Announcer 0:12
If you want a wildly healthy, naturally disease-resistant pet who turns heads and starts conversations with awestruck onlookers, you're right where you belong. This is the Vital Animal Podcast with your host, homeopathic veterinarian, Dr. Will Falconer.

Will Falconer, DVM 0:36
Welcome, everyone. Will Falconer here with another episode of the Vital Animal Podcast. And it's my great pleasure to welcome a longtime friend and homeopathic colleague, Don Hamilton, who's also far away from the US right now, but nonetheless, we are here right in your earbuds. Welcome, Don.

Don Hamilton, DVM 0:58
Thanks. Pleasure to be here, Will. Good to see you also, it's been a while.

Will Falconer, DVM 1:01
Yeah, yeah, it's been a while. So, I brought you on, Don, to really talk about these things called nosodes. The question is, do they work, and what kind of's been bringing this to a head for me is, I've seen people pooh-poohing them online, or having a wildly off-base protocol that they're using, and lots of confusion—people thinking that they don't work at all or people thinking that they work in ways that you and I know they don't. And just by way of introduction to people, I met Don first in 1992 when I was on the first professional course in vet homeopathy, but you'd already been in homeopathic practice for quite some time, hadn't you?

Don Hamilton, DVM 1:01
Well, not quite some time. I'd been studying it since '88, or something like that. So, six years studying it and you could say two or three, four years trying to use it. Mostly not knowing what I was doing, but you know, trying a little bit and learning it. So, I had some hands on it. I'd had some success, I'd had some of these cases that grab you, that don't let you go, you know, where you see success in something that my conventional training said was impossible. And it's like, okay, well, I can't look back now, you know.

Will Falconer, DVM 2:15
Exactly.

Don Hamilton, DVM 2:16
So, yeah, I'd had some experience by then.

Will Falconer, DVM 2:18
Okay. And the reason we are on the same page with nosodes stems back to a meeting we had, probably about, I'm guessing maybe '95 or so, where you invited a handful of us budding homeopaths, I think I was probably two, three years into it, and we had a TCM practitioner. I don't remember everybody, Charlie Loops was one of them. And we just all sat around a table and informally, no CE credits or anything, just discussed homeopathy, and I think nosodes were a pretty prominent topic for that roundtable. We had probably like a weekend together.

Don Hamilton, DVM 2:55
Right.

Will Falconer, DVM 2:55
And the reason we use them at all is we have concerns about vaccines, right? Isn't that kind of the nub of it?

Don Hamilton, DVM 3:02
That's the essence of it, yeah, is vaccines can and do cause problems and it's, I mean, we always use the iceberg analogy a little bit, but it's what... We see certain vaccine damage that even conventional colleagues understand this allergic reaction kind of thing or anaphylactic reaction, but there's just so much more. And I didn't believe it when I first heard about it either, really, but then I saw some cases where it was really clear. And these days, I see it all the time. I won't get a vaccine unless somebody's held me down, five guys from the army holding me down. You know, otherwise, I won't be vaccinated.

Will Falconer, DVM 3:41
I feel the same way. Yeah, yeah. And I think that Pitcairn's course just brought that home for me. I hadn't really thought much about vaccines until I heard him say that we often couldn't get these animals cured without taking vaccines into account and addressing that part of them. And then, if they were moving along patient and they happened to get a vaccine, we'd lose all sorts of progress: they'd get sicker, and long-term sick, chronically sick. So, all that, and then, about the time we were together there in '92, early '90s, was the same time that the childhood vaccine schedule ramped up significantly. And we were seeing all these reports of autistic kids just coming out of the woodwork after vaccines and mothers wringing their hands saying, "We've lost our child. She's not making eye contact, and we're just two weeks after this DPT," or whatever it was they got, an MMR. So, all that kind of came together at the same time and I just noticed, the more I looked, the more I saw the damage done and so, nosodes is a way out, basically. That's why we have interest in them, that's why we use them. Anything to add to that, that you see other uses for them in?

Don Hamilton, DVM 4:57
No. Well, I mean, I use tautodes, which are made from vaccines, as a treatment for vaccine damage. Richard taught us not to and everybody says that's kind of a no-no, but it actually is pretty successful. And I use that a lot these days with good success. But as far as nosodes, which, the tautodes are made from a drug or whatever, so, a remedy made from a vaccine is a tautode, technically, and a nosode is made from some disease product, like saliva from a rabid dog or in the case of Parvo, bloody diarrhea from a dog with Parvo, and so on. And the nosodes, the main use then is prevention, I think. There are people who use it as treatment. Personally, I never saw much success with it, but I know people who say they do, so that's the way it goes.

