, ND, titled “Epidemics & Homeopathy” (Available through Lotus Health Institute)
• Various materia medicas & repertories (Kent’s, Dr. Murphy’s, etc.)
• A number of books on homeopathy for epidemics such as “The World Traveller’s Manual of Homeopathy” by Dr. Collin Lessell, as well as
• Numerous journal articles  (See references in the back of presentation.)
• Websites of various homeopathic associations and practitioners
• Jeremy Sherr’s on-going online course on epidemics:
  • https://tqfs.official.academy/?aaid=gYWrL#!jeremys-blueprint-for-managing-epidemics-and-the-genus-epidemicus-of-aids/1/zAgRE/
• WHO’s website and CDC’s website
• Google, Pubmed, and Cochrane database
The main two sources for this presentation.
Epidemics are on the rise...
WHO declared 4 global health emergencies in 10 years

• 2009 - *swine flu* declaration
• 2014 - *polio* declaration, and again in 2014,
• 2014 - *Ebola* declaration
• 2016 - *Zika* virus declaration

• 2019 – *Ebola*: On July 17, 2019, WHO declared that the Democratic Republic of Congo's Ebola outbreak is a public health emergency of international concern.

* Jeremy Sherr’s online course on epidemics
WHO: Before 1970, only 9 countries had experienced severe dengue epidemics. Today, the disease is endemic in more than 100 countries. There is a concern for the potential northern spread of the mosquito vector. And, mosquitoes are the vector for dengue among many other epidemic diseases.
Epidemics are on the rise, just a few examples...
And conventional treatments are proving less & less effective

- **Malaria** is on the rise, & *highly resistant malaria spreading rapidly in SE Asia.*
- **TB** is on the rise, and we have **MDR** (multiple drug-resistant tuberculosis) which doesn't respond well to the conventional drugs, and **XDR** (extreme drug-resistant tuberculosis) which doesn't respond to anything at all and is extremely aggressive.
- **Dengue:** WHO: The worldwide incidence of *dengue* has risen 30-fold in the past 30 years. Mayo: *No specific treatment* for dengue fever exists.
- **Tickborne diseases:** CDC: Over the past 2 decades, 7 new *tickborne germs* in the U.S. They are difficult to tx.
- **Candida auris:** CDC: “*Candida auris* is an emerging fungus that presents a serious global health threat.” It is often *multidrug-resistant*, and it has 50% mortality rate.
- **Typhoid Fever:** *Salmonella* (causing Typhoid Fever) is now resistant to last resort antibiotic called Colistin.
WHO on Antibiotics Resistance

• WHO: “Antibiotic resistance is one of the biggest threats to global health today.

• A growing number of infections (such as pneumonia, TB, gonorrhea, and salmonellosis) are becoming harder to treat as the antibiotics used to treat them have become less effective.”

• Dr. Margaret Chan of the WHO has recently stated that Earth may be approaching a time “when things as common as strep throat or a child’s scratched knee could once again kill."
Integrative Medicine Specialists Offer a Solution...

- A Letter From Concerned Physicians on Antibiotic Resistance: This letter can be found at the link below.
  - The signatories are mostly MDs and many NDs & DOs.
- A quote from this letter:
  - “Solutions to this looming crisis must be found and found quickly. As some of America’s leading integrative medicine specialists, we believe it is time to look anew at a modality called homeopathic medicine.”
Why are epidemics on the rise?  

Part 1

• Hahnemann: Epidemics occur due to climatic and telluric influences.

• Dr. Robin Murphy: "You can MAP an epidemic, it spreads like a storm, it comes & leaves, not explainable by travel, commerce or human to human infection; and 100 years later it comes back, follows the same course, and it leaves. It has a life of its own. They can’t explain it... It has a movement, it moves like an organism... War, famine & pestilence usually come together, often follow each other in some combination. They call them “VISITATIONS”. They visit and leave, and there is no reason why they should have left. They can’t explain it.”

• Jeremy Sherr: “Epidemics are very cyclical and they tend to come every 80, 100, 200, 500 years. The main causes for the rise in epidemics include:

  • Global travel, urbanization, and overpopulation

  • Zoonosis (diseases that can be passed from animals to humans) are on the rise.

  • Resistance to drugs – already covered in earlier slide
Why are epidemics on the rise?  Part 2

• **Global warming:** As the planet warms up, a lot of pathogens begin spreading. Epidemics that were never common in the Northern Hemisphere, now as the warming happens, they become much more common (with mosquitoes traveling northbound). Global warming can result in extreme events, changes in weather, storms, floods, tsunamis, and hurricanes. These lead to contamination of foods and water. It is very often the case that nearly always epidemics come in the wake of those. (Ex: cholera after the earthquake in Haiti)*

* Extracted from Jeremy Sherr’s online course on epidemics
WHO: Mosquitoes, one of the deadliest animals in the world.
Mosquitoes (VECTORS for epidemics) cause millions of deaths every year...Concern for northern spread due to global warming

• WHO: “Mosquitoes are one of the deadliest animals in the world. Zika, dengue, chikungunya, and yellow fever are all transmitted to humans by the *Aedes aegypti* mosquito. More than 1/2 of the world’s population live in areas where this mosquito species is present.”

• Note: Insects can be vectors for VIRUSES (yellow fever and dengue fever), BACTERIA (plague), and PARASITES (African trypanosomiasis & Leishmaniasis)

• WHO: There is a concern for the potential northern spread of the mosquito vector (due to climate change).
Why are epidemics on the rise?  Part 3  
Wars and epidemics appear to go together...

• **War**: “Wars and epidemics always go together. This is well-documented throughout history.”*

  **EXAMPLES:**

  1) The epidemic of WW1 - **Spanish Flu Pandemic of 1918**.

  2) WHO experts say violence is preventing end of **Ebola** outbreak.

  3) Yemen: The war in Yemen over the last few years has resulted in poor sanitary conditions, causing a horrific **cholera** epidemic killing 1.1 million people in Yemen in just 2017 alone.

* Extracted from Jeremy Sherr’s online course on epidemics
Vaccines blocked as deadly cholera raged in Yemen

Associated Press
WHO Report on Global Surveillance of Epidemic-Prone Infectious Dzs:

- This report concentrates on **9 infectious epidemic diseases that are either new or volatile or pose an important public health threat**. All have high epidemic potential and most are increasing in incidence.

- **Note:** **4 viral, 3 bacterial, & 2 parasitic.** Note: Route of transmission is in parenthesis.

- **Yellow fever:** VIRAL (vector - insects)
- **Plague:** BACTERIA (vector - insects)
- **Cholera:** BACTERIA (contaminated food and water)
- **Meningococcal disease:** BACTERIA (airborne)
- **Dengue fever and dengue hemorrhagic fever:** VIRAL (vector - insects)
- **Influenza:** VIRAL (airborne) – Flu scares the director of National Institute of Allergy & Infectious Diseases (NIAID) the most!
- **African trypanosomiasis (African Sleeping Sickness):** PARASITIC (vector - insects)
- **HIV/AIDS:** VIRAL (primarily sexual contact)
- **Leishmaniasis** (vector - insects) & **leishmania/HIV co-infection**” (contaminated blood/needles or blood products): PARASITIC

- **Note:** **Malaria, TB, ebola, Nipah virus, & Candida auris (FUNGAL) are not on this list, not yet!**
- “**Now it is recognized that viral diseases form the bulk of epidemic diseases.**” Dr. Mathur’s statement from Dr. Perko’s Flu book
Epidemic infectious diseases may be tough to DX! MisDX ➔ High mortality ➔ Need for Alternative

- Many epidemics involve broad common symptoms (such as fever, achiness, h/a, and fatigue) which make them difficult to dx.

- Lab difficulties (applicable to Leptospirosis, for example):
  - The culture is slow to grow
  - Antibody detection may not be a direct predictor of infection
  - Detection of bacterial DNA in blood samples by PCR is not widely available

- Misdiagnosis is more likely with OVERLAPPING dzs with similar clinical presentations. Ex: Dengue and Leptospirosis in tropics.

- Misdiagnosis can lead to incorrect selection of medical tx which can lead to high mortality rates.

- Difficulties in DX & TX of an epidemic (w/ or w/o a coinfection) ➔ a dire need for effective alternative methods of prevention and treatment.
Vaccine theory is similar to homeopathy, but during epidemics vaccines have limitations

• Impractical to vaccinate ourselves against hundreds or thousands of potentially pathogenic bugs, with their mutating new strains coming out.

• What about if there are multiple epidemics going on at same time, multiple vaccines at same time? This practice might increase possibility of vaccine-related adverse effects.

• Not enough $$$ funding: According to a recent study by Duke university, there is no funding for vaccines for a few of our biggest killers presently, including TB, HIV or malaria.

• There are no vaccines available for some of the newly emerging diseases. Ex: Nipah.

• In emergency situations, we cannot produce, distribute, and administer ENOUGH vaccines for large populations FAST enough even if funds were available.

• Time: Acquiring immunity w/ vaccines can take a few weeks, leaving target populations vulnerable.

• Fear of injections & risk of use of infected needles, immunization of infants and pregnant women, etc.
Why homeopathy? Part 1*

- Basic prescribing is easy to learn. (Giving instructions is easy.)
- Correctly prescribed, they are very safe. (Safe in all age categories.)
- They are suitable for young and old alike.
- They are highly effective. (And, they work immediately.)
- They are easy to administer. They have a long shelf-life.
- They are compact and light. (Therefore easy to transport and distribute.)
- They are inexpensive.
- They are legally transportable across international borders.
- Their nomenclature is standardized world-wide.

* From the book titled “The World Travellers’ Manual of Homeopathy” by Dr. Colin B. Lessell
Why homeopathy? Part 2*

• You can take remedies even if on pharmaceutical medications without fear of interactions.

• Since remedies aim to boost the immune system, genetic mutation will NOT be a deterrent in finding a correct homeopathic solution.

• Unidentified cause- In case of epidemics where the organism is not found, homoeopathy can still offer preventive measures as it relies on the S/S (signs and symptoms) characteristic of the disease NOT on the identification of organism per se.

HOMEOPATHY – HISTORICAL EVIDENCE
Homeopathy has historically outshined other therapies during epidemics

• Dr. Todd Hoover, MD: Homeopathic practice during massive epidemics throughout the world has been the gold standard for showing the efficacy of potentized remedies.

• In 1900, Thomas Lindsley Bradford, MD, wrote a book called "The Logic of Figures" in which he collected the statistics he could find that would compare the conventional therapeutics with homeopathic ones.
Dr. Andre Saine’s talk titled “Homeopathy in Times of Epidemics: A Brief Overview”, June 2017, Germany

• “In 2003, I began reviewing the literature on this subject, and I have so far uncovered over 10,000 references of which the first 2,000 have been incorporated into a comprehensive text that is now over two thousand pages.

• Results obtained by homeopathy during epidemics consistently reveal an extremely low mortality rate, regardless of the physician, the time, the place or the type of disease, including the ones with very high mortality rates.”

Dr. Andre Saine’s talk titled “Homeopathy in Times of Epidemics: A Brief Overview”, June 2017, Germany

• “These reports deserve the close attention of academia, governments, and health authorities.
• In homeopathy, we have literature that overflows with all types of case studies, trials, and outcome reports.
• Due to the fact that homeopathic philosophy has NOT changed since its development, results obtained by homeopathy from the past have not lost their value.
• There was no significant iatrogenesis ever reported under homeopathic treatment during epidemics.”
Homeopathy, a highly effective treatment for pneumonia*

Pneumonia is the leading cause of death due to infectious diseases.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Number of Patients</th>
<th>Mortality Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAA (pre-antibiotic allopathy)</td>
<td>148,345</td>
<td>24.3</td>
</tr>
<tr>
<td>Expectancy (not given any treatments of any kind; only cared for with diet and hygiene)</td>
<td>379</td>
<td>21.1</td>
</tr>
<tr>
<td>CCC (current conventional care)</td>
<td>33,148</td>
<td>13.7</td>
</tr>
<tr>
<td>Homeopathy in general</td>
<td>25,208</td>
<td>3.4</td>
</tr>
<tr>
<td>Hahnemannian Homeopathy</td>
<td>960</td>
<td>0.4</td>
</tr>
</tbody>
</table>

The statistics above are limited to community-acquired pneumonia (CAP)

*Refer to: https://homeopathy.ca/debates_2013-03-22_SummaryResponseFromAndreSaine.shtml
Historical Evidence: Spanish Flu
Killed an estimated 20-50 million victims

<table>
<thead>
<tr>
<th>Type of Therapy</th>
<th>Mortality Rate for: Flu</th>
<th>Mortality Rate for: Flu + pneumonia*</th>
<th>Chance of surviving Flu + pneumonia</th>
<th>Chance of pregnant women surviving Flu + Pneumonia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeopathy</td>
<td>0.7%</td>
<td>3.4% or less</td>
<td>148 to 1 (148 surviving to 1 death)</td>
<td>135:1</td>
</tr>
<tr>
<td>No homeopathy</td>
<td>6%</td>
<td>25-30%</td>
<td>16 to 1</td>
<td>2:1</td>
</tr>
</tbody>
</table>

This data was extracted from an article by Dr. Lisa Samet, ND, in a WA Homeopathic Products publication.
## Historical Evidence: Cholera

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Mortality w/ Homeopathy</th>
<th>Mortality w/ Allopathy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1830</td>
<td>Russia</td>
<td>11%</td>
<td>63%</td>
</tr>
<tr>
<td>1830-1832</td>
<td>Vienna, Prague, Hungary, and Moravia</td>
<td>7%</td>
<td>31%</td>
</tr>
<tr>
<td>1836</td>
<td>Vienna</td>
<td>33%</td>
<td>66%</td>
</tr>
<tr>
<td>1848</td>
<td>Edinburgh, Scotland</td>
<td>24%</td>
<td>68%</td>
</tr>
<tr>
<td>1854</td>
<td>London, England</td>
<td>16.4%</td>
<td>59.2%</td>
</tr>
</tbody>
</table>

This data was extracted from an article titled “Lives saved by Homeopathy in Epidemics and Pandemics” by Dr. Nancy Malik and Iman Navab
Historical Evidence: Cholera & Diphtheria

• CHOLERA, more stats:
  "In Australia epidemic of Cholera, the allopathic mortality rate was 66%, and the homeopathic mortality rate was 33%. Dr. Dublin Quarterly Journal reported ‘on an account of this extraordinary result, the law interdicting the practice of Homeopathy in Australia was repealed.’"*

• DIPHTHERIA:
  Diphtheria in NY from 1862-1864,
    • 83.6% mortality rate among the allopaths and
    • 16.4% mortality rate among the homeopaths.

