

Many cases of vaccine damage could have been prevented if the vaccine had been avoided after a bad reaction to the previous one. In many severe cases we could detect a bad reaction to the previous vaccine.

- In children with any suspected neurological damage (hypotonia, slow development, difficult delivery, etc.), postponing vaccination is important. The possibility of forgoing them completely should also be considered.
- When one child in the family has suf-

fered some vaccine damage, greater care must be taken with the other children. We try to postpone vaccinating them as long as possible.

- If the child seems to be suffering from vaccine damage, homeopathic help should be sought immediately.
- In any case of disease developing during the first year of life, especially if the child is still nursing, the possibility of vaccine damage should be checked carefully.
- We do not recommend new vaccines

like Hepatitis-A and Vermicelli.

- If there is an outbreak of a local epidemic and the child has not been vaccinated, the child should be taken to the attending homeopath and given a homeopathic vaccine.

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## Meningococcinum

### Its protective effect against meningococcal disease

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#### **Summary**

*Meningococcal disease (MD) is still a big challenge to public health, judging by its mortality rate, from 10 to 12%, as well as its sequels seldom not dramatic. The preventive mechanisms like the available vaccines, nowadays, do not present enough effectiveness to reassure the health managers and the population when they face the increase of the cases epidemiological significant. The actual work relates the use of the nosode Meningococcinum 30 CH on people from 0 to 20 years of age in Blumenau, Brazil, in 1998. The results were statistically significant, offering a protection against MD of 95% in six months and 91% in a year.*

#### **Introduction**

Meningococcal infections occur endemically and epidemically and are the biggest cause of mortality and morbidity in developed and in underdeveloped countries. Meningococcal meningitis is the type of m meningococcal disease (MD), that has been the most common cause of bacterial meningitis in children in the United States, since the project of immunising for *Haemophilus influenzae* type b, initiated in the eighties, reduced this most prevalent pathology dramatically. The rate of mortality from meningococcal meningitis is approximately ten to twelve percent. It occurs ten times more in children up to two years of age than in the remainder of the population, without sex preference. Its pathogenic perfor-

mance also remains considerable in adult life, when it starts to be the second most frequent type, second only to pneumococcal meningitis (1).

The devastating nature of the systemic meningococcal infection makes it imperative that preventive steps are developed for ample control of this disease, however, an effective vaccine is not still developed against meningococcal infection of the serum type B (1). Nowadays there is a vaccine against MD of the types A and C, however, despite the great efforts to develop a vaccine against serum type B, have not been successful. Attempts have been tried in Cuba and Brazil, with a global effectiveness of 50 to 90%, but with little effectiveness in children (2). As the meningococcal vaccine has limited effectiveness in the group at high-risk for infections - children below two years of age - meningococcal infection is still the biggest, worldwide, health problem (1). To that dramatic problem, we believe that homeopathy has a contribution to give, based on a more than 200 year history of therapeutics, and with impressive stories from the field of public health in the control of different types of epidemic diseases.

This work aims to contribute to this history, telling about the use of *Meningococcinum 30 CH* in the City of Blumenau, Brazil, in the year 1988.

#### **The city**

The city of Blumenau is situated in the north of Santa Catarina State, known as the 'European Valley' because it is populated mainly by Europeans, especially Germans. It has a population estimated at 240.302 inhabitants. Its main characteristic is that it is situated in a mountainous region and is crossed by a river, the Itajai-açu River. It is a city where people only sleep and live, while they work in an industrial area of mainly the textile industry. In a similar way, there is a considerable flow of people who relocate from those cities to Blumenau seeking medical help of deeper complexity.

#### **The problem**

According to the data given through the Epidemiological Vigilance of the state of Santa Catarina, meningococcal meningitis is an endemic disease in the state. Since the epidemic that occurred in 1986, the incidence is consistently above of the expected levels, with peaks in 1989 and 1995. Both in the epidemics and in the incidences that are observed in the state average, the city of Blumenau has a higher incidence than other cities. (Chart1) In 1998, six cases of MD had occurred by May, one being a fatal case in a child of six months of age. The age of the cases varied between four months and nineteen years of age. All of them had meningococcal meningitis, but one of the cases presented meningococcemia.





