THE LATEST RESEARCH INTO THE EFFECTIVENESS AND SAFETY OF LONG-TERM HOMŒOPROPHYLAXIS

Introduction

I have been collecting data on the safety and effectiveness of long-term homœoprophylaxis (HP) since 1985, when I first developed a 5 year program for the long-term prevention of targeted infectious diseases. The Status Sheet accompanying my current program is shown in Figure 1, and outlines the suggested main program of remedies. In 2004 I completed a 4 year Doctoral research program at Swinburne University examining different aspects of this subject.

A summary of the statistical findings has been published in *Homœoprophylaxis – A Fifteen Year Clinical Study*[1]. The entire subject, including a description of the nature of the infectious diseases under consideration, the risks and benefits of both vaccination and homoeoprophylaxis, and a balanced comparison of the two methods, is covered in detail in *Vaccination & Homoeoprophylaxis? A Review of Risks and Alternatives,* 7th ed[2]. The purpose of this article is to share the major findings of the long-term research with readers.

A Summary of Findings

A general summary of findings is shown in Table 1. The data is based on questionnaire responses from parents whose children used my HP program. Each response covered one year of a child's life. Some parents returned questionnaires over 6 years, and some only for the first year of the program. Fifteen data groups were divided into three groups of five, based on slight differences in the HP programs used. The third group (Series 11-15) was studied in greater detail in order to validate the findings of the earlier Series. Seven different tests were performed on Series 11-15 data. These tests, and the results, are shown in Table 2.

The overall effectiveness of the long-term program was 90.4%. The tests shown in Table 2 further validated the findings of effectiveness.

The long-term safety of my long-term HP program was firstly tested by examining comments by parents of children using the program regarding the general health of their child. The comments were 92.3% positive, and 7.7% negative. Further, the data showed a per-dose rate of reactions to medicines in the program of less than 2%. Further analysis showed that the reactions were typically mild and brief[3].

Long-term safety, in children aged 4-14 years, was further tested by comparing (i) the rates of certain chronic conditions such as asthma, eczema, ear/hearing problems, allergies and behavioural problems, with (ii) different types of disease prevention, including vaccination, HP, general/constitutional prevention and no prevention at all. The results are shown in Table 3. They clearly indicate that long-term safety of HP was high, using the incidence of the targeted chronic illness as markers of overall wellness.

Finally, the new research showed that not all HP programs yield comparable results[4]. There is not an uniquely "correct" long-term HP program. However the onus is on programs using the protocols that are significantly different to those covered by my research (200 – 10M potencies, single remedies for each disease, infrequent doses of each remedy) to demonstrate safety and effectiveness. I certainly have seen examples of HP programs over the years that have left me wondering.

Conclusions

The latest results measuring the effectiveness of my long-term HP program remain very consistent with earlier figures, and with estimates of HP effectiveness by other authors. The seven additional tests performed on the data reinforce the results.

The new research measuring the long-term safety of my HP program reinforces the fact that an appropriate HP program is associated with an improvement in the general health of participants, and that there is no evidence of any long-term weakening of the vital force as a consequence of using an appropriate long-term HP program.

Whilst this article provides a very brief summary only of the available data, the data shows that practitioners who wish to use an appropriate long-term HP program may do so with great confidence, and in turn pass that on to inquiring parents.

Whilst this article provides a very brief summary only of the available data, the data shows that parents and practitioners who wish to use an appropriate long-term HP program may do so with great confidence. No method is perfect, and 100% protection can never be guaranteed. Parents can make their own comparison between the general effectiveness of vaccines and the general effectiveness of HP. When it comes to safety we know that HP is considerably safer in both the short and long terms.

