

THE *informed* PARENT

ISSUE ONE - 2000 A QUARTERLY BULLETIN ON THE VACCINATION ISSUE & HEALTH

TUBERCULOSIS: IS THE BCG VACCINE ANY GOOD?

THE DISEASE

Tuberculosis is a disease caused by infection of a *susceptible* person with the tubercle bacillus. This bacillus is from the family, '*Mycobacteria*'. *Mycobacteria* are very common and live all around us in tapwater, grass, mud, hay, rubber tubing and so on. Most do not cause infection in humans. Those that do need certain conditions: overcrowding, poor ventilation, dusty atmosphere, poor and low protein diet, migration, grief.

People anywhere that are uprooted, torn away from families, packed into shoddy accommodation with low pay and bad working conditions will be susceptible to tuberculosis. Tuberculosis was described among city builders in Greek and Roman times and devastated Europe during the eighteenth and nineteenth centuries with the advent of the Industrial Revolution, mass production, slum cities and subsistence wages.

In the 1800's seven out of every ten people became infected with the tubercle bacillus in the course of their lifetime but only one in seven died from the disease. The people who died were immigrants, industrial workers and the homeless (1). Rich, well-nourished people became infected too but were less likely to die. except that by virtue of their wealth they could afford the ministrations of the physicians of the day. 'Treatments' such as purging and repeated blood letting often sapped their vital strength and saw them off despite their advantages.

Many famous artists, musicians and poets succumbed to tuberculosis, contributing to or instigating the pathos of this 'romantic' period. Overwork, poor diet and damp, airless accommodation assisted the process (2). *Mycobacterium tuberculosis* is spread from person to person by coughing, sneezing and talking. It does not take many bacilli to infect a susceptible person but it may take months living in the same house before this happens. When the disease is spreading across parts of the lungs and forming cavities, people may produce large amounts of

bacilli and are more infectious. Tuberculosis is not spread by clothes or bedding.

Tuberculosis began to disappear from England in the 1850's. The shambolic growth of cities was taken in hand. Public health acts provided a basis for improved sanitation, new building standards and slum clearance (3). Streets were widened, sewers were walled in, the dead were buried outside of towns. Railways were built bringing fruit and vegetables to urban centres. Ventilation of jails and hospitals was improved. The increased use of glass in windows sounded another death knell for tuberculosis. *Mycobacteria* are highly susceptible to ultra violet radiation and transmission rarely occurs out-of-doors in daylight (1)(4).

Mortality from tuberculosis fell as immigrants from the countryside became accustomed to their new situation. Factory acts improved the lots of workers and children. It still remained high among newer immigrants such as the Irish and those from the Indian subcontinent today, by the very fact of their migration.

The tubercle bacillus was discovered in 1882 by Robert Koch, a German scientist. This virtually single handedly put an end to measures aimed at the improvement of public welfare as a way of reducing disease. Doctors went rushing in the direction of drugs, antisera and vaccines. It is a shame that we all remember Louis Pasteur as the inventor of the 'germ theory of disease' but his deathbed recantation: "The soil is everything; the germ is nothing" is less widely publicised.

Deaths from tuberculosis in this country fell from 270 to less than one per 100,000 population between the 1850's and the 1980's, apart from a couple of blips during world wars I and II, for obvious reasons. The introduction of anti-tuberculous drugs in the 1940's made no difference to the rate of fall and neither did the introduction of the BCG vaccination in the 1950's (5). Countries like the U.S.A. who have never used BCG in their vaccination program show the same (*Contd. overleaf*)

VIERA SCHEIBNER'S FORTHCOMING LECTURE DATES

Dr Viera Scheibner, PhD, will be arriving in the UK at the end of March for a number of lectures on the dangers and ineffectiveness of vaccination. She will also have copies of her latest book, entitled:

'Behavioural problems in childhood - link to vaccination.'

The rate of behavioural problems has increased substantially with the increasing vaccination push and increasing number of vaccines added to the schedule. Dr Scheibner's new book is a systematic description and evaluation of this problem. She supports her conclusions with the results of orthodox research, and the link to vaccination is clear and persistent.

This may be the last opportunity to hear Viera Scheibner's eye-opening presentation in the UK, and I would urge you to attend one of the lectures listed below.

As usual, Viera is funding the trip personally, and the individuals and organisations who have offered to set up the talks also need your support to make these events successful, so please book a place! And please tell your friends - it is a presentation that will definitely make you think!

• 26th March - London (*all-day event by the Holistic Health College*) Contact Angela Bradbury - 020 7834 3579

• 29th March - Edinburgh Contact Linda or Eva - 0131 228 3234

• 30th March - Hull Contact Patrick - 01482 562079

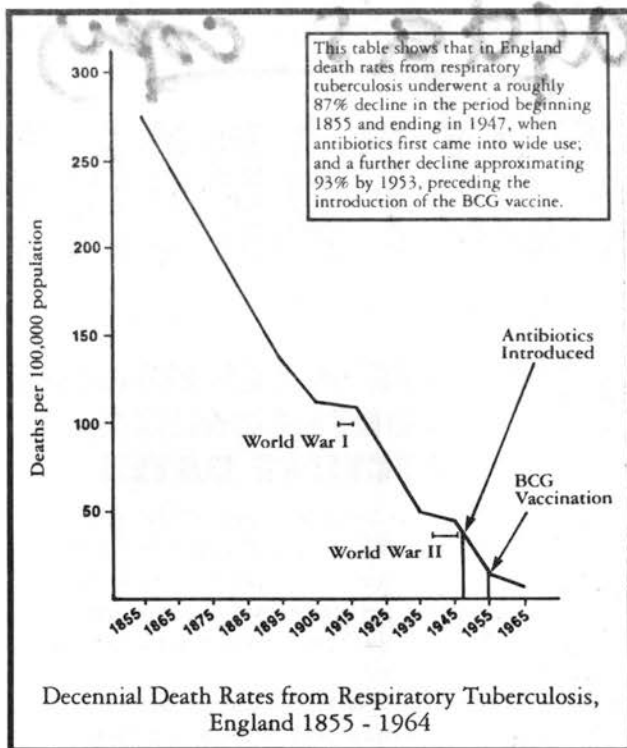
• 31st March - Belfast Contact Dennis - 01232 866970

• 1st April - Dublin Contact Colin - + 0149 46201

• 3rd April - London Contact Magda - 020 88611022

• 4th April - Bournemouth Contact Angie - 01202 532963 or Liz - 01202 517317

• 5th April - Ringwood Contact Jane - 01425 472513 or Sib - 01425 473469



rate of decline in death rates from tuberculosis.

At the end of the twentieth century there were 17 million cases of active tuberculosis in the world, 60% in Asia (6). It is a growing problem, with eight million pulmonary (lung) cases a year and three million deaths. As many as one third of the world's population is infected with *M. tuberculosis* (7). Annual deaths from tuberculosis are still ten times greater than all the deaths from HIV put together (8). Tuberculosis is decimating the Philippine slums. It is now that country's fourth biggest cause of death, killing 20,000 people a year and disabling hundreds of thousands more (9). Why is this?

In the United Kingdom the incidence of disease in inner cities began to rise in the 1980's. During the same period New York experienced an epidemic (10). In 1995 numbers started to rise in Amsterdam (11). Why? - For the same reasons that tuberculosis has always flourished - poverty, overcrowding, poor housing, poor diet, unemployment, misery and migration. Having HIV doesn't help either (12 - 15).

THE VACCINE

You may be wondering at this point what good a vaccine against tuberculosis would do, when the cause of human tubercular disease is so obviously seated in a person's environmental and social context. It is a good question.

