

THE *informed* PARENT

ISSUE ONE - 2001 A QUARTERLY BULLETIN ON THE VACCINATION ISSUE & HEALTH

PARENTS FLOCK TO CLINIC'S MMR JAB ALTERNATIVE

This was a headline in the Evening Standard, 10/1/01, which highlighted the growing demand for single measles, mumps and rubella vaccines at a SE London clinic offering separate jabs.

Apparently the private clinic, Direct Health 2000, imports the vaccines from Sweden. The article states:

.... 'After taking a detailed medical history, children are given the single jabs by a GP or nurse at 6-week intervals. The measles and mumps jabs cost £35 each and rubella costs £25. Sarah Dean, a practice nurse with 14 years experience who set up the private clinic, now plans to travel to Bristol and Swansea to vaccinate hundreds of children. "We are getting between 75 and 100 inquiries a day from parents and relatives," she said.'.....

There has been a great deal of coverage on the MMR since the new year, throughout the media. Although much of the coverage is one-sided, there has been a few pieces that attempted to present both sides. It is extremely difficult to be able to participate in any of the broadcasts, and then you're lucky if you get more than a minute to put a few points across. It is very disappointing that one breakfast programme continued to use the '2 deaths from measles in Ireland' to alarm parents, even though they had been made aware of more details indicating that both children had problems with their health in the first place.

It would be refreshing to see more debate on the subject and more challenging questions directed to the so-called medical experts.

York paper, the Evening Press, 15/2/01, ran an interesting article on their health page by Dr Damien Downing. A former York GP, now specialising in nutrition, Dr Downing was asked, 'I'm very confused about the problems associated with the MMR vaccine. Should I have my baby

vaccinated or not?

His response was: 'This is a very tricky question, not helped by the official response to recent public debate, which has been pure spin-doctoring. You may not like what I have to say though.

At least 1 child in 200 now develops autism; it has become about ten times more common than it was 15 years ago, both here and in the SA.

This is not long in medical terms, and your GP is unlikely to have more than two or three autists on his/her books, so don't blame him for not knowing much about this.

This upsurge has been chiefly in cases that start in the second year of life, whereas before, autism nearly always showed soon after birth.

This doesn't prove that it is caused by the MMR vaccine, given at 12-15 months old, and indeed it's not that simple.

But the rise does parallel the increase in child vaccinations in general.

Vaccinations are a challenge to the immune system, and children have to handle a lot of them these days.

My opinion (and as things stand neither I nor the government's top scientists can claim more certainty than that) is that giving a triple vaccine, after several singles, is, for vulnerable kids, like kicking them when they are down.

Measles is usually a benign disease of childhood; it can cause meningitis, pneumonia and even death, but these complications are rare, and much more likely in children who are already badly nourished or otherwise unhealthy.

Third World researchers have shown that a single big dose of vitamin A can protect against such complications, for instance. So the child who lives with two chain-smokers and eats only sweets and junk food is much more at risk than the average. (contd. on page 12.)

VIERA SCHEIBNER'S MARCH LECTURES!

Dr Viera Scheibner will be arriving in the UK this month for a brief lecture tour which has been arranged at very short notice!!

Please support the efforts of the individuals who have come forward to arrange the talks, by attending and letting others know about the talks.

Viera Scheibner is a dynamic speaker, leaving you with a great deal of food for thought on the subject of vaccination. Author of 'Vaccination - The Medical Assault on the Immune System' and 'Behavioural Problems in Childhood - Link with vaccination',

Viera will be presenting numerous orthodox scientific papers, from highly respected medical journals, to demonstrate the dangers and ineffectiveness of vaccination.

The dates are as follows:

- 12th Mar. - New Barnet
Lyn 020 8441 8596
- 13th Mar. - Tunbridge Wells
Vanessa 01892 537254
- 14th Mar. - Douglas, Isle of Man
Denise 01624 816132
- 15th Mar. - Kingston, Surrey
Elaine 020 8287 8642
- 17th Mar. - Clydach, S.Wales
Clive 01639 639979 (afternoon talk)
- 19th Mar. - Tenterden, Kent
Jane Sloane 01580 766727
- 20th Mar. - Bristol, Avon
Neals Yard Remedies
0117 946 6034
- 21st Mar. - Bath, Avon
Jamie Taylor 01225 310245
- 22nd Mar. - Brighton, Sussex
Karel 01273 277309 or Brighton
Steiner school 01273 386300
- 23rd Mar. - Diss, Norfolk
01379 870707

MMR VACCINE IN JAPAN

*Transcript of a Channel 4 news broadcast.
31/1/01, presented by Ian Williams in
Osaka, Japan.*

*Scene opens with a film of parents and their
child looking at a photograph album.*

Ian W: "The reality of their terrible loss
emerges. They had a son and when he
was 21 months old they took him for an
MMR vaccination. (*Close up of photo of
unconscious infant with naso-gastric tube in
situ*). Two days later he was in a coma
from which he never recovered. That was
eight years ago and still the family is
fighting for proper compensation from
the Japanese government."

Kayoka Kinoshita (mother): "We are the
victims, not only of that vaccine, but of a
failure to make proper information about
possible side-effects available to us. It
fills me with resentment and anger."

*Shot of nursery school. Children being served
with food and eating lunch.*

Ian W: "Nursery schools used to help
organise mass vaccinations and for 4
years, from 1989, MMR was
recommended by the authorities until,
that is, the evidence of side-effects could
no longer be ignored. More than anybody
else it was Shunsuke Fuji who battled to
extract and then publish information
from Japan's secretive and high-handed
bureaucrats".

*Shot of book-lined, untidy office in the Osaka
Inoculation Information Centre where a
telephone is ringing. Shunsuke Fuji walks
in and picks up the telephone, listens,
then says:*

"If your child's already two, even
catching measles wouldn't be so serious,
so why bother with an inoculation?"

Ian W: "The authorities eventually
admitted that more than 1000 people
suffered side-effects from MMR, mostly
meningitis. Three died before the drug
was withdrawn in 1993".

Shunsuke Fuji: "They began using MMR
in April 1989 and by July doctors were
already warning of side-effects, but the
government didn't take any notice
because it was not convenient for them.
They kept using it for another 3 years,
securing the profits for the
manufacturers".

*Shot of children's playground and children
playing.*

Ian W: "The problem was pinned on the
mumps component of the inoculation
which was changed and which is not
used in Britain. But the damage had
been done by the vaccine and by the
government's sloppy response. Parents no

longer trust any MMR so doctors in
Japan now give a separate measles
inoculation to children between the ages
of one and six years old. It is given as a
single shot: no boosters are necessary.
They do accept that Japan's rate of
measles is high - 4,500 cases and 69
deaths between 1994 and 1998, but
doctors here claim it was high even when
MMR was used and they strongly reject
British criticism of the single vaccine".
*Shot of clinic at Osaka Red Cross Hospital
with Dr Hidebeko Yamamoto drawing up a
syringe of clear liquid.*

Dr Yamamoto: "The reason there are
more measles cases here compared with
other countries is not that we use the
single measles inoculation but because
we only give it after the child is one year
old. That is the problem. The measles
cases usually originate in children in
under one year and spreads from them, so
we should really think about giving the
jabs earlier".

*Change of scene to children's playground.
Little girl on swing being pushed by father.*

Ian W: "Not only has Japan abandoned
MMR in favour of the single measles
shot, but this has had a wider impact.
Such is public disillusion with what's
seen as dishonest, bungling bureaucrats
that it has undermined public confidence
in vaccination.

When Mayu (*close up of little girl on
swing*) was born six years ago, her parents
were wary of all vaccines. They insisted
on an allergy test before a measles jab.
This proved positive. A full inoculation
might of killed their daughter. Last year,
though, Mayu contracted a serious dose
of measles. Thankfully, she fully
recovered. Her parents' opinions have
hardened: like a growing number of
Japanese they would rather risk illness
than vaccines".

Tomoko Kitakata (Mayu's mother): "I
have a distrust and fear about putting
dangerous things into the body. I also
doubt whether the answers from the
government are true - or even from
doctors - because they all say something
different. We have to make our own
choice".

Ian W: "Like everywhere, the
overwhelming concern of parents here is
the health of their children. But Japan's
experience with vaccines and the response
of the authorities has hardly inspired
confidence".

*Editor: This transcript was put together by a
TIP subscriber and sent in. Many thanks.*

STRASBOURG 2004

The 3rd annual meeting of the
European group set up to collect and
study data on the after-effects of
vaccination, will be held in July 2001.

This is a reminder to those of you who
feel their child has been affected by a
particular vaccine to please send in a
completed reaction form.

On joining The Informed Parent you
will have all received a copy of this form.
Your data will be useful even if it is only
suspected. Also minor reactions are valid
as well as the moderate to major ones.

You could also make copies and pass
them on to friends or practitioners who
may be able to help. The more data
collected the sooner health departments
will have to start acknowledging the
reality of the situation.

Please contact us if you would like
further copies of the reaction form, your
assistance can make a difference!!!

DEBATE ON MMR

*Taken from letters page,
Daily Telegraph, 31/1/01*

Sir - Could those who claim that the
MMR vaccine is safe produce some
scientific evidence?

The only research I have seen cited is
a study showing that the incidence of
autism was no greater after the advent
of MMR than before. This may simply
mean that the measles vaccine was just
as harmful when administered alone as
when combined with the other two.

