

HUBBARD COMMUNICATIONS OFFICE
Saint Hill Manor, East Grinstead, Sussex
HCO BULLETIN OF 29 MARCH 1975
FLAG ORDER 2186R

Ship Captains
MO's Hat
AO
Qual Hats

ANTI-BIOTICS, ADMINISTERING OF

(This Cancels FO 2313 "Antibiotics,
Further Data" and Revises FO 2186.)

(Note: This data is given for information alone and is not intended to prescribe or otherwise treat an individual. All prescriptions and treatments should be done in due accordance with the medical laws of any country in which a person seeks treatment.)

There are several "anti-biotics". These are moulds or chemical compounds which cause bacteria, germs, to be unable to reproduce themselves (hits their 2D) while not destroying the cells of the body. At least that is one of the leading theories of why they work. "Anti-biotic" means anti = against, biotic = living beings (such as bacteria). So it's against bugs.

Disease is said to be caused by germs or virus. Germs are microscopic cells which breed and have a bad effect on body cells and fluids. Virus is a germ that is too small to be seen in a microscope. Thus there are germ infections and virus infections.

Usually one type of germ equals one disease, i.e. typhoid fever. However, an illness can be a compound of several types of germs but this is not usual.

Virus diseases respond very badly to most anti-biotics. In fact, in the presence of penicillin, a virus sort of suspends action without any real temperature change while the penicillin is present and gets busy again when the penicillin is gone.

The effect of most anti-biotics on virus is zero. Some claims are made for some against virus. Measles is a virus illness.

So anti-biotics are mainly effective against germs. Venereal disease, pneumonia, wound infections and a long parade of diseases can be cured by anti-biotics.

When illness is accompanied by temperature, anti-biotics is usually the first thought.

Anti-biotics can however be GROSSLY MISADMINISTERED and in fact usually are even in hospitals.

The trick is to get the temperature subnormal with anti-biotics within the blood leveling period. Blood leveling means when the anti-biotic has gotten into the blood and is actually holding the infection (stopping the bacteria's "2D" from continuing). More of the same antibiotic is given approx 2 hours prior to blood leveling time. This then brings the temperature right on down to subnormal; continue the anti-biotic so that it keeps the temperature subnormal until it just can't keep it subnormal any more and it comes up to normal. It will be found that the patient is now well and not likely to relapse. If blood leveling time is reached (the time is always stated on the instructions and contraindications write-up) and the temperature continues to rise, you have not used the correct anti-biotic and must at this point change to another kind of anti-biotic.

Each anti-biotic has its own blood leveling time: Penicillin is 24 hours, Gephloridine is 8 hours, Streptomycin is 6 hours, etc.

Before administering anti-biotics you must ensure that you know exactly what toxicity it is (toxic or poisonous quality the anti-biotic has to the patient). For example Streptomycin can cause pregnant mothers to give birth to children who have impaired hearing. Renal (kidneys; having to do with them) damage can be caused by certain anti-biotics if the person has too much of a certain kind of anti-biotic. Therefore, prior to administering any kind of anti-biotic ensure that you know the patient's full medical history, as well as knowing exactly what the toxicity of the anti-biotic is so that you do not damage the patient.

If not enough anti-biotic is given or if it is the wrong kind for that disease the temperature will not be heavily affected or at best sinks to normal without going subnormal. This condition can go on and on and on and the patient relapses.

Also if anti-biotics are given too briefly the temperature goes to subnormal, the anti-biotic ceases to be given, the patient feels better, then probably relapses—gets ill all over again.

The above important three error situations are:

**NOT ENOUGH
WRONG KIND
STOPPED TOO SOON.**

To these can be added:

GIVEN TOO IRREGULARLY.

This last is almost always present when you give the patient the bottle. This is a common medical error. The patients aren't doctors, seldom take the medicine correctly and often not at all. Anti-biotics should be handed out and seen taken.

Where there is a large number ill, the times can be standardized for the group. For instance all get it at 3:00 to 3:30, 9:00 to 9:30, etc. Or even 3 hourly can be done this way.

One takes the temperature before giving the pill. (A glass of water or a cigarette before temperature taking gives a false report.) Also in this way one can increase or decrease the dose depending on what the temperature was.

In very sick cases one has to watch the temperature more closely. In this way every time the temperature starts to rise from the subnormal where you are holding it, you immediately dose the patient.

An anti-biotic all by itself cannot depress temperature. It's the reaction of the disease and body that's doing that.

TEMPERATURE

98.6°F or 37°C is normal. A thermometer can be a bit off (.1 or .2 high or low) and temperature can vary a bit for "normal" one person to the next.

