

THE *informed* PARENT

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

GP's WARNED ON ALLERGY RISK FROM VACCINE PRESERVATIVE

Taken from: Pulse, 5/5/01

Government's Medicines Control Agency has instructed manufacturers to warn GPs and parents of potential allergic reactions to vaccines containing the preservative thiomersal.

The mercury-based preservative may rarely invoke serious adverse reactions such as anaphylaxis and more common mild allergic reactions such as skin rashes.

Pulse also learned of Government plans to reduce the level of thiomersal in infant vaccines after official US data showed the possibility of a link with developmental delay.

A warning is being added to the summary of product characteristics for all vaccines containing thiomersal. These include the childhood vaccines against DTP, Hib and the pre-school DT booster.

The warning states: 'This medicinal product contains thiomersal (an organomercuric compound) as a preservative and it is possible that sensitisation reactions may occur.' A warning will also be added to the patient information leaflet advising parents to tell their doctor about any known allergies. *(Editor: How will a parent know what allergies their 8 week old baby may or may not have, especially to those kind of substances??!!)*

The Government is also set to adopt guidance due out this month from the European committee for proprietary medicinal products urging manufacturers to undertake a stepwise reduction in thiomersal levels in vaccines. *(Editor: In the March 2000 issue of Which? an article on vaccination stated: 'the Dept of Health has recently advised vaccine makers not to use a preservative called thiomersal, as it contains mercury. The DoH says that this is just a precaution.' - This would give the reader the impression that something was being done, but if after over a year the Government are now only suggesting*

reduced levels then it appears that it's all talk and no action. Of course it's very unlikely that existing stocks will be withdrawn, so it could be a long time before vaccines containing reduced levels of this toxic substance will be available!)

Preliminary data from the US Government's Centers for Disease Control (CDC) indicate an 'inconclusive correlation' between infants' exposure to thiomersal-containing vaccines and language delays, speech delays, attention deficit disorder, unspecified developmental delays and tics.

The CDC concluded the correlation was 'very weak' and insufficient to support any causal relationship, but called for further investigation.

A Medicines Control Agency spokeswoman said: "while there is no evidence of harm caused by low levels of thiomersal in vaccines and the risk is only theoretical, the decision to remove thiomersal is considered to be a precautionary measure.

"There is a perceived public concern about the health effects of mercury exposure of any sort, and the elimination of mercury from vaccines is judged a feasible means of reducing an infant's total exposure to mercury in a world where other environmental sources of exposure are more difficult or impossible to eliminate."

LECTURE TOURS

MANY THANKS to all involved in the recent Viera Scheibner lecture tour, and to all who attended, it was greatly appreciated!!!

Both Viera Scheibner and Ian Sinclair are looking into visiting the UK in Sept/Oct time so if anyone is interested in organising something in their area, please get in touch with me as soon as possible!

Please phone Magda on: 020 8861 1022 *(the answerphone does take messages as well as faxes).*

FOOT AND MOUTH

With so much coverage in the media over the last few months I have taken a few extracts from some of the articles, which I felt would be of particular interest to you.

The Independent, 29/3/01 reported that 'an emergency vaccination campaign against foot-and-mouth disease would make no difference to the spread of the disease and might even make matters worse, according to a suppressed government report.

The previously unpublished report, written 5 years after the 1967 f/m crisis found that vaccines would have failed to halt the spread of the virus in 4 out of 5 outbreaks and may have exacerbated them'.....'Prof. Chris Bostock, director of the Institute for Animal Health at Pirbright, Surrey, where the emergency f/m vaccines are stored, said: "Generally speaking the problem with vaccines is that they don't protect completely against infection. They protect against clinical symptoms so you won't know that an animal has been infected.'...*Editor: So maybe many vaccinated children are still having the childhood infections but without the symptoms - a subclinical version or an atypical version - or a suppressed version!??!*

In the London Evening Standard, 29/3/01, Prof. Bostock added that a vaccinated animal 'can be replicating the virus and acting as a source of infection."

A call for a vaccination policy to be implemented rose further alarms particularly from the National Farmers Union. The Guardian, 17/4/01, reported that 'a spokeswoman for the NFU said its members were concerned about whether they would be able to sell milk and meat from vaccinated animals'.....'Science advice posted on the Ministry of Agriculture, Fisheries and Food website says: "Once animals are vaccinated they carry antibodies in their bloodstream which are not easy to distinguish from those *(contd. overleaf)*

distinguish from those (contd. overleaf) carried for around 12 months by animals which have recovered from the disease.'....'Farmers were still wary of the vaccination programme last night because other countries will not buy meat from vaccinated animals.'

Editor: It was interesting how there was little mention of the vaccination at the early stages of the outbreak, the main discussion came when the situation seemed to be coming under control. Why wasn't the vaccination rushed in immediately, perhaps mostly because of the fear that it would have clearly demonstrated the true effectiveness of the procedure!

Finally, a small extract from an article entitled: 'Stay away from the countryside and stay away from the facts! Foot and Mouth - the management of a pseudo-crisis,' by Steven Ransom, Credence Publications

It reads:

'Abigail Wood is a vet and researcher into the history of FMD, based at the University of Manchester in the UK. She remains very down to earth over these latest 'rampaging vicious virus' reports. Credence Publications contacted her as a result of her recent UK Times article which began thus: 'Foot and mouth is as serious to animals as a bad cold is to human beings. So why the concern?' Wood's research, in conjunction with research carried out by Credence Publications makes it quite clear that FMD is not the vicious gremlin we have been led to believe.

So what is FMD? The current wisdom which we shall be examining a little later, theorises that FMD is viral in nature. Symptoms of FMD in livestock begin usually with a temperature, followed within 24 hours by the appearance of blisters and ulcerations on places such as the tongue, lips, gums, dental pad, interdigital skin of the feet, bulbs of the heels and milk teats. Occasionally, ulcerations appear inside the nostrils or on the muzzle or vulva. Visually, these ulcerations are the equivalent of large cold sores. The resultant illness and lameness causes decreased appetite, a drop in milk yield, a drop in productivity, and of course, increased care costs. Afflicted animals almost always recover, usually within a week or two. Death occurs in only 5 percent of cases. And the meat is fit to eat.'

FIRST MERCURY POISONING/VACCINE CASE FILED

Press release - 23/3/01 Sent by e-mail.

The law firm of Waters & Kraus, LLP, based in Dallas, Texas, announced today that it has filed the first known civil case alleging that the mercury-based preservative thimerosal, used recently in more than 30 childhood vaccines, has caused mercury poisoning in many children. Counter, et al v. Abbott Laboratories, et al, (Case No. GN 100866, 200th District Court - Travis County, Texas). The symptoms of mercury poisoning are, in many cases, identical to the symptoms of autism, although the suit does not allege that all persons suffering from the symptoms of autism do so as a result of mercury poisoning. However, many children suffering from mercury poisoning have been previously diagnosed with autism due to the similarity of symptoms.

Children have been exposed to cumulative levels of mercury from the vaccines that exceed threshold safety levels that have been established by the United States Environmental Protection Agency. In many instances, children carry unmistakable evidence of mercury poisoning and the symptoms of mercury poisoning were first manifested after receiving vaccines tainted by thimerosal.

In many cases, children exhibited normal neurological and other developmental patterns until such time as the cumulative dose of mercury caused irreparable damage to both the neurological and the general developmental process. For example,

GPs FEAR DEMISE OF CHILD VAX SCHEME

Australian Medical Observer, 4/5/01

GP groups fear a successful national child immunisation scheme will collapse in a matter of weeks because the federal government has refused to say if funding will continue.

Funding for the General Practice Immunisation Incentive (GPII) program - which includes GP Service Incentive Payments (SIPs) - ends in June.

Australian Divisions of General Practice GPII advisory group representative Dr Peter Eizenberg said the situation had reached crisis point.

"There is all sorts of infrastructure in place that will be lost unless we get an answer urgently," Dr Eizenberg told Medical Observer.

He said KPMG completed an independent review of GPII in January and recommended that funding continue for two years.

"We have a highly successful government initiative that has achieved 90% immunisation rates in children

many children had developed language and other skills that were later lost as the result of the cumulative exposure to mercury.

Thimerosal is a mercury-based additive. Mercury has been known to be hazardous for literally hundreds of years, and its dangers have been well known and documented during all times when the defendants manufactured and/or sold mercury-containing pediatric vaccine products. Waters & Kraus anticipates that a significant number of individual cases against the vaccine industry will be filed in the near future. The firm anticipates investigating and prosecuting individual claims throughout the United States, in conjunction with the following firms and others:

Evert & Weathersby, LLP Atlanta, Georgia
Dogan & Wilkinson, PLLC Pascagoula, Mississippi
Doran & Murphy, LLP Buffalo, New York
Leach, Schwarz & Strassberg Bala Cynwyd, Pennsylvania
Jones, Martin, Parris & Raleigh, North Carolina
Tessener Law Offices, PLLC

Additional inquiries should be addressed to Melissa Miles at Waters & Kraus (Dallas), (214) 357-6244 or miles@awpk.com.

Potential claimants should call Claire Bothwell at Waters & Kraus (California), (562) 436-8833 or bothwell@awpk.com.

aged 12 to 15 months, but it could be scrapped," Dr Eizenberg said.

Fears GPII might be abolished increased when health minister Dr Michael Wooldridge told a recent Melbourne conference there would be no answer on immunisation funding until after the May Budget.

When Dr Eizenberg tackled the minister privately, Dr Wooldridge told him: "It is difficult to find the funding required."

National Immunisation Council RACGP representative Dr John Aloizos said division immunisation coordinators would be forced to find other work because of the uncertainty surrounding GPII funding.

"We have taken a lot of time getting this very successful program running and now a lot of that groundwork could be lost," Dr Aloizos said. There was no comment from Dr Wooldridge's office at the time Medical Observer went to press.

USE OF MERCURY PRODUCTS INADMISSABLE

A medical paper was published in 1983 entitled - Evaluation of the toxic action of prophylactic and therapeutic preparations on cell cultures. III. The detection of toxic properties in medical biological preparations by the degree of cell damage in the L132 continuous cell line. (Kravchenko AT, Dzagurov SG, Chervonskaia GP. Russian journal - Zh Mikrobiol Epidemiol Immunobiol 1983 Mar;(3):87-92 Related Articles.)

