



## **Anthrax Update, November 21, 2001**

I have just come back from teaching in Marburg, Germany. I love teaching this particular group who I have been working with for over ten years. In general, I love working with a group of people over a period of time, seeing how their thinking becomes clearer and clearer and hearing how their results likewise improve. I love to hear the fact that they enjoy the study and practice of homeopathy that much more. When we are all on the same wavelength, using the same model, the same language to describe what we experience with patients, then I learn as much from them as they learn from me. I look forward to teaching this group in June of 2002, in Alonissos, Greece, where we will be joined by homeopaths from many countries on a beautiful island to study this gentle medicine.

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I am attaching the previous **Updates**, so that you have them all in one document. Please read them, in the order they were written, look at the dates to find the order. For those of you who are not currently subscribers, I wanted to remind you that these are not the **Herscu Letters** themselves, but only updates to those **Letters** involving epidemics.

I expect this to be the last update. As I mentioned in the first and second update, this is not an epidemic. As soon as the anthrax letters stop, so does the problem. This appears to be what is happening now. If the situation changes again, I will be in touch.

I want to again make my recommendations as to what to do at this time and will do so at the very bottom of this letter. However, I feel at this time the most important I can do is to underscore the necessity of working within a coherent and logical model. The reason I say that has to do with the tremendous number of letters, calls and emails our office has been inundated with in the last few months, many which reflect confusion, over-information and misinformation. It must be the same for you—reading at first one thing then another, conflicting opinions and contradictory recommendations.

I want to underscore our use of a model so that when you find yourself reading something about homeopathy or the treatment of a particular illness or materia medica about a specific remedy you can have some way to measure the information, some way to assess it on your own.

What follows are what I would call examples of “life without a model.” There were four emails that stuck me strongly enough to reproduce here, word for word. I chose each of the following emails for different purposes but they all relate to the topic of the homeopathic perspective on vaccination and homeoprophylaxis. The questions of why do we have to develop a model, why do we have to read through theory? Why do we have to spend time and money to understand homeopathy on this level? These emails answer those questions. It is my hope that you can spend the time now, to understand now, so that you can cut through the chatter and get to a closer approximation of what is seen in practice, in a time-efficient manner. That is worth the time spent in the beginning. So I will reprint these emails and make a few comments and hope that this exercise is illuminating for all.

Email #1 is short and simple. I clipped the part that relates. Even though there are several other emails, much, much longer ones, this is the one that counts. It is patients that we are discussing, patients that are influenced by our choices.

I receive many of these types of questions. The bottom line here is always the same. There is a child who has a terrible neurological complaint, a homeopath tells them it was from a vaccine, a potentized preparation of the vaccine is given, and the child begins to worsen. Very sad, really, and all too common.

**EMAIL #1**

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...At 5 months of age she was diagnosed with infantile spasms. My girl is 13 months developmentally and is autistic. I took her to a homeopath who felt that it was the HIB vaccine that caused the autism. She took the HIB vaccine in potency and is now much, much worse than before she began. What do I do now? How do I fix her now? How can we get back to where we were before?

The point I would like to underscore in this email refers back to the model I described in **Letters 33-38**, placing this child in category number 4: those who have a catastrophic result from a vaccination. By understanding that, we are given a perspective of how to treat such an individual. From my model the nosode in such a case is rarely useful, and may often be hurtful. I have heard this scenario from

many parents both in the USA and abroad. It is often difficult to treat these children after homeopaths have used multiple remedies, multiple nosodes for a lengthy period of time.

The way this email was answered was by reminding this parent that as a classical homeopath I treat the child by looking at all their symptoms, the neurological ones, other physical symptoms, as well as mental emotional and temperamental concerns and then prescribe based on that. I take into account the supposed etiology, but it is not the only thing I consider. Group #4 people may be changed by the trauma of the vaccine and need a remedy addressing the change, not necessarily the vaccine. In fact, they often do worse if given the potentized version of that vaccine.

**Email #2 was a forwarded *Reuters* article forwarded by a colleague.**

**EMAIL #2  
Hi Paul,**

**Did you see this? Good you had sent out your warning not to do it!**

**Homeopathy Has Preventive Remedy for Anthrax?  
Updated: Wed, Oct 24 8:12 AM EDT**

**CALCUTTA, India (Reuters) - Indian homeopathic practitioners say that homeopathy, a traditional alternative system of medicine, has a magic pill that can prevent anthrax from infecting humans.**

**Fears of germ warfare have spread worldwide since last month's attacks on New York and Washington as an outbreak of anthrax has spread in the United States through tainted mail.**

**Twelve people have contracted the disease so far -- either skin anthrax or the more deadly inhaled version -- and three have died.**

**"Anthracinum, which is prepared by triturating (grinding) the puss from anthrax, is a very effective prophylactic against anthrax," a former head of the Medical College of Homeopathy and Research, told Reuters.**

**Homeopathy, seen either as a complement or alternative to orthodox medicine, uses metals from across the Periodic Table and a whole range of other substances from the plant and animal kingdoms.**

**Its basic principle is that "like cures like" -- if a substance produces certain symptoms in a healthy individual, it can also treat those symptoms.**

**"Anthracinum works like magic. If a person just takes a dose (of anthracinum) for two days in succession, he would be immune from anthrax for at least three months," a homeopath who practices in Calcutta, said.**

**Orthodox medical practitioners declined to comment on the effectiveness of the homeopathic remedy.**

I do not know the homeopath quoted here. I hold for him regard and trust that it was his desire to help others, as well as the homeopathic profession that led to these statements. However, there are two basic mistakes in this article. First and foremost, it is not true. Any remedy may be used prophylactically, but no remedy can be absolutely helpful to all people, especially when the verum is this toxic.

The bigger problem is one that may have jumped out at you. The statement defies and contradicts the basic tenet of homeopathy- that of individuality. No one substance, in potency, can produce a set response in all people. The above statement assumes that all people will be stressed by this potentized substance and produce the same response. No one substance can cure any one disease. That is not homeopathic philosophy at all. Further, it does not work. I have gone into the full reasons why elsewhere and often.

This is not to say that the nosode does nothing. No doubt, there are people who would experience this substance in the way described; they would all fit into group number 2 (those who are weak responders.) All the other people would not have such a positive response.

It should be underscored that both of the above Emails, reflect approaches to homeopathic treatment. They also reflect contradictory philosophies ( i.e. Don't use nosodes, they can hurt people. And use nosodes, they help people!) Both approaches have a place at the homeopathic table. Both are possible. Homeopathic prophylaxis using nosodes may be effective or not, may be helpful or hurtful. It depends on which group your patient is in and their individual susceptibility.

Email #3 goes further in the same direction as email #2. In addition, it goes into some treatment possibilities. For people who are in the distance learning course, you can see the work that this homeopath has done. This work fits neatly into our discussion about "homeopathic therapeutics." (the study of particular diseases and commonly used remedies to treat them.) In this listing, you can see the good parts and the bad of the whole concept of therapeutics, the benefit and the detriment all rolled into one.

As I mentioned in my **Letters** on the topic of therapeutics (#s 39-48), this is not just a topic of the past, therapeutics are being written and taught currently. Without having a model and understanding of the problems inherent in therapeutics work, you are doomed to repeat the mistakes of the past.

