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Long-term homoeoprophylaxis study in children in North America. Part Two: Safety of HP, review of immunological responses, and effects on general health outcomes.

Free and Healthy Children International HP Research Study-2009-2018.

By Kate Birch, RSHom (NA), CCH, Su Sandon, RPh, RSHom (NA), CCH, HMC, Sarah Damlo C. Hom, and Kim Lane, MD.

Abstract

Introduction: The immunological response stimulated by infectious disease develops immunity. Childhood infectious diseases, when naturally contracted, gradually activate and mature immune systems. Both vaccination and the use of nosodes* for homoeoprophylaxis (HP)** aim to introduce infectious agents to activate disease-specific immunological responses and avoid possible risks of natural disease.[3,4,5] Both methodologies attenuate (weaken) the viral or bacterial agents to minimise the potential risk of too strong an immune system response.[6] While vaccination comes with attended risks that sometimes are more violent than the actual disease,[7] HP offers a low-risk immunisation method as demonstrated by the production of mild, short-lived immunological responses as the desired response, and improved general health outcomes.

Method: Both unvaccinated and previously vaccinated children registered in a 44-month program to determine the disease specific immunological effects of HP and general health outcomes. Individual responses to the respective nosodes/remedies were documented. Initial and follow-up health profiles tracked ongoing and final health status.

Results: Of the 682 registered children, 475 were Unvaccinated and 207 were Previously Vaccinated. Of the total 339 respondents, 226 were Unvaccinated and 113 were Previously Vaccinated and had a total of 1,927 previous vaccine-disease doses. A total of 9,333 individual nosodes/remedy doses were given, which elicited 597 immune responses. Common responses included short-lived fevers, coughs, runny noses, restlessness or sleepiness, and perspiration. Zero adverse events*** were reported in both Unvaccinated and Previously Vaccinated cohorts.

* Nosodes are defined by the Food and Drug Administration's (FDA) Homoeopathic Pharmacopoeia of the United States (HPUS) as homoeopathic "attenuations" of pathological organs and/or tissues, causative agents, or disease products from infected individuals, such as discharges, excretions, and secretions.

** HP can be done with either homoeopathic remedies that best correspond to the acute infective symptom presentation such as in the use of Belladonna as the Genus Epidemicus (GE) for scarlet fever, or with the use of nosodes from active disease. This research is using nosodes except for Lathyrus sativus which has historically been used as a GE for polio.[8]

*** In research of human subjects an adverse event is defined as a death, life-threatening adverse drug or device experience, inpatient hospitalisation or prolongation of existing hospitalisation, a persistent disability/incapacity, or a congenital anomaly/birth defect.[9]

Incidence of general health conditions improved for all who completed the program. Unvaccinated and Previously Vaccinated children who completed the program within 50-months, when compared to national averages, experienced above average general health and neurological developmental parameters.

Conclusions: Results demonstrate that HP offers both unvaccinated and previously vaccinated children a low-risk immunisation method that improves general health outcomes. Improved health outcomes in Previously Vaccinated suggests that HP may be of benefit after previous vaccination.

Keywords

Adverse Events, Children's Health, Developing Immune Systems, Healthy Immunological Response, Immunity, Homoeoprophylaxis (HP), Infectious Disease, Nosodes, Public Health Program, Unvaccinated, Vaccines, Vaccination.

Introduction

In this homoeoprophylaxis (HP) research we are working to immunise by introducing infectious disease nosodes. We are not studying the Genus Epidemicus model of HP or using HP for specific disease outbreaks. HP is not vaccination nor a substitute for vaccination.

According to infectious disease theory, natural contraction of an infectious agent is by contact with the mucus membranes which in turn activates a beneficial system-wide cell-mediated immunity (T1 response). This immune activity is marked by chill, fever, and discharge which in turn may stimulate the specific antibody responses of humoral immunity (T2 response). Historically there have been documented developmental benefits associated with natural contraction of childhood infectious disease.[10] Previous research in HP has suggested that HP stimulates a cell-mediated immune response rather than specific immunity.[11]

Homoeopathy is based on the principle of 'like cures like': a pre-existing condition is cured by a medicinal substance that can produce a similar set of symptoms in a healthy person. In order to investigate the symptom presentation of any substance in a proving we must observe the symptoms that manifest after ingestion of that substance. Homoeopathic Materia Medica volumes list toxicological and proving effects of natural substances

Furthermore, depending on the child and previous susceptibilities, the kind of response generated can either be a similar response, as in a curative response ('Like Cures Like' for an existing susceptibility), or a dissimilar response that will pass once it has acted out leaving the original susceptibility unchanged.[12] In the case of similar responses, as acute diseases are understood to be a vent for chronic disease,[13] this mild immunological expression can be seen as an acute disease vent. Improved general health outcomes would indicate that the use of nosodes in this way would prevent the development of chronic disease.

The homoeopathic nosodes used in this HP Program include those made from whooping cough, mumps, measles, pneumonia, meningococcal disease, tetanus, and Haemophilus influenza type B. Lathyrus sativus, a plant remedy with historical success in the prevention and treatment of polio was used for polio.[14] To a greater or lesser extent, fever, perspiration, development of mucus discharge, eruption, or diarrhea may be elicited by one or more of these nosodes mimicking the normal elimination pathway for that disease. In the case of disease specific immunological responses, later exposure to disease will re-activate that immunological memory. As crude and potentised infectious agents emit the same frequency it is possible that HP will generate the same immunity that natural exposure would. The key to the successful development of immunity is in determining what is the sufficient exposure dose of infectious agents. With the appropriate dose, the aim is to stimulate immunity without risk and improve positive general health outcomes.

Research Questions

1. Does HP activate immunological responses and do these responses differ in *Unvaccinated* and *Previously Vaccinated* children?
2. Are these responses proving (dissimilar) responses or healing responses?
3. Does long-term HP improve general health outcomes?
4. How do general health outcomes after HP compare to National rates?
5. What specific HP activated responses are generated?

Method

All children were registered under the supervision of a homoeopathic practitioner trained in HP (HP Supervisor) between April 1, 2009 to December 31, 2014. Once enrolled, they were to undertake a 44-month self-administered HP program, preferably within 50 months, according to a previously set schedule for eight different diseases (see Prophylaxis Record following). At registration an Initial Health Profile and indication of the number of vaccines previously given, if any, outlined the initial health of the child. [15] Study design was based in part on the research by Dr. Isaac Golden.

Each child was equipped with:

1. An HP Program Booklet which included the Prophylaxis Record and HP Supervisor contact information.
2. A written comprehensive overview of the program.
3. Written instructions on how to complete the program.
4. A remedy dose/response journal.
5. Three questionnaires to be submitted at three different stages of the program.
6. An HP remedy kit. All nosodes/remedies in the kit were procured from the same registered homoeopathic pharmacy. Sources of nosodes were serologically verified; all nosodes used were procured from active diseases in children collected between 2008 -2011 by San Diego Pathologists.[16]

Parameters of Research:

For complete parameters of research and informed consent process see [17] Long-term homoeoprophylaxis study in children, Part One: Contributing factors to the successful completion of sequential dosing of disease nosodes.