Rising temperature (above normal) is a reaction to a disease. Lowered temperature (below normal) is a reaction to a disease being handled by the body or the anti-biotic plus the body.

100°F or 37.8°C is well above normal and is a sick temperature. 104°F or 40.5°C is dangerously (possible die) high.

97°F or 36.2°C is very satisfactorily subnormal.

Temperature rise is probably a body mechanism to bum up a disease, possibly not. But a slight temperature, a few tenths high, can make a person feel really bad. Then when it gets up higher they feel drifty and with it very high go delirious.

A subnormal temperature doesn't much affect how one feels.

"Chills" come with high temperature.

ADMINISTERING DOSES

The general rule when administering anti-biotics is:

1. One gives anti-biotics until the temperature comes down past normal to subnormal and comes up to normal again with anti-biotics.

After blood leveling time of the first anti-biotic the temperature should break (go normal or below), the person going into a sweat. If it doesn't, then it's either not enough anti-biotic or the wrong kind.

2. After dosage if the temperature just came down a bit from where it was, that type of anti-biotic probably will handle the illness but enough has not been given. Increase the amount being given.

If after blood leveling time from the first anti-biotic the temperature did not go lower or even rose, it's the wrong anti-biotic. You change off to another and start all over again.

TAKING EFFECT

The blood leveling period of an anti-biotic is always stated on the write-up of the anti-biotic (in the box accompanying the anti-biotic). The second administration is usually given 2 hours prior to the blood leveling period. Thus if the blood leveling period is 8 hours the second dose is given 6 hours after the first dose. Take the temperature before the dose and within the next 2 hours take the temperature again and you will know whether the anti-biotic is working as the temperature should now be leveling and/or falling.

If the temperature has not leveled or dropped at this period change the antibiotic. When giving anti-biotics FO 2187 "Medical Charts" must be followed. If you don't have a medical chart you don't know and can't see how the anti-biotic is working.

PAST MALADMINISTRATION

If a person in the past has been treated wrongly with anti-biotics, i.e. got taken off as soon as temperature reached normal and was not continued as by rule 1 or 2, the germ remains dormant and the area may reinfect at a later date.

If more anti-biotics are then administered the temperature will go subnormal and then to normal with the anti-biotic.

In other words, the cycle will complete. At this point the germ has been killed.

SESSIONS

Before any session, a heavy dose of vitamins should be given, if the person is on anti-biotics.

KEY PROCEDURE

When the temperature goes subnormal keep it subnormal until it just won't stay down with the person still taking the anti-biotic. The patient will then be well.

The faster you can get the temperature subnormal the better.

SIDE EFFECTS

Anti-biotics have side effects, often very bad.

A patient can be allergic to a certain anti-biotic, meaning he goes red, gets hives, has bad reactions in varying degrees of severity. If so get him on another anti-biotic now.

You can test for allergy by scratching the skin and putting a dab of anti-biotic on it (not the sugar or protective covering) on a Band-Aid. After a while if the person is allergic to it the area will get red and puffy. This is not usually done unless you are being super cautious.

The Chloro ____ and Aureo ____ families can affect the sense of balance and early preparations destroyed the sense of balance forever.

All oral anti-biotics sooner or later give the patient a stomach ache and indigestion. So they should be taken with milk or after a meal, never with just water.

The longer you keep them on an anti-biotic the harder it is on the patient's system.

The operating rule is give enough of the right kind to get a fast cure.

If you started on the wrong kind get them on the right kind the moment you detect the error.

DISEASE CYCLES

Diseases have their own cycles of action and time periods if not given anti-biotics. Some run for days, some for weeks, some for a lifetime. Gonorrhea for instance lasts a year in a man, five years in a woman. Syphilis has its own cure, not an anti-biotic, which is "Ehrlich's Magic Bullet", neoarsphenamine, Preparation 606, which is a one-shot cure if done right and only kills 1 out of 10,000. Syphilis untreated is a lifetime cycle and drives one crazy, the condition being known as "paresis". Perhaps modern anti-biotics will include it as curative.

Pneumonia runs about 6 weeks on its own if the patient lives.

These disease cycles do not hold true when anti-biotics are used. They take as long to cure as it takes to slam the temperature to subnormal and hold it there until it can't be held any longer. 24 to 36 hours is the new cycle for lighter illnesses treated with properly dosed correct anti-biotics.

More serious diseases require longer but mostly because the areas they infect have poorer blood circulation (such as bone infections).