Aside from the more obvious mistakes, I congratulate this work and its author as laying out the beginning of the problem clearly and then beginning to try to answer questions about treatment options for Anthrax. I am not condoning the use this type of therapeutics list in general or this list in particular, for all the reasons I have enumerated in the **Letters** on Therapeutics.

The beginning paragraphs offer some explanations about the illness itself, methods of transmission etc. The homeopathic differential begins on page 7. The next email with comments begins on page 8.

One of the problems with the differential is that it lacks more than it gives and as such is skewed. From our way of looking at things, it also misses the point of the fact that these remedies would mainly be useful for the Category #3 people. (The strong responders, i.e. those who would respond to the *genus epidemicus*.) Nevertheless, I congratulate this author on his scholarship.

### **Email #3**

#### **Homoeopathy Can Cure Anthrax**

##### **What is Anthrax?**

**Anthrax can be found globally. It is more common in developing countries or countries without veterinary public health programs. Certain regions of the world (South and central America, Southern and eastern Europe, Asia, Africa, the Caribbean and the middle East) report more Anthrax in animals than others. Anthrax is primarily a disease of domesticated and wild animals, particularly herbivorous animals, such as cattle, sheep, horses, mules and goats. Humans become infected incidentally when brought into contact with diseased animals which includes their flesh, bones hides, hair and excrement. When anthrax affects human, it is usually due to an occupational exposure to infected animal or their products. Workers who are exposed to dead animals and animal products from other countries where anthrax is more common may become infected with B. anthracis. In all cases the spores need somewhere damp and warm to become active, and a dose of several thousand microscopic spores is needed to cause an infection. The spores cannot be seen by the naked eye.**

**Today anthrax is considered to be a potential agent for use in biological warfare. Anthrax spore would be released at a strategic location to be inhaled by the individuals under attack. Spore of B. anthracis can be produced and stored in a dry form and remain viable for decades in storage or after release. To be successfully used in an attack anthrax bacteria must be grown and the clumpy mass of spores must be dried and ground finely enough.**

##### **Diagnosis;**

**Anthrax is diagnosed by isolating B.anthraxis from the blood of person, skin lesion or respiratory secretions or by measuring specific antibodies in the blood of person with suspected cases.**

##### **Pathology;**

**Anthrax is caused by a endospore-forming bacterium known as Bacillus anthracis. Bacilli are rod-shaped bacteria. Bacillus anthracis is classified as a Gram-positive, nonmotile, spore-forming bacterium. It is capable of growth under aerobic and anaerobic conditions.**

**Vegetative cells are 4-8um long x 1-1um wide. When they are not actively infecting a living body, they move into a dormant stage known as a spore. These hard-shelled spores have**

been known to survive for as long as 100 years. The bacteria infect immune cells known as phagocytes, releasing toxins as they grow and multiply until the cells burst. The immune response to this throws the system into shock and this is what kill the victim.

#### **Transmission Of Anthrax;**

There is no evidence of person to person transmission of anthrax. Anthrax spores may survive in the soil, water and no surfaces for many years. Infected animals could then transmit the disease to humans through the cutaneous, intestinal or inhalation route by spore from a contaminated animals, carcass or hide. If spores are found on a person in the nose for instance the person has been exposed. A person is not infected unless the spores have been activated, which can be tested by culturing a lesion on the skin or by checking the blood for antibodies against anthrax, for the toxins that anthrax produces.

#### **Three Way Of Transmission;**

Symptoms of disease vary depending on how the disease was contacted, but symptoms usually occur with in 7 days

#### **Skin;**

Spores can also work their way into a cut or scrap and cause an infection known as cutaneous anthrax. This is most common form, and in humans it kills 20% of victims if they are not treated with antibiotics or Alternative Medicine. Most 95% anthrax infection occur when the bacterium enters a cut or abrasion on the skin. Such as when handling contaminated wool, hides, leather or hair products (especially goat hair) of infected animals. This is usually acquired via injured skin or mucous membranes. A minor scratch or abrasion, usually on an exposed area of the face or neck or arms, is inoculated by spores from the soil or a contaminated animal. The spore germinate , vegetative cell multiply , and characteristic lesion develops at the site. In severe cases, where the blood stream is eventually invaded, the disease may be fatal. Distinctive black scabs form thus name anthracis, which comes from the Greek word for coal. Skin infection begins as a raised itchy bump that resembles an insect bite but within 1-2 days develop into a vesicle and than a painless ulcer, usually 1-3 cm in diameter with a characteristic black necrotic (dying) area in the center. Lymph glands in the adjacent area may swell.

#### **Inhalation;**

Inhalation anthrax is wool stores disease result most communally from inhalation of spore containing dust where animal hair or hides are being handled. The spores can be inhaled activated by the warm wet interior of the lungs. The disease begins abruptly with high fever and chest pain. It progresses rapidly to a systemic hemorrhagic pathology and is often fatal if treatment cannot stop the invasive aspect of the infection. In humans, this form of the disease is the most deadly because it starts out looking like a cold or flu but rapidly progresses to pneumonia or meningitis and if untreated it kills 90 percent of its victims. Initial symptoms may resemble a common cold. After several days, the symptoms may progress to severe breathing problems and shock. Inhalation anthrax is usually fatal.

#### **Gastrointestinal;**

Gastrointestinal anthrax is found in infected meat or when the spores are otherwise swallowed. Intestinal anthrax is analogous to cutaneous anthrax but occurs on the intestinal mucosa. As in cutaneous anthrax the organisms probably invade the mucosa through a pre existing lesion. The bacteria spread from the mucosal lesion to the lymphatic system. Intestinal anthrax result from the ingestion of poorly cooked meat from infected animals. Intestinal anthrax although extremely rare in developed countries. The intestinal disease form of anthrax may follow the consumption of contaminated meat and is characterized by

an acute inflammation of the intestinal tract. Initial signs of nausea, loss of appetite, vomiting fever are followed by abdominal pain, vomiting of blood, and severe diarrhea. Intestinal anthrax result in death in 25% to 60% of cases.

Meningitis due to B.anthraxis is a very rare complication that may result from a primary infection elsewhere.

#### **Safety Precaution;**

Anthrax is not spreading and the spores can be washed away with soap and water. Experts suggest that any one who may have been exposed take a bath, and least thoroughly wash their hands and face.

It is possible that spores could be carried on clothing, but unlikely unless someone has many spores dumped on them.

Antibiotic can prevent this from happening when given soon enough. Doctors are giving antibiotics to peoples who have been exposed to anthrax or who may have been exposed even though they may not be infected.

Spores can only be destroyed by steam sterilization or burning. It has also been reported that boiling 100 degrees C for 30 minutes kills endospore of B.anthraxis.

A wide range of antibiotic and homoeopathic Remedies can beat anthrax.

In countries where anthrax is common and vaccination levels of animals herds are low, humans should avoid contact with livestock and animal products and avoid eating meat that has not been properly slaughtered and cooked.

Use Homoeopathic Remedies for prevention of Anthrax.

