



The Immunisation Dilemma

Part 1: An Opportunity for Homeopathy?

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Towards an Agreed Position on Homœoprophylaxis

Homeopaths agree that our actions should be based on the *Law/Principle of Similars*, and the *Law/Principle of Minimum Dose*. However when it comes to implementation of these Laws/Principles agreement often stops. The Editorial Board of *Homœopathic Links* has taken up the challenge to see if we, as an international community united in our love of *Hahnemann's* great contribution to humanity, can reach united positions regarding the extended practice of homeopathy.

The series of articles outlined below deals with the often vexed issue of immunisation options. Vaccination has become a cornerstone of allopathic medicine, and a massive revenue earner for the pharmaceutical industry. Yet there are genuine concerns regarding its practical effectiveness and safety. Homœoprophylaxis (HP) provides a nontoxic and apparently comparatively effective alternative to vaccination, yet there is disagreement within the homeopathic community as to its philosophical correctness and its empirical consequences.

There is a great need for a united position on HP. Disunity affects our patients who are often left confused by conflicting views, it gives encouragement to our allopathic detractors, and gives cause for regulators to view HP and homeopathy with suspicion.

Over the course of six issues we shall explore all aspects of HP, and invite interested practitioners to state and then support

their position regarding HP. These different views will be collected and published either in summary or in full where appropriate. An attempt will be made to reconcile differences and to prepare a generally agreed evidence-based position on HP.

Part 1: An Opportunity for Homeopathy?

The dilemma is considered from the viewpoint of an intelligent patient who asks reasonable questions about immunisation and its options. The opportunity this presents to homeopaths is made apparent, as is the need to respond with a generally united voice. Six different positions regarding HP that homeopaths can take are identified, and practitioners are invited to state their position and write in support of it.

Part 2: The Long-term Safety of Immunisation Options

HP is nontoxic, but does the use of a long-term program disturb the subtle bodies? Vaccination is potentially toxic, and short-term adverse events are documented, but has the long-term safety of the method been adequately quantified? These fundamental questions regarding the long-term safety of immunisation options will be examined.

Part 3: Positions within the International Homeopathic Community

A review of the positions on HP by homeopathic associations around the world will be conducted. As well, the feedback from practitioners requested in Part 1 supporting a range of possible positions on HP will be summarised. General conclusions about the extent of agreement/disagreement regarding HP, informed by this analysis, will then be made.

Part 4: A Comparison of Effectiveness

Evidence quantifying the effectiveness of vaccination and HP will be examined. New international research describing and analysing HP interventions will be reported. An evidence-based conclusion will be reached.

Part 5: Towards International Agreement on Homœoprophylaxis

A position on HP will be suggested, informed by the material presented in the preceding articles. Once again, practitioners will be invited to comment either briefly or at length, and these comments

SUMMARY

Immunisation is an area of medicine that can generate blind belief as well as aggressive disagreements both within and between allopathic and homeopathic professions. Trust in evidence becomes central to the different positions people take. Allopaths frequently criticise homeopathy, both for treatment and prevention, as being devoid of “scientific” evidence, but also they face questions regarding the unreliability of data obtained from meta-analyses of clinical trials. It will be shown that data supporting the effectiveness of homeopathic immunisation is real, and is considerable. However disagreements among homeopaths about immunisation are acknowledged and a first step is proposed towards an international consensus position statement on homœoprophylaxis. This step involves identifying six possible positions a practitioner can take, and then offering homeopaths a chance to participate in an international survey where each practitioner may record their position and further state their views if they wish. Future articles in this series will expand the evidentiary basis of homœoprophylaxis and work towards a consensus statement.

KEYWORDS Homœoprophylaxis, Immunisation, Vaccination, Prevention, Evidence, Parent information



will be considered and possibly published in the final part of the series.

Part 6: An Agreed Position on Homœoprophylaxis

A final statement on HP will be presented within an edition of *Homœopathic Links* devoted to homœoprophylaxis. Suggestions by or for homeopathic regulatory bodies regarding HP will be made.

Substantive articles supporting or disagreeing with the new majority position on HP will be published in this edition. The aim will be to accommodate differences, to maximise agreement, and provide the clear majority of homeopaths with a position statement that is evidence-based, that is intellectually rigorous, and that delivers a consistent and practically useful international position on HP.

Introduction to Part 1

Disagreement within any profession is expected. Not all allopathic practitioners support vaccination; not all homeopaths support homœoprophylaxis (HP). The major difference is that the allopathic profession, as well as many governments and citizens, is massively influenced by the pervasive influence of corporations that generate billions of dollars in profits from vaccines and other pharmaceuticals. This influence is increasingly examined within allopathic journals, but a recent contribution by Professor *John Ioannidis* and colleagues, people who are held in high regard within the allopathic community, put beyond any doubt the extent of the corrupting influence of Big Pharma [1]. This influence imposes a consistent view on most allopaths, and many consumers who accept what they are told by allopaths and health department officials.