* Article titled “Treatment of Epidemics with Homeopathy- A history” by Julian Winston
Historical Evidence: Scarlet F, Yellow F, & Typhus F

**SCARLET FEVER:**
- Prussian gov’t made the use of Belladonna during scarlet fever epidemics obligatory in 1838.
- (Homeopathic Prophylaxis by Dr. Todd Hoover, MD; JAIH Autumn 2001)

**YELLOW FEVER:**
- “In 1878, mortality rate in New Orleans was 50% under allopathic care, and 5.6% under homeopathic care.

**TYPHUS FEVER:**
- Hahnemann treated 183 cases of typhus, 182 out of 183 survived. One person died, and he was already feeble before he caught typhus. This is one of the first epidemics where homeopathy proved itself.”¹ “This is at a time when conventional treatments were having a mortality rate of over 30%.”²

¹ Article titled “Treatment of Epidemics with Homeopathy- A history” by Julian Winston
² Article “Homeoprophylaxis as a Cure for Fear of Dz” by Kate Birch and Cilla Whatcott
Why do medical historians ignore homeopathic statistics?

• “Despite well-documented and official reports, the results obtained by homeopathy in times of epidemics have been almost completely ignored by medical historians.” (Dr. Andre Saine’s talk titled “Homeopathy in Times of Epidemics: A Brief Overview”, June 2017, Germany)

• Dr. Robin Murphy, ND, also brings this up in his talk on epidemics.

• It could be that, “most would rather not see the ineffectiveness of the conventional therapeutics nor accept the efficacy of homeopathy.” (From the article “Treatment of Epidemics with Homeopathy- A History” by Julian Winston, he is quoting Thomas Bradford, MD, the author of the book “The Logic of Figures”)
PRESENT-DAY EVIDENCE
~6000 PubMed Homeopathic Studies

• In 2017, **Dr. Iris Bell, M.D., Ph.D.**, and her colleagues catalogued over 6000 pieces of homeopathic research including many RCT’s (randomized, double blinded, controlled studies).

• National Center for Homeopathy’s website has a one-page doc on the subject of “Is There Research to Support Homeopathy?”
  • [https://www.homeopathycenter.org/sites/default/files/final_is_there_homeopathic_research.pdf](https://www.homeopathycenter.org/sites/default/files/final_is_there_homeopathic_research.pdf)
Some PubMed placebo-controlled double-blind studies on effectiveness of homeopathy

• 1) Brain trauma  (Journal: J Head Trauma Rehabil)
  Conclusion: This study suggests that homeopathy may have a role in treating persistent MTBI.

• 2) Bone fractures  (Journal: BMC Complementary and Alternative Medicine)

• 3) Post Treatment Impairment of Pulmonary TB  (Journal: BMC Complementary and Alternative Medicine)
Pubmed- more studies


• 6) **Antiplasmodial** potential of homeopathic drugs *Chelidoneum and nosode* against *Plasmodium berghei* infection. *J Complement Integr Med* 2014, Sep.
  • Conclusion: The study establishes the effectiveness of the combination against *P. berghei* in vivo along with the safety of the drugs to the liver and kidney functions of the host.

• 7) **Antimalarial potential of China 30 & Chelidoneum 30** in combination therapy against lethal rodent malaria parasite: *Plasmodium berghei*. *J Complement Integr Med*, 2013 May 7
  • The combination had a *significant preventive activity with 89.2% chemosuppression which was higher than the standard drug, pyrimethamine (83.8%).* It also showed a moderate curative activity with complete clearance of parasite in 50% of surviving mice.
Homeoprophylaxis (HP): Evidence for

• Pubmed has many citations on the subject of HP.

• HomeopathyCenter.Org offers a list of numerous records, studies and trials on HP:

• As can be seen from the present day government-ordered HP studies, we are more and more seeing that developing countries are embracing homeopathy for its cost effectiveness, simplicity and accessibility.
Table 1 summarizes a recent analysis which quantified the use of HP in 26 interventions in three countries. Over 90 million people on an annualized basis had been protected, with effectiveness between 75% and 95%. Most of the interventions were directed by government agencies and undertaken by doctors and scientists employed by the agencies.

Conclusion: HP can provide governments a very economical practical option to combat infectious diseases in both short and long-term disease outbreaks.
NDNR article, July 2019, “Greater Than Placebo, A Critical Review of Homeopathy Research”

The author of this article, Dr. Paul Theriault, ND, focuses on meta-analysis of homeopathy research, taken as a whole. Meta-analysis of homeopathy: 1991, 1997, 1998 (two different ones), 2000, 2005, 2014, 2015, 2017, 2018, and 2019. Conclusion: “The data we do have point towards homeopathy as having an effect greater than that of placebo. There can be no argument with this conclusion, aside from possibly new data emerging. Anyone who disputes this is going against the existing set of the highest-quality evidence in homeopathy.”
HOMEOPATHY IN LATIN AMERICA

• “Homeopathy is widely available throughout most of South America and the Caribbean, with Cuba, Argentina, Columbia and Brazil leading the way.

• In Mexico, homeopathy is currently integrated into the national healthcare system.

• In Brazil, homeopathy has enjoyed government approval since the 19th century, and is integrated into its public health system, and continues to be very popular.”*

• * https://www.homeopathyworks.com/blog-1homeopathy-around-the-world/
CUBA: Homeoprophylaxis for posthurricane Leptospirosis epidemic control

• ARTICLE TITLE: “Large-Scale Application of Highly-Diluted Bacteria for Leptospirosis Epidemic Control”, Gustavo Bracho et al, Homeopathy 2010, 99 156-166

• A government ordered study demonstrating homeopathic immunizations for the prevention of Leptospirosis in Cuba.

• Highly diluted bacteria for Leptospiroses = “nosode” for Leptospirosis.

• The remedy was administered to 2.3 million people by about 5000 personnel of public health system of Cuba which included FAMILY DOCTORS, NURSES, PARAMEDICS, & social workers.

• CONCLUSION: A great study demonstrating how HP interventions might help control epidemics by using highly-diluted pathogens to induce protection in a short time scale.
Cuba: **90% OF CUBA (9.8 MILLION) RECEIVES HOMEOPROPHYLAXIS FOR FLU W/ REMARKABLE OUTCOMES**

- “Reports in epidemiologic surveillance studies conducted by the Finlay Institute, a VACCINE producer in Cuba: Between Dec of 2009 and Jan of 2010, about 9 million people, nearly 90% of Cuban population received HP for respiratory disease, influenza (including AH1N1) with remarkable outcomes and a great reduction rate in mortality.”¹
- **“They had zero cases of the disease during the high risk season.”**²

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¹: Article “Lives saved by homeopathy in epidemics and pandemics”, by Nancy Malik and Iman Navab
²: Article “Homeoprophylaxis as a Cure for Fear of Dz” by Kate Birch and Cilla Whatcott
BRAZIL: HP for Dengue using remedies, not nosodes

• Many studies by the government from 2001 to 2012.

• “Remedies used in formulas or separately were Eupatorium perf, Phosph, Crotalus horridus, Natrum mur, and Arsenicum, in the 30c dilution.

• The incidence of the dz in the first 3 months of 2008 fell by 93% by comparison to the corresponding period in 2007, whereas in the rest of the State of Rio de Janeiro there was an increase of 128%.”* 

* Extracted from book “The Solution, Homeoprophylaxis, the Vaccine Alternative” by Kate Birch and Cilla Whatcott
BRAZIL: Effectiveness of Homeopathic Immunization against Meningococcal Disease
Rx: Meningococcinum 30c (a nosode)

• “In **1974**, during a meningococcus outbreak in Brazil, 18640 patients were given Meningococcinum prophylaxis (one pill of 30c) while 6430 received no treatment. The tx group reported 4 cases to 32 cases in the no tx group (**23 times more effective than no tx**).”¹

• “These results led the Brazilian government funding a **larger study in 1998**. A total of 65826 people ages 0-20 were treated with one pill of Meningococcinum 30c while 23,532 were not. Over a 12 month period the following results were obtained: 4 patients who were homeopathically treated developed MD. And, 20 patients who were not protected developed MD. **HP offered 95% protection in the first 6 months and 91% protection over the year against MD.**”²

¹: Article: Homeopathic Prophylaxis: Fact or Fiction by Todd Hoover, MD
²: Extracted from book “The Solution, Homeoprophylaxis, the Vaccine Alternative” by Kate Birch and Cilla Whatcott
“India leads in terms of number of people using homeopathy, with 100 million people depending solely on homeopathy for their medical care. There are over 200,000 registered homeopathic doctors in India currently, with approximately 12,000 more being added every year. Homeopathy is also growing in popularity in Pakistan, Korea, Japan and CHINA.”

* https://www.homeopathyworks.com/blog-1homeopathy-around-the-world/
INDIA: The Banerji Protocol of the Prasanta Banerji Homeopathic Research Foundation (PBHRF)

• PBHRF collaborates with University of TEXAS Anderson Cancer Center in Houston.

• 15 patients diagnosed with intracranial tumors were treated with Ruta 6c and Ca3(PO4)2 at 3x potency. Of these 15 patients, 6 of the 7 patients with glioma showed complete regression of tumors.

• Conclusion: Ruta in combination with Ca3(PO4)2, both at low homeopathic potencies, constitute an effective treatment for brain cancers, particularly glioma.

• NOTE: Since 2002, the Banerjis have collected more than 27,000 cases on their database, including over half a million patient visits.
INDIA: Effectiveness of Belladonna for Prevention of Japanese Encephalitis

• Epidemics of Japanese Encephalitis have been recurrent in India since 1970.

• “A study published in 2010 by researchers in Kolkata’s School of Tropical Medicine and the Central Council for Research in Homeopathy showed that the homeopathic medicine Belladonna prevented infection in chick embryos injected with the Japanese Encephalitis virus. The study showed significant decrease in the viral load when treated with the homeopathic medicine Belladonna in different potencies, in comparison to placebo, states principal investigator Dr. Bhaswati Bandopadhyay, assistant professor of virology.”*

• My observation from Dr. Golden’s article (cited in references): The government of India has performed numerous studies on Japanese Encephalitis a number of times with impressive results. Dates: 1989, 1991, 1993, 1999-2009. These studies have involved anywhere from a few hundred thousand up to millions of people.

* Extracted from book “The Solution, Homeoprophylaxis, the Vaccine Alternative” by Kate Birch and Cilla Whatcott
HOMEOPATHY GROWING IN THE WORLD!

• “There are literally hundreds of thousands of physicians and over 500 million consumers using homeopathy across the globe.

• According to the market research firm, Transparency Market Research, the overall global market for homeopathic products is expected to grow by 18.2% by 2024. That’s good news by anyone’s measure.”*

• * [https://www.homeopathyworks.com/blog-1homeopathy-around-the-world/](https://www.homeopathyworks.com/blog-1homeopathy-around-the-world/)
Antihomeopathy rhetoric will soon be irrelevant!

• “Large-scale use and acceptance of homeopathy in Cuba, Latin America, and India raises questions about the relevance of campaigns mounted against homeopathy in the developed world.

• Given the shifting balance of global power (toward the fast-growing economies in Asia, South, and Latin America, and others), the antihomeopathy rhetoric will soon be seen for what it really is: irrelevant.”*

Homeopathic Approach to Prevention & Treatment of Epidemics
LAW of Similars or “Law of Like Cures Like”
S/S of Rx = S/S of Dz

• Depending on how a dz is manifested, a particular rx (remedy) can help it, a rx whose sx (symptom) picture matches the sx picture of the disease.

• Example: A bee sting causes redness, swelling, heat, stinging sensation and the skin is worse with heat. The remedy Apis, derived from bee venom, has all these keynotes. Therefore, it can help with a bee sting. (Watch Jody’s video on my site: https://drsharif.com/dermatological-conditions/)
(1 rx for many dzs) AND (1 dz needing many rxs in different people or even in same person)

• I) Each rx can tx numerous diseases, but the keynotes will be the same regardless...
  • Ex: Belladonna can be a great remedy in many epidemics including Chickenpox, Cholera, Diphtheria, Hepatitis, Flu, Measles, Meningitis, Mumps, Pneumonia, Polio, Smallpox, Tuberculosis, Typhus, Pertussis, and Malaria.

• II) Each dz can require different remedies in different people
  • Ex: TB can require: Phos, Spong, Tub, Stann, etc.

• III) Each dz can require DIFFERENT remedies even in same person depending on the STAGE OF DZ
III) Each dz can require different remedies even in the same person depending on the **STAGE OF DZ**

- **Examples:**
  - **Typhus fever** has two stages. Hahnemann used for:
    - 1st stage of dz: Bryonia or Rhus-tox, and
    - 2nd stage of dz: Hyoscyamus
  - **Malaria** has different phases (Cold phase, Hot phase, and Sweating phase), and there are different remedies indicated for different phases.
    - Ex: China may not help the sweat stage, but may help the fever and chills. You might have to alternate China with mercury.
  - **TB** has stages such as **acute** stage and **last** stage. There are many remedies for each stage. Ex: Stanum is one of the main remedies for the last stage where dr has to put ear next to pt’s mouth to hear.
- **DON’T GET STAGES OF FEVER MIXED UP WITH STAGES OF EPIDEMICS!**
  (See the fever section in this presentation for more information.)
Classification of symptoms in homeopathy

Hahnemannian method: Symptoms classified into two types

• **General symptoms** are those which are *common* to the disease process. Example is fever, headache, diarrhea and loss of appetite in typhoid fever. These symptoms are present in almost all the cases of typhoid patients. These are less important in selection of a remedy in Homeopathy or to individualize the patient. Therefore these are called General symptoms.

• **Uncommon symptoms** are the symptoms which are unaccountable, unexplainable to the disease process. Examples are in the typhoid patient, when he feels his bed very hard, even when lying in soft bed or answers to the question clearly and goes to coma. The uncommon symptoms reflect the individuality of the patient in the disease and are also great value in selection of the remedy.

• **TOTALITY OF SYMPTOMS=COMMON SYMPTOMS + UNCOMMON SYMPTOMS**
Classification of symptoms in homeopathy, part 2

Kent’s Method: Symptoms classified into 3 categories.

- **(a) Generals**: Mental general & physical general
- **(b) Common**: These symptoms are common to a particular disease or are found in several patients as a common factor. They are usually of secondary importance and do NOT play much role in the selection of similimum, UNLESS they have PECULIAR modalities.
- **(c) Particular**: The symptom which are related to a particular part or organ or functions of the body. These symptoms tend to disturb the patient most and he seeks consultation for them only. Thus the prescription of acute necessity will be based on these particulars. The GENERALS help in the delineation of outline whereas PARTICULARS furnish the details to differentiate the remedies. Strong particulars may point to a small group of remedies, this helps in a quick prescription.
Epidemic Prescribing = Acute Prescribing

• We are NOT doing “constitutional” prescribing here.