#### **Homeopathic Treatment;**

##### **Anthraxinum (Anthrax Poison);**

We can use this medicine as a vaccine . Septic inflammation, Gland swollen, cellular tissues oedematous and indurated . Septicemia. Ulceration, Bad effect from inhaling foul odors, Black and blue blisters. Dissecting wound. Gangrenous parotitis. Succession of boils. Foul secretion.

##### **Arsenicum Album (Arsenic Trioxide);**

This remedy acting on every organ and tissue. This is deep acting remedy. Injurious effect of food. Fear fright and worry. Degenerative changes. Septic infection and low vitality. Burning in eyes with acrid lachrymation . Thin watery excoriating discharges . Sneezing with out relief. Nausea retching vomiting after eating or drinking. Vomiting of blood , bile, green mucus or brown black mixed with blood. Liver and spleen enlarged and pain full. Dysentery dark, bloody very offensive. Air passages constricted . Suffocative catarrh . Expectoration scanty, Ulcers with offensive discharges. Anthrax poisoned wounds. Gangrenous inflammations. Septic fever.

##### **Crotalus Horridus (Rattlesnake);**

Disorganization and decomposition of blood . Violent vomiting of food, bilious vomiting, vomiting of blood. Constant nausea and vomiting. Intestinal hemorrhage . Bad effect of vaccination . Lymphangitis and septicemia . Anthrax disease .

##### **Echinacea Rudbeckia (Purple Cone-flower);**

Generally septic conditions blood poisoning . Cerebrospinal meningitis. Lymphatic inflammation . Lymphatics enlarged. Fever with chilliness and nausea We can also inject this remedy in body. Locally use as a cleansing and antiseptic wash.

**Pyrogenium (Artificial Sepsin);**

**Pyrogen is great remedy for septic states. In septic fever. Pyrogen has demonstrated its great value as homoeopathic dynamic antiseptic. All discharges are horribly offensive. Influenza. Nausea and vomiting. Breath horrible. In fever coldness and chilliness. septic fever, Temperature rises rapidly.**

**Streptococin;**

**Anti febrile action septic symptoms in infectious diseases. Rapid in its action especially its in effect on temperature.**

Email #4 comes from the website of the National Center for Homeopathy (NCH). Let me begin by saying that I love this organization. It is the first one that I joined, the first I wrote for and the first that I taught for. I support them wholeheartedly. In terms of a grassroots, political, organization they are number one. I love their magazine and its editor as well as their educational format. Many graduates of our courses have served as board members, and teachers. I wish the NCH all the luck and strength to see them through the work they are doing. You should all join this organization and support it; it supports the growth of homeopathy in many ways, seen and unseen. (Look them up on the web at [www.homeopathic.org](http://www.homeopathic.org) and if you're not already a member, join!)

I have a great deal of admiration for this organization. I also have a great deal of trouble with some of the information that was chosen to appear on their website with regard to bioterrorism and anthrax. I have reprinted their presentation and put my comments on at the end.

**EMAIL#4**

**Biological Attack**

**The current rash of Anthrax letters has lots of people skittish. Start with a rational assessment of whether you are in a job situation that puts you at risk. Most of us are not at risk from this and should relax. At this time, you are still more likely to die from being struck by lightning than to die from anthrax. But, we should also follow the rules of good hygiene that work for colds and flu as well - DON'T PUT STUFF IN YOUR MOUTH, especially your hands or anything that you or anyone else touches with hands unless they're washed first. This means don't chew your fingernails, or the end of your pencil. Don't eat with your hands unless your have washed them or the food can be held in its wrapper. Homeopathy did a great deal for epidemics and infectious diseases, but good hygiene and sanitation did more and will help keep you from getting sick in the first place.**

**Prophylaxis and Nosodes**

**Industry Associations Warn Against "Natural" Anthrax Treatments. Both the Silver Spring, Md.-based American Herbal Products Association (AHPA) and the Newport Beach, Calif.-based National Nutritional Foods Association (NNFA) have issued warnings about false claims that natural remedies exist for the treatment of the disease anthrax. NNFA has received inquiries from its members about products which are**

being marketed as alternative preventatives and treatments for anthrax and has issued a statement saying that no natural therapies have been approved for treating any form of anthrax infection. It is recommending that retailers refuse to stock or sell products claiming to treat the disease; to not promote the use of legally labeled dietary supplements as a cure or treatment; to advise customers who believe they are infected to seek medical attention and contact the local health department. In a statement, NNFA Executive Director David Seckman said, "Let's be very clear, no dietary supplement or other natural product has been approved for the treatment of anthrax. Even the most vague intimation that a product or combination of products will ward off or cure anthrax infection will be widely viewed as preying on the fears of a frightened public." AHPA has reminded manufacturers, marketers and retailers that federal regulations governing dietary supplements do not permit claims suggesting a supplement can "diagnose, mitigate, treat, cure or prevent" any disease. In an open letter to practitioners of complementary and alternative medicine, AHPA stated "There are not, however, any defined natural healing protocols for the treatment of any form of anthrax infection," and recommended that the practitioners contact the Atlanta-based Centers for Disease Control for information on anthrax . For more information contact AHPA's Director of Communications Robin Gellman at 301-588-1171, ext 107.

From articles by Eileen Nauman DHM (UK) with Catherine Creel. [Full text.](#)  
**ANTHRAX                      BIOLOGICAL                      WARFARE                      INFORMATION**

The spores of *B. anthracis* can be produced and stored in a dry form and remain viable for decades in storage or after release. When released, the spores are easily dispersed in air for inhalation by unprotected troops (or civilians downwind) and may remain in soil for many years.

The following is an excerpt from the U.S. Navy Manual on Operational Medicine and Fleet Support, entitled Biological Warfare Defense Information Sheet. "The disease Anthrax is caused by the bacteria *Bacillus anthracis*. Anthrax is normally found in sheep, cattle and horses but can be transmitted to humans who contact infected animals or their products. Usually humans acquire the disease by skin contact with the bacteria or by inhaling the bacterial spores found in sheep wool. As an agent of biological warfare (BW), it is expected that a cloud of Anthrax spores would be released at a strategic location to be inhaled by the personnel under attack. As such, the symptoms of Anthrax encountered in BW would follow those expected for inhalation of spores, as opposed to those expected for skin contact or ingestion of the bacteria. These symptoms are discussed in the sections below."