1. **Recruitment**: Passive registration through word of mouth, website searches,[18] and public lectures.
2. **Data protection**: Publication of the data removes all personal identification of subjects except for the following:
   Age.
   Geographical subdivisions such as state, province, or country.
   General health outcomes and nosode/remedy responses.
3. **Control and Ethical Considerations**: In the study of infectious disease it is unethical to deliberately expose study participants to infectious agents. Therefore, the control group used is infectious disease incidence in vaccinated and unvaccinated populations in the general public.
4. **Blinding**: There was no blinding method built into the study. All participants received the actual nosodes (or in the case of polio, Lathyrus sativus).

5. **Standardisation of Treatment**: All subjects adhered to the HP program as delineated in Chart 1. Prophylaxis Record, with dosing dates, was designated for the first Sunday of each month. Adjustment of the program was possible if other needs of the child arose, such as, but not limited to, the following:

   a. If there was an outbreak of a disease covered later in the program, that nosode/remedy could be administered earlier in the program.

   b. Supplemental nosodes could be added to the program in case of travel or disease outbreak. Responses to these remedies were not included in this data.

   c. If the child was sick at the time when a dose was to be taken, the dosing was postponed until one week after the sickness resolved. The following dose was to be given on time. If the parent forgot to give a dose, they were to give it as soon as they remembered and then continue with the program as scheduled on the first Sunday of the month. They were to wait at least two weeks from last HP dose before the next disease was introduced.

   d. If the parent gave one or two doses of the triple dose and forgot to give the second or third dose, they were instructed to give the entire triple doses series as soon as they remembered.

6. **Data collection**: All data generated was procured directly from the parents via passive submission of follow-up questionnaires. Call for submissions was announced through newsletters, email correspondence, and telephone contact. The questionnaires are as below.

   a. Initial Health Profile parameters include:

   1. Gender and age of child at registration
   2. Previous vaccination
   3. Previous infectious disease exposure and acquisition
   4. Initial and ongoing health profiles
   5. General health
      - Ear infections
      - Colds/sore throats/coughs
      - Seasonal allergies
      - Food allergies
      - Asthma
      - Eczema
   6. Behavioral conditions
      - Violence
      - Mood swings
      - Fears
   7. Learning disorders
      - Speech delay
      - Disturbance in cognitive function
      - Disturbance in social function
      - Neurological conditions

   b. Nosode/Remedy Dosing and Documentation: All nosode/remedy responses to be logged in the Remedy Journal provided.

7. **Cohorts identified in the following tables**: (numbers and definitions) (200C and 10M denote homoeopathic potency). Potencies selected were based on Isaac Golden's Long-term Homoeoprophylaxis Study:[19]

   a. ***Total registered:*** Registered with an HP Supervisor by submitting informed consent form, initial health profile, and socio-economic data.

   b. ***No contact***: No follow-up paperwork was received, or the paperwork was sent and lost in the mail.

   c. ***Withdrew***: Submission of written notice of withdrawal from the program. Some may have given 1-3 doses before withdrawing.

   d. ***Started and Stopped***: A few doses in the first series were given and for a variety of reasons they stopped. They did not formally withdraw from the program but provided verbal or written notice of cessation of the program.

   e. ***200C Series***: Completion of the first 16 months of the program as documented by submission of the first questionnaire and/or Prophylaxis Record.

   f. ***200C and first 10M series***: Completion of the first 16 months and second 8 months of the program as documented by submission of the first and second questionnaires and/or Prophylaxis Record.

   g. ***Completed***: Completion of all stages of the program as documented by submission of the first, second, and third questionnaires and/or Prophylaxis Record.

h. ***Completed in 50 months***: Completion of the 44-month program within 50 months by comparison of start dates and completion dates documented on questionnaires and/or Prophylaxis Record.

i. ***Unvaccinated***: Children who had no prior vaccines to registration and remained unvaccinated.

j. ***Previously Vaccinated***: Children who had received some or all recommended vaccines prior to registration.

8. **Adverse Events:** An Adverse Event reporting procedure was developed to track any life-threatening or permanently disabling events.[20] Remedy responses that mimic the normal symptoms of the disease are not considered adverse events but rather a proving-like immunological response. Responses that lasted more than 12-24 hours were reviewed and supported with additional dosing or if needed treated homoeopathically based on symptom presentation.

Chart 1. Homoeoprophylaxis program (Prophylaxis Record)

Date of administration to be noted for each dose and check marks for responses which were to be noted in separate journal pages. "One (1) month" is either the age of child at onset of the program or first month of doses given.

Remedy relationships: *Pertussin* – Whooping Cough; *Pneumococcinum* – Pneumococcus; *Lathyrus sativus* – Polio; *Haemophilus* – Haemophilus Influenzae Type B/Hib; *Meningococcinum* – Meningococcus; *Tetanus Toxin* – Tetanus; *Parotidinum* – Mumps; *Morbillinum* – Measles

Monthly Doses	Remedy	Potency	Label	Date	Initials	Check for response
1 month	Pertussin	200C	A1			
2 months	Pertussin	200C, 200C, 200C	A1			
3 months	Pneumococcinum	200C	B1			
4 months	Pneumococcinum	200C, 200C, 200C	B1			
5 months	Lathyrus sativus	200C	C1			
6 months	Lathyrus sativus	200C, 200C, 200C	C1			
7 months	Haemophilus (Hib)	200C	D1			
8 months	Haemophilus (Hib)	200C, 200C, 200C	D1			
9 months	Meningococcinum	200C	E1			
10 months	Meningococcinum	200C, 200C, 200C	E1			
11months	Tetanus Toxin	200C	F1			
12 months	Tetanus Toxin	200C, 200C, 200C	F1			
13 months	Parotidinum	200C	H1			
14 months	Parotidinum	200C, 200C, 200C	H1			
15 months	Morbillinum	200C	I1			
16 months	Morbillinum	200C, 200C, 200C	I1			
17 months	Rest or Supplemental Program					
Submit first questionnaire						

Monthly	Remedy	Potency	Label	Date	Initials	Response
18 months	Pertussin	10M, 10M, 10M	A3			
19 months	Pneumococcinum	10M, 10M, 10M	B3			
20 months	Lathyrus sativus	10M, 10M, 10M	C3			
21 months	Haemophilus (Hib)	10M, 10M, 10M	D3			
22 months	Meningococcinum	10M, 10M, 10M	E3			
23 months	Tetanus Toxin	10M, 10M, 10M	F3			
24 months	Parotidinum	10M, 10M, 10M	H3			
25 months	Morbillinum	10M, 10M, 10M	I3			
26 months	Rest or Supplemental Program					
Submit second questionnaire						
Monthly	**Remedy**	**Potency**	**Label**	**Date**	**Initials**	**Response**
28 months	Pertussin	10M, 10M, 10M	A3			
30 months	Pneumococcinum	10M, 10M, 10M	B3			
32 months	Lathyrus sativus	10M, 10M, 10M	C3			
34 months	Haemophilus (Hib)	10M, 10M, 10M	D3			
36 months	Meningococcinum	10M, 10M, 10M	E3			
38 months	Tetanus Toxin	10M, 10M, 10M	F3			
40 months	Parotidinum	10M, 10M, 10M	H3			
42 months	Morbillinum	10M, 10M, 10M	I3			
44 months	Rest or Supplemental Program					
Submit third and final questionnaire						

Results

There are four main areas of study summarised in the following tables.