Supporting Tables

Table 1 Summary of Results of a Fifteen Year Study into Long-Term Homoeoprophylaxis

Measures of Reactions & Effectiveness, After Follow-Up Surveys	**Data Series**				
	Series 1-5	**Series 6-10**	**Series 11-15**		**Totals**
Total Responses	**708**	**817**	**817**		**2342**
1. Previously vaccinated	73	102	110		285
	10.3%	**12.5**%	**13.5**%		**12.2**%
2. Definite reactions to remedies	50	83	82		215
Reactions per person	**7.1%**	**10.2**%	**10.0**%		**9.2**%
Reactions per dose (est.)	**1.2%**	**1.7%**	**1.7%**		**1.5%**
3. Definitely suffered from diseases covered by the main program (a measure of failure)	18	11	11		40
	2.5%	**1.3**%	**1.4**%		**1.7**%
4. Definitely exposed to diseases covered by the main program	177	127	113		417
	25.0%	**15.5**%	**13.8**%		**17.8**%
5. Definitely suffering diseases, after definite exposure and after taking the appropriate remedy (a measure of failure)	18/177	11/127	11/113		40/417
	10.2%	**8.7%**	**9.7**%		**9.6**%
6. Definitely not suffering diseases, after definite exposure and after taking appropriate remedy (a measure of success)	159/177	116/127	102/113		377/417
	89.8%	**91.3**%	**90.3**%		**90.4**%

NOTE: each response covers on year of a child's life.

Table 2: Tests to Validate the Measure of the Effectiveness of Long-Term HP[5]

No	Test	Result
1	The accountability rate (the % of those surveyed who responded) of the final 5-years' data was calculated to see whether a significant level of accountability (>70%), and thus greater reliability of results, was achieved.	>70% accountability of first year responses was achieved
2	Non-respondents were surveyed to ensure that the questionnaires that were received gave responses that were reflective of the entire survey population.	Responses from non-respondents were consistent with respondent replies.
3	Respondents who reported acquisition of a disease were surveyed to verify the accuracy of their initial report.	High level of accuracy of initial reports was found.
4	Respondents who reported exposure to a disease were surveyed to verify the accuracy of their initial report.	High level of accuracy of initial reports was found.
5	A more detailed statistical analysis of the data was undertaken to determine confidence limits for the figure for the efficacy of HP.	Confidence limits were: CI = 87.6% - 93.2% (P=95%)
6	The accuracy of the measurements of efficacy based on notifications of and exposure to diseases was tested by calculating the *sensitivity* and *specificity* of the data (statistical measures of accuracy).	High levels of *sensitivity* (disease = 90.9%, exposure = 95.6%), and *specificity* (disease = 98.1%, exposure = 99.2%).
7	A comparison with national disease attack rates was undertaken to provide an effective control group against which to compare results.	Weighted average national disease attack rate = 79%; HP associated with reduction in disease, P > 99%.

Table 3: Additional Research Supporting the Safety of Long-Term HP[6]

1. Absolute safety of HP

If the Odds Ratio < 1 for every condition studied, then HP is not associated with a higher level of the condition:

Odds Ratio for Asthma = 0.12; P = 0.0004

Odds Ratio for Eczema = 0.38; P = 0.015

Odds Ratio for Ear/hearing = 0.92; P = 0.8

Odds Ratio for Allergies = 0.55; P = 0.07

Odds Ratio for Behaviour = 0.45; P = 0.17

2. Relative safety of HP

Compared to vaccination, general/constitutional protection, or no protection at all.

Asthma - safest; P = 0.0004

Eczema - safest; P = 0.015

Ear/hearing - 3rd safest; P = 0.8

Allergies - 2nd safest; P = 0.07

Behaviour - 2nd safest; P = 0.17

(P = Chi squared probability. Significant result if P<0.05. Thus results for Asthma and Eczema were highly statistically significant, the results for ear/hearing were not, and for allergies and behavioural problems moderately significant.)

3. Accumulated parental rankings of general health of their child

HP is associated with the highest level of health over all rankings.