The methods of the quality control of medical biological preparations, including tests on animals, do not ensure the complete absence of toxicity in a final product. The use of the method of "subcultures with the introduced preparation" makes it possible to determine the toxicity of both specific and nonspecific components of vaccines and sera from the number of dead and damaged cells. The toxic action of preparations kills and damages the cells at the site of injection, thus inducing the formation of autoantigens whose effect on the body cannot be predicted. Thus thimerosal, commonly used as a preservative, has been found not only to render its primary toxic effect, but also capable of changing the properties of cells.

This fact suggests that the use of thimerosal (mercury derivative) for the preservation of medical biological preparations, especially those intended for children, is inadmissible.

Editor: Why has it taken so long for the suggested withdrawal of thiomersal to begin? It's probably just down to the simple fact that a growing number of parents are discovering the contents of vaccines, and are not impressed!

Let's hope the other ingredients will come under closer scrutiny next.

SNIPPETS FROM THE PRESS

No complacency over meningitis
Oldham Chronicle, 11/01/01

This article looked at the apparent success of the new meningitis C vaccine, with one doctor commenting "we have created a miracle here." The article then goes on to highlight how this vaccine is useless against the B strain which is on the rise, and that parents mustn't become complacent. A tragic story is then highlighted describing how a 3-year-old girl had died last year of the B strain. The girl's mother, who wanted parents to be aware of the remaining meningitis danger, said that her daughter had

JAB RISK WAS IGNORED

Sunday Express, April 1, 2001

TWO YEAR DELAY OVER DANGER MMR VACCINE STRAIN

Up to two million children were knowingly put at risk by the former Government with a vaccine which causes meningitis.

The MMR jab, known as the Urabe strain, was still approved by Tory ministers for two years after some children developed a form of meningitis after receiving it.

And the Government's own figures show that 20,000 infants probably suffered side-effects from the drug which can also cause deafness, brain damage, loss of speech and epilepsy. A Sunday Express investigation has discovered that at least eight children died after receiving the jab and many others suffered permanent damage.

The brand of the measles, mumps and rubella vaccine was manufactured at that time by drug giants GlaxoSmithkline and Aventis Pasteur.

It was introduced in Britain in 1988 and given to up to one million children a year as part of the Government's routine vaccination programme.

In 1990, scientists from the Queen's Medical Centre Nottingham found some children developed a form of meningitis after receiving it. But despite this the Government went on using it for more than two years.

received the Men. C jab just two and a half weeks before she died.

Editor: Is anyone investigating what role the jab played in the development of meningitis B? Wasn't there a concern about the Men. C jab making you more susceptible to other strains???

Make the most of new fees from vaccinating over-65s

Extracts from Pulse, 23/9/00

Another article describing how to maximise your profits - 'the Government's decision to offer GPs an incentive to increase flu vaccinations in over-65s could mean a profit of over £2,000 for every GP!.....'The simplest way to increase profit is to vaccinate as many patients as possible' the article then details the best strategies and advice about when to order the vaccines, and how to keep staff costs down, setting up efficient vaccine clinics and so on. Even commenting on planning visits to housebound patients between October and December and vaccinating them then.

The Canadian Government, also using the vaccine, immediately switched to a safer version. It was not until September 1992 that the UK Department of Health issued pharmacists with emergency supplies of a safer brand with instructions to withdraw existing batches.

The then Chief Medical Officer Dr Kenneth Calman insisted that giving children the vaccine had been safer than not doing so.

Research by The Sunday Express has found at least eight died and many suffered permanent damage including deafness, convulsions and speech problems - all known after-effects of meningitis. Jackie Fletcher from the pressure group JABS, which aims to highlight vaccine risks said: "The Urabe jab has affected a whole generation of children. I can't believe the Government continued to use it when they knew they were risking lives."

GlaxoSmithkline is still selling the Urabe strain to Argentina, Chile, Haiti, Honduras and Lebanon. A Department of Health spokesman said that, according to its research, children did not suffer lasting effects.

By Lucy Johnston

Editor: So the vaccine is withdrawn because of health concerns in the UK, but it is acceptable for children in other countries to receive it, as the condition it can cause has no 'lasting effects'?

Pulse, 21/10/00 suggested tips for a successful flu vaccination campaign. Two examples were: 'Never run a flu clinic on a Friday. People will always phone up the next day to say their arm hurts or that they feel ill. It's better to speak to them yourself than have the co-op generate a bill.' and 'Consider immunising in public, even in the waiting room if need be, to encourage others!' Also in the same issue, on the letters page, one GP says that his surgery aim to vaccinate 2,500 patients by the second week of October, firstly to get their Item-of-service claims in as quickly as possible, but also to vaccinate patients when they are healthy and likely to stay healthy for the next few days. This is apparently because any patient who is given the jab in November and develops a seasonal cold will blame the vaccine and 'be lost forever' as a future uptaker of the jab.

Another letter includes: "This year, just to add to the equation, there is a large carrot dangling before us (contd. page 5)

ANSWERS FROM HEALTH DEPARTMENT IN EIRE

In the last issue of this newsletter I published a set of questions sent to the Public Health Dept. in Dublin, Ireland regarding the measles outbreak last year (2000). Reproduced here are the questions followed by the answers sent from Mary Cronin at the Health Dept.

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?

Q1. Up to Oct 21 2000, 1173 cases of measles had been notified for Dublin, Wicklow and Kildare (the 3 counties which make up the Eastern Regional Health Authority). Of these, 347 were under 15 months of age.

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'?

Q2 (a) No data

(b) Could not determine whether child was immunised or not

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

Q3. Figures available are in respect of one Community Care Area only (200,000 pop). For measles cases Jan-March 2000, there were 27 infants under 15 months of age (total number of notifications = 75)

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?

Q4. No data

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

Q5. I have contacted the National Virus Reference Laboratory for accurate information. I will forward this when available. (Nothing has been forwarded.)

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?

Q6-Q11 Definitive data available in relation to the 111 children who were admitted to The Children's Hospital, Temple St, Dublin during the outbreak. This is the hospital which serves north Dublin where most of the cases were notified.

50 children were older than 15 months.

62% of those >15/12 were not vaccinated

70/111 were serologically confirmed
The commonest reasons for admission were dehydration (88), pneumonia or pneumonitis (52), and tracheitis (35). The commonest complications were otitis media, diarrhoea, pneumonitis/pneumonia and tracheitis. 13 were admitted to ICU and 6 were ventilated. 8 were <15/12 and 5 > 15/12. All of the ICU cases >15/12 were not vaccinated (i.e. had no MMR).

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)

Q12.13

There are now 3 deaths:

1 child who acquired measles nosocomially (acquired in hospital) was just 15/12 and had a tracheostomy following repair of a tracheo-esophageal-fistula.

The second child was brought in dead to the hospital during a measles illness at home and measles was confirmed serologically at postmortem. She was not malnourished. She had a history the previous year of failing to thrive but following monitoring had normal growth velocity and normal growth centiles. She was >15/12 and not vaccinated. (When journalist Peter Hitchen made enquiries on this death to the same health professional, he was told that the victim was a 12 month old baby girl from a very poor family living in grim conditions on a large Dublin housing estate and was, incredibly for a European capital in the year 2000, malnourished. 28/1/01 Mail on Sunday.)

The third child was a healthy 12 month old who was not vaccinated.

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?

Q14. No, not 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.

Q15. See page 392 of 'Red Book 2000'. Report of the Committee on Infectious Diseases. American Academy of Pediatrics 25th Edition also Guidelines for the Control of Measles Outbreaks in Australia. Technical Report Series No. 5. Endorsed July 2000 by the Communicable Diseases network Australia New Zealand.

See also Measles Vaccination in a well-vaccinated population. *Pediatr Infect Dis J* 1995 Jan;14(1):17-22

16. What long-term safety studies are

available for a 3-dose regime commencing at six months of age?

Q16. See above

17. What year was MMR introduced in Eire?

Q17. Measles vaccine introduced in 1985 and MMR in 1988

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?

Q18. See attached file for notifications since 1992 (for Dublin, Wicklow and Kildare only)

The attached file sent showed the following figures (measles cases) for the years '91-'99:

91	92	93	94	95	96	97	98	99
59	83	2547	536	138	139	131	152	107

a) Not available

b) No

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

Q19 See attached file MMR uptake chart.xls for uptake by quarterly birth cohort since 1996.

The attached file stated:

Percentage uptake of first shot of MMR vaccine at 24 months by quarterly birth cohort for Dublin, Wicklow and Kildare.

It showed only the years 1996 - 1998.

Uptake for 1996/97 - 77% approx.

1998 - 80% approx.

Mary Cronin, who was kind enough to forward this data has now moved to a different department. So it is unlikely that any further information will be sent.

(contd. from page 3) in the form of an unusually generous financial incentive. With our 55% discount added to the item-of-service fee of £6.45, I am contemplating booking a posh skiing chalet in the Swiss Alps".....One alternative method this GP gives to increase uptake is: "Low-tech, low cost and absolutely guaranteed. Mention to Mrs Higgins, who works in the wool shop, that there is likely to be a severe shortage of vaccines this year. Judging by the fact that such rumours recently wiped out petrol supplies in most of the UK, I feel confident that she will start a stampede of 'panic' vaccinating that will empty our smart new vaccine fridge within hours."

WATCHDOGS LINKED TO MAKERS OF MMR JAB

Taken from: Sunday Express, 11/3/2001.

By Lucy Johnston and Katie Branigan

Many Government advisers on the safety of medicines have close financial ties with the pharmaceutical giants who produce the controversial measles, mumps and rubella jab. A Sunday Express investigation has found that nearly a third of the 181 experts who sit on the Medicines Control Agency (MCA) committees are linked to GlaxoSmithKline, Aventis Pasteur or Merck, Sharpe and Dohme.

51 members either hold shares in these companies or are dependent on them for consultancy fees or research grants.

The MCA has continued to endorse the triple measles, mumps and rubella (MMR) jab despite concerns linking it to autism and stomach disorders. But the extent of the MCA members' financial ties to MMR manufacturers raises questions about potential conflicts of interest.

