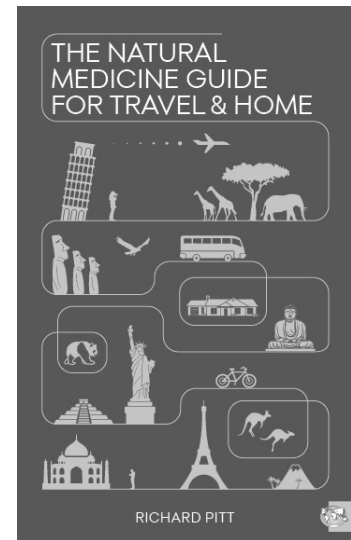


# Prevention: Vaccines and natural options

an excerpt from

## The Natural Medicine Guide for Travel & Home

by Richard Pitt



### Chapter Contents

#### [Which Diseases are Found Where](#)

[India and Nepal](#)

[South East Asia](#)

[Central America](#)

[South America](#)

[Sub Saharan Africa](#)

#### [The three main types of travel](#)

#### [Immunizations and Natural Prevention](#)

#### [Vaccine risks and benefits](#)

#### [The Main Travel Vaccines and Prevention Methods](#)

[Cholera](#)

[Diphtheria](#)

[Hepatitis A](#)

[Hepatitis B & C](#)

[Influenza](#)

[Japanese Encephalitis](#)

[Lyme disease and other tick bite diseases](#)

[Malaria](#)

[Meningitis](#)

[Polio](#)

[Rabies](#)

[Tetanus](#)

[Typhoid](#)

[Yellow Fever](#)

#### [Homeopathic nosodes and their use in preventative treatment](#)

# Prevention: Vaccines and natural options

The following information outlines the risks of certain types of travel and the diseases that one may come across and is taken from one of the chapters in the book. Not all forms of travel incur the same risks and so the degree of prevention used should reflect the risks of travel. It also looks at the various vaccine options, their risks and benefits and alternatives to vaccines if natural prevention is to be used. The following diseases are discussed in this chapter:

Cholera; Diphtheria; Hepatitis A; Hepatitis B and C; Influenza; Japanese Encephalitis; Lyme Disease (and other tick bites); Malaria; Meningitis; Polio; Rabies; Tetanus; Typhoid; Yellow Fever.

There are other diseases, especially found in tropical countries that one has to be aware of and are discussed in the book but which no conventional prevention through vaccine is offered e.g. dengue fever, another mosquito spread disease. Some of the diseases above are fairly common e.g. Hepatitis A, Lyme disease, Malaria and Typhoid while the others are generally very rarely seen and for most travelers, there is little risk. However, please read the following information and confirm with other sources before taking any decision what type of prevention should be used. Do consult with medical and health experts as necessary to ensure you are confident of the decisions being made.

In conventional medicine, the most common form of medical prevention is through vaccinations against specific diseases. This form of immunization is generally effective but each vaccine has its own level of effectiveness and also certain risks; details of this are discussed below.

Homeopathy and other forms of natural medicine also offer specific medicines that can act as prevention against certain diseases. These can take the form of remedies that would also be used to treat the same conditions and can be taken beforehand to help limit or prevent an illness if the risk is perceived to justify it. There are also specific herbal and other natural products that support the immune system or particular organ. There are also homeopathic preparations of the various bacteria, viruses or parasites that causes diseases. These are called nosodes, and are highly diluted (potentized) forms of the pathogen and are the closest analogy to vaccinations. They are totally safe and do not carry any infectious element because of the degree of their dilution but they work in a similar way to a vaccine by stimulating a specific immunity to a particular disease. (Please read more on these remedies at the end of the chapter).

Having a robust immune system is the best way to avoid illness or at least to avoid becoming seriously sick, so doing what one can to establish optimal health is important. Natural medicines work by stimulating the body's own immunity, so in

the process of combating illness it is stimulating the capacity of the body for self-healing. Another way is to take precautions to avoid the various bacteria, viruses and parasites which may pose a threat to an unfamiliar immune system. The decision as to what type of prevention to use depends on a number of factors, including the risks involved and the confidence a person may have in looking at all the options. In terms of choosing conventional vaccines, decisions need to be made based on the destination countries, the length of time in said countries and the overall risk involved. Often it is recommended that a wide range of vaccines be taken as a general precaution, even when the risk is very low. The discussion below seeks to give a perspective on particular risks so that an individualized choice may be made. The stages listed are somewhat arbitrary but give an idea of the risk levels involved.

### Which Diseases are Found Where

NOTE: Most travel when going to yoga resorts, hotels and higher end travel destinations entail very little risk of most of the diseases mentioned below and which are explored in more detail later in this chapter. Research the risks based on where you are going, how you are traveling and where you will be staying. The information below can help you make decisions.

#### India and Nepal:

The most common conditions are digestive: diarrhea, dysentery, giardia and hepatitis A. However, when staying in good hotels, resorts or yoga retreats, the risks are slight when drinking bottled water and taking care of hygiene. Kathmandu in Nepal has historically had a high rate of hepatitis A infections. Malaria is not that common and is mainly seen during monsoon season in various parts of the country. Typhoid is uncommon for most travelers as is cholera but can happen so one has to be aware. A rabies vaccine is sometimes recommended but the risks are very low as long as you stay away from dogs and other wild animals.

#### South East Asia (including Indonesia, The Philippines etc)

Malaria is the biggest risk in certain parts of South East Asia, depending on the season and area being visited. This should be checked in advance to determine if prophylaxis is needed. Digestive conditions are not so common in most areas unless traveling in remote and less hygienic situations but hepatitis A can be seen. Dengue fever is also quite common.

#### Central America:

Digestive conditions like diarrhea, dysentery, giardia and hepatitis A are not uncommon, but found mainly in more rural areas and if traveling more rustically. Dengue fever may be found in urban areas. If staying in more upscale hotels or resorts, there are little risks of any illnesses. Malaria can be seen and if traveling in

monsoon seasons, should be looked into but the risks are not high for most travelers. Chagas disease can be seen if staying in rural areas with locals. Leptospirosis can also be seen but rarely for travelers as is the case with Leishmaniasis.

South America:

The Amazonia area of Brazil and Peru has the highest risk of Malaria and also a Yellow fever vaccine is required for travel in that region. Chagas disease and Dengue fever are not uncommon in parts of Northern South America, including the North East of Brazil. Digestive conditions may be seen in poorer areas of South America but no great risks of other diseases exist.

Sub Saharan Africa:

Malaria is the biggest risk for African travel and all precautions should be taken. Digestive conditions are not that common but Typhoid can be seen, especially in urban areas. Bilharzia is found commonly throughout the continent through swimming or wading in fresh water. Testing and conventional treatment is available. Some other serious diseases exist such as Hookworm disease, Leishmaniasis and African Sleeping Sickness but there are no prophylactic measures and for most travelers, the risks are very low.

For more detailed information on tropical illnesses, please refer to the book.