Exposure to other common mycobacteria has been observed to confer a degree of protection against becoming infected with the tuberculosis bacillus. This was seen when children who drank unpasteurised milk developed mild forms of bovine tuberculosis but did not contract the

human type. However, some people do worse, for example, those with the mycobacterial disease of leprosy (1).

The BCG vaccine (*Bacillus Calmette Guerin*) is an attenuated (less lethal) form of the bacillus. Inoculation with BCG is supposed to substitute the natural and potentially harmful primary infection with tubercle bacillus for an artificial and *innocuous* (harmless) primary infection with attenuated bacilli that have maintained the *immunogenic* (ability to cause an immune response) properties but not the *pathogenicity* (ability to cause disease) of the tubercle bacillus (16).

There are problems. Over the years the original live vaccine has evolved into an array of different strains with unknown properties and immunogenicity (17). Very little is known about the correlation between dose of BCG and protection against tuberculosis in humans. A lot more is known about the dose of BCG required to give a certain size of response to tuberculin testing but this is not the same thing.

BCG certainly induces tuberculin sensitivity. Sensitivity to a tuberculin skin test (Mantoux or Heaf test) is the commonest and cheapest way of diagnosing and contract tracing cases of tuberculosis. This is how tuberculosis has been managed in the United States. After being vaccinated with BCG it is less clear whether the sensitivity reaction is due to vaccination or the disease. In this country it causes a lot of confusion as to who should be investigated further (18)(19).

The vaccine also interferes with the resistance created by exposure to local, non-pathogenic (friendly) mycobacteria. BCG vaccination may even be altering the body's response to the tuberculosis bacillus in such a way that it is contributing to the resistance of tuberculosis to all of the drugs currently used to treat it. This is a global problem of massive proportions (1).

'The history of immunisation against tuberculosis is a story of setback, controversy and surprise' (20) said a leader in the *Lancet* in 1980.

Trials of BCG vaccination have shown protection against tuberculosis to vary between zero and 78%. The best result was from a trial in UK school children from the 1950's. In the 1960s, the Indian Research Council and the World Health Organisation carried out a very

large, well designed, double-blind controlled trial of 360 000 people in Madras, South India. The results showed that more of those vaccinated with BCG got tuberculosis than those who had not been vaccinated (16).

These discrepancies are not just due to the differences between the developed and the developing world. A recent study of children returning to the UK from the tropics showed that 75% of those vaccinated against Tb did not respond to tuberculin testing (a protective effect of 25% maybe?) (21). All of 62 cases of French hospital employees who had contracted tuberculosis at work had been vaccinated with BCG (22). Trials in the United States varied in protection from zero to 75% (16).

Many reasons have been put forward for the differences in the performance of the BCG in different trials and most of them, equally, have been refuted. What is clear is that where it is really needed it doesn't seem to work. Even at best its efficacy appears to be much less than that claimed for other widely used vaccines.

It is when reading about research into new vaccines against tuberculosis that the full ineffectiveness of the BCG becomes most apparent. One also becomes increasingly aware of how little scientists and doctors know about tuberculosis at all. "Immunity to tuberculosis vaccine presents a daunting task in the face of our limited understanding of the organism's virulence (ability to cause disease) and the host's (human's) immune response."(23) "Understanding how the bacterium invades cells may be an important first step towards developing a vaccine to prevent tuberculosis."(24) - I thought we already had one.... This is certainly not what it says on the information sheets that children take home so that their parents will sign the consent form for the schools' vaccination program. It is also not the information given when vaccinating newly arriving immigrants to this country nor to new parents in areas where all babies are vaccinated.

So where does this leave us with regard to BCG vaccination and protection against tuberculosis? Maybe we should take a tip out of Pasteur's book and concentrate on nurturing our "soil". What is the "soil"? The soil is our body and our immune system. A healthy diet with lots of clean water, fresh air and exercise will make us strong so that we will not be susceptible to tuberculosis (the 'seed') nor to any of the other micro-organisms by which we are surrounded. Tuberculosis is not the only disease whose death rate has plummeted since the nineteenth century. Scarlet fever, rheumatic fever, measles, diphtheria and whooping

cough are some of the others and their death rates fell for the same reasons.

While we concentrate on food and nutrition let us also not forget the other ancient adage: "*mens sana in corpore sano - a healthy mind in a healthy body*." We do well not to forget the important part that emotions play in our health. Allowing ourselves the time and the space to balance our emotions and nurture our relationships with others is more important than the right vitamin supplement or exercise program.

By Dr Jayne L M Donegan, MBBS, DRCOG, DCH, MRCGP Feb.2000
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INCREASE IN CONGENITAL RUBELLA OCCURENCE AFTER IMMUNISATION IN GREECE: RETROSPECTIVE SURVEY AND SYSTEMATIC REVIEW

Taken from: BMJ, Vol. 319, 4/12/99, p1462-6

This study describes the events leading to the epidemic of congenital rubella syndrome in Greece in 1993 after a major rubella epidemic.

RESULTS

Around 1975 in Greece the measles, mumps, and rubella vaccine started being given to boys and girls aged 1 year without policies to attain high vaccination coverage and to protect adolescents and young women. During the 1980's vaccination coverage for rubella remained consistently below 50% and the proportion of pregnant women susceptible to rubella gradually increased. In 1993 the incidence of rubella in young adults was higher than in any previous epidemic year. The epidemic of congenital rubella that followed, with 25 serologically confirmed cases (24.6 per 100,000 live births), was probably the largest such epidemic in Greece after 1950.

CONCLUSIONS

With low vaccination coverage the immunisation of boys and girls aged 1 year against rubella carries the theoretical risk of increasing the occurrence of congenital rubella. This phenomenon, which has not been previously reported, occurred in Greece.

Also, the paper comments on the situation regarding rubella and congenital rubella syndrome, it states: 'Only sporadic cases of congenital rubella were reported in Greece in 1950-92: 1952 (one case), 1954-5 (five), 1980 (one), 1983 (three), and 1986-7 (four). A systematic surveillance system for congenital rubella syndrome has never existed, but an investigation of key health services by the Ministry of Health after the 1983 rubella epidemic concluded that "no problems appeared due to infection of pregnant women".'

Under the heading 'Discussion' the authors also state: 'the absence of good quality data on rubella activity in Greece is an inherent problem', and that 'the quality of data from previous years is probably poorer and underreporting greater'..... The paper ends by indicating that the rubella experience should 'serve as a

cautionary note on the potential hazards of the introduction of rubella immunisation, especially in countries that have difficulty in assuring high vaccination coverage because of lack of resources or a limited tradition of public health. It is also a reminder of the need to sustain high vaccination coverage in countries with established immunisation programmes, particularly in view of the recent adverse publicity regarding the safety of the measles, mumps and rubella vaccine.'

Editor: If the rubella vaccine is effective, then surely any kind of coverage at all should reduce the incidence to some degree, not create an increase?

If the vaccine was introduced in the mid-1970's for 1 year olds, then those individuals would have been around 20 years of age at the time of the 1993 rubella epidemic. It is interesting to note that during the 1993 outbreak the average age of patients with rubella was 17 years and 64% were 15 years or older. Before immunisation was introduced, a study in the early 1960s, in Athens, estimated that the average age of infection was 8.5 years old. So you could conclude that after 20 years of immunising against rubella, in Greece, not only has there been an increase in congenital rubella syndrome, but also that there has been a shift in the age of incidence.'

NO PRIVATE JABS?

From The Pulse, 12/2/2000

A private GP is threatening to sue the DoH over its refusal to supply his patients with the new meningitis C vaccine.

Dr Guy O'Keefe, a private GP in central London, was refused stocks of the vaccine and advised to send his 39 eligible patients to local NHS GPs.

'A section of the population is being excluded because they are not with an NHS GP,' said Dr O'Keefe. 'The office of Fair Trade agree I have a case.'

