The Use of Injectable Homeopathic Preparations in Flu Prophylaxis

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Abstract

The effectiveness of injectable Engystol® and Gripp-Heel® in flu prophylaxis was tested in 10 healthy volunteers and in 10 patients with chronic neurologic disease. Each patient received 1 ml of injectable Engystol® and 1 ml of injectable Gripp-Heel® plus a booster injection three weeks later. None of the test subjects had side effects from the injections or contracted a flu-like illness.

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Flu epidemics occur annually. Patients who contract the flu lose work time, become nonfunctional at home for the duration of the disease, and risk flu complications, which may be devastating. Patients with demyelinating or inflammatory disease are often on immunosuppressive therapy and have a higher chance of contracting a viral disease, exacerbations, and worsening of the baseline function. Exacerbation of multiple sclerosis has been described in 33% of MS patients following influenza and in 5% after vaccination.'

The protective effects of flu vaccines, while widely administered by the conventional medical community, have been questioned in patients with MS. Vaccination has not been shown to either cause or protect against exacerbation of MS2 and should be used with caution in patients with active/progressive disease.3 However, in a multicenter, randomized, double-blind, placebocontrolled trial of influenza immunization, there was no difference in attack rate of disease progression over six months. Influenza immunization in MS patients is neither associated with an increased exacerbation rate in the postvaccination period nor a change in disease course over the subsequent six months.4 Some patients receiving the flu

vaccination experience flu symptoms for several days in a milder form than the disease

The beneficial effects of the homeopathic preparations Engystol® and Gripp-Heel® have been established in previous studies in treating influenza^{3,6} as well as in increasing phagocytic activity.⁷

An outcome study was arranged in a group of twenty persons. Subcutaneous injections of 1 ml Gripp-Heel® and 1 ml Engystol® were given to 10 patients with chronic neurologic conditions - multiple sclerosis, chronic inflammatory demyelinating polyneuropathy, systemic lupus, migraine headaches, and reflex sympathetic dystrophy - and also to 10 healthy volunteers. All patients were selected based on their previously being subjected to flu during previous flu epidemics, as per medical record review. The booster injection was given 1-3 weeks following the initial one. Each patient signed a consent form specifying that no guarantee of flu prophylaxis could be given and that the FDA had not investigated these substances for use in flu prophylaxis. The consent form also stated that there would be no adverse events from the homeopathic preparations.

All patients tolerated the injections well. No patient had any systemic symptoms or injection-site reactions and nobody contracted a flu or a flu-like illness even though many of their family members were ill with it.

Conclusion

While a larger, randomized, controlled trial is necessary, flu prophylaxis with injectable homeopathic preparations appears to be safe and effective and should be considered in patients for whom vaccination is contra-indicated or as an adjunct to standard medical care in

the prevention and treatment of flurelated illness.

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