1. Number of *Unvaccinated* and *Previously Vaccinated* registrants, total registrants, and levels of completion in the HP program.
2. Number of doses administered, responses recorded, and adverse events reported in *Unvaccinated* and *Previously Vaccinated* cohorts.
3. General health outcomes of *Completed Unvaccinated* and *Previously Vaccinated* respondents compared to National rates of similar parameters.
4. Common and unique symptoms recorded for each nosode/remedy dosed.

Table 1.1 gives numbers and percentages of *Unvaccinated* and *Previously Vaccinated* cohorts at levels of completion in the program; 66.7% of respondents were *Unvaccinated*; 72.2 % of those that completed and 75.8% of those *Completed in 50 months* were unvaccinated.

Table 1.1 Totals of Unvaccinated and Previously Vaccinated at all levels of completion

	Unvaccinated	Previoulsly vaccinated	Totals
1. Total registered	475	207	682
Percentage of total	69.6	30.4	100.0
2. No contact	243	100	343
Percentage of total	70.8	29.2	100.0
Total respondants	226	113	339
Percentage of total repondents	66.7	33.3	100.0
3. Withdrew	21	13	34
Percentage of repondents	61.8	38.2	100.0
4. Started and Stopped	49	22	71
Percentage of repondents	69.0	31.0	100.0
5. 200C series	42	27	69
Percentage of repondents	60.9	39.1	100.0
6. 200C and 10M	23	16	39
Percentage of repondents	59.0	41.0	100.0
7. Completed	91	35	126
Percentage of repondents	72.2	27.8	100.0
8. Completed in 50 months	47	15	62
Percentage of completed	75.8	24.2	100.0

The data for Tables 2.1.a through to 2.1.f comes from Prophylaxis Records submitted from 170 out of 339 total respondents. There were 234 respondents who completed some level of the program (cohorts 5, 6, and 7). Not all respondents submitted their Prophylaxis Record, not all dosing series of each nosode/remedy were administered, and not all responses were described. All responses were tallied regardless of level of completion, if they had check-marked a response.

For each nosode/remedy there are four possible dosing series: 200C single dose, 200C triple dose, and two series of the 10M triple dose. One child may experience several symptoms per dosing series. One dose is 1-3 pellets. There is a total of 10 possible individual doses. Three doses given in twenty-four hours activates one possible immune response. Whether they had one or ten symptoms this is marked as one child with one response.

Table 2.1.a shows the total number of dosing series and actual doses administered compared to the number of responses per each dosing series given. 3,971 total dosing series and 9,333 actual doses were administered. 15.03% of all dosing series produced a response. 35 of the 126 who responded as *Completed* did not provide a Prophylaxis Record, so their number of doses and responses are not included in these tallies. Accordingly, 140 dosing series and 350 individual doses, are not included in these figures as the data was not verified.

Table 2.1.a. Total number of nosode/remedy responses as compared to dosing series recorded

	# of dosing series recorded	# of individual doses	# of responses recorded	% of responses for all series
Totals	3971	9333	597	15.03

Table 2.1.b. reviews reported adverse events compared to total number of disease of HP dosing series per individual nosode/remedy. As per table 2.1.a., in a total of 9,333 individual doses given, there were no adverse events reported, as defined by the National Institute of Health guidelines for research on human subjects.

Table 2.1.b. Adverse events reported

	# of dosing series given	# of individual of doses	Adverse events reponrted
Pertussin	529	1255	0
Pneumococcinum	510	1204	0
Lathyrus sativus	497	1173	0
Haemophilus (Hib)	487	1145	0
Meningococcinum	490	1146	0
Tetanus Toxin	484	1130	0
Parotidinum	486	1140	0
Morbillinum	488	1140	0

Table 2.1.c. shows the total number of *Unvaccinated* and *Previously Vaccinated* children with descriptive symptoms per nosodes/remedy given. This table does not show which vaccines the *Previously vaccinated* had. There were 57 *Unvaccinated* and 22 *Previously Vaccinated* with recorded symptoms. Together these children produced 44.4 % of the total number (#) of check marked responses (265/597). 38 *Unvaccinated* produced symptoms to Haemophilus while only 7 *Previously vaccinated* produced symptoms. Of all nosodes Haemophilus produced the most in *Unvaccinated* (34%) while Pertussin produced the most in *Previously Vaccinated*.

Table 2.1.c. Total number of Unvaccinated and Previously Vaccinated respondents with documented symptoms per nosode/remedy

	Unvaccinated	Previoulsy Vaccinated	Totals
Total respondents	57	22	79
percentage	72.2	27.8	100.0
Total descriptive responses	195	70	265
percentage	73.6	26.4	100.0
1. Pertussin	34	18	52
percentage	65.4	34.6	100.0
2. Pneumociccnum	33	13	46
percentage	71.7	28.3	100.0
3. Lahtyrus	18	9	27
percentage	66.7	33.3	100.0
4. Haemophilus	38	7	45
percentage	84.4	15.6	100.0
5. Meningiococcinum	20	8	28
percentage	71.4	28.6	100.0
6. Tetanus toxin	16	5	21
percentage	76.2	23.8	100.0
7.Parotidinum	18	3	21
percentage	85.7	14.3	100.0
8. Morbillinum	18	7	25
percentage	72.0	28.0	100.0

Table 2.1.d. identifies the total number of children experiencing a specific number of nosode/remedy responses based on submitted Prophylaxis Records. 170 records were submitted. Not all doses of all remedies for records submitted were given. There are four dosing sequences of eight diseases. Three doses given in one day activates one possible immune response. The total number of responses any child could possibly have is 4 x 8 = 32. For example, nine children had three total responses from all dosing series. 17.1% of the children only had one response for the entire program. 20 children had two responses which represents 6.7% of the total responses. 14 children produced six total responses representing 14.1% of the total responses. In the 3,971 dosing series recorded, from the 170 Prophylaxis records submitted (from table 2.1.a), a total of 45 children (26.5%) did not have any responses.

Table 2.1.d. Total number of responses to nosodes/remedies for entire program

# of recorded responses for entire program	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	22	Totals
# of children per # of response	45	29	20	10	15	4	14	6	8	3	6	3	2	2	1	0	2	170
Percentage	26.4	17.0	11.8	5.9	8.8	2.4	8.2	3.5	4.7	1.8	3.5	1.8	1.2	1.2	0.6	0.0	1.2	100.0
Total responses	0	29	40	30	60	20	84	42	64	27	60	33	24	26	14	0	44	597
Percentage	0.0	4.9	6.7	5.0	10.1	3.4	14.0	7.0	10.7	4.5	10.1	5.5	4.0	4.4	2.3	0.0	7.4	100

Table 2.1.e. shows how many responses there were for each dosing series without identifying the nosode/remedy. This table reflects which dosing series stimulated immunological responses more often. For example, 38.4% of the total responses reported occurred during the triple dose of 200C.