• “By nature, epidemics are acute dz- They are fast, with prodrome, crisis, and resolution by death or recovery. Constitutional is for chronic dz, and is totally the opposite of acute.” (Jeremy Sherr) Organon P#72

• Example: Malaria attacks alternate between chills, fever and sweats every few days, with different remedies for each stage. To address each stage of the dz, a person’s constitution is immaterial.
Epidemics are a collective dz & require collective healing, they have one source, & are unique.

• **Epidemics are a collective disease & require collective healing**: One large group vital force susceptible to a particular dz. To treat the individual is not logical any more now. We have to see the whole disease of all people involved as if it were one person, where one group of people represent the mind, one group of people the lungs, one the heart, liver and knee. This way, we help people come together as one; and that is the real purpose of the epidemic, it is a collective healing and bringing people into unity.

• **Epidemics have one source**: Through understanding the totality and bringing it all together as if one person, we can understand the source. By healing this one source, we actually heal the collective.

• **Each epidemic is totally unique** even though it has the name of a particular disease. In Organon #100, Hahnemann warns us to not pay attention to the name attached to the epidemic dz... the only exceptions being those caused by the same UNVARYING infectious agent, such as smallpox or measles.

Extracted from Jeremy Sherr’s lectures on epidemics
Extracted from Jeremy Sherr’s online course on epidemics
Several homeopathic approaches for epidemic diseases found in literature *

• Since Hahnemann’s times, several approaches using homeopathy for epidemic diseases can be found with good experimental evidence in homeopathic literature, including:

  • **1) Individualization** is the gold standard, but it is impractical to use on a widespread basis.
  
  • **2) Combination remedies** can be effective but must be based on the symptoms of a given epidemic in a specific location.
  
  • **3) Genus Epidemicus** can also be successful if based on data from many practitioners.
  
  • **4) Isopathy** (using **NOSODES**) shows promise and might be more readily accepted by mainstream medicine due to its similarity to vaccination.

• **Summary:** Based on my research, in general, the best approach is GE, second individualization, third isopathy (nosodes), and fourth combination remedies.

1) Individualization: Treat what needs to be fixed based on s/s of the individual...

• “Individualization in homeopathy: No two people with the same illness will have exactly the same symptoms, so in homeopathy we select a medicine to fit each person’s current state. In fact, often during a serious acute illness, the same patient might need several different remedies in the course of a day, depending on changes in the symptom picture.”

• My note: If don’t know the GE, then use this method. GE is truly the gold standard, not this method.
2) Genus Epidemicus Rx, to Prevent & to Cure

• “GE is a word coined by Dr. Hahnemann which denotes the **homeopathic remedy that is similar to the totality of symptoms found in the majority of patients suffering in an epidemic disease** and which, if given to the patients before the onset of the disease, **prevents** the epidemic disease or when given during the disease **cures** the patient.”*

• **Totality of symptoms** in the epidemic disease consists of **COMMON** symptoms of the disease, as well as the **UNCOMMON** or peculiar symptoms, found in the majority of patients suffering from the epidemic disease.

  • **TOTALITY = COMMON + UNCOMMON**

  • Dr. Narayan Mathur’s statement from Dr. Perko’s book The Homeopathic Treatment of Influenza
Case-Taking in an Epidemic

By: Dr. Gaby Rottler

• Find out the **general symptoms of a dz.**

• Find the **ESSENTIAL (PATHOGNOMONIC) symptoms of a dz (unchanging to that dz)**, e.g. by differential dx with similar diseases. These allow us to distinguish one disease from another.

• Find the **CHARACTERISTIC symptoms in a presenting epidemic (changeable)**, by looking for individual symptoms in different individuals.

• **[Hahnemann]: ...It is only by a close observation of several cases (in patients of DIFFERENT CONSTITUTIONS) of every such collective dz that he can become conversant with the totality of its s/s.]**
Remedy Selection: How to select the best rx?

• The best remedy choice is “one whose pathognomonic s/s (keynotes) correspond to the pathognomonic s/s of the disease and whose characteristic s/s (keynotes) correspond to the individual’s characteristic symptoms (that are not caused by the dz itself but by the individual’s unique constitution).”*

(Extracted from Dr. Gaby Rottler’s article titled Homeopathy and Epidemics)
Look at peculiarities (modalities) of common AND characteristic symptoms @ same time

• We need to be “looking at the peculiarities (or modalities) of the COMMON symptoms AND the characteristic symptoms/SRPs (strange, rare and peculiars) at the same time.”*
  • Example of peculiarity of a common sx: Throat pain-night and throat pain-right side (versus sore throat which is just a common symptom without any modalities)

• Each case must be observed individually; all details must be observed, and noted down.

* Jeremy Sherr’s lectures on epidemics
Dr. Robin Murphy: WHICH SX’s DO YOU FOCUS ON if there are many symptoms present?

• “Identify the BIGGEST “energy leak” (i.e. what’s causing most suffering? what’s priority?), and aim the remedy there.

• Example: Patient has fever and diarrhea, & coughs. Which one do you focus on?
  • If fever is the most severe problem, focus on the fever.
  • If diarrhea is severe, focus on the diarrhea.

• What symptoms PREDOMINATE is what you want to address 1st. The “Homeopathic tx of Influenza” book by Dr. Perko has a whole section on predominating symptoms, system by system, for the flu in particular. This section of the book should help clarify the subject for you. This book is an excellent resource for the homeopathic treatment of the flu.
Most epidemics start out with flu-like symptoms... Treat what you see ASAP!

• “Even if you don’t know the exact dx, just tx the symptoms that are present (remember to take a thorough case)- you don’t have to wait for proper dx to be able to prescribe a homeopathic remedy, which is a **MAJOR advantage homeopathy has over conventional medicine**.

• **For example**, during the first week of Typhoid infection you might think the patient has the flu. Treat what you see, and you may just cure Typhoid fever without knowing it, and all along being under the impression that the patient only had the flu.”*

* Extracted from lectures by Dr. Robin Murphy on epidemics
Remedy Selection: Speed of Disease = Speed of Remedy

• Match the speed of the remedy with the speed of the disease.
• Fast vs slow acting remedies reflect the speed of the dz, which is based on incubation time for the dz.
• 1) **Fast-acting remedies**: Aconite, Belladonna, Baptisia are fast acting remedies (ill in a few hours).
• 2) **Slow-acting remedies**: Ant. tart, Bryonia, Gelsemium, and Rhus tox

• When to give a quick acting rx vs. a slow-acting rx? If the problem came on suddenly, then you give a quick-acting rx, and vice versa. In this fashion, we match the energetics of the dz. **We should NOT give a slow-acting rx for a fast-moving dz.** It may not be effective even if the s/s of the rx match that of the dz. Sometimes it may be more important to pick a rx that matches the energetics (i.e. velocity) of the dz more than the s/s of the dz.
Organon P101 & 102 on epidemics

- **Organon P101**: Treating cases in series individually, not collectively, may not lead to the GE.

- “Here, we treat cases in series; case 1, 2, 3, 4, 5, one by one, looking for a remedy; and when we find a remedy that passes through many of the cases, we declare that as one of the remedies of the genus epidemicus and so on. This method is quick, and does not require any waiting.
  - Disadvantage: Can be suppressive to the epidemic, and may not lead to the GE.”*

- **Organon P102**: Treating cases in parallel, collectively leads to GE. “The P102 method takes BOTH the collective and the individual into account.”*
  - Disadvantage: While you work out the GE using this time-consuming method, people have to wait and they could die while waiting.

* Jeremy Sherr’s online lectures on epidemics
§101 vs PR §102

(a)

Input → Item 1 → Item 2 → Item 3 → Item 4 → Output

(b)

Input → Item 1 → Item 2 → Item 3 → Item 4 → Output

Extracted from Jeremy Sherr’s online course on epidemics
Best solution is to use P101 & P102 @ same time

• “The best way to go about treating the epidemic is to do P101 first - prescribe for each case in series (individualization method) while you collect the symptoms for a (P102) collective (GE method). Then you do the collective P102, and then compare the two. So, you are working both in series and in parallel at the same time.”

* Extracted from Jeremy Sherr’s lectures on epidemics
ONE OR SEVERAL remedies in GE... Find the best one for each person

• “The genus epidemicus may be one, but most likely SEVERAL remedies. Why? Because the epidemic is a big entity and it needs to contain a few remedies to represent different aspects of it.

• This is an aspect of individualizing. So, we go from the collective to the individual. We take remedies from the GE, and then we fit them into each individual that we see.”*

* Extracted from Jeremy Sherr’s lectures on epidemics
How many cases do you need for GE? Depends on the size of the epidemic

“Partly, it depends on the size of the epidemic.

- Small epidemic, maybe several cases.
- A big pandemic, may need to see numerous cases to get an idea of the different manifestations.

There are other factors to consider such as how urgent it is or how many cases you manage to see.”

* Extracted from Jeremy Sherr’s lectures on epidemics
Individualizing epidemics: The top remedies can change for an epidemic dz year after year

• “It’s rare to find a whole new set of remedies in a new (bout of the) epidemic b/c it’s the same dz description.

• However, the symptom picture of any epidemic disease can vary from year to year. This causes a CHANGE in the 1) **LEADER REMEDIES (the top 2-3 remedies)** AND in the 2) **ORDER OF FREQUENCY** within the top 10-20 remedies for the dz year to year. This is why we “individualize” epidemics.
  
  • Example: Flu changes year after year. Both Baptisia and Gelsemium are highly effective remedies for the flu. One year we might see a lot of Gelsemium flu cases, and another year we might see a lot of Baptisia flu cases.”*

• (Note: According to Jeremy Sherr, there are most likely **SEVERAL remedies in GE**. This is the same concept as the “leader” remedies of Dr. Murphy’s.)

* Extracted from Dr. Robin Murphy’s book “Epidemics and Homeopathy”
Give your best pick to everyone randomly!

Do Something!

• Once you select the leader remedies, then there is usually one remedy that will dominate.

• Once you find the top remedy, you can start giving it to everyone randomly.

• “Don’t have to worry about taking cases in a deadly epidemic... Don’t be idealistic during epidemics... DO SOMETHING!!”*

* Extracted from Dr. Robin Murphy’s book “Epidemics and Homeopathy”
Zigzag Prescribing or Curing in Parts, a good method for when you don’t have the right remedy!

• Sometimes in complex cases, you have to do what homeopaths call “zig zag prescribing”, and treat different layers one at a time with different remedies back to back. Example:

• Dr. Robin Murphy, ND: (paraphrasing) “You might have 3 remedies out of the first aid kit to cure different s/s in a Pertussis case (curing in parts), but may not have Coccus cacti which could by itself potentially cure the whole case. You give these three remedies in order of priority, tx the more severe sx first, then go down the list. Don’t give up if you don’t have a perfect remedy in your remedy kit.”
3) Homeoprophylaxis (HP) for prevention, BEST for large population of people in a SHORT period of time

- Homeoprophylaxis (HP) is the use of highly diluted and succussed (potentized) substances given prior to exposure to disease for prevention. “While HP does not individualize for the person, when attempting to address a LARGE population of people in a SHORT amount of time, this is the most effective method to prevent dz.”*  
  Note: Classical homeopaths would argue that the GE (not HP) is not only the best tx but also the best preventative tool for epidemics (if logistics is not an issue).

- Two methods for HP:
  - 1) **REMEDIES**: Matter found in the natural world (plant, mineral, or animal extracts).
  - 2) **NOSODES** which are prepared from cultured pathogens and/or human discharges (usually fluids, such as saliva, pus, urine, blood, or other diseased tissue) produced in response to those pathogens. Examples: Tuberculinum, Medorrhinum, HIV, Influenzinum, or Parotidinum (for mumps)

- The use of a nosode against its disease is called **ISOPATHY**. This is not true homeopathy, but it has its place. Nosode is an attenuated pathogen ~ vaccine.

* Extracted from an article titled “Prophylaxis as a Cure for Fear of Disease”, by Kate Birch and Cilla Whatcott
7 WAYS OF USING A NOSODE, according to Dr. Robin Murphy’s CD Lecture Series on Epidemics:

• 1) It can be used **preventatively during the epidemic** with a high probability of exposure. Can give the nosode routinely or give the leading remedy that is indicated at the time. **Leading remedy or the nosode?** Between the two, the leading remedy is better than the nosode if it is working well among the affected patients.

• 2) **Take at first sign of the disease.** Example: child has been exposed, and now the child has a cold/cough.

• 3) **During the disease phases:** If the indicated remedy is not working, stop the indicated remedy, give 3-4 doses of the nosode on one day, then return to the indicated remedy and the remedy might work again- this is called intercurrent prescribing.

**INTERCURRENT remedy** is given between the indicated remedies or in complicated cases or in “never well since” cases. If the indicated remedy keeps relapsing, then return to the nosode or the autonosode as an intercurrent rx to help the indicated remedy. In such situations, the case becomes clearer, and the same remedy that used to work well initially and stopped working will start to work better after the pt takes the nosode.

• 3.1) **If nothing is working, give the nosode even during an active phase.**
7 WAYS OF USING A NOSODE, continued

• **4) During convalescence phase:** Example: child recovered from say whooping cough, and the child is now weak or not sleeping well; you keep giving Drosera, 90% of the case is cured but 10% is left; so now you can give the nosode Pertussin for 1-2 days as a convalescence remedy to clear the 10%.

• **5) NWS (“never well since”; to treat complications from a disease).** Example: Say 4-5 years after whooping cough is gone, child or adult has a cough or tendency to bronchitis or colds, they are never well since whooping cough. Give Pertussin 30c or 200c in such cases.