**Anthrax symptoms have TWO PHASES. The first set of symptoms mirror non-specific flu-like symptoms.**

- \* progressive fatigue
- \* possible fever
- \* chills
- \* general discomfort, uneasiness, or ill feeling (malaise)
- \* headache
- \* nausea and vomiting
- \* shortness of breath/breathing problems
- \* cough, dry \* congestion of the nose and throat

- \* mild chest discomfort with a non-productive cough
- \* joint stiffness
- \* joint pain
- \* possible sore throat
- \* possible night sweats
- \* loss of Appetite

#### Homeopathic Remedies for Inhalational Anthrax

**FEVER; HEAT in general (K1278) (205) :** Acon., Alum., Apis, Arg-n., Ars., Ars-i.  
**CHILL; COLDNESS in general (K1259) (213) :** Ant-t., Apis, Aran., Ars., Bism., Calc-f.  
**HEAD PAIN; GENERAL (K132) (305) :** Anthr., Calc-s., Cedr., Chin., Chin-s., Cocc.  
**STOMACH; NAUSEA (K504) (326) :** Ant-c., Ant-t., Arg-n., Ars., Bell., Carbn-s.  
**STOMACH; VOMITING; General (K531) (247) :** Acon., Aeth., Ant-c., Ant-t., Apis, Apom.  
**COUGH; DRY (K786) (288) :** Acon., Alum., Ars., Ars-i., Bell., Brom.  
**RESPIRATION; SUFFOCATIVE (Difficult) (107) :** Acon., Acon-f., Am-c., Ant-t., Apis, Ars.  
**NOSE; CONGESTION to nose (11) :** am-c., cham., cortico., cupr., hep., lith-c.  
**THROAT; FULLNESS (K452) (44) :** apis, arg-n., bell., cinnb., con., eucal.  
**CHEST; CATARRH (K824) (95) :** Ant-t., Ars., Bar-c., Bar-m., Bry., Cact.  
**EXTREMITIES; STIFFNESS (K1191) (133) :** Ars., Asaf., Bry., Caust., Chel., Cocc.  
**EXTREMITY PAIN; GENERAL; influenza; during (K1045) (8) :** Bry., Eup-per., acon., caust., chel., euph.  
**MIND; DISCOMFORT (SI 401)(Discontented)(Restlessness) (44) :** camph., grat., sulph., agar., ammc., ars.  
**STOMACH; APPETITE; diminished (K476) (133) :** Alum., Pic-ac., arg-n., aur., bar-m., cact.  
**EXTREMITIES; ANTHRAX (K952) (6) :** anthr., ars., sec., echi., lach., ther.

1. Anthracinum (anthrax nosode)
2. Arsenicum album
3. Lachesis muta
4. Secale
5. Bryonia

Then, you will experience improvement, and the symptoms seem to abate for 1-3 days, and you feel better. The second phase will hit you hard, and usually, within 24-36 hours. This phase is one marked by high fever, dyspnea (shortness of breath), stridor (lungs filling with fluid), cyanosis (blue-colored skin, and you are not able to get sufficient oxygen into your body due to breathing problems), and shock, and then you die. \*  
**Breathing Problems/pneumonia \* Shock \* Swollen Lymph Glands \* Profuse sweating \* Cyanosis (skin turns blue)**

#### Homeopathic Remedies for Stage Two

**FEVER; HEAT in general (K1278) (205) :** Acon., Alum., Apis, Arg-n., Ars., Ars-i.  
**CHILL; COLDNESS in general (K1259) (213) :** Ant-t., Apis, Aran., Ars., Bism., Calc-f.  
**HEAD PAIN; GENERAL (K132) (305) :** Anthr., Calc-s., Cedr., Chin., Chin-s., Cocc.  
**STOMACH; NAUSEA (K504) (326) :** Ant-c., Ant-t., Arg-n., Ars., Bell., Carbn-s.  
**STOMACH; VOMITING; General (K531) (247) :** Acon., Aeth., Ant-c., Ant-t., Apis, Apom.  
**COUGH; DRY (K786) (288) :** Acon., Alum., Ars., Ars-i., Bell., Brom.  
**RESPIRATION; SUFFOCATIVE (Difficult) (107) :** Acon., Acon-f., Am-c., > > Ant-t., Apis, Ars.  
**NOSE; CONGESTION to nose (11) :** am-c., cham., cortico., cupr., hep., lith-c.

**THROAT; FULLNESS (K452) (44) : apis, arg-n., bell., cinnb., con., eucal.**  
**CHEST; CATARRH (K824) (95) : Ant-t., Ars., Bar-c., Bar-m., Bry., Cact.**  
**EXTREMITIES; STIFFNESS (K1191) (133) : Ars., Asaf., Bry., Caust., Chel., Cocc.**  
**EXTREMITY PAIN; GENERAL; influenza; during (K1045) (8) : Bry., Eup-per., acon., caust., chel., euph.**  
**MIND; DISCOMFORT (SI 401)(Discontented)(Restlessness) (44) : camph., grat., sulph., agar., ammc., ars.**  
**STOMACH; APPETITE; diminished (K476) (133) : Alum., Pic-ac., arg-n., aur., bar-m., cact.**  
**EXTREMITIES; ANTHRAX (K952) (6) : anthr., ars., sec., echi., lach., ther.**  
**BACK; SWELLING of; Cervical region (4) : con., iod., nux-v., phos.**  
**GENERALITIES; SHOCKS; agg. (SII 578) (25) : acon., acet-ac., am-c., arn., camph., cham.**  
**PERSPIRATION; PERSPIRATION in general (K1293) (201) : Ant-t., Calc., Chin., Ferr., Hep., Ip.**  
**RESPIRATION; DIFFICULT; pneumonia, in (6) : ANT-T., Chel., Kali-n., Kreos., Lyc., Phos.**  
**GENERALITIES; CYANOSIS (K1356, SII 151)(RESPIRATION; Asphyxia) (109) : Camph., Carb-v., Cupr., Dig., Lach., Laur.**

1. Arsenicum album
2. Phosphorus
3. Lachesis muta
4. Carbo veg.
5. Baptisia tinctoria
6. Pyrogenium

#### **CUTANEOUS SYMPTOMS OF ANTHRAX (Anthrax skin infection)**

Skin infection begins as a raised itchy bump that resembles an insect bite but within 1-2 days develops into a vesicle and then a painless ulcer, usually 1-3 cm in diameter, with a characteristic black necrotic (dying) area in the center.

\* a reddish brown sore that breaks open and forms a scab. Lymph glands in the adjacent area may swell. About 20% of untreated cases of cutaneous anthrax will result in death. Deaths are rare with appropriate antimicrobial therapy.

\* Usually find a typical painless lesion (ulcer) at site of infection with a black, necrotic (dying tissue) eschar (scab).

\* Local swelling is prominent

\* Possible fatigue

\* Possible chills

#### **Homeopathic Remedies for Cutaneous Anthrax**

**SKIN; ANTHRAX (2) : ip., lob.**

**SKIN; ERUPTIONS; vesicular (K1322) (148) : Ars., Canth., Carb-ac., Caust., Clem., Croto-t.**

**SKIN; SWELLING; affected part, of (K1332) (57) : Bell., Kali-c., Merc., Puls., Rhus-t., Sep.**

**SKIN; DISCOLORATION; blackish (K1305) (19) : Ars., Plb., Sec., apis, arg-n., carb-v.**

**SKIN; ITCHING (K1327) (242) : Agar., Apis, Ars., Bov., Carb-v., Carbn-s.**

1. Arsenicum album
2. Lachesis muta
3. Nitric acidum
4. Secale
5. Carbo veg.

#### **GASTROINTESTINAL ANTHRAX (eating it)**

The intestinal disease form of anthrax may follow the consumption of contaminated

meat and is characterized by an acute inflammation of the intestinal tract. Initial signs of nausea, loss of appetite, vomiting, fever are followed by abdominal pain, vomiting of blood, and severe diarrhea.

\* Abdominal Pain

\* Inflammation of the Intestinal Tract

Intestinal anthrax results in death in 25% to 60% of cases.