Editor: I'll let you draw your own conclusions as to Dr O'Keefe's main concern for not being able to supply this vaccine to his patients.

EASING JAB TIME

Some parents, who decide to follow the vaccination programme, have asked about supplementation at the time of their children receiving their jabs. Also, some are interested in homœopathic treatment given around the time of the jabs to ease any effects the vaccines may have on their child's system. Regarding any homœopathic treatments, I would strongly urge finding a good homœopathic practitioner to discuss the possibilities. Remedies can be given prior and after vaccination, but it would be best to consult a qualified practitioner for your child's individual needs.

Lists of local practitioners can be obtained from the Society of Homœopaths (Tel: 01604 621400) and/or The British Homœopathic Association (Tel: 020 7935 2163).

Regarding supplementation I have reproduced an article we featured in one of the very early issues of this newsletter, which may be useful to those who feel that vaccination is an appropriate procedure.

Dr Robert Buist, Australian author of 'Food Intolerance' and 'Food Chemical Sensitivity' gave this advice about immunisation in 1987. It was published in the Wellington Hyperactivity and Allergy Association newsletter:

"Children can sometimes react adversely to inoculations for diphtheria, whooping cough or tetanus and also to the oral solution for protection against polio. The best way to minimise these reactions is to:

Make sure the child has no fever, infections or any form of illness at the time of inoculation.

One week before, through to one week after inoculation, take a multivitamin and mineral formula together with 1-2 grams each day of vitamin C. These vitamins and

minerals will maximise the immune response to the vaccine. The specific vitamins that are most important for a correct functioning immune system are vitamins B5, B6, B2, C, E, A, folate, zinc, iron, manganese, copper, and magnesium. In this way you make sure of optimising the body's antibody response to the inoculation antigen and also help reduce side effects from the vaccine as well as any possible allergic reactions to other components in the injections.

Ask your doctor to separate the vaccines of the triple antigen and administer them over a period of several months, especially the one for whooping cough. This reduces the antigenic load at any one time by a third. This procedure is highly recommended for children with pre-existing allergies and who already have a load placed on their immune system. There has been a suggestion of possible allergic reactions to the materials used for producing the vaccines."

WHY DIAGNOSING MENINGOCOCCAL SEPTICAEMIA IS A CHALLENGE FOR GPs

Taken from the Pulse, 13/11/99.

Meningococcal disease has an incidence less than three per 100,000 in the UK and is most commonly seen in the under-5s and adolescents living in institutions such as universities. It is a rare condition and there is evidence to suggest that over half of GPs may never have seen a case presenting either as meningitis or meningococcal septicaemia. It is this latter presentation that is associated with a high mortality and has an absence of the symptoms and signs of meningitis.

And yet the media wrongly refer to it as 'meningitis' when someone dies. At the present time there is no means by which a GP can differentiate meningococcal septicaemia from a flu-like or viral illness. It is important to make this point as some GPs are viewed as being 'negligent' for not making the diagnosis in its early stages.

This happens because the media misleadingly refer to it as 'meningitis' and any education campaign of the

public should stress that this condition is a form of blood poisoning and not meningitis.

Doctors and the public alike should be vigilant, particularly where someone with a presumed viral illness and associated fever of unknown origin deteriorates rapidly. It should also be stated that the absence of a non-blanching purpura rash does not exclude meningococcal septicaemia as it is said to be present in only 40% at presentation in the community. There are many conditions that are difficult to diagnose, but this one is perhaps the most difficult.

The prompt diagnosis and therapy of meningococcal septicaemia in the community remains a formidable challenge. Difficulty in dealing with uncertainty is a common experience for GPs and making this diagnosis is like picking out a needle in a haystack. Dr Roger Charlton, Solihull

Editor: To develop septicaemia, blood poisoning, surely this would indicate an extremely toxic internal environment in

that individual.

In the medical dictionary it states that septicaemia is: 'a widespread destruction of tissues due to absorption of disease-causing bacteria or their toxins from the bloodstream. The term is also used loosely for any form of blood poisoning. Compare pyaemia, sepsaemia, toxæmia.'

Under toxæmia it states: 'blood poisoning that is caused by toxins formed by bacteria growing in a local site of infection. It produces generalised symptoms, including fever, diarrhoea, and vomiting.'

If there was a naturopathic medical dictionary it would probably state for toxæmia, something like - 'blood poisoning that is caused by toxins formed by poor diet, stressful lifestyle, lack of exercise, lack of fresh air and a system overloaded by drugs and vaccines. The body produces generalised symptoms, including fever, diarrhoea and vomiting in an effort to eliminate the toxæmia from within.'

MENINGITIS C VACCINE CAUSES 'HIGH-ANXIETY' SYNDROME

A brief news report on 19/11/99 revealed that at John Port School in Etwell, Derbyshire there had been over 70 reactions amongst the teenagers receiving the new meningitis C vaccine. Dr Roy Fey, from the local health authority said that anxiety was the most likely cause. Dr Fey also told The Informed Parent that the 'mild' reactions were expected ones, and that they should have been listed in the information leaflets distributed to parents. The main reactions being headaches, muscle pain, feeling sick and fever. He also added that because the new vaccine contains a small amount of diphtheria or tetanus vaccine it is possible that children aged 15-17 years old could be hyper-sensitive since they would have already have received 5 doses since birth.

Two cases were hospitalised, one with severe muscle pain and the other from fainting, both apparently were discharged after being given the all-clear.

On the data sheet from Wyeth Laboratories, the supplier of the new vaccine 'Meningitec', the vaccine

contains meningococci; group C oligosaccharide combined with corynebacterium diphtheriae CRM protein. Under the heading 'List of excipients' (ie the substances combined with a drug to render it suitable for administration) it states: aluminium phosphate, sodium chloride and water. The Vaccination Awareness Network, based in Nottingham, asked the Dept. of Health for the vaccine ingredients but they didn't have that information.

The datasheet also states that the vaccine 'should not be mixed' with other vaccines in the same syringe. It is interesting that it is acceptable to administer the vaccine at the same time as the early baby vaccines, or the MMR or the pre-school boosters, depending on the age of the child.

The undesirable effects listed on the datasheet are as follows: In all age groups injection site reactions (including redness, swelling and tenderness/pain) are very common. However, these are not clinically significant, with redness or swelling of at least 3cm and tenderness interfering

with movement for more than 48 hours being infrequent where studied. Fever of at least 38 degrees C is frequent, but does not usually exceed 39.1 C, particularly in older age groups.

In infants and toddlers symptoms including crying, irritability, drowsiness, impaired sleeping, anorexia, diarrhoea and vomiting were common after vaccination, but there was no evidence that these were related to Meningitec rather than concomitant (accompanying) vaccines, particularly DTP vaccine.

Common adverse events which may possibly be related to the vaccine include headache and myalgia (muscle pain) in adults, and irritability and somnolence (drowsiness) in younger children.

It is not known what an overdose of this vaccine may cause or trigger, and the datasheet simply states that 'there is no experience of overdosage with Meningitec.'

Wyeth Laboratories can be contacted at Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH. Tel: 01628 604377

INDIGENOUS MEASLES DECLARED ELIMINATED

From: *Pediatric News* 33(8):14, 1999

Measles has been eliminated as an indigenous disease in the United States, Dr John R Livengood declared at a national immunisation conference sponsored by the Centers for Disease Control and Prevention. Indigenous transmission of rubella and mumps appears to have been interrupted as well, although the supporting evidence isn't as strong, added Dr Livengood, director of the epidemiology and surveillance division of the CDC's national immunisation program, Atlanta.

He presented the CDC update on the 1999 status of eight reportable vaccine-preventable diseases. Only one - pertussis - is on the rise. Indeed, pertussis cases have been spiralling upward since 1980 despite good coverage levels in the target vaccination groups, prompting federal public health officials to ponder new strategies aimed at squelching this disease.