What we need is a graph showing
the autism rate throughout the 20th
century, with arrows pinpointing the
dates that the vaccines were introduced.
Was their arrival followed by an
increase in autism? A parallel graph
would show the death rate from
measles. Has the vaccine actually saved
any lives?

What we do not need is the type of
bogus argument proffered on a recent
television programme, which contended
that because one child became autistic
before the measles jab, no child could
develop autism from the vaccine. If the
disability existed prior to the vaccine,
then some cases obviously have a
different cause, but the vaccine might
still account for the majority.

We need these factual statistics
before being equipped to say how safe
or dangerous the MMR really is.
Prof. Alice Coleman, London SE19

*Editor: Of course it is quite possible that
some cases of autism have been caused by the
early baby jabs too!!*

POLIO RETURNS TO THREATEN WORLD PLAN FOR ERADICATION

The Guardian, 19/01/01, reported on how 'a small group of sick children in the Dominican Republic and Haiti could pose a threat to one of the World Health Organisation's most cherished plans - the eradication of the crippling and often lethal disease polio.'

Apparently since last October, there have been 45 cases of paralysis on the Caribbean island of Hispaniola, 6 years after the Pan American Health Organisation declared polio eradicated in the Americas.

Laboratory analysis of the infections, according to the science journal Nature yesterday, produced an alarming find: The polio cases could have developed not from the virus that doctors tried to eradicate but from a mutated form of their vaccine.....

Also according to Nature, 7 new cases of polio have been confirmed on Hispaniola, 6 in the Dominican Republic and one in Haiti. Their discovery led US Centers for Disease Control to conclude that they were caused by a mutation in the vaccine. The weakened version had not only regained its virulence, it had recovered the ability to spread from person to person.

The next step for WHO chiefs is to work out how it happened.

"My assumption is that this is an unusual event," Donald Henderson of John Hopkins University, the architect of the smallpox eradication programme, told Nature, "It can't be occurring with great frequency otherwise we would have seen it a long time ago."

But the implication is that polio may be more difficult to eliminate than anyone had thought. "Clearly," Roland Sutter of the CDC said, "this is raising a red flag."

AUTISM STUDY

Dr Singh is looking for autistic adults, aged 30 and over, to be involved in part of a study entitled Autoimmune Factors and Age Effect in Autism. If you have an ADULT autistic child and you believe a vaccine played a part in their autism (subjects need not have a history of MMR injury), please contact Vijendra Singh, PhD at: singhvk@biology.usu.edu or at the USU Lab in Logan, Utah, tel: +435 797 7193

SIX-IN-ONE VACCINATION RAISES NEW MMR ALARM

Taken from: Daily Mail, 29/1/01

Plans for a controversial six-in-one vaccination for children are being discussed by health experts, it was revealed yesterday.

The news comes at the height of renewed controversy over the triple MMR jab, which it is alleged can cause autism and bowel diseases.

Campaigners claim introducing a vaccine against six illnesses is unwise and shows that health experts are not listening to parents' fears.

The new vaccine, Hexavac, has received a licence for use in Britain and is already being given to children in Germany, France and Belgium.

It would protect children against diphtheria, tetanus, whooping cough, polio, hepatitis B and Hib meningitis. Karen Nicholson, spokesman for the manufacturer, Aventis Pasteur, said: 'This is a very safe vaccine and there have been few side-effects in trials.'

The jab would include a vaccine against the blood infection hepatitis B, not currently given to children.

It would be given in four stages at 2,

4 and 6 months of age with a booster at two years. At present diphtheria, tetanus and whooping cough are given as a combined vaccine with polio and Hib given separately. (*Editor: Plus the meningitis C jab.*)

Jackie Fletcher, of the pressure group JABS, which has voiced fears about the MMR vaccine, said another one double the size was foolhardy.

'We have enough concerns about the triple vaccine without going to one which contains six,' she said.

A spokesman for the Department of Health confirmed the six-in-one vaccination was being discussed by the vaccines advisory committee but said no decision had yet been made.

Editor: So if this 6-component vaccine is introduced and a 4-dose regime is implemented that equals 24. Add three doses of the meningitis C vaccine. Then if the pneumococcal jab is also given the okay, a further three doses. Now add a dose of the MMR with the addition of a chickenpox vaccine which is being considered. I make that 34 vaccines by the age of two years old!

CONJUGATE PNEUMOCOCCAL VACCINE NEXT FOR CHILDREN

The Pulse, 13/1/01, reported that the next most likely vaccine addition to the immunisation programme will be a conjugate pneumococcal vaccine.

According to the article, Dr Elizabeth Miller, head of the Public Health Laboratory Service immunisation division said: 'Now that Hib is controlled and meningitis C is controlled, pneumococcal infection and meningitis B disease are the two main causes of invasive disease in children.'

'In terms of meningitis and serious blood poisoning these are somewhat less common, than with meningitis C, but if we add into that all the children with pneumonia and ear infections, the total spectrum of illnesses caused by this disease (pneumococcal infection) is vast.'

Dr David Salisbury, head of immunisation at the DoH, said:

'Pneumococcal vaccine is the one that we are looking at very carefully.'

Apparently results from a new study showed a 'substantial burden of morbidity' due to pneumococcal disease in children in the UK. The three year enhanced surveillance study from 1996 to 1998 identified 1,985 cases of laboratory-confirmed invasive *Streptococcus pneumoniae* in children under 15. Some 485 cases or 24% were meningitis, according to the study published in *Acta Paediatrica* at the end of last year.

The study calculated that 77% of the infection in under-5s could have been prevented by the nine-valent conjugate vaccine currently being used in three UK trials.

Editor: Why don't they do a study looking at the reasons why children these days are becoming susceptible to all these bacteria?

QUESTIONS TO HEALTH DEPARTMENT IN EIRE

The Informed Parent recently contacted the Public Health Dept. in Dublin, Ireland with a number of questions regarding the measles outbreak last year (2000). Reproduced here are the questions forwarded, hopefully there will be a response, and even some answers to publish in the next issue!

QUESTIONS

1. How many of the total number of measles cases during 2000 were in babies under 15 months old, ie under the age of vaccination?

2. According to data from Drs G Brophy, M Owens and H Murray the MMR status of the measles cases in the North Area Board were 12% vaccinated, 27% no record and 61% unvaccinated.

a) Do you have any updated figures on MMR status, which would cover all the measles cases in Ireland during 2000?

b) How do you define 'No record'?

3. Regarding the total figure of unvaccinated cases, what percentage were babies under 15 months of age?

4. For the cases in babies under 15 months do you have details of the immunisation status of their mothers, ie were their mothers vaccinated against measles as children?

5. How many of the total measles cases were serologically confirmed?

6. How many of the total number of measles cases were hospitalised?

a) and what was the most common complication?

7. Of the hospitalised cases, how many were:

a) in babies under 15 months old?

b) in **TOTALLY** unvaccinated, ie they had not received the early vaccinations - DPT/Hib/Polio/Men C?

8. Of the hospitalised cases above 15 months of age, what percentage had received:

a) one dose of the MMR?

b) two or more doses of the MMR?

c) had received no vaccines at all, ie MMR and DPT/Hib/Pol/Men C?

9. How many of the total number of hospitalised cases required intensive care?

10. Of the intensive care cases how many were

a) under 15 months old?

b) over 15 months old and vaccinated with at least one dose of MMR?

c) totally unvaccinated with all vaccinations

11. How many cases of measles were acquired nosocomially?

12. Regarding the 2 deaths reported, I understand that one case was in a severely under-nourished child and the other had the condition

'tracheoesophageal'. Please could you clarify and indicate their ages, cause of death, and any other details which would be relevant.

Additionally, were both cases admitted into hospital with suspected measles or did they contract measles whilst in hospital for other conditions?

13. What was the vaccination status for both of these cases?

(Please include early jabs, also)

14. If a child has had only one dose of the MMR of the 2-dose regime, are they classed as only partially vaccinated, and therefore considered unvaccinated?

15. What safety studies/trials are available regarding giving the first dose of MMR at 6 months, followed by 2 further doses at 15 months and at school entry? References, please.

16. What long-term safety studies are available for a 3-dose regime commencing at six months of age?

17. What year was MMR introduced in Eire?

18. Do you have annual figures of measles notifications from 1982 to the present, and

a) what percentage were serologically confirmed?

b) do you have data on the immunisation status of all these notifications?

19. Do you have annual percentages for the MMR uptake since its introduction?

Editor: I should have also asked about whether these babies who developed measles were breastfed and for how long.

SNIPPETS FROM THE PRESS

WHY ARE MY FIVE CHILDREN AUTISTIC?

The Daily Telegraph, 11/2/01

A report on mother, Mary Robinson, who has six children, five who are autistic. The eldest, Donna never received the MMR and she is the only one who is not autistic. The rest were immunised and from that moment in each case, the mother noted the onset of symptoms. It wasn't until Mary Robinson read an article about a woman with 3 autistic children that she began to piece the puzzle together. Three of her children are included in the legal action brought by solicitors Alexander Harris against the 5 drug companies that supply the vaccine.

MMR DOCTOR LINKS 170 CASES OF AUTISM TO VACCINE

The Sunday Telegraph 21/1/01

A report revealing that Dr Wakefield has identified nearly 170 cases of a new syndrome of autism and bowel disease in children who have had the MMR vaccine. Dr Wakefield remains seriously concerned by the safety of the vaccine. "Tests have revealed time and time again that we are dealing with a new phenomenon," he said.