#### The three main types of travel

1. A relatively brief (1–8 weeks) trip to a relatively safe country where you stay in a comfortable hotel, resort or similar local bed and breakfast. The risks of most of the diseases mentioned are minimal. This can even include traveling to some more upscale places in tropical countries, including Thailand, Bali, Mexico, the Caribbean and even India. For example, doing yoga or other kind of ‘retreat’ or holiday trip to comfortable places in countries mentioned above are generally extremely safe. Some brief diarrhea may be the worst one can experience taking normal precautions. Very little if any prevention is needed, (in spite of general recommendation to get a number of vaccines), unless a particular risk such as malaria is known. Do check the risk of malaria in the particular area visiting and also the season going as it changes at different times of the year. Most formal retreats won’t go to areas where the malaria risk is high.
2. A “rustic” camping holiday or adventure trip in more extreme places, or an extended trip of months to years, often backpacking, staying in local and perhaps run down places and eating more local food on the street etc. The risks of many diseases are higher due to the exposure to contaminated food and water, mosquitoes, parasites and staying in less clean hostels/hotels. More prevention is useful in these situations and caution against diseases such as dengue fever, diarrhea, dysentery, influenza, malaria, skin conditions, typhoid,

yellow fever etc. However, many long-term travelers, even those in high-risk places like India and Africa remain free of most of these diseases by taking normal precautions. But some form of diarrhea, dysentery or giardia is not uncommon, as are local forms of colds and perhaps dengue fever in some areas. Cholera and typhoid are uncommon for most travelers but malaria is often a big risk. Be aware that the greatest risk of infectious diseases is from contaminated food and not water, e.g., meat, fish and dairy food, raw food, re-cooked rice etc. Taking care of what food is eaten, staying on a mainly vegetarian diet and drinking bottled water will avoid most diseases.

3. A journey of a short or extended time to high risk areas, particular rural parts of Africa and Asia, or living in tropical and jungle areas of the world, where many carriers for diseases exist. People working in humanitarian aid organizations or traveling with local people in very rough circumstances and for prolonged periods have a much greater risk of contracting many of the diseases mentioned, including some of the more exotic dangerous diseases like bilharzia, chagas disease, leishmaniasis and lassa fever. However, anyone living for any length of time in places where these diseases exist is at potential risk.

#### Immunizations and Natural Prevention

Conventional immunization is achieved through vaccinations, of which there are many for illnesses found when traveling. However, there is only one vaccine that is compulsory for travel and that is the yellow fever vaccine. This is required for travel in Africa and Amazonia in Brazil and will be checked at many immigration points, especially when traveling overland between countries. (However, air travel into international airports in Africa coming from Europe, USA etc. are not usually checked.) Although it is not legally required to have other vaccines, in some African countries police and immigration officials may take the opportunity to check for other diseases, especially meningitis (in West Africa particularly) and also cholera. Different countries may have different policies in this regard and although not required by law you may be asked for proof of vaccination. It can be a way for some immigration and police to make money. However, these are not mandated and it is worth checking before travel what could be expected. This is especially the case in parts of Africa.

When deciding on which vaccines to have, one should consider the following factors

- The risks of getting the disease and the severity of disease.
- The risks of side effects of the vaccine.
- The effectiveness of the vaccine.
- The other options of protection that are being taken.
- The duration of travel.

Government websites and many other resources for vaccine recommendations tend to veer on the side of caution and therefore a large number of vaccines are often

recommended. While that may seem the most effective approach, a few caveats need to be discussed.

A large number of vaccines given very closely together can upset the body's immune system and make the person feel rather unwell just before travel. In many cases, the kind of travel being done is extremely low-risk for many diseases and does not always warrant the number of vaccines recommended. It is important to research the risks and if necessary to spread vaccines out before travel and also ensure that they are done early enough before travel in case of any reactions.

If the risk is low, then maybe the vaccine isn't crucial. Taking a six-month trip in rural Africa, working and living with people in very difficult circumstances is different from a two-week trip to Goa, India or Phuket, Thailand, and staying in a 3-5 star hotel. Always equate the level of risk involved. For the vast majority of travelers in Group 1, the risk of catching a serious disease is very slight. By far the most dangerous disease is malaria if traveling in high risk areas, especially Sub-Saharan Africa, South East Asia and Amazonia in South America.

In the United States, the Center for Disease Control (CDC) gives a lot of information on vaccines for travel as well as at home, [www.cdc.gov/travel](http://www.cdc.gov/travel). They classify three degrees of vaccine guidelines: routine, recommended and required. Routine guidelines involve updating normal vaccines for children and adults, which may be recommended when traveling. That would include vaccines such as Tetanus, Diphtheria and Pertussis (Tdap), Measles, Mumps and Rubella (MMR) and Polio, as well as other recommended vaccines, which includes Varicella (Chicken pox), Human papillomavirus (HPV) Female and Male, Meningococcal Disease (meningitis), Hepatitis A and B, Pneumococcal Disease, (Lung, ear, sinus infections and meningitis), Influenza and Zoster (Shingles) in over 60's.

As stated, these are only recommendations and each country has its own guidelines as to which vaccines are recommended. The United States generally recommends more vaccines than any other developed country.

One of the newer vaccines now being strongly recommended is the Human papillomavirus for both females age 11-12 and from 13-21 years. Males not previously vaccinated from ages of 22-26 are also being encouraged. However, as with all new vaccines, the short term and long term side effects have not been established, but so far there is disturbing evidence of serious side effects from this vaccine ([www.truthaboutgardasil.org](http://www.truthaboutgardasil.org) and [www.nvic.org](http://www.nvic.org)).

The influenza vaccine is now being recommended for all people yearly, starting as a baby, from six months old. However, this policy is only in the United States. Most of Europe does not have the same recommendations, and the rationale for yearly 'flu vaccines is questionable. See Influenza section below.

The childhood vaccine, Tetanus/Diphtheria/Whooping cough (Dtap) is recommended every ten years with a Tetanus/Diphtheria (Td) booster. The other childhood vaccines, Measles/Mumps/Rubella (MMR) and Chicken pox (Varicella) have recommended one or two doses as a booster when an adult. It has been seen that these vaccines do not give a lifelong immunity, but as everybody is different, it

is difficult to predict how long immunity lasts. Therefore they recommend a booster as a precaution and this would perhaps be offered when traveling to areas where the incidence of these diseases may be greater or when a person has not had these vaccines for any reason. Those who have had these diseases as a child however will most likely have a lifelong immunity. It is now being seen that in recent attacks of whooping cough, the majority of children had been vaccinated against the disease, questioning the effectiveness and duration of the vaccine when outbreaks occur. Pregnant mothers in the UK are now being advised to get a whooping cough vaccine as it is hoped it will give some immunity to babies, once born.

However, the Measles, Mumps and Rubella (MMR) vaccine, the Varicella vaccine and Zoster (shingles) vaccine are contraindicated in pregnancy and for those with compromised immune systems, including those HIV positive with a CD4 count less than 200. These vaccines use a live virus in their manufacture.

Hepatitis A vaccine is a relatively recent addition as a recommended vaccine for young children but it is routinely recommended for travel, especially to developing countries. Hepatitis B vaccine is given to children, beginning at birth in the United States, but this has always been very controversial and not replicated in other countries. Its effectiveness has been challenged in medical literature and many doctors question its necessity.

