

Concept of Therapeutic Action: Vaccine and Homeopathic Remedies

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Opinion

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Introduction

Vaccines have been perceived as the main clinical move devised. The first start to inoculation (vaccination) is credited to Edward Jenner presenting a cowpox-based immunization against smallpox in 1796. Vaccines are made out of weakened infective organisms which strengthen the invulnerable immune system to battle similar microorganisms like bacterial microbes (smallpox, rabies, cholera, plague, and typhoid), viral microbes, and poisons (flu, pertussis, polio, Bacillus anthrax, measles, yellow fever, mumps, rubella, lockjaw, and diphtheria). Presently toward the start of the 21st century, significant current areas of inquiry in clinical pharmacology concern pharmacogenetics and pharmacogenomics; indistinguishable areas of interest in the field of vaccinology work with the utilization of hereditary materials for the production of new age advanced vaccines [1,2].

In the last part of the 1700s, Samuel Hahnemann, a German doctor scientific expert proposed another way to deal with treating sickness called homeopathy. Homeopathy is a comprehensive strategy for treatment that utilizes micro-doses of super high diluted natural substances from plants, minerals, or animal parts [3]. He observed during investigation himself that, in the wake of taking the malarial remedy, Peruvian bark (quinine), he encountered side effects like those of patients with malaria. Comparable pathogenic preliminaries, which happen to be the first methodical clinical trial in medication and later named 'provings' in English and Arzneimittelprüfungen in German the fundamental or 'similia' principle, that is 'similia similibus curentur' or 'like cures like', was clearly affirmed. The consequences of his enormous provings drove Hahnemann to reason that, if a compound caused side effects in healthy person, it ought to

likewise act as a remedy for patients who experience the ill effects of such side effects [4].

Basic Principle of Vaccine and Homeopathy

The era of vaccine based protection is a mindboggling challenge. Right now accessible vaccines have to a great extent been developed empirically, with little or no comprehension of how they actuate the immune system. Their initial defensive viability is essentially conferred by the induction of antigen-explicit antibodies. Vaccine actuated immune effectors are basically antibodies delivered by B lymphocytes and equipped for restricting specifically to a toxin or a microorganism. The overwhelming job of B cells in the efficacy of current immunizations should not hide the significance of T cell reactions. T cells are crucial for the development of high-affinity antibodies and immune memory, and novel vaccine targets have been distinguished against which T cells are probably going to be the prime effectors [5].

The activation and progression of immune response initiated by vaccine are brought about by immune receptor cascades. Toll-like receptors (TLR) assume a fundamental role, these host cells sense the potential risk when they experience a microbe and become actuated. They tweak the expression of their surface atoms and produce pro inflammatory chemokines and cytokines. This actuation sensitizes dendritic cells, which is a kind of specific antigenintroducing cell (AIC). Dendritic cells roam throughout the body. When encountered to microorganisms, they go through a lively development, tweak specific surface receptors and relocate towards auxiliary lymph hubs, where the initiation of T (CD 4+ and CD 8+ cells) and B cell response happen [6]. The vast majority of the ongoing vaccines and adjuvants were made and developed by experimentation, and for some available vaccines, the specific immunological response of defensive immunity are still inadequately understood. However, distinct immune potentiators' provocate different intensification steps inside the immunological cascade, without any defined central mechanism [7].

The principle of Homeopathy through current logical information concerns numerous phenomena, from cell behavior to clinical practice. This will permit us to estimate general working speculation according to which naturally dynamic compounds (ultra-diluted solutions) could make reverse or paradoxical impacts. Various substances show opposing impacts (stimulating or inhibitory) at low or high doses; this peculiarity is well documented in immunology. It affirms how specific antibody levels can change in mice vaccinated with various antigen dosages. At low or high antigen dosages, the murine immune reaction is discouraged (immune resilience), while there is a positive antibody response at the intermediate doses. Different variables contribute to the outcome, related to specific lymphocyte subset actuation, different receptor responses, and the role of the tissue environment on the cell enactment/concealment. No less than two distinct components are answerable for T-cell auto-reactivity. The high concentration of self-antigens causes cell depletion, while low doses cause a specific restraint, known as observer suppression. This low-dose guideline could be utilized to make sense of the impacts of homeopathic prescriptions [8].