Will Falconer, DVM 5:47
Yeah, yeah.

Don Hamilton, DVM 5:48
And nosodes do work. You know, I mean, I had an interesting experience. This was also back

in the early '90s. For a while, I was helping with an animal shelter when I lived in Asheville, North Carolina, and there was a woman who ran the shelter for a year or so, she had a big heart and she really wanted to do the best for the animals she could and they actually, they vaccinated. Every animal that came in the door got a vaccine, right when they came in the door, and even so, they saw a lot of Parvo and they saw a lot of cat upper respiratory disease. And she asked me, "What can I do?" And I said, "Well, we can try some nosodes on them." And so, I had some nosodes, and I took some big gallon milk jugs, like four-liter size, plastic jug of water, and just put some of the pellets in there. And then I told her to tell the staff that every animal when it comes in, when it gets a vaccine, give it a dose out of there. And then once a week, just put a dollop of that water in everybody's water bowl.

Will Falconer, DVM 6:48
Once a week, okay.

Don Hamilton, DVM 6:49
Once a week. And after about, I don't know, a month or so, she said the staff was happy, you know, the numbers of cases had gone way down. That doesn't prove anything, but what was curious is, by that time, pretty close to then, she got fed up with this place because they didn't want her to do a good job. And I think she quit and went somewhere else. And they put in an interim manager, and the interim manager found out about this thing, and he told the staff, "Get rid of that stuff," you know, "Don't, that's just stupid." And they said, "Okay." And then after about a month, they came to him and said, "Well, we've got a lot more Parvo and a lot more of these diseases. Can we do that?" He said, "Yeah, sure. It won't hurt anything, do it." So, they did, and down go the cases again.

Will Falconer, DVM 7:37
Wow.

Don Hamilton, DVM 7:37
And they went down again. And the same thing happened again, then that person left when they brought in a permanent manager, same thing, stop using it, the cases went up again, the staff came to him, started doing it again, the cases dropped again. So, three successions, it's not a double-blind study, but that's enough evidence, there's no doubt that they work. And so, in my mind, I also knew: they absolutely work.

Will Falconer, DVM 8:02
Yeah.

Don Hamilton, DVM 8:02
It's just, then it's a matter of how they work. Because back then, George MacLeod had come up with this protocol which Richard was using somewhat, Richard didn't really use nosodes much, but he presented that because he learned it from George, which was give a 30C once a day for a week, once a week for a month, and then a 200C, I don't remember, once every month for three months or something, then a 1M three times a year or something. And that's what a lot of people did. I didn't do that, but I saw one or two cases of Parvo in dogs that were on that, and I thought, "Well, that's not working." And then, actually, through a conversation with Susan Wynn, which we can get to later, it really became more clear to me

that you have to do it frequently, because you have this medicinal disease from the remedy, the nosode, which lasts maybe, I don't know, 72 hours or so. And so, it seems to me they work if you catch it within the window of exposure for say, two, three days before you give the nosode, it will probably still put it out, you know, kick the virus out. And then, the same thing for maybe three days after the nosode, it will keep the virus from getting in there because it's like the nosode kind of holds and blocks that susceptibility. And so, it came to be more or less every week. And that's what worked in a 30C, because you get more response in a broader number of animals with a low potency than a high potency. Because the high potency has to be so specific. So, I just do 30C once a week until a dog or cat is maybe six months or so old, when they're over the worst of the susceptibility.

Will Falconer, DVM 9:49
And just for our listeners who may not have heard this term, let's define what nosodes are and how they're made. So, it sounds horrible to give rabid saliva to somebody, or to give diarrhea to somebody, a diarrhea swab or something, so what are they, first, and how do we know they're safe?