Liberal Democrat health spokesman Nicholas Harvey said the matter should be looked into. "If these experts have pecuniary interests in the companies, we can't be confident they are making objective decisions," he said.

Members of the MCA are also concerned. Joe Collier, Professor of Medicines Policy at St George's Hospital Medical School in London, said many committee members are too close to drug companies. He claims there is an "institutional bias" which makes the experts ready to take the industry's point of view. Health experts also argue that MCA meetings are secret and therefore not open to public scrutiny.

Jackie Fletcher, from the campaigning group JABS, which is highlighting the possible health risks of MMR, said: "Monitoring bodies keep saying that they are independent but what is the definition of independence when they have shares and interests in the companies that manufacture and distribute the vaccines?"

The size of the members' shareholdings is confidential because they are not required to disclose on the MCA's register of interest how many shares they own. But our research - based on drug companies' share registers from April last year - found several experts have substantial investments.

Dr Michael Denham, a retired consultant in geriatric medicine and a member of the committee on Safety of Medicines External Advisory Panel, owned £250,000 worth of shares in GlaxoSmithKline. Professor Roderick MacSween, a professor of pathology at Glasgow Western Infirmary, had nearly £26,000 worth of shares in Glaxo -- SmithKline.

Dr Michael Donaghy, a brain specialist at Oxford's Radcliffe Infirmary Hospital, who sits on the MCA has £19,000 worth

of shares. 11 professors and doctors have received fees for research from Aventis Pasteur.

Also, on a similar vein, extracts from... 'Doctor faces official probe over jab links' By Hamish Macdonel, Daily Mail, 12/2/01. 'A leading Labour MSP was at the centre of an embarrassing inquiry last night over his links with the drugs giant which makes the controversial MMR vaccine. Dr Richard Simpson is paid up to £5000 a year by a trust funded by the company which makes the measles, mumps and rubella vaccine. Yet he failed to admit this in Holyrood debates on the many occasions when he stood up to support the injection, which some studies claim is linked to the development of autism and bowel disorders. The MSP for Ochil has now been reported to the Scottish parliament's standards committee and faces an investigation into his links to Aventis Pasteur Merck Sharpe and Dohme, the drug company which makes the triple vaccine. Dr Simpson has been one of the most prominent defenders of MMR, arguing on several occasions that health fears surrounding the jab are misplaced'.... 'But the imminent investigation into Dr Simpson's links with the drugs company behind the vaccine will be a blow to the Executive's promotion.'

'Dr Simpson, a family doctor has been one of the strongest supporters of the Executive's MMR stand and his expert knowledge has given his arguments added weight.....Dr Simpson said; 'I didn't know that Merck Sharpe & Dohme manufacture MMR. My involvement is with an educational group on prostate disease. That is my only connection.'

But SNP's health spokesman, Nicola Sturgeon said: 'Anyone involved in the MMR debate knows that Merck Sharpe and Dohme manufactures the jab.' The SNP's Lloyd Quinan has lodged a formal complaint with the parliament's standards watchdog. He said: 'Many of us have had concerns about the lengths to which Dr Simpson will go to defend the triple vaccine.'..... 'According to the Register of Interests for MSPs, Dr Simpson has earned an additional 50,000 pounds from his involvement in consultancies and other activities since parliament began in 1999.

He declares £10,000 for being a medical adviser on adoption and fostering, up to £15,000 from a nursing management company and £5,000 for medical consultancy with pharmaceutical companies including Astra-Zeneca. As director of the Forth Valley Primary Care Research Group, funded by the Executive, he takes home between £5,000 -10,000. His MSP salary is £41,250 a year with £36,000 for allowances and £7,000 for his constituency office. He also gets a free bus pass from Lothian Buses worth £299.'

VACCINE SCENE 2001: UPDATE AND OVERVIEW - PART ONE

By Harold E Buttram, MD. 16/4/01

Dr Buttram kindly forwarded the following article to The Informed Parent. Due to the length it will be featured in 2-parts. Part 2 and the full list of references will be included in Issue 3, due out in September 2001.

In our office we are frequently asked our opinion and position on vaccination in both children and adults. This lengthy monograph is an attempt to express a minority view and position that is contrary to current government, public and medical opinion on the subject. However, whatever position on the vaccination decision one chooses to adopt, we feel the most important point is parental choice! Therefore, we ardently believe the best approach to this very controversial subject is to present both the pros and cons, good and bad, known and unknown about immunizations, and then help guide the patient or parents to choose what is best for them or their children. This is termed 'informed consent' and should be the basis of every medical test or treatment; vaccinations being no exception. Consequently, our Healing Research Centers honor and respect the patient's or parent's choice in this matter and will immunize or not immunize accordingly.

Any medical therapy must balance the 'effectiveness' versus the 'safety' of its actions on the human body. For instance, aspirin therapy is effective in preventing a second heart attack after having a first heart attack; and it is quite safe, only having a small incidence of stomach or intestinal bleeding as a potential long-term side effect. As you read the following monograph, please keep these key points in mind in terms of 'effectiveness' versus 'safety' of vaccinations:

- Scientific evidence does support the effectiveness of immunizations. They do prevent infectious diseases; some better than others, but this point is not disputed.

- Scientific evidence does not support the safety of immunizations: Safety studies on vaccinations are limited to short time periods only: several days to several weeks. There are NO (NONE!) long-term (months or years) safety studies on any vaccination or immunization. There is limited but rapidly growing scientific evidence of long-term adverse side effects of vaccines that need much more study.

In August, 1999 and April, 2000 Congressional hearings were held in Washington D.C. dealing with questions of vaccine safety. Congressman Dan Burton, Chairman of the U.S. House Government Reform Committee, called the hearings. On the weekend of October 2nd and 3rd, 1999, an autism conference was held at Cherry Hill, New Jersey, sponsored by the Autism Research Institute of San Diego, California. Over 1,000 people were in attendance, the great majority of whom were parents of autistic children. At one point in the meeting, when the chairman asked those in the audience who believed that their child's autism was caused by vaccines to stand, a largely majority of the audience rose to their feet. With these and other indications of growing public concerns about current childhood immunization programs, it is hoped that this review will be of timely interest.

ARE THE BENEFITS OF VACCINES EXAGGERATED?

From an historical perspective it is important to keep in mind that, in the early days of immunizations, there were relatively few vaccines, and for the most part they were given separately. Also, it would appear that it was in those early days that vaccines had their greatest successes, with eradication of smallpox from the world (although there are disturbing reports of current appearances in parts of the Far East), and eradication of polio from the Western Hemisphere, the last case of wild polio having taken place in 1979.

Parenthetically, the average person today believes that mass smallpox vaccines were responsible for eradicating smallpox from the world. This is not so, for the simple reason that mass vaccination programs did not take place in many areas. In some third world countries 10% or less of the populations were immunized against smallpox due to financial and other limitations, which necessitated a policy of 'quarantine and containment,' whereby all contacts in an infected village and outlying areas were immunized. If limited vaccines together with quarantine were effective in the case of smallpox, this raises the question about the necessity of ongoing mass vaccines in other diseases as well, a question which we believe will assume growing importance as more is learned about the adverse effects of vaccines.

Among vaccine's other successes,

there were less than 100 reported cases of measles in the U.S.A. in 1998, and most of these were imported.

However, vaccine proponents would have us believe that vaccines have been largely responsible for controlling virtually all of the former epidemics of killer diseases in the U.S.A. With the exceptions cited above, the facts do not bear this out. According to the records of the Metropolitan Life Insurance Company, from 1911 to 1935 the four leading causes of childhood deaths from infectious diseases in the U.S.A. were diphtheria, pertussis (whooping cough), scarlet fever, and measles. However, by 1945 the combined death rates from these causes had declined by 95% before the implementation of mass vaccine programs.(1) Other statistical information provided much the same pattern.(2) According to a report in Morbidity and Mortality Weekly Report, July 30, 1999, improvements in sanitation, water quality, hygiene, and the introduction of antibiotics have been the most important factors in control of infectious diseases in the past century. Although vaccines were mentioned, they were not included among the major factors.(3)

Another factor, which is commonly overlooked, is that the virulence of micro-organisms tends to be weakened or attenuated with the passage of time and with the serial passages through human hosts.(4) Also, populations develop immunity with continued or repeated exposure. One example of this is whooping cough (pertussis) which is clearly a milder disease in Western nations than it was 100 or so years ago.

An example of this process is provided in the text, Vaccination, 100 Years of Orthodox Research Shows that Vaccines Represent a Medical Assault on the Immune System, by Viera Scheibner, Ph.D.,(5) in which the author reviews the Swedish experience with whooping cough (pertussis) and the pertussis vaccine. In 1979 Sweden banned the pertussis vaccine because of a return of the disease in fully vaccinated children and also because of side effects which they considered unacceptable, including brain damage. In spite of this ban, which remains in effect today, the infant mortality in Sweden from pertussis is no greater than in fully vaccinated populations (3 infant deaths were recorded in Sweden 1987 to 1991, as compared with 4 infant deaths in New

South Wales, Australia, during a slightly longer time period).

However, it must be recognized that pertussis remains a serious illness in many third world countries, carrying significant morbidity and mortality due to factors which often include poor sanitation and lack of adequate medical facilities. Also many are 'virgin populations' in which whooping cough is a relatively new infection, and therefore they are lacking in natural immunity which is present in most Western nations where there is inherited immunity from earlier epidemics.

VACCINE SAFETY NOT PROVEN

It should be pointed out that today's children receive from 22 to 35 vaccines before school age, whereas most of today's senior citizens received only one, the smallpox vaccine. Some of the vaccines contain mercury, a known neurotoxin under some circumstances.

With the growing public concern about potential adverse reactions of these heavy burdens of foreign immunologic materials on the immature immune systems of children, it is reasonable to ask ourselves what is known about these reactions.