Table 2.1.e. Total number of responses per dosing series

	200C	200C x 3	10M x 3	10M x 3	Total responses
Total # of responses per series	197	229	105	66	597
Percentage of total responses	33.0	38.3	17.6	11.1	100.0

Table 2.1.f. identifies the number of dosing series given, individual doses, and the number of responses per dosing series for each nosode/remedy given for all cohorts. Diseases are listed in the order outlined in the program. As there were 69 respondents who only completed the 200C Series more doses of 200C and the triple 200C were recorded for all remedies. The percentage of responses to doses administered should remain constant regardless of sample size. Most children followed the recommended schedule of remedies (Chart 1). Not all remedies were given in the order outlined. In cases of possible disease exposure or lifestyle choices the order of remedies may have changed. For example, children going to horse riding camp over summer holidays were recommended to take Tetanus toxin out of order; during the measles outbreak in 2014, Morbillinum was recommended. There was a total of 529 dosing series (1255 individual doses) of Pertussin recorded. 26.09% of the dosing series of Pertussin given stimulated a response. This nosode produced the highest percentage of responses of all nosodes. 31.93% were stimulated by the first 200C dose, while 30.49% were stimulated by the triple 200C.

Table 2.1.f. Total # of responses recorded and # individual doses as compared to # of dosing series given

	# of dosing series given	# of individual doses	# of responses recorded	% of responses per series
Pertussin	529	1255	138	26.09%
200C	166	166	53	31.93
200C, 200C, 200C	164	492	50	30.49
10M, 10M, 10M	120	360	23	19.17
10M, 10M, 10M	79	237	12	15.19
Pneumococcinum	510	1204	97	19.02%
200C	163	163	38	23.31
200C, 200C, 200C	164	492	39	23.78
10M, 10M, 10M	111	333	11	9.91
10M, 10M, 10M	72	216	9	12.50
Lathyrus	497	1173	69	13.88%
200C	159	159	19	11.95
200C, 200C, 200C	158	474	30	18.99
10M, 10M, 10M	108	324	10	9.26
10M, 10M, 10M	72	216	10	13.89
Haemophilus (Hib)	487	1145	75	15.40%
200C	158	158	21	13.29
200C, 200C, 200C	156	468	29	18.59
10M, 10M, 10M	105	315	13	12.38

	# of dosing series given	# of individual doses	# of responses recorded	% of responses per series
Meningococcinum	490	1146	60	12.24%
200C	162	162	19	11.73
200C, 200C, 200C	158	474	23	14.56
10M, 10M, 10M	104	312	10	9.62
10M, 10M, 10M	66	198	8	12.12
Tetanus Toxin	484	1130	49	10.12%
200C	161	161	16	9.94
200C, 200C, 200C	157	471	16	10.19
10M, 10M, 10M	104	312	11	10.58
10M, 10M, 10M	62	186	6	9.68
Parotidinum	486	1140	49	10.08%
200C	159	159	14	8.81
200C, 200C, 200C	159	477	19	11.95
10M, 10M, 10M	102	306	11	10.78
10M, 10M, 10M	66	198	5	7.58
Morbillinum	488	1140	60	12.30%
200C	162	162	19	11.73
200C, 200C, 200C	157	471	20	12.74
10M, 10M, 10M	105	315	16	15.24

Table 2.2.a pulls data from Table 2.2.b and compares frequency of conditions of those who *Completed in 50 Months* in *Unvaccinated* an *Previously Vaccinated* cohorts, to national incidence data of each condition studied. The national data is collected from studies that too place approximately halfway through the time frame of the research 2009-2018 (half of the registrants entered the program in 201 entrance closed December 31, 2014). National incidence data for violence, fears, and mood swings is not referenced. 33.30% *Previousl Vaccinated* had ear infections upon registration. Incidence dropped to 13.30% by the completion of the program whereas Nationa incidence was 57.8% or between 30%-80%. Incidence of eczema was higher in registrants than national incidence. In *Unvaccinate* incidence rose from 17.0%-19.1% while in *Previously Vaccinated* it dropped from 33.3% to 26.7%. Disturbance in social function i *Previously Vaccinated* rose from 13.3% to 13.6% but remained less than the 20% national rate reported in 2006.

Summary of table 2.2.a: Learning disorders in *Completed in 50 Months*.

3.a. Speech delay: 40% national, 6.4% *Unvaccinated*, and 0% in *Previously Vaccinated*.

3.b. Cognitive dysfunction: 15.4% national, 8.5% *Unvaccinated* and 6.7% *Previously Vaccinated*

3.c. Social dysfunction: 20% national, 10.6% *Unvaccinated*, and 13.6% *Previously Vaccinated*

3.d. Neurological conditions: 10.7% national, 4.3% *Unvaccinated*, and 4.5% *Previously Vaccinated*

2.2.a. General health outcomes of Unvaccinated and Previously Vaccinated in Completed in 50 months compared to National incidenc

	Unvaccinated registrants prior to HP	Unvaccinated HP recipents *Completed* in 50 months	*Previously Vaccinated* registrants prior to HP	Previously Vaccinated HP recipents *Completed* in 50 months	National incidence	Date	Title	Web link
1 General health								
a) Ear infections	10 60%	19 10%	33 30%	13 30%	57 8% 30%-80%	2016 2017	1 Ear Infection and Its Associated Risk Factors in First Nations and Rural School-Aged Canadian Children 2 Otitis Media in Fully Vaccinated Preschool Children in the Pneumococcal Conjugate Vaccine Era	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4764758/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5751904/
b) Colds/sore throats/coughs	1 per year 40 4% 2 per year 21 3%	1 per year 12 8% 2 per year 48 9%	1 per year 26 7% 2 per year 26 7% 3 per year 20 0%	1 per year 27 3% 2 per year 13 3% 3 per year 20 0%	6/year average	2015	Viral aetiology of common colds of outpatient children at primary care level and the use of antibiotics	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928210/
c) Seasonal allergies	14 9%	25 5%	26 70%	13 3%	11% 7 6%	2012 2017	1 Allergy wikipedia 2 Summary Health Statistics. National Health Interview Survey	https://en.wikipedia.org/wiki/Allergy#Epidemiology https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS 017_SHS_Table_C-2.pdf
d) Food allergies unspecified	23 4%	19 1%	40 0%	33 3%	10%, 6 5%	2014 2017	1 Food Allergy Epidemiology and Natural History, 2 Summary Health Statistics National Health Interview Survey	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4254585/ https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS 017_SHS_Table_C-2.pdf.
e) Asthma	2 1%	0 0%	13 3%	13 3%	13% 10 8%	2017 2017	1 Summary Health Statistics National Health Interview Survey 2 Summary Health Statistics National Health Interview Survey	https://www.cdc.gov/nchs/fastats/asthma.htm https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS 017_SHS_Table_C-2.pdf.
f) Eczema	17 00%	19 10%	33 30%	26 70%	12 97%%	2014	Associations of childhood eczema severity A US population based study	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4118692/
2 Behavioral conditions								
a) Violence	12 8%	17%%	20 0%	13 3%			Data not found	
b) Mood swings	29 8%	31 9%	66 7%	40 0%			Data not found	
c) Fears	25 5%	36 2%	53 3%	40 0%			Data not found	
3 Learning disorders								
a) Speech delay	4 30%	6 40%	13 3%	0%	40%	2011	Communication skills in a population of primary school-aged children raised in an area of pronounced social disadvantage	https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1460-6984 2011.00036.x
b) Disturbance in cognitive function	6 4%	8 5%	13 3%	6 7%	15 04%	2008	Trends in the prevalence of developmental disabilities in US children, 1997-2008	https://www.ncbi.nlm.nih.gov/pubmed/21606152
c) Disturbance in social function	12 8%	10 6%	13 3%	13 6%	20%	2006	Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorders Challenges and Recommendations	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525276/
d) Neurological conditions	4 30%	4 30%	0 0%	4 5%	10 70%	2013	Hospitalizations of children with neurological disorders in the United States	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3795828/

Tables 2.2.b-2.2.d. indicate frequency of each condition from Initial and Final Health Profiles. Frequency is relative to the conditio and in relationship to the time frame of the questionnaire. The 200C series takes 16 months to complete, the first 10M series take eight months, and the final 10M series takes an additional 16 months. Final Health Profiles are submitted at the end of the final 10 series. This table does not tell us the changes in health of one individual child as they move through the program however, it delineate the same children at the beginning and at the end. Total # means number of respondents at each stage of the program and frequenc denotes annual incidence of each condition on a scale of 1-5 (no incidences of 5 were documented). As the same parent completed eac form, their reference scale remained the same throughout the program. These figures include all age groups of participants.