Dr James Le Fanu also looked at the MMR controversy, and ended his piece by stating: 'when I am asked by friends whether they should have their children immunised, my answer is "no"'

TRIPLE JAB UNSAFE SAY U.S. SCIENTISTS

Sunday Express 28/1/01

This article reported on further evidence from a leading scientist, Dr Vijendra Singh, who is based in Utah. His findings, which are due to be published, cast further doubt on the safety of the MMR. "I strongly suspect MMR is not safe in certain children whose immune systems can't cope with it and this is causing autism," Dr Singh stated.

MMR VACCINES: ARE THREE JABS REALLY BETTER THAN ONE?

The Independent, 18/1/01

Journalist Jeremy Laurance touches on the issue of parental choice and questions whether parents should have the right to decide on matters affecting the health of their children.

He states: 'Some curbs on our liberty are justified on safety grounds - the ban on drinking and driving, for example - and the restriction on single vaccines falls into this category.'

MMR VACCINE DEBATE: ANOTHER DOSE

Private Eye, 26/1/01, published a very interesting article on the MMR situation and the continual denials by the health department about possible links with autism.

The article highlighted the recent announcement regarding a report from Finland, it stated:

....'parents were no doubt relieved by the department's announcement that a huge study of 1.8m children and adults over a 14-year period in Finland had found no links between the MMR vaccine and autism. It sounded pretty conclusive...except the claims being made about the study's findings were complete nonsense.

Indeed, they add nothing to the current debate on MMR: whether it could be a factor in the massive increase in cases of autism recorded in the last decade - Wakefield, in West Yorkshire, for example, records a 22-fold increase from 5 to 111 children with autism in just seven years.

Firstly, the Finnish researchers did not in fact study all 1.8m children. They relied on "passive reporting" by doctors of specific adverse reactions to the vaccination: a bit like our own unreliable yellow-card system which relies on doctors to make the link. At best, experts largely agree, this picks up only 10% of incidents.

Then, the adverse reactions that were being looked for - sudden death, fits, allergic reactions, neurological disorders and the possibility of chronic disease such as rheumatoid arthritis and diabetes - did not actually include autism or any symptoms associated with it. Because the search for adverse reactions largely concentrated on a 3-week period after vaccination, the slow deterioration and detection of autism would anyway have been missed by the study!.....(Editor: Incidentally this Finnish report was supported by a grant from Merck & Co, USA, a producer of a MMR vaccine.)

A follow-up in Private Eye, 22/2/01, continuing the MMR debate, looked at documents now circulating among health authority immunisation officers and GPs aimed at restoring the public's confidence with the MMR. The document, entitled MMR Vaccine- Myth and Fact suggests that

parents who do not have their children vaccinated are selfish, reckless criminals. "An unimmunised child is the infectious equivalent of a drunk driver." it states.

The author of this report is one Mike Watson, medical director of Aventis Pasteur MSD - who as a manufacturer of MMR is naturally keen to spread the good word.....in his "myth 3" he attempts to dissuade parents obtaining separate measles, mumps and rubella vaccines from Europe, Watson suggests they might be buying a second-rate strain of the mumps vaccine, of which there is a choice of three. The Urabe strain, he writes, was replaced here in 1992 after it was "rarely" associated with "severe headaches."

Actually the Urabe strain was used in the MMR vaccines, Immravax and Pluserix, in this country between 1988 and 1992. Both were hastily withdrawn in 1992 after they were found to cause not "rare" but unusually high rates (more than 1 in 11,000) of potentially fatal aseptic mumps meningitis - er, a little more than a "severe headache", the Eye would suggest. And Watson should know because his company, then Merieux

HOSPITAL BLUNDER KILLS GIRL,3

The Evening Standard, 14/2/01, reported on the death of a three year old girl after being given a lethal dose of nitrous oxide (laughing gas) instead of oxygen.

In the article it stated: 'She had been taken to her GP and given an inoculation (our emphasis) after suffering flu symptoms but suffered fits and a fever soon afterwards and was taken to Newham General by ambulance.' According to the article the little girl had a history of convulsions, so it would be important to find out if she had suffered any kind of reactions to all of her previous vaccinations. Convulsions have also been noted after flu vaccinations.

I would also wonder why a doctor would be administering a flu jab to someone who is already displaying signs of illness. I do not have details of the brand of vaccine used, but on a data sheet for Inactivated Influenza Vaccine

UK, manufactured the dodgy Immravax, SmithKline Beecham produced the other.'

The article also points out how as late as 1997, SmithKline Beecham's Urabe MMR jab was supplied to Brazil for a mass vaccination programme, which led to an outbreak of aseptic meningitis.

Editor: Last year I participated in a live debate on You and Yours, Radio 4, and one of the panel of experts happened to be Dr Mike Watson. When he was questioned about why this Urabe vaccine was supplied to Brazil, when it had been banned for 5 years here, he implied that mumps meningitis was of no great concern. I asked him after the programme if he could give me his description of mumps meningitis, and he stated that it was a severe headache, which resolves on its own and has no long-term consequences. I commented that it is interesting how parents are given the impression that mumps meningitis is a dangerous complication of the illness mumps, and that is one reason to have their children vaccinated. And yet when the vaccine causes this problem suddenly it's only a severe headache. If it is so minor as a side-effect why was the Urabe strain vaccine withdrawn in Japan, Canada and the UK?

(Pasteur Merieux, September 1995) it states:

'Do not administer to patients with acute respiratory or other active infections or illnesses.'

Obviously this case needs to be thoroughly investigated regarding the mistakes made at the hospital, but equally the administration of a flu jab should also be studied. This little girl may not have been admitted into hospital in the first place if she had not received a flu inoculation.

HEPATITIS B JABS SCHEME

Taken from: The Guardian, 20/12/00

Greater Glasgow health board and the Scottish Centre for Infection and Environmental Health are planning a vaccination scheme that will target 10,000 children between the ages of 11 and 12 for inoculation against hepatitis B.

MEASLES - NATUROPATHIC CARE

Taken from: The Hygienic Care of Children by Herbert M Shelton.

In Issue 2 of this newsletter I stated that I would be featuring further extracts from the above title, which was first published in 1931. As there is so much interest in measles at present I thought it would be appropriate to reproduce Shelton's straightforward comments on the disease:

Measles begins with a "cold in the head", accompanied with slight fever and malaise. These last from 3 to 6 days during which time the patient feels wretched. Soon there follows headache, nausea, sometimes vomiting, and chilly feelings. The coryza (cold in the head) is intense with cough and redness of the eyes and eye lids. The temperature rises and the skin, especially on the face, feels hot and tingling. The tongue is furred. The mucous lining of the mouth and throat is an intense red. Little blue dots may be seen on the inside of the cheeks. The skin rash develops on about the fourth day, starting, usually on the forehead, then the face, then over the body generally. The eruption begins as little red spots, which increase greatly in number and are gradually arranged in groups, sometimes in crescentic groups. The fever begins to fall on the sixth day and a fine, bran-like desquamation (scaling) of the skin begins, which lasts from a few days to several weeks.

COMPLICATIONS & SEQUELAE

Under medical care these are chronic coryza, enlarged tonsils and adenoids, tuberculosis, laryngitis, otitis media, severe bronchitis, bronchopneumonia, severe inflammation of the mouth, Bright's disease, nose bleed, arthritis, meningitis, paralysis, and brain abscess. These must all be the results of suppressive treatment, since they never develop under Hygienic (naturopathic) care. One medical author, in discussing the complications of measles says: "Hot drinks should be given freely as these help to 'bring out the rash.' A sudden chilling sends the blood to the internal

organs and may cause a congestion of the kidneys." This is evidence, from an orthodox source, that complications are due to suppressing the eliminative effort through the skin - the rash.

German Measles is described as "having the rash of measles and the throat of scarlet fever." It begins with slight fever, headache, pain in the back and limbs and coryza. On the first or second day the rash develops, beginning on the face and spreading, in twenty hours, over the whole body. The rash, consisting of little pink raised spots, fades after 2 or 3 days. The fever is slight, the rash is diffuse and of a brighter colour than ordinary measles.

CARE OF THE PATIENT

Due to the persistence of the contagion-superstition these cases have to be isolated. The patient should be kept quietly in bed. The room should be light and airy and fresh air should circulate in the room at all times.

The patient should be kept warm and not allowed to chill. Chilling checks elimination and retards recovery. If it is winter time a hot water bottle, or other means of applying warmth to the body, should be placed at the feet.

No food should be allowed until 24 hours after all acute symptoms are gone. All the water desired may be given, but water drinking need not be encouraged or forced on the theory that it flushes toxins out of the body. Anyway, nature has concentrated the toxins in the skin and has adopted unusual methods of elimination. No drugs of any kind and no enemas are to be employed.

A luke warm sponge bath twice a day, for cleanliness should be given. Antiseptics and alcohol are to be avoided. Do not use oil on the skin when it begins to scale.

Medical authors tell us that the room should be kept darkened as the light hurts the child's eyes. This I have not found to be so. I always have the room well lighted. I believe that the

darkened room is more likely to injure the eyes. The mouth and throat should be kept clean. Plain warm water will do for this purpose. Use no antiseptic gargles. Do not try to reduce or control fever.

CONVALESCENCE

This is a critical period if the patient has been cared for medically. There is nothing to fear if the patient has been cared for as above directed. Feeding should begin with orange juice, or grapefruit juice, or fresh pineapple juice, or fresh apple juice. This should be given as much as desired, for the whole of the first day. The second day, breakfast may be of orange or grapefruit or peaches in season. Lunch should be pears or grapes or apples in season. Dinner may be a raw vegetable salad and one cooked non-starchy vegetable. The third day may begin the normal diet, but in reduced amounts. By the end of the first week the patient should be eating normally.