• **6) Use the nosode to treat complications from vaccines.** Example, the nosode of smallpox (Malandrinum) has proved extremely useful in treating adverse effects after smallpox vaccination. (Dr. Gaby Rottler’s article)

• **7) For non-descript symptoms:** Pt only has the GENERAL OR COMMON symptoms of the disease, NO PARTICULAR OR KEYNOTE symptoms that could lead you to a particular remedy (i.e. the indicated remedy). If you don’t know what to do, just use a few doses of the nosode. A few doses of nosode at least lessens the severity of the dz at once until you find a better remedy.
<table>
<thead>
<tr>
<th></th>
<th>GE (Genus Epidemicus)</th>
<th>HP (Homeoprophylaxis)</th>
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<tbody>
<tr>
<td>Watch and wait?</td>
<td>Yes, if you use P102 method. (You need to wait and watch before can come up with the GE.)</td>
<td>No, don’t need to watch &amp; wait to find the GE, can start w/ nosode</td>
</tr>
<tr>
<td></td>
<td>No, if you use P101 method.</td>
<td></td>
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<td></td>
<td>See earlier slides under the GE discussion.</td>
<td></td>
</tr>
<tr>
<td>Similar to vaccine model?</td>
<td>Not similar to vaccines</td>
<td>Yes very similar to vaccines</td>
</tr>
<tr>
<td>Applicability on a large scale?</td>
<td>Not as likely as the HP model</td>
<td>Yes, refer to all large-scale studies in Cuba, Brazil and India</td>
</tr>
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Classical homeopaths don’t approve of nosodes unless last resort, BUT how about last 15 years?

• In his article titled “Homeopathic Prophylaxis: Fact Or Fiction”, JAIH Autumn of 2001, Vol 94, No 3, Dr. Todd Hoover, MD, writes: “As homeopathy has evolved and commingled with allopathy, some practitioners have shifted from an epidemic specific model of Genus Epidemicus to a generalized approach for homeoprophylaxis... Presenting HP as a safe and effective solution with the current paucity of evidence is reckless and misleading.”

• The evidence for HP was less solid in the past, but in the recent years we have seen numerous government-ordered studies that show how extremely effective this method of preventing epidemics can be.
Dr. Murphy: “You will miss a lot of cases without nosodes”

- Dr. Robin Murphy, ND: “If you don’t know how to use the nosodes, you could miss a lot of cases (during epidemics)... You can give a nosode 2-3 times a day within 1-3 days, and the condition can be completely gone.”

- Note: You can order nosodes for various conditions from most homeopathic companies unless they have not made one yet. Ex: We do not have a nosode for ebola yet.
Auto-nosode – What is it? This can save 1000s or hundreds of 1000s of lives!

• “An auto-nosode is a remedy derived from the patient’s own pathogenic excretion, and is more specific to the person. It can be used to treat the patient him- or her-self.
  • Example: Plague (Bubonic p.: Nosode prepared from the pus from the infected glands; Pneumonic p.: Nosode prepared from the sputum; Septicemic/Hemorrhagic p.: Nosode prepared from the blood)

• You can also use an auto-nosode to help others during an epidemic. You can use it for prevention as well as at the first sign of illness in others.

• Auto-nosodes are our top choice for “vaccinating” people (for prevention) in an active epidemic.

• If the illness has developed, then use the indicated remedy. If the indicated remedy keeps relapsing, then return to the auto-nosode as an “intercurrent” remedy to jump start the process. And, if/when the auto-nosode stops working, you can switch back to the indicated remedy.”*

* This information is extracted and paraphrased from Dr. Murphy’s lectures on epidemics.
How to prepare and use an auto-nosode, and to distribute to masses?*1

• There will be a discharge 99% of the time, and you use this d/c to make the nosode from.

• To make a stock bottle, you can get some d/c from the person, and put it in a ½-4 oz dropper bottle of pure ethyl alcohol, ETOH, (190 proof Everclear). Note: The 190-proof variation of Everclear is 92.4% ethanol by weight.

• How to make a 1c? Thoroughly mix the solution in the stock bottle, then add 1 drop of it to 99 drops solution (alcohol/water), at least 20% alcohol for preservation. To preserve forever, you should make an 80-90% alcoholic tincture. For a 2c, you mix 1 drop of the 1c in 99 drops solution (in same or a different bottle), and you continue this process until you get your 6c. Remember to succuss many times going from 1c to 2c, 2c to 3c, etc.

• In epidemics, use at least a 6c dilution, and put it in water or graft it to be able to help many others*2. Succuss or stir the solution before EACH dose. You will probably need to use 6c up to 30c, so keep all the intermittent potencies in between 6c and 30c. If 6c wears off, then use 7c, then 8c, and on up. Reason? You need to keep the patient’s progress continual and steady.

*1: Most of the information in this slide is extracted from Dr. Murphy’s lectures on epidemics.

*2: Refer to the link below for detailed information on Hahnemann’s Water Potencies: http://www.alchemilla.com/index.php/homeopathic-medicine-mainmenu-33/14-hahnemanns-lm-and-water-potencies
Succussion – how to?  Hahnemann vs. Korsakovian dilutions?  Use the K method in epidemics

- **How to success?** “For one succussion, hold the bottle in your right hand and strike the bottom of the bottle smartly against the palm of the left hand (or soft bound leather book) from a distance of nearly 2 feet.”*

- You should success each solution many times. In other words, once you make the 1c, you success the bottle many times. Then, once you make the 2c, you success the bottle many times again, so on and so forth.

- **How about the bottles?** Korsakov's method involves using the same container for each serial dilution, while Hahnemann's method uses a different container for each serial dilution. The K method is simpler and quicker, so use this method when making the auto-nosode. The Korsakoff method does not require you to use different bottles, but to empty each bottle after made (what adheres to the sides of a bottle is sufficient to equal a drop, or it may be equal to several drops depending on the size of your bottle).

We have a moral & social obligation to collect the auto-nosode!

• “Of course, it may be dangerous to collect pathogenic bodily discharges or products if the epidemic dz is deadly such as ebola or plague. However, we have a social and moral obligation to do so if necessary since no one else will know how to do this.”*

* This information is extracted and paraphrased from Dr. Murphy’s lectures on epidemics.
***For BOTH PREVENTION & TREATMENT***

GE > an indicated rx > nosode

• **Genus epidemicus is always the best rx** for both prevention and treatment during epidemics. Note: If there is more than one remedy in the GE, the remedy that fits the first phase of the epidemic should be given prophylactically. For example in Hahnemann’s cholera epidemic, Veratrum which is usually typical of the first phase could have been given prophylactically.

• **If don’t know the GE, then you can use a well indicated rx** for both prevention and treatment. Refer to the clinical rubrics, and find a black type that fits the case the best. Ex: Drosera for pertussis.

• **If don’t know either of the above (the GE or a well indicated rx), and if you are trying to cover as many people as possible as quickly as possible, then you can use the nosode** for both prevention as well as treatment. “This will never be as effective as the GE.” (Jeremy Sherr)

• The information here is based on compilation of much research, including online lectures on epidemics by Jeremy Sherr as well as CD lessons on epidemics by Dr. Robin Murphy.
Potency and Frequency During Epidemics, 1
Individualizing the potency based on severity of dz

• **Tx in acutely life-threatening situations** (& dz comes on fast):
  - Give a **higher potency such as 200c to neutralize it fast**.
    - Example: Severe case of meningitis with sudden onset fever & delirium, Belladonna 200c (vs. 6c or 12c) potentially a few times a day until stable. Minimum potency should be 30c. Once pt is stable, use lower potencies of 6c or 12c at a high frequency of say once an hour or every few hours, or 30c bid.

• **Tx in milder situations** (& dz comes on slowly):
  - Give a **lower potency such as 30c**.
    - Example: If a slow onset minor sore throat, and the person is totally functional, Ferrum phosph 30c (vs. 200c or 1M) qd or bid until well.
    - In some mild cases, you can probably start with 30c pills, and if a stronger potency is indicated, then consider using a water potency of 30c, then go up to dry 200c pills, then water 200c, etc. (Remember water potencies are stronger than dry pills.)

• **Good rule of thumb on frequency of dosing:** Whatever potency you use, use a dose AS NEEDED.

Extracted from Dr. Robin Murphy’s book “Epidemics and Homeopathy”
Potency and Frequency During Epidemics, 2

More Info on Dosing for Treatment

• The book “The World Traveler’s Manual of Homeopathy” by Dr. Colin Lessell recommends lower potencies of 6c and 30c potencies every few hours or daily for treatment, depending on the severity of the case.

• Dr. Robin Murphy uses C potencies in WATER during all acutes and first aids. In his lectures, he seems to like 30c and 200c for acutes. He recommends using a minimum of 6c when using the auto-nosode.

• Put remedies in water for more effectiveness. The water potency has a three hour shelf life, Boiron says. Dr. Murphy on his CD’s says the shelf life is 1-2 days; cover it by a tissue (non-perfume); don’t need to refrigerate.
  • Ex: You can take one pellet of 30c, put it in your 4 oz bottle, stir it, take a tsp every several hours as needed for acutes. The person can sip it every 5-10 minutes in emergencies. If unconscious, pour a little of the fluid onto their lip. Tap the cup (succuss it) a couple of times before each use.

• Alternating remedies? During complex epidemics, you might have to alternate remedies. Ex: Dengue fever with excessive muscular joint pain: use Eup Perf 6c & Rhus tux 6c alternating qh.
Potency and Frequency During Epidemics, 3
Dosing for Prevention (w/ remedies or nosodes)

1) Jeremy Sherr: Similarly to treatment, the frequency and potency for prevention is also based on the intensity and the threat of the epidemic. He definitely favors remedies over nosodes, so this recommendation must be in regards to remedies, not nosodes.
   • 1) Serious: You can start with a 1M or 10M, and then 30C twice daily for a few days or even more.
   • 2) Milder situations: If you might get exposed to malaria in a month, take 30C once a week for the month.


3) Dr. Robin Murphy: He uses remedies or nosodes, whichever makes sense at the time. “Use 1-2 doses of a 30c or 200c of the nosode as a preventative.” His recommendation regarding use of auto-nosode for prevention: Use a minimum of 6c of the auto-nosode for prevention, and go up to higher potencies as needed.

• SUMMARY: A good rule of dosing for prevention: Use 30c once a week if dz is mild, or more often (say bid) if dz is severe.
Potencies of the NOSODES
(Avoid lower potencies & frequent dosing)

• **There is a concern for nosodes causing aggravations.** Some homeopaths recommend against lower potencies (LOWER than 30c) and frequent dosing.

• **Dr. Colin Lessell**, in his World Traveller’s Manual of Homeopathy, seems to recommend the use of nosodes (for prevention of most diseases covered in his book) in the 30c potency once a week.

• **Dr. Robin Murphy**, paraphrased: Many authors say don’t give nosodes below 30c b/c they are worried about contamination. *It’s fine to give nosodes below 30c* since even at the 6c potency we are not dealing with material doses. However, you should NOT give the nosodes in the lower potencies for a long time or too frequently. You can take **1-2 doses of a 30c or 200c** of the nosode as a preventative (or to stop a miasm).

• Start the auto-nosode at a minimum potency of 6c, and keep all the potencies between 6c & 30c (i.e. keep the 7c, 8c, all the way up to 30c) because you might need to start with a 6c and gradually increase the potency up to 30c or higher.
BASIC TIPS FOR PRESCRIBING DURING EPIDEMICS:

1) **Take detailed cases only if time is an option.** Ideally, study and observe the epidemic to come up with the GE which is our top rx. This might take a while.

2) **GE > an indicated rx > nosode for both prevention and treatment:**

   - If don’t know the GE yet, you can give the best indicated rx. If can’t come up with a specific rx, then give the nosode if available. If no nosode available, can make your own auto-nosode. If you happen to hear that the nosode is working extremely effectively for a lot of people, and time is of the essence, just give the nosode vs a specific rx.

3) You treat what you see—**Identify the biggest “energy leak”,** and direct the rx there. (Dr. Murphy)

4) **The person is the subset of the remedy,** not vice versa. So, the patient does NOT have to have ALL the keynotes of a remedy.

5) If your patient has **2-3 strong keynotes** listed under a rx, you can select that rx with a good confidence level.

6) **The speed of the rx should match the speed of the dz** (i.e. fasting-acting rx for a fast-moving dz, and vice versa)

7) Select and **give one remedy @ a time**

8) If the selected remedy is unavailable, **choose the next alternative rx rather than do nothing.**

9) If the desired potency is unavailable, **give whatever potency you have available.**

10) You **don’t change the rx or its potency as long as it is working.** If a potency stops working, you can go up to the next potency. Use up each potency’s effectiveness before you go up again. (Sometimes just changing the potency helps the rx work better, up OR down either way.)
General advice on administration of remedies*

1) Pills and coarse granules should be sucked rather than swallowed (absorption is more reliable).

2) Pills and coarse granules may be inhaled by babies and unconscious people. For such, remember to crush them to a fine powder before use. Alternatively, you can use liquid potencies.

3) All remedies should receive minimal direct handling. Do not put your fingers inside the vial.

4) Ideally, the consumption of food and drink (and cleansing of teeth) should not occur 10 minutes before and after the oral administration of a remedy.

5) Ideally, no coffee, decaffeinated or normal, should be taken during a course of homeopathic treatment. Coffee tends to antidote the action of many remedies.

6) Remedies at the potencies recommended here (e.g. 6c or 30c) are safe for patients on orthodox drug therapies.

7) Pills are sugar-based. The amount of sugar ingested as a single dose is insufficient to adversely affect either diabetics or hypoglycemics. However, patients who suffer from disaccharide intolerance should be restricted to the use of liquid potencies only.

8) Homeopathic remedies are largely safe when given during pregnancy and lactation. Refer to next slide.

9) It is often necessary to interrupt the regularity of dosage of any medicine because of sleep. Recomence on waking.

Special Considerations: Pregnancy and Lactation*

• With only the odd exception, all homeopathic remedies, when prescribed in the potency range 6c to 30c or 12x to 30x, are to be considered as safe at any stage of pregnancy, provided that they are stopped immediately if homeopathic aggravation occurs. This, however, is a rare event. Whilst such aggravation is harmless, if the remedy is discontinued, the administration of several cups of coffee will accelerate the reduction of ill-effects.