A small but growing minority of physicians and scientists are becoming aware that safety testing for the various vaccines has been woefully inadequate. As one of many examples, a 1994 special committee of the National Academy of Sciences (Institute of Medicine) published a comprehensive review of the safety of the hepatitis B vaccine. When the committee, which carries the responsibility for determining the safety of vaccines by Congressional mandate, investigated five possible and plausible adverse effects, they were unable to come to a conclusion for four of them because they found that relevant safety research had not been done. Furthermore, they found that serious 'gaps and limitations' exist in both the knowledge and infrastructure needed to study vaccine adverse events. Among the 76 types of vaccine adverse events reviewed by the IOM, the basic scientific evidence was inadequate to assess definitive vaccine causality for 50 (66%). The IOM also noted that if research is not improved, future reviews of vaccine safety will be similarly handicapped.(6)

The clear implication of this report, which in our experience is fairly representative of a haphazard pattern towards issues of safety throughout the vaccine field, is that adverse reactions to the vaccines may be occurring on a large

scale without being recognized as to their true nature.

In support of this statement, two pioneering studies will be reviewed below, one from 1955 and the other from 1984, both sounding alarms on potential side effects from vaccines:

One of the most intriguing studies from older medical literature dealing with the pertussis vaccine was that of A.L. Low (Chicago, 1955) who performed electroencephalograms (EEGs) on 83 children before and after pertussis immunization. In 2 of these children he found that the EEGs turned abnormal following the immunizations without other signs or symptoms of abnormal reactions. In his report he commented: 'This study shows that mild but possibly significant (emphasis ours) cerebral reactions may occur in addition to the reported very severe neurological changes.'(7)

Another intriguing study, this one from Germany, was reported in a little-noted letter-to-the editor in the New England Journal of Medicine, in 1984.(8) In the study, a significant though temporary drop of T-helper lymphocytes was found in 11 healthy adults following routine tetanus booster vaccinations. Special concern rests in the fact that, in 4 of the subjects, the T-helper lymphocytes fell to levels seen in active AIDS patients.

The implications of these two studies are enormous. In regards to the latter (German) study, if this was the result of a single vaccine in healthy adults, it is sobering to think of the possible consequences of multiple vaccines (19 vaccines within the first six months of life at latest count) given to infants with their immature and vulnerable immune systems. Unfortunately, other than clinical observations, we can only speculate as to these consequences, as this test has never been repeated.

As for the Low study with EEGs before-and-after pertussis immunization, at a time when myriads of our children are suffering from various degrees and phases of brain dysfunction, it is possible that vaccine reactions may be occurring on a large scale, unrecognized as to their true nature, and contributing to this pool of unfortunate children.

It is both sad and shameful that neither of these studies have had follow-ups in American laboratories and medical centers, as should have been the case. Had they been done, discovering and documenting adverse neurological and immunological effects of the

vaccines, they would have led to safer forms and combinations of childhood vaccines than at present.

From a careful gleaning of medical literature over many years, we have been able to find only 3 other reports in the literature of studies done before-and-after immunizations, all from foreign medical centers:

In a study from Japan, immunizations (DPT, DT, or BCG) were given to 61 children with a history of febrile seizures or epilepsy, who had not had a seizure for one year. Following immunizations there was a significant increase in 'epileptic spikes' in post-vaccine electroencephalograms as compared with those done preceding vaccines.(9)

In January, 1993, a Czechoslovakian medical journal published the results of a study of 89 children with adverse clinical reactions following administrations of various combinations of vaccines. Detailed case histories were taken and blood tests were done to examine various parameters of cellular and humoral immunity. It was found that children with adverse reactions had marked increases in abnormal blood parameters as compared with children who had had no clinical reactions.(10)

In 1997 a study from the University of Alberta, Canada, reported on findings from before-and-after MMR vaccine in which the effects on both the measles specific antibodies and cell mediated immunity, as indicated by cytokine generation, were tested.(11) The significance of this report may not rest so much on the specific findings, which will be reviewed later, as on the fact that it opens up an entirely new avenue of research, designed to reveal the specific mechanisms of actions of the vaccines, and also possibly revealing their side effects.

With these 3 reports from reputable medical centers, published in peer-review journals, the flood-gates of medical research have been opened. The truth about vaccine mechanisms, effects, as well as adverse reactions cannot be long in following. Although late, we would hope that our own medical and research centers would join in this search.

WHAT IS KNOWN ABOUT ADVERSE VACCINE REACTIONS (A cursory Review of the Literature)

Before turning to medical and scientific reports on adverse vaccine reactions, we must reluctantly point out an almost insuperable difficulty in getting dependable data on these

reactions due to the extreme reluctance of doctors to report on vaccine reactions, a pattern which has existed since the earliest days of childhood vaccines.

There are a number of reasons for this. From their earliest years of training, medical doctors have been taught to look upon vaccines as one of the greatest achievements in medical science, and any question about them is often looked upon as disloyalty to the profession. In addressing this issue in the classic text, *Shot in the Dark*, by Coulter and Fisher, the authors quoted an attorney specializing in vaccine-damaged children. In commenting on the deficiency in doctors' reporting of vaccine reactions, the attorney commented, 'As is the case with many pertussis-vaccine-injured children, none of the treating physicians would commit themselves to a final etiological diagnosis. It is strange that parents of pertussis-vaccine-damaged children often can only get an etiological diagnosis by hiring an attorney and seeing one of the few recognized experts in the U.S. on post-pertussis vaccine encephalopathy.'(12)

In passing, we believe it is appropriate to mention that we have noticed this same pattern in our office. Having seen quite a few autistic children in the past several years, more than a few of which became autistic in a time-related fashion following vaccination, we have yet to see a single case in which other doctors have implicated vaccines as a possible cause of the autism.

RECOMBINANT HEPATITIS B VACCINE - ANECDOTAL REPORTS OF ADVERSE REACTIONS

A scattering of reports suggest that the hepatitis B vaccine may play a major role, as yet largely unrecognized in hemorrhagic complications from vaccines. In a collection of abstracts from Medline research from 1990 to October, 1997 on adverse reactions from the recombinant hepatitis B vaccine, Dr. Andrea Valeri of Italy catalogued a total of 45 different types of reactions in the world literature.(13) Among these were necrotizing vasculitis,(14) vaccine-induced autoimmunity,(15) and segmentary of occlusion of the central retinal vein.(16) In addition, a report of vasculitis following hepatitis B vaccine is found in the *British Medical Journal*.(17) Thrombocytopenia is listed as a possible complication in the current *Physicians' Desk Reference*. In a report of 18 deaths of neonates following the hepatitis B vaccine by the Vaccine

Adverse Event Reporting System, 1991-1998, hemorrhagic phenomena were common including 2 with cerebral hemorrhages, 4 with pulmonary bleeding, 1 with bloody diarrhea, and several with blood in upper airway passages.(18) A report in *Post-Graduate Medicine* on acute hemorrhagic encephalitis sites vaccines as one of the possible causes.(19)

Reports of autoimmune/neurological type reactions from hepatitis B vaccine include the following: Polyneuropathy,(20) uveitis,(21) Guillain-Barre Syndrome,(22) myasthenia gravis,(23) erythema nodosum,(24) CNS demyelination,(25-27) optic neuritis,(28) transverse myelitis,(29) visual loss,(30) rheumatoid arthritis,(31) Reiter Syndrome and arthritis,(32) and autism & colitis.(33)

TETANUS AND HAEMOPHILUS INFLUENZA (HIB) VACCINES

The tetanus vaccine does not carry an aura of controversy which surrounds some of the other vaccines, but in 1991 a report by the National Institute of Medicine did find a causal relation between the tetanus vaccine and anaphylaxis, a potentially life-threatening allergic reaction.(34) The Hib vaccine shares with the pertussis vaccine a notoriety for its sensitizing potentials,(35) so much so that it has a paradoxical reaction in causing a temporary reduction in antibody in most adults and children following immunization, which may increase the risk of invasive disease should the individual be harboring H influenza micro-organisms at the time of the Hib immunization.(36)

PERTUSSIS (WHOOPIING COUGH) & VACCINE-INDUCED ENCEPHALITIS

The Pertussis vaccine carries the dubious distinction as having survived the longest period of controversy among any of the current vaccines. This controversy mainly surrounds reports of pertussis-vaccine-induced encephalitis which have beset the vaccine since its earliest days in the late 1920's and 1930's. It is true that public health officialdom maintains that there is no controversy and that brain damage from the vaccine is extremely rare. However, there are many parents as well as a growing number of physicians and researchers, though still a minority, who consider the pertussis vaccine potentially dangerous.

For those who are interested in a more

in-depth review of this intriguing subject, we recommend the following 3 books: *Shot in the Dark* by Coulter and Harris(12), *Vaccination*, by Viera Scheibner, Ph.D.,(5) and *Vaccination and Behavioral Disorders*, by Greg Wilson,(37)

The basic question surrounding the pertussis vaccine is whether or not, by itself or in combination with other vaccines, it is contributing to the epidemic of neurobehavioral problems now taking place among American children as a result of subtle encephalitic-type brain damage from the vaccine. At the very least, the studies of Low(7) and Nuono(9) suggest this as a possibility. This question, which has never been addressed in a meaningful way, becomes of over-riding importance in view of the current adverse health trend among American children, as reflected in an article in a major news magazine which cited a 'dramatic rise in learning disabilities among American children' with 'one of every six suffering from autism, aggression, dyslexia, or attention deficit hyperactivity disorder.'(38)

Could it be that modern medicine has a huge blind spot to a medical problem taking place on a large scale? Historically it has happened before, as in the case of the Austrian obstetrician, Ignaz Semmelweis, who in the mid 1800's was unable to convince his peers to wash their hands before delivering babies or performing surgery.

Returning now to our review of the literature, medical reports of pertussis-vaccine-induced encephalitis, rare at any time in the past, have virtually ceased since the early 1990's when a series of articles appeared in major medical journals attempting to dismiss encephalitis-like events following the pertussis vaccine as coincidental.(39-41) For this reason, aside from earlier literature, one must search elsewhere to gain some insight into the nature and frequency of adverse pertussis-vaccine reactions taking place today. Although research in this area is largely stagnant, there are a few highly pertinent animal studies which help define the nature of pertussis endotoxin and its potentially damaging effects on the brain.