Don Hamilton, DVM 10:09
Well, they're made according to homeopathic principles, and in homeopathic principles there's this sequential dilution and agitation, we call it succussion, but it's agitation. So, the first steps are either made in an alcohol-water solution, like in the case of the saliva or diarrhea or whatever, even that's gonna pretty much kill everything, but you put it in there one part to 99 parts, and then agitate that vigorously, then take part of that out another one part to 99 parts, and so on. And for a 30C, you do that 30 times, so it's diluted 30 times. So, there's essentially not really any virus particles left at that point and so, even without the alcohol, it's not infectious at that point. Curiously, on a slight aside, but there was a study out of India, where a guy who was a physiochemist sort of looked at, he had looked at different, at allopathic medicines and ayurvedic medicines, and he studied at a molecular level, studied homeopathic remedies. And what he found is, actually, that once you get to this sort of 12C, you've got a certain level of particles in there. And because of the agitation and dilution, that doesn't actually diminish, so it's not really true there are no particles left. Even in a 1M, there still are these nano particles left in there, because of this process of the way it is. So, that's an aside, but there are still particles in there of the original substance, but they're completely non-infectious. So, you're not really giving the saliva from a rabid dog or the diarrhea, it's just you start with that and produce this medication out of that by this particular method. It's totally safe. It can't infect anybody.

Will Falconer, DVM 12:09
Yeah, doing a 1-to-100 dilution 30 times over, that's way, way dilute. So, good to know. And the key, I think, is using these things properly. Right?

Don Hamilton, DVM 12:22
Correct.

Will Falconer, DVM 12:23
You and others have landed on both the relatively low potency of 30C, that's what I've followed since our meeting back in the early '90s, and then giving them at a certain pace,

like once a week. I've often given them twice a week. And Todd Cooney, who was on back in Episode Three with us, learned through keeping good data that he wiped all the Parvo out of his clinic by starting the pups out with the Parvo nosode when they were young. But what's interesting is, he originally started at once a month, and sent these puppy packages home and said, "Give this once a month and I think we'll prevent Parvo." And he still had some breaks. And then, somehow he came back to the drawing board and said, "I think I gotta tighten this interval up." So, he started giving it once a week. And that's when it all disappeared. He's not seen it now for three years in his population in his clinic. So, pretty impressive stuff when used correctly. Let's talk about the interval a little bit, Don. Go into why you think, I think you mentioned it, but just reiterate why the frequency.

Don Hamilton, DVM 13:32
So, as best we understand, a homeopathic medicine induces, as Hahnemann called it, a medicinal disease. And in Hahnemann's thinking, the medicinal disease is stronger than the natural disease, but it's short-term. And so, like everything, it's on a bell curve as to how long it lasts. But in general, when you give a homeopathic remedy, if it's not a constitutional, something that really resonates with that individual, then this sort of medicinal disease, it just lasts a few days, basically. It affects the body for a few days and that's how they do these proving the testing to see what the remedies do, is by people taking it and then seeing what kind of dreams and symptoms and so forth. So, it came to my mind and my thinking that as this lasts just a few days, and what this is doing, if it's stronger than the natural disease, it's just occupying this susceptibility, this energetic susceptibility or maybe the physical susceptibility that we have to an organism. And so, if it's with canine distemper, for example, and you use the canine distemper nosode, to the body, it's kind of the same thing except it's non-infectious. And so, if we take Hahnemann at his word, and it seems to be true that the medicinal disease is stronger, then if you introduce that nosode at the same time as the exposure to distemper, the nosode will take precedence and the virus won't really take hold. And then, from knowing that all these viruses have an incubation period, where when the body's exposed, the virus numbers grow, there's a period of time where you can head that off. And so, if you get within that first few days after exposure, the nosode still seems to work, so within two or three days before it really takes off. And then, because the medicinal disease of the nosode lasts a few days, so I just sort of figured, if it's about three days, anytime within three days after an exposure, the nosode may still kick out the susceptibility. And by the same token, if the nosode lasts three days or so, then for another three days, the nosode would prevent it. So, that's six days, okay, round it up and make it once a week. And that's how I came to that.

Will Falconer, DVM 16:01
Yeah. Yeah. And it sure seems to work.

Don Hamilton, DVM 16:05
It makes sense. From what we know of homeopathy, which, this stuff is hard to really study to get scientifically to know, you know, that that's the timeframe that it takes, that it lasts, but practically, it seems to work.

Will Falconer, DVM 16:19
Yeah, yeah. I like those words "occupies the space, the similar space to the disease." So, energetically speaking, I've often put it in physical terms, it's like the Dutch boy with his finger in the hole in the dyke, right? He's keeping the flood out. Maybe the similarity thing doesn't hold there, but, you know, it's a prevention in the sense that it's not letting the wild disease in, because it's occupying that space that it would be, and like you said, the medicinal disease is stronger, according to Hahnemann, and just is able to keep it from getting in. I think that's a beautiful way of explaining it.