Here are highlights regarding the status of some of the eight vaccine-preventable diseases in 1999.

MEASLES

'One of the greatest success stories,' Dr Livengood commented. Of the provisional nationwide total of 100 reported cases of measles in 1998 -

an all-time low - all but 29 were found to be associated with importation. No cases were reported in the United States during 21 consecutive weeks in 1998. Based upon the low case counts, the close relationship with importation, the spatial and temporal distribution, and a molecular epidemiology displaying a lack of genotypically consistent isolates. CDC officials are comfortable in concluding that indigenous measles transmission is no longer occurring, Dr Livengood said.

RUBELLA

The provisional total was 345 cases reported in 1998, three-quarters of them in people at least 20 years old. Since the mid-1990's, rubella in the United States has been predominantly a disease of Hispanic adults. Although it appears that indigenous transmission has been interrupted, the United States remains vulnerable to rubella because so few people south of the border have been immunised. The Pan American Health Organisation program targeting rubella for elimination will have a dramatic impact here over the next couple of years, Dr Livengood said.

MUMPS

Case counts have declined impressively across all age groups since implementation of the MMR second-dose recommendation. The provisional total reported for 1998 was an all-time

low of 606 cases, down from more than 5,000 in 1990.

The authenticity of many of these reported cases is questionable. Most weren't laboratory confirmed. Reliance upon parotid swelling for the clinical case definition of mumps in a highly vaccinated population is inadequate. Casting further doubt about the accuracy of contemporary mumps reporting is the fact that reported cases no longer display the seasonality seen even in the vaccine era as recently as 1990.

"We need to do a better job of figuring out what is going on with mumps in the United States," he said.

PERTUSSIS

The provisional 1998 total was 6,279 reported cases. Year-to-date figures for 1999 are running slightly higher. Pertussis peaks in a 3-4-year cycle; it's as yet unclear whether the next peak year will be 1999 or 2000. There has been a striking change in the age distribution of pertussis cases. Cases are stable or down slightly in recent years in the target vaccination population - children below age 5 years - while big increases have occurred in 10-14 year olds and in adults. With acellular pertussis vaccines now being developed for use in young adolescents and adults, the cost-effectiveness of routine immunisation of these populations needs to be determined.

'UNDERSTANDING SICKNESS'

Ian Sinclair has kindly given permission for the chapter 'Understanding sickness', from his booklet 'Health - The Only Immunity', to be reproduced in this newsletter.

Copies of his booklet are available from The Informed Parent at £4.50 (inc.p&p).

It is very likely that Ian will return to the UK later this year, in October, for further talks. This is dependent upon people coming forward to organise or help set-up talks in their locality. Firm decisions need to be made within the next few weeks, so if you are interested, please get in touch with me, Magda, at The Informed Parent by the first week in April.

UNDERSTANDING SICKNESS

If a child develops measles, mumps, whooping cough, rubella, or any of the other common childhood infections, then it is because that child does not possess a clean and healthy system. If a child develops skin disease, bronchial troubles, asthma, allergy disorders or any of the other common infantile diseases, then again it is because that child does not possess a clean and healthy system. If a child develops any of these sicknesses, then it is because that child's system is TOXIC or POLLUTED, a condition that Natural Health refers to as TOXAEMIA.

Dr Henry Bieler, author of 'Food is your best medicine' writes "The primary cause of disease is not germs. Disease is caused by a toxemia which results in cellular impairment and breakdown, thus paving the way for the multiplication and onslaught of germs".

Natural Health teaches that the root cause of most disease, including infection, is a toxic system, which they refer to as toxemia. Natural Health does not deny the presence of germs in infectious disease, but explains that their presence is a direct consequence of the toxic conditions of the body.

Toxaemia simply means that there is too much toxic waste material in the body. This waste material is made up of the body's own metabolic wastes together with foreign waste material such as chemicals, preservatives, insecticides, drug and vaccine residues, environmental pollutants etc. Whenever toxemia is present, there will often be accompanying disorders

such as spinal lesions and subluxations, (unhealthy spine), nutritional deficiencies and sluggish metabolism. In most cases, simply having one of these conditions can lead to the others. In other words, a toxic system can cause spinal lesions; spinal lesions can cause nerve impingement; nerve impingement can result in sluggish metabolism; sluggish metabolism adversely affects digestion and assimilation of nutrients, leading to nutritional deficiency. Just realise that if one part of the body is not healthy, or not working properly, then eventually, it will adversely effect the whole body.

"The smallest instrument out of tune brings discord into the harmony of life".

Dr Thomas Nichols

It is important that you understand the causes of Toxaemia, and the relationship between toxemia and disease. Let's start with the causes of toxemia.

LOW VITALITY

All the mental, physical and physiological functions weaken and slow down. The immune system and eliminative organs which have the job of neutralising and eliminating toxic and metabolic wastes from the

body, become sluggish and less efficient. The net result is a build-up of toxic waste within the blood and tissues. The causes of low vitality are numerous and include lack of fresh air and sunshine, shallow breathing, insufficient sleep, overwork, sedentary living, electromagnetic radiation, emotional stress, boredom, worry, overeating, medical drugs, etc.

ENVIRONMENTAL AND CHEMICAL POLLUTANTS

If the amount of chemicals and other pollutants that enter your body, exceed the amount that your body can eliminate, then again, the net result will be a build-up of toxic waste. The major causes are the conventional chemicalised diet, particularly animal, dairy and refined foods, fluoridated water (fluoride is a rat poison), drugs and vaccines, smoking, alcohol and atmospheric pollutants.

SPINAL SUBLUXATIONS

The efficiency of all the metabolic processes including 'elimination' is dependent upon adequate nerve supply. Spinal subluxations, misalignment and lesions, or in simple terms, an unhealthy spine, will interfere and

diminish proper nerve supply to the organs of the body. If the eliminative organs are affected, their performance will be impaired thus leading to a build-up of toxic waste. Subluxations can be caused by traumatic childbirth, weak muscular condition, poor posture, incorrect use of the body, accident or injury, lowered vitality, muscular imbalance and tension, etc.

NUTRITIONAL DEFICIENCY

If the body is not supplied with all the necessary nutrients; if it is not getting enough vitamins and minerals, then every cellular activity, every metabolic function, in fact the whole system will begin to break down. This leads directly to Toxaemia. Causes of nutritional deficiency are numerous and include deficient diets, high protein diets, malnourishment, poor digestion and assimilation, lack of sunshine and medical drugs.

PUTREFACTION AND FERMENTATION

Any foodstuff within the digestive tract that has not been properly broken down and digested will soon begin to ferment and putrify. Not only can this result in bacterial or parasitic infection, but the end products of fermentation and putrefaction e.g. indol, skatol, methane gas etc., are poisonous and can be absorbed into the bloodstream thereby adding to the toxic waste level in the body. The main causes of fermentation and putrefaction can be traced to poor food combining, overeating (particularly flesh foods), drinking with meals, eating during acute illness and eating when under emotional stress.

You can see that the causes of Toxaemia are very much related to the orthodox lifestyle. Parents should realise that in babies and infants, toxemia can easily develop through such things as polluted breast milk, fluoridated water, drugs and vaccines, powdered milk, over excitement, overeating, and lack of fresh air and sunshine. In fact, many babies are born with toxic systems because of poor parental health. Over 80 years ago, renowned British physician, Sir Arbuthnot Lane stated:

"There is but one cause of disease, poison toxemia, most of which is created in the body by faulty living habits and faulty elimination."

Whilst it is easy to see the connection between unhealthy lifestyle and Toxaemia, it's not so easy to see how Toxaemia causes children's sickness such as the infectious diseases,

**From
HEALTH
The Only
Immunity
By
Ian Sinclair**

or asthma, or skin disease, or any of the other diseases so common to children. How does Toxaemia actually cause these diseases?