The patient should remain in bed for at least 24 hours after all acute symptoms have subsided. Physical activity should be mild at first. Healthful living thereafter will maintain the improved health that has resulted from this house cleaning.

CHICKEN-POX

In his 'Children's Ailments', Dr Harry Clements repeats a story that went the rounds of the English newspapers, telling about a man who was suffering with tuberculosis being cured of the tuberculosis by a case of chickenpox. He 'caught' the chickenpox and when he had recovered it was discovered that he was also cured of the tuberculosis. English medical men explained that the chickenpox germs had destroyed the TB germs, and that by the "ill-wind" of the battle between these warring germs, the patient had been "blown some good." An understanding of the orthopathic character of disease would have saved them from this absurdity. Chickenpox is one of nature's most efficient house-cleaning processes. It is a remedial process with few superiors.

Chickenpox (varicella) begins with a chill, vomiting and pain in the back. The rash develops within the first 24 hours of fever. As a result, the disease is mild. The rash begins as small red papules which develop into vesicles, but without, as in smallpox, the surrounding area of inflamed skin. In 2 days the fluid in the vesicles develops into pus. In 2 more days the pustules dry to dark-brown crusts. These fall off without, as a rule, leaving a scar. Successive crops of the eruptions develop at intervals of from one to 4 days, so that unlike smallpox, all stages of the rash are present at the same time. The eruption seldom begins on the face, but begins, usually on the trunk, back and chest. The pustules never coalesce (grow together or unite).

Care of patient: This condition should be handled the same as measles or smallpox. It is a mild disease, does not last long and is very comfortable under Hygienic methods.

FEARS AS DOCTORS ADD CHICKENPOX VACCINE TO MMR

A report in the Daily Express, 22/1/01, focused on the introduction of the chickenpox vaccine, which will be combined with the MMR as a quadruple vaccine.

According to the article, 'doctors are starting trials combining the 4 vaccines on more than 200 British schoolchildren. The trials are taking place at Sheffield's Childrens Hospital, where doctors will combine the jab with the existing measles, mumps and rubella vaccine.

Paediatrician Dr Adam Finn said: "if we largely eliminate chickenpox through vaccination we will save some lives and we will also protect those who haven't had the illness during childhood. Adults who develop chickenpox have it more severely and there is a greater risk of serious complications."

Dr Finn stressed that although chickenpox is a mild illness, among the

600,000 cases every year there are several deaths and dozens more children develop complications.

"We would also be protecting several thousand children who are vulnerable to chickenpox, particularly children who are being treated for diseases like leukaemia. We have a real worry about these children getting chickenpox and if they do their lives are potentially at risk."

The Informed Parent contacted Dr Finn for details of the trials. Dr Finn stated that no trials were taking place in the UK for the four-in-one vaccine at present, and he indicated that the Express article had been inaccurate in its reporting. According to Dr Finn there are some trials taking place in Germany and he believed that it was very likely that a chickenpox vaccine would be introduced within Europe in the near future.

BOOK NEWS

BOOST YOUR CHILD'S IMMUNE SYSTEM

by Lucy Burney

Published by Piatkus Books, 2001.
ISBN 0-7499-2114-5

A great new book for parents who want to learn more about how to promote their child's immune system, from the early years on to adulthood. The author, Lucy Burney, a nutrition consultant and children's health specialist who trained at the Institute for Optimum Nutrition, presents a useful and easy-to-read guide, covering the immune system, how to fight infections naturally and avoid antibiotics, the pros and cons of vaccinations, allergies, tips on food storage and preparation, easy-to-follow menu plans and a variety of recipes for all ages. This book aims to show parents how to set their family on the path to lifelong good health.

Here follows a few brief extracts: 'One of the difficulties in making this decision is that no one knows the cocktail effect of our current immunisation programme. However,

it is more likely that adverse reactions are going to occur in children whose immune systems are compromised. You are unlikely to know if there are any subtle immuno-disorders that could be triggered in your child when she is only two months old. What is more, some of the diseases that our children are immunised against are not life-threatening in developed countries with well-nourished populations. Measles, mumps and whooping cough are common childhood diseases, which serve a purpose in immune development. As a group of Swedish doctors remarked in 1990, 'We have lost the common sense and the wisdom that used to prevail in the approach to childhood diseases. Too often, instead of reinforcing the organism's defences, fever and symptoms are relentlessly suppressed. This is not always without consequences....'

.....Deciding not to vaccinate your child is a huge responsibility. If it is the choice you propose to make then you must be prepared to take full responsibility for your child's health, putting into practice all the measures

outlined below in order to keep her immune system fighting fit.

- Breast-feed your baby for as long as possible. If you can, do so exclusively for the first six months while your baby's immune system is finding its own feet. While you are breast-feeding eat a nutrient-rich organic diet and take a multivitamin and mineral designed for breast-feeding mothers.

- When you are weaning your baby on to solids, make sure her diet is rich in immune-boosting nutrients (vitamins A, C and E, selenium, zinc, iron, calcium, magnesium and potassium). The 1999 WHO report on infectious diseases claimed that in developing countries, 'As many as one in four child deaths from infectious diseases - mainly measles and diarrhoea - could be prevented by giving children vitamin A supplements.' This shows just how important nutrients are. In the developed world, however, a diet rich in beta-carotene, a precursor of vitamin A (which means the body can convert beta-carotene into vitamin A) is the best defence.....'

NVIC CONFERENCE - DR INCAO'S PRESENTATION

Extract from NVIC Conference

In September 2000 the National Vaccine Information Center hosted the 2nd International public conference on vaccination. Reproduced here is an extract taken from a report in the Canadian newsletter VRAN, featured in the July-October 2000 issue of their newsletter.

Anthroposophic physician Dr Phillip Incao is Founder and Director of Gilpin Street Holistic Center in Denver, Colorado, has been in practice as a family physician for 27 years, and lectures frequently on multi-disciplinary approach to health and healing. Dr Incao's talk focused on the Hygiene Hypothesis, starting with a quote from Thomas Jefferson - "Follow the principle and the knot unties itself."

"I think the principle that we practicing doctors should be following is based on the obvious fact that the public health is the collective health of individuals, and for the practicing doctor, the health of the individual is clearly our highest priority. What is it that makes an individual child healthy?"

What makes an individual adult healthy? It's certainly more than just the absence of illness. You bring your baby or toddler to the paediatrician, and he says 'you have a healthy child', and then sometime later, this child might come down with asthma or diabetes or an emotional problem or ADD. Could we have seen this coming? Were there warning signs? Could we have been more discerning?"

"This is the great challenge to doctors and parents alike. We doctors don't know what to look for, because we are not taught what health is. We only learn about all the different forms of illness - but this is where the Hygiene Hypothesis can help because the Hygiene hypothesis suggests that health is a balance between two polar opposite ways that the immune system can react. It can react in a Th1 way (responding acutely to infections) or it can react in a Th2 way (chronically reactive), and I believe what will untie the knot, is when we all - doctors, parents, therapists and teachers, learn to recognise and promote what health truly is - as a positive quality in our children, and not just as the absence of

illness. Then we will be serving the individual health and the public health in a far better way than it's being served now."

"Our children's health is rapidly changing - it's astonishing how children are changing today. What worked for them in the past no longer works today. To paraphrase Einstein, "everything is changing today, except our way of thinking" and that means we're headed for more trouble. In 1999 a report on children's health was published by the Public Health Policy Advisory Board, which is a blue ribbon panel, led by the former head of Health and Human Services (USA), Dr Lewis Sullivan, and this report showed quite dramatically that the factors adversely impacting children's health today are vastly different from what they were in the early 20th century. The report found that in the US 7 times more children die from cancer today than die from infection. Seven times more children die from suicide today than die from infection. And shockingly, 14 times more children die from homicide today than die from infection."

"So the bottom line question is - have all our successful measures against infection which include vaccinations and antibiotics really created a healthier population of children? And I would answer yes, and no. From 1900 to the mid 1950s, everyone agrees that American children became healthier - and there I would say that yes, that vaccinations and antibiotics contributed to the improvement of children's health. Of course we didn't have many antibiotics and vaccinations during that time. (*Editor: I personally feel that Dr Incao is being rather generous about the contribution vaccinations and antibiotics made at that time!*) But from 1960 until now, the use of vaccinations and antibiotics has increased many, many, many times over. And infections have decreased further since 1960. But compared to how much infections decreased from 1900 to 1960, the decline since 1960 is slight. And if we factor in the tremendous increase in chronic diseases and disabilities and emotional problems in our children, then I would say no. All of the truly

wonderful and life-saving advances in medical science since 1960, including vaccination and antibiotics have not seemed to make our children healthier today. I would say that our children were healthier in the 1950s than they are now."

Dr Incao presented principles of the Hygiene Hypothesis as a biomedical model of what makes people healthy, and gives us a picture of what true health really is, and can help us "untie the knot." The Hygiene Hypothesis says that experiencing acute, infectious, inflammatory illnesses has a beneficial effect on the developing immune system of a child. This is based on research that found that younger children in large families had fewer allergies and less asthma than children with no older siblings. The idea is that the earlier, and more often the child is exposed to infectious, inflammatory illnesses, the less risk of asthma and allergies later on. Infections exercise one arm of the immune system, the Th1 arm and enables a balance to be held with the Th2 arm. The repeated readjustment of the balance every time a child gets an infectious, inflammatory illness prevents the Th2 arm from overreacting and causing allergies and asthma, and most likely autoimmune diseases. The Hygiene Hypothesis is very controversial because it dares to suggest that acute infectious, inflammatory diseases just might have some redeeming value."