The meningitis vaccine given is for the Meningococcus C strain of the disease, although just now, a new vaccine for the B strain of the disease has passed its trial stage (October 2012). There are many strains of bacterial meningitis, as well as viral forms of the disease and any vaccine only covers certain strains of the disease. Meningococcus strains A, Y and W-135 are found more in the tropics and middle east and vaccines are given for these diseases if traveling to the Hajj in Saudi Arabia and a vaccine for the A and C strains are offered if traveling in parts of West and Central Africa during certain months (see meningitis below). Meningitis C predominately affects 15-20 year olds, but overall this disease is very rare and for travel there is little risk. Young children in the first year of life are given a vaccine against another form of meningitis, Haemophilus Influenza Type B (Hib). Only one strain of the bacillus, the type B, causes meningitis. Normally, it just causes cold symptoms. It is now normally given as a combination with other childhood vaccines.

The pneumococcal vaccine is routinely given to babies to prevent lung, ear, sinus and brain infections, although the vaccine only covers a few of the pneumococcal strains that are around and therefore is not likely to be that effective. It is recommended as an adult for 1-2 booster doses although both healthy children and adults have little risk of this disease.

The main travel vaccines are discussed below.



Vaccine risks and benefits (see individual diseases).

All vaccines have certain risks attached to them as well as benefits. When considering whether to get a vaccine, weigh up the following:

- Have you reacted badly to a vaccine before, e.g., bad 'flu symptoms, or any other allergic reaction?
- Are you pregnant or breastfeeding? If so, avoid vaccines if possible.
- Are you currently sick, on medication or do you suffer from immune problems?
- Do you have an allergy to eggs? If so, avoid the yellow fever vaccine.

Discuss any health issues with your doctor or healthcare practitioner before choosing which vaccines to take. Most physicians recommend being fully vaccinated when traveling but it is important to look at the risks involved especially if you have any existing health conditions. Also, it is worth getting more information from travel experts and websites about the risks of travel to certain countries (e.g., [www.cdc.gov/travel](http://www.cdc.gov/travel), a United States government site). Your local doctor may not be informed about specific risks in certain areas of travel and more specific advice may be useful.

The following is a description of the main diseases found when traveling, the risks of catching them and the options for vaccination and other forms of prevention. This information may need revising due to new or different vaccines being offered so it is useful to cross-reference this information with government and health websites.

It is important that each person should make his or her own decision regarding vaccines and weigh all the options. If you do choose to get vaccinated, ensure you give yourself enough time before travel and be selective. You do not have to get all vaccines recommended to you.

#### The Main Travel Vaccines and Prevention Methods

It is useful to cross-reference with other health sources, e.g., government sites etc, as information on vaccine options does change.

Key: tsp – teaspoon; ltr – liter; rx. – remedy; rxs. – remedies

#### Cholera

##### Risk

- Low-risk disease for all levels. A common disease that mainly afflicts people living in unhygienic situations with poor access to clean water and food and often in some form of traumatic situation, e.g., refugees from wars etc. Only those in Group 3 of travel (see above) are really at risk.
- In case of infection, immediate rehydration is very important. Either take or make up your own rehydration liquid (1 ltr of water with ½ to 1 tsp salt and 8 tsp sugar).



#### Vaccine

- Although still recommended for most travelers, it is not necessary and also gives only 50–60% immunity. Only those going to high–risk areas need consider the vaccine. Some side effects can occur. Pregnant and breastfeeding mothers, and those who have had a bad reaction before to this or any vaccine, should ideally avoid it.

#### Natural Prevention

- Homeopathic rxs. Camphor and Cuprum 30c, one tablet of each, twice daily while in a high–risk area, can be taken. One tablet of each can be dissolved into a 1oz dropper bottle and 2 drops taken twice daily.
- A homeopathic nosode made from Cholera may also be taken in 30c or 200c potency, one tablet once weekly when traveling. Only needed when in extreme circumstances.

### Diphtheria

#### Risks

- Low–risk disease for all travelers in all 3 groups. Bacterial infection predominantly affecting throat. Easily communicable through mucus from nose or mouth of an infected person. Incubation period between 2–5 days and disease may be passed on for up to a month.

#### Vaccine

- Routinely offered along with tetanus and polio in countries where recommended as part of travel vaccine protection. In childhood it is given as part of the Diphtheria/ Pertussis/Tetanus (DTaP) combination and more recently along with Polio (IPV) and meningitis (Hib). Difficult to evaluate the effects of any one vaccine as they are given in combination. Historically the Pertussis vaccine (aP) has been the more controversial, with significant side effects. However, the combination vaccine of Diphtheria, Tetanus and Polio (Revaxis), offered routinely as a booster vaccine, has seen side effects of local swelling of the injected area, with redness, pain and swelling. There may be local lymph inflammation and in some cases nausea and vomiting. ‘Flu like symptoms can occur and also skin eruptions. Allergic reaction and even anaphylactic shock have been seen.

#### Natural Prevention

- This disease is rarely seen now. Due to improved sanitation and hygiene, the disease was declining considerably before the vaccine was introduced in the 1920’s. Any actual incidence of Diphtheria should be treated with antibiotics. If you do think you may be in an area where Diphtheria is still active, you could take a homeopathic nosode, Diphtherinum 200c potency with you, and take one tablet once weekly while in that area. If the risk of infection is higher, take it daily for one week.

## Hepatitis A

### Risks

- Medium risk disease for most travelers in groups 2 and 3 and low to medium risk in group 1. It is also possible to catch this disease at home. For brief holidays to most places where hygiene is reasonable, the risks are slight.
- Viral infection caught through contaminated food and water due to human feces. Found in every continent. Having the disease normally confers lifelong immunity.
- There is another form of Hepatitis ~ Hepatitis E. Also passed on through the same route, with a similar symptom picture. However, conventional prophylaxis will not work against this strain of disease. It is common in parts of the Indian subcontinent, South East Asia and North Africa.

### Vaccine

- An effective vaccine is available. This gives prolonged immunity if the full course is taken and can also be used in some cases if exposure to the virus may have taken place.
- An alternative to the vaccine is to use an immunoglobulin injection, which gives some immunity for around three months. It is not as effective but has fewer side effects than the vaccine.
- The vaccine is generally reported to be safe, but as with any vaccine, there can be both local effects soon after the vaccine, from a reaction at the vaccine site and generalized skin reaction, to more systemic effects of fatigue, weakness, fever and very occasionally anaphylactic shock and convulsions.

### Natural Prevention

- Paying attention to hygiene standards when traveling is essential. Do not drink polluted water. Eat in clean restaurants. Wiping plates that are still wet may help or wash them with bottled water. Routinely washing hands when traveling is important. Avoid very greasy, oily food, especially old, rancid oils. Herbal and homeopathic support remedies for the liver are good. A homeopathic nosode, Hepatitis A is available, 1 tablet once daily for 3 days one week before travel and 1 tablet once a week during travel.
- Liver support: Chelidonium tincture or up to 3x or 3c in potency can be taken during the trip. Also Carduus marianus in the same potency can be taken, 3 drops/3 tsp., of each or 1 tablet 1-2 times a day. Milk thistle is another good liver support remedy. Different countries will also have their own natural forms of medicines. For example, in India, there is an Ayurvedic medicine called Liv 52, widely available.

## Hepatitis B & C

### Risk

- Low-risk for all three groups. Hepatitis B and C are viral diseases spread

predominantly through blood and other body fluids. Unless one has unprotected sex, blood transfusions or uses contaminated needles, e.g., taking drugs, tattoos, etc., the chances of getting this disease are very slight.