Within the homeopathic community disagreements are mainly conceptual concerning interpretations of the *Law/Principle of Similars*. However pragmatic (political) issues are becoming more common due to regulatory pressures. Some national homeopathic associations recommend vaccination, others are less prescriptive, and individual homeopaths and their patients are often left confused by apparently conflicting positions within the homeopathic community.

So this is a first step which hopes to reconcile some of these differences, and allow the profession to speak with a clear major-

ity voice. Part A of this article attempts to define the problem from the patients/parents viewpoint – especially those who are seeking immunisation options. Part B looks at options for homeopaths, and invites interested practitioners to participate in an open discussion conducted through *Homœopathic Links* to see what common ground can be found.

Part A: The Vaccine Debate – A Question of Trust

There are many difficult conversations in health care – how to best assist people dying in pain; policies regarding foetal termination; the ethics of spending a million dollars on a procedure to help one person rather than using that money to assist hundreds of others, and so on. But the conversation that attracts the most venomous disagreement relates to something where all sides have already agreed on the final goal – minimising the likelihood of a person (often an infant) being harmed by a potentially preventable infectious disease.

The decision of whether to vaccinate against potentially serious diseases is one of the most difficult that many parents will face when raising their children. Most allow the decision to be made for them and vaccinate according to Government recommendations. But a growing number of parents question whether vaccination is the best option for their child based on their assessment of potential benefits and risks.

Given the overwhelming level of “official” support for vaccination in most countries, one must ask why there is any doubt about this issue at all. The answer for many is that they have lost trust in orthodox advice. There are real reasons why this has happened, reasons which Health Department literature and reports in the mainstream media have failed to address.

There are tens of thousands of parents in Australia, and countless more internationally, who have witnessed what they believe is damage caused to their children by vaccines. Yet, their genuine concerns are typically dismissed by orthodox clinicians as being “just coincidence”, “hysteria”, “ignorance”, and so on. Yet these parents live with real consequences every day of their lives, and view such conclusions as being arrogant and dismissive of their genuine concerns.

They are told that vaccines are proven to be safe, yet parents know that vaccine manufacturers only operate because they are indemnified from prosecution by Government legislation. They see the huge Government payouts made in vaccine damage compensation schemes in some countries (America has now passed the \$2.5 billion mark [2]) proving that some adverse events do occur. They look up Government sites like the VAERS (Vaccine Adverse Events Reporting System) database containing hundreds of thousands of entries, so they know that there is too much here to be simple “coincidence” [3].

The more informed ask a simple question – where are the long-term studies examining the holistic health (intellectual, emotional and physical) of age-appropriate, fully vaccinated and completely unvaccinated children? They don’t find such studies. Instead they find relatively few studies which claim to prove the long-term safety of vaccination, but either these studies don’t consider the holistic health of participants, or don’t look at age-appropriate cohorts, or don’t compare fully vaccinated and unvaccinated cohorts – the combination of which is necessary to conclusively demonstrate long-term safety. And these commonly cited studies have other faults – for example, the very large “Danish studies” published in 2002 [4] and 2003 [5], credited with proving that autism is not related to thimerosal and MMR, are weakened by significant confounders and researcher fraud [6,14].

So based on careful research, some intelligent and reasonable people ask a second question – we are told repeatedly that the risks from vaccines are less than the risks from the diseases they prevent, but if the long-term risks are not fully quantified, how can such a statement be scientifically credible? That question has yet to be answered other than by returning to the less than adequate studies already cited.

Finally, some of these parents continue their research and find that there is a middle path – immunising their child homeopathically, a practice that was first used in 1798 (vaccines were first used in 1796). They are told by orthodox authorities that homeopathically prepared substances have nothing in them, so they can’t work, and also that there is no evidence of effectiveness. All agree that “nothing” cannot be toxic, so the real question then becomes – is there evidence of effectiveness?



Evidence: Real or Imaginary?

It is here that I must describe my personal experience involving the collection of evidence. This experience shows that any statement that “there is no evidence” is simply a denial of reality. Of course the evidence may be contested and the results argued over, but the fact that evidence does exist to support claims regarding the effectiveness of homeopathic immunisation is undeniable.

I was first invited to visit Cuba in December 2008 to present at an international conference hosted by the Finlay Institute, which is a W.H.O.-accredited vaccine manufacturer. The Cubans described their use of HP to control an outbreak of leptospirosis (Weil’s syndrome – a potentially fatal, water-borne bacterial disease) in 2007 among the residents of the three eastern provinces which were most severely damaged by a severe hurricane – over 2.2 million people [7]. 2008 was an even worse year involving three hurricanes, and the country’s food production was only just recovering at the time of the conference. The HP program had been repeated in 2008, but data was not available at the conference regarding that intervention.