Table 2.2.b For example, 47 *Unvaccinated* (40.4%) had colds at the frequency of 1 upon registration. Whereas the frequency of 1 droppe to 12.8% upon completion but frequency of 2 increased to 48.9%. In the *Previously Vaccinated* frequency of colds at 1 remained th same from the Initial Health Profile to Final Health Profile (26.7%).

Table 2.2.b. Comparison of Initial and Final Health Profiles of Unvaccinated and Previously Vaccinated who Completed in 50 months.

Numbers of children and frequency of said condition	Initial Health Profile for *Unvaccinated* who completed in 50 months					Total with	Total #	Final Health Profile for *Unvaccinated* who completed program in 50 months					Total with	Total #	Initial Health Profile for *Previously Vaccinated* who completed in 50 months					Total with	Total #	Final Health Profile for *Previously Vaccinated* who completed program in 50 months					Total with	Total #
1. General health	0	1	2	3	4	1-4	All	0	1	2	3	4	1-4	All	0	1	2	3	4	1-4	All	0	1	2	3	4	1-4	All
a) Ear infections	42	4	0	1	0	5	47	38	7	1	1	0	9	47	10	5	0	0	0	5	15	13	1	1	0	0	2	15
Percentage	89 36	8 51	0 00	2 13	0 00	10 64	100 00	80 85	14 89	2 13	2 13	0 00	19 15	100 00	66 67	33 33	0 00	0 00	0 00	33 33	100 00	86 67	6 67	6 67	0 00	0 00	13 33	100 00
b) Colds/sore throats/coughs	12	19	10	5	1	35	47	14	6	23	3	1	33	47	2	4	4	3	2	13	15	6	4	2	3	0	9	15
Percentage	25 53	40 43	21 28	10 64	2 13	74 47	100 00	29 79	12 77	48 94	6 38	2 13	70 21	100 00	13 33	26 67	26 67	20 00	13 33	86 67	100 00	40 00	26 67	13 33	20 00	0 00	60 00	100 00
c) Seasonal allergies	40	6	1	0	0	7	47	35	5	6	1	0	12	47	11	2	1	0	1	4	15	13	0	2	0	0	2	15
Percentage	85 11	12 77	2 13	0 00	0 00	14 89	100 00	74 47	10 64	12 77	2 13	0 00	4 30	100 00	73 33	13 33	6 67	0 00	6 67	26 67	100 00	86 67	0 00	13 33	0 00	0 00	13 33	100 00
d) Food allergies	36	2	3	1	5	11	47	38	3	0	0	6	9	47	9	0	4	0	2	6	15	10	1	3	0	1	5	15
Percentage	76 60	4 26	6 38	2 13	10 64	23 40	100 00	80 85	6 38	0 00	0 00	12 77	19 15	100 00	60 00	0 00	26 67	0 00	13 33	40 00	100 00	66 67	6 67	20 00	0 00	6 67	33 33	100 00
e) Asthma	46	0	1	0	0	1	47	47	0	0	0	0	0	47	13	1	1	0	0	2	15	13	1	1	0	0	2	15
Percentage	97 87	0 00	2 13	0 00	0 00	2 13	100 00	100 00	0 00	0 00	0 00	0 00	0 00	100 00	86 67	6 67	6 67	0 00	0 00	13 33	100 00	86 67	6 67	6 67	0 00	0 00	13 33	100 00
f) Eczema	39	4	2	1	1	8	47	38	6	2	0	1	9	47	10	4	0	1	0	5	15	11	3	1	0	0	4	15
Percentage	82 98	8 51	4 26	2 13	2 13	17 02	100 00	80 85	12 77	4 26	0 00	2 13	19 15	100 00	66 67	26 67	0 00	6 67	0 00	33 33	100 00	73 33	20 00	6 67	0 00	0 00	26 67	100 00
2. Behavioral conditions	0	1	2	3	4	1-4	All	0	1	2	3	4	1-4	All	0	1	2	3	4	1-4	All	0	1	2	3	4	1-4	All
a) Violence	41	5	1	0	0	6	47	39	6	1	1	0	8	47	12	1	0	0	2	3	15	13	2	0	0	0	2	15
Percentage	87 23	10 64	2 13	0 00	0 00	12 77	100 00	82 98	12 77	2 13	2 13	0 00	17 02	100 00	80 00	6 67	0 00	0 00	13 33	20 00	100 00	86 67	13 33	0 00	0 00	0 00	13 33	100 00
b) Mood swings	33	4	6	2	2	14	47	32	4	7	2	2	15	47	5	3	1	4	2	10	15	9	3	1	2	0	6	15
Percentage	70 21	8 51	12 77	4 26	4 26	29 79	100 00	68 09	8 51	14 89	4 26	4 26	31 91	100 00	33 33	20 00	6 67	26 67	13 33	66 67	100 00	60 00	20 00	6 67	13 33	0 00	40 00	100 00
c) Fears	35	8	0	2	2	12	47	30	6	4	4	3	17	47	7	3	1	2	2	8	15	9	3	3	0	0	6	15
Percentage	74 47	17 02	0 00	4 26	4 26	25 53	100 00	63 83	12 77	8 51	8 51	6 38	36 17	100 00	46 67	20 00	6 67	13 33	13 33	53 33	100 00	60 00	20 00	20 00	0 00	0 00	40 00	100 00
3. Learning disorders	0	1	2	3	4	1-4	All	0	1	2	3	4	1-4	All	0	1	2	3	4	1-4	All	0	1	2	3	4	1-4	All
a) Speech delay	45	1	1	0	0	2	47	44	1	1	0	1	3	47	13	2	0	0	0	2	15	15	0	0	0	0	0	15
Percentage	95 74	2 13	2 13	0 00	0 00	4 26	100 00	93 62	2 13	2 13	0 00	2 13	6 38	100 00	86 67	13 33	0 00	0 00	0 00	13 33	100 00	100 00	0 00	0 00	0 00	0 00	0 00	100 00
b) Disturbance in cognitive	44	1	0	2	0	3	47	43	2	0	2	0	4	47	13	1	1	0	0	2	15	14	1	0	0	0	1	15
Percentage	93 62	2 13	0 00	4 26	0 00	6 38	100 00	91 49	4 26	0 00	4 26	0 00	8 51	100 00	86 67	6 67	6 67	0 00	0 00	13 33	100 00	93 33	6 67	0 00	0 00	0 00	6 67	100 00
c) Disturbance in social function	41	2	3	1	0	6	47	42	2	1	1	1	5	47	13	1	1	0	0	2	15	13	1	1	0	0	2	15
Percentage	87 23	4 26	6 38	2 13	0 00	12 77	100 00	89 36	4 26	2 13	2 13	2 13	10 64	100 00	86 67	6 67	6 67	0 00	0 00	13 33	100 00	86 67	6 67	6 67	0 00	0 00	13 33	100 00
d) Neurological conditions	45	0	0	1	1	2	47	45	0	0	0	2	2	47	15	0	0	0	0	0	15	14	1	0	0	0	1	15
Percentage	95 74	0 00	0 00	2 13	2 13	4 26	100 00	95 74	0 00	0 00	0 00	4 26	4 26	100 00	100 00	0 00	0 00	0 00	0 00	0 00	100 00	93 33	6 67	0 00	0 00	0 00	6 67	100 00