• Use the following substances with caution:
  • Remedies with potencies less than 6c or 12x. (Me: This is important if you are taking nosodes of highly infectious/poisonous substances.)
  • Remedies with potencies greater than 30c or 30x. (Me: May be too strong?)
  • Homeopathic mother tinctures

Homeopathic Aggravations

• “Occasionally, after the administration of a remedy, the patient experiences what is termed homeopathic aggravation. This is a transient worsening of the patient’s symptoms, and may be caused by the use of too high a potency, or by too rapid dose repetition. In fact, it signifies overstimulation of the bodily healing response. Should this occur, the remedy should be discontinued, whereupon the phase of aggravation will be followed by one of remission, often proceeding to cure. However, it sometimes happens that this phase of remission is short-lived, and is followed by a resumption of the previous symptoms, although they are often less severe. In this case, the remedy should be reapplied, but less aggressively. Reduce the frequency of dosage, or select a lesser potency.”*

Homeopathy (GE and/or Nosodes) & Vaccines for Epidemics
## Homeopathy (HP & GE) vs. Vaccines

<table>
<thead>
<tr>
<th></th>
<th>Homeopathy</th>
<th>Vaccines</th>
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<tbody>
<tr>
<td><strong>Effectiveness</strong></td>
<td>Yes (based on numerous government ordered studies using HP)</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Speed of action in body</strong></td>
<td>Immediately effective</td>
<td>We need time to make anti-bodies.</td>
</tr>
<tr>
<td><strong>Speed of intervention in society (distributing the medicines/vaccines)</strong></td>
<td>Rapid, especially with HP (hours to days) versus GE which can take time.</td>
<td>Weeks to months → Shortage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not readily available in emergency situations</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>Totally safe. The person will not get the pathogen, just its vibration.</td>
<td>Pathogens inside vaccines leading to possible contagiousness. Risk of use of infected needles. Concern for immunization of infants and pregnant women.</td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td>Extremely LOW (lowest cost medicines on Earth)</td>
<td>Expensive → Shortage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Not enough funding for the top 2 biggest killers: Malaria &amp; TB)</td>
</tr>
<tr>
<td><strong>Route of administration</strong></td>
<td>Oral</td>
<td>Injection</td>
</tr>
<tr>
<td><strong>Mechanism of action</strong></td>
<td><strong>HP</strong>: Subtle internal immune system responses make the body behave as if it has the dz. <strong>GE</strong>: Law of Similars.</td>
<td>Antibodies are made in response to the vaccine</td>
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Homeopathy AND Vaccines, can you do both? Yes!
HP, a bridging device until vaccine is available.

• Even if you have had OR are planning to get vaccinated, you can still do HP (homeoprophylaxis using nosodes), especially if the previous vaccination caused an adverse event. “Taking the nosode will help clear the vaccine by helping the body to reconcile the partially developed immune system response.”*

• “HP with nosodes could be a bridging device in a serious epidemic for the period until a fully effective vaccine is available.” Homeopathy (2010) 99, 153-155

* From book “The Solution, Homeoprophylaxis, the Vaccine Alternative” by Kate Birch and Cilla Whatcott
• 3 IMPORTANT chapters in the repertory:
  • Chill, Fever, & Perspiration
  • Various types of fevers
  • Fever case-taking

• Back up and Complementary Remedies

• Clinical Rubrics

• How do you find remedies for diseases that are NOT in the repertory? In other words, what if there is no rubric for that dz?

• Common Epidemic Diseases & Their Homeopathic Treatment in Alphabetical Order
3 chapters in the repertory “chill, fever, & perspiration” match the 3 stages of malaria

- HAHNEMANN’S first proving in homeopathy was with Quinine (or Cinchona tree) bark which proved to be effective for treating malaria.

- Malaria has three stages: chill, fever, and sweats (perspiration). And, there is a chapter in the repertory on each of these stages.

- **Chill**: Times of the day, cold body, fever with, headache, heat chills with, overheated chills from, icy coldness, internal chills, irregular stages, perspiration chills with, prolonged, quartan, quotidian, shaking, shivering, stages of, times, trembling, violent, etc.

- **Fever**: *Most epidemics are accompanied with some kind of fever.*

  - Times of the day, burning heat, catarrhal, cerebrospinal, chill absent, chill with, chronic, continued, dry, exanthematic, gastric, hectic, intermittent, insidious, intense, irregular, irritative, paroxysms, perspiration (heat with), remittent, remitting, septic, sun, yellow, etc.

- **Perspiration**: Times of the day, cold, coldness during, fever after, hot, Long lasting, offensive, profuse, shivering with, warm sweats, etc.

- Note: Homeopaths have found that giving the rx at the end of the chill attacks brings about the best results. We would probably think that giving the rx at the beginning of the attack would be best, but past clinical experience shows us differently.
Types of Fevers, a few important definitions

• **Fever-Dry heat**: Fever with no perspiration.

• **Fever-Intermittent**: The fever goes away completely, followed by a period of complete cessation, then it comes back.

• **Fever-Remittent**: It does not completely go away. It goes down (say 105 to 102), then it goes back up again.

• **Fever-Relapsing**: It goes away for a long time. Similar to intermittent but with longer period of a break in the middle.

• **Fever-Perspiration-heat with**: Fever with wetness and perspiration

• **Diphasic fevers or saddleback fevers** are those that are constant for several days, spontaneously reduce for 1 or 2 days, and then increase again. Saddleback fevers can be seen in such infections as Dengue, yellow fever, and influenza.
FEVER, CAST-TAKING, part 1
“Heat” in the repertory means fever.

- Most epidemics are accompanied with some kind of fever.
- 1) The energetics (intensity and speed of onset of fever)? Remedies for different temp fevers:
  Ferrum phosph (99-101), slow onset fever → Aconite (103-4), fast onset fever → Pyrogen (105-6)
- 2) Time of onset of fever?
- 3) Type of fever (remittent, relapsing, etc.)? China fever hits every 7 to 14 days. Arsenicum fever comes on every other day.
- 4) Stages of fever? Murphy’s Repertory has a GREAT section on this in the Fever chapter. Stages of fever are: Chill, Fever (=Heat), Sweat (=Perspiration). Ask: Which one stands out prominently? Chill followed by heat, or vice versa, etc.?
- 5) Concommitant symptoms? What is the fever associated with? Nausea, diarrhea, anxiety, restlessness or delirium? If you cure the fever, the concomitants will get cured. Diarrhea then fever, or vice versa? Need a diarrhea-fever remedy or a fever-diarrhea rx? Ex: Fever with restlessness & anxiety? Think of Arsenicum album. Fever with delirium, sleepiness, offensive body odors? Think of Baptisia.
FEVER, CAST-TAKING, part 2

• 6) **Thirst? Intensity of thirst or lack of thirst?**

• 7) Desire or aversion to cover oneself up in different stages (feeling **hot or cold?**),

• 8) The organ/tissue where the **source of fever (origin/cause)** is located? Otherwise, it is **FUOs** (Think of Aconite or Ferrum phosph in low potency).

• Example: If throat is the source of fever, need to go to the throat chapter.

• 9) **Discharges associated with the fever?** Yellow mucous coming out of nose or throat? Need a rx w/ fever w/ yellow mucous.

• 10) **Other characteristic symptoms?**
Complementary and Follow-Up Remedies

• **Kent’s Repertory has a table** on complementary and follow-up remedies towards end of book. Ex: If a well indicated rx (such as Bryonia) does not work, you can try a well indicated “back up” rx that works deeper than the original rx you had picked (Sulphur in this case, deeper than Bryonia).

• Note: This second rx has to match the s/s of the case.

• **Follow up** remedies address residual symptoms in a case.

• If leftover s/s after treating with a remedy or nosode, you can give another rx or even the nosode to finish off the leftover s/s.

• **Complementary**: Supplying the part of another drug. The rx that completes the cure which the other begins.

• **Inimical**: Drugs disagreeing, incompatible, do not follow well.
Clinical Rubrics in the Repertory?
Very helpful, but best approach is GE

• You can start out treating an epidemic by going to the clinical rubric in the repertory for the dz (if it exists). “These rubrics will provide you with the TOP remedies historically and clinically shown to be effective for the condition in question. However, the epidemic this time around could require different remedies than in the past. We build our knowledge on the past, but we should remain open-minded…. It’s rare to find a whole new set of remedies in a new (bout of the) epidemic b/c it’s the same dz description. Note: The clinical rubrics don’t exclude other remedies. **YOU STILL NEED TO REPERTORIZE.** These are remedies that have been known to work for that condition for 200 years. You can stand on what’s worked for 200 years instead of speculation.”*

* From Dr. Robin Murphy’s book “Epidemics and Homeopathy”, paraphrased
CLINICAL RUBRICS, DIFFERENCES IN
Kent’s Repertory (old) vs. Murphy’s Repertory (modern)

• Old repertories such as *kent’s repertory of course do NOT list any clinical rubrics for modern diseases* (such as AIDS, dengue fever, or ebola).

• *Even the modern repertories* (such as Robin Murphy’s) *do not have all the NEW* ever-emerging epidemics such as Nipah virus.
• In the following slides, I have listed some of the most well known epidemics, and where you can find them in the following repertories:

• **KENT’S REPERTORY:** A few infectious diseases are listed in the *Fever chapter* of the Kent Repertory: *Scarlet fever, Typhoid, & Typhus.* You can find other diseases in *other chapters.* There is no “clinical” chapter in Kent’s, but you can also find many of the old epidemics in the *Generals chapter.*

• **MURPHY’S REPERTORY (3rd Edition):** (Important chanter: Fever & Clinical)
  
  • **Fever Chapter:** *Dengue fever,* Scarlet fever, Typhoid fever, Typhus fever, and *Yellow fever.* The fever chapter is much more extensive than Kent’s.

  • **Clinical or Diseases Chapter** (depending on which edition): *AIDS, Bubonic plague, Candida, Chickenpox, Cholera, Diphtheria, Ebola, Fungus, Gonorrhea, Herpes, Influenza, Lyme, Malaria, Measles, Meningitis, Mumps, Poliomyelitis, Rubella, Smallpox, Syphilis, TB, and whooping cough.*

• (Note: If there is cross reference in a repertory, always look there too.)
No Clinical Rubrics? How do you find remedies for diseases that are NOT in the repertory?

• You repertorize the case based on all the symptoms. As discussed earlier, the best approach to managing epidemics is to find the Genus Epidemicus, for both prevention & treatment. Repertorize each case using the P101 and P102 methods discussed earlier.

• Remember, you need to find the “matching” remedy for the dz, a rx whose keynotes best match the dz, a rx that has more symptoms than any other rx for that dz. Remember the Law of Similars. Also remember in homeopathy we treat the patient not the dz.
***EPIDEMIC DISEASES & THE REPERTORY*****

Part 1

• In the following section, I am covering many (not all) of the main past and present epidemic diseases.

• This section is meant to give you some practical ideas for tx, and will not replace unbiased observation of each case & proper repertorization.
  • Example: “Because Bryonia and Rhus tox cured all the cases (of Typhus) in Hahnemann’s day, it does not mean they will cure the cases in the future.” (Dr. Dorothy Shepherd)

• In regards to the clinical rubrics, with several exceptions, I have not listed any sub-rubrics under each disease, just the main rubric and which chapter(s) in the repertory you can find the dz in. You should refer to the repertory for detailed information.
While every potential remedy for every dz (epidemic condition here) cannot be included, the remedies listed in the following slides represent either the leader remedies and/or all the type 3’s (remedies in bold). In some cases, I have listed a couple of the important type 2’s as well.

The nosode recommendations come mostly from Dr. Colin Lessell’s book titled “The World Traveller’s Manual of Homeopathy). The frequency of dosing he recommends is usually once a week.

Dr. Lessell’s dosing is abbreviated as follows. Example: Remedy 30c 6h (This means take the remedy in 30c potency every 6 hours.)

Notice I have quoted various authors in the following slides. Also, notice that sometimes the authors might have varying opinions. That’s the case in all of medicine, including homeopathy.

In this section, I mention the doctors’ names by last name. To know the full name of the author and the name of the book, refer to the references section.
Resources for the disease section here:

• Dr. Robin Murphy’s book titled Epidemics and Homeopathy and the CDs that go with this book. Can purchase from Lotus Health Institute. I refer to this resource as “Dr. Murphy’s Lecture” in these slides.

• Dr. Robin Murphy’s repertory called Homeopathic Clinical Repertory (Third edition). Note: 4th edition is now available as well.

• (Dr.) Kent’s Repertory

• Dr. Colin Lessell’s book titled The World Traveller’s Manual of Homeopathy. This manual has detailed information on the tx of the various stages of many of the epidemic diseases.

• Dr. Dorothy Shepherd’s book titled Homeopathy in Epidemic Diseases

• Eileen Nauman’s book Homeopathy for Epidemics

• Dr. Todd Hoover, MD’s article titled Homeopathic Prophylaxis: Fact or Fiction, JAIH Autumn 2001

• A few other miscellaneous websites and other books, all sited @ end.
Common Epidemic Diseases & Their Homeopathic Treatment in Alphabetical Order

- **African trypanosomiasis**: Not in any of my repertories. Refer to The World Traveller’s Manual of Homeopathy for remedies, a nice section on it.

- **AIDS**:
  - Nosode: HIV.
  - Kent’s Repertory: Not in this repertory since they didn’t have AIDS in Kent’s time.
  - Dr. Murphy’s Repertory under Clinical Chapter: Ars (3), Ars-i (1), Bapt (1), Carc (2), Ferr-p (2), Gels (2), Lyc (1), Med (3), Mer (3), Phos (3), Ph-ac (1), Puls (1), Pyrog (1), Sulph (1), Syph (2), Thuuj (3), Tub (2).
  - Dr. Murphy’s Lectures: Top remedies: Arsenicum album, Medorrhinum and Thuja are the strongest 3 remedies for AIDS. Dr. Murphy: “The following nosodes work wonders in AIDS cases: Medorrhinum, Syphilinum, & Carcinosin.”
• Candida auris:

• This is a new epidemic, and as such we cannot find it in our repertories. The following website offers some info regarding simple fungal infections of the skin. However, in the case of a serious dz such as Candida auris, we must repertorize each case.

• Dr. Murphy’s Repertory has a rubric under the Clinical chapter on candida albicans (not auris), and another rubric called “Fungus, growths”. Fungus- growths-syphilitic lists several remedies in type 3 that are potentially worth keeping in mind for candida auris: ARS-I, LACH, MERC, MERC-C, NIT-AC AND SIL.

• https://www.drhomeo.com/eczema/skin-fungus-homeopathic-medicine-treatment/ This website offers some remedies for simple fungal infections of the skin.
• **Chickenpox (Varicella):**
  • Nosode: Varicella nosode
  • Kent’s Repertory under Skin chapter: ANT-C, *ant-t*, PULS, *rhus-t*, and SULPH.
  • Dr. Murphy’s Repertory under Clinical chapter: ANT-C, *ant-t*, *merc*, PULS, RHUS-T, and SULPH
  • Dr. Murphy’s Lectures: Top remedies: Rhus tox and Pulsatilla cover 80-90% of the cases.
  • Dr. Shepherd’s remedies for tx: Ant-t, Merc, Rhus-t, and Sulph.
  • Dr. Lessell: “This dz may be treated with the following two remedies, given in alternation, every 12 hours: Rhus tox 30c and Ant. tart 6c”. He does not cover prevention.