Dr Incao explained that in every infectious illness, two polar opposite activities are going on - there's an action and a reaction. The action is the rapid proliferation of a certain bacterium or virus in us, and the reaction is what the immune system does to clear the pathogen out of our system. The time of most rapid proliferation of the pathogen is the incubation period when we're not sick and there are very few symptoms, then in the acute stage of the illness, when we experience fever, sore throat, vomiting, diarrhea, etc. - all of these are symptoms that belong more to the clearing and healing of the infection. These are symptoms created by a healthy, immune inflammatory

response. The most important thing to make sure about the inflammatory response is that it is coming out of the body and externalising and not going inward into the body and internalising. When there is a discharge of mucous, or pus, rash, vomiting or diarrhea, these are signs that the immune system is externalising and shedding the illness, and these have always been recognised as part of the healing process.

"This correlates with: the Th1 activity of the immune system. What we all want to avoid is being in a weakened or over stressed condition, which is when the infectious inflammatory process may internalise and cause complications, rather than externalising to bring about healing. When a Th1 reaction is too weak to externalise the illness, complications can arise leading to conditions like arthritis, pneumonia, meningitis. Dr Incao cited an example of how aggressive medical treatment can cause complications by driving the infectious inflammatory response inwards, and cited a clinical study of 56 children done during a measles epidemic in Ghana, Africa in 1967.

"It was standard practice to treat every case of measles with sedatives to prevent convulsions, antipyretics like aspirin and tylenol (calpol) to lower fever and ease discomfort, and cough suppressants, and also as needed with antibiotics and antimalarial drugs, and even blood transfusions if they were getting too anemic. In the first half of the epidemic, 35% of the children died. Most of them died from the complication of pneumonia - but the treating doctors observed a remarkable thing. The children who survived were usually the ones who had higher fevers and more severe rashes than the ones who died. And the ones who died seemed less sick than the survivors at the beginning of the illness, but then later on they got pneumonia and died. The doctors thought that maybe the higher fevers and rash are beneficial because they help to clear the measles virus from the body, so there was less virus remaining in the body to go into the lungs and cause pneumonia.

And so half way through this measles epidemic, the doctors revised their treatment and gave no sedatives,

no aspirin or tylenol, nor cough suppressants, but still gave antibiotics, antimalarials and blood transfusions if needed. In this group, also of 56 children, only 7% died compared to 35% in the previous group. This is a dramatic demonstration, and there are many others, of the vitally important basic principle that it is dangerous to suppress an inflammatory discharge. Hippocrates recognised that over two thousand years ago. In any inflammatory infectious disease, what is discharged out of the body can be frightening to look at, but that's not what kill us. What can kill us comes from the toxic effects of what's left inside the body and what's not being discharged.

What I read in this study twenty years ago confirmed what I experience in my own practice, that the children who produced higher fevers and strong rashes, and good discharges of mucous and pus, were healthier and more robust and had stronger immune systems than the children who produced a low intensity of these symptoms. These robust children in my practice, who vigorously externalise and healed their infections spontaneously, often without antibiotics, had had little or no antibiotics, or antipyretics or vaccinations in their lives. And the other children who had had all their vaccinations, and lots of antipyretics and antibiotics - who had a lot of suppressive, internalising medical treatments, these children never got high fevers. And these children were the ones who were more likely to have allergies and autoimmune problems.

And that is the core idea of the Hygiene Hypothesis - that health is a balance between 2 polar opposite ways that the immune system can react.....if we stay in balance, our chances of getting asthma, allergies and other chronic illnesses is less. It's all a matter of balance. And the message that I would like you all to take home is that no parent today needs to be afraid that you are putting your children at an unacceptable risk if you decide not to vaccinate them. In my experience of 27 years with hundreds of unvaccinated children in my practice, they fared better than their vaccinated peers by any measure of physical and emotional health that you would care to

use. And I've had mothers with both vaccinated and unvaccinated children in the same family tell me the same thing."

In concluding his presentation Dr Incao emphasised that regardless of whether one's children were vaccinated or not, it is vitally important that all parents learn to understand the critical difference between externalising and healing an infectious inflammatory illness (on the one hand), and internalising or suppressing an infectious inflammatory illness on the other. And most helpful would be to find a health care practitioner who also understands this critical difference.

Editor: So by vaccinating, because of the unnatural entry i.e. by-passing the Th1 branch of the immune system, the lack of challenge for Th1 branch presumably weakens the individuals ability to respond acutely to any infections? So if children are having less childhood infections it is more likely that it is because the vaccines have weakened and/or halted the child's ability to have these illnesses. So vaccines may have reduced the number of cases of these childhood infections, but at what cost??? As Dr Mendelsohn asked, in his book 'How to raise a healthy child...' 'Have we traded mumps and measles for cancer and leukemia?'

MENINGOCOCCAL DISEASE AMONG TOURISTS IN CYPRUS

Taken from: Eurosurveillance, 14/9/00

Five tourists in Cyprus (three Swedish, one Norwegian, and one British) were diagnosed with meningococcal disease in the first week of September 2000. Group B meningococci have been isolated from two of the cases. All five were aged 18 to 20 years and visited or stayed in Ayia Napa on the south east coast of the island. No further connections between the cases have been identified. Close contacts have been given antibiotic prophylaxis.

Editor: A good example of why cases of meningococcal disease might occur! Also, it highlights the fact that this disease usually results in isolated cases, it is very much a disease of the individual and their level of health and their lifestyle habits at the time.

THE AUTISM EPIDEMIC, VACCINATIONS AND MERCURY

Extracts from Journal of Nutritional & Environmental Medicine, (2000) 10, 261-266. By Bernard Rimland, PhD

....'The ensuing battle, conducted in the pages of *The Lancet* in articles, editorials and letters would, if reported in detail, take more space than can possibly be devoted to it here, and is probably well known to the reader. Suffice it to say that the acrimonious charges and countercharges are still being heard, and the fight is far from over.

Let me dispel several myths promoted by those who deny the autism/vaccine connection.

1. They claim the vaccines are safe, but physicians are indoctrinated to discredit claims of harm and are not trained to recognise or required to report adverse reactions. From 90% to 99% of the adverse reactions reported to US doctors are never reported by those doctors to the government's extremely lax Vaccines Adverse Event Reporting System known as the VAERS.

2. They say that the suspected linkage between the MMR vaccination and autism has been disproven by a study conducted by Brent Taylor and his colleagues in London, and published last year in *The Lancet*. The Taylor study is seriously flawed in many ways, as has been noted in a number of letters to the editor of *The Lancet* and in a number of additional letters on the subject which have been posted on the Internet. It was subject to strong attack at a recent meeting of the British Statistical Society. I have been a full-time researcher my entire professional life, for almost 50 years, and I respectfully asked Dr Taylor for a copy of the data so that I could reanalyse them. He refused this ordinary professional courtesy, and I have subsequently written to the editor of *The Lancet* requesting that an impartial committee be asked to re-examine Dr Taylor's statistical methods.

3. They say that autism has a large genetic component, and therefore vaccines must play a minimal role, if any, in the causation of autism. My book *Infantile Autism*, in 1964, was the first systematic attempt to marshal the evidence for genetics as a contributing cause of autism, so I am certainly not

hostile to that idea. However, genes do not begin to account for the huge increase in the incidence of autism, ranging from 250% to 1000% in various places. I might add that I recently reviewed all of the recent genetic studies for the Autism Research Review International. The results are spectacularly inconsistent. The best guess is that there are at least 20 different genes involved in the causation of autism, with none playing a major role. Gene therapy is decades away, and may be unfeasible.

4. They claim that autism naturally occurs at about 18 months, when the MMR is routinely given, so the association is merely coincidental and not causal. Data on many thousands of cases collected by the Autism Research Institute since 1965 show that onset of autism at 18 months is a recent development. Autism starting at 18 months was very uncommon for several decades, then rose sharply in the mid-1980s, when the MMR vaccine came into wide use. A coincidence?...

.....The Mercury connection

During the late 1960s, my then graduate-student assistant, Dale Meyer, became interested in the fact that mercury poisoning mimicked many of the symptoms of autism.....I had assumed, very naively, as it turned out, that the medical establishment would thenceforth avoid mercury like the plague. I was aware that minute amounts of mercury, along with other toxins, aluminum and formaldehyde, were used as preservatives in vaccines, but, after all, I thought, everyone now knows that these substances are extremely toxic and those highly sophisticated vaccine-makers would not possibly use amounts which even approach dangerous levels. Bad guess!

In early 2000, a group of concerned and inquisitive parents began looking into the mercury issue. They learned that thimerosal, a preservative containing high levels of mercury, was used in most vaccines at levels that greatly exceeded the upper limits decreed safe by the US Environmental Protection Agency (EPA).

In her testimony before the US House of Representatives in July, Sallie Bernard, the primary author of the report, testified: "the symptoms

which are diagnostic of or strongly associated with autism itself are found to arise from mercury exposure, as described in available literature on past cases of mercury poisoning."