Don Hamilton, DVM 16:59
Yeah, you could think physically even in terms of, they know that there are these antigen receptors even on cells, and that the virus matches that and gets into that receptor. So, you could almost think that it kind of just shuts off that receptor for a little bit. And so, physically, you could think of it that way. Whatever way, it just does seem to work. And I think this animal shelter thing was a really clear evidence that did in fact work.

Will Falconer, DVM 17:26
Oh, yeah, I'd forgotten that. Yeah, yeah, that's beautiful.

Don Hamilton, DVM 17:28
And there's no doubt that it works. When you give nosodes to somebody, Jane Robinson comes in, has a puppy and wants to protect it and you give it nosodes, because she doesn't want to do vaccines, and the dog never gets Parvo, that didn't prove anything. The dog may never have gotten it or whatever. But, you know, when you see something like this in the animal shelter, there's no doubt. And so, that's how I felt confident doing it. And I just, with this protocol, I've never seen any breaks. I've seen one—that's not totally true, I've seen one or two that maybe got it, a mild version of the disease, but I'm not sure if they were given the nosodes regularly, they weren't really clear. Maybe I can think of two cases in 30 years and they were mild cases, so. And that even vaccines don't work 100% of the time, they only work like 97% of time, so...

Will Falconer, DVM 18:22
No, they sure don't. Yeah, that came out strongly in Todd's Episode Three. He said it's a built-in given, the manufacturer talks about it, conventional vets talk about it, they call it vaccine failure of about 30 to 40% with Parvo virus vaccine. So, that's accepted.

Don Hamilton, DVM 18:42
Well, I don't think of it being that high of a percent, but maybe it is.

Will Falconer, DVM 18:45
Yeah.

Don Hamilton, DVM 18:46
I know with rabies vaccines for licensing, they have to show 87% efficacy. So, I think that it's higher than... My understanding, it's like 95%, or something like that. But you know, you take some, like Rottweilers, Dobermans, the ones that are susceptible to Parvo really badly, they also don't get the vaccine very well, they also have high numbers of these

cardiomyopathies that are probably associated with Parvo. But some animals just don't respond very well at all. So, you can't expect nosodes to always work.

Will Falconer, DVM 19:22
Yeah, I didn't know this until I talked to Todd, but apparently it's common with Parvo and it's accepted across the industry.

Don Hamilton, DVM 19:29
That's incredibly high. That's surprising.

Will Falconer, DVM 19:31
Yeah. Yeah. I mean, and he's seen it in his practice. He said, "You know, these animals come to me already vaccinated, and yet they've got Parvo." So, it's verifiable in his practical experience.

Don Hamilton, DVM 19:43
Well, I know, the manufacturers kind of deny it, but it's, as with poliovirus, the Parvo vaccine, when it's a modified live vaccine, the animal to whom it's given, it doesn't get an infectious disease or doesn't get a disease causing a morbid infection, it just gets this protective infection if it works. But they can shed virus that then is disease-producing. It kinda—not totally back to the wild, it's a vaccine variant—but they can shed this virus. And so, I've seen cases where people would vaccinate a litter of puppies, and two or three of the pups out of the litter would get Parvo. And this was way back when I did vaccines. But then, I suggested that she, this woman, because she saw this repeatedly, she was a breeder of some sort and she saw this repeatedly, and I said, "Get a killed vaccine, an inactivated vaccine, because I think you're getting vaccine virus shed that is becoming then, in fact, disease-producing again." And she did, went to the killed vaccine, and she didn't have any more problem with that. I talked to the manufacturer, they denied that it happened, but I've seen it more than that. So, I think that's one of the biggest threats that people have who don't vaccinate their puppies, is to be around a puppy who's been recently vaccinated. I don't think it happens with distemper, but with Parvo, 100% sure that they shed virus, and that that's where a lot of these puppies these days get Parvo, is they go to a puppy class, and two or three of the pups have been vaccinated recently, and they're shedding the virus. And that's where they get it. So, there's a problem with that as well.

Will Falconer, DVM 21:29
Interesting. I think there's a parallel with the measles virus vaccine as well, and kids.

