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Homoeopathic vaccine therapy: Efficacy, nosodes and individualised approaches in disease prevention

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Abstract

This paper delves into the homoeopathic paradigm of vaccine therapy, underscoring its efficacy in preventing acute and chronic diseases. While allopathic schools predominantly favours hypodermic methods, homoeopathy advocates the oral route, presenting a broad prophylactic scope. Various medicines, exemplified by Belladonna for scarlet fever and Baptisia for Typhoid, mimic the body's mechanisms, generating defensive substances against potential diseases. Specific remedies, such as Gelsemium and Rhus tox, administered during prodromal stages, demonstrate the capacity to abort disease processes.

Homoeopathic vaccination comprises two primary types: Superficial-acting remedies and nosodes (Homoeo vaccines). Nosodes, derived from the patient's own disease product, exhibit efficacy in preventing specific diseases such as Diptherinum and Variolinum. Nosode administration follows symptomatology, focussing on personalised treatment.

The study emphasises the homoeopath city of vaccine therapy, drawing parallels between vaccines and homoeopathy. Both modalities employ similar remedies, with autogenous vaccines reflecting individualisation akin to homoeopathy. Small doses and infrequent repetition align vaccine therapy with homoeopathic principles. The negative phase, akin to a homoeopathic aggravation, is noted and often mitigated by higher potencies.

The role of deep-acting antimiasmatic constitutional remedies (Similimum) is highlighted as the ultimate preventive measure, addressing individual characteristics, inheritance and generalities. Properly managing diatheses with homoeopathic medicines can prevent a myriad of lifelong diseases. The concept of Genus Epidemicus, selecting a remedy based on common symptoms during an epidemic, further exemplifies homoeopathy's individualised approach to disease prevention.

Keywords: Homoeopathic vaccination, nosodes, prophylactic scope, genus Epidemicus, constitutional remedies, Individualised approach

Introduction

The therapeutic approach of vaccine therapy is inherently homoeopathic, founded on the principle of treating with similar substances. Although allopathic institutions have adopted this method, their inclination toward hypodermic application contrasts with the homoeopathic preference for oral administration.

Homoeopathy exhibits a broad prophylactic scope, effectively preventing both acute and chronic lifelong diseases. Numerous methods, surpassing traditional vaccination, are available for disease prevention. A limited yet now sufficient number of medicines emulate the body's mechanisms, generating defensive substances. Examples include Belladonna for scarlet fever, Baptisia for the Typhoid state and Camphor/Cuprum for the Choleric state. Well-known remedies such as Thuja, Variolinum and Antim Tart aid in preventing Smallpox when vaccination is unavailable.

Various types of homoeo medication are proven to offer foolproof protection against diseases without adverse reactions. Superficial-acting remedies, referred to as specifics, exemplify this efficacy. Gelsemium 200C, administered during the prodromal stage, aborts the influenza process, while Kaliiod 3X serves as a commendable preventive for Flu. Rhus tox 200C can prevent Typhoid-like conditions. Nosodes, a modern approach involving vaccines prepared from the patient's own culture, such as Diptherinum, Malandrinum and Variolinum, act as safe and efficient prophylactics.

Psorinum corrects the psoric diathesis in the unborn, while Lyssin counteracts the effects of bites from non-rabid animals. Malandrium serves as a prophylactic for variola and counters adverse effects of vaccination.

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Professor, Swaminarayan Homoeopathic, College Kalol Gandhi Nagar, Gujarat, India Vaccines, administered both hypodermically and orally, align with homoeopathic principles. The homoeopathicity of vaccine therapy draws parallels with homoeopathy, emphasising the use of similar remedies and small doses. The nosade of yesterday, vaccines today, exhibits similarities in individualization and scientific rigour, covering mixed infections akin to homoeopathic nosodes.

The use of a similar remedy raises a crucial point: While there is no substantial proof of vaccines, proponents argue that autogenous vaccines represent the epitome of individualisation. This assertion, however, does not render it a crude form of homoeopathy. True homoeopathy proves applicable even when a definitive diagnosis is elusive. Unlike the conventional necessity of identifying a case as rheumatism when Rhus is indicated, determining the appropriateness of a vaccine demands knowledge of the specific infection, unless one resorts to the 'blunderbuss', described by Dr. Hare as a scientific nosode.

In essence, nosodes demonstrate a scientific equivalence to vaccines. They homeopathically address mixed infections, and their proving reveals distinctive indications. Vaccines, in their pristine form, would ideally consist of a single organism. However, practical considerations arise, as infections commonly involve a spectrum of bacteria. This complexity is vividly illustrated in the catarrhal sample presented by a vaccine provider, which notably encompasses a mixture.

Friedlanders bacillus.

- Micrococcus catarrhalis.
- Pneumococcus.
- Streptococcus.
- Staphylococcus aureus.
- Staphylococcus albus.

In comparison, the nosodes, Psorinum or Pyrogenium, must not be perceived as any less scientific than this diverse vaccine sample.

Observations highlight the efficacy of small doses and the avoidance of frequent repetition to enhance therapeutic outcomes, as noted by Dr. Runnels.

The negative phase, akin to homoeopathic aggravation, is mitigated by higher potencies.

The ultimate preventive measure lies in the deep-acting antimiasmatic constitutional remedy (Similimum), selected based on individual characteristics, inheritance and generalities. Properly managed diathesis with appropriate homoeopathic medicines can prevent a majority of lifelong diseases.

The concept of Genus Epidemicus, chosen based on common symptoms during an epidemic, exemplifies homoeopathy's individualised approach in disease prevention. This comprehensive exploration contributes to the evolving landscape of preventive medicine, emphasising the scientific underpinnings of homoeopathic vaccine therapy.

Table 1: Homoeopathic vaccine schedule

Age of child	Homoepathic immunisation schedule
3-9 months	Tuber. Bov. (esp. When there is tubercular diathesis) in place
	Diptherinum→Pertussin→Tetanotoxin (at an interval of 1-2 months)i NP LACEOF DPT triple vaccine
9-12 months	Morbillinum
18-24 months	Diptherinum—Pertussin—Tetanotoxin (In place of DPT triple vaccine Booster dose) Lathyrus Sat. (In place of trivalent
	OPV booster dose)
5-6 years	Diptherinum→Tetanotoxin (In place of DT bivalent booster dose) Baptisia (in place ofm onovalent typhoid vaccine)
10 years	Tetanotoxin (in place of Tetanus Toxoid booster dose)

Conclusion

This paper posits that homoeopathic vaccine therapy offers a valuable alternative in disease prevention, aligning with homoeopathic principles of individualisation, small doses and deep-acting remedies. The potential of homoeopathy in managing diatheses emerges as a promising avenue for preventing a spectrum of diseases, presenting a holistic approach to healthcare.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

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