Chart 1: Number of cases and incidence of Meningococcal Disease in Blumenau and Santa Catarina, Brazil.

| Year | Santa Catarina<br>Cases | Incidence<br>100/1000 | Blumenau<br>Cases | Incidence<br>100/1000 |
|------|-------------------------|-----------------------|-------------------|-----------------------|
| 83   | 134                     | 3,5                   | 5                 | 2,9                   |
| 84   | 241                     | 6,1                   | 8                 | 4,6                   |
| 85   | 159                     | 4,0                   | 21                | 11,7                  |
| 86   | 213                     | 5,2                   | 34                | 18,4                  |
| 87   | 274                     | 6,6                   | 38                | 20,0                  |
| 88   | 367                     | 8,6                   | 41                | 21,0                  |
| 89   | 423                     | 9,7                   | 41                | 20,4                  |
| 90   | 318                     | 7,2                   | 28                | 13,6                  |
| 91   | 294                     | 6,5                   | 18                | 8,5                   |
| 92   | 266                     | 5,8                   | 31                | 14,3                  |
| 93   | 381                     | 8,1                   | 56                | 25,3                  |
| 94   | 429                     | 8,9                   | 51                | 23,0                  |
| 95   | 534                     | 10,9                  | 71                | 31,5                  |
| 96   | 405                     | 8,3                   | 20                | 8,7                   |
| 97   | 98                      | 2,0                   | 18                | 7,6                   |

## The medication

The Health Secretary of Blumenau studied a way to fight the increase in the number of cases, without using the Cuban vaccine, as there was not an epidemic rate that justified a massive campaign, in-line with the criteria from the Brazilian Health Department. There was, after this, contact with homeopaths who had experience using the nosode for immunisation. There was experience with immunisation using *Meningococcinum* in Florianópolis and nearby towns in 1989, and the reports had been sufficiently positive.

After contact with the Department of the Monitoring Epidemiologist of Blumenau, they opted to initiate the immunisation on June 9. However, one day of the campaign was not enough, because the data entry for each immunised person took too much time. Due to popular demand, they opted to prolong the use of the medication. Thus, the campaign was extended for three days, but it was interrupted for one day, which was a holiday. The medicine chosen was *Meningococcinum* 30 CH, the one that several authors as Demarque, Tyler and Eizayaga (3) consider.

A chemical preparation was from *cepa*, isolated in the basis of liquor, taken out of one of the patients, a sixteen-year-old, who died on May 07, 1988, from Timbó, neighboring city of Blumenau. *Cepa* was inactivated in the Central Laboratory in Florianópolis of the Health Department of Santa Catarina State and prepared by pharmaceutical assistant Anélio Dias do Nascimento Júnior and Fábio José Galvão Nogueira in May, 1998. The inactivation was done in an autoclave at 121 °C for fif-

teen minutes before preparative by the homeopathic method, and tested in the matrices 6 CH and 28 CH by the Microbiology Department at the University of São Paulo (USP). The medication was non-obligatorily offered to the population aged zero to twenty years of age, in Blumenau. One drop of *Meningococcinum* 30 CH was given orally to those who voluntarily came to the health units. *Nux vomica* 6 CH was utilized as a homeo-antidote for possible side effect.

## Methodology

There was an announcement by the press regarding the offer of the medication available at the health stations. On the day of the immunisation, it was reported that the medical colleagues who work at the Hos-

pital Emergency Ward had bottles of *Nux Vomica* available, and with them possible side effects could be discussed. This was offered to the colleagues along with a medical homeopath for phone contacts, if necessary.

The name, age and neighborhood of each immunised person was recorded, so that we later could compare the names of the cases of MD with the names on this list. Register on the Official Vaccination Card was not made because the nosode is not considered a vaccine, despite its immunisation power.

## The results

The population for Blumenau in 1998, aged between zero and twenty years of age is 89.365 people (incomplete) as estimated by IBGE - the Brazilian Institute of Geography and Statistics, from the census of 1996. As 65.826 persons were registered as having received the nosode, it was estimated that the population that did not receive it was about 23.532 persons. Analysing chart 2, 73,65% of this target population received the nosode.

As the immunisation happened in the middle of 1998, in June, let's first analyse, using chart 2, the impact of the immunisation that year. There were fourteen cases of DM in Blumenau, in 1998. Eight of those cases, or 57%, occurred after the immunisation. Among those eight cases, only one of them received the medication. That case was a three-month-old child who was diagnosed about forty days after the beginning of the campaign. During that year, one patient died before the im-

Chart 2: Distribution of the population in Blumenau from 0 to 20(incomplete) years of age as having or not received the homeopathic medication and if there was DM after during the post-immunisation period. (June 12 to December 31, 1998).

| Meningococcal Disease                              |                 |                          |        |
|----------------------------------------------------|-----------------|--------------------------|--------|
| Homeopathic Medication                             | Had the disease | Did not have the disease | Total  |
| received                                           | 01              | 65.825                   | 65.826 |
| did not receive                                    | 07              | 23.532                   | 23.539 |
| Total                                              | 08              | 89.357                   | 89.365 |
| Analysis statistics of the data of the table above |                 |                          |        |
|                                                    | Qui square      | Value p                  |        |
| Without correction                                 | 15,42           | 0,0000859                |        |
| Mantel-Haenszel                                    | 15,42           | 0,0000859                |        |
| Correction of Yates                                | 15,43           | 0,0004218                |        |
| Fischer Accurate Test                              |                 | 0,0005413                |        |

Observation: as an expected value was lesser than 5,0, Fischer Accurate Test is the most recommendable. Population from 0 to 19 years of age, estimated for 1998.