Don Hamilton, DVM 21:35
Mm-hmm. And that may be part of why the vaccine failure, why they say it's 30 or 40%. It may actually be that they're getting this, where, you know, maybe even if you take a litter of eight puppies, and if, you now understand them with a maternal antibody, which the antibody they get from the mother, which protects them against viruses, and maybe in six of the puppies, the maternal antibody is low enough the vaccine takes, or is high enough, sorry, that the maternal antibody takes care of it. And they don't really maybe get immune, but they shed the virus, and then maybe in two of them, the maternal antibody is lower and so it didn't protect them against this shed virus. I don't really know, it may have to do with

that, why they don't all get sick. But that may be some of what they see as the vaccine failure, may simply be that when you vaccinate a litter of puppies, some of them might get it from the others shedding.

Will Falconer, DVM 22:31
Interesting thought.

Don Hamilton, DVM 22:32
I don't know, speculation.

Will Falconer, DVM 22:33
Yeah, yeah, we don't know.

Don Hamilton, DVM 22:35
But you mentioned this idea that there's a lot of talk against the nosodes these days.

Will Falconer, DVM 22:40
Yeah.

Don Hamilton, DVM 22:41
You know, and that's disturbing.

Will Falconer, DVM 22:43
Yeah, yeah, I agree. And I think it all comes down to understanding the difference between vaccines and nosodes and what the potential of each is to protect. So, we're not expecting to get antibodies, for instance, by giving a nosode, correct?

Don Hamilton, DVM 23:01
Correct. Only if you give the dog the nosodes and the dog is then exposed to some other dog with the virus, then it could get enough of an infection to create an immune response and get antibodies. But the nosode itself won't give any antibody protection, as far as I know.

Will Falconer, DVM 23:20
Right.

Don Hamilton, DVM 23:20
The nosode also doesn't provide this future protection beyond this three-day window. And that's part of what I think MacLeod and a lot of these people have confused in thinking that you can do it every three or four months or whatever, or even every month. It just doesn't work that way. And so, you know, that's where we also run into trouble, is people expect nosodes to be a replacement for vaccines. And they're not, in that sense. You know, they're just a different approach to protecting. In the end, you still rely upon the immune system to do the work. And the nosodes help them to not get a dangerous exposure to the virus until their immune system gets more competent.

Will Falconer, DVM 24:03
Right, right. Yeah, one of the things that came recently was, across my email inbox, was a

newsletter from a colleague of ours who I think does some homeopathy in her practice, she's a holistic vet. And she quoted an article from Jean Dodds, I think, that's maybe a few years old or something, and basically, in gist, says nosodes are... Let me give you the conclusion of it. I think I copied it here. Says they generally do no harm but may not work. So, we have a very different experience than that. And I think one thing is that we can't frame the testing. She cites a study that you're well aware of by Dr. Susan Wynn that showed a supposed failure of Parvo nosode. And so, I know since you've studied that and even advised about the study before it happened, let's talk about that a bit, would you?

Don Hamilton, DVM 25:02
Yeah, I'm happy to talk about that. It's a troubling situation with me. I have to, even after all these years, process a little bit and you know, a part of me wants to be a little frustrated or even, not quite angry, but I'm just not happy about this, but, is that, Susan called me, must have been back in the mid '90s, '94, or whatever, I can't remember when they did the study, but I remember where I was at the time when I talked to her. And she asked me about this, that they had gotten wind, you know, that people are using nosodes and with Ron Schultz, who is outspoken against overuse of vaccines—although he believes in vaccination, but he has done a world of good in helping people pay more attention to vaccine science and trying to vaccinate based upon vaccine science versus just this clinical use. And they, for some reason, decided to test the nosodes to see. And so, Susan called me to see what my thoughts were on it and we discussed it, and actually it was in the conversation with her that it jelled more in my mind, this idea of why a 30C weekly. Because Susan had studied homeopathy to some degree, she had studied with Massimo Mangialavori for a while and she tried practicing homeopathy for a while and didn't, I guess, have the success that she hoped, and at some point, she actually lectured to people saying that homeopathy doesn't work, unfortunately, but that's another aspect to it. But she called me and asked about this. And we discussed this very thing of how the nosodes work and what they do and what they don't do. And then, she told me that their planned setup was to give some puppies the nosodes and give another group vaccines, and then wait a couple weeks and then expose them to Parvo. And I said, "Well, it won't work. It's just not going to work. They don't work that way." And I said, "You know, it's a study failure, and it will for sure fail." And we discussed that at some length. And she said, well, that was their plan. And I said, "Well, it won't work. They won't protect in this way, because they don't work that way." And she said, "Well, this will be a first step. We'll do this and then we can do another one the other way." And I said, "Well, why would you do that?" Anyway, the long and the short of it is they ran this study by doing that, they took these dogs, these poor puppies, vaccinated some and some of them they just gave the nosodes, waited two weeks, lo and behold, all the ones that got the nosodes got sick, and were euthanized. And then, even knowing that, she published and she to this day still tells people that we studied nosodes, and they don't work. And this study was simply set up incorrectly. And honestly, if I want to be straight up for it, it was animal abuse, because they knew it would fail. I mean, maybe I have to give them the credit and the hope that they really didn't believe me that it would fail and they thought they would test it. Because otherwise, the only reason to do it is to prove that they don't work, when you have an agenda to prove that they don't work. And I can't say I know Ron, other than I've spoken to him, but I think he's got good integrity. And I, for that matter, I don't think Susan, I don't think they would want to do that. But it's just, it was a shame,