#### Vaccine

- There is a vaccine for Hepatitis B but not C, including a combination Hepatitis A and B vaccine (for adults). The Hepatitis B vaccine is often given to babies at birth. However, there is much controversy over this vaccine and the risks of side effects from it. Some countries stopped giving the vaccine to babies as a result. For the first ten or more years, this vaccine contained mercury, raising concern about possible harm to the development of the brain in babies. Serious auto immune problems and neurological conditions have been seen from the vaccine. Therefore, unless in a high-risk group, this vaccine is not recommended.

#### Natural Prevention

- Avoidance of infection is the best protection. Avoid unprotected sex, sharing needles, even having dental treatment abroad, and getting tattoos in places that are not reputable. Take liver support remedies as above, and carry your own supply of needles should you need them.

### Influenza

#### Risks

- Low risk for all 3 groups. The risks of getting 'flu when traveling are no greater than at home. It is not uncommon to catch a local variety of virus when in another country, when a natural immunity has not yet been established. This may often be a local cold and not really a true influenza and some immunity to local viruses is achieved once you've had it.
- Every year produces a new variation of 'flu virus and natural immunity partly depends on overall health and whether your body has some specific immunity to the type of virus. There are concerns of a new virulent pandemic form of 'flu appearing. However, even the apparent pandemic of 2010/2011 (H1N1 swine 'flu) was extremely mild and the death rate very low, questioning the pandemic classification. Much fear has been spread about 'flu and exaggerated by government, media and drug companies to increase use of 'flu vaccines but so far, nothing serious has been seen. It is hard to know if that will change. Given the normal level of risk, all 'flu vaccines are not recommended.

#### Vaccine

- There are currently two forms of vaccine available, the usual influenza vaccine, which is newly made each year to ideally match the current strain of virus, and a vaccine for the H1N1 strain of swine 'flu. Normally the vaccine is focused on elderly people and those more vulnerable although the H1N1 'flu affected younger people more, perhaps as older people had a greater immunity to this

disease from previous exposure to the virus, even many years before. There is now research into finding a vaccine that will cover all or at least most forms of 'flu variations likely to appear as opposed to focusing only on the current strain. Some forms of the current 'flu vaccine still contains thimerosal, the mercury-based preservative, which has been controversial for a long time. The efficacy of the 'flu vaccines vary from 30–90% depending on the year, the vaccine used, the population involved and other factors. Significant side effects have also been seen with various 'flu vaccines, which may affect seniors and other vulnerable people more severely. Homeopathy can effectively treat side effects of flu vaccines. See Chapter Seven, Common Infections, Influenza section.

- Flumist is a live virus vaccine and is therefore not recommended for pregnant women, people over 50 and others with existing health problems including asthma. Due to its being a live form of inoculation, it can easily produce symptoms of the 'flu in some people. In a trial in Switzerland, it produced side effects in 36% of people, including facial paralysis in 11 people. After this experiment, the vaccine was removed from the market but in the United States it was licensed in 2003. A recipient of this vaccine may shed the live virus for up to three weeks and therefore could contaminate those close to them. Confusion has arisen how this can be avoided in daily life and from potentially exposing immune compromised people to the virus.
- A vaccine does not confer the same level of immunity as the disease itself which can give general immunity to similar 'flu virus strains. However, avoiding getting the 'flu is the best strategy. The long-term effects of taking a 'flu vaccine each year are simply not known, especially those with mercury in them. Therefore, counter to what governments and health experts say – especially in the United States – 'flu vaccines are not recommended for most people and are not necessary for travel.
- Antiviral medications such as Tamiflu are not recommended, being shown to have minimal protection (at best reducing the duration of the 'flu by about one day if taken within the first 48 hours of illness). There is concern that the use of vaccines and antivirals may apply genetic pressure on 'flu viruses and possibly lead to a more serious strain of 'flu developing. The Center for Disease Control (CDC) recommends it for those with more serious symptoms and for those who are vulnerable. For more information on the 'flu and the various vaccines go to National Vaccine Information Center at [www.nvic.com](http://www.nvic.com).

#### Natural Prevention

- The best prevention is being healthy. Most forms of influenza only have serious effects in those who are weak and vulnerable, which is why the vaccine used to be recommended only for the elderly and immune compromised. (However, there is concern that a new variant of 'flu would affect people much more indiscriminately as there would be no natural immunity to it.)
- If you are beginning to get sick, take the best-indicated homeopathic remedy. See Chapter Seven: Common Infections, Influenza section. If in doubt, begin with Gelsemium. Look at the symptoms and judge the remedy on the overall

- picture. It will often be the same remedy for anybody who has the ‘flu.
- Another more generic homeopathic remedy, *Ocillococtinum* has been seen to effectively prevent and treat the first symptoms of some influenza. This remedy has been verified effective in double-blind clinical trials. It can be taken immediately on signs of getting ‘flu, once or twice daily for up to one week. This is available in health stores, homeopathic and other pharmacies. Homeopathic pharmacies may also sell a remedy called *Influenzinum*, a nosode made from the main strain of influenza found that year, similar to the quest to find a vaccine to work for that year’s influenza.
- Take *Echinacea* in tincture for general immune support and to fight the first feelings of getting ‘flu. (A good quality *Echinacea* will make the back of your tongue feel tingly). Increase the amount of Vitamin C and Vitamin D3. It is good to take Vitamin D3 preventatively during the winter season if you are prone to ‘flu. Ginger and cinnamon can also be taken in a tea form.
- However, in the event of getting the ‘flu and continuing worsening of symptoms, do seek professional advice. Pay attention to how severe the sickness may be for others around you.

### Japanese Encephalitis

#### Risks

- Low risk disease for all travelers. Only recommended to those traveling in all parts of Asia during the rainy seasons and if staying in rural areas for one month or more.
- Most people catching this disease are asymptomatic. Less than 1% produce clinical symptoms but acute encephalitis is the most recognized expression of the disease. Other expressions may be aseptic meningitis or general fever.

#### Vaccine

- A vaccine is available, but which does contain thimerosal (mercury). The vaccine is effective for two years. Two doses of the vaccine are given, one month apart and the last dose should be at least one week before travel.
- Some side effects can occur, including local inflammation at vaccine site, headache, fever, nausea and vomiting, aching of muscles, itching of skin etc.

#### Natural Prevention

- Avoiding being bitten by mosquitoes is the most important thing to do. (See malaria section)
- If in an endemic region and you do not want to take the vaccine, you can take the nosode of Japanese B Encephalitis, in a 200c potency, taking 1 tablet daily for 3 days one week before traveling and one tablet weekly while in endemic regions.

## Lyme disease and other tick bite diseases

### Risks

- Low-risk disease for most travelers in all groups, but a much higher risk when walking for prolonged periods in wooded and grassy areas, particularly where deer and sheep may live which are the main carriers of the ticks that spread the disease to humans. Vigilance is necessary and examination of the whole body should take place after possible exposure, including armpits, neck and genital region. If in a high-risk area, an insect repellent should be used. A combination of the essential oils eucalyptus and citronella may be effective in deterring ticks. Conventional insect repellent can also be used.