Figure 1: Homoeopathic Preventative Program Against Infectious Diseases

STATUS SHEET[7]

Name _____. is being protected against the following infectious diseases using high potency homoeopathic remedies. Clinical studies over 200 years indicate that this program is comparably effective to conventional vaccines, and is non-toxic. The following chart indicates the current program status of the patient and has been dated and signed by the parent, and signed by the homoeopath who prepared the program.

Age Recomm /Given	**Remedy**	**Potency**	**Remedy Label**	**Date of Admin.**	**Administered By**
1 month	Pertussin	200	A1		
2 months	Pertussin	200, 200, 200	A1		
3 months	Pneumococcinum	200	G1		
4 months	Pneumococcinum	200, 200, 200	G1		
5 months	Lathyrus Sativus	200	C1		
6 months	Lathyrus Sativus	200, 200, 200	C1		
7 months	Haemophilis	200	H1		
8 months	Haemophilis	200, 200, 200	H1		
9 months	Meningococcinum	200	I1		
10 months	Meningococcinum	200, 200, 200	I1		
11 months	Tetanus Tox	200	B1		
12 months	Tetanus Tox	200, 200, 200	B1		
14 months	Pertussin	10M, 10M, 10M	A3		
16 months	Pneumococcinum	10M, 10M, 10M	G3		
18 months	Lathyrus Sativus	10M, 10M, 10M	C3		
20 months	Haemophilis	10M, 10M, 10M	H3		
22 months	Meningococcinum	10M, 10M, 10M	I3		
24 months	Tetanus Tox	10M, 10M, 10M	B3		
26 months	Pertussin	10M, 10M, 10M	A3		
30 months	Pneumococcinum	10M, 10M, 10M	G3		
36 months	Lathyrus Sativus	10M, 10M, 10M	C3		

40 months	Haemophilis	10M, 10M, 10M	H3		
44 months	Meningococcinum	10M, 10M, 10M	I3		
48 months	Tetanus Tox	10M, 10M, 10M	B3		
52 months	Pertussin	10M, 10M, 10M	A3		
58 months	Pneumococcinum	10M, 10M, 10M	G3		
64 months	Lathyrus Sativus	10M, 10M, 10M	C3		
70 months	Haemophilis	10M, 10M, 10M	H3		
76 months	Meningococcinum	10M, 10M, 10M	I3		
84 months	Tetanus Tox	10M, 10M, 10M	B3		

Remedy-Disease Relationship: Pertussin -- Whooping Cough; Tetanus Toxin -- Tetanus; Haemophilis -- Hib Influenzae; Lathyrus Sativus – Polio; Pneumococcinum – Pneumococcal Disease; Meningococcinum - Meningococcal Disease.

Homoeopath _____

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[1] Golden I (2004) *Homoeoprophylaxis – A Fifteen Year Clinical Study*. Isaac Golden Publications. Gisborne. Vic.

[2] Golden I. (2010) *Vaccination & Homoeoprophylaxis: A Review of Risks and Alternatives.* 6th ed. Isaac Golden Publications. Gisborne. Vic.

[3] Golden (2004). Table 13, page 31.

[4] Golden (2005). Section 4.3. pp. 180-181.

[5] Golden (2004). Section 4.4. pp. 19,20.

[6] Golden (2004). Table 18, pp. 134-142.

[7] Golden I. (2005). Table 4.4, p. 154.

Dr Isaac Golden has been a practicing homoeopath since 1984. He was awarded the Australian Homoeopathic Association's *Distinguished Service Award* in 1999. He is the author of 10 books on homoeopathy, including 3 on homoeoprophylaxis. He is Principal of the Australasian College of Hahnemannian Homoeopathy which has provided accredited distance education in homoeopathy since 1990. He completed 20 years research into homoeoprophylaxis with a further 4 years research at

Swinburne University, leading to a PhD in 2004 – the first time a mainstream Australian University awarded a PhD in a homeopathic research topic.