



## What to do if and when you decide not to immunise.

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Once the decision is made that you do not want to immunise your child, one fact remains.....you are still responsible for their health. So what can you do to keep them healthy? This paper discusses what you, as parents, can do to prevent illness in your children as well as yourselves.

What can be done can be divided into 2 categories, the non-specific and the specific.

### **The Non-Specific.**

Non Specific measures include all those things that improve health generally and therefore protect from illness in a general sense. These include diet and nutrition, hygienic measures, simple (non specific) natural remedies and prevention. The first, most important measure is optimal nutrition. For a baby this means Breast-feeding. Breast feeding supplies all the nutrients as well as immune factors that babies need to keep healthy.

Secondly some nutrients need to be supplemented. Vitamin C is essential and can be used in any and all illnesses. Appropriate doses are needed. The dose is 100 milligrams per month of age to age 10 months, the same dose being given to age 1 year. Thereafter is 1 gram per year of age to age 10, then the same dose is given after that age. (Irvin Stone The Healing Factor, Vitamin C against Disease. GD/Perigree Books 1972) For example a 5 month old child is given 500 milligrams. A 5 year old child is given 5 grams and a 14 year old is given 10 grams. The most appropriate form of Vitamin C is Sodium Ascorbate powder. 1 level teaspoon is equivalent to 4.5 grams.

Vitamin A is needed to be supplemented especially in cases of Measles. Herbs such as Echinacea and garlic can be used generally in all infectious diseases. General prevention measures include good hygiene, washing hands and using clean clothes, towels, linen, etc. If travelling it is important to be careful about drinking the water, eating in restaurants, especially in third world countries. Malaria can be avoided by wearing long sleeve and long trousers, avoid being outside during dawn and dusk, as this is when the mosquitoes are the most actively feeding, using insect repellent and mosquito nets.

Cuts and grazes need to be treated meticulously, especially in tropical countries. They can get infected very easily. Take hydrogen peroxide with you on your trip, it is an excellent disinfectant. Also tea Tree Oil can be used and taking an extra dose of Vitamin C. Taking regular Acidophillus during the trip will prevent Traveller's Diarrhoea.

One very important point needs to be made. The severity of the illness depends on the nutritional status of the individual. Obviously mal-nourished third world children develop severe, possibly fatal cases of the disease where it may only be mild in well nourished western children.

General supportive measures include rest, plenty of fluids, cool sponging for fever, nutritious diet as required and the use of Homeopathic Remedies or Tissue Salts as determined by the symptoms. For example Ferrum Phos 6x for fever/inflammation, Kali Sulph 6x for yellow/green discharges and Mag Phos 6x for cramps/spasms, cough.

### **The Specific.**

Specific measures are used for the specific diseases. These are mainly in the form of Homeopathic remedies.

### **The Individual Diseases.**

**Pertussis.** As prevention Pertussin 1M, as treatment Drosera 30 is the most common remedy but it should be pointed out that every one is different and different remedies must be used, prescribed by a homeopath, if the above remedy does not help. Also large doses of Vit C and general supportive measures.

**Measles.** As prevention Morbilingum 1M. As treatment, many remedies can be used and this depends on the individual symptoms of the child.

Vitamin A supplement up to 100,000 IU daily immediately on diagnosis and can be repeated on day 2 and again day 28. These subsequent doses are needed for children who are not coping well with the disease or have other medical problems (J Paed Child Health 1996;32:209-210)

Give other general supportive measures.

**Mumps.** As prevention Parotidinum 1M. In acute phase Pilocarpus 30, with general supportive measures

**Rubella.** Possibly no prevention needed, since is so mild and produces permanent immunity. Supportive measures only are needed

**Polio.** As preventative Lathyrus Sativus 30. Vitamin C in mega doses, to bowel tolerance which means that vitamin C is dosed till diarrhoea develops, then the dose is reduced a little to a point where there is no diarrhoea. Note The majority of cases of polio is not more than a 'flu like illness Out of a 100 people who become infected with polio, 90% are asymptomatic, 9% show signs of viral like illness, sore throat, neck stiffness, weakness, etc. 1% get paralysis. Out of that 1% who get paralysis approx 10% are left with residual paralysis. (Leon Chaitow Vaccination and Immunisation. Dangers, Delusions and Alternatives C.W.Daniel 1987 pg 45)

It should also be pointed out that any trauma could be a focus for the onset of paralysis. This is known as provocation polio.