"These similarities," she testified, "include the defining characteristics of autism -and they include traits strongly associated with autism and found in nearly all cases of the disorder - sensory disturbances such as numbness in the extremities and mouth, aversion to touch, and unusual response to noise; movement disorders like toe-walking, hand flapping, clumsiness, and choreiform movements; and cognitive impairments in specific domains like short-term, verbal and auditory memory and in understanding abstract ideas." In addition, she noted, mercury poisoning can cause many of the same biological abnormalities as are seen in autism, including immune system dysfunction and anomalies in the cerebellum, amygdala, and hippocampus.

Bernard noted that the growing prevalence rate of autism closely matches the introduction and spread of thimerosal-containing vaccines and that autistic symptoms generally emerge at the time the child is given the thimerosal-containing vaccines. She added, "Our group has also documented a number of cases of autistic children with toxic levels of mercury in hair, urine and blood." In addition, she noted, mercury is more toxic to males than to females, and the male to female ratio in autism is 4 to 1.

Noting that low doses of mercury tend to harm genetically susceptible individuals, Bernard pointed out that "autism has been recognised as one of the most heritable of all neurological disorders and is strongly associated with familial autoimmune disorders." Bernard and her colleagues called for an immediate ban on thimerosal-containing childhood vaccines, noting that the cumulative amount of mercury which a 6 month old received from a full course of vaccinations exceeds the acceptable dose levels set by federal agencies.

At a Congressional hearing on vaccine safety in August 1999, Congressman Dan Burton stated that his grandson (who became autistic

following routine vaccinations) received in one day 41 times the level of mercury considered permissible by adult standards. Lyn Redwood, an RN whose child also became autistic following multiple vaccinations, has calculated that her child received 125 times the maximum permissible daily exposure in one day of vaccinations.

The US Government has agreed to take the thimerosal-containing vaccines off the market next year. A parent group has gone to court demanding that mercury-containing vaccines be banned immediately.

Needless to say, the (re)discovery of the mercury/autism connection has had many ramifications. Since mercury is highly toxic to multiple organs (including not only the brain but the immune system) it increases the child's vulnerability to all vaccines, including MMR, which (at least in the US) does not contain mercury. And of course the fact that a baby's liver and other detoxifying organs are underdeveloped greatly amplifies the problem.

Parents are flooding their paediatricians for help in removing the mercury, only to be met with puzzlement. DMSA? DMPS? Dosage? Timing? Mineral replacement?The questions abound. What do we do?

In the midst of all the controversy there stands one incontrovertible fact: these are interesting times!

NO MEASLES JAB BELOW NINE MONTHS

BMJ, Vol 321, 8/7/00

The existing live measles vaccine is not perfect. Although safe, it cannot be given to infants younger than 9 months and must be refrigerated, which makes it less useful in the developing world. Killed measles vaccine has more severe problems: an imbalance in the antibody response it induced led to atypical measles. It looks as though a DNA vaccine will be effective at bypassing lingering maternal antibody, and be heat stable to boot, although so far it has been tested only in macaques. (*Nature Medicine* 2000;6:776-81)

Editor: If a measles vaccine cannot be given to infants younger than 9 months, then why was it okay to give MMR to 6 month olds during the measles outbreak in Dublin last year?

DOCTOR TURNED US AWAY AFTER I REFUSED MMR JAB FOR MY SON

From: The Mail on Sunday, 6/8/2000

A mother who refused to let her two-year-old son have the controversial measles, mumps and rubella (MMR) vaccination has been removed from her medical centre's list, along with her toddler. Kate Loveless, 35, from Buckfastleigh in Devon, claims that the letter telling her of the decision reduced her to tears.

Her family has accused the GP who wrote it. Dr James Hedger of bullying and made a formal complaint against the centre, saying that its staff have behaved in a manner which is "unprofessional, deceitful and a disgrace to their calling". Miss Loveless, a divorcee, had been accepted as a patient at Buckfastleigh Medical Centre in March, shortly after moving to the area.

But she claims that when she asked if she could register her son, Joe, she was told he would have to be treated as a temporary resident because he was not fully vaccinated.

Miss Loveless says she was told this was because Joe could affect the practice's chances of meeting the Government's vaccination targets and getting paid for it. GPs can earn 2,685 pounds a year if they ensure 90 per cent of the children in the practice are fully vaccinated, or 895 pounds if they meet a lower target of 70 per cent.

Ms Loveless said last night: "The practice nurse and health visitor both said, 'you wouldn't like the doctors to lose money.' I couldn't believe it.

She said she had decided against allowing Joe to have the MMR vaccination, which has been linked by some doctors to autism, because of a family history of allergies.

I was so irate about it. I would have to fill out a temporary resident's form every time I went up there, and I felt Joe was being discriminated against because I wasn't going ahead with the vaccination programme.' She added.

Eventually Dr Hedger wrote to her on July 26 saying he has asked the health authority to remove her from his list. He told her: "You have chosen to ignore our advice and that of experts on the care of your son." Buckfastleigh Medical centre said a complaint which contained 'inaccuracies and distortions' had been received from Miss Loveless's father, John, and would be channelled through

the practice's normal system.

Editor: In Issue 2-2000 we featured an article about a GP who was complaining about the immunisation targets scheme, and how this would encourage GPs to discriminate against parents who refused jabs for their children.

I wrote to health ministers and the head of immunisation a number of times on this matter. Although I received some response, the main point of my letters continued to be ignored. Reproduced here is part of the last letter sent, back in mid-October, 2000. There has been no reply so far.

Dear Dr Salisbury

Thank you for your letter of 22nd August 2000, and your response to some of my concerns. However you have still failed to address the main point of my two previous letters. I am referring to the fact that the existing target scheme is forcing doctors to discriminate.

Surely you do not think that it is acceptable for well-informed parents to be discriminated against because they have declined from having their babies/children vaccinated?

You say yourself that the Department has not supported the compulsion of immunisation since the repeal of legislation for the smallpox jab and yet when a parent decides against vaccination, they often experience immense pressure and the possibility of being 'struck off' for not agreeing to the vaccinations on offer.

Perhaps there should be a clause for the GPs whereby parents who decline vaccinations for their offspring simply complete a form to acknowledge that their GP offered the vaccinations but that they did not wish to proceed. That way GPs would have proof of offering the vaccines and this evidence could be taken into consideration when evaluating their uptake achievements so that they are not so heavily penalised financially.

If the DoH are confident that the vaccinations are safe, effective, necessary, and that the evidence is overwhelming, then presumably most well-informed parents will opt for the vaccinations anyway.

So to avoid the discrimination of a few, it would make sense to implement a clause which supports parental choice, and at the same time discourages discrimination from GPs because of their threatened target uptakes

Or do you feel it is acceptable for this kind of discrimination to occur?

THE VALUE OF BREASTMILK

Many parents will probably feel confused with what the DoH tells them and what might happen if you don't vaccinate.

I know this only too well because my GP did his best to frighten me, and tried to make me feel like a guilty and irresponsible mother when he discovered that I had refused the MMR jab for my son.

Why did I refuse the MMR? Well when my little boy was 3 months old he developed quite severe eczema, which covered most of his body. I had no idea why he had developed this condition but assumed that it was genetic as my husband has a number of allergies to various foods. I fed my son exclusively with breast milk for 8 months, carefully cutting out all dairy products and eggs, as well as fish, peanuts, brazil nuts and walnuts (to which my husband is allergic to) but there was no difference in his condition.

However everything became clear when I read some information passed on to me by a friend about the effects of vaccination. All of a sudden I realized what had been going on with my son's condition, everything fell into place. I now could explain the three occasions on which my son had displayed very unusual behaviour; he refused to feed, arched his back and was generally cranky, cried unconsolably and was like a different baby. Each of these occasions happened the day after or the same day he was given his 3 DTP shots and the oral polio vaccine.

As you can imagine I was furious to discover what seemed the likely reason for my son's condition, and my husband was convinced as well. We decided at that point that our son would not receive anymore vaccinations again.

Since September 2000 my son's eczema is 99% gone, and this is with very little treatment except one which I never lost faith in: breastmilk. I fed him and still feed him a lot; he didn't take much solid food in his second year of life but lived mainly on my milk, as if knowing instinctively what he needed. It may sound far fetched and I will never be able to prove it, but in my heart I know that the breastmilk cured his eczema from the inside. I believe that had he not received the early jabs his allergic condition would never have been triggered.

I believe that breastfeeding should be

included as the number one treatment for allergies and also be regarded as a safe and effective means of immunisation. Breastfeeding - long term and exclusive for the first 6 months, if at all possible, complimented with a healthy lifestyle. I feel parents should start thinking in more simple terms when it comes to the treatment or prevention of disease in their children, like nature intended.

Nobody, not even alternative practitioners hardly mentions or knows about the connection between breastfeeding and immunisation. Therefore parents are losing out on a safe, effective and free alternative due to a lack of knowledge.

I'm a member of La Leche League and therefore have access to the most accurate and up-to-date breastfeeding information there is, and I feel parents have a right to know about this alternative to vaccines as part of their informed decision-making. I do want to emphasize though that LLL has a neutral stand on immunisation, but my personal opinion and belief is that breastfeeding is a strongly ignored alternative.

I do wonder why it is never considered in any causal research of disease, even by alternative medicine. Could it not be, for example, that all these childhood diseases we have vaccines for would be much better overcome with breastfeeding instead of jabs?

Breastmilk strengthens the immune system well into adulthood, so any disease that occurs would be better and quicker overcome if every child was breastfed.

It would be interesting to find out how many of the serious childhood disease complications or deaths are due to the child being bottlefed and therefore missing out on the virus-killing effect and protection of breastmilk. In my opinion this is so often ignored, parents surely should be made aware of this when making a decision about jabs or infant feeding. But just imagine the reaction and the implications worldwide of the governments and manufacturers of vaccines or formula when they explore this area!!