The actuation of human neutrophils shows a dose dependence on bacterial peptides. High concentration of bacterial peptides formyl-Methionyl-Leucyl-Phenylalanine (fMLP) is able to prompt an obvious expansion in adhesiveness of human leukocytes, while multiple times lower dose (dilution) hindered and reverse the bond initiated by a bacterial endotoxin or by relocation into the inflammatory exudate. Bacterial peptide at low doses does not invigorate attachment, while the intracellular cAMP increments, through actuation of adenylate cyclase. cAMP (intracellular messenger for some biocatalysts), including protein kinase A which, thus, can restrain the bacterial endotoxin-actuated transduction mechanism of attachment [9].

This model demonstrates the likeness between the antibody and homeopathic action mechanism and recall the rule of "Simile".

Conclusion

From the clinical point of view, the 'Simile' can be viewed as a heuristic guideline, as per which the comprehensive information of pathogenic impacts of medications, related to the cautious investigation of signs and side effects of the ill person, could help with distinguishing homeopathic remedies with high grade of particularity for the individual patient.

As far as the vaccines are concerned, when a low dose of pathogenic microorganism is injected into a healthy human, it manifests the symptoms (mild and subsides after immune system activation) same as when the body is attacked by the same pathogen, first point which confirms the action of homeopathic remedies. Secondly, we know that the application of vaccines has eradicated many of the diseases which are fatal to mankind because it works on the genetic level as well by facilitating the genetic material and its components (DNA and RNA) to synthesize protein and secretion of biomolecules to cease off the growth of pathogens inside the body similarly homeopathic remedies works to bring about a permanent cure. In homeopathic practice, examination of a patient's mind is crucial because it is very much clear to the World that the nervous system is the boss of the body and it reacts to senses opted by the external environment. This is manifested by the behavior, thinking, and alteration in pathological biomarkers (Blood components, other body fluids, etc). We will discuss these concepts with some facts in the forthcoming review article.

References

- 1. Poland GA (2007) Pharmacology, vaccinomics, and the second golden age of vaccinology. Clinical pharmacology and therapeutics 82(6): 623-626.
- 2. Halloran ME, Longini IM, Struchiner CJ (2010) Design and analysis of vaccine studies. Springer-Verlag, New York, 18: 1-10.
- Khuda-Bukhsh AR, Pathak S (2008) Homeopathic drug discovery: theory update and methodological aspect. Expert Opinion on Drug Discovery 3(8): 979-990.
- Khuda-Bukhsh AR (2003) Towards understanding molecular mechanisms of action of homeopathic drugs: an overview. Molecular and Cellular Biochemistry 253(1): 339-345.
- Hu J, Havenar-Daughton C, Crotty S (2013) Modulation of SAP dependent T: B cell interactions as a strategy to improve vaccination. Current opinion in virology 3(3): 363-370.
- 6. Plotkin SA, Orenstein W, Offit PA (2012) Vaccines E-book. 6th (Edn.), Elsevier Health Sciences, UK, 5(1): 17-36.
- 7. Schijns VEJC, Degen WGJ (2007) Vaccine immunopotentiators of the future. Clinical Pharmacology & Therapeutics 82(6): 750-755.

- 8. Bellavite P, Marzotto M, Chirumbolo S, Conforti A (2011) Advances in homeopathy and immunology: a review of clinical research. Front Biosci (Schol Ed) 3(4): 1363-1389.
- 9. Bellavite P, Ortolani R, Pontarollo F, Pitari G, Conforti A (2007) Immunology and homeopathy. 5. The rationale of the 'Simile'. Evidence-Based Complementary and Alternative Medicine 4(2): 149-163.