Table 2.2.c. Compares Initial and Final Health Profiles outcomes of all *Unvaccinated* and *Previously Vaccinated* registrants who *Completed*. 126 participants completed the program. *50 of them Completed in 50 Months* (see table 2.2.a above). 82 of the 126 who completed submitted the final health questionnaires. Overall, as per the totals or frequency (1-4 frequency) in *Completed* incidence decreased in all conditions except mood swings, fears, and neurological conditions (all three of the neurological conditions we identified as not related to the HP program).

Table 2.2.c. Comparison of Initial and Final Health Profiles of Unvaccinated and Previously Vaccinated who Completed.

Number of both Unvaccinated and Previoulsy Vaccinated that *Completed* and frequency of said condition.	Frequency upon registration: Initial health profile.					Total 1-4	Total #	Frequency upon complete program: Third and final questionarre.					Total 1-4	Total #
1 General health	0	1	2	3	4	1-4		0	1	2	3	4	1-4	All
a) Ear infections	101	22	2	1	0	25	126	69	10	1	1	1	13	82
Percentage	80.16	17.46	1.59	0.79	0.00	100.00	100.00	84.15	12.20	1.22	1.22	1.22	100.00	100.00
b) Colds/sore throats/coughs	41	44	36	5	0	85	126	10	18	40	12	2	72	82
Percentage	32.54	34.92	28.57	3.97	0.00	100.00	100.00	12.20	21.95	48.78	14.63	2.44	100.00	100.00
c) Seasonal allergies	103	16	4	0	3	23	126	63	6	10	2	1	19	82
Percentage	81.75	12.70	3.17	0.00	2.38	100.00	100.00	76.83	7.32	12.20	2.44	1.22	100.00	100.00
d) Food allergies	99	4	10	3	10	27	126	63	7	4	0	8	19	82
Percentage	78.57	3.17	7.94	2.38	7.94	100.00	100.00	76.83	8.54	4.88	0.00	9.76	100.00	100.00
e) Asthma	122	2	2	0	0	4	126	79	1	1	0	1	3	82
Percentage	96.83	1.59	1.59	0.00	0.00	100.00	100.00	96.34	1.22	1.22	0.00	1.22	100.00	100.00
f) Eczema	106	10	4	2	4	20	126	69	8	3	0	2	13	82
Percentage	84.13	7.94	3.17	1.59	3.17	100.00	100.00	84.15	9.76	3.66	0.00	2.44	100.00	100.00
2 Behavioral conditions	0	1	2	3	4	1-4		0	1	2	3	4	1-4	
a) Violence	108	9	4	2	3	18	126	67	11	2	2	0	15	82
Percentage	85.71	7.14	3.17	1.59	2.38	100.00	100.00	81.71	13.41	2.44	2.44	0.00	100.00	100.00
b) Mood swings	92	11	12	6	5	34	126	45	12	13	10	2	37	82
Percentage	73.02	8.73	9.52	4.76	3.97	100.00	100.00	54.88	14.63	15.85	12.20	2.44	100.00	100.00
c) Fears	93	19	3	6	5	33	126	44	18	9	7	4	38	82
Percentage	73.81	15.08	2.38	4.76	3.97	100.00	100.00	53.66	21.95	10.98	8.54	4.88	100.00	100.00
3 Learning disorders	0	1	2	3	4	1-4		0	1	2	3	4	1-4	
a) Speech delay	118	4	2	2	0	8	126	79	1	1	0	1	3	82
Percentage	93.65	3.17	1.59	1.59	0.00	100.00	100.00	96.34	1.22	1.22	0.00	1.22	100.00	100.00
b) Disturbance in cognitive function	120	3	1	2	0	6	126	76	3	1	2	0	6	82
Percentage	95.24	2.38	0.79	1.59	0.00	100.00	100.00	92.68	3.66	1.22	2.44	0.00	100.00	100.00
c) Disturbance in social function	114	5	5	2	0	12	126	77	0	3	1	1	5	82
Percentage	90.48	3.97	3.97	1.59	0.00	100.00	100.00	93.90	0.00	3.66	1.22	1.22	100.00	100.00
d) Neurological conditions	125	0	1	0	0	1	126	79	0	0	0	3	3	82
Percentage	99.21	0.00	0.79	0.00	0.00	100.00	100.00	96.34	0.00	0.00	0.00	3.66	100.00	100.00

Table 2.3. summarises the documented "common symptoms" to all nosode/remedy responses. These responses can be considered proving responses; they lasted for 12-48 hours in most cases. As the substances given (except for Lathyrus) are made from infectious agents most of the proving symptoms are considered "common symptoms" as opposed to "strange, rare, and peculiar (SRP)" symptoms of the immune system expression. The common symptoms of acute disease processes are sleepiness, fever, discharge, and perspiration etc. There are no modalities, intensity, or frequency noted. (Note these symptoms are not adverse events but the desired mild, short-lived, immune responses that demonstrate immune system engagement with the dosing series.)

Table 2.3. "Common symptom" nosode/remedy responses

Symptoms	
Generals	Cold-like symptoms. Body aches. Restless. Flu-like Symptoms. Exhaustion.
Mind	Irritable. Clingy, cranky, fussy. Oversensitive. Emotional outbursts.
Nose	Runny nasal discharge. Nasal congestion. Sneezing.
Throat	Sore throat.
Stomach	Loss of appetite.
Respiratory	Coughing.
Sleep	Tired. Need for sleep. Increase in sleep. Increased sleepiness. Restless during sleep.
Temperature	Fever. High fever. Slight fever. Low-grade fever.

Tables 2.3.1 – 2.3.8 list the unique symptoms (SRP) and some modalities to each nosode/remedy. When combined with the common symptoms above, we can identify the pace, character, and intensity of the normal immunological process each disease/nosode for clinical indications on homoeopathic practice.