### Vaccine

- There is currently no vaccine routinely offered for Lyme disease. A vaccine was experimentally used for some years in the 1990's to early 2000's but discontinued because of reported side effects and legal action against the manufacturer. Although the Center for Disease Control (CDC) denied the vaccine's effects, the negative publicity had its impact on demand. However, in spite of the CDC's denial, any new vaccine should be treated with caution. Medical authorities have a long history of denying vaccine effect. A new vaccine is currently under research. A Lyme disease vaccine is still given to dogs however but side-effects of this vaccine are not well documented.
- There is a vaccine offered for the viral disease, European Tick-borne Encephalitis, which is a viral disease from ticks that live on sheep. These ticks are mainly found in central Europe and Scandinavia and predominantly in late spring and summer. Most people who are bitten suffer no symptoms. Around 10% may present with 'flu-like symptoms and of these, around 10% may then develop encephalitis, an inflammation of the brain. The great majority recovers but there can be fatalities in 5% of these cases. Some cases can also develop meningitis and/or have neurological problems. Those most at risk are people walking or camping in wooded and rural areas. The vaccine is recommended to be taken every three years in high-risk areas. The vaccine should be avoided if you have an allergy to eggs or antibiotics. Children under the age of three should not get the vaccine. Children should not have the vaccine if actively sick or have a history of convulsions with fevers. Side effects of the vaccines include 'flu-like symptoms, nausea, vomiting, joint pains, swollen glands and in occasional cases, encephalitis, meningitis and multiple sclerosis.

### Natural Prevention

- Avoiding being bitten is the most essential factor. Insect repellent should be used, along with checking for ticks after walking. Appropriate clothing covering the legs and arms can also help. Tuck trousers into socks and wear light-colored clothing so ticks can be seen. Ticks can rest on top of grass, up to approximately 18 inches from the ground and are very sensitive to passing humans and make themselves ready to jump. Most ticks originate from deer

but it has been found also that they may come from sheep, rodents and also possibly from vectors such as fleas, mosquitoes and horseflies. There are even theories that the bacteria may be passed from human to human in the form of blood transfusions, organ transplants, from mother to fetus and from sexual contact, but this has not been proven.

- After a bite and the removal of the tick, take *Ledum palustre*, 30c, 1 tablet 3 times a day for 7 days as a precaution. Also take the homeopathic nosode, *Borrelia*, 30c once daily for 3 days and repeat weekly for 4 weeks. If the bite is with a sheep tick carrying European tick-borne encephalitis, then a remedy made from this virus may be taken preventatively, along with *Ledum*. (You will have to research availability of this remedy. If bitten in summer months in central Europe and Scandinavia it is possibly this type of infection)

## Malaria

### Risks

- High-risk disease for all groups of travel, if traveling in a malarial part of the world. It is important to research this before travel and if conventional prevention is chosen, to take the most appropriate one. Even a short holiday to an 'exotic' place can mean a risk of malaria. Conventional prevention is most useful for relatively short trips to risky areas. For those travelers in groups 2 and 3, and living in a malarial area for a considerable time, using conventional prophylaxis is more problematic. Long-term use of more than six months can create more side effects and also lessens the efficacy. Also in the event of catching malaria drug treatment can be less effective.
- As always, appropriate professional advice should be sought and organizations such as the World Health Organization and the Centers for Disease Control (USA) [wwwnc.cdc.gov/travel/yellowbook/2012/chapter-3-infectious-diseases-related-to-travel/malaria.htm](http://wwwnc.cdc.gov/travel/yellowbook/2012/chapter-3-infectious-diseases-related-to-travel/malaria.htm), or the Department of Health (UK) [www.nhs.uk/Conditions/Malaria/Pages/Treatment.aspx](http://www.nhs.uk/Conditions/Malaria/Pages/Treatment.aspx) can be consulted to assess the risk of malaria in any given country. Parts of Africa have the most virulent strain of parasite causing malaria. Parts of Asia and the Amazon region of Brazil are also high-risk areas.
- Conventional medicines do offer substantial protection, although this is changing all the time as the mosquitoes adapt quickly to each new drug. Research into the best options needs to be done before travel. Natural alternatives or adjuncts to conventional prophylaxis do not yet have the scientific data to support their effectiveness although substantial empirical evidence in the field justifies their recommendation.
- Local people in malaria endemic areas have their own natural methods of prophylaxis and treatment. It is worth asking what they do to deal with the condition. In developing countries, young malnourished children are most at risk of dying from malaria. Adults often tend to develop some immunity to the disease and while they may get bouts of malaria, it can often be mild. Individual constitutions vary and people's susceptibility to the disease is very different. For travelers going to a malarial country for the first time, the risk of



catching it is greater than for local people, although issues such as malnutrition and other immune suppressive factors can lead to a higher incidence. However, some people go and live in high-risk areas and do not get the disease. There is evidence that they have even caught the disease as shown in blood work yet remain asymptomatic.

#### Vaccine

- There is no vaccine for malaria at this time. Conventional prophylaxis and treatment against malaria are as follows: (Conventional treatment can vary depending on the areas of the world and types of malarial infection. Also treatments are changing as mosquitoes become immune to drug treatment).
- The most recommended treatment now is a Combined Artemisinin Treatment (CAT). It is especially effective in treating the plasmodium falciparum malaria that can lead to cerebral malaria and is one of the most virulent forms of the disease. CAT is generally widely available in most parts of the world, including Africa but if you are going to remote parts of Africa, it can be useful to take some with you. Local hospitals in parts of Africa can run out of malaria treatment, so having your own gives extra insurance. Some resistance to Artemisin-based treatments has been seen in South East Asia while in Africa it is still very effective.
- Fansidar is a combination anti-malarial that is still used to treat plasmodium falciparum malaria. It can be used instead of CAT if the latter doesn't work. Used as a preventative when other drugs don't work, but can have side effects so is not normally recommended.
- Chloroquine was the mainstay anti-malarial drug for many years but is now used much less as mosquitoes have become immune to it. Still effective for some types of malaria, especially plasmodium vivax and ovale and often given along with Primaquine. Chloroquine also has side effects, especially if a person has existing health conditions; it is not well tolerated by many who take it.
- Mefloquine (Lariam) has been one of the main drugs used to prevent and also to treat malaria, but as with other medications, its effectiveness is diminishing. Its main effectiveness is in preventing and treating plasmodium vivax. It is taken on a weekly basis so is better suited for longer trips. It needs to be taken two weeks prior to travel and for four weeks after. As it can cause pronounced psychological side-effects, from mild to severe depression and psychotic states, including hallucinations, it is unsuitable for people with certain psychiatric conditions. It should be stopped if any such symptoms appear and is contraindicated if there is a history of convulsions. It is used also to treat malaria if the infection is plasmodium vivax or if there is resistance with other drugs to the plasmodium falciparum form.
- Atovaquone and Proguanil (Malarone, Malanil) is a newer combination pill taken daily, having fewer side effects. It has to be taken only one or two days before traveling to a malaria area and for 7 days after leaving. It cannot be used by pregnant women or women breastfeeding a child under 5 kg, and also by people with severe renal impairment. Side effects are not that common but there can be symptoms of nausea, vomiting, headache, dizziness, lack of

appetite and other effects, which need monitoring. It is rather expensive and so not so suitable for long trips.