• **Chikungunya:**
  • Not in any our repertories yet.
  • 2006: In Kerala, India, a group of doctors distributed a homeopathic preventative for chikungunya. The results of the study showed that while over 73% contracted chikungunya in the unprotected group, only 17% of the protected group contracted the disease. (https://www.homeopathycenter.org/news/homeoprophylaxis-human-records-studies-and-trials)
• Cholera:

• **Since Hahnemann’s time, homeopathy has shown to be highly effective in treating cholera.** We have extensive records, including a number of books, demonstrating great success treating cholera. One such book is “Cholera and its Prevention and Homeopathic Therapeutics” by Dr. Sarat Ghose.

• Kent’s Repertory under Rectum chapter: CAMPH, CUPR, & VERAT.

• Dr. Murphy’s Repertory under Clinical chapter: CAMPH, CUPR, and VERAT.

• **STAGES:** Hahnemann recommended remedies based on stage of dz:
  - First stage: Camphor
  - Second stage: Cuprum and Veratrum album

• **There are 4 types of cholera:**
  1) Without vomiting and diarrhea: Camphora, Laurocerasus, Lachesis, and Carbo veg
  2) With diarrhea without vomiting: Arsenicum album
  3) Without diarrhea with vomiting: Ipecacuanha
  4) With vomiting and diarrhea: Veratrum album, Cuprum, and Digitalis purpurea

• For prevention of cholera, Hahnemann mentions **Cuprum** 30c, one globule once a week, taken in the morning before breakfast.
• “Cholera is preventable and easily treated, yet it infects millions of people each year and causes up to 140,000 deaths.” (Doctors w/o Borders)

• The modern treatment of severe cholera is the replacement of fluids by IV infusion.

• https://www.doctorswithoutborders.org/what-we-do/medical-issues/cholera
  • (It takes 10 cents to treat one patient with oral rehydration solution.)

• Dr. Lessell: Prevention: Nosode: Vibrio Cholera nosode 30c once a week. Avoidance of contaminated food/drink is the key (This is true of typhoid, paratyphoid, hepatitis A, and dysentery). He has a comprehensive section on treatment as well: At onset of mild cases, use Arsenicum album. At the onset of severe cholera, use Camphora tincture (9%), 2 drops on sugar every 5-15 minutes for an hour. Keep Camphora tincture away from all remedies. Max number of drops for an adult in 1 hour is 24. After this period, use Verat-a 6c and Cuprum 30c in alternation with 15 minute gaps in between doses. In last stages, when patient is in shock and is almost pulseless, give Carbo veg 30c every 10 minutes. He also talks about using Verat-a and Cupr for prevention: Both in 6c potency, day 1 verat-a, day 4 cupr, day 7 verat-a, day 10 cupr, & so on.
• **Dengue Fever/Breakbone Fever** (similar to a severe flu with much bone pain):

  Kent’s Repertory: Not present since not present in Kent’s time.

  Dr. Murphy’s Repertory under Clinical chapter: **EUP-PERF** is the only rx in type 3/bold.

  Dr. Lessell: Prevention: Dengue nosode (30c weekly for prevention). He has a comprehensive section on treatment as well.

• **Dengue hemorrhagic fever**: Dr. Murphy’s Lecture: Think of *snake venoms*: Lachesis or Crotalus.

• **Diarrheas (Epidemic Diarrheas)**: (Diarrhea is found in many epidemics-including hepatitis, typhoid, cholera, dysenteries, etc.)

  Dr. Kent’s & Dr. Murphy’s Repertories, can find diarrhea under Rectum chapter in both repertories: Over 200 remedies listed.

  Since so many remedies, you must take a thorough case in order to narrow the choice of remedies down to a few, then select the best one.

  Note: Fresh ginger tea is the best for diarrhea if the remedies don’t work. In the Repertory, diarrhea is in the Rectum chapter. (The Stools chapter covers the characteristics of the stool.)
• **Diphtheria:**

- Kent’s Repertory under Throat chapter.

- Dr. Murphy’s Repertory under Clinical chapter: APIS, ARS, BROM, *diph*, KALI-BI, KALI-CHL, LAC-C, LACH, LYC, PHOS, PHYT, & RHUS-T.

- Dr. Murphy’s Lecture: Prevention: Merc-cy 30c or Diphterinum nosode 30c. Top remedies: Apis and Merc.cy.

- Dr. Lessell: Prevention: Nosode: Diph (Diphterinum) 30c weekly

- Dr. Shepherd: Prevention: Diphtherinum 30c weekly for 4-6 weeks. She recommends avoiding the nosode before vaccine, but ok’s it after the vaccine. *Nosodes help clear up side effects of inoculation.*

- Paralysis in a diphtheria case? Then, go to:

  - Nerves-paralysis-diphtheria, after

  - Throat-Diphtheria-paralysis after
• **Ebola:**
  
  “Ebola is the **most lethal killer** the world has ever seen, and it makes the plague look like an infant in comparison. No known vaccines or drugs for it.”  
  
  (Book “Homeopathy for Epidemics” by Eileen Nauman, DHM)

• **Note:** As of August of 2019, we have a vaccine for ebola, but it is not licensed yet.

• Nosode for ebola? I have not been able to find a pharmacy that carries the ebola nosode. Last resort we can always make an auto-nosode to tx the patient himself or herself as well as to help prevent the dz in others. Remember that if the person is already sick, and you know the indicated remedy (or better yet, the GE), that would be better than the nosode.

• Kent’s Repertory does not have ebola in it b/c this is a modern dz.

• Dr. Murphy’s Repertory under Clinical: ars, bapt, cadm-s, canth, carb-v, chin, cinnb, crot-h, lach, merc-c, mill, phos, and sul-ac.

• Dr. Murphy’s Lecture: He does not cover ebola in his 2006 lecture.

• **Eileen Nauman:** Top remedies: Crotalus horridus (rattlesnake venom), Lachesis muta (bushmaster snake venom), Phosphorus, and Mercurius corrosivus.  
  
  (From the book titled “Homeopathy for Epidemics” by Eileen Nauman DHM (UK), a great resource on the subject. I contacted two world known homeopaths about this, and they did not know if anyone had treated Ebola homeopathically as of May of 2019.)

• Dr. Paul Herscu has informative blogs on the subject.

• **National Center for Homeopathy** has a nice write up on ebola:
  
  - https://www.homeopathycenter.org/find-remedy?combine=ebola
This book is a great resource for homeopathic treatment of ebola.
• **Flu (influenza):**


• Dr. Murphy’s Repertory under Clinical: **ARS, BAPT, bell, BRY, EUP-PER, GELS, INFLU, nux-v, OSCILLOC, PHOS, and RHUS-T.**

• Dr. Murphy’s Lecture: Top rx is Gelsemium. If more septic, then Baptisia. He has an extensive coverage of flu in his epidemics notes.

• Dr. Murphy’s Lecture: **Nosodes: Influenzinum A & B, and Oscillococcinum.** Oscil. is an acute rx, but Influenzinum more of a chronic rx for the flu.

• Dr. Shepherd: all-c, bapt, bry, eup-per, gels, hep-s, nux-v, puls, pyrog

• Dr. Hoover: Acon, Ars, Bac, Bry, Carb-v, Eucal, Eup-per, Formal, Gels, Influenz, Lach, Phos, Rhux-t, Sep, and Sulph

• Are there any studies with Influenzinum nosode? Yes, there is a double-blind, placebo controlled study with very positive results. It can be found here: http://dx.doi.org/10.1016/j.homp.2015.02.006, available online at http://www.sciencedirect.com
This book is a great resource for homeopathic treatment of the flu.
• **Gonorrhea:**
  - Kent’s Repertory under Generals-Gonorrhea AND Urethra-Discharge-Gonorrheal.
  - Dr. Murphy’s Repertory: Clinical-Gonorrhea: Many type 3 (bold) remedies.
  - Dr. Hoover: Arg-n, Merc

• **Hepatitis:** To homeopaths, the type of hepatitis does not matter.
  - Kent’s Repertory under Abdomen-Inflammation-Liver.
  - Dr. Murphy’s Repertory under **Liver-Hepatitis**: ARS, BELL, CARC, CARD-M, CHEL, chim, chin, hydr, lept, LYC, mag-m, NAT-S, NUX-V, PHOS, SCIRR. **Chronic hepatitis**: CARC, CARD-M, CHEL, CHIN, LYC, NAT-S, podo, ptel, PHOS.
  - Dr. Murphy’s Lecture: Top two: Chelidoneum and Phosphorus. He covers the above remedies in his repertory; also talks about Cholesterinum for hepatitis.
  - Dr. Lessell: Prevention:
    - Hepatitis A: Hepatitis A nosode 30c weekly.
    - Hepatitis B: Hepatitis B nosode 30c weekly.
  - Dr. Lessell: Treatment: In all cases of suspected acute viral hepatitis, irrespective of type (A, B or E), give **Phosphorus** 6c 6h (every 6 hours)
  - Dr. Hoover: Hep A and Hep B nosodes (for prevention)
• **Leishmaniasis and leishmania/HIV co-infection:**
  Kent’s and Murphy’s 3rd edition: Not in either one of the repertories.
  Dr. Lessell: He covers this dz in detail in his book.

• **Lyme dz:** *(The First Epidemic of Climate Change)* book by Mary Pfeiffer. Not a homeopathic resource, but title is informative.)

• Kent’s Repertory: Lyme is not covered in Kent’s.
• Dr. Murphy’s Repertory under Clinical: ars, merc, thuj.

Dr. Murphy’s Lecture: “Our best three remedies for Lyme dz are Arsencium album, Mercurius, and Thuja.” He does not cover this dz in his lectures on epidemics, but does have another separate lecture on it which you can purchase online.

• Dr. Murphy has an online course on Lyme disease.

• Dr. Lessell: Prevention: Nosode: Borrelia burgdorferi nosode 30 12h (Take during stage 1)
• Dr. Lessell: Remedies for tx: Stage 1 (days 3-30 after tick bite): Consider Sepia primarily, then Tellurium (secondarily). Stage 2 (weeks to months later): Causticum may be helpful. Stage 3 (months to years later- arthritis): Repertorize. For stage 3, consider Dr. Murphy’s remedies listed here.
• **MALARIA: (EXTENSIVE SECTION IN VARIOUS REPERTORIES ON MALARIA)**

• HAHNEMANN’S first proving in homeopathy was with Quinine (or Cinchona tree) bark. (Caused by 4 different types of protozoan parasites.)

• Two basic types of malaria: Benign (caused by P. vivax, ovale, and malariae) and malignant (caused by P. falciparum) which is often life-threatening and is on the rise. Benign form has three phases: Cold, Hot, and Sweating phases. Notice the three chapters in the repertory Chill, Fever, and Perspiration are probably named after the three phases of Malaria. Homeopaths have a great deal of knowledge in these areas.

• Benign *tertian* malaria: Attacks occur every 48 hours, every third day. (P. Vivax and Ovale)

• **Quartan** malaria: Attacks occur every 72 hours, every fourth day. (P. Malariae)

• Malignant tertian malaria: Attacks occur every 48 hours, every third day. (P. Falciparum)

• **Mixed malarial infections**: Double infections by more than one type of species result in complex symptomatic pictures. *Quotidian* malaria (daily recurrence of fever) may be produced by such mixed infection.

• Kent’s Repertory under Generals: Limited section- Must use the Chill, Fever, and Perspiration Chapters for extensive information.

• Dr. Murphy’s Repertory under Clinical chapter: Extensive section (multiple pages), all in one place.
Dr. Lessell’s book has an excellent comprehensive chapter on malaria prevention AND treatment: REFER TO THIS BOOK FOR DETAILS

PREVENTION & REMISSION: Even if you are taking orthodox preventative medication, you should seriously consider taking the appropriate homeopathic remedies as well. The following combined regime should be taken, preferably from 2 weeks before travelling, until 6 weeks after return from endemic malarial areas:

- Malaria officinalis 30c, one dose morning and evening on a single named day each week (eg Saturday). (Boericke: Malaria officinalis is “decomposed vegetable matter”)
- On the remaining 6 days of each week, take: Cinchona officinalis = China 8x 12h (where this potency is unavailable, use 6-30 12h)

Dr. Lessell recommends the above protocol for cases when pt is in “remission” also.

Dr. Lessell: 3 top remedies are Ars alb, Pulsatilla, and Nux vomica.

Dr. Lessell recommends different remedies for different phases and times of the day during which attacks occur. Other rxs to consider: Eup perf, Gels, Rhus tox, Apis, Chininum (or China) sulph, and Ipecac. Always look for at least 2 keynotes.

Dr. Murphy’s Lecture: Top rx is China (=Cinchona) off. Other forms of China also useful here: China ars or China sulph. Nat mur and Ars can work wonders in some cases. Malaria off has nothing to do with malaria! Boericke: Malaria officinalis is “decomposed vegetable matter”. Ideally find a remedy that covers as many of the phases/stages as possible.

Dr. Hoover: Ars-i, Caust, Cedr, Chin-s, Culex, Eup-per, Gels, Malar, Nat-m, Nux-v, Rhus-t, Sep, Sulph, Ter

Nosode: Malaria nosode sold by Ainsworths Pharmacy in UK which contains the 4 malaria Anopheles mosquitos. A product called MalariX is on the market and being promoted. It contains the nosode plus China off, Nat mur, Ars alb, and Eupat perf, all indicated remedies. Clearly this is a combination approach, not single remedy prescribing.
• **Measles (Rubeola):**

  • Kent’s Repertory under Generals chapter.

  • Dr. Murphy’s Repertory under Clinical: ACON, APIS, BRY, EUPHR, MORBILL, PULS, SULPH.
    - Note: Numerous sub-rubrics with numerous remedies available for measles.

  • Dr. Murphy’s Lecture: Nosode: Morbillinum. Top rx: Pulsatilla. If eyes involved, Euphrasia. (My note: Remember a remedy for a dz is often preferable to the nosode.)

  • Dr. Lessell: Pulsatilla 6c every 4 hours (This remedy will be found helpful in many cases, to reduce the severity of the dz, and to reduce the likelihood of serious complications.)

  • Dr. Hoover: Acon, Ars, Ferr-p, Morbill, Puls-n, Puls-pr

  • Jeremy Sherr’s recent online on epidemics: He said homeopaths were not finding the nosode Morbillinum helpful so far. He believes in finding the indicated remedy.

• **Meningococcal Disease (MD):**

  • Kent’s Repertory under Head-Inflammation-meninges: BELL, HELL, STRAM, ZINC.

  • Dr. Murphy’s Repertory under Clinical: APIS, BELL, GELS, HELL, STRAM, ZINC (all type 3’s)

  • Dr. Lessell: Prevention- Neisseria meningitidis co. nosode 30c weekly. He does not cover treatment.