Turning to these animal models, attempts to dismiss pertussis-vaccine-encephalitis as a myth would appear to founder or should have foundered from the outset based on the simple fact that vaccines like pertussis are actually used to induce encephalitis (experimental allergic encephalomyelitis) in laboratory

animals.(42)

Among animal models, four will be cited here:

In an experimental encephalomyelitis performed by Munoz and coworkers, elicited in mice by injecting pertussigen, a derivative of *Bordetella pertussis*, along with mice spinal cord extract, there were histological findings of perivascular infiltrates, consisting largely of lymphocytes in the brain and spinal cord.(43)

Although Munoz mentioned nothing about the presence or absence of brain edema, Iwasa stressed the finding of brain edema as a feature of pertussis-induced encephalopathy.(44) Parenthetically, there are anecdotal reports of brain edema in infants who showed signs of increased intracranial pressure, as manifested by bulging fontanelles, following DPT immunizations.(45-47)

In a study devised to provide an animal model for the systemic and neurological complications sometimes observed following the pertussis vaccine in children, Steinman and co-workers discovered a lethal shock-like syndrome in mice after immunization with B pertussis vaccine and sensitization to bovine serum albumin. Post-mortem examination of the brains revealed diffuse vascular congestion and hemorrhages in both cortex and white matter.(48)

In a review of the effects of bacterial endotoxin in microcirculation of the body, McCuskey described the effects of endotoxin in causing vascular inflammation, leading to a pro-coagulation state of the endothelium.(49)

Other than those articles previously mentioned, and a few to be reviewed in a subsequent section of this paper dealing with allergies, there is a virtual vacuum of meaningful information in the current literature on the pertussis vaccine and vaccine-induced encephalitis. However, there is one area which promises to be fruitful in clinical and scientific knowledge about this field, however tragic it may be from a human standpoint:

There are at present increasing rates of imprisonment of parents or caretakers on conviction of infant deaths from the 'shaken baby syndrome'(SBS) From first hand knowledge of one case and familiarity with others, we believe with virtual certainty that some of these convictions have been the result of misdiagnosis, the true cause of deaths having been vaccine reactions.(50) In

one case, for instance, 6 vaccines were given at 8 weeks of age to a severely compromised baby. Following a period of clinical deterioration, the baby became apneic about 14 days following the vaccines and, although later resuscitated in a hospital, died shortly after. The father was subsequently charged with death of his infant from SBS. During the subsequent jury trial,

PERTUSSIS MAY BE ADDED TO CHILD BOOSTERS

Taken from: Pulse, 12/5/01

The Government is planning to add a pre-school pertussis booster to the childhood immunisation schedule.

The move has been triggered by evidence of waning immunity among vaccinated children, raising fears that they may infect their unvaccinated younger siblings.

The plan emerged as new data on invasive Hib infection prompted concern that a Hib booster may also be needed.

The DoH last week said that the Joint Committee on Vaccination and Immunisation was looking at options for introducing a pertussis booster.

JCVI member Prof. Keith Cartwright, director of Gloucester public health laboratory, said the immunogenicity of the primary DTP course was 'not perfect'.

He added: "It gives 80-90% protection and there is evidence of waning protection after the first year." Fellow JCVI member, Dr David Goldblatt, paediatric immunologist at Gt Ormond St Hospital, London, said a pre-school pertussis dose might boost the response of older children and prevent them infecting unimmunised infant siblings.

Prof. Cartwright said an acellular pertussis vaccine was being 'looked at very seriously', both for use as the booster dose and as a replacement for the whole cell vaccine currently used in DTP. He said the acellular vaccine produced fewer local reactions and there might be future supply problems with whole cell vaccine. (*Editor: After 50 years of production, why would there now be supply problems??*)

The JCVI is keen to limit the number of jabs given to children and is looking at the possibility of combining the pertussis booster with the current DT pre-school booster. (*Editor: I wonder how long the trials for this possible combination jab will be?*)

vaccines were never mentioned by any witness or offered as a possible cause of the infant's death. As a result of this and other factors, the father was convicted of murdering his infant son and is now serving a life-sentence. If the truth were known, probably this story could be told many times over.

To be continued in Issue 3 - 2001

Meanwhile, new data from the Public Health Laboratory Service shows the incidence of Hib has more than doubled in the past 4 years.

Total reports for Hib in the first quarter of 2001 were at similar levels to last year but cases in babies under one year old leapt from 11 to 24.

Dr Mary Ramsey, consultant in public health medicine for the PHLS immunisation division, said: 'It could be due to waning population immunity because the vaccine, as well as protecting individuals, prevents carriage in the nose.'

Editor: In an article on Hib, summer 1997 of The Informed Parent, Dr Jayne Donegan wrote: ... 'with the vaccination (Hib) of successive generations, the chances of gaining natural immunity at an early age will also disappear with all the consequent complications that this causes.....The vaccine will presumably cause less children to meet the organism and less children to carry it in their nose. This means that less children will gain natural immunity to Haemophilus influenzae and this will increase the likelihood of their contracting severe forms of the disease at a later age.'

MEDICAL PAPER FROM 1976!!

A medical paper, published in *Klin. Pädiat.* 188 (1976) 172-180 entitled *Autistic Syndrome (Kanner) and Vaccination against smallpox* stated:

'3-4 weeks following an otherwise uncomplicated first vaccination against smallpox a boy, then aged 15 mths and last seen at the age of 5½ years, gradually developed complete Kanner syndrome. The question whether vaccination and early infantile autism might be connected is being discussed. A causal relationship is considered extremely unlikely. But vaccination is recognised as having a starter function for the onset of autism.' (*Our emphasis.*)

DEALING WITH MEASLES, RUBELLA, ROSEOLA & MUMPS

Common childhood illnesses are a normal, healthy part of growing up. They can improve your child's health by helping their immune system to develop. If you treat your child with natural remedies you'll be aiding the process of building and strengthening their immune system.

MEASLES

The measles virus affects the respiratory tract and the skin. It has an incubation period of around ten to twelve days. The illness commences with a fever, runny nose, and cough.

For the first few days it appears that your child has a normal cough, but if you look inside their mouth, you might see the characteristic measles spots on the inside of the cheeks at the back, with the aid of a torch.

They look like small white glistening spots with an area of redness around them. In another day or two, pinkish red blotches develop on the hairline behind the ears and forehead, spreading across your child's face and torso, lasting around a week. Your child usually becomes very phlegmy, with a lot of mucus.

The rash isn't usually a problem - but your child may be uncomfortable as a result of conjunctivitis affecting their eyes, sometimes an earache, or a chesty cough developing. There are homeopathic remedies for all these problems - consult a professional homeopath if the symptoms persist or you are worried.

COMMON REMEDIES

ACONITE

Aconite helps at the beginning of the illness, before you're even sure it's measles. This remedy helps the stage where your child seems to have an intense cold, with streaming eyes and nose, and lots of sneezing. They are hot and bothered and seem thirsty, drinking lots of water. According to Dr Dorothy Shepherd, who wrote the book *Homeopathy in Epidemic Diseases* (available from Ainsworth Homeopathic pharmacy), it will hasten measles through the necessary stages, bringing out the rash in a day or so, and ensure a speedy recovery.

BELLADONNA

Give this remedy if your child develops a very high temperature and become sensitive to the light. (In this case, you should keep them out of bright light.) This can happen just as the rash is coming out on their skin. If your child tends to get high temperatures during an infection they are likely to get one with the measles, and this remedy should help keep them comfortable. The symptom picture indicating Belladonna is one of tremendous heat, especially of the head and body. Their hands and especially feet can feel cold to the touch, while their body seems to be radiating. They are usually thirsty, and the fever is dry because they're not sweating. In most fevers, once the child starts to sweat it

is a sign that the fever has broken and they start to feel better. During this state of intense heat your child is either wiped out or distressed.

**By
homœopath,
Cassandra
Marks Lorius**

APIS

This remedy is called for when the skin rash is extensive because the individual spots have joined up together to form large areas of swollen red rash like weals. Because of the heat in the eruption they feel much worse from heat (being over-dressed, in a hot room, hot bath, or the heat of a room). Their face can seem swollen, with puffy eyelids or a swollen throat which makes it uncomfortable to drink.

Dr Shepherd writes of her experience using this remedy successfully to treat suspected meningitis; when the child's neck became stiff and they screamed with pain.

PULSATILLA

This is the main remedy for measles. It helps the early stage, when your child has a generalised fever and a runny nose with a cough. The cough is worse at night and after lying down for a few hours. It's better outdoors in the open air.

Pulsatilla is very good for conjunctivitis, and is an effective remedy for treating earache which is associated with any phlegmy condition. If your child is feeling lethargic and pathetic, wanting to flop on the sofa or

have constant cuddles this remedy will improve their energy and mood and help them to move through the illness rapidly. Children who become clingy and whiny when ill generally respond well to Pulsatilla, whatever the diagnosis. This is helpful, since some parents may not be sure whether their child has got measles or some other infection. Children in a state corresponding to this remedy picture want as much attention, comfort and physical contact (cuddles) as possible when unwell.

EUPHRASIA

This helps if your child develops a very catarrhal state of the eyes and nose, and their eyes glue up with mucus, especially after sleep. Their eyes and nose are running constantly with a lot of sneezing. The eyes can seem very red and the tears seem hot. It is especially indicated if they have a bad rash around their eyes.

Give your child this remedy if the main thing that's bothering them is the conjunctivitis, and it hasn't cleared up after taking the remedy Pulsatilla for 2-3 days.

BRYONIA

Bryonia is used where your child develops a dry, chesty cough. Their state is one of feeling fluey. They seem dull and sleepy. The rash is a darker red than that calling for remedies like Apis or Belladonna, and is blotchy and seems to develop slowly. The whole condition is less acute than that calling for other remedies, but they don't feel well. They are irritable and don't want to be moved about. They prefer to lie still in a cool, quiet room.

RUBELLA

Rubella, German measles is caused by a different virus to measles, but the rash looks very similar. The infection tends to be mild. Many children have a couple of days of feverishness and in only half of all cases is there a faint pinkish rash on the body. According to the textbook *General Practice Medicine*, it is a "trivial minor illness" and the only reason its considered a problem is because of the risk of fetal damage if a woman develops it in the first few months of pregnancy. In older girls the joints can become stiff for several weeks afterwards. This usually

responds to the remedy Pulsatilla (see above), or to Rhus tox (see below).

Pregnant women who have been in contact with rubella can try a single dose of the homeopathic nosode Rubella 200 in an attempt to protect themselves.