Table 2.3.1. Unique symptoms elicited from Pertussin

1. Unique Pertussin proving symptoms	
Generals	Uncomfortable. Sanguine. Drained feeling.
Mind	Crabby. Tearful. Fussiness.
Head	Headache.
Face	Flushed cheeks. Dark under eyes.
Eye	Sore eyes.
Nose	Excessive sneezing. Yellow mucous.
Mouth	Increased saliva.
Throat	Scratchy throat. Throat pain when coughing.
Stomach	Spitting up.
Rectum	Runny stools.
Respiratory	Mild coughing. Dry cough. Coughing before bed. Waking at 3 am with coughing. Raspy breathing. Bilateral lung congestion. Chest tightness.
Sleep	Disturbed sleep. Refusal to nap. Crying on waking. Crying on waking.
Temperature	Hot to the touch.
Persiration	Excessive sweating during night.
Skin	Redness. General mild rash. Red rash on trunk of body and head spreading to arms.

Table 2.3.2. Symptoms elicited from Pneumococcinum

2. Unique Pneumococcinum proving symptoms	
Mind	Agitated. Fussiness. Changeable mood. Crying during sleep.
Head	Headache.
Face	Flushed cheeks.
Throat	Scratchy throat.
Nose	Green nasal discharge. Sneezing. Epistaxis.
Mouth	Sore on uppper lip.
Throat	Sore throat. Hoarseness in voice.
Sleep	Fighting sleep.
Skin	Rash.
Respiratory	Mucous producing cough.

Table 2.3.3. Symptoms elicited from Lathyrus sativus

3. Unique Lathyrus proving symptoms	
Generals	Agitated. Restlessness at night. Disorientation. Signs of discomfort.
Mind	Clingy. Irritable. Lack of focus. Crying during sleep. Sensitive to reprimand.
Nose	Nasal discharge profuse, thick, stringy, clear in color. Epistaxis.
Ear	Ear pain.
Face	Cheeks bright red. Flushed cheeks. Facial blemishes.
Rectum	Runny stool.
Respiratory	Sticky phlegm.
Extremities	Leg pain.
Sleep	Excessive sleeping. Increased sleepiness. Restless during sleep. Frequent waking during sleep.
Temperature	Cold to touch.
Perspiration	Sweaty during sleep.
Skin	Rash on buttocks.

Table 2.3.4. Symptoms elicited from Haemophilus

4. Unique Haemophilus proving symptoms	
Generals	Exhaustion, lethargy, fatigue.
Mind	More snuggly. Fussiness. Changeable mood. Whiny, crabby, cranky, weepy. Crying. Very agitated. Night terrors. Doesn't want to follow rules or listen.
Face	Flushing and red patches on face.
Eyes	Green lacrimation from eyes.
Ear	Ear pain.
Nose	Green nasal discharge.
Throat	Neck pain.
Respiratory	Whooping cough-like sypmtoms.
Temperature	Warm trunk.
Skin	Rash, rash on neck, diaper rash. Hives on arms, legs, and face.

Table 2.3.5. Symptoms elicited from Meningococcinum

5. Unique Meningococcinum proving symptoms	
Generals	Restlessness. Difficulty nursing in children. Teething. Exhaustion. Feeling of being drained.
Face	Facial blemishes.
Stool	Diarrhea.
Sleep	Red spots on belly, arms, and legs.

Table 2.3.6. Symptoms elicited from Tetanus toxin

6. Unique Tetanus toxin proving symtoms	
Generals	Difficulty nursing in children. Teething. Fidgety behavior. Moving head and eyes around.
Mind	Behavioral changes.
Sleep	Excessive sleeping. Restless in sleep.
Temperature	High fever. Flushed skin with fever.
Skin	General rash on torso and back.

Table 2.3.7. Symptoms elicited from Parotidinum

7. Unique Parotidinum proving symptoms	
Mind	Irritable. Whiny. Defiant.
Throat	Foul-smelling breath.
Nose	Epistaxis.
Stomach	Decreased appetite. Nausea.
Skin	Rash with small red bumps on upper chest, left side.

Table 2.3.8. Symptoms elicited from Morbillinum

8. Unique Morbillinum proving symptoms	
Mind	Irritable. Clingy, cranky. Emotional outbursts. Oversensitive. Hyperactivity.
Throat	White spots on throat.
Stomach	Loss of appetite. Vomiting. Stomach cramps. Stomach ache in morning. Nausea. Vomiting. Better from vomiting.
Rectum	Increase in stool. Loose stool. Diarrhea.

Discussion

1. Number of Unvaccinated and Previously vaccinated and levels of completion. Table 1.1:

Ratios between both groups fluctuate with levels of completion. There is an increased percentage of *Unvaccinated* in those *Completed* and *Completed in 50 months.* Whereas the ratio of *Previously Vaccinated* respondents increased in those who stopped at the *200C series* and *200C and 10M series.* These results suggest parents of *Unvaccinated* are more likely to complete a program of HP. From Part One 34% of respondents were under 12 months of age and 66.7% of respondents were *Unvaccinated.*[22]

2. Number of doses administered, and responses noted in *Unvaccinated* and *Previously Vaccinated* cohorts compared to adverse events reported. Tables 2.1.a through 2.1.f.

Pertussin produced the highest percentage of responses, 26.09% of all doses and 31.93% of the first dose of 200C. Pneumococcinum was second in number of responses induced. In all series, except Pertussin, the triple dose of 200C incurred a higher percentage of responses than the single 200C. In all nosodes/remedy responses the first 10M series produced less of a response than the 200Cs, with the final 10M series inducing the least. By the end of the program nosode/remedy responses averaged to between 10-12%. The trend of all dosing series (table 2.1.e.) indicates that as the child moves through the program, as the potency increases, and as the child matures, immune system responses decrease suggesting a reduce in susceptibility to all nosodes/remedies with more doses given.

The only discrepancy to this trend was a "measles outbreak" originating in Los Angeles in 2014, which prompted many to initiate the Morbillinum series out of order. In this case, the role of age of child and # in the dosing sequence does not correlate. As this program recommends the listed nosode/remedy order we are not able to determine if we would get the same decline in response rate after the first doses when given in a different order: i.e. are the increased responses to Pertussin and Pneumococcinum because of the nature of these disease in infants and young children or because they are the first ones given, or both.

3. General health outcomes of *Completed Unvaccinated* and *Previously Vaccinated* respondents compared to national rates of similar parameters. Tables 2.2.a. – 2.2.c.

Incidences of three health categories were recorded in the Initial and Final Health Profiles of *Unvaccinated* and *Previously Vaccinated* cohorts.

a. Physical immune health: acute infective processes of ear infections and colds vs. chronic immune conditions such as seasonal and food allergies, asthma, and eczema.

b. Emotional and behavioral health: violence, mood swings, and fears: reviewing trends in normal behavioral development.

c. Social, cognitive, and neurological function: studying trends in neurological development.

Before and after completion of HP incidences of ear infections and colds in both *Unvaccinated* and *Previously Vaccinated* cohorts were considerably below national incidences. Increases in incidence of both conditions in *Unvaccinated* can be explained by the aging trend of *Unvaccinated* from infants to toddlers. Infants under one year of age have fewer ear infections and colds than toddlers.[23] In *Previously Vaccinated* ear infection incidence dropped through the HP program as these children grew out of ear infection age (2-5). Seasonal allergies follow this same course confirming that allergies are uncommon in infants but more common as children age. However, the incidence drops in *Previously Vaccinated*, suggesting that HP might lower susceptibility to seasonal allergies.