Toxic waste matter is poisonous, its retention within the system will damage and ultimately destroy body tissues and cells unless removed. Fortunately, our bodies are equipped with a safety valve that enables the body to throw out excess toxic waste so as to ensure that it doesn't reach dangerous levels. What is this safety valve? SICKNESS!

Whenever a child has a fever, sore throat, runny nose, no appetite, skin rash, mucous elimination, etc. then all it means is that the child is experiencing a cleansing reaction, an elimination of toxic waste that built up within its system. From the Natural Health viewpoint, acute sickness in children, such as, measles, mumps, chickenpox, rubella or flu, is in reality, the body's efforts at eliminating excess toxic waste, and for this reason, is BENEFICIAL. This explains why children who develop acute sickness and are treated in accordance with Natural Health principles i.e. bed rest, pure water and fresh air, not only recover without suffering or complications, but are in better health afterwards. By allowing the sickness to run its course, their systems are cleansed, thus restoring their health.

Acute sickness, is not a mistake, it is not something evil, it is not the body being attacked by something outside itself, it is quite simply, a process of internal housecleaning. Over 2,000 years ago, a man by the name of Hippocrates, who today is referred to as the Father of Medicine wrote

"Diseases are crises of purification, of toxic elimination."

On the other hand, when you treat children suffering these sicknesses with medical drugs, what you are basically doing, is closing that safety valve. You are preventing their bodies from eliminating all that toxic waste. This is what drug therapy does, it SUPPRESSES the body's attempts at cleansing its own system. In the western industrialised countries, one of the major reasons why some children suffer and die from these illnesses is because of suppressive drug therapy. If you know any child who has ever developed complications or died from any of these infectious diseases, just find out how the child was treated. When you hear of all those poor children in hospital suffering from whooping cough, realise that all of that suffering is directly due to the effects of suppressive drugs and wrong treatment. British Naturopath and

author, Harry Clements writes:

"It should always be borne in mind when thinking of complications, that they too often wait, not upon the original disease, but upon the treatment of it."

Now it's a different matter in third world countries where millions each year die of measles, diphtheria, whooping cough, etc., however, realise that their deaths are not due to these diseases, but to their own poor health brought about through malnourishment, starvation, impure water and unsanitary living conditions.

It is absolutely crucial that you understand this philosophy of disease as taught by Natural Health. If a child has measles, whooping cough, chicken pox, or any so called infectious disease, realise that the symptoms of these diseases i.e. fever, no appetite, lethargy, glandular swellings, skin rashes etc., all arise from the one underlying cause, Toxaemia, and all serve the same purpose, the elimination of toxic waste. Hippocrates taught:

"All disease is one."

All of the common infantile diseases, regardless of their name or type of symptoms, have one root cause, Toxaemia. Hippocrates also wrote:

"The symptoms of disease are evidence of the body's natural curative reactions."

He is saying that the sickness is curative, or in other words, is BENEFICIAL. This is exactly what Natural Health teaches.

If this philosophy is new to you, if you've never read about Natural Health before, then you're probably still wondering where GERMS fit in to all of this. According to medical theory, which most people believe in, germs are the cause of sickness. Germs are what cause measles, polio, tuberculosis and infectious disease. Ever heard of Louis Pasteur? He was the scientist who came up with the Germ Theory of Disease over 100 years ago. Pasteur is to medicine, what Christ is to the Church - their Saviour. Did you know that before Pasteur died, he admitted he was WRONG? Pasteur completely changed his mind and stated that the true cause of infection was NOT the germ, but the unhealthy condition of the body. In other words, Pasteur eventually recognised what Natural Health has taught for nearly 200 years, infection can only arise in those individuals whose body's are UNHEALTHY and TOXIC. It has been said that if the germ theory were true, there would be nobody left alive to believe it. That this theory still

exists today, is for two reasons only, its commercial value to the drug and medical empires, and because the masses need something to blame for their self-inflicted illnesses.

So where do germs fit in? As explained earlier, the germs true role in the body is to consume organic wastes undergoing putrefaction and decay. It stands to reason that the more toxic waste in your body, then the more germs you will have. In fact, germs are not our enemies, but our friends, for they are assisting in the important task of keeping the insides of our bodies clean. Germs, are like flies, they are attracted to filth, if you don't want germs then get rid of the filth. Every time infection arises in the body, regardless of whether it's viral or bacterial, whether it's measles, herpes, venereal disease or even AIDS, the root cause of such infection, is in every case, an unhealthy toxic body. Whenever you read of so-called epidemics of flu, or measles, or hepatitis, or AIDS, then realise this, those who succumb to these diseases do not possess healthy bodies.

By understanding the toxaemia theory and the true role of germs in the body, you will understand why Natural Health rejects the use of drugs and vaccines. Drugs do nothing to remove the toxic conditions of the body, the root cause of sickness. For this reason drugs cannot cure sickness, drugs merely suppress sickness. Treating bacterial infection with antibiotics kills the germs but doesn't remove the root cause of that infection, Toxaemia. This is why it is so common for bacterial infection to continue to reoccur despite the lengthy use of antibiotics. Many mothers wonder why their children suffer recurrent ear or throat infections despite their children taking antibiotics. It is because drugs only suppress sickness, drugs do not cure sickness.

From his book, 'New Dimensions in Health', Dr David Phillips writes:

"To believe that sickness results solely from the visitation of some itinerant germ or virus and to accept treatment by some poisonous drug is to be guilty of the most naive superstition. This form of exorcism cannot remedy the problem because it bears no relation to the real cause."

For the very same reason that drugs don't cure sickness, vaccines cannot prevent sickness. Vaccination is based on the idea that germs are the cause of sickness, and is aimed at giving protection against supposedly disease-causing germs. Again, vaccination does not succeed in removing the toxic

conditions of the body, and for this reason cannot prevent the development of infection within the body. This explains why vaccines are failing to prevent outbreaks of measles, whooping cough etc. In the industrialised countries, including Australia, anywhere between 50%-95% of children who contract infectious diseases have been previously fully vaccinated. Like drugs, vaccines fail to remove the true underlying causes of disease, and for this reason, cannot and do not work.

By understanding the toxæmia theory and how sickness arises, you will understand the true means of disease prevention. If you don't want your children developing any of the infectious diseases, then you must ensure that their systems are kept clean and healthy. Remember, sickness only arises from a toxic system, if you wish to avoid sickness, then the system must be kept clean. If you don't want flies around the garbage bin, then keep the bin clean. If you don't want cockroaches in your cupboards, then keep your cupboards clean.

Now if sickness does arise in your child, if your child develops chicken pox, measles, whooping cough, etc., then realise that your child is experiencing a cleansing response, an elimination of toxic waste. Realise that this sickness serves a very important role in protecting the body from self-poisoning, and that it is therefore beneficial to the long-term health of your child. Realise why under Natural Health treatment, no effort is made to drug the child's illness. Such illness is beneficial and should be allowed to run its course. The provision of bed rest, pure water, fresh air and quiet, is all the child needs, with the rewards being speedy recovery and better health in the child there afterwards.

"Illness or disease is only Nature's warning that filth has accumulated in some portion or other of the body, and it would be surely part of wisdom to allow Nature to remove the filth, instead of covering it up with the help of medicine. Those, therefore who take medicine only render the task of Nature more difficult."

Mahatma Gandhi

The Brighton and Hove Leader, 11/2/2000, ran an ad by the NHS to round up 15-17 year olds who are still not vaccinated against meningitis C. 'Reduce the risk, tell your friends' with details of clinics and dates.

Presumably this kind of ad is being run throughout the country?