ROSEOLA

Roseola also causes a pink rash similar to measles and rubella. Roseola is a mild viral illness which starts with a fever and is followed by a blotchy red rash for a few days. There is often a coldy, catarrhal condition as well, which responds to Pulsatilla. According to General Practice Medicine this illness is nothing to worry about. You can give Rhus tox if there are any joint symptoms.

MUMPS

This illness has a 2-3 week incubation period. You can usually spot mumps easily because your child's parotid glands swell out like gerbils (in the angle of the neck just under the ears). This illness is also considered mild. Occasionally, it happens that your child suffers abdominal pain because the pancreas is mildly inflamed, and post-pubertal boys run some risk of infertility if their testicles become inflamed.

PHYTOLACCA

The main remedy to treat mumps is phytolacca.

They look pale and weak and the glands are inflamed. Pains from the parotid gland or the throat shoot into the ear every time they swallow.

MERCURIUS SOL.

The glands are swollen and painful, especially on swallowing. Your child may have a fever but the temperature is not high. The offensive state of mouth and bad breath point to this remedy. Saliva dribbles out on to the pillow when they lie down. They may also develop mouth ulcers.

Children needing this remedy usually become sweaty and may have a mucousy cold, or a gastric upset with diarrhoea.

BELLADONNA

Give Belladonna when the illness starts with a high temperature, which may make them restless and irritable. They feel extremely hot. They aren't very thirsty, although the temperature

produces a dry heat which is better if they can sweat a bit.

The glandular swelling is often worse on the right side. If a severe headache develops just as the glands seem to be becoming less swollen, give your child Belladonna.

RHUS TOX.

The swelling may be more on the left side. They feel fluey and are worse if the weather is cold and damp. They like to be warm. The joints ache (especially in someone older), which makes them restless, trying to find a comfortable position. Children who need this remedy usually develop a strong craving for milk when they are ill.

PILOCARPUS JABORANDI

Weak and sweaty, and exhausted. They salivate a lot although their mouth can feel dry. Thirsty. They like to be warm and they feel better after an episode of sweating.

Use this remedy if breasts, ovaries or testicles become painful.

DOSAGE

One tablet of the 6 potency three or four times daily for mild infections. One tablet of the 30 potency every two or three hours only if your child seems very distressed by the symptoms. Reduce the frequency when they start feeling better.

Be flexible regarding how often you give the remedy. Generally the worse the condition the more frequently it should be given. In less urgent problems, give a 6 potency three times a day until improvement sets in, and then quickly tail off the remedy.

HOMEOPATHIC PHARMACIES

Ainsworth Homeopathic Pharmacy
36-8 New Cavendish Street, London W1. Tel: 020 7935 5330

Ask for granules, which are easier to give to children.

Galen Homeopathics in Dorset
Tel: 01305 263996

They send out prescriptions by post (arriving within 1-2 days). They use soft hand-made tablets, which children like because they dissolve in the mouth.

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North End Practice,
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MEASLES ANTIBODIES

IgG MEASLES SUBTYPE
ANTIBODIES AFTER VARIABLE
MEASLES IMMUNIZATIONS.

H.F. Pabst et al.

Pediatr Res. 1992;31:173A

Last year we reported a change in the age of susceptibility to measles in contemporary infants compared to those born in the past (Ped Res 1991, 29:96A). We found significant differences in measles virus neutralization titers between infants born to mothers with natural immunity compared to those born to mothers who had been vaccinated with killed plus live, or live vaccine only.....

We conclude that immunization with measles vaccine induces antibodies of different isotypes compared to natural measles infection. This may in part explain the different half-life of maternal antibodies in those immunization groups, natural infection versus vaccination.

Also: Arch Ped Adol Med, July 1994, Vol 148:694-698

A significant proportion of 4 - 5 month old infants who had been admitted to the neonatal intensive care unit at birth lack measurable measles antibody...It is likely that the majority of these women obtained their measles immunity from vaccination rather from the natural disease. In one study, more than 90%* of infants born to younger vaccinated mothers had neutralization antibody titers of less than 1:10 before age 7 months, but among infants born to older mothers, only 65% were seronegative." (*in the study it stated 95%.)

FEVER TIP?

An advertisement featured on an US website - parenthoodweb.com by Tylenol (the US equivalent to Calpol) stated: 'Is it starve a cold, feed a fever or feed a cold, starve a fever? Neither is true. Fevers and colds both require good nutrition. Encourage frequent food and fluids. If a sore throat makes swallowing painful, offer cold apple juice, flat ginger ale, or frozen treats.' Editor: Well, I certainly won't be turning to the 'experts' behind these tips for any sound advice!!

MMR: DOUBLE TROUBLE?

Taken from: Private Eye, March '01

While more GPs are turning against the controversial triple MMR vaccine in favour of single measles, mumps and rubella jabs given at intervals, it has emerged that docotrs in one London health authority are being urged to give toddlers two doses of the MMR vaccine only three months apart.

Nowhere else in the world are repeat doses of MMR being given at such close intervals to children aged between one year and 18 months. And as far as the Eye can ascertain there has been no trial to show it is safe to do so. Usually children are given the first MMR jab at around 12 to 15 months of age and the second one not until they are about to go to school.

However, Merton Sutton and Wandsworth health authority has embarked on the scheme to improve "herd" immunity. The swift second dose is supposed to catch the 10 to 15 per cent of children who will not have become immune to measles mumps or rubella after the first jab.

The man behind the scheme is David Elliman, a consultant in child health at St George's hospital, Tooting, and the area's immunisation coordinator. He is also a keen proponent of MMR and an equally fierce critic of those who have raised doubts over the vaccine's safety. According to one of his research papers on concerns about immunisation, Elliman has also been sponsored to speak at educational meetings and has conducted research financed by vaccine manufacturers.

Last week he told the Eye that although he knew of nowhere else giving double MMR doses in this way, he had absolutely no safety concerns about the policy and there was to be no special monitoring. He said his concern was to stop the known potentially fatal and serious consequences of contracting measles, mumps or rubella and suggested intervals between the two MMR vaccines was for convenience not safety: any reaction to vaccines tended to be less the second time round; and health guidelines recommend a minimum gap of three months.

Other experts in the field are known to share Dr Elliman's views. However, the news has horrified parents, and a growing number of experts who believe the jab is responsible for triggering a devastating reaction in some children whose immune system cannot cope.

Two are Cardiff pharmacists Julie and Peter Loch, whose four-and-a-half-year-old son Oliver has both the rare bowel disease and unusual regressive autism - identified by Andrew Wakefield when he first raised concerns about MMR two years ago.

At 14 months of age Oliver was a thriving toddler who had passed all the physical and developmental milestones. He then had his first MMR jab and within weeks started showing signs of both developmental and behavioural regression. His vocabulary slipped away and he was silent for nine or 10 months. He also started showing signs of serious bowel disorder. He became irritable and miserable and as he has grown older he has become more aggressive and more challenging. He cannot be left alone for a minute.

"I am completely and utterly convinced that Oliver's condition was caused by MMR - and there are thousands of other parents who are reaching similar conclusions about their children's unusual conditions," says Mrs Loch.

Curiously the measles virus has been found in Oliver's bowel tissue, suggesting that far from giving Oliver immunity from the disease, the MMR vaccine (Oliver's only exposure to the virus) appears to have caused it to act abnormally in his body.

Oliver is not alone. Studies in Ireland, Japan, the US and the UK are currently uncovering the presence of a live measles virus in dozens of autistic and bowel diseased patients - cases which may yet prove the link between MMR, gut disease and regressive autism still so vehemently refuted by government health officials.

In the US Dr Vijendra Singh, of Utah State University, has also found that MMR appears to trigger an auto-immune reaction in some children which affects a protein, vital for the development of properly functioning brain cells. The good news for some families is that by adopting a strict diet, the effects on the brain can be reduced and in some cases the autistic symptoms reduced or reversed - but so far not unfortunately for Oliver. The bad news is that no one has yet found a way to rid the body of the measles virus.

"With the huge explosion in regressive autism in recent years, I think it grossly unfair, insulting and

morally reprehensible to dismiss these observations as 'anecdotal'," says Mrs Loch. "If ministers are committed to reassuring the public of vaccine safety, then it (the government) should demonstrate clearly an alternative mechanism by which all of these children have fallen ill."

However, the government and health officials still appear determined to continue to pour scorn on the work of Andrew Wakefield while pouring 3 million pounds into a publicity campaign promoting the triple vaccine. They also appear determined to stop parents and doctors obtaining single vaccine alternatives. The London-based Direct Health 2000 has been told it can only obtain 25 single dose vaccines a month. It has 14,000 children on its books, each with a special need such as egg allergies, who need a single dose.

In the US, however, Wakefield's work is being taken far more seriously. He has already addressed a special congressional hearing looking into vaccine safety, and this week is due to make a presentation to the Institute of Medicines immunisation safety review committee, which is looking specifically at MMR and autism. Here in the UK, while he is being rubbished by the government's health mandarins and experts, the all-party parliamentary group on autism has also invited him to speak.

To cause further dismay, news of the double doses of MMR being administered by Merton, Sutton and Wandsworth health authority comes in the same month that MMR has been shown to be linked to a rare bleeding disorder in children.

UK CASE OF CONGENITAL RUBELLA CAN BE LINKED TO GREEK CASES

BMJ, Vol. 321, Letters, 21/9/00

This published letter looked at the 'so-called' likelihood that Greek students played a role in an outbreak of rubella in Scotland in early 1999...

However the line which I felt was most interesting, regarding the case of congenital rubella syndrome, read:

'The baby's mother had been immunised as a schoolgirl, had rubella antibodies detected in pregnancy in 1996, and had no symptoms or known contact with rubella early in this pregnancy.'

There is also a comment on how this part of Scotland had a high uptake of the MMR at 91%.

SMALL-POX - A HEALING CRISIS

Extract taken from an anti-vaccination booklet published in 1924 entitled: 'Small-Pox - A Healing Crisis & The Truth About Vaccination.'
By H Valentine Knaggs.