Tetanus. As preventative Tet tox 1M. Ledum 30 and/or Hypericum 30 at the time of injury. The most important thing you can do to prevent tetanus is to clean the wound, which means that any foreign bodies must be removed. If you cannot remove it, medical assistance must be consulted, so that the foreign body is removed. Use hydrogen peroxide to clean the wound and then apply Tea Tree Oil.

It is important to compare World War 1 with World War 2 as far as tetanus goes. WW1 had many cases of tetanus and was related to the conditions encountered. Trench warfare led to wounds being kept dirty. In contrast, even though tetanus vaccine were given, WW2 had a completely different philosophy on wound treatment. Wounds were cleaned out as soon as possible and this was the main reason for the great reduction in cases of tetanus.

Hep B Hepatitis B nosode. Avoid blood and other bodily fluids, (IV drug users should not share needles and frequent multiple sexual partners should be avoided) Clean living will prevent the chance of catching Hep B. Cheledonium in a low potency, e.g. 6X, is an excellent liver remedy and can be used for Hepatitis of any sort.

The actual statistics of Hepatitis B are very interesting. Of those catching the disease, 50% do not show any symptoms at all, overcome the virus and develop permanent immunity. 30% develop a 'flu like illness, overcome the illness and develop permanent immunity. 20% develop a clinical case of Hepatitis B and the vast majority overcome the disease and develop permanent immunity. About 5% become chronic carriers. About 1/4 of these 5% develop life threatening liver complications later in life. Approx 0.2% of these 5% die with the infection and the rest of these 5% remain symptom free with declining but continuous infectiveness.

(See [www.ias.org.nz/dunbar](http://www.ias.org.nz/dunbar))

HIB Haemophilus Influenzae B nosode can be used as a prophylaxis. If contact with the disease, Belladonna alternating with Bryonia can be used. Take extra doses of Vitamin C. If the disease is actually caught, then competent medical treatment should be sought.

It is interesting to note that in studies of pertussis vaccine, Hib was caught by the vaccine group and not by the placebo group. This indicates that the immune reduction brought on by immunisation is possibly the reason why children catch Hib. This would mean that non-immunised children have a less chance of catching Hib.

Chicken Pox. Prevention probably not needed. To treat use non specific measures and possibly Rhus Tox 30.

Diphtheria Diphtherinum 1M as preventative. There are many homeopathic remedies that can be used if diphtheria develops, this needs a competent homeopath, One of the main remedies that can be used is Merc cyanide. The chances of catching Diphtheria in western countries is very low. Conventional treatment with antibiotics is effective.

Influenza. As preventative Influenzinum 30, this can be mixed with Baccilinum 30 and can be taken 2-3 times a week during the winter months. This not only protects against the 'flu but also colds and coughs and chest infections. Also use Vit C, Garlic and Echinacea if needed

Malaria. As preventative either Nat mur 30 or Malaria nosode. Continue with Nat mur 30 weekly while in malaria area. At the same time non specific measures as detailed above, especially mosquito bite prevention

Cholera. As preventative Camphor 30, to be taken 2 weeks before departure. Do not drink the water! Majority of cases are only very mild. Treatment consists of rehydration, preferably in hospital with intravenous fluids.

Typhoid. As preventative Manganum 30, to be taken prior to departure. General hygienic measures, clean water, wash hands, clean, uncontaminated food. General supportive measures. Competent homeopathic/medical treatment needed if disease is caught.

Yellow Fever. As preventative Arsenicum album 30, taken prior to departure. Yellow fever is a mosquito carried disease, so general mosquito bite measures (same as Malaria) need to be taken. General supportive measures, treatment with a good homeopath and conventional treatment may be needed to actually treat the disease if caught.

Hepatitis. As preventative Cheledonium 30, to be taken 1 week before departure and weekly while away. General hygiene measures.

Meningitis. As preventative Belladonna 30, taken prior to departure and avoid infection by being flexible in your itinerary and avoiding infected areas.

Just because you have used these remedies, do not go and look for trouble.