Chart 3: Distribution of the population of Blumenau between 0 to 20(incomplete) years of age as having or not received the homeopathic medication and if there was not DM in the period of June 12 to June 30, 1999.

| Meningococcal Disease  |                 |                          |        |
|------------------------|-----------------|--------------------------|--------|
| Homeopathic Medication | Had the disease | Did not have the disease | Total  |
| received               | 03              | 65.825                   | 65.828 |
| did not receive        | 13              | 25.045                   | 25.058 |
| Total                  | 16              | 90.870                   | 90.886 |

Analysis Statistics of the data of the table above

|                     | Qui square | Value p   |
|---------------------|------------|-----------|
| Without correction  | 23,09      | 0,0000015 |
| Mantel-Haenszel     | 23,09      | 0,0000015 |
| Correction of Yates | 20,48      | 0,0000060 |

**Fischer Accurate Test** 0,0000123

Observation: As an expected value was lesser of 5,0 the accurate test of Fischer is the most recommendable. Population from 0 to 19 years of age estimated for 1999. In the stated period of one year after the use of the nosode the possibility ratio (odds ratio) a person contracts some type of MD was of 0,09(variation between 0,02 and 0,03) what it corresponds to a 91% effectiveness (variation between 98 and 67%).

munisation.

In these six months, the possible ratio (odds ratio) for a person to contract some type of MD was 0,05 (variation between 0,00 and 0,41) which corresponds to a 95% effectiveness rate (variation between 100 and 59%).

Chart 3 shows us that sixteen cases of MD happened within one year of immunisation; only three of these had received the nosode. Despite that, the group that was immunised was three times larger than the non-immunised group, and that group presented four times less cases of MD.

According to the record, nine cases had observable side effects from the nosode. The majority presented with symptoms like chronic headache, fever and nausea. Some of these cases were controlled with *Nux vomica* 6 CH, when assisted by a homeopath and others with symptomatic allopathic medication. Chart 5 shows these cases.

## Discussion

Based in a Sierra study, where good results were presented about the control of MD in Cuba (10), in the state of Santa Catarina in 1990-1992, began indiscriminate vaccination with anti-meningococcal vaccine BC (*VA-MENGOC BC*<sup>TM</sup>) under the ethical allegation that the severity of the disease and the possible protective effect justified its use non-experimentally

(4). There were questions concerning its efficiency, stated by J. C. Moraes. Initially the *VA-MENGOC BC* would have offered

protection for more types of viral meningitis than only meningococcal meningitis. Either that, or it would have a questionable protective effect (5). Costa revised the data of the vaccination and the register of cases, and after considering the individuals that did not complete the vaccination, showed that the average effectiveness of the vaccine was 68% (with a standard shunting line of 49 to 80%)(6).

The use of *Meningococcinum* as prophylactic to meningococcal disease is not a new development in the medical homeopathic field (12,13,14,15,16,17,18,19, 20,21). It was used in Guaratinguetá-SP, Brazil, in 1974, with positive results (3). The use that this work refers to does not characterise experimentation. It was an alternative initiative to the use of the Cuban vaccine which was not indicated because there was no rate of epidemic. The registers that were made were for monitoring - the usual factor when any medicine is used on a large scale. Scientific methodology was not used because there was no intention to carry out an experiment or test. However, the data exists and can be

Chart 4: Meningococcal Disease confirmed Cases from January 01, 1998 until June 30, 1999. Blumenau-SC, Brazil.

| Initials of the names | Type of disease(#) | Age (#) | Received Nosode | Case Report Date | Disease Beginning |
|-----------------------|--------------------|---------|-----------------|------------------|-------------------|
| LMRFS                 | 2                  | 4 m     | no              | 01/30/98         | 01/28/98          |
| FDS                   | 3                  | 16 y    | no              | 03/30/98         | 03/28/98          |
| HMA                   | 2                  | 4 m     | no              | 04/16/98         | 04/14/98          |
| SC                    | 2                  | 11 y    | no              | 04/20/98         | 04/20/98          |
| SK                    | 2                  | 19 y    | no              | 05/13/98         | 05/12/98          |
| TAM**                 | 2                  | 6m      | no              | 05/21/98         | 05/20/98          |