SULFA DRUGS

The oldest anti-biotics are the sulfa drugs. These are white tablets usually. Enterovioform for stomach illness is a sulfa drug. They have a very heavy side effect of dizziness and sometimes delusion (spiders on the wall).

Sulfathiazole is usually now used as a powder to pour in open wounds and it and its brother sulfas are the only ones that can be used "topically" which means as a surface treatment (as different from internal).

They follow when taken internally all the rules of anti-biotic administration.

“Gerontal”, a trade name for a water-soluble sulfa, is excellent in kidney infections if the rules of anti-biotics are followed. It needs large quantities.

You can fall back on sulfa when all else fails.

Sulfas are chemical compounds.

PENICILLIN

Penicillin is the first of the anti-biotics made from mould (as in mouldy bread, etc.).

It is the USUAL anti-biotic.

It is growing less effective due to diseases getting used to it and medical misadministration of it.

A disease treated with an anti-biotic which is not cured, when communicated to another body becomes able in the new body to resist treatment. Thus new anti-biotics are continually searched for.

However, penicillin is the basic, usual, anti-biotic to use.

ORAL penicillin is not only WORTHLESS but dangerous in that it has never cured anything yet. Taking it by mouth doesn't work and I don't know why companies sell it. Stomach juices kill it.

Penicillin has to be SHOT with a needle. Procaine penicillin in 1 cc or 2 cc amounts, shot into the buttocks with the person lying down on his face (muscles relaxed), lasts for 24 hours when a 2nd shot is given. Other types of penicillin can also work this way. Ordinary penicillin however has to be shot every 3 hours! Read the literature carefully.

There is a 2nd type, “G”, for people allergic to the first type (2 types so one can be used if somebody is allergic to the other). If somebody is allergic to it, it's pretty awful.

If a shot of 24 or 36 hour penicillin hasn't worked in 8 hours to reduce the temperature at least somewhat use some other anti-biotic at once.

Penicillin is no good even when shot for stomach or bowel complaints like dysentery. It is excellent for other types of bacterial infection. It is usually no good for virus infections.

OTHER ANTI-BIOTICS

Chloro ____ Aureo ____ Strepto ____ compounds are offered under a variety of trade names. The blank fills “mycin” or “mycetin”. Kemacetin or some such spelling is a company trade name for Chloro _____. Chlorofin is almost the same thing.

Read the literature for the strength of each tablet or shot and what it is good for. You can puzzle this out even in a foreign language.

Follow the literature.

If one doesn't work, another will. Chloro ____ or Aureo ____ handles dysentery, stomach and bowel upsets, some viruses and a lot of other things.

VITAMINS

B1 should be given when giving anti-biotics or the patient gets depressed as all the B1 gets eaten up by anti-biotics, just as alcohol or sleeping pills eat up B1. 100 mg of B1 a day is an absolute minimum for a person taking anti-biotics.

B2 is vital to give anyone with stomach and bowel complaints whether he is on anti-biotics or not.

Vitamin C is excellent for helping colds and infections. 250 mg is the usual dose a couple times a day. It's much like fruit in that fruit contains a lot of it. If anyone's teeth or gums get sore push in lots of Vitamin C.

So B 1 and C are usual along with anti-biotics. B1, C and B2 are vital to help clear up stomach and bowel complaints along with anti-biotics.

INTESTINAL BACTERIA

Natural intestinal bacteria are vital to digest and handle food. These all get killed off by oral anti-biotics and must be replaced.

Yoghurt is the usual remedy and one should eat it for several days, a portion a day after getting well with anti-biotics.

The clever French put these exact bacteria in glass vials for daily dosage. This does the same thing even better than yoghurt. It is called "Biolactyl".

Note: Under medical supervision, LRH has been handling anti-biotics as a ship captain for a long time and has done as well independent biological research. Some of the data (the use of subnormal temperatures) is not known to the medical profession but was discovered by Ron in 1952 when he had to discover it to save an important person's life after two relapses from doctors using older methods. It has since been proven out by many quick successes using anti-biotics on ships.

A person treating someone on anti-biotics must go over this HCO B very carefully as it is very condensed, very precise and means exactly what it says. When this data is not known some get into long illnesses which are needless.

A person treating another with anti-biotics has to know many other things but the above is very vital.

All Div 5 personnel and anyone who will administer anti-biotics must *-rate M9 M4 in Qual on this HCO B. Medical charts (see FO 2187 "Medical Charts") must be made up so that, in case of any fever, the person will be treated standardly to a speedy recovery.

Compiled from the notes of LRH by
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