YOU CAN'T FIGHT DISEASE WITH DISEASE

There can be no question that fighting disease with disease is a ghastly failure in the experience of all nations that have tried it. The world has dallied too long with such methods. Vaccination has been inflicted upon humanity for over a century, yet Small-pox, which it was to banish, is the only one of the great epidemic diseases still present in civilised communities.

WHY DO SO MANY DOCTORS STILL ADVOCATE VACCINATION?

In the light of the colossal exposure of the failure of Vaccination in the Philippines and in Japan, and in face of the staggering amount of mortality, disease and suffering which follows in the wake of every big Vaccination campaign, the reader may reasonably ask why so many doctors and public health authorities are still enthusiastic about it?

Many laymen suspect that the loyalty of the medical profession to Vaccination is inspired less by scientific considerations than by pecuniary reasons, and it is difficult to say that the suspicion is unfounded.

An inoculation can be accomplished in less time than almost any other service rendered by a doctor, and there is no doubt that a Small-pox scare is a gold mine for the vaccinators, and that people suffering from the after effects of Vaccination call for an increasing amount of medical attention. An occasional clamour for Vaccination worked up by the Press is as profitable to the doctors as an occasional bargain sale to the drapers.

Those who know that there are about 1,200 medical officers in the United Kingdom with salaries ranging around 1000 pounds a year - mostly "soft jobs" available only to Vaccinationist doctors, discover another business reason for the medical profession's loyalty to the Jenner rite.

The fact that no doctor who disbelieves in Vaccination can be appointed to a hospital with bed patients, and that Vaccination is still a condition of employment in the Army, Navy, and in all State Departments, and also of admission to educational and other institutions, increases the suspicion that a belief in Vaccination is a profitable

element in a doctor's equipment! When no one could hold a Government post without belonging to the Church of England all Government officials were devout members of the Church, but when the conditions disappeared orthodoxy and uniformity of belief disappeared with it. In the same way, if a medical officer's views on Vaccination were left to his own professional conscience the public might be surprised to find how vaccinating doctors became openly heretical.

The thoughtful citizen may ask: "Why don't the newspapers tell the truth about this dirty business?" until someone in Fleet Street explains that the daily and evening papers derive much of their information gratis from official sources, and that any paper which criticises Vaccination might find its supply of news from the Ministry of Health immediately curtailed!

With all these ugly facts staring him in the face, it is not surprising that the layman puts a very sordid construction upon official efforts to prop up the tottering case for Vaccination, to stifle criticism and to designate anti-vaccinator as "cranks".

"HE WHO KNOWS ONLY HIS OWN SIDE OF THE CASE KNOWS LITTLE OF THAT." - J Stuart Mill

My own view, however, is that the majority of medical men still cling to the obsolete idea that Vaccination is good chiefly because they have paid very little attention to the considered statements of those who think otherwise. That most vaccinators mean well, I have no doubt, but all through the ages well-meaning men have been responsible for some of the greatest tragedies in history. They have perpetrated all manner of evils and committed all kinds of follies under the impression that they were doing good, until they learned better or were put under restraint.

If, as Disraeli says: "Assassination never changed the history of the world," it has certainly changed the history of the assassinated. The sooner people who object to having their bodily "history" changed by law and, in the name of medical science, combine to abolish Vaccination, the sooner we shall be rid of a grave public danger.

It is not so many centuries ago since folk believed that the earth was flat. It is only twenty-five years ago that the petrol-propelled vehicle was a comic paper joke. Only twelve years ago people laughed at the notion of flying in a heavier-than-air machine. Two years ago

few people believed it possible for us to receive by wireless speech and music from America.

Yet these and many other things have come to pass because in every instance a few men dared to think for themselves and break away from cast-iron tradition in the same way as a minority of doctors are doing to-day. And when this minority becomes a majority Vaccination will vanish overnight.

The injection into the human body of rotten fluid taken from a cow suffering from cow-pox to prevent Small-pox was an unholy and disgusting superstition when performed by those who knew no better. Its continuance to-day, with all the unassailable evidence against it, is a crime against humanity.

So much for vaccination!

SMALL-POX A HEALING CRISIS

According to the orthodox definition, Small-pox is an acute, specific, infectious disease. It is characterised by well defined febrile (feverish) symptoms and the formation of a distinctive skin eruption which passes through three stages of vesicle, pustule and crust.

The main body of the Medical Profession, hand in glove with the Ministry of Health, exercise their great influence and authority impress upon the public the danger and horror of this disease. The disfigurement and pock-marking liable to occur as after effects of Small-pox are the principal bogeys with which, for reasons of their own, they try to frighten the people.

For over a century Small-pox has had more free advertising than any other disease. But the same authorities say little about measles, scarletina or diphtheria, all of which are infinitely less desirable than Small-pox. The only explanation of the official enthusiasm for Small-pox, as compared with the more dangerous diseases, is that the great and profitable Vaccination industry has always flourished on Small-pox.

Those medical men who have conducted independent research on Small-pox and who prefer to form their own conclusions are, of course, unaffected by the organised and officially inspired scares so adroitly arranged at convenient intervals. One of the very first doctors to realise the truth about Small-pox was the far sighted Dr Sydenham, who wrote:

"As it is palpable to all the world how fatal Small-pox proves to many of all ages, so it is clear to me from all the observations that I can possibly make, that if no mischief be done, either by physician or nurse, it is the most safe and slight of all diseases." (From: *The Works of*

Sydenham)

The most advanced doctors of the Continent, America and Great Britain now agree with the pronouncement of Dr Sydenham, one of the pioneers of medical progress.

One of the first things we must do is to make the public understand that the greatest danger with Small-pox is the risk of being scared into a Vaccination centre!

A HEALING CRISIS

The sane view of Small-pox is that it is a beneficent disease, or rather Nature's way of eliminating disease.

When one banishes from one's mind all the professional abuse that has been hurled at Small-pox for over a hundred years, and when one studies it calmly and without professional prejudice, it is perceived that Small-pox is nothing more nor less than a healing crisis.

Small-pox removes impurities by bringing them to the surface and getting rid of them by pustular eruption, and this mighty effort of Nature to free the body from undesirable matter is familiar to all students of Nature cure as "A Healing Crisis."

Small-pox is not a disease contracted by the action of some mysterious microbe. If the body is almost clogged with poison and Small-pox is contracted, then the patient will have it thoroughly, because Nature will make a correspondingly big effort to eliminate the poison from the system. The temperature will be high and perspiration profuse to get rid of some of it in that way. A great area of the skin surface will be in a state of eruption to eradicate some of it by means of pustules, and unusual thirst will cause the patient to take more liquid- Nature's means of elimination via the kidneys. In fact, the more clearly we realise Nature's aims and needs, the more we appreciate the perfection of this great healing crisis.

Patients who take it lightly are those who are less encumbered with poison than those who take it severely.

THE BENEFICENT DISEASE

Most people, through wrong living, lack of fresh air, exercise and right diet, carry within themselves more or less organic poison. This poison tends to accumulate unless it is kept in check by suitable baths, right breathing, fasting etc. When it has increased to such an extent as to interfere seriously with the normal functioning of the body, then nothing that medical knowledge and skill can do will be so thoroughly beneficial as an attack of Small-pox.

To those who have had neither the opportunity nor the time to study the subject, and to those who have always accepted without question the claptrap that has been written about Small-pox during the last forty years, this considered statement of fact may sound like the irresponsible raving of a lunatic.

THE ELECTRONIC TEST

Dr. Abram's instrument, which detects and identifies disease taints in a few drops of blood or of saliva is increasingly used by doctors in diagnosing cases. As the test tube is to the analytical chemist, so is this new electrical machine to the up-to-date doctor. It shows that the taints found in vaccine are identical with those in the virus extracted from Small-pox pustules. A recent report states that:

"Lymph, when submitted to the test, show the reactions of congenital syphilis (bovine type) and some of them show streptococcus (pus type) and tuberculosis (bovine type)."

Dr Lindlahr further states that:

"The pus-like mass exuding from the Small-pox pustule contains the virus not only of Small-pox but also of scrofula, psora, tuberculosis, syphilis, gonorrhoea, anthrax, lumpy jaw and poisons in the animal or human being from which the virus was secured."

The infallible analysis of this new scientific aid to diagnosis shows that all the taints contained in the lymph enter the body of the vaccinated person and remain there, a source of danger until they are all brought to the surface and forcibly ejected by the healing crisis.

The patient who has had the benefit of Small-pox-Nature's greatest cleansing process-rapidly improves in health, enjoys renewed vitality and a freedom from all chronic disease taints. Inherited or contracted taints of syphilis, gonorrhoea and other septic diseases are all cleared away in the virus which is eliminated.

THE WAY TO TREAT SMALL-POX

Once the official panic-propaganda is stopped and the public has learned to cast out fear the rest will be easy, provided the great Vaccination business is done away with.

No one fears the advent of a boil or a carbuncle, and, after all, Small-pox is but a type of carbuncle multiplied and spread over a larger area instead of being concentrated at one spot. The purpose of boils, carbuncles and Small-pox is the same-i.e. to rid the system of impurity in the form of pus.

Of the orthodox treatment of Small-pox, the less said the better. Suffice it to add that the diet, the roughly extemporised hospitals and the treatment are all wrong, because of a general misunderstanding of the fundamentals of the healing crisis.

The aim should be to assist Nature to perform her task, and to help the patient back to health and keep free from scars or blemish.

DR. LINDLAHR'S WAY

Dr. Lindlahr has obtained some entirely successful results from partial fastings, using only diluted fruit juices. No solid foods are given, thus relieving the system of the burden of digestion and liberating more energy for the great eliminative effort.

An alternative method, which I have personally found very effective in septic cases, is to limit the dietary to potatoes, baked in their skins, casserole-cooked green vegetables, dry cold toast and butter, with water as the only drink. My object in this dietary is to give those foods which, while in the digestive system, absorb and neutralize toxic poisons. The result is that much of the septic virus to be eliminated finds its way into the digestive system and is neutralized, thus lessening the strain of the surface excretion and incidentally the severity of the skin eruption.

PREVENTING DISFIGUREMENT

In mild cases full Epsom salts baths should be used, as this salt, applied to the surface, abstracts toxic poisons. Two pounds of the salts should be used in each bath, the temperature of which should be maintained at 104 degrees all the while the patient is in it, which should be for 30 minutes.