  • Dr. Hoover: Arg-n, **Bell**, Chin, Mening (nosode)
Mumps:
- Kent’s Repertory under Face-Inflammation-Parotid.
- Dr. Murphy’s Repertory under Clinical: BAR-C, BELL, CARB-V, CIST, JAB, MERC, PULS
- Dr. Murphy’s Lecture: Nosode: Parotidinum. Rx: Jaborandi (=Pilocarpus); also referred to as pilocarpus j, or j pilocarpus.
- Dr. Lessell: Treatment: Jaborandi 30 4h. Esp w/ testicular inflammation: Pulsatilla 6 4h
- Dr. Hoover: Parotid. (nosode), Piloc. (=Jaborandi), Trif-r

Pertussis (whooping cough):
- Kent’s Repertory under Cough-Whooping: CARB-V, DIRC, DROS, KALI-S
- Kent’s Repertory under General—Whooping cough, ailments after: SANG
- Dr. Murphy’s Repertory under Clinical: ANT-T, CARB-V, CUPR, DIRC, DROS, KALI-S, MEPH, PER (nosode), PHOS, and SANG (all type 3, or type 3 underlined which is even stronger than type 3)
- Dr. Murphy’s Lecture: Top remedies are Drosera and Antimonium tart.
  “Give the nosode Pertussin (=PER.) if the leading remedy does not work, or use this nosode as an intercurrent remedy.”
- Dr. Shepherd: Prevention: Pertussin 12c or 30c daily. “364 cases.. 30c daily for two weeks after contact. Not one child developed the dz.”
- Dr. Hoover: Carbo-v, Cupr, Dros, Formal, Pertuss (nosode), Vac.
**Plague:** *Snakes and spiders come to aid us against rats!!*

- Dr. Murphy’s Repertory under Clinical-Bubonic p: *ars, bapt, BUFO, CINNB, HEP, hippoz, ign, lach, merc, nit-ac, pyrog, sil, sul-ac, and tarent-c.* (Listed all the 3’s and a few of the 2’s.) Two sub-rubrics: Burning bubo and suppurating bubo.

- Dr. Murphy’s Lecture: **Top remedy:** *Baptisia.* Also, “*snake and spider venoms fit the symptomatology of the plague.*” These include: Lach, Naja, Crot-h, Tarent-c.

- Dr. Lessell: Prevention: Nosode: Yersinia pestis nosode 30c once a week.

- Dr. Rajneesh Sharma from India: Top remedies: Ars, Bell, Lach, Naja (cobra), and Crot-h (rattlesnake), and Pyrog. The most common Plague remedies are: Anthracinum, Hippozeanium, Pestinum or Plaquinum, Crotalus horridus, Ignatia amara, Operculina terpenthum, Tarentula cubensis, Caladium seguinum, *Baptisia tinctoria,* Bufo rana, Lachesis mutus, Naja tripudians, Phosphorus, Sulphuric acid, Chininum sulph, etc. Read the full article here: [https://spiritindia.com/plague-the-black-death-and-homoeopathy/](https://spiritindia.com/plague-the-black-death-and-homoeopathy/)

- Dr. Hoover: *Bapt, Hyos, Ign, Pest, Ruta* (SAME FOR TYPHUS)
**Pneumonia:** According to Dr. Andre Saine’s research, homeopathy is the most effective tx for pneumonia even compared to antibiotics. Find his presentation below:

- Kent’s Repertory under Chest-Inflammation-Lungs (Also chapters on Cough, Expectoration, and Respiration)
- Dr. Murphy’s Repertory: Relevant chapters: Breathing, Chest, Coughing, Diseases, Lungs. Also a whole section on pneumonia in Clinical chapter.
- Dr. Murphy’s Lecture: Top remedies: **Phosphorus**, Anti tart, and Bryonia.
  - Beginning stages of pneumonia: Ferrum phosph.
  - Late stages: Anti tart and Carbo veg
  - Other helpful remedies: Arsenicum, Ipecac, Ammonium carb, Kali carb, Sulphur, & Chelidoneum.
  - (Note: As Gelsemium fits with the flu, phosphorus fits pneumonia.)

**Polio=poliomyelitis:**
- Kent’s Repertory under Generals: **bung, caust, GELS, plb.** Generals-polio-prophylaxis: **LATH**
- Dr. Murphy’s Repertory under Clinical: **acon, bung-f, calc, caust, GELS, LATH, plb, rhus-t**
- Dr. Murphy’s Lecture: Nosode: Polio nosode. Top rx: **Lathyrus sativa** (derived from chickpea), which can be used preventatively. Other top remedies: Gelsemium and Rhux tox.
  - “Dr. Bastyr in 1953, 1956, and 1957, treated polio epidemics and had no polio cases in over 5,000 patients to whom he gave Lathyrus.” (K&C’s book)
- Dr. Lessel: Nosode: Poliomyelitis nosode 30c once weekly.
- Dr. Shepherd: For prevention: “Dr. Grimmer recommends **Lathyrus** 30c or 200c every 3 weeks”. She has a nice discussion with remedies for polio in her book on epidemics.
- Dr. Hoover: Bell, Cocc, Cur, Gels, Lath, Physostig, Polio (nosode)
• **Rubella (German Measles):**
  • Kent’s Repertory: I cannot find Rubella in Kent’s.
  • Dr. Murphy’s Repertory under clinical: *acon, bell, bry, coff, puls*.
  • Dr. Shepherd: **Pulsatilla** both for prevention and treatment.
    • Prevention: Pulsatilla 6c bid for 10-14 days after contact
    • Treatment: Pulsatilla 6c or 30c hourly for temp and fever without thirst. Aconite 6c for fever w/ thirst.
  • Dr. Hoover: Pulsatilla and Rubella nosode

• **Scarlet fever:**
  • Kent’s Repertory under Fever.
  • Dr. Murphy’s Repertory under Clinical: AIL, AM-C, APIS, BELL, ECHI, LACH, LYC, MERC, NIT-AC, RHUS-T, & TER
  • Dr. Murphy’s Lecture: Nosode: Nosode is scarlitinum. Top remedy is Belladonna. (One of Hahnemann’s first successes during an epidemic of Scarlet fever.)
  • Dr. Hoover: Ail, Acon, Apis, Bar-c, Bell, Camph, Eucal, Phyt, Rhus-t, Scarlat, Sulph
• Shock, fear and anticipation during epidemics:

• Dr. Lessell on shock:
  • If psychological shock, use Aconite 30c every 10 minutes. Also use Bach Rescue Remedy. Alternatively in the case of physical trauma, use Arnica 30c similarly.
  • If physical shock and semi-conscious, tx as if psychological shock- refer to above.
  • If physical shock and unconscious, give either one of the following two remedies every 10 minutes: Carbo veg 30c and Bach Rescue Remedy.

• Dr. Murphy’s Lecture: **Gelsemium**, Arsenicum, Aconite, Arnica, and Phosphoric Acid are all for BAD NEWS. Select the most indicated remedy, as always.

• Dr. Shephard: “There is another factor that should not be overlooked in preparing for epidemics. **Gelsemium** is a great rx for fear and nervous anticipation with trembling and lethargy. And, will therefore act both as a true prophylactic and a cure in the early days of the onset of the dz.” **Note:** **Gelsemium is a great remedy for the flu**, and most epidemics start out with flu-like symptoms. So, this is a remedy you want to keep in mind.
Smallpox: (Completely eradicated from the world, but some labs in the world have the pathogen.)

Dr. Murphy’s Repertory under Clinical: ANT-T, MALAND, MERC, RHUS-T, SARR, THUJ, vac, VARIO. Prophylaxis: MALAND, SARR, vac, VARIO

Dr. Murphy’s Lecture: Top remedies: Anti Tart and Thuja

Eileen Nauman has a wonderful chapter on smallpox in her book titled Homeopathy for Epidemics. She discusses the 3 nosodes for smallpox, along with the following remedies in DETAIL: Ant. tart, Bapt, Bell, Bry, Carboolicum acidum, Hepar sulph, Kali bich, Merc sulph, Rhux tox and Thuja.

Dr. Raue: The article titled Homeopathy and Epidemics by Dr. Gaby Rottler, a vet has great info on smallpox. Dr. Raue in this article: Can use Malandrinum as a preventative as well as a curative agent. 3 Nosodes the author of this article discusses: Actual nosode is Variolinum; other nosodes are: Malandrinum, and Vaccinimum. Note: Can use Malandrinum to treat adverse effects after vaccination.

Dr. Hoover: Ant-t, Colch, Hydr, Joan, Kali-cy, Maland, Sarr, Sin-n, Thuj, Vac, Vario, Sil

Syphilis:

Dr. Murphy’s Repertory under Clinical: Numerous remedies are listed here.
• TB (Tuberculosis):  We now have multiple & extreme drug-resistant tuberculosis. Therefore, alternative treatments are critical to know.

• Kent’s Repertory under Chest-Phthisis pulmonalis (Pulmonary TB): Numerous sub-rubrics. Remedies: AGAR, CALC, CALC-P, HEP, IOD, KALI-C, KALI-S, PHOS, PSOR, PULS, SENEC, SIL, SPONG, STANN, SULPH, THER, TUB and ZINC.

• Dr. Murphy’s Repertory under Clinical: Numerous sub-rubrics including acute, incipient, last stage, malignant, pituitous, pneumonia, prophylaxis for, purulent, sycotic, syphilitic, ulcerative, etc. Remedies: AGAR, CALC, CALC-P, dros, ferr-p, HEP, IOD, KALI-C, KALI-S, LYC, PHOS, PSOR, PULS, SENEC, SIL, SPONG, STANN, SULPH, THER, TUB and ZINC. (Kent in one place in his writings recommended against using Silica in high potencies in TB patients.)

• Dr. Murphy’s Lecture: Extensive section on TB, with numerous sub-rubrics.
  • Nosodes: Tuberculinum and Bacillinum. Top two remedies for prophylaxis.
  • Bacillium is more for upper respiratory problems.
  • Tuberculinum is more for the lower respiratory (lungs)
  • Top remedy is Phosphorus (Similarly to pneumonia and hepatitis)

• Dr. Hoover: Bac (nosode), BCG, Carc, Dros, Sulph, Tub (nosode)

Notice: Phosphorus is a main remedy for Ebola, Hepatitis, Pneumonia, and TB.
TB is the 2nd biggest killer on Earth, and we have numerous homeopathic resources by MDs and NDs on how to treat it.
• **Typhoid fever** (Salmonella)=Enteric fever, a dz of the small intestine, w/ possible brain symptoms

• Note: During the first week, like Malaria, s/s are similar to the flu.

• Kent’s Repertory under Fever.

• Dr. Murphy’s Repertory under Fever: Several pages of info, numerous remedies. Ex: Typhoid-aborting: bap, *pyrog*, typhoid nosode; Typhoid-cerebral (last stage): *bapt*, HYOS, STRAM; Typhoid-sequel...

• Dr. Murphy’s Lecture: #1 remedy is **Baptisia**. (Note: This rx is in both aborting and last stages.) **Baptisia also #1 remedy for bubonic plague.**

• Dr. Shepherd: Different remedies based on 1) Mainly cerebral s/s 2) Mainly GI s/s 3) Both cerebral and GI s/s: **(Note: She does not mention Baptisia!)**
  - Cerebral only: Bell, Hyos, Lach, Opium, and Stram, and later on, consider: Ars, Bry, or Sulph
  - GI only: Arsenicum, Carbo-veg, China, Colchicum, Mercurius, Nux-m, Secale, and Sulphur
  - Both: Bryonia, but also consider Arnica, Calcarea, Nux-v, Pulsatilla, Rhus-t, or Veratrum album.

• Dr. Lessell: Prevention: Nosode: Salmonella typhi nosode 30c weekly. Extensive section on treatment. Very complex prescribing depending on s/s.

• Dr. Watters: Use the nosode in higher potencies only (30 or higher). Lower potencies of 6c can aggravate.
• **Typhus fever**: a dz of the brain (NOT the same dz as Typhoid)
  • Different types: Louse-borne T, flea-borne T, scrub T (=mite T), Tick T (=Spotted fever). Dr. Lessell’s book “The World Traveller’s Manual of Homeopathy” has an entire chapter on these different types of Typhus infection.

• Hahnemann: 1\textsuperscript{st} stage of dz: Bryonia or Rhus-tox, 2\textsuperscript{nd} stage of dz: Hyoscyamus

• Kent’s Repertory under Fever.

• Dr. Murphy’s Repertory under Fever: A small paragraph (vs. Typhoid fever which has pages of sub-rubrics in the repertory): ars, bapt, hyos, pyrog, rhus-t, TYPHUS (nosode) (Note: Bryonia is not in this rubric, but Hahnemann used it.)

• Dr. Lessell: Prevention: Nosode: Scrub typhus nosode 30c once weekly. Treatment: A nice section on the treatment of the Typhus group of diseases

• Dr. Hoover: Bapt, Hyos, Ign, Pest, Ruta (SAME as Plague)
Vaccination... Treating ailments from vaccines

- If a person is experiencing side effects to vaccines hours to years afterwards, you may be able to clear the reactions using homeopathy. In such cases, the initial symptoms after vaccination can be critical in case-taking. In other words, if you give all the indicated remedies for their present state some time after vaccination, and that does not help them, you can go back and give them the remedy that matches their initial symptoms after vaccination.

- How to prevent reactions to vaccines? Vaccination is considered to be a puncture wound. Top two remedies for puncture wounds are Hypericum and Ledum. If the patient is experiencing acute s/s matching the keynotes of any of these two remedies, I’d give these remedies in the 30c or 200c (depending on severity of reactions), prn.

- Dr. Murphy’s Repertory has a chapter on vaccination reactions, a few pages long. Rubrics: Reactions-ailments from, coma, swelling over whole arm, hyperactive, infections after, redness, etc.

- Should you just give Thuja or Silica after vaccines (commonly done since top two remedies for reactions to vaccines)? Only if you see Thuja or Silica s/s in the patient.

- Remember the nosode for the dz (such as Pertussis) or diseases (such as MMR or DPT). Can give the nosode before and after the vaccine if don’t know any better. Be specific- If MMR vaccine, take nosode of MMR before and after. If measles vaccine only by itself (which is not available), then nosode of measles before and after the vaccine. Remember, however, the best approach is to give the indicated remedy. If you see keynotes of a specific remedy after any vaccination, give that remedy, not the nosode for the dz you were just vaccinated against. Refer to the nosode section of this presentation for more information on nosodes.
• **Yellow fever:**

• Kent’s Repertory under Fever.