because you still see this, even here we are 20, 25 years later, we see this study come back, you know, and raise its ugly head again, nosodes don't work. And it's just that they don't work like vaccines. So, and this is the thing, I mean, you know, it's, I don't know, you use a product incorrectly, and then you say it doesn't work. And that means the product is defective. But if you're going to use a hammer as a screwdriver, it's not gonna work and you're gonna say that hammer's no good.

Will Falconer, DVM 29:00
This reminds me of an old story about a chainsaw. The rube goes out, hears these great things about chainsaws, and he goes out and buys a brand-new steel saw, you know, and comes back and he, like I was at the time, heated with wood. And he brings it back, he says, "Well, this damn thing doesn't cut wood any better than what I was using by hand." And the guy says, "Well, is that right? This is a really high-quality saw, let me see here." He flips the switch on and he pulls the chain and "vroom!", the thing roars and the guy says, "Whoa! What's that? What did you do?"

Don Hamilton, DVM 29:36
Exactly.

Will Falconer, DVM 29:38
There he was trying to saw this wood with a chainsaw he hadn't turned on.

Don Hamilton, DVM 29:42
Exactly. Yeah, totally. I mean, that's...

Will Falconer, DVM 29:46
I guess they never came back and did the promised repeat your way, then. Yeah, that's a shame.

Don Hamilton, DVM 29:51
No, they never did. And I don't know. You know, I mean, it's expensive to do such research. You have to buy these puppies, you know, whatever, it's awful. I don't believe in this kind of thing anyway, but if you're gonna do it, you should be sure that it's a protocol that is worth doing for the money and for the poor dogs that have to suffer. And so, they never did, I don't know, maybe it just cost so much and then they said that was good enough, they didn't have more funding, I have no idea. I mean, in fairness, I never talked to Susan after that about it. Didn't have a reason to, I was unhappy about it. But so, no, they never did any other follow-up research. She just publishes that and she goes to speak at meetings and says that it shows they don't work.

Will Falconer, DVM 30:37
Yeah, yeah.

Don Hamilton, DVM 30:38
Yeah. So, I try to spread the news otherwise, but that's the way it is with these things.

Will Falconer, DVM 30:45
Yeah, if they're misused, they're not gonna work. Another thing I've come across is almost

the opposite extreme, Don, where I've heard people, I think they're more on the human side than veterinary side, I think they're in Australia, that seem to think that using repeated nosodes throughout life is a wise use, that they just keep giving them monthly or so, maybe yearly. So, what we've learned today would negate that idea of at least the distance between doses, but what do you think about just using remedies over and over again, from childhood on through old age?