- Doxycycline is an antibiotic that is often used to treat other conditions but is effective to prevent malaria and becomes effective within two days of taking it. It can also offer protection against other bacterial diseases such as Leptospirosis and Rickettsia. It needs to be taken for four weeks after travel. However, it increases sensitivity to the sun and therefore extra protection from the sun is needed. Also, an antibiotic has its own side-effects, including vaginal thrush, and may lessen the body's immunity to other infectious diseases. Pregnant women, and children under 8 years old cannot take it. It is a cheap option as an anti-malarial.
- Primaquine is used mainly to prevent against infection with plasmodium vivax, so if that is the predominant form of malaria in a place, then this can be effective. It only needs to be taken for seven days after travel and one to two days before travel, so is suited for shorter trips. However, as stated in the Center for Disease Control (CDC) website ([www.cdc.gov/malaria/travelers/drugs.html](http://www.cdc.gov/malaria/travelers/drugs.html)), this drug cannot be used in patients who have not been tested for glucose-6-phosphatase dehydrogenase (G6PD) or have that disease, or for breastfeeding women who have not been tested. This requires consultation with your doctor and should be part of your research into various malaria preventatives.

NOTE It is important to check with medical resources what the advisable drug options for malaria are in the area you are traveling to. All side effects and contraindications should be researched, especially for those with existing health concerns and for pregnant and breastfeeding women.

The risk of catching malaria in many parts of the world is a serious one and therefore all precautions should be taken. However, it is not always advisable to take these medications for a long period of time (around 6 months) as many drugs also need to be taken for 4-8 weeks after returning from a trip making the time taking the drugs rather long. Therefore taking anti-malarial medication as prevention should be done only when there is a defined risk of catching the disease and you are traveling for a relatively short period of time. Indigenous people living in malarial countries do not take anti-malarial prevention. If they get malaria, they treat it. However, for travelers and 'ex pats' a decision has to be made if preventative medicine is to be taken and if so, which one.

On return from travel to malarial areas, be aware that malaria can manifest even up to one year later. Be aware of how you feel when coming back from holiday or travel.

Episodes of stress can initiate an attack. If you catch malaria while away, get medical advice as soon as possible. Local doctors and people will know the correct medicine to take. If you have been taking Malarone as prevention, do not take the same drug for treatment. If going to remote areas, it may be advisable to take your

own supply of treatment and the correct one should be researched ahead of time. Using natural health options for prevention and treatment is highly advised.

#### Natural Prevention

- There is much advice regarding preventative measures. Quite simply, prevent being bitten by avoiding mosquitoes, especially at dusk and dawn. Use clothing that covers most of the body, and put on mosquito repellents containing DEET to help prevention. More natural repellents that contain citronella and eucalyptus can also be used, although it doesn't last so long. Some contain pyrethrum. It is crucial to use insect repellents. A clinical trial using a combination of essential oils as insect repellent, along with repellent sprayed nets showed effectiveness in reducing malaria. The product is called Incognito. Using mosquito nets at night is essential. Mosquito coils and other forms of 'vapor' prevention can be used but it is good not to be overexposed to their fumes. It is best to use them to cleanse the room when you are not in it. Permethrin is the chemical commonly used on clothes and mosquito nets as a repellent. It is highly toxic to cats; not so much for other mammals, but still care should be taken not to be exposed to high doses of it. Using DEET on clothes can be effective to deter bites and is good to use for mosquito nets as well.
- Take enough repellent with you, both chemical and natural forms. DEET is a chemical form of prevention, it is not natural but can be important for general prevention. It comes in various forms, a spray or roll-on. Take DEET, in 30% and 50% strength, depending on the situation. You can also take up to 75% if going to particularly malaria mosquito-laden places. However, DEET of more than 50% should not be used on babies and young children and high percentage DEET should not be used too liberally on the body. Ideally use it on your clothes, especially your socks in the evening, when mosquitoes are more likely to bite. DEET can dissolve plastics so keep it away from plastic items. Use natural repellents such as Incognito or a mixture of citronella and eucalyptus on areas around the face, neck and behind the ears. One should be very careful using DEET in these areas.
- Malaria Co nosode (in a 200c potency) 1 dose a day for 3 days, one week before leaving and then 1 dose once a week for the duration of the trip. The nosode is similar to a vaccine. It is a homeopathic preparation of the different parasites that create malaria and its goal is to stimulate the body's own immune system in preparation for malaria infection. (Although there is no categorical evidence supporting the use of this medicine, there is substantial anecdotal evidence that homeopathic prevention in this form does work. I spent 8 months living in Ghana, often in rural areas and was bitten a lot. I didn't get symptoms of malaria although at times I was sure that malaria was incubating inside me).
- Neem tincture which can be diluted to a homeopathic dilution in the ratio of 1:10 (1x) or 2x (1 drop of the 1x mixture with another 10 drops of water). Neem is called Azadirachta indica and grows freely in Asia and Africa. Making a tincture is easy and it should be taken daily, at least 5 drops twice daily

during your trip and for two weeks after. This should definitely be taken along with the other choices. If you have neem in powder form, ½ tsp. can be taken daily, along with water to aid in swallowing.

- Artemesia in tincture, powder, capsules or tea can be taken as directed. This comes from *Artemesia annua*, (sweet wormwood) which is the plant from which is synthesized the Artmesinin treatment (CAT). Buy Artemesia tea, enough for the whole trip, plus for three weeks after returning home. Enough should be taken in case of an outbreak of malaria. For example, for a one month trip, an adult needs around 100 grams of tea, at around 1.5g of tea a day plus 35g extra in case you get malaria. Alternatively, buying Artemesia in a capsule form may be easier but perhaps not as effective. Children in general need less, depending on age and bodyweight. They may also find the tea unpalatable and other forms of ingestion are needed, e.g., capsules. Artemesia in loose powder form is an effective way of taking the herb. (Check [www.anamed.net](http://www.anamed.net) for information on Artemesia and how it can be taken). On one trip I took a powder with a combination of Neem and Artemesia, taking a ¼ teaspoon twice daily. So if Artemesia can be found in powder form, it can be easier to take than the tea.
- A homeopathic combination of China and Natrum muriaticum in a 30c, to be taken once a day for 3 days 1 week before the trip and once a week during the time of visit. One tablet of each can be put into a 1oz dropper bottle. (The rationale of putting more than one medicine together is simply to address the complexity of the disease, which varies in different parts of the world). Some people however, simply recommend the nosode to be used as prevention. I didn't take this protocol, preferring to take the nosode only but I did take the remedy Nux vomica in a 30c when I was feeling particularly 'liverish' and irritable. Any other remedy that is indicated based on symptoms that may be apparent before more serious malaria symptoms appear can be used. The most common remedies indicated may be Arsenicum album, Belladonna, Eupatorium perfoliatum, Ipecac and Nux vomica.
- Chelidonium, in homeopathic dose of 3x, two drops, twice daily during the trip. This is a good liver support remedy, important to help prevent and treat malaria. The malaria parasite often sits in the liver for long periods of time and so any stress on the liver aggravates the malaria.
- It is recommended to take the Malaria Co nosode and the Neem tincture and *Artemesia annua* as a minimum. The Chelidonium and homeopathic combination remedies may also be taken but it is not crucial.

## Meningitis

### Risks

- Low level risk for groups 1 and 2 and slightly higher for group 3 if working in epidemic areas and among local people.
- There are two main types of meningitis, a viral and a bacterial strain. The bacterial strain tends to be more serious but also can be treated with antibiotics. The viral strain cannot be treated with antibiotics. Meningitis is a

very serious disease and if suspected, medical diagnosis and treatment should be sought. There is a variety of bacterial strains of meningitis, some more serious than others. Childhood vaccines are given for three of these strains, Haemophilus Influenza Type B (Hib), Pneumococcal meningitis (Prevnar) and Meningitis C.