I simply feel that the world governments are going to make the same kind of mistake with the vaccines as they did with BSE. It will be too late

in 15-20 years time for many children and the parents will say "I wish I had known".

I'm angry that parents are denied an informed decision and instead are being scared and made to feel irresponsible. I would be interested to hear from other parents about this issue.

Ingrid Glendinning, parent and subscriber to The Informed Parent. February 2001.

(contd. from page one.)

If your child got measles, the risk of serious complications is certainly no more than one in 1000.

So you have to weigh this against the one in 200 risk of developing autism, which can be a devastating disability for both child and parents.

Vaccination doesn't even guarantee protection against measles - there is no such thing as a 100 per cent effective vaccine for any infection. Like all vaccines, it can also cause its own complications, including seizures, meningitis and nerve damage, though these are even more rare (but remember the debate about whooping cough vaccine some years ago?).

Also, I have no space here to discuss the toxic doses of mercury in other vaccines, which seems to be another part of the jigsaw.

For the government to deny that there is any risk from MMR is spin-doctoring, and in my view unethical.

You are not legally obliged to have your child vaccinated, and people are likely to vote with their feet.

If it were my child, I would seek out the three individual vaccines, which are likely to be much less harmful. But when a South London clinic offered single vaccines it was inundated with calls - then the government invoked legislation to hinder the importing of such vaccines, so you might have to go abroad for this. Why are they attempting to bully parents into accepting MMR?

Does it have anything to do with the legal action against the manufacturers of MMR by the parents of more than 1,000 autistic children, due in court this year?!

Editor: It's a pity there are not more health columns like this in the dailys!! Should anyone wish to write to the Evening Press they are based at: 76-86 Walmgate, York, YO1 9YN.

Regarding the promotion of single jabs, I would strongly urge parents to research the safety and effectiveness of these also!!!

DR VERNON COLEMAN'S FURTHER COMMENTS

In Issue Two 2000, of this newsletter, we reproduced an extract from a special report written by Dr Coleman regarding his views on vaccination. Here follows two further items from Dr Coleman on his concerns.

UPDATE - JUNE 2000

In my Special Report I have explained why I believe that vaccines are a serious health hazard - and why I believe that the downside associated with vaccination now far exceeds any possible upside.

Now, here's another recently revealed reason for harbouring suspicions about the safety of vaccines. It has been known for some time that in the late 1980s drug companies took brain and lymphoid tissue from dead cattle in slaughterhouses and used that tissue to manufacture human vaccines.

Did any of those dead cattle have BSE? Your guess is as good as mine and mine is probably as good as anyone else's and I don't have the foggiest.

Could mad cow disease be spread through a vaccine? I have no idea. and nor does anyone else.

It seems that five popular vaccines were made from the material taken from UK cattle. That's bad. The British Dept. of Health allowed the vaccines to be given to at least two million children up until 1993. That's worse.

It was, I remember. back in 1990 that I was the first doctor to warn publicly about the danger of Mad Cow Disease to human beings. The DoH was aware of my warning (although government spokesmen were criticising me for several years afterwards - in 1993 Sir Kenneth Calman, at the time Britain's chief medical officer, said: 'To say that Dr Coleman's views are alarmist would be an understatement.')

The DoH must have also been aware of the fact (not made public until recently) that material from cows which may have had Mad Cow Disease had been used in vaccine production. It is difficult to believe but officials at

the DoH must have either just ignored the risk or must have failed to realise the size of the potential risk.

I don't see how they can defend themselves. They were either reckless or incompetent. And these people are paid to protect the public.

Just to make matters worse there is now evidence that drug companies regularly collected hormones from dead cattle and then used those hormones in preparations to be injected into other cattle and into human beings. Could those hormones spread mad cow disease? Probably. Once again your guess is as good as mine and probably as good as anyone else's.

In early May 2000 a spokesman for the DoH tried to defend the department's failure to take action by arguing that if vaccinations had been stopped there would have been a real risk of serious and potentially fatal infectious diseases among children! I would laugh if it wasn't so terrible.

I hope that anyone who had a vaccination at the end of the 1980s or the start of the 1990s, and who develops Mad Cow Disease, will demand to know if the vaccine they had could have been one of the contaminated ones and then, if it could have been, will sue the pants off everyone working for the DoH at that time.

And why should the taxpayer pay for any damages? Why should civil servants be allowed personal immunity?

Civil servants will find it difficult to defend themselves since the DoH apparently asked drug companies to stop using material from British cows in the manufacture of vaccines at the end of the 1980s (because the potential risk was spotted). However, despite giving this warning the DoH blithely used up its stocks of vaccines which had been made that way up until 1993.

This really is difficult to believe and impossible to forgive. After this can anyone really trust the government or civil servants when they give out advice about vaccines - or anything else for that matter?

Note: For individuals who are preparing to sue: although the DoH has not kept any records about who received which vaccines, some GPs do keep such records. I have known doctors write down batch numbers on their medical records. Parents whose children were vaccinated against tetanus, diphtheria, whooping cough, measles, mumps and rubella might like to contact their GP and ask if he has details of the batch number of the vaccine that was used. This information can then be put somewhere safe in case there is need to take legal action in the future. I suggest this course of action because sensitive information on medical records does sometimes go missing.

In Dr Vernon Coleman's Health Letter, August 2000, the following appeared:

Question My daughter is autistic. She was born ten weeks prematurely and while still in the neonatal unit she was given her first lot of vaccinations by the nurses without our permission. We were advised that she should be given the MMR at 13 months. She went rapidly downhill thereafter. On the video of her first birthday she was bright, responsive, lots of eye contact and nearly walking. She was even saying a few words. By 18 months her language had gone, all eye contact had gone and she didn't even respond to her own name. All she was interested in was rocking a coke bottle backwards and forwards or flicking through the pages of a telephone directory (watching the flicking movement). Our bright little girl had vanished. She has a 'leaky gut' disorder and, like other children with this disorder is intolerant of gluten and casein in milk. What caused it? I think they are gradually coming round to the view that the MMR jab is the culprit.

Answer.

I constantly receive heart wrenching letters like yours and each day I get angrier and angrier at the way doctors, drug companies and civil servants ignore the hazards of vaccination. If thousands of healthy, normal children who had all been given an alternative

remedy to protect them in some way subsequently developed serious health problems there is absolutely no doubt in my mind that doctors would have noticed the connection and would be screaming about the link at the top of their voices. The alternative remedy would have been banned and the promoters of it would have been sued and probably imprisoned. But because vaccines are made by the drug industry and consequently favoured by the drug industry owned medical establishment any protest is regarded as little short of revolutionary. When small, healthy children suddenly stop developing and start to deteriorate there has to be a reason. When lots of small, healthy children suddenly stop developing and start to deteriorate there is likely to be a common reason. When lots of small, healthy children suddenly stop developing and start to deteriorate in a way not previously noted then the chances are very high that some outside influence is responsible for the change. When lots of small, healthy children suddenly stop developing and start to deteriorate when given vaccines and it is known that vaccines can cause brain damage and other serious health problems it is logical to assume that there could be a link. The fact that doctors, drug companies and politicians deny even the possibility that such a link might exist is a scandal and a disgrace.

A PARENT'S COMMENTS

My son, who is now 13, was vaccinated with Hib and in my opinion, along side my homœopaths, began to suffer from chronic chest infections, eczema, followed by what the education department later in life tried to call ADHD.

We worked through his problems since he was a toddler by using homœopathic treatment and he is now at a stage where his health has improved 100% to what it was. As for the behavioural problems - we put that down to misinformation and a basic lack of understanding of the child's needs mentally. He is now in his top set on all subjects and the educators profess that whatever it is we are doing as a family it works!

Now for the prejudice - even though both my sons school and my daughters' school are aware that both children are treated homœopathically and that their mum is a complimentary practitioner, just this week my son made a comment that he did not have the vaccinations as he personally did not want them "to infect his immune system" and was doing fine the way he was. The retort was that he did not understand what he was saying and that MMR and the like are perfectly safe!

Naturally, there is only so much medical and complimentary reading and jargon my son is able to understand - but in his years of getting

to where he is, he understands perfectly well why he does not have the vaccinations. Also I offer both children the choice (crossing my fingers of course behind my back that the answer is no), but they do have that choice regardless of my opinions.

My daughter was the only child in her class of 8 year olds not to have the meningitis C jab last year - and subsequently other children told their parents who in turn made the odd cowardly roundabout comments to their children - knowing it would get back to my daughter - it did and they ranged from "you will die", "you will infect us", "you will have deformed babies" and finally "your mother doesn't know what she's doing".

Now my daughter is 9 years old and has never been vaccinated - is a picture of inner and outer health - has made it her business to oversee some of my research and read the odd article. Her response to recent advertising was "It's not fair, they shouldn't be allowed to brainwash people like that without giving them the other side of the story". What more can I say.

I have written this in the hope that other parents will find support to continue to travel on their path towards natural medicine. And for those who prefer to vaccinate - it is their choice - allow us to have ours.
Glenda Dougherty.

VAERS: VACCINE ADVERSE EVENT REPORTING SYSTEM

By Michael E Henry - parent of four, grandfather & proponent of a natural way of life

VAERS is the American system for reporting vaccine reactions to. This was set up to enable parents to obtain compensation for their children damaged by vaccination. It varies significantly from our own vaccine damage scheme in as much that it recognises that vaccines can do considerable harm, and that includes death. This is in direct contradiction to our health service, which adamantly insists that reactions are only slight and in any case rare. VAERS also, even taking into account the large difference in population size, pays out appreciably more in a year than is paid out in this country. It also freely makes available information on their Internet website www.fda.gov/cber/vaers.