The Beginning of NOSODE USE on September 06, 1998

|        |   |      |              |          |          |
|--------|---|------|--------------|----------|----------|
| SS     | 2 | 19 y | no           | 06/19/98 | 06/18/98 |
| EKS    | 3 | 3 m  | yes          | 07/17/98 | 07/17/98 |
| RK     | 3 | 15 y | no           | 08/24/98 | 08/21/98 |
| KS     | 3 | 14 m | no           | 08/24/98 | 08/22/98 |
| DPS    | 1 | 16 m | no           | 09/14/98 | 09/13/98 |
| DLW    | 1 | 14 y | no           | 09/23/98 | 09/22/98 |
| FZB    | 2 | 8 y  | no           | 12/23/98 | 12/23/98 |
| DEC    | 1 | 5 y  | no           | 01/01/99 | 12/31/98 |
| EKS    | 1 | 12 m | yes          | 01/26/99 | 01/24/99 |
| RHS    | 1 | 7 y  | no           | 01/27/99 | 01/26/99 |
| PHG    | 3 | 4 y  | no           | 01/29/99 | 01/28/99 |
| LSM**  | 1 | 3 y  | no           | 01/31/99 | 01/30/99 |
| CCH    | 1 | 2 y  | yes          | 02/13/99 | 02/12/99 |
| MMGS** | 1 | 2 m  | was not born | 03/07/99 | 03/06/99 |
| EHD    | 3 | 2 y  | no           | 05/02/99 | 05/01/99 |
| IFC    | 1 | 2 y  | no           | 05/18/99 | 05/18/99 |

(#) Age y = year m = month

|   | Type of Meningococcal Disease(*)              |
|---|-----------------------------------------------|
| 1 | Meningococcemia                               |
| 2 | Meningitis Meningococcal                      |
| 3 | Meningococcal Meningitis with Meningococcemia |





Chart 5: Individuals that had taken the homeopathic medication and had presented reactions:

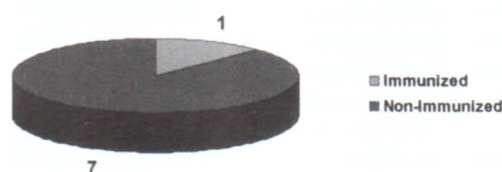
| Name | Age      | Location         |
|------|----------|------------------|
| MLOB | 12 years | Asilo            |
| JMS  | Ignored  | Fortaleza        |
| SAE  | 21 years | Itoupava Central |
| VSS  | 10 years | Itoupava Central |
| JYS  | 8 years  | Itoupava Central |
| AFP  | 7 years  | Itoupava Central |
| DA   | 8 years  | Itoupava Central |
| DFB  | 8 years  | Progresso        |
| SLFB | 29 years | Pomerode (town)  |

analysed, as it has been published. The publication during the campaign reinforced the idea that it was a medicine, not a vaccine. This objective was not only correct relating to the nomenclature, as the principles of its production were several, but also to prevent confusion with vaccines on the official immunisation calendar. For that same reason there was no register in the Vaccine Order.

We must point out the excellent receptivity of the population to the campaign. We must consider the short time for publicity in the media and the clear contrary manifestation to the initiative on the part of the allopathic doctors - a fact that was already a goal reflected on the part of *Dantas*(11). This fact demonstrates that homeopathy is very important to the population, due to its bicentennial history of positive results and the respect of the principles that guide the process of health and disease in a human being.

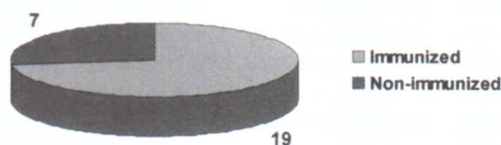
Although the number of MD cases has not diminished in the six months following the nosode use, the great majority of cases appeared in the group of people that did not receive the nosode, despite it being a group 2,7 times less in size. (Picture 1.) If we consider this group as a control, we see that, in case the nosode did not offer protection, nineteen cases among those who received the nosode would have appeared (Picture 2). So, in 1998 alone, eighteen cases of MD were prevented. When the death rate is around 10 to 12%, it may have prevented two deaths. Without this program, thirty-three cases of MD would have occurred during the whole year of 1998, which would have

distribution of the meningococcal disease cases with immunized and non-immunized between June 12 and December 31 in 1998



Picture 1

distribution of the meningococcal disease cases with immunized and non-immunized between June 12 and December 31 in 1998 if there was not immunization



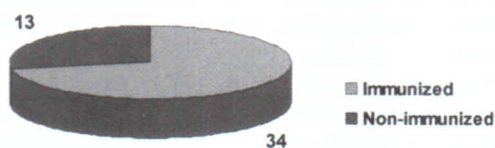
Picture 2

distribution of the meningococcal disease cases with immunized and non-immunized between June 12 in 1998 and June 30 in 1999



Picture 3

distribution of the meningococcal disease cases with immunized and non-immunized between June 12 in 1998 and June 30 in 1999 if there was not immunization



Picture 4

been close to the observed average in the nineties, as shown in picture 1.