I revisited Cuba in 2010 and 2012, each time to work with the leader of the HP interventions, Dr. *Bracho*, to analyse the data available. Dr. Bracho is not a homeopath; he is a published and internationally recognised expert in the manufacture of vaccine adjuvants. He worked in Australia at Flinders University during 2004 with a team trying to develop an antimalarial vaccine.

In 2012 we accessed the raw leptospirosis surveillance data, comprising weekly reports from 15 provinces over 9 years (2000 to 2008) reporting 21 variables. This yielded a matrix with 147 420 possible entries. This included data concerning possible confounders, such as vaccination and chemoprophylaxis, which allowed a careful examination of possible distorting effects. With the permission of the Cubans, I brought this data back to Australia and it is being examined by mathematicians at an Australian university to see what other information can be extracted. Clearly, there is objective data supporting claims regarding the effectiveness of HP.

The 2008 result was remarkable, and could only be explained by the effectiveness of

the HP intervention. Whilst the three hurricanes caused immense damage throughout the country it was again worse in the east, yet the three homeopathically immunised provinces experienced a negligible increase in cases whilst the rest of the country showed significant increases until the dry season in January 2009 [8].

This is but one example – there are many more. It is cited to show that there is significant data available, and that orthodox scientists and doctors have driven the HP interventions, in the Cuban case. Many people internationally now know this, so once again claims by orthodox authorities that there is no evidence merely serves to show that either the authorities are making uninformed/unscientific statements, or that they are aware but are intentionally withholding information. Either way, confidence is destroyed and leads to groups of people questioning what they are told.

A Way Forward

It is contended that what now seems to be an endless and repetitive battle between pro- and anti-vaccination groups would be unnecessary if Governments made three decisions:

1. Ensure that the parents of vaccine-damaged children and the children themselves are appropriately supported, and that these people and other parents genuinely concerned about the possibility of vaccine damage are not attacked as being irresponsible and a danger to the community.
2. Support those parents who would otherwise not vaccinate their children to use homeopathic immunisation. This in turn would lead to an increase in immunisation coverage and boost herd immunity. It would also allow coverage against diseases such as meningococcal meningitis type B, and dengue fever for which there are no vaccines. It would not require Governments to endorse the method, just appropriate paperwork to identify which type of immunisation was being used – vaccination or HP.
3. Establish Government sponsored studies of long-term vaccine safety examining the holistic health of age-appropriate, fully vaccinated and unvaccinated children, and publish the full results.

Given the legislative protection and financial support most governments provide to

multinational vaccine manufacturers, it makes sense that governments evaluate the possibility of having vaccines used in a country made in the country by not-for-profit manufacturers. If a small country like Cuba can do this, then so can most developed Western countries as well as some other countries with lower GDPs. Citizens should not have to bear the costs of a near-mandatory procedure without sharing the benefits, but this is the existing situation with vaccination in most countries in the world.

This divisive issue has caused many societies to become less tolerant places, where free speech is prevented through selective media bans, and the discussion of ideas and options is attacked by academics and scientists who should be the champions of open and objective dialogue. We need to return to evidence – not just selected and convenient results but all the evidence from all sides of this issue. The orthodox response is that all the evidence has been considered and there is no more to discuss. But too many people know that this is not true, and until a fully open conversation is held this issue will never be resolved. And it needs to be – in the interest of us all.

Part B: The Homeopathic Response – a Question of Consistency

The author’s survey of Australian homeopaths in 2002 revealed that 75% said they were using or intending to use HP, 19% said they were unsure, and 6% were opposed to the use of HP (most of these would not vaccinate either) [9]. The majority of the homeopaths not using HP or unsure about its use had not read Hahnemann’s essay *The Cure and Prevention of Scarlet Fever* where he described his first use of HP in 1798.

The Australian figures may be quite different to the experience in other countries. Certainly there is a range of views expressed by homeopathic associations. For example, the Australian Register of Homeopaths directs that homeopaths should not take an anti-vaccination position during a consultation, but should offer balanced evidence-based information discussing both vaccination and HP. Then if parents so request, the homeopath should provide HP [10].

In the United Kingdom the British Homeopathic Association says that “The BHA fol-



Table 1 Alternative positions available to homeopaths.