- The prevalence of meningitis for travelers is a strain of meningitis bacteria, type A and C and tends to be in parts of India, Nepal, sub-Saharan Africa, (particularly Ethiopia, Sudan, Chad, Burkina Faso, Mali, Guinea, the northern parts of Nigeria, Benin, Togo, Ghana and Guinea Bassau), and also Mecca during the Hajj. Saudi Arabia requires vaccination against Meningitis for the Hajj (using a vaccine covering types A, C, Y and W135). Travelers to Africa are offered a combined Meningitis A and C vaccine. The incidence varies considerably and depends on location and time of year. In West Africa, there are more incidences in winter months, but for most travelers, the risk is very low. Meningitis A is mostly only found in tropical countries.
- Risk to travelers is generally slight and healthy adult travelers are not very likely to get this disease. General hygiene and a good constitution will in most cases offer reasonable protection. One should be more careful when traveling with children, especially if playing with local children who may easily spread the disease. Young children are most at risk and given that this is a very serious disease, one should always be aware of any possible symptoms of meningitis, the most significant being a high fever that doesn't abate, with head pain and pain and stiffness in the neck region with contraction of the neck, making the head arch backwards. It is painful to bend the head forward. There also can be nausea and vomiting with the headache, sensitivity to light, skin rashes, seizures and in babies, constant crying.

#### Vaccine

- Most children are vaccinated against two or three forms of meningitis. Travelers are recommended to get the vaccine against Meningitis A and C if spending time in the areas described where the disease is endemic, especially if spending much time with local people who are likely to get the disease. However, children who had a Meningitis C vaccine within the previous six months should not get a Meningitis A and C vaccine. The vaccine is recommended in areas where the disease is more likely. However, for most travelers, the risk of this disease is low.

#### Natural Prevention

- General hygiene, as always is good, but given the nature of the disease, it is very hard to avoid the bacteria or virus as the bacteria exists in the nose and throats of 25% of all people, without causing harm and giving immunity for many people. However, overall well being and fitness is a good way to avoid this disease.
- In an area where the disease is more endemic one should pay attention to the beginning of colds and 'flu-type symptoms - fever, tiredness, irritability,

severe headache, photophobia and especially any stiffness in the neck, and where the head seems pulled backwards from a contraction of the meninges in the neck. There can be a rash on the body, often first occurring in the small of the back above the buttocks. Immediate medical help should be sought.

- The homeopathic remedies, Apis, Belladonna and Gelsemium may be given. See Chapter Seven: Common Conditions, Fever and Influenza section. Dissolve one tablet in water and take one or two sips, every 5–10 minutes, stirring or shaking the mixture each time. The remedies may be given separately or together, depending on the clarity of the symptom picture but antibiotics should be given in any case of bacterial meningitis. A lack of care can lead to death, especially in children. As mentioned, viral meningitis cannot be treated with antibiotics; homeopathic remedies may be used as necessary. Belladonna, in a 30c potency, 1 tablet daily for 3 days just before the trip and repeated weekly, may also be taken as prevention, especially if there is any evidence of meningitis in the area of travel.

## Polio

### Risks

- Low-risk disease for groups 1 and 2 and slightly higher for group 3. It is a viral disease spread through contaminated food and water, or from person-to-person through infected feces. For most cases, infection is a mild, harmless infection with digestive and ‘flu-like symptoms. However, about 1% of cases can progress to the classic paralytic symptoms of polio, which in the past when there were widespread epidemics of polio led to a greater number of paralytic cases. The areas of greater risk for polio are Africa, the Middle East and parts of Asia (including India and South East Asia). There are very few cases of polio in developed countries today.

### Vaccine

- There have been two forms of vaccine available, an oral live vaccine and an injectable killed virus vaccine. The latter is more often used nowadays due to polio being spread to others through infected feces or saliva from the live vaccine. The original killed vaccine also caused considerable side effects and a new injectable killed vaccine is now used. Most people who were vaccinated with either the oral or injectable vaccine as a child will have immunity to the disease in most cases. However, polio vaccine is being recommended for travelers to endemic areas. The risks for most travelers are not great. A recent campaign in Africa to give millions of children live oral polio vaccine should make travelers and those working with children in Africa more aware as the live vaccine can spread the disease to others.

### Natural Prevention

- Most people who are infected with the polio virus recover with no side effects.

A healthy constitution is important although there is no guarantee that this will give immunity. As the first symptoms of polio are similar to 'flu, the main remedy to consider is Gelsemium, which is also a polio remedy.

## Rabies

### Risks

- Low-risk disease in all 3 groups. The people at highest risk are those working with animals in which rabies is carried, e.g., veterinarians working with animals. Animals most likely to carry rabies are dogs, cats, bats, foxes, skunks and raccoons. However, it can be highly contagious. Even an infected animal licking any broken part of the skin can pass the disease. It is important to pay attention and get appropriate medical attention if you feel there is any risk. Infected wounds must be cleaned thoroughly. If bitten, capturing the offending animal may be helpful in ascertaining if it is infected.

### Vaccine

- If bitten, the vaccine and a dose of rabies immunoglobulin will be given which gives protection straightaway. However, the issue is often the length of time between the bite and the vaccine and for assurance the vaccine and immunoglobulin should be given within ten days of possible infection. If one has already been vaccinated against rabies that can give a longer period of time before a booster dose is necessary. Being previously vaccinated precludes having an injection of a rabies immunoglobulin, which is given to stimulate the immune reaction. There are a number of different vaccines used with somewhat different ingredients. It is worth asking the doctor if the latest vaccine is being used. They are not always easily available.
- Although some people may recommend the vaccine to all travelers in countries where rabies is common, e.g., India, for the vast majority of travelers it is a very low risk if one uses common sense and stays away from animals. Also, the vaccine can be expensive and can have nasty side effects, including local swelling, joint and muscle pains, fever and more serious allergic reactions. Some people can produce symptoms of rabies, e.g., spasms in muscles and in the throat at the sight or touch of water. More serious conditions such as Guillain-Barré Syndrome have been seen. Anybody with general allergic problems, immune deficiency conditions, chronic auto immune conditions or currently having 'flu, fever or cold etc. should be very careful with this vaccine. Therefore this vaccine is not recommended for most travel.

### Natural Prevention

- Avoid any animal that may possibly have rabies. Mostly this will mean dogs (and cats) that roam the streets in certain countries. Do not pet these animals even if they are seemingly tame. Avoid contact with any wild animal that is a carrier, e.g., bats, skunks, raccoons etc. Any bite from any animal should be



washed thoroughly with soap and water. Follow this with Calendula and or Hypericum tincture added to some water. Once this is done, use tea tree oil to the bitten area. Any animal bite should be treated immediately with Ledum, taking it three times a day for three days, alternating with Hypericum for three days. (This means 6 tablets a day for 3 days.) Also the homeopathic nosode Lyssin (Hydrophobinum) 200c, 3 times a day for one week should be used as prevention after a bite with any wild animal that could carry rabies. However, a medical diagnosis should be made and if positive conventional rabies treatment should be taken.