Don Hamilton, DVM 31:21
It's another one of these myths about homeopathic medicines, which is, it's largely true that they're very, very safe and relatively harmless. But they're not 100% harmless. And I mean, the classic story was Hering's wife, I think, who took the remedy Lachesis when Hering had produced it, and apparently affected her for the rest of her life, and so, that's, again, one of these on a bell curve at the far end of the most sensitive. But remedies do have impacts on us. And it's not wise—I don't even, you know, I hike a lot and I sometimes fall, you know, something happens, I trip and stuff. I don't take Arnica unless I really need Arnica. You know, you shouldn't take these things, because they're not good all the time. Another curious thing that happened many years ago, again, this must have been again, the early '90s, I had a client that contacted me about a dog who had some diarrhea issues. And she had, as it turned out, she had been using the protocol according to George MacLeod, under somebody else's instruction, doesn't really matter who, to where she was, at this point, giving the 200C, I think, once a month or something like that, and the dog was having problems with this diarrhea, and she'd seen local vets and they didn't really know, they couldn't figure it out. And I just got in my mind, I thought, I wonder if these nosodes are causing this. And I had her actually, she went and got a Parvo test, the snap test where you took the feces, and you get a color change to a blue if it's positive, and it was a weak, weak blue. But I don't think the dog had Parvo. I told her to stop the nosodes, of course, and I actually, not quite knowing what to do, back then, I thought of it as being kind of like a vaccine, and actually gave thuja to this dog, thinking, if it's like a vaccine response—I don't do thuja regularly for vaccine damage these days, I don't think it's that effective, unless it's a thuja case, but this was 40 years, 35 years ago, 30 years, whatever, long time. And I gave this dog thuja, and the diarrhea went away and the dog got better. And so, my belief was that this was one of these that was rather susceptible and that the nosode was actually, she was getting a bit of a proving symptom and getting diarrhea in this dog. And so, you know, that was with a higher potency, not a 30C, but no, I don't think it's wise at all to give these things beyond when you need them. And then you basically only need them up until your immune system becomes competent. You know, there's discussion like with measles, that some adults might get measles if they're vaccinated a long time before, but I think that's really rare. And that's a different situation, because the vaccine doesn't quite provide the same thing that a good healthy lifestyle and the nosodes provide, where it's really training the immune system. It does train the immune system, but in a different way, overtrains it in a different direction, towards antibody production and away from cell-mediated production, the vaccination. And so, you have an unbalanced immune system, that's part of why you get autoimmune disease, but it's also why you're overriding that cell-mediated, the nonspecific immunity and so, to some degree, you're making the body more susceptible because of the vaccine. So, that's a different situation to where you have people that maybe become susceptible to measles or some other disease much later as an adult, even though

they were vaccinated as a child. It's a different thing altogether and I don't think it makes sense to give the nosodes regularly like that. I think it's a mistake.

Will Falconer, DVM 35:16
Yeah, yeah. I've counseled my acute homeopathy students that way as well, don't reach for the kit. It's hard when you got a kit at home, you know, and you want to use it—there's something going on, I want to give a remedy. But early on, before I studied homeopathy, I hung out with a midwife who had a passel of kids running around in Maui. And she said, "Oh, I keep Arnica. Yeah. But if a kid falls off his bike and whines a little bit, but jumps right back on and pedals to catch up with the crowd, I don't get the Arnica out for that kid. He's all right. You know, he'll heal."

Don Hamilton, DVM 35:49
Exactly. Exactly right. Yeah. Only when it's really like, yeah, when you're really in this state, you're really painful, and get away from me, don't touch it and yeah, you just can't get through it, then for sure. It's not that you have to hold it away when somebody needs it. And if you're not sure, it's okay. But it's just this idea, you fall and you scrape your knee and you can grab the Arnica and head on—it's just not necessary.

Will Falconer, DVM 36:14
Yeah, yeah. Well, I'd like to just wrap up, Don, with just some kind of general thinking. And I know you've likely got some background thoughts on this, which is, we can't prove something, the trend in our scientism day that we live in now is that we can't prove something unless it's got these double-blind, controlled studies in it. I had somebody write me, not that long ago, and say, "Can you supply me with any studies that show that raw feeding is a good thing, or not gonna kill my dog? I'm thinking about doing it, but I just want a study." And I said, "No, I don't think there is such a thing. But how about thousands of people who've done this for decades, and have seen huge differences in their animals?" So, can you just touch on that? I think we've gone off the beam a little bit on saying that it's not real unless we cite scientific studies in peer-reviewed journals.

Don Hamilton, DVM 37:09
Yeah, I mean, that's a huge issue to some degree, but I'm happy to go off on that a little bit. Basically, it's taking our intrinsic understanding of the world based upon an experiential life of being in the world, and which is how we've gotten our knowledge through humanity and animals, every animal, not just human animals, but speaking of humans, how we've gotten our knowledge on everything from medicine to food, and everything is through these other ways of thinking and being. And this is just one other way to study things. And it's an interesting way and it's a tempting way, because you can eliminate a lot of variables and try to look at only one thing. But it's just one way of looking at nature. And it's arguably, I mean, look at Vandana Shiva's work with agriculture and so forth, it's the same kind of thing there, where they're doing these, trying to use science and push aside people's knowledge that people have acquired over millennia of growing foods. And never mind, I haven't researched or read this much, but people that I respect have, that in any case, these double-blind studies, huge percentage of conventional medicine isn't actually supported by double-blind studies. They actually do these studies, but they still use what we all use, which is this other