The data is substantially more than can be obtained in this country from government sources.

VAERS was set up in 1990 as a result of the National Childhood Vaccine Injury Act of 1986. It was mandated to report adverse events following vaccination to help ensure the safety of vaccines used in the US. Well that was the official line, when in reality it was bought about by pressure from the vaccine manufacturers to protect them from mounting litigation for vaccine damage. The situation had got so bad that pending law suits for DPT alone had risen from \$10million in 1978 to \$3.16 billion in 1985 (*Ped Infant Disease J:6:1987*). That amounted to 30x the value of DPT sold in the USA, and one vaccine manufacturer was faced with vaccine damage claims equal to 80% of

its stock market value (Journal of the American Medical Assoc: Jan; 1994). As a result they all threatened to stop making vaccines and the US government, to placate them, offered to administer a scheme for compensating victims. In return manufacturers would pay a small levy on each vaccine, which went into the compensation fund.

In order to establish firm guidelines relating to injuries and levels of compensation to be paid out the US government commissioned the Vaccine Safety Committee of the Institute of Medicine to conduct a detailed review of scientific papers. The findings of the review were published in three parts in 1991, 1993 and 1994 and concluded that vaccinations cause the following:-

- Arthritis - acute (rubella vaccine)
- Anaphylaxis - severe allergic reaction

(DTP, Hep B, MMR and polio vaccine)

- Encephalopathy - acute inflammation of the brain. (DTP; MMR; polio)
- Febrile seizures - convulsions (several vaccines)
- Guillain Barre syndrome - severe inflammation of nerves resulting in paralysis. (DTP and polio vaccines)
- Measles - including death. (MMR)
- Nerve system dysfunction - chronic behavioural, educational, neurological, motor, self-care and sensory. (several vac.)
- Polio (polio vaccine) - including death.
- Thrombocytopenia - lack of blood clotting platelets. (MMR)

Although a substantial amount of adverse events have been widely and repeatedly reported in medical literature most were not accepted by the Committee. This was due to the extremely tough qualifying criteria set by them as is seen in the VAERS (Table 8) list of Categories of Causal Relations for Adverse Vaccine Effects:-

1. No evidence bearing on a causal relation.
2. The evidence is inadequate to accept or reject a causal relation.
3. The evidence favours rejection of a causal relation.
4. The evidence favours acceptance of a causal relation.
5. The evidence establishes a causal relation.

Only acute encephalopathy by DTP, shock/shock-like states by DTP, chronic arthritis by rubella and Guillain-Barre syndrome by DTP and polio vaccines qualified for category 4. And there was a list of 44 reported, but rejected, reactions that fitted category 2. Among these were diabetes, cot death, deafness, epilepsy, meningitis, MS, optic neuritis, SSPE rheumatoid arthritis, and sterility. MS and optic neuritis are now included on the package insert for the Hepatitis B vaccine. This was in line with the rejection by the committee of the majority of reactions reported in the medical literature and through the adverse event reporting system (*Vaccine Guide: R Neustaedter*). Despite the considerable amount of reported reactions by parents these were dismissed and their children have to live a lifetime of suffering and possible disability without any financial help.

The major failing of the VAERS findings is that they depended greatly on the relative risk of the reaction occurring in a greater number of vaccinated than unvaccinated children. But the committee admit that for most vaccines such control groups do not exist and they confirm that "in many populations exposure to vaccines is virtually

universal". How convenient! To circumnavigate this they stipulate an arbitrary time within which the reactions must occur. This varies from four hours for anaphylactic shock following DTP and MMR vaccine to six months for measles after MMR. It also limits arthritis to 42 days after the MMR vaccine. Just how a parent can recognise symptoms of arthritis in a baby is beyond most people!

This rigid time scale also completely eliminates any long time side effects from ever being acknowledged, and more importantly properly investigated. Many diseases have increased this century, and particularly rapidly in the last few decades. This is in line with the increased use of vaccines and introduction of new ones. Apparently epidemiological studies are convenient when justifying the decline of a disease but not when studying any possible side effects. These diseases include asthma, cancer, diabetes and immune disorders and in the last fifty years new diseases like autism, attention deficit disorder and ME have appeared.

The National Childhood Vaccine Injury Act also requires doctors to report vaccine reactions. Despite this widespread under-reporting is the norm. This has been the subject of several studies including the 1998/99 one by Connaught Laboratories which found that the rate of reports to VAERS was 20 per 1 million doses. But when they supplied doctors with a request to report reactions the rate soared to 927 per 1 million doses, implying that only 2% of adverse reactions are actually reported (VAERS; 1993). This is compounded by the US Federal Drugs Agency saying that "only 1% of serious events are reported" (JAMA; June 1992).

Currently the VAERS website states that they receive between 800-1,000 adverse reports per month of which 17% are life threatening involving hospitalisation, permanent disability or death. That equates to over 10,000 reports per year. As they also declare that 10 million doses of vaccine are given each year then this gives a ratio of reactions to dose of 1:1,000, with a ratio of 1:6,000 for serious reactions. If under-reporting is taken into account a truer picture would be 1 reaction per 100 doses. A similar level of damage to our children is adamantly denied in this country with reactions to doses put at a level way below those accepted in the USA.

The VAERS website also confirms that since 1990 a total of \$1.048 billion (644 million pounds) has been paid out

for vaccine damage. \$771b for pre-1988 claims and an average of \$31m each year since. Whilst the maximum paid out for death is \$250,000, plus costs, the average payment is around \$1m (£620,000). Again this shows the failing of our system where a miserly £40,000 is the most a child can hope to claim for a ruined life.

Any settlement of a claim by VAERS is made on the basis that no liability is accepted, and parents cannot file a lawsuit until their claim is rejected - conveniently such action will subsequently severely limit their chances in a court of law claiming just compensation for the failure of a procedure promoted as for the common good.

Ironically, compared to other countries the US has an extremely high infant mortality rate, 11 per 1,000 (*Bulletin WHO:71:1993*) despite babies there being vaccinated far more than in any other country.

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MEASLES AND CHUMPS

The Sunday Times, 7/1/01

Columnist, Amanda Craig, wrote a very biased and extreme article on measles, mumps and rubella, the tone was unbelievable!

Here is an extract:-

.....'You know you're in for it when you sit down at a dinner party next to someone you quickly discover you have little in common with other than young children.

Some time between the first and second course, she (I'm afraid it is always a she) turns to you with a militant gleam and asks if you have had them vaccinated. When you say you have, she launches into a tirade about the wickedness of doctors and the conspiracy of silence surrounding the supposed link between MMR and autism.

When you query this - it derives from an American study conducted three years ago, to which The Lancet has published several contrary studies - you get called a fascist or a dupe of the system. She ends up extolling the virtues of 'measles parties' at which your child can catch measles from an infected one.

By this time you loathe her so much that you almost wish her poor child would jolly well get some of the hideous side-effects of the disease. Do you think this sort of parent exists only in Notting Hill? Alas, no. These selfish lunatics are everywhere among us, and their opinions are given wide exposure in the media'.....

Editor: I personally feel that people who write with such an appalling tone should feel fortunate that they are ever invited to dinner at all!!!!!!

BREASTFEEDING SHOULD BE PROMOTED

Extract from Letters page, BMJ, Vol 321, 8/7/00

.....'It costs millions to develop, research and market a vaccine. Wouldn't it make more sense to spend that money to protect, promote and support breast feeding for every baby? There is so much evidence that breast feeding reduces the incidence and severity of rotavirus, respiratory syncytial virus, and otitis media, without side effects'.....

Nikki Lee, Center for Breastfeeding, 8 Jan Sebastian Way, Number 13, Sandwich, MA 02563, USA

DORSET VACCINATION AWARENESS GROUP

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Interested in natural parenting, health, vegetarianism, breast-feeding, the vaccination issue etc. Looking for contacts in the Herts/Essex/Middlesex area? Please contact Lisa on

01992 426710/624079

or write to

63 Leuen Drive, Waltham Cross, Herts. EN8 8AL

Childhood health and illness - promoting well-being and natural immunity

Friday, 16th March

11.30am - 1.30pm

with TREVOR GUNN, BSc. LCH

RSHom, graduate in biochemistry and

author of 'Mass immunisation

- A Point in Question'

£5 per session, pre-booking essential.

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Take steps towards empowerment and knowledge of your child's health, dealing with immunisations, infections, fevers, coughs, colds, allergies, eczema, asthma and meningitis.

- Is my child more or less likely to be unwell with or without vaccines?
- What determines whether or not my child gets ill?
- What can I do to effectively prevent illness?
- Do symptoms serve any purpose?
- What is the likelihood of lasting damage from vaccines compared to natural illnesses?
- What are the alternatives to vaccines, antibiotics, steroids....?

PRIMAL HEALTH RESEARCH

A quarterly publication by

Dr Michel Odent

Winter 2000, Vol.8 No.3

issue is entitled:

VACCINATION - PREVENTION OF DISEASES CAN BE A CAUSE OF ILL-HEALTH

A free copy of the above issue when you take out a one year subscription. (£12 annual fee.) Please contact Esther Culpin on: 01334 850285

or write to: Glebe Cottage, Church Rd, Strathkinness, St Andrews, Fife, KY16 9XR

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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