There is no trustworthy data available in literature relating to how long the protection, that the homeopathic nosode offers, lasts. *Castro's* publication presents a protective effect of three months (3). But when analysing the distribution of cases in the two groups, we observe, again, that among those who received *Meningococcinum*, there were fewer cases (Picture 3), after one year.

If we consider the immunised group as a control, we would expect about thirty-four in the immunised group, if the nosode had not been working. Thus, after the immunisation, thirty-one new cases of MD and three possible deaths were prevented over one year (Picture 4). Therefore, there was a strong connection between receiving the homeopathic medication and not having meningococcal disease during the observed period. The data could indicate that the homeopathic nosode offered a prolonged protection. Other studies are necessary to confirm this hypothesis. The possibility of the observed data being accidental was 0,0000123% (according to the accuracy Test of Fischer).

When we analyse the chart that represents the side effects, two facts hold our attention. First, the very low number of registered cases. We cannot forget the possibility of registration mistakes, and will not ignore this aspect. The fact is that there were a great number of cases in the neighborhood of the patient who died (TAM of 6 months). Was that a psychological effect of the medication or some other type of collective homeopathic reaction still not registered? *Neustaeder* made an ample walk through on vaccines and alternative vaccines and concludes that there are evidences suggesting that homeopathic medicines can prevent diseases during epidemics. He cites the study of *Castro* and *Noqueira*, 1974, during the epidemic of meningitis in Brazil (where



*Meningococcinum* was used) and the *Eisfelder* study which reports the case of the use of the *Lathyrus* in the prevention of polio during the American epidemic in the fifties. Eisfelder applied the medicine to 50.000 children and only one developed polio (which evolved without sequels of paralysis)(7).

According to Neustaeder, homeopathic medicine does not cause important adverse effects and in the absence of another manner of prevention, there is no reason not to use it (7).

In all revised literature, controversies were not found on the beneficial effect of the nosodes (14,15,16,17,18,19,20,21). According to *Edler*, since the vaccination is a kind of homeopathic cure in anticipation, it is explained by the extreme similarity between the vaccine and its respective natural infectious agent (8).

According to *Gama*, despite the discovery of new vaccines, there is still a long way to go before we control MD and its mechanisms of transmission. Neither the polysaccharide vaccines nor the protein vaccines, that we know of, are efficient in hindering the carrier state or immunising preschool children satisfactorily, even though they represent an indispensable advance (9).

## Conclusion

Homeopathy, through the use of nosodes, presents a proposal to control some infectious/contagious diseases. This study demonstrates the power of this therapy by the Meningococcal Disease Control. The use of *Meningococcinum* 30 CH in people under twenty in the city of Blumenau-SC, Brazil, during a period where there were concerns because of the increase of the number of cases, demonstrated a protective effect, highly significant in helping those who received the nosode. This effect lasted at least one year.

Each day medicine tries to improve, and the objective is, or should be, always the same: the search for well-being and improvement in the quality of life. This principle comes forward in *Hahnemann's* work in 1810, as the first phrase of the *Organon* states: 'The physician's highest and only calling is to make the sick healthy, to cure, as it is called'. All types of therapeutics try to reach this ideal. However, this search is usually isolated, imprisoned in rigid principles that each science self-imposes, thus surpassing the true interests of the people who just hope to improve from their malaise. With time we expect intelli-

gence to win, and then we will see the therapeutics unite in the name of the most important and only physician's mission.

## Thankfulness

The protection offered to the population by *Meningococcinum* 30 CH was only possible due to the successful mobilisation by the employees of the Health Department in Blumenau, as well as the dedicated effort of the homeopathic colleagues who came from their cities to Blumenau, demonstrating solidarity with us and conviction to the art of cure. These colleagues are the physicians *Amarilys de Toledo César*, *Antônio Andrade*, *Margarida Maria Vieira*, *Paulo Vianna da Silva* and *Silvio Mollo*. Our sincere thanks go to them.

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