Asthma and eczema are normally rare or non-existent in infants for the first 6 months of life. Of the older children, who had either, incidence stayed the same or went down as the program progressed. At registration incidence of these were higher than national incidence signifying a discrepancy between actual incidence in our cohort and national reported incidence. A five-year follow-up is needed to determine if long-term health outcomes continued in this trajectory.

Before and after HP frequency of violence, mood swings, and fears increased in *Unvaccinated* where these same conditions decreased in *Previously Vaccinated*. One explanation for this could be that most of the unvaccinated were infants at the beginning of the program where incidence of these conditions was low to non-existent and children grew into these conditions. *Previously Vaccinated* included older children who, as they proceeded through the program, grew out of these conditions. In both cohorts these changes most likely had nothing to do with HP.

While mood swings, fears, and sometimes violence may be normal as children grow and develop their personalities the same cannot be said for speech delay, cognitive and social dysfunction, or neurological conditions, as per the following comparisons for both cohorts *Completed* with national rates. Results also show on all levels *Unvaccinated* had less incidence than *Previously Vaccinated* and all children who participated in HP had less incidence than national rates. Rates of each condition are slightly higher in those *Completed in 50 months*. Due to a small sample size, explanations for this cannot be drawn.

Of the three children who developed neurological conditions categorised at the frequency of 4 in *Unvaccinated* two were over 10 years old upon registration, one had Down Syndrome and the other was previously diagnosed with Asperger's and OCD by the age of seven. The third was also over 10 years old and developed migraines. In these cases, the process of HP had little to do with their development or mitigation of neurological conditions.

4. Common and unique symptoms recorded for each nosode/remedy dosed.

Tables 2.3.1-2.3.8 list the Materia Medica of seven nosodes and Lathyrus sativus. Table 2.3.1 records common symptoms and does n list descriptive symptomatology or modalities. The common symptoms reported are typical of cell-mediated immune response. Uniqu symptoms can be used to differentiate the homoeopathic indications of these nosodes/remedies and normal immune responses fro HP. Out of 261 children who indicated responses, 175 developed only 1-2 responses during the entire program but nearly all childr showed improvement in general health outcomes indicating that there can be improved health outcomes even if immunologic responses are not generated, suggesting that HP nosodes can act curatively to previous susceptibilities. Furthermore, responses *Unvaccinated Previously Vaccinated* were similar, demonstrating that some previous vaccines did not detrimentally affect the kind responses generated.

None of the responses induced posed risk or detrimental long-term health consequences to the participants.

Conclusions:

Long-term homoeoprophylaxis is a low risk method of immunisation alternative which activates mild, short-lived immune syste responses which improves general health outcomes for both *Unvaccinated* and *Previously Vaccinated* children. Repeated dosi produces fewer responses demonstrating a reduced susceptibility of the recipient to subsequent dosing.

When compared to national averages, children who utilise HP are less likely to develop chronic health conditions. These results sugge HP induced immune responses may help to reduce incidence of chronic health conditions. The most significant outcome is that learni disorders and neurological issues do not develop and remain next to nil throughout the entire HP program. This, when compared national averages of the general population, clearly establishes that HP recipients experienced improved general health outcomes th exceed current national averages.

Economic disclosure

Sponsored by Free and Healthy Children International (FHCi). 612-338-1668 FHCint@gmail.com

https://freeandhealthychildren.org/

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Who	Total paid from 2009-2019 (USD
Kate Birch	$4,815.0
Su Sandon	$6,865.7
Sarah Damlo	$3,885.0
Katie Bromme	$1,466.2
Max Sagert	$1,011.5
Tana Harahan	$670.0
Kim Lane	N/
Total paid	$18,713.5

Free and Healthy Children International (FHCi) is a 501(c)3 non-profit membership organisation dedicated to research, educatio and access to homoeoprophylaxis. It is registered for business in the state of MN, USA. From April 2009-December 2014, 682 childre were registered in this research. From January 2015 to July 16, 2019 we did not have a tracking system in place. Since July 17, 2017, September 2019 an additional 1,044 children registered with FHCi.

We are independently funded by individual contributions and membership dues. All fees paid for organising and tabulating the researc were dispersed on either a quarterly stipend or hourly basis. There are no personal direct economic benefits derived from the resul of this study. FHCi is not economically associated with any pharmacy that would benefit from the sale of the homoeopathic remedi utilised in this research. All research staff are homoeopaths and live in the state of MN. We did this research because we are investe in the health of children. Thank you to everyone who helped this research come to fruition. Homoeoprophylaxis is for free and healt children!

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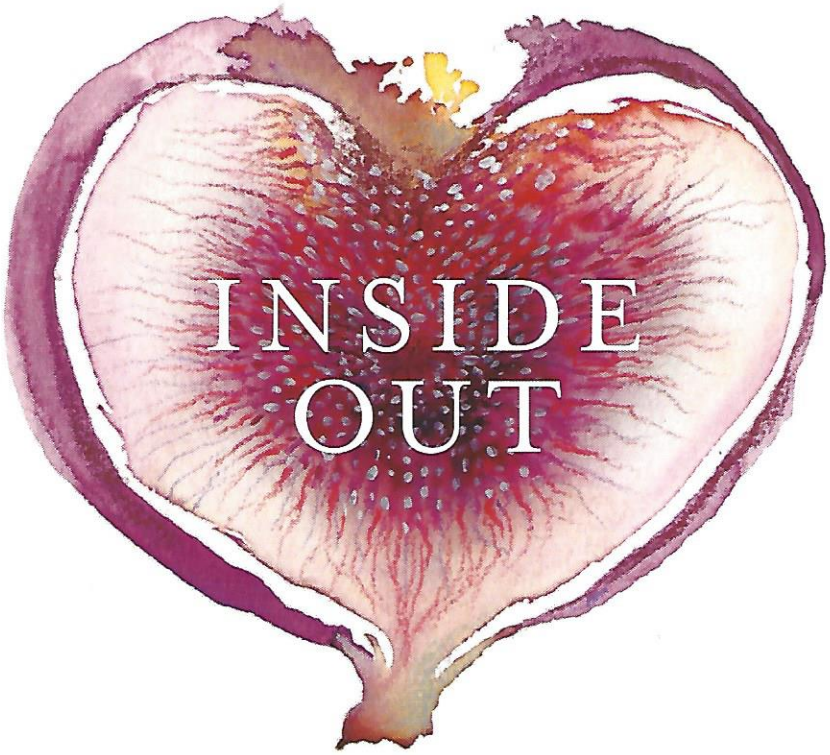

THE FIG IS AN INSIDE OUT FLOWER, IT IS NOT A FRUIT. IT IS AN INFLORESCENCE, WHICH IS A COMMUNITY OF FLOWERS THAT FLOURISH FROM WITHIN. LIKE THE ANCIENT FIG, HOMOEOPATHY FACES ITS HARDSHIPS AND STRESSES TIME AND TIME AGAIN, FORCES OF NATURE COMPELLING IT TO WITHSTAND THESE CHALLENGES FROM THE INSIDE OUT. THE AHA INVITES THE HOMOEOPATHIC COMMUNITY TO COME TOGETHER TO EXPLORE TRADITION AND LAW FROM THE ROOTS UP, SUBSTANTIATING OUR HISTORY AND PHILOSOPHY WHILST BRINGING US INTO THE SCIENCE OF TODAY.

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