In severe cases where baths are undesirable, the whole skin should be amply lubricated. A weak carbolic oil or, - better still, olive oil medicated with peppermint or hydrastis canadensis, is effective for this purpose. The use of these oils soothes the skin, allays irritation and prevents pitting and disfigurement.

'WARE LYMPH AND LANCET

"Conscience makes cowards of us all," but the trouble with the Small-pox scare-mongers is that they make cowards of other people! The truth will prevail and in a little while Small-pox will be regarded as Nature's supreme disease eradicator. Meanwhile, be not afraid, for there is nothing to fear save panic and its allies -the lymph and the lancet.

CHILDREN & THE IMPORTANCE OF DRINKING PURE H2O

"Life was born in water and is carrying on in water. Water is life's mater and matrix, mother and medium. There is no life without water". Albert Szent-Gyorgyi. (Nobel laureate who discovered vitamin. C). (1)

It has been suggested that by the time we reach our mid to late twenties we lose the biological reflex of thirst and with this our ability to rehydrate. There are various beliefs as to why this happens. It could be the result of an excessively salty diet; or the over consumption of diuretic beverages such as tea, coffee and alcohol. The net result is that our body struggles to deal with these imbalances of toxic waste and in turn becomes stunned, desensitised and consequently suffers from varying levels of dehydration. (2)

When our children complain of headache, tiredness, or manifest symptoms of fatigue: loss of appetite, dark urine with a strong odour, this indicates mild to chronic dehydration. Leaving these symptoms unchecked could cause health problems in later life. The need to reinstate the daily ritual of drinking pure clean water has never been more important. We have to make this an acquired behaviour that children learn from an early age. The average child is likely to consume an excess of salt and sugar during the course of a day's diet (sweets and crisps etc). Combine this with the active life style of children and the natural thirst this creates, and it's easy to see why there exists an urgent need to focus on the re-education and importance that pure water plays in our children's health.

As parents we need to set the example. We know that kids will need to be initially encouraged to drink water. Having scanned the market place, I have found it is possible to find soft drink cordials and squashes without any preservatives and made from all organic ingredients. Rock's Organic Cordials at Loddon Park Farm Twyford Berkshire, (3) are a company who have taken a powerful stand to produce a number of alternatives. Their products can be purchased in most of the following stores: Sainsbury, Tesco, Waitrose, Budgens and Somerfield's.

Here are some suggestions for getting your children into the habit of drinking pure water.

1/ Start early in life and make it interesting. Make pure water available throughout the day. Occasionally add an interesting taste such as slice of lemon or learn how to make homemade natural cordials to 'lightly' add fragrance to pure water. Don't over do it, a subtle flavour in the background will encourage your

children to appreciate the taste without always wanting strong flavour and high sugar content.

2/ Be enthusiastic about your own consumption of pure water.

3/ Buy a tough water carrier that your child can carry around. Get into the habit of checking that they have water with them, if they are playing games or going to school. An excellent option is available direct from 'The Pure H2O Company'.

4/ Remember that good water is a delight and should be encouraged and made available throughout the day.

5/ Have water available by your child's bedside, as thirst is often experienced during the night and children generally will stay in the imagined safety of their bed rather than venture out into the night for a glass of water.

During my research, I was interested to learn that a Dr. Alex Carrel won the Nobel Prize in medicine for demonstrating that living cells can be kept alive indefinitely. Dr. Carrel said, "The cell is immortal. It is merely the fluid in which it floats that degenerates. Renew this fluid at intervals, give the cells what they require for nutrition, and as far as we know, the pulsation of life may go on forever." (4)

The daily activity of providing the body with a healthy and pure source of drinking water are, along with healthy nutrition and fresh air the foundations to a healthy life.

The Pure H2O Company (5) have, for the last ten years, been promoting the importance of pure fresh drinking water free from all contamination, just as rain water would be if it had reached us unadulterated. The Pure H2O Company produce a range of water treatment equipment and cooler dispensers for the home, office or for travel, all of which guarantee a lifetime supply of truly pure water and require just one service per year. Speaking as an existing customer for the last ten years, I have found that the company has consistently maintained an excellent customer service record and commitment of on-going support.

Jeremy Jones, Founder of The Well Being Co.

1/ Albert Szent-Gyorgyi. Biology of Water.

Perspectives in Biology and Medicine - Winter 1971
2/ Susan M. Kleiner, Journal of the American Dietetic Association. Vol.99 Number 2 Pg. 200

3/ Rock's Organic Cordials. Tel: 0118 9342344

4/ Mosley J. Alexis Carrel, The Man Unknown. Journey of an idea. JAMA, 1980; 244:10; 1119-21

5/ Aquathin The Pure H2O Company
Tel: 01252 860 111

Jeremy Jones - The Pure H2O Company
- Marketing & Communications, London
Tel: 020 7681 8241

LOCAL TO BEDFORD?

Homeopathy Awareness Week

Evening talk on 19th June

At The Gordon Arms,
"The Shed", Castle Road, Bedford.

8.00 - 9.30pm

Tickets £1.00 at the door
(all proceeds to Frontline Homeopathy)

Guest speaker will be
local classical homeopath

Stephanie Field

For further details, contact
Glenda on: 01234 764383

FLUORIDE STUDIES STUDIED

Taken from the letters page of Nexus, Dec 2000-Jan 2001.

Reproduced below is an interesting observation delivered in a humorous manner. Personally it sums up my thoughts on much of the medical literature that has been published over the years on vaccination.

To the Editors: Last week (w/c 2 October), news of the "York study" came out of Great Britain, intended to reassure us that water fluoridation is perfectly safe.

I guess the York study wasn't actually a study, as studies go, but was more a study of the studies, because this study didn't study animals or people, it studied studies. Although this was touted to be the study to end all studies, almost immediately both the Green Party and the Fluoride Action Network published their studies of the York study. These were then studies of the study that studied the studies.

The studies of the study that studied the studies pointed out that this study that had studied the studies had left some 3,000 studies unstudied, and they called for a study of studies that would study all studies and therefore not necessitate a study of the study of the studies as this study had done.

They were quick to stress that funding for studies is difficult to obtain and that, while studies that study studies are not so unusual, almost no one will give grants to do a study of studies that study studies.

It would be even more difficult to obtain funding to study the studies not studied by a study which studied the studies, such that people studying the issue won't know which studies have been studied and which studies were excluded in the studies that studied the studies. Study schmuddy Just don't put it in my water.

Don Caron, alison.blake@excite.com

ADVERSE REACTIONS TO MENINGITIS C JAB

From: WDDTY, April 2001

Terrible constipation after meningitis jab....My eight year old daughter had the meningococcal C immunisation at the beginning of November 2000. After about a week, she developed her worst cold ever - perhaps no connection. This was, however, followed by a severe bout of constipation, which has now been on going for more than two months - a very distressing condition involving continual pain and screaming, and loss of concentration; she now has to be wheeled about in a wheelchair. The local hospital is unable to offer any effective treatment and we now await a referral to a specialist hospital in London.

This condition had no history, which is not surprising as we're veggies and she was a very active child. We mentioned the possible connection to our GP, but he assured us that any connection was unlikely, so he did not record our concern. With no records, how will anyone ever know if there is a connection? We have written to the Health Authority to find out what steps they are taking to monitor possible side-effects. We would like to hear from anyone else who is in a similar situation - Leslie Dalton, 55 Freeman Ave., Eastbourne, East Sussex BN22 9NU e-mail: lesliedalton@netscapeonline.co.uk

- The Express, 24/2/01 - A school girl with a passion for dancing has been left partially paralysed after a meningitis jab. The 10 yr old has not been able to use her left arm since receiving the jab last November...She has been in constant pain and depressed since the jab....

- A teenager with rash and joint swelling after men. C conjugate vaccine, The Lancet, Vol 356, 28/10/2000.....A previously healthy, 17 yr old boy was admitted to hospital in Nov. 1999 with a 2-day history of fever, sore throat, widespread non-blanching rash and painful swelling of his left elbow, right knee and left ankle...It was thought that his symptoms were due to reactive polyarthritis due to the men. C jab 4 days previously. Apparently by April 2000, when he was last seen, he had made a complete recovery.

NOTICEBOARD

I have a 12-week old baby who is unvaccinated. I would like to chat and maybe meet up with parents with similar interests - alternative therapies. homeopathy, vegetarianism, breastfeeding, the vaccine issue etc.

I live in the Bucks area but also have an e-mail, so communicating with parents further a field is not a problem.

Please contact Jan on: 01908 370864 e-mail beauty.retreat@zoom.co.uk or 14 Sunset Close, Bletchley, Milton Keynes, Bucks. MK2 2LZ

Wendy Taylor, an Informed Parent, would like to make contact with other parents in her area for support and discussion. Wendy can be contacted on: 01209 891413 or write to: "Englemede", Manor Parsley, Mount Hawke, Truro, Cornwall, TR4 8DH.

A BREATH FOR LIFE

A naturopathic children's clinic, offering free treatments, including naturopathy, osteopathy, kinesiology, bowen technique, and homeopathy.

Specialist treatments also available at a small cost.

For further information, please

contact: Clare Parsons

or Karen Mander:

Tel 020 7482 1122

Fax 020 7482 0033

e-mail clare@kazoo.co.uk

Should you wish to make a donation to A Breath For Life, the donation line is 0906 587 7555

"Where there is life, there is hope and where there is hope expect a miracle"

www.abreathforlife.org

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

Friday, 29th June

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.

Brighton talk. Enquire at Alive reception, Tel: 01273 739606

or Karel Ironside on 01273 277309

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....?

HOMEOPATHIC CHILDREN'S CLINIC

Bishop Stortford 2001

For children age birth - 8yrs

Wednesday 2 - 5pm

50 mins appointments

Homeopathic consultation incl. remedy: £30

Acute illnesses: ear infections, coughs, colic, constipation, recurrent colds, warts, impetigo

Chronic complaints: eczema, asthma, glue ear, migraines, behaviour problems: ADD, autism, develop. delay; insomnia, vaccination issues; allergy testing also undertaken.

Margit Wendelberger-James, MA (Hons) Registered Hom. Tel: 01279 658138

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/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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The Informed Parent Company Limited. Reg.No. 3845731 (England)