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| Question 1: <i>Should we attempt to prevent potentially serious infectious diseases?</i> | |
| Answer 1.1: No | POSITION 1 |
| Answer 1.2: Yes (if yes, move to Q.2) | |
| Question 2: <i>Given that we should attempt to prevent potentially serious infectious diseases, which method should we use?</i> | |
| Answer 2.1: General protection only | POSITION 2 |
| Answer 2.2: Disease-specific protection, or a combination of both methods (if yes, move to Q.3) | |
| Question 3: <i>Which method of disease-specific protection should be used?</i> | |
| Answer 3.1: Vaccination | POSITION 3 |
| Answer 3.2: Homœoprophylaxis, or a combination of both methods (if yes, move to Q.4) | |
| Question 4: <i>Is it appropriate to use both vaccination and homœoprophylaxis?</i> | |
| Answer 4.1: Yes | POSITION 4 |
| Answer 4.2: No (if yes, move to Q.5) | |
| Question 5: <i>Use just homœoprophylaxis, but only during epidemics or acute outbreaks?</i> | |
| Answer 5.1: Yes | POSITION 5 |
| Answer 5.2: No | POSITION 6 |

Table 2 The six positions on immunisation restated.

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| POSITION 1: <i>Homeopathy should only be used to treat patients with symptoms. We should not attempt to prevent potentially serious infectious diseases, but only become involved if a disease is acquired, and then treat with a remedy similar to the resulting symptoms.</i> |
| POSITION 2: <i>We should try to prevent potentially serious infectious diseases, but should do so using general methods to make the person as healthy as possible, such as using homeopathic constitutional treatment, rather than using disease-specific prevention.</i> |
| POSITION 3: <i>We should use a disease-specific method to prevent potentially serious infectious diseases, and vaccination is the preferred method.</i> |
| POSITION 4: <i>We should use a disease-specific method to prevent potentially serious infectious diseases, and can/should use vaccination and homœoprophylaxis together. There is a number of options within this position such as using vaccination for some diseases and HP for others, using both methods for the same disease, or using HP in infancy and vaccination when the child is older.</i> |
| POSITION 5: <i>We should use a disease-specific method to prevent potentially serious infectious diseases; we should only use homœoprophylaxis, but only when there is an outbreak of the disease in the region.</i> |
| POSITION 6: <i>We should use a disease-specific method to prevent potentially serious infectious diseases, and use just homœoprophylaxis for both short- and long-term prevention, whether or not there is a definite outbreak.</i> |

lows the advice of the Faculty of Homeopathy on immunisation: Where there is no medical contraindication, immunisation should be carried out in the normal way using the conventional tested and approved vaccines. Where there is a medical contraindication and/or a patient would otherwise remain unprotected against a specific infectious disease, it may be appropriate to consider the use of the relevant homœoprophylactic preparation applicable to that disease." [11, 12].

In an attempt to facilitate agreement, the five questions and resulting six different positions shown in Table 1 summarise the options open to homeopaths. The six positions are restated in Table 2.

A Call for Responses

Homœopathic Links would like to invite readers who are homeopathic practitioners to participate in an international survey of attitudes towards and use of HP. We request that practitioners log on to the survey and indicate their support for one of the six positions listed above and, if they wish, state the reasons for their support. The six positions are restated in Table 2.

There is still a number of issues requiring discussion, such as the potency and frequency of remedies, and the use of nosodes versus genus epidemicus remedies, but these are more a matter of technique than

fundamental conceptual issues, and have been discussed in detail elsewhere [13].

Towards an International Homœoprophylaxis Statement

The current position regarding HP may be summarised as follows:

1. The knowledge of HP varies considerably both between and within countries.
2. In many "developed Western" countries the influence of multinational pharmaceutical companies acts as a barrier to research findings about HP reaching orthodox practitioners, politicians, and the general public.
3. Within the international homeopathic community there are varying views about (i) the "homeopathic integrity" of HP, (ii) the evidence base demonstrating the safety of HP, and (iii) the evidence base demonstrating the effectiveness/efficacy of HP. This variance will lessen with better education regarding the philosophical/conceptual basis of HP, and better dissemination of HP research results.
4. There is value in assembling research data about HP from every possible international source, and preparing a definitive scientific statement describing the potential value of HP to public health systems internationally. This could be accompanied by an appropriate economic cost-benefit analysis of the budgetary impact of HP on national health budgets.
5. Once all conceptual issues are considered, and all evidence collected and summarised, an **International Homœoprophylaxis Statement** should be prepared which would inform homeopathic associations throughout the world as well as governments and citizens.

Final Conclusions

The attacks against homeopathy in general and HP in particular will almost certainly continue. If we can achieve a significant level of agreement then we would be able to answer challenges to HP with a single, cohesive, evidence-based, and generally united response. This would be a significant improvement to the existing situation.

If you identify with one of the positions listed in Tables 1 and 2 then we would en-



courage your participation in the international survey. If you would like to have your voice heard in detail, please follow the directions below and your comments will be collected and will contribute to Part 3 in the series where support for the six positions stated above will be quantified.

In the next issue of *Homœopathic Links* we shall present Part 2 of the series which examines the long-term safety of immunisation options.

If you would like to participate in the international survey on HP please go to page 4 of this issue and follow the instructions.

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Vita

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