Homeopathic Remedies for Gastrointestinal Anthrax

STOMACH; APPETITE; wanting (K479) (284) : Ars., Asar., Calc., Cham., Chel., Chin.

STOMACH; VOMITING; General (K531) (247) : Acon., Aeth., Ant-c., Ant-t., Apis, Apom.

STOMACH; NAUSEA (K504) (326) : Ant-c., Ant-t., Arg-n., Ars., Bell., Carbn-s.

ABDOMEN; PAIN; general (K554) (397) : Ars., Bry., Canth., Cham., Cocc., Colch.

STOMACH; VOMITING; blood (K536) (131) : Arn., Cact., Carb-v., Chin., Crot-h., Ferr.

RECTUM; DIARRHEA (K609)(STOOL; Frequent) (285) : Agar., Aloe, Ant-c., Ant-t., Apis, Arg-n.

1. Arsenicum album

2. Ipecac

3. Phosphorus

4. China

5. Veratrum album

**HOMEOPATHIC INFORMATION YOU NEED**  
POTENCY and DOSAGE Potency ordered from a homeopathic pharmacy (or, if you buy a kit) should be a 30C. Take these white pellets UNDER your tongue and let them melt way. Do NOT take them with water. Take every 15 minutes until you can receive emergency medical help. If you cannot get to the hospital. Take every fifteen minutes until the symptoms go away. When they stop: STOP taking the remedy.

**Prophylaxis - NCH Board**  
In the history of homeopathy, the remedy that has worked well for treatment of the illness, has also worked well for preventing infection among exposed individuals. In epidemics, the infection is usually so virulent that most people respond to it with similar symptoms. Thus, one or a very few remedies will work for most people, and the usual need for individualization of therapy is made much easier. The remedy for the epidemic becomes known as the genus epidemicus. However, the genus epidemicus may change with each epidemic even though it is the same disease just as a different flu vaccine is made each year in conventional medicine as the flu strain changes.

Another strategy has been to attempt prophylaxis with the nosode, the remedy made from actual diseased tissue. While this is attractive because it doesn't require finding the genus epidemicus, there is less evidence for its efficacy. Additionally, current information about the source material for some nosodes is lacking, the old nosodes may not fit the current strains of infection, and some nosodes are available only by prescription.

While prophylaxis with nosodes is not certain, we do have modern evidence of at least partial effectiveness in the animal model. Dr Wayne Jonas, former director of the Office of Alternative Medicine at NIH did a study with tularemia in the mouse model. (Jonas WB, Do homeopathic nosodes protect against infection? An experimental test, *Alternative Therapies*, 1999;5:36-40) Mice given tularemia nosode prior to infection with *F tularensis* had 22% greater survival than control mice given the infection without prior nosode treatment. However, mice given conventional vaccine had 100% survival. While it may not be appropriate to apply this limited information to humans and a different disease, we have to conclude that if a suitable vaccine is available, it would appear to be

the safer course at this moment in time. However, if no suitable vaccine is available, nosode therapy is likely to be better than nothing.

In another article in the same issue, pig herds in Germany, particularly susceptible to infections due to their crowded growing conditions, were treated with a combination remedy (remedies chosen for the particular symptoms of infection and combined into one remedy), prophylactic doses of antibiotic or full doses of antibiotic. (Albrecht H, Schutt - *Homeopathy versus antibiotics in metaphylaxis of infectious diseases: a clinical study in pig fattening and its significance to consumers*, *Alternative Therapies*, 1999;5:64-68.) The pigs treated homeopathically fared as well as those given prophylactic antibiotics, though neither group did as well as those given full dose antibiotics.

There is much promise for homeopathic prophylaxis, particularly when the [genus epidemicus](#) has been determined. What is especially needed at this time is specific homeopathically oriented symptomatology (symptoms from the mental/emotional, general, and organ specific areas along with timing and modalities) from the course of disease in affected individuals in order to determine the genus epidemicus. And we need intense research in the application of both genus epidemicus and nosode therapy. We hope that governmental agencies and scientific investigators will pursue this much needed investigation expediently so that better informed recommendations and protocols for these cost effective and potentially extremely valuable strategies can be developed. We welcome your suggestions and personal contacts in furthering these goals.

The following is an excerpt of an official FDA correspondence to HPCUS in May 1997  
"This letter is sent regarding our recent conversation concerning products claiming to be homeopathic nosodes that are intended to prevent various diseases through vaccination, including childhood diseases such as measles, mumps, rubella, pertussis, diphtheria, polio, tetanus, etc. It appears to us that such products cannot be defined as homeopathic when intended to prevent disease through vaccination. This position is based on the fact that such substances, again when used for preventing disease through vaccination, are not being administered for healing the sick, as the definition of homeopathy requires. The individual being treated is not sick at the time the drug is administered. Further, they are not in keeping with the basic tenet of homeopathy, that is 'similia similibus curentur', since they are not being offered to 'cure a like' but to prevent a disease."  
This statement speaks for itself and makes abundantly clear FDA's position on the use of homeopathic medicines for prophylaxis.

*Published in Homeopathy Today*

*Homeopathic Nosodes- Are they Useful for Bio-terrorism?* by J.P. Borneman [Full text](#)

The attack on the United States on September 11, 2001 and subsequent reports of infection of a number of Americans by bacteria of the species *Bacillus anthracis* has raised the profile of homeopathic nosodes and their potential clinical utility in the event of a widespread outbreak of an infectious disease....

Nosodes included in the *Homeopathic Pharmacopoeia of the United States* (HPCUS) include: *Anthracinum* (Anthrax), *BCG*, *Candida Albicans*, *Candida Parapsilosis*, *Colibacillinum*, *Hippozaeninum*, *Influenzinum*, *Lyssin*, *Medorrhinum*, *Morbillinum*, *Pertussinum*, *Proteus*, *Psorinum*, *Pyrogenium*, *Sinusitisinum*, *Staphylococcinum*, *Streptococcinum*, *Syphylinum*, *Tuberculinum*, *Tuberculinum Bovinum*, and *Vaccinotoxinum*. These medicines have well defined source materials in the literature as well as standardized methods of preparation.

Those nosodes that are available over the counter- including *Anthracinum*, have OTC indications in the literature.

**How does one then approach the application of homeopathy to wide-ranging infectious disease? ...The best approach is the deliberate application of homeopathic case-taking to determine the well-chosen homeopathic medicine, and then the application of the well-chosen homeopathic medicine according to homeopathic principles.**

**What should you have at home? You probably already have it! "It" is a homeopathic kit that contains commonly prescribed polychrests - the medicines you use every day. If an outbreak occurs, carefully observe symptoms and with medical help, apply the correct medicine. Remember to communicate with others to determine their observations of other patients and look for the [genus epidemicus](#) to emerge. And remember, allopathic care may be indicated as well.**

Although the NCH had the best intentions in publishing these pieces, unfortunately, these pages are disjointed and contradict themselves. The basic message is that the treatment and prevention should be left to the medical community where there is a known effective treatment, a point I totally agree with and mentioned in each of our **Letters** and updates. The point is further made that there is no clear prevention with nosodes, that both prevention and treatment should be left to professional homeopaths with experience. The information about public health and the industry association opinions, I think is clear, concise and correct.