FIGURES SHOW EARLY IMPACT OF MEN. C VACCINATIONS

An article featured in The Pulse, 12/2/2000 reported on the impact of the new meningitis C vaccine on meningococcal disease. It talks about a positive impact and yet then goes on to reveal that figures from the Scottish Centre for Infection and Environmental Health (SCIEH) showed that outbreaks in the first few weeks of 2000 were higher than last year! However, it added that 'a different pattern of disease was appearing' possibly because of the recent flu outbreak.

In the past 10 weeks:
65% cases were group B
25% cases were group C

Over same period last year:
60% were group C
40% were group B

Dr Peter Christie at SCIEH said: "If it was not for the meningitis C vaccine we might have seen a lot more cases. We may have avoided an even bigger outbreak."

Figures from England and Wales showed that in the first 4 weeks of 2000, cases were higher than in the same period in the previous year.

CASES IN 1999	CASES IN 2000
280 Group B	379 Group B
187 Group C	214 Group C

According to Dr Ramsay at the Public Health Laboratories, all age bands had seen an increase in cases compared with last year and she stated: "This is suggesting perhaps we are beginning to impact on that, but the numbers are small." She also said that she expected the biggest impact to emerge in England and Wales when the pre-school children are covered by the vaccination.

Editor: I read the original article a number of times in case I had missed something. How can they be pleased with the impact of the new meningitis C vaccine when the cases of meningitis have increased so far this year???

BOOK NEWS

"AN EDUCATED DECISION" -
One approach to the vaccination
problem using homœopathy
By Christina Head

'Its all very well not to vaccinate, very sensible in fact when you consider the content and possible damage to the immune system that vaccinations can cause, but what are the alternatives? There are many ways to naturally produce and maintain a healthy life with a good strong immune system. Diet, vitamins, exercise, and a variety of alternative therapies are available and all are interesting and valuable tools to assist the whole person to stay well.

This book deals with a homœopathic approach to creating health in our children and gives an insight into why most alternative practitioners of any kind advise not to vaccinate. Homœopathy is a full system of medicine and can be used firstly to cure disease, secondly to

strengthen the whole person and thirdly to maintain that health. Among other things it is creative medicine.

The book explains what Homœopathy is and how it works, has a chapter on the immune system, lists all the childhood diseases with remedies that can be used during an infection and the stories of 10 completely unvaccinated children of various ages and how they have grown.'
Christina Head, Feb. 2000.

The Second Edition, now available, also has a lot more information about the MMR vaccination and the new meningitis C vaccine, all with lots of case histories and can be bought for £9.99 + £1.00 p&p, by mail order direct from the author, C. Head MCH, RsHom, at: The Lavender Hill Homœopathic Centre, 33 Ilminster Gardens, London, SW11 1PJ. Tel: 020 7978 4519

CURRENT VACCINE ISSUES: ACTION UPDATE

Extract from: Current vaccine issues: action update. Issued on 2/12/99 by the DoH, from the Chief Medical Officer, Chief Nursing Officer, & the Chief Pharmacist.

This letter is also available on the Internet at:
<http://www.doh.gov.uk/cmo/cmoh.htm>

An update was sent to all GPs regarding shortages in particular vaccines. It stated that over the last 18 months there had been a number of supply problems with various vaccines which had led to interruptions in the childhood immunisation programme. The vaccines involved were DTP, DT and BCG and Tuberculin PPD. Under the heading 'Diphtheria Tetanus Pertussis vaccine (DTP) it states:

'The DTP vaccine that has hitherto been used in this country contains wholecell pertussis vaccine (wP). However, over the last year, there have been repeated difficulties in maintaining supplies of DTwP. In order to return to a consistent supply of vaccine, stocks of DTP vaccine that include Acellular pertussis vaccine (aP) have been purchased and will be issued from mid-December as an alternative to DTwP. Two manufacturers products have been purchased to ensure that there will be adequate supplies. In the first instance SmithKline Beecham (SB) Infanrix will be issued. The second vaccine, Pasteur Merieux MSD (PM) Tetravac, will be kept as reserve since it also contains inactivated polio vaccine and the SB product may have higher efficacy.

Both DTaP vaccines are licensed for use on the schedule used in this country. Children who have already started their primary immunisations with DTwP can complete the course with DTaP, and children who start on DTaP can complete their immunisations with DTwP should the occasion arise. Each DTaP vaccine can be mixed with the same manufacturer's Hib vaccine (Hiberix for SmithKline Beecham, and Act-Hib for Pasteur Merieux) for combined administration.

Published data show that the protective efficacy of acellular vaccines is broadly similar to that of wholecell vaccines, although there are advantages for some wholecell products. There appears to be an association between higher efficacy and having more antigen components. The SB vaccine has 3

components (Pertussis toxin, filamentous haemagglutinin and pertactin); the PM product has two (Pertussis toxin, filamentous haemagglutinin).

Acellular vaccines appear to cause fewer local reactions and pyrexias (fevers) than wholecell products, although these differences are minimised by administration at 2,3 and 4 months of age. Large scale studies in Sweden and Italy have demonstrated that there were fewer serious reactions such as convulsions after acellular vaccines; however these studies were carried out at ages of immunisation older than those used in the UK, and at older ages such events may be more likely to occur.

(Editor: Are there any large scale studies conducted on babies at the age which would be relevant to the UK? Why do older children seem to react more, or is it simply that it is more noticeable on a child rather than a very young baby?)

Although lower Hib antibody levels have been reported after combination of DTaP and Hib vaccines, evidence suggests that these do not compromise protection. Acellular pertussis vaccines have also been given safely at the same time as meningococcal C conjugate vaccine in a large study in the U.S.

These acellular pertussis vaccines are widely used in Europe and the United States.

The PM vaccine also contains Inactivated Polio Vaccine (IPV) and so children who receive this vaccine do not need to have oral polio (OPV) vaccine at that immunisation. Courses started with OPV can be completed with IPV and vice versa.

Editor: I wonder why there should be a shortage of whooping cough vaccine suddenly after all the years of production. Or is this a subtle way of shifting towards the acellular whooping cough vaccine without having to make a formal announcement. I can't help being reminded of when I was present at a conference on Autism in Birmingham last year, when Professor Bellanti commented on the wholecell vaccine as being the 'dirtiest vaccine ever,' and that how in the US they now use the acellular. I don't know if the whooping cough vaccine varies from state to state, but Prof. Bellanti gave the impression that the wholecell vaccine would be phased out.

Also, I can't help wondering how many mix-ups may occur with the live and killed polio vaccines being given at the same time. Although judging by the phonecalls I have received over the years, relating to wrong doses/overdoses, parents are constantly reassured by their GPs that everything 'should be alright', instead of admitting that they simply don't know. As with possible reactions it is not something that is logged and studied. If your child does receive the wrong dose or an overdose make sure that your doctor puts the full details in writing, so that you have a record.

SALLY CLARKE CASE

On November 10, 1999, at Chester Crown court, Sally Clark was convicted of shaking her son Christopher to death (Dec.1996) and of smothering her other baby son, Harry (Dec.1997). She was given two life sentences. Sally's defence lawyers have lodged an appeal against the convictions. A number of people have contacted The Informed Parent, from worldwide, concerned about this case. In particular, because of an article featured in The Sunday Times, 28/11/99, whereby the penultimate paragraph stated:

'Both boys were vaccinated, Christopher the day before and Harry on the day of his death, so both were seen by health professionals who noticed nothing amiss.'

The solicitors are aware of the possible vaccination link, but it is unclear as to whether they feel it would be appropriate to act upon the information that has been forwarded to them.

The Mail on Sunday, 21/11/99, featured an article entitled, 'Mother is quizzed as third baby dies.' The report was about the arrest and questioning of a mother whose three babies had all been found dead in their cots. When four-month-old Matthew died in November, police decided to apply for permission to exhume the bodies of the two others, Gemma, who died in 1989 aged 3 months, and Jason, who died at two-and-a-half months in 1991. The mother, Angela Cannings, 35, was released on bail whilst the case is examined further.