understanding, this empirical understanding. And I think it maybe is helpful to have these kind of studies, but we have to factor them into this big picture. And as somebody said, I don't remember if it was Hahnemann, but that your practice should guide your theory, rather than theory informing your practice, in a way. So, you practice and you learn things, and then you study things to kind of help reinforce what you see in practice. But when you start using the theory in lieu of what you think and you understand in practice, you get into a corner that you can't get out of. And I think that's what's happened, is this science, the worship of science, you know, so to speak, has gotten so strong in this evidence-based medicine craze that's going these days, which has, I mean, it's coming from a good place in people's minds, that we don't want to do things that don't really have good evidence, but it's just not the only way to get this good evidence.

Will Falconer, DVM 39:52
Right.

Don Hamilton, DVM 39:52
And maybe it's not even a good way. I used to wonder too, how do people know, Stone Age people or whatever from back, how do they know that these mushrooms are dangerous and this plant could do this, and this plant could do that? And to some degree, sure, you go and cook these mushrooms and somebody's crapped out, it's pretty clear that those mushrooms are dangerous. But when you read Eliot Cowan, I think is the guy who talked about the plant spirit medicine, that you can actually just sit with plants and get a sense of what they do. And it's kind of the same as with homeopathy. You can actually feel these things. And so, these shamans and these native healers and stuff, they didn't have to necessarily take these things. They could sit with these things and be in the spiritual field of these plants and feel what they can do. We have that capacity.

Will Falconer, DVM 40:44
Mm-hmm.

Don Hamilton, DVM 40:44
And it's just, it's also, we have also the capacity to use our rational brain and study things and understand it. But often, the things that we learn are things that we know anyway. It's kind of humorous, I can't think of an example, but you'll read a study where somebody has studied something and shown that when cats do something, it means this, and it's like, well, everybody living with a cat knows that. Why did you have to do a study to do that? But they had to prove that it's true, that what they saw, they had to prove that it's true.

Will Falconer, DVM 41:14
Yeah, yeah. That's a modern idea.

Don Hamilton, DVM 41:17
Yeah, it's this left brain focus that we're in these days and we're not balanced. It's all balance. Only right brain maybe is also not good, but it just has to be balanced in there. And you use the two sides to support one another, and not at the exclusion of one another. And I think this double-blind thing is otherwise.

Will Falconer, DVM 41:38
Yeah, it's like the example of, homeopathy can't possibly work because it's physically impossible. There's no substance, etc., etc. And yet, here we have animals who know nothing about a placebo response. In fact, if we give them the wrong remedy, they don't do anything, they just look at us and go, "Next? Go back to the drawing board, Doc, you didn't help me with that one."

Don Hamilton, DVM 42:00
Or even worse. I've got a case, it's a great case, of this cat that was licking her abdomen and I just kept chasing and giving the wrong remedy. And every time I did, it just got worse and worse and worse. And in the first year, I have pictures, you know, and the cat just kept getting worse. It's like, well, you know, go for homeopathy, but I mean, thankfully, the woman stayed with me because I had really helped a couple other cats. And then, finally I gave the right remedy—boom, it was gone. So, it proved that it's not even a placebo effect acting through the guardian, but it's just simply the wrong remedy. Hey, remedies do work, because the wrong remedies made the cat worse. And then the right remedy, boom. It cured it. And so, it totally proved that homeopathy worked. And it totally also proved that it's not placebo, because when you give the wrong remedy, it wasn't even neutral, it was negative.

Will Falconer, DVM 42:53
Yeah, yeah. Beautiful. Beautiful. Well, thanks ever so much, Don, I think this will be of use to a lot of people. So, in maybe short summation, we can say we surely have seen nosodes work, but unless you know how to use them, you're probably not going to get the same results that we do.

Don Hamilton, DVM 43:11
Exactly. Yep. They've got to be used with intelligence and with understanding how the nosodes work. And that they're not just safe vaccines. It's just a different process altogether.

Will Falconer, DVM 43:24
Yep. Alright. Well, take care my friend. Thanks again for being on with us.

Don Hamilton, DVM 43:28
My pleasure. Good to see you. Stay well.