Then we also find lists of rubrics, and remedies and potencies to consider for treatment, an obvious contradiction to the other information. Of course this is a problem of many umbrella type organizations: trying to be everything to everybody, so that invariably, contradictory messages and information is offered. I do appreciate the time and thought that went into compiling this data but have several concerns with it:

1. It contradicts the previous, correct message about homeopathy and trained professionals.
2. It gives legitimacy to others that are selling nosodes, and kits to be taken for the prevention and treatment of bio terrorism.
3. It contradicts the basic message that is implicit in the beginning of the writing that one is more likely to be hit by lightning.
4. The rubrics and remedies listed have nothing, and I repeat very strongly, nothing, to do with the situation at hand. With no disrespect intended, they are a throwback. One of the reasons I am printing these pages is to show that the problems that homeopathy had in the last centuries continue to this day with respect to using therapeutics like this. In other words, one of the main points here is to show why we needed a model that can explain and incorporate and define the problems and then how to tackle those problems.

In trying to help, the organization has overstepped itself. It has begun to propagate incorrect information. I know a great deal of thought by many well intentioned and experienced people went

into the creation these pages, but this portion about remedies and prescriptions is a mistake. I shall encouraged the NCH to remove from their website anything that looks like advice on treatment, especially when that information is inaccurate and misleading.

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I have also received many other emails. Very troubling ones indeed. One consistent aspect of those emails is that they misrepresent the very masters of this profession, homeopathy in general, as well as my own work. They so misrepresent both homeopathy and me that I will not reprint them here.

Many times, I do not know the persons who wrote them, but these emails illustrate the basic problem we have had in the past 200 hundred years. There are so many inaccuracies, innuendoes and fallacies that there is no real way to answer them and remain polite. Suffice it to say that I can think of no better way to show why it is that we need a model and why it is that we need to have this information as part of on-going education, as opposed to just telling people “what to do” now and then. A model can take away the cobwebs that surround cloudy thinking. A model can be better predictive of future outcomes.

I suppose we are a culture that wants the quick fix and this urge is compounded in times of national stress and fear. Nonetheless, I believe it is our responsibility, in particular, those of us who teach and might be looked to for information or guidance, to have our information in context, as part of a larger way of looking at illness, case analysis and homeopathy, in general. With regard to bioterrorism and anthrax in particular, this could not be more the case.

*What we have in our time is not a lack of information, rather too much information and for many, no way to organize it. This can make applying the homeopathic knowledge to the patient difficult, indeed. Armed with a clear model, one which can anticipate future happenings and take into account all the varied ways patients present, we will be much better able to have homeopathy reach its lofty potential within the health care offerings of our time. There is no way to present this information in a quick and bite-sized fashion and I appreciate that there are many people willing to take the time and effort necessary to learning from the ground up.*

I can think of no better way of illustrating the dangers of a lack of clarity then to read an email by Rudi Verspoor, dated November 13<sup>th</sup>, 2001. On a theoretical level, it speaks for itself and by so doing, refutes itself. If you want a homeopathy where you give more than one, and even 5-10 remedies at a time, where multiple diseases exists at the same time, the email of how to contact this person is [info@heilkunst.com](mailto:info@heilkunst.com). Needless to say, I do not agree with his viewpoint in any manner.

I have a personal, non-homeopathic comment to make about this email, though. Character assassination of historical names to bend people towards your belief system went out when Lytton Strachey wrote *Eminent Victorians* a long, long time ago. By ‘sampling’ people’s writing, (i.e. taking comments, sentences, words, etc. out of context) you can make a person seem to say just about anything! I suppose it is easier to take shots at them in that way.

While I have gotten used to having people take my ideas, I have never met anyone who would make it seem that I said something 180 degrees opposite from what I actually said! From my primary position that homeopathy is the very best system of medicine ever created, according to this author, I seem to have relegated it to a distant, distant second place. There are many quotes by myself and by Hahnemann. I feel honored, really. I have been misused in the same way Hahnemann has. Good company, but not for a good reason.

This person has obviously read a fair amount, and it seems as though he has read the right people. I wish for him luck and perhaps more importantly, grace: that he might see a higher possibility to use his talents, so that his patients and colleagues may benefit from good work; so that he takes his place, not amongst the footnotes and the dustbins of history, but elsewhere entirely.

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I have to tell you a funny story to end. A few days ago, I went to a college basketball game with my family. It was a lot of fun, mainly because the game was so close, both teams working hard for advantage.

For those of you in different countries, the game is played in two, twenty-minute halves. During the break between the two halves, the organizers contrive entertainment. In this game there would be a race during halftime. Two people would race from one side of the court to the other side, all the time dribbling a basketball. When they reached the other side, they had to put on a Hawaiian flowery shirt, goggles, and snorkeling mask, and diving flippers and dribble the basketball all the way back to the other side and try to put the ball through the hoop. My children loved it. To see those young men bouncing a ball and running in flippers, was quite comical.

Now here is the point of why I am telling this story. The two men were pretty much tied by the time they put on their paraphernalia. One of them ran like a duck to the other side. The other one ran backwards. Having dove before, I know why he did that. When you are in water it is much easier to walk in backwards when wearing flippers than walking in forward. It has to do with the fact that you

have less resistance cutting through the water walking backwards than forwards. It has to do with the shape of the flipper and where the foot is in the flipper. It makes perfect sense in water. However, in this situation, it makes no sense at all. There is no resistance to speak of. The amount of time he lost walking backwards made him come in much later than the man walking forwards!

The person who has an idea of why they do what they do, always has an advantage over the one who does not. One who knows the way things work can understand what is called for at different times. This is the essence of model building and science. The man running backwards clearly knew something, but did not know why it was true and therefore misused the strategy. All information is context dependent.

Ultimately, the same can be said for homeopathy. I have seen people argue about much of my philosophy yet still take many of the ideas, and apply them incorrectly. The only problem is when it negatively impacts the patients. Naturally, any teacher wants their work to be understood and used! But I for one would like my information used *in context*.

When we return to our original model of health and disease; of stress and strain, and the four ways that people can respond to the stresses in question, we have a strong foundation from which to make clinical decisions and a clear sight from which to interpret clinical results.

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Okay. Now let's talk again about where we are. I am still staying with the decision made in the first updates. The homeopath should treat the people for the non-anthrax side of this tension as we have discussed before. Since the panic in the populace is less, as is also true of our homeopathic community, the treatment will be less about the acute straining of the panic and more about their chronic remedy.

In terms of the anthrax side though, I still state the obvious. There is very little chance of anything happening to any of your patients here. However, should you fit into one of the high-risk categories that we described before, the remedies to consider is more likely to be *Belladonna* at this point. *Arsenicum album* is still possible, but *Belladonna* is becoming the more likely one at this time.

Sorry for all the reading. I wanted to clearly show the benefits of a model and the downside of not having one. From now on I will only keep you updated as the anthrax situation changes.

Sincerely, Paul Herscu, ND, DHANP

## **Anthrax Update, October 26, 2001**

I am writing this update from Seelisberg, Switzerland, where I am teaching a group of homeopaths. I am writing this update as a supplement to the previous update. If you did not read the last one, then scroll down the pages until you find the October 18<sup>th</sup> update and read that one first.