- In the terrible event of developing symptoms that may look like rabies, e.g., an oversensitivity to light and bright objects, especially mirrors or reflected light, oversensitivity to running water or a fear of water, gagging when swallowing water or spasms in the throat when swallowing; spitting or frothing at the mouth, then homeopathic Stramonium should be given, ideally in a 200c, the tablet repeated hourly until symptoms may be relieved. However, if true rabies symptoms have developed, it is imperative to get all medical attention, as it will mostly lead to death.

## Tetanus

### Risks

- Low-risk disease for all 3 groups. Caused by infection from bacilli found in the manure of cattle and horses and spreads via a deep wound, e.g., a nail injury that goes deeply into the skin. Superficial wounds will not cause tetanus as the disease develops where there is no oxygen. Therefore, the risk factors increase when people are more likely to be injured due to adventure sports or are around animal manure that can spread the disease. There are occasional cases in developed societies but it is more common in the developing world. Tetanus is a routine childhood vaccination, so all people who had this will have some protection and do not need more unless a serious wound occurs. A booster vaccine however will give more immediate protection in event of injury and can be recommended for some forms of travel.

### Vaccine

- The tetanus vaccine is available in conjunction with the diphtheria vaccine and inactivated polio only (dT/IPV). It is also given as part of a combination vaccine for children. The tetanus/diphtheria vaccine is given as a booster routinely in hospitals after accidents. It is an effective vaccine but there can be side effects to it. An alternative is to take a tetanus immune globulin (TIG) after any accident, which will offer some short term immunity. If you are unvaccinated and have an injury, being given the dT/IPV is not enough to produce antibodies to fight an infection.

### Natural Prevention

- Effective washing of any injury and wound is imperative and in the vast

majority of cases will take care of any possible infection. The wound should be washed in warm water and soap for five minutes. Try and get the wound to bleed. Calendula tincture and/or Hypericum tincture mixed with some clean water should be used to bathe the wound. Tea tree oil can also be used. Ledum should be given 4 times a day for 2 days routinely. It can be continued for another 2 to 3 days if necessary. If pain shoots from the injured part, then Hypericum should be given 4 times a day for 2 to 4 days. If necessary, alternate the Ledum and Hypericum. Once the wound is dressed, do not change but keep it moist using Calendula/Hypericum tincture or tea tree oil.

## Typhoid

### Risks

- A medium risk disease, especially in groups 2 and 3. It is of no risk in most advanced societies. The areas of greatest risk are most parts of Africa, Asia and somewhat in South America, especially in poor urban areas. However, with adequate precautions, most travelers can avoid this disease. It is a salmonella bacteria spread through contaminated food and water and so avoiding any possible contaminated food and water is crucial. Antibiotic treatment is effective and it is important to treat as soon as a diagnosis is given. It can easily be confused with malaria in early phases of the disease.

### Vaccine

- There are 2 to 3 forms of the vaccine used. The older form used was inactivated (not a live virus) and was given as a course, 4–6 weeks apart. However, this vaccine, although still used in some countries, is no longer recommended in the UK or USA. Also, there can be some strong side effects from the vaccine, especially if it has been given a number of times to frequent travelers. It is also not very effective. A new live virus injectable vaccine is available as a single injection, which offers up to 80% protection. Children under the age of 2 should not get the vaccine and also those who have reacted badly to a typhoid vaccine before. A live oral vaccine is also available, taken one dose daily for 3 days. Children under the age of 6 and those with a compromised immune system should avoid the vaccine. For reactions to typhoid vaccines, see homeopathic remedies listed for typhoid.

### Natural Prevention

- Typhoid can mostly be avoided with good hygiene care. Any symptoms that seem to look like typhoid should be treated effectively with homeopathy and any other natural methods. With diarrhea, always ensure appropriate rehydration methods are taken. However, typhoid is a serious disease and a confirmative diagnosis is important to assess treatment options and conventional treatment taken if a positive diagnosis made. The homeopathic nosode Typhoidinum can be used preventatively if in a high risk area but is not normally needed for most travel.

## Yellow Fever

### Risks

- Low-risk mosquito borne disease for most travelers in groups 1 and 2 and slightly greater in group 3. The disease is predominantly found in jungle and tropical areas of Africa and South America. There have been very few deaths from this disease among foreign travelers and the vaccine is very effective in preventing it.

### Vaccine

- This is mandated for travel to Africa and proof of vaccination can also be checked when traveling in parts of South America. However, one will not likely be asked for proof of vaccination when entering a country by air and coming from a non-endemic place. Apart from traveling to those countries that require it, this vaccine is not necessary. If traveling to a country that requires it and if, for whatever reason, a vaccine is not an option, a letter of exemption should be obtained from a physician. Those who are allergic to eggs should avoid the vaccine. The vaccine also has significant side effects in some who take it, varying from 'flu type symptoms to inflammation of the brain and hepatitis. It should also be avoided by those who are immune suppressed, have AIDS or cancer and are on medications for these and other diseases such as steroid medications. It should not be taken if a person has 'flu and also for babies under 9 months old.

### Natural Prevention

- The most obvious prophylaxis is to avoid being bitten by mosquitoes that could carry the disease. Treating any symptoms as they arise may help curtail this disease. However, given the severity of this disease, all conventional as well as alternative methods should be applied.

### **Homeopathic nosodes and their use in preventative treatment:**

Although there is not yet enough scientific data on this form of prevention, there is strong empirical and experimental evidence supporting this method to protect against an illness. It may not confer total immunity but can be part of a regimen used and can help limit any disease being protected against. This method of homeopathic prevention (also termed prophylaxis) was used by the Government in Cuba to protect against the bacterial disease leptospirosis, which is a common disease in parts of Cuba during the rainy season when infected rats' urine is spread through flood waters. A Cuban Pharmaceutical company called the Finlay Institute, which had previously made conventional vaccines, including one for leptospirosis, chose to make a homeopathic prophylaxis for the disease. This was in 2007 and 2008, when extremely heavy rainfall, including hurricanes, threatened to increase the number of leptospirosis cases. The homeopathic nosode of leptospirosis was given to over 2.2 million people in three eastern regions of Cuba to attempt to

address this issue as leptospirosis can be a life threatening illness and with a population of over 2.4 million in these regions, many people are normally affected. But in 2007 there was an actual decrease in cases in December in the region given the prophylaxis but an increase in other regions not given the treatment. In 2008, there was a significant decrease with clearly confirmed scientifically proven efficacy in preventing the disease (although some critics have said the lack of a control group makes the results less reliable). The institute is now doing research into homeopathic prophylaxis for hepatitis A and dengue, amongst other diseases.

Homeopathic nosodes are used as part of the daily practice of homeopaths throughout the world. There are many others used but not relevant to this book. However, each country has its own laws in regarding access to these and other homeopathic remedies. It is best to confer with a homeopathic practitioner or homeopathic pharmacist in regard to obtaining nosodes and also which ones could be useful against particular diseases. Some have been mentioned as part of a preventative protocol but they should not necessarily take the place of conventional prevention. They can be used along with conventional prevention or if you simply do not want to take conventional prevention, you can choose to use this method instead.

If you do choose to take a homeopathic nosode as a preventative method, try and get the 200c potency although the 30c potency can be used. Take one tablet once daily for three days, one week before travel, and one tablet, once weekly during your travel, taking one final tablet one week after your return. If traveling for extended period (more than 3 months) reduce the dosage to once every 2 weeks after 3 months. This is a general methodology, but of course, there are no guarantees and all precautions should be taken.