The investigation is being led by the head of Wiltshire CID, Superintendent, Harry Hickeson based in Salisbury.

Because of the ages of the babies at the time of death, information has been forwarded regarding the possible vaccination link, but as yet there has been no response.

BEING A MOTHER

My lovely son Tristan is now 8 months old. Although I've been working with children for many years, this is the first time I've had hands on experience of looking after one full time. He is a healthy and happy child, but I haven't seen so many doctors and health workers ever before in my life.

I had never even met the doctor I was registered with before I had my son - I'd never had need to see her.

It's been quite a learning curve for me dealing with all the medics who are primed to give you and your child a good start in life - but only around certain issues that have been deemed to be relevant.

It all started in the pregnancy. I was lined up for a home birth with one of the local community midwives coming to give me antenatal care at home. In spite of being a first time mother at 38, I had no problems getting accepted by the home birth team. An obstetrician friend of mine was primed to support me during a lovely water birth - but after more than 30 hours labouring at home I ended up in hospital, with an emergency caesarian section.

It was truly shocking to me to find myself on the conveyer belt of a routine hospital procedure, and the standard of care was so poor that I got myself out of hospital after 2 days, and made a formal complaint. One of the things the hospital had done was include antibiotics in the drip during surgery without informing me. Their rationale was that I might just need them because of my long labour. I was furious that I hadn't been consulted, in spite of the explicit birth plan I had drawn up. I was confident I could treat an infection with homeopathy, and I didn't want the baby to start his life with thrush or any other consequence of starting his life on antibiotics.

Luckily he didn't develop thrush and has never had any kind of nappy rash - I washed him with warm water only, not using any soap until his bowel movements thickened up on solids, and avoided creams and lotions except for homeopathic Calendula talcum powder when the creases inside his thighs got a little red from the dampness.

The consultants allowed me to leave hospital, since I'd turned down every

post operative drug they offered (apart from pain-killers), from Heparin for me, to antibiotic cream for a little gunge in the baby's eye. The discharge actually cleared with a little breast milk (the mid-wives favourite remedy).

With the help of my friends, the baby's grandmother and numerous doses of the homeopathic remedy Arnica to aid healing I recovered well from my operation.

I was able to follow my own pace for recovery, rather than the hospitals strict routine of forced exercise and post-operative starvation. I had lots of nutritious soups, salads and fresh grilled fish, and was able to spend a lot of time in bed bonding with my new-born son.

As is quite common in babies who have been stuck in the birth canal for many hours (I never got beyond 4 centimetres dilated - a mechanical problem that homeopathic remedies couldn't resolve) my baby was unsettled and had bouts of crying. He started

having cranial osteopathy treatments from the time he was 3 weeks old, and he still has them from time to time.

The health visitor had no suggestions at all for his bouts of crying, and the paediatrician

pronounced Tristan so healthy he said he didn't want to see him till he was 5. I had elected to do my child health follow up with the health visitor rather than my GP, which was probably fortunate since health visitors don't have to meet vaccination uptake targets. I simply declined all vaccinations, saying that I had researched the issues thoroughly, and there was no more mention of the subject.

I went to Portugal to stay with Tristan's grandmother for two months, and during that time his bouts of crying continued. Everyone had some advice to give, one being, starting him on soups at 3 months. At this he became totally constipated, and after calling a doctor friend in England who thought he might have a problem with the nerve supply to his gut wall, I took him to the paediatric hospital in Lisbon for an ultrasound examination.

I had already investigated the pros and cons of ultrasounds, finally deciding to

have one in the middle of my pregnancy instead of other more intrusive tests offered to older mothers for chromosomal problems like Down's Syndrome. The outcome of that decision had been a scare about brain abnormalities that proved to have no more substance than the fact that my baby's head was so big he got stuck during my labour!

Once again I discovered that ultrasound investigations were of questionable use and my own doctor suggested an x-ray to rule out Hirschsprung's syndrome when I came back to England. The paediatrician in Lisbon suggested soups made of garlic, onion and lettuce, and said that carrots were very constipating and I should not give them. I wasn't at all convinced, and I saw a nutritionist here at the Homerton hospital in Hackney, who suggested I puree some dried fruit after it had been soaked in water. Since I have been adding one soaked dried apricot to every meal his bowels have not been causing him any trouble.

Now what I have to deal with is the effects of having him in my bed and cuddling him during his abdominal cramps - he doesn't want to sleep in his own bed! Two friends gave me Richard Ferber's book on dealing with sleep problems, and I visited the sleep clinic attached to my local GP practice. They had little to add to the book, and I'm still going through the horrors of the euphemistically titled 'sleep training', nothing more sophisticated than controlled crying.

So what I've discovered is that health professionals are primed to deal with particular issues - like the contagious diseases of measles, mumps and tuberculosis, etc - but have little help to give with what most parents have to deal with - a crying baby.

Sometimes babies can simply be over-stimulated by too much handling, often by well-meaning relatives, and just need more calming surroundings.

Camomile tea is good for calming, and some babies will take a bit in their bottle - mine refuses anything but mother's milk of course. I got in lots of homeopathic Chamomilla teething granules, and my son hasn't had any teething problems so far.

I've avoided feeding him any formula milk, because of the risk of developing allergies. On my side there is hay fever, and on his father's side, asthma. Because

**By
Cassandra
Marks
homeopath,
and health
journalist**

of this I've avoided giving him anything containing dairy products, eggs or wheat so far, and I watch carefully when I give him anything unusual. He has been fed a pure diet of organic fruit and vegetables, (carrots, potatoes, broccoli, spinach), with rice as his carbohydrate.

He has been extremely healthy, except for a couple of infections. He developed a cold the day after flying back to chilly England after the summer heat of Portugal. He developed a runny nose and a phlegmy cough for a couple of weeks, which responded well to the homeopathic remedy Pulsatilla.

Then when we were in Cornwall in January, where flu was so rampant, he developed a high temperature. For 3 days I held him in my arms - he was hot and listless and cried in misery. But by the 4th day the temperature had gone (with the help of the homeopathic remedy Belladonna), and he was completely back to normal - without any other symptoms lingering.

He has been in contact with chicken pox twice, and not developed it yet. My lack of concern was in stark contrast with all the other adults around who were anxiously asking themselves whether they'd ever had chicken pox and trying to keep their children away from the affected boy. But I know that my son needs to go through some childhood illnesses in order to strengthen his immune system.

I've confirmed my approach that the less medication you give your child the better - and apart from that intravenous dose of antibiotics I received, my son hasn't had any medicines apart from homeopathic remedies.

Medicines can either support or undermine the immune system. Therefore decisions that we make as parents about whether to use conventional medicines or homeopathic ones are extremely crucial to getting off to a good start!

Cassandra has been writing about children's health for many years and is interested in putting together a book on the subject - so if there are any interested publishers out there please get in touch!

Cassandra (Marks) Lorus
RSHom is available on
Thursdays and Saturdays at
North End Practice, 8a Burghley
Road, NW5. Tel 0171 485 9362

INCREASE OF MEN. B AFTER NEW VACCINE?

The Daily Telegraph ran an article on meningitis and the new meningitis C vaccine (3/2/00). It stated that the vaccine has been extensively tested by the manufacturers and the Public Health Laboratory Service and has been found to be safe, although long-term studies are being carried out. Apparently over 60,000 doses have been given in human trials, worldwide, and no serious side-effects have been found.