First let me state quick and main point. Everything I wrote before still stands, with the same indications and the same exact remedy choices at this point.

Now for the situation as it is developing. I am afraid that the homeopathic community is still in a panic, as are parts of the country. In a way there is reason for it. First, the media is focusing on this issue so much that it begins to loom in a major way. If you listen to s steady diet of the news, it seems that it is only a matter of time until you, me, all of us, will have anthrax. Second is the fact that in reality, the anthrax threat is just that--a threat. It is not an epidemic.

Since the first update, the mail carriers seem to have taken the brunt of the effect. As I mentioned in the first **Letter**, the government has in fact begun to look at how to protect the mail. We are in the middle of this process. What ever the government uses to sanitize the mail is not in place yet. I do have an observation though. This has not been a major all-out attack. There has been a small, small number of mail pieces that are effected.

I have to put this in context once more. I had a nightmare last night. I remembered 1997. That was probably one of the worst years of my life, medically speaking. As a physician and a human being, I almost developed panic attacks that year. Let me share with you why.

You may recall a little notice in the newspapers or perhaps a 15 second piece in the television news. It involved the fact that millions of fowl were being killed in Hong Kong. The reason was that they had a chicken influenza that seemed deadly. More than that it was an unusual type. While most chicken influenza does not infect people, this one did. More than that, while most influenza is not lethal this one was in particular. It killed people. So the government in Honk Kong went around and killed millions of birds. Why am I bringing this up? 1918.

!918 was the year that world war one ended and men stopped killing men. It also was the year that influenza began to kill people. All in all 35 to 45 million people died in two or three years from this flu. Also, what was unusual about that flu is that it did not kill only the weak babies and the very old;

it killed people of any age. I can only imagine what it was like to live at that time, watching your loved ones succumbing to this dreaded illness.

Now here is the catch. When researchers began to look at the virus that caused the 1918 epidemic and when they looked at the virus that causes this lethal 1997 chicken influenza, they found that the genetic part of the virus that made each lethal were similar.

So let me say it a different way. If the government in Hong Kong did not do what they did, if the influenza was allowed to spread, if people were allowed to become infected and spread that infection from one to another, then that little news clip would not have stayed little. Millions may have died. Period! That is what scared me and that is what terrifies me, if you want to know. Viruses that lethal and that communicable that one in 5 or one in 10 or one in 100 will die. As a human being and a physician, that is what really scares me. We missed that one, but only by the grace of quick action by that government.

I am sharing with you this story to make a point. There are things that we need to be concerned about and develop protocols and procedures for . Viruses and bacteria are some of those things. I am concerned about these issues just as much as the next person and maybe even more so. But it is with that in mind that I have to say that I do not have these concerns in regards to the anthrax issue that is before us now.

It is not that I am not concerned and it is not that you should not be concerned. However, we are dealing with a different type of issue. True ,this anthrax seems to have been milled and to more easily cause the inhaled versus the skin form of the disease. However, the numbers of people who have had contact is small.

Let me put this issue another way, again. Given the current influenza epidemic that we will probably have, as we do each year, it is very very likely and probable that with this mild influenza, 20, 000 people will die from it. I am not talking about any lethal form of the virus. This is the typical numbers year in and year out. Compare that with the dozen or so people who have been unfortunately struck in the midst of their lives by this criminal act. You see what I am trying to get at. As bad as it is, it really is not that bad. If the mail issue stops now, so does this outrage. This is what I am trying to say to our homeopathic colleagues as well as the community as a whole. Let's try to keep this in perspective.

Now, as to treatment options, they have changed in the following way.

In terms of all the other treatment options I would keep the same with only the following changes. For any of your patients that have been in any large important government building in the Washington DC area, between I would include in the *Arsenicum album*/*Anthracinum* remedy prescriptions, with *Arsenicum album* given to the strong ones and *Anthracinum* to the weaker ones.

I would also add *Arsenicum album* to anyone treating a symptomatic person with anthrax.

I would also add *Arsenicum album* or *Anthracinum* remedy prescriptions to all mail carriers in the New Jersey and DC, areas that formed the focus of exposure. This will probably increase as the post offices become more tested and more defined as to which have anthrax spores and which do not. In any of the mail sorting spaces that anthrax is found, I would use the *Arsenicum album* or *Anthracinum*, as mentioned before.

Here is what I hope. This is not an attack from foreign soil. This is just one or a few people from this country conducting this criminal acts. As such, this should end shortly, as opposed to increasing shortly. Either way, this future will clearly show us which it was. Should there be a big release we will change this information but for now it remains.

Also let me be clear that the *Arsenicum album* is the remedy of choice at this time. But that will surely change.

Good luck to all of you.

Sincerely,

Paul Herscu, ND, DHANP

## **Anthrax Update, October 18, 2001**

I want to start this update with stating the obvious. I, like everyone else, feel horrible that we are having to address these issues in the first place, and that the need is there for me to write the following words. It is tricky enough addressing the concept of treating epidemics, that it may come from bioterrorism is mind boggling.

This is an update to *Letters* #33-38, sent to you already. If for any reason you have not received those yet, there may be a problem because we have sent out all those requested. Please contact us if you have not received those *Letters*.

If you have not finished reading through the material, please do so. I know much of that information is dense, but having a solid foundation to make clinical decisions is essential.

This update assumes that you have read the entire packet. I will be sending these updates to all the participants at once. I may need break down the information based on the location or particular situations that exist within different population groups.

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I am writing this from Oslo, Norway, where I am teaching a group of homeopaths. When I left the States, the news media was reporting that the anthrax found thus far, both the respiratory and cutaneous forms were not modified to be 'weapons grade.' In other words, it was a cultivated variety, but a 'wild variety.' In contrast, one of the homeopaths in the group I am teaching mentioned today that the United States government is now confused about whether they are all wild or if some are weapons grade. Much depends on the answer to that question, both for the public health authorities and for the homeopathic community.

As you read, the topic is not a simple one, but one that can be looked at logically, As you recall, I made a point about virulence of the offending germ versus the individual's susceptibility. What I wrote last year was that as the virulence increases, the person's individual susceptibility issues become less important. The germ may overwhelm the species susceptibility. This means that for us there will be a very big difference in how we do our work, if it turns out to be weapons grade versus the wild type. More on this later in this update and as the news becomes clearer.

I will address 2 separate issues in this update, one is the anthrax and the other is our response to the news of it. I will address the reaction to the anthrax first.

At the moment, the biggest issue we have facing our community is not the epidemic of anthrax but the epidemic of fear. I sent the message out in September that we need to work through the problem and find the solutions and not panic. However, panicking we are. As a result, for the homeopathic community, the panic has caused three separate issues that must be addressed.