• Dr. Murphy’s Repertory under Fever: ACON, ARS, BELL, CADM-S, CAMPH, CANTH, CARB-V, CROT-H, LACH, MERC NUX-V. (Notice the **TOP TWO** remedies, **CROTALUS HOR. & LACHESIS** here are both snake remedies.)
  - Sub-rubrics: First, second,, and third stages.

• Dr. Murphy’s Lecture: Top rx is **Crotalus hord** (Also one of the main remedies under **ebola** in Dr. Murphy’s Repertory and in Eileen Nauman’s book)


• Dr. Hoover: Ars, Carb-v, Crot-h, Eucal

• Note: If having complications to the yellow fever vaccine (which are not unheard of), can use Crot-h to antidote the side effects of the vaccine. You can also use the nosode for this purpose.
• **Zika Virus:**

• Not in any of our repertories yet. Also not in the World Traveller’s Manual of Homeopathy.

• Dr. Paul Herscu, ND, has 5 epidemic updates on Zika under “2016” on his epidemics website: [http://paulherscuepidemics.blogspot.com](http://paulherscuepidemics.blogspot.com).

• **Dr. Vikas Sharma MD** on his website DrHomeo.com offers the following:

• Homeopathic medicines Eupatorium Perfoliatum, Belladonna, Rhus Tox can be safely used in Zika virus infection treatment. These medicines come the closest in treating the symptoms of Zika virus infection. Homeopathic medicine Eupatorium Perfoliatum can be used as prophylactic in Zika virus infection as this medicine has the closest match to the symptom set presented in Zika virus infection.

Pandemic Plan
Is it possible to treat 10,000 patients in a day!? Jeremy Sherr says Yes!

• In his online course on epidemics, Jeremy Sherr says: “We will understand the true nature and purpose of epidemics, what their role is in the world, and what their inner nature is, and learn to differentiate them. We will learn how to treat epidemics effectively. We will learn how to treat them even more effectively with other methods and techniques that I have learned over the years of treating epidemics.

• We will learn and find out - can we treat 10,000 patients in a day? You will see that I definitely believe that we can.”

• One of us trains 100, and each of them trains 100 = 10,000 in a day
One bottle of a remedy can cure a city during an epidemic!  How?

• You can teach people to **graft remedies** (making exact copies of your own existing remedy).  We can do that on our own without the aid of a pharmacy.  There are YouTube videos on how to do this.

• You can also **dilute the remedies in water**, and pass on some of that water to others.  Refer to the slides under auto-nosode and the link below for detailed information on Hahnemann’s Water Potencies:

• (Note: Compare this with how logistically difficult it will be to make enough vaccines for an entire city or country or the world at large in an emergency-it could take months to years to accomplish this mission.  Note that just the production of millions of doses of influenza vaccine would require hundreds of thousands of eggs a day, a potentially impossible feat by itself.)
Pandemic Plan – We need an international network of homeopathic practitioners

• Article titled “Homeopathy and Epidemics” by Dr. Gaby Rottler:

  “A national/international homeopathic network for epidemic diseases should be established to collect cases and symptoms in new epidemics. It should distribute experiences from different parts of the world, perhaps even be able to give recommendations to homeopathic practitioners based upon the characteristic totality of symptoms as seen in an epidemic.”

• Article titled “HP as a Cure for Fear of Disease” by Kate Birch and Cilla Whatcott:

  • Who decides on the GE or HP?
  • Could and how will homeopaths reach a consensus on the GE? Who pays for it?
  • How will we coordinate ourselves?
PANDEMIC PLAN

• Let’s form this network! If you have any ideas, share your ideas with me and/or with our homeopathic associations listed under the resources slides in this presentation.

Please email your ideas to me:
DrSharif@DrSharif.com
Pandemic Plan

• We need to come up with a pandemic response plan that will outline:

• 1) How we are going to promptly and efficiently prepare other health care professionals, including non-homeopathic practitioners, with sufficient knowledge of the homeopathic approach including remedies they should prescribe and the appropriate dosing and case follow-up.

• 2) How we naturopathic physicians would communicate among ourselves to figure out what the best homeopathic remedies might be for prevention as well as treatment of the epidemic disease.

• 3) How best to efficiently disseminate remedies since we may not have enough bottles of remedies to go around.

• 4) How to quickly educate the public on where to obtain homeopathic remedies, how to administer them, and how to help their neighbors.

• 5) Share contact information for homeopathic pharmacies nationwide and abroad for the purposes of ordering remedies, and information on conventional as well as homeopathic internet sites for support during epidemics, including email lists you can join for updated information by the leading homeopathic practitioners in the area and in the world.
Simple things to do right after this talk

• 1) Purchase at least two emergency kits, one with the top 100-200 remedies in the 30c potency and one in the 200c potency. If you can, the 6c kit would be great as well.
  • Purchase Oscillococcinum & Crotalus horridus separately since it does not come in most kits.
• 2) Purchase the various nosodes for the main epidemic threats ahead of time. (If not, and if an epidemic is moving in, immediately buy the nosode.)
• 3) Sign up to get free daily newsletters on disease outbreaks in the world from http://www.cidrap.umn.edu (Center for Infectious Disease Research and Policy) – A MUST!
• 4) Sign up to get epidemics updates from Dr. Paul Herscu, ND. Go to bottom of page: http://paulherscuedoctor.blogspot.com to sign up. A MUST!
• 5) You should follow Dr. Andre Saine, ND and The Canadian Academy of Homeopathy on Facebook.
• 6) Sign up with various homeopathic associations in North America (listed below) to see various postings they might have on epidemics. Stay in touch with these associations:
  • National Center for Homeopathy: https://www.homeopathycenter.org
  • American Institute of Homeopathy: https://www.homeopathyusa.org
  • Homeopaths Without Borders – N. America (HWB-NA) https://www.hwbna.org
• 7) Consider joining the mailing list on my teaching website to receive information about disease outbreaks: http://www.VisualHomeopathy.com
Homeopaths Without Borders
https://www.hwbna.org

• “We are an organization that offers both homeopathic treatment and education to foster independence in the use of homeopathic medicine. To date, we have provided service in Cuba, Honduras, El Salvador, Antigua, Guatemala, Dominican Republic, Trinidad and Haiti.”

• “I want to be in every region of Haiti treating infectious diseases (chikungunya, typhoid, malaria, dengue, cholera). I have seen how effective homeopathic remedies can be in these instances and I want to do comparative studies to show their results.”

• Joseph Prosper, MD – Haiti (He owns and operates a clinic in Port au Prince)

• If interested, you can join this group in various capacities.
Homeopathic Pharmacies

• Nelson’s in UK (https://www.nelsonspharmacy.com)
• Ainsworths in UK (https://www.ainsworths.com)
  • If order through the UK, place small orders, otherwise your package may not go through since it might get inspected.
• Boiron: headquartered in France and with an operating presence in 59 countries worldwide.
• Hahnemann Laboratories in United States
Resources – Websites of H & non-H associations

- [https://www.who.int](https://www.who.int) (WHO- THE BEST RESOURCE ON WORLDWIDE EPIDEMICS SURVEILLANCE) This site has a search engine. Their dz surveillance is amazing.
- [https://www.who.int/gho/map_gallery/en/](https://www.who.int/gho/map_gallery/en/) (MAP GALLERY ON WHO’S WEBSITE – AMAZING MAPS!)
- [https://www.cochranelibrary.com](https://www.cochranelibrary.com) (The Cochrane Library is a collection of *databases* that contain different types of high-quality, independent evidence to inform healthcare decision-making.)
- [http://www.cidrap.umn.edu](http://www.cidrap.umn.edu) (Center for Infectious Disease Research and Policy) – Sign up to get their newsletters- *HIGHLY RECOMMENDED*. Will get newsletters daily.
- [https://www.homeopathyusa.org](https://www.homeopathyusa.org) (American Institute of Homeopathy, since 1844)
Resources – Free Homeopathy Library and more!

- **https://www.homeopathycenter.org** *(National Center for Homeopathy)*
  Incredible website! Highly recommend their “find a remedy” menu item (in the Resources menu). *Subscribe to their monthly newsletter.*

- **https://homeopathybooks.in** *(The world’s largest online homeopathy Library, with nearly 200 books and 450 historical journals, which are absolutely free! Made available through https://www.homeopathycenter.org/free-homeopathy-library)*

- **https://www.hri-research.org** *(Homeopathic Research Institute, HRI is an innovative international charity created to address the need for high quality scientific research in homeopathy)*

- **https://www.hwbna.org** *(Homeopaths Without Borders – North America (HWB-NA))*

- **https://www.doctorswithoutborders.org** *(Doctors without borders – sign up to get free updates)*

- **https://freeandhealthychildren.org** *(Promotes HP for children)*

- **https://drhomeo.com** *(Dr. Vikas Sharma, MD, practices in India, and has an alphabetical list of numerous dz’s and their homeopathic tx.)*
Book References For This Presentation:

- Kent’s Lectures on Homeopathic Philosophy, Chapter 3 (all on epidemics)
- Dr. Murphy’s Clinical Repertory, 3rd Ed. (AN ABSOLUTE MUST HAVE- World class user friendly repertory)
- Kent’s Repertory (Precious resource, but very difficult to use, as you all know!)
- Dr. Robin Murphy’s Lotus Health Institute’s CD courses on 1) Epidemics, and 2) Fever and Infections. The epidemics course comes with a paperback book which is extremely useful. (Two thumbs up)
- The World Traveller’s Manual of Homeopathy by Dr. Colin Lessell (Incredibly useful book; a MUST HAVE)
- Homeopathy in Epidemic Diseases, Dr. Dorothy Shepherd, MD (1967, old epidemics, written by a master)
- Homeopathy for Epidemics by Eileen Nauman, DHM (UK) (Much info on Ebola and BIOTERRORISM)
- The Homeopathic Treatment of Influenza by Sandra Perko, PhD (Incredible resource on the flu)
- Cholera and its Prevention and Homeopathic Therapeutics by Dr. Sarat Ghose
- Human Condition Critical by Dr. Luc De Schepper, MD, PhD, LicAc, DIHom (Great book on health & healing)
- Poisons that Heal by Dr. Eileen Nauman (Many of our great remedies are made from poisons!)
- “Vaccination & Homeoprophylaxis?” By Dr. Isaac Golden (A classic comprehensive textbook on HP)
- “The Solution, Homeoprophylaxis, the Vaccine Alternative” by Kate Birch and Cilla Whatcott
- The Logic of Figures; Or Comparative Results of Homeopathic and Other Treatments by Thomas Bradford
- Dictionary of homeopathic medical terminology, 2nd edition
- Disease and History by Frederick Cartwright (Cool book on history of medicine)
- Lyme, The First Epidemic of Climate Change by Mary Beth Pfeiffer
Journal Article References, part 1

- “Large Scale Homeoprophylaxis: Results of Brief and Long-Term Interventions”, Isaac Golden, PhD, AJHM 112-1 Spring 2019
- “Large-Scale Application of Highly-Diluted Bacteria for Leptospirosis Epidemic Control”, Gustavo Bracho et al, Homeopathy 2010, 99 156-166
- “Homeopathic Prophylaxis: Fact or Fiction”, by Todd Hoover, MD, JAIH Autumn 2001, Vol 94, No 3
- “Advances in Integrative Nanomedicine for Improving Infectious Disease Treatment in Public Health”, Iris Bell et al, European Journal of Integrative Medicine 5 (2013) 126-140
- “Acute Intercurrent or Intermediate Remedies in Chronic Diseases” by Dr. Luc De Schepper, MD, PhD, LicAc, Chom., AJHM, Summer 2004
Journal Article References, part 2

- “Could Homeopathy Become An Alternative Therapy in Dengue Fever? An example of 10 Cases Studies”, Seema Mahesh, Mahesh Mallappa, George Vithoulkas
- “Lives Saved by Homeopathy in Epidemics and Pandemics”, by Nancy Malik & Iman Navab
- “Homeopathy During the Deadliest Epidemic Ever Recorded”, by Lisa Samet
- “Treatment of Epidemics with Homeopathy – A History”, by Julian Winston
  - https://www.homeopathycenter.org/treatment-epidemics-homeopathy-history
- “Guidelines for Epidemic Management in Homeopathy”, by Dr. Anand.P.R., MD, and Dr. Dinesh.R.S, MD, Dr. Sreejith.S, MD, Dr. Mridula Gopinathan, MD

Numerous thanks to the Bastyr University library staff for all their support in sharing these articles with me.
Jeremy Scherr’s online course on EPIDEMICS
“Homeopathy for Health in Africa”, Jeremy’s AIDS project

• “Jeremy Sherr has spent the last 30 years teaching epidemics and the last 14 years treating AIDS and other epidemics in Africa where these infections are rampant.

• You can see the free introductory video about the course here:
  • https://tqfs.official.academy/?fbclid=IwAR0SiXIQQTka0OuEHSQW7jH3L29FSmfFZkL2jC8tAbKPOcs6HAV9ZrZQxI#!everything-you-wanted-to-know-about-managing-epidemics/1/L9D2a/

• “In this course he will bring together his blueprint and practical gems on treating epidemics from his own extensive clinical experience in Africa over the last few decades to give you a step by step template for replicating his incredible success in an Epidemic Situation.”

• Jeremy speaks of the “collective vital force” in epidemics.
By investigating thousands of descriptions of epidemics reaching back before the fifth-century-BCE Plague of Athens to the distrust and violence that erupted with Ebola in 2014, Epidemics challenges a dominant hypothesis in the study of epidemics, that invariably across time and space, epidemics provoked hatred, blaming of the "other," and victimizing bearers of epidemic diseases, particularly when diseases were mysterious, without known cures or preventive measures, as with AIDS during the last two decades of the twentieth century. However, scholars and public intellectuals, especially post-AIDS, have missed a fundamental aspect of the history of epidemics. Instead of sparking hatred and blame, this study traces epidemics' socio-psychological consequences across time and discovers a radically different picture: that epidemic diseases have more often unified societies across class, race, ethnicity, and religion, spurring self-sacrifice and compassion.
Homeopathy will always be ready to help!

• “Throughout recorded history, the survival of human societies have been threatened by epidemics, and regardless of the advances in medicine, prevention or biotechnology, there will always be epidemics, and homeopathy will always be ready to rapidly intervene.” (extracted from Dr. Andre Saine’s talk on epidemics in 2017)
Conclusion & Our Mission Statement

• Many (if not all) of these epidemic diseases can be prevented by CLEAN water, clean food, and a clean living environment, AND peaceful living with one another and with nature. Contributing to the above causes should be our mission statement.

• “Things will grow brighter as minds are brought together and men think harmoniously. The more we keep together the better, and the more we think as one, the better.” — Dr. James T. Kent, MD
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