There is also a comment as to whether the vaccine against C might make a child more susceptible to B. The worry is that this new vaccine could promote the emergence of the B strain. A major 3-year study to assess this risk is underway at Oxford, involving 15,000 sixth-form pupils, headed by Dr Martin Maiden. He agreed that it is a remote possibility - but a real one - that meningococcal B could become more prevalent as meningococcal C disappears.

Generally, the B strain is more prevalent and there have been more deaths related to this strain than the C strain, in the UK. However, there does seem to be a genuine worry from some health professionals that this new vaccine could increase the cases of meningitis B.

Although the following examples are in relation to a polysaccharide vaccine trialled in 1970, it demonstrates one of the effects the introduction of a new vaccine may cause. In the New England Journal of Medicine (NEJM), May 31, 1973, vol 288, No. 22, p1185 in one letter to the editor, it stated:

'But the data presented actually showed a higher attack rate of Group B meningococcal meningitis in those immunised with Group C vaccine. (A polysaccharide vaccine by Artenstein and colleagues.)'

Looking at the original paper by Artenstein et al's paper, 'Prevention of meningococcal disease by group C polysaccharide vaccine', NEJM, Feb 19, 1970. The penultimate paragraph reads:

'There is a group specificity of the immunity that follows vaccination with the Group C polysaccharide. This is shown by the lack of inhibitory effect on respiratory-tract acquisition of

meningococci other than Group C and by the increased Group B disease rate in the vaccine group. Large-scale use of the Group C vaccine, without simultaneous immunisation against Group B and perhaps other sero-groups, could conceivably result in re-emergence of Group B as the most prevalent meningococcal strain. (This can also occur as a natural phenomenon without the influence of vaccination, as was seen during the 1940 epidemic of Group A meningitis and, more, recently, when Group C replaced Group B as the most common cause of meningococcal disease in the United States.)'

Earlier in the same paper, when commenting on factors which determined the design of the vaccine trial, it stated that because of 'the relatively low rate of meningococcal disease, even during epidemics,' a very large number of men were required for any noticeable results. In other words meningococcal disease was reasonably rare.

Also, all the study groups received the mandatory influenza and tetanus vaccines, so there were no unimmunised control groups in the study at all. The figure of '87% effective' was deduced from the findings of this paper and yet this vaccine was never included in the immunisation programme in the USA.

NEW WEBSITE

Vaccination Awareness Network, based in Nottingham, have launched a new website. The organisation intends to make it Europe's leading pro-information vaccine site. New pages are being added daily and will eventually cover everything from the immune system function to recently published reports.

The details are as follows:
www.van.org.uk

For further information on VAN you can send an email to:
enquiries@van.org.uk
or write to: 178 Mansfield Road,
Nottingham, NG1 3HW.

Tel: 0115 948 0829
Fax: 0115 950 3858

FOUNTAIN CLINIC

CRANIOSACRAL THERAPY FOR
PREGNANT WOMEN,
MOTHERS AND BABIES

What is craniosacral therapy?

It is a 'hands on' therapy that follows subtle innate movements within the body structure. It is based on a number of findings about the body's subtle physiology, which were made by Osteopaths in the USA nearly 100 years ago. These findings show that every cell in a healthy body expresses a rhythmic movement which is fundamental to life and which has been called craniosacral motion.

At the core of the body the cerebrospinal fluid, which bathes and cushions the brain and spinal cord, expresses this motion as a tide-like ebb and flow; while bones, organs and other structures of the body each follow their own particular pattern of movement within this. This motion is so subtle that it is barely measurable with instruments. But the hands of a trained therapist are able to perceive it.

This therapy is so gentle that it is safe and suitable for people of all ages, from babies to the elderly, and also in fragile or acutely painful conditions.

In particular, craniosacral therapy can help a woman's body adjust to the changes created by pregnancy and prepare her for labour in a fully resourced condition. It can help both baby and mother recover from the rigours of labour and childbirth. The best time to resolve any restrictions created by childbirth is immediately after the event.
Text extracts by Lilli Mayborn, RCST

For further information, please contact Jenny Keogh or Ged Sumner at the Fountain clinic. There are two centres:

Holistic Health,
64 Broadway Market, London, E8,
Tel: 020 7275 8434

Healthy Living Centre,
282 St Pauls Road,
Islington, London, N1,
Tel: 020 7704 6900

THE FRUITARIAN NETWORK

Have you ever wondered why humanity worldwide is so sick these days? Consider this: with the most modern equipment, technology and accumulated international knowledge, 'a common cold', the flu, a headache, arthritis, cancer, heart conditions, and so on, should surely have been cured by now! But instead, these conditions are getting worse, maybe including your own! So what's going on?

Are we ill because we are 'human'? Or because we are getting 'older'? Is it 'inherited'? Or are 'naughty bacteria' (from outside!) invading us? Are you a 'victim' of 'natural' causes? No! You do not have to believe the 'virus/bacteria' stories, bacteria are always present, but DON'T give them bad food to 'eat'.

Take a look at whatever is left of the natural world. There is NO animal, NO bird, NO fish, NO insect or crawling creature that eats anything else but the 'raw-natural-uncooked food' provided for them in nature. Observe how healthy they are, full of strength and vitality, agility and alert.

The reason humanity is so sick is BECAUSE we have departed from our NATURAL foods. Our eating habits are very unnatural and many foods are deprived of the natural nutrition that the body needs.

Yes, the major culprit of your ill-health is what you eat and the way you think about nutrition. All your negative thoughts affect your health too.

Eat lots of good fruit and lots of good raw salads, as organic and non-sprayed as you can get them. Everyone loves salads and fruit, but it is best to eat fruit on an empty stomach and not after a meal. Eat fruit in the mornings, and have fresh, home-made fruit juices or vegetable juices, grow sprouts for your salads and have some soaked nuts and dried fruit for a snack in between. A good variety gives 'balance'.

Your body may well have a large amount of toxins, poisons, accumulated over years of wrong eating. These toxins need to be eliminated and by the eating of natural foods, ie fruit and vegetables,

you will set in motion a 'detoxification' process. This means that the toxins are loosened up and end up in the bloodstream for elimination. This process takes lots of energy and you may feel some 'withdrawal' symptoms for a while, you may be lethargic, tired, or experience a headache, maybe lose weight too, these signs are just an indication that detoxification is taking place. Pain is a 'warning' sign of the body, be grateful for it, it tells you that something is wrong, for you to take action. It is the body wanting to heal itself, which then activates your so-called 'illness' or 'disease'. This is actually a healing process!

The Fruitarian Network produces a quarterly newsletter of about 44 pages. The newsletter is both informative and social, not too scientific or technical. It's friendly and aimed at bringing like-minded people together from around the world.

It contains articles and letters from members, questions and answers, social contacts, a list of recommended books to read together with activities, overseas news and much more.

The Fruitarian Network is not in business for profit or gain. It is run on a voluntary basis. All the work is done as a service for those who are seeking to improve their health and lifestyles. The Network is funded by subscriptions to the newsletters and by personal donations.

The network caters for people from all over the world and by participating, members will find new friends, gain a new outlook on life, have vibrant health, clear perception, harmony with nature and peace of mind.

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The views expressed in this newsletter are not necessarily those of The Informed Parent Co. Ltd. We are simply bringing these various viewpoints to your attention. We neither recommend nor advise against vaccination. This organisation is non-profit making.

AIMS AND OBJECTIVES OF THE GROUP

1. To promote awareness and understanding about vaccination in order to preserve the freedom of an informed choice.
2. To offer support to parents regardless of the decisions they make.
3. To inform parents of the alternatives to vaccinations.
4. To accumulate historical and current information about vaccination and to make it available to members and interested parties.
5. To arrange and facilitate local talks, discussions and seminars on vaccination and preventative medicine for childhood illnesses.

6. To establish a nationwide support network and register (subject to members permission).

7. To publish a newsletter for members.

8. To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

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