1. First is the fact that many of our patients are in a heightened state of anxiety. These people will be seeing us. For most of these people, if you look carefully, you will find that they still are in the sphere of their constitutional remedy. The way I advise my patients here, is:
  - a. If the patient is still doing well, in general, even if they have become more anxious, I would not give a remedy and not even repeat their constitutional remedy. There is more pressure in the world that they are feeling and they are responding to it. However, they are doing well enough not to relapse their entire condition, they do not need a repetition of the remedy. This means that their immune system is handling their stress as best as it can at this time.
  - b. If their chronic symptoms are returning, plus they are having anxiety symptoms which looks like the kind of anxiety found in their constitutional remedy, then I judge it to be a relapse and treat it accordingly, by repeating the remedy that has served them well at this time, i.e. their constitutional remedy. In this regard, treat the person as a relapsed case and treat them in the same way as you treat your other relapsed patients.
2. Another scenario is that the stress has caused the patient to panic so much that they need a new remedy. This may be a new chronic remedy or an acute remedy. For either of these options to be true, you must make sure that the older state is not present. You must also make sure that the panic state is of a worse condition than the previous state that they were in. If it is, then you should prescribe. If it is not as bad, then you may wish to wait.

In other words, if they came in with a bad condition and with homeopathy the condition has improved or is improving but at the same time this scare has led them to develop what looks like a new state of fear -but the new state of fear is of a lesser intensity than the original symptoms- do not change the treatment, it will interfere with the case. The remedy's effect is still working well, that is why the panic is of a lesser intensity than the previous state. However, if the panic state is of a worse condition than the original state, then go ahead and prescribe using these new symptoms.

3. The other problem that the panic has led to is people taking remedies that are not called for, out of fear. They do this to 'protect' themselves. In general, as you read in the *Letters*, this is imprecise and ineffective. It may cause several problems described below.

One of the major issues is that they may prove the remedy given. This means that the potential repercussion as presented in *Letter #38* pages 20-21 can happen. Some chronic symptoms may go away, while at the same time some new symptoms develop, or symptoms may change. All this may alter the chronic picture, making it possible to antidote the chronic remedy that is working well. It also will make it difficult to *find* a chronic remedy, as the symptoms of the person are changing.

The worse thing about this is that the person will be much more likely to antidote the chronic remedy, especially with repetitions of different remedies. As a result, I think the patient would be in a worse state rather than a better one. And at this time, we want the chronic remedy to be as effective as possible. We do not want to interfere with it if we do not have to. At this time the best protection in general is to make sure that your chronic remedy is working well. In that way the immune system is working best.

The above update should be specific enough to the situation we find ourselves in regarding the 'non-anthrax' part of the stress. I believe this advice is relevant at least until the next update. This advice is based on the concept that what has been seen is of the wild strain and this advice could change if it is shown that the anthrax is weapons grade or if the delivery system shifts so that more people are exposed

One last observation: As we stand right now, the overwhelming proportion of the problems for our patient population will be not so much from anthrax but from the stress that we are all feeling. The overall problems to the population as a whole will be those associated with stress reactions: asthma, heart attacks, a worsening of allergies and digestive complaints, naturally an elevation of anxiety, etc. As a result, the very best thing you can do as a homeopath, and as a homeopathic patient, is to make sure that your constitutional remedy is working right at this time. If it is not, if you have not seen a homeopath before, or if the remedy you need is not functioning well, you should see your homeopath.

Now let's move on to the anthrax part.

Here is the good news, if you can even call it that. The situation could be much worse. Much, much worse! Here is what I mean:

1. The anthrax seems to be responding to drugs.
2. The weapon of choice thus far has been mostly a cutaneous form. This is harder to contract. You have to come in contact with it. And it is less lethal.
3. We are not at this point in an epidemic.
4. For it to take on epidemic proportion, it would have to be released into the air over a city and over every city to infect most people.

The bottom line is that the disease is such that you have to come in contact with the germ itself, in its delivery form. The reason I am saying that it can be much worse is that people do not give this infection to other people via 'easy' contact. It is not like the flu or hepatitis. At this time, each person must come in contact with the germ in the delivery form. I thought about this issue about 10 years ago, when the concept first came up in a large way in Iraq. Looking at my notes and thinking process at that time, I don't think much has changed.

The worst form of biological warfare would have the following qualities:

1. A germ that is passed from individual to individual, fitting the term epidemic more exactly.
2. If that is so, then the release would have to happen in only a few places to be able to infect most people.
3. The germ would spread very easily from person to person.
3. The germ would be modified to be more lethal, more stable-meaning that it lasts longer in the environment, and not be resistant to drugs.

We are not at the worst of it. In fact, while it may be hard to believe, at this moment things are not that bad for the population 'as a whole.' As a result of the above thinking process, plus the concepts of epidemics, from the homeopathic point of view, the general population does not have to take any 'specific' homeopathic precaution from the anthrax at this time. The best thing to do is to make sure your constitutional remedy is working well. That should help you in terms of your over all dealing with any germ.

And now for some specific populations.

At this moment, there are three population groups that are at some risk, the news media, government employees & politicians, and those who work for the United States Post Service. Obviously anyone who believes they have been in contact with anthrax should contact their nearest health authorities. If

antibiotics are then offered because their exposure is such that anthrax was cultured from them, they should take the antibiotics.

My understanding is that all news agencies and government offices have put in place procedures that will keep further outbreaks to a minimum. However, if your patient has been in the offices that had the germs, and they have a credible possibility of having been close to the anthrax, and have a negative culture at this time, I think something should be done with them anyway. All should have their constitutional remedy acting.

Besides that, if they are strong vital people who had that exposure, then a preventive remedy should be given to that group and to that group only. It seems that the remedy of choice at this time would be *Arsenicum album* 30C, one dose. That is the advice I would give to any of them, if it were me treating them. At this time, I would take the case of any of those people and see if any of their symptoms fit *Arsenicum album*, and if they do, then I would give that remedy. They may be having non-anthrax symptoms which I would treat and the first remedy I would consider is *Arsenicum album*. **I want to be clear here that those are the only people who should be following this protocol. I also want to add that this is a timed advise. It may very well not make sense at all by next week, as the situation changes.**

My greatest concern is for the mail carriers. I believe that they are the most at risk group of all. That group should all see homeopaths to make sure that their constitutional remedy is functioning. Further, I think that there will be other mail carriers that contract the disease. The protocols of how to handle the mail will most likely have to change radically. Most likely they will have to sterilize the mail as it enters the post offices, before people handle it. Until that time, until there are more mail carriers that are infected, I think you have to tell your patients to protect themselves from handling the mail. This is mostly for the mail carriers that work in the post offices that handle the mail for government, news agencies but it is also for all mail carriers. We do not know where it is that the particular letter will be sent from, even if we know where it is intended to go. For mail carriers in these United States, as of this time, the following points should be considered.

1. Handle the mail as if one of the letters has anthrax. Ask your supervisors for gloves and perhaps masks, though it is hard for me to see that. Things will have to get pretty bad for that.
2. Please see a homeopath to get a constitutional remedy.
3. If they are particularly healthy people, have the homeopath look to see if any of the symptoms he or she has fit *Arsenicum album*. If so, then perhaps they should take it in a 30C

4. If they are weaker constitutions, and they run the risks of having been exposed to anthrax, then they should take *Anthracinum* 30C one dose, at this time.

I want to be clear that this is the only population group that should be considering this at this time. All other people who do this, are over-reacting and in fact probably hurting themselves more than helping themselves. All other people should have their constitutional remedies working and that is all!

I know I am disagreeing with many of my colleagues but I find the advice out there at this time as just plain wrong.

Best of luck to all of us,

Paul Herscu, ND, DHANP.

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