

# Richard Pitt

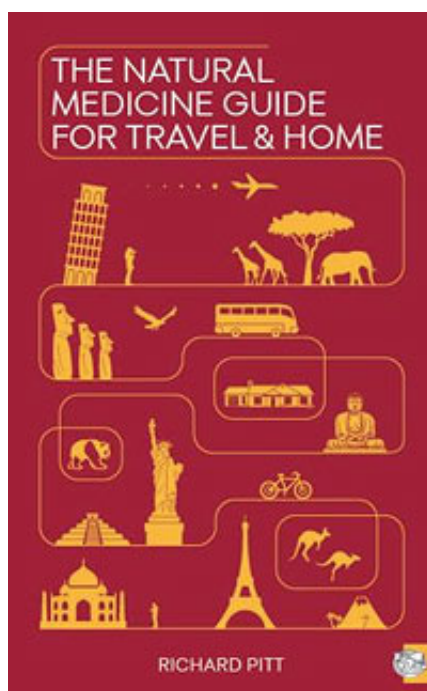
## The Natural Medicine Guide For Travel & Home

Leseprobe

[The Natural Medicine Guide For Travel & Home](#)

von [Richard Pitt](#)

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## Chapter Sixteen

# Prevention

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. 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. The institute is now doing research into homeopathic prophylaxis for hepatitis A and dengue, amongst other diseases. More information on this method and the results of this policy in Cuba are described in a book on homeopathic prophylaxis, listed in Chapter Eighteen: Resources and References.

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 will be mentioned below 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. 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. This is

a general methodology, but of course, there are no guarantees and all precautions should be taken.

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.

### **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 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, Mexico, the Caribbean and even India. Some brief diarrhea may be the worst one can experience taking normal precautions. Very little if any prevention is needed, unless a particular risk such as malaria is known.
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 giardiasis 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. 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, 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, single entry air travel into international airports in Africa may well not be 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

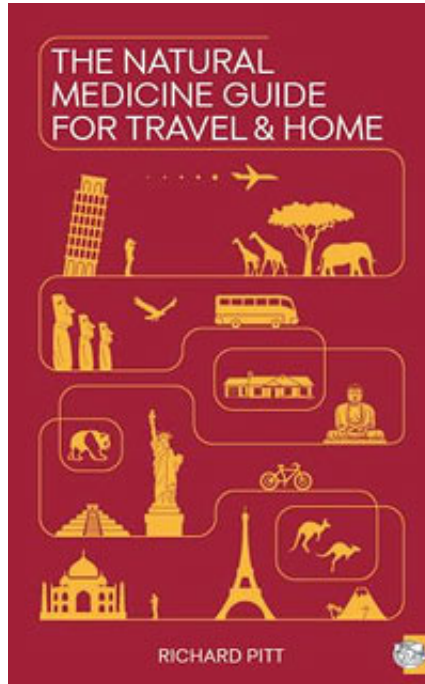
- The risks of getting the disease and the severity of disease.
- The risks of side effects of the vaccine.
- The effectiveness of the vaccine.
- The other options of protection that are being taken.
- The duration of travel.

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.

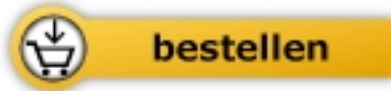
In the United States, the Center for Disease Control (CDC) gives a lot of information on vaccines for travel as well as at home, [www.cdc.gov/travel](http://www.cdc.gov/travel). They classify three degrees of vaccine guidelines: routine, recommended and required. Routine guidelines involve updating normal 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,



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