

HUBBARD COMMUNICATIONS OFFICE
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C/Ses

(Cancels FO 2313 "Antibiotics,
Further Data" and revises FO 2186R.)

(Revised 23 October 1978 to include
updated data on new oral penicillin.)

(Re-revised 24 March 1985 to correct the
notes of the Medical Liaison Officer Apollo.)

(Revisions in script)

ANTIBIOTICS, ADMINISTERING OF

(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 given by a qualified
medical practitioner, in due accordance with
the medical laws of any country in which a
person seeks treatment.)

There are several "antibiotics." 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. "Antibiotic" means anti = against, biotic = living beings (such as bacteria). So it's against bugs.

Disease is said to be caused by *bacteria* or virus. *Bacteria* 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 *bacteria* 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 antibiotics. 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 antibiotics on virus is zero. Measles is a virus illness. Influenza, infectious hepatitis and the common cold are also viral diseases.

So antibiotics are mainly effective against *bacteria*. Venereal disease, pneumonia, wound infections and a long parade of diseases can be cured by antibiotics.

When illness is accompanied by temperature, antibiotics is usually the first thought.

However, antibiotics can be GROSSLY MISADMINISTERED and in fact, usually are, even in hospitals.

The trick is to get the temperature subnormal with antibiotics within the blood leveling period. Blood leveling period means how long it takes for the antibiotic to get into circulation and is actually holding the infection (stopping the bacteria's "2D" from continuing). The antibiotic is given at prescribed intervals and dosage to maintain an adequate level of antibiotic in circulation to control the infection. This then brings the temperature right on down to subnormal. Continue the antibiotic 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 an antibiotic is used for a sufficient period of time (usually 12 to 36 hours) and the temperature continues to rise, you have not used the correct antibiotic and must at this point change to another kind of antibiotic.

The dosage and frequency of administration of the antibiotic is always stated in the instructions and contraindication write-up accompanying the medicine. These are different for each antibiotic so the package insert must be read carefully.

Before administering antibiotics you must ensure that you know exactly what toxicity it is (toxic or poisonous quality the antibiotic 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 antibiotics if the person has too much of a certain kind of antibiotic. Therefore, prior to administering any kind of antibiotic ensure that you know the patient's full medical history, as well as knowing exactly what the toxicity of the antibiotic is so that you do not damage the patient.

If not enough antibiotic 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 antibiotics are given too briefly the temperature goes to subnormal, the antibiotic 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. Antibiotics should be handed out and seen taken.

Where there is a large number of people 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., depending on the prescribed interval.

One takes the temperature before giving the pill. (A glass of water or food or a cigarette before temperature taking gives a false report. Always wait 30 minutes if the person has smoked or had anything to eat or drink.) 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 antibiotic 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 the average "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 antibiotic plus the body.

100°F or 37.8°C is well above normal and is a sick temperature. 104°F or 40.0°C is dangerously (possible death) high.

97°F or 36.1°C is very satisfactorily subnormal.

Temperature rise is probably a body mechanism to burn 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 antibiotics is:

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

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

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

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

TAKING EFFECT

The blood leveling period varies with the antibiotic and type of infection. The frequency and dosage is given in the package insert or by a physician. Usually the blood leveling period occurs around the second or third dose. For more severe infections it may take 4 or 5 doses before the temperature starts falling. The temperature should be taken before the dose and about two hours after the dose.

If the temperature has not dropped at this period, change the antibiotic. When giving antibiotics 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 antibiotic is working.

PAST MALADMINISTRATION

If a person in the past has been treated wrongly with antibiotics, 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 antibiotics are then administered the temperature will go subnormal and then to normal with the antibiotic. 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 antibiotics.

KEY PROCEDURE

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

The faster you can get the temperature subnormal the better.

SIDE EFFECTS

Antibiotics have side effects, often very bad.

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

You can test for allergy by scratching the skin and putting a dab of antibiotic 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 antibiotics 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 antibiotic 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 antibiotics. Some run for days, some for weeks, some for a lifetime. Gonorrhoea for instance lasts a year in man, five years in a woman. Syphilis has its own cure, not an antibiotic, which is "Ehrlich's Magic Bullet," neoarsphenamine and 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 antibiotics 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 antibiotics 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 antibiotics.

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

SULFA DRUGS

The oldest antibiotics 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 *effective when used "topically"* which means as a surface treatment (as different from internal).

They follow when taken internally all the rules of antibiotic administration.

"Gerontal," a trade name for a water-soluble sulfa, is excellent in kidney infections if the rules of antibiotics 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 antibiotics made from mould (as in mouldy bread, etc.).

It is the USUAL antibiotic.

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

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

However, penicillin is the basic, usual, antibiotic to use.

A new penicillin (VK) can be taken orally or injected.

The oral penicillin VK does work when administered orally (by mouth). Penicillin VK is a potassium salt of penicillin that is stable in stomach acids. It does not have to be shot with a needle.

The type of penicillin that does NOT work when taken by mouth is penicillin G. Stomach acids kill it.

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

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 antibiotic 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 no good for virus infections.

Oral versus injections of penicillin depends upon the type of and seriousness of the infection. The injectable penicillin cuts the blood leveling time to about half as compared to the oral penicillin. So the injectable penicillin is faster.

If a person is allergic to penicillin some other antibiotic MUST be used.

OTHER ANTIBIOTICS

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 antibiotics or the patient gets depressed as all the B1 gets eaten up by antibiotics, just as alcohol or sleeping pills eat up B1. 100 mg of B1 a day is an absolute minimum for a person taking antibiotics.

B2 is vital to give anyone with stomach and bowel complaints whether he is on antibiotics 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 B1 and C are usual along with antibiotics. B1, C and B2 are vital to help clear up stomach and bowel complaints along with antibiotics.

INTESTINAL BACTERIA

Natural intestinal bacteria are vital to digest and handle food. These all get killed off by oral antibiotics 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 antibiotics.

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."

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Compiled from
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LRH:MLOFA:RTRC:nt.rd.dr:iw

SNR C/S INT NOTE: LRH has done a considerable amount of research into biology in addition to other areas of life, spanning many years of work. Some of this data (such as the use of subnormal temperatures) is not known to the medical profession, but was discovered by LRH in 1952 in order 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 in the use of antibiotics.

Any antibiotic would need to be prescribed by a physician and the actual dosage would need to be prescribed by a physician, but it could then be taken under the care of a Medical Liaison Officer. The MLO should liaise with the medical doctor and ensure that the data contained in this HCOB is understood by the doctor. Then, once the doctor has prescribed an antibiotic and the dosage, the MLO is to make sure that the doctor's orders are carried out exactly.

All Medical Liaison Officers and anyone else wearing this hat must Word Clear and star-rate this HCOB in Qual. When this data is not known some may get into long illnesses which are needless.