THE *informed* PARENT

ISSUE TWO - 2004 A QUARTERLY BULLETIN ON THE VACCINATION ISSUE & HEALTH

DRUG FIRM THREATENED US, SAY MMR FAMILIES

James Meikle, health correspondent
The Guardian, 12/5/04

Families who claim the MMR vaccine has caused illnesses in their children have accused one of the three drug companies involved in the case of trying to intimidate them into dropping legal action.

Lawyers for Merck & Co wanted to know whether the families were going to pursue their cases now that public funding, already worth £15m, was likely to be withdrawn. They said the costs of the action had been "considerable" and children and their parents would be "at risk of facing a liability for any further costs Merck continues to incur in defending the claim".

About 500 families are thought to have received letters from the company's lawyers, Lovells, saying Merck would not seek any order for costs as long as they "give an undertaking to us ... not to issue any further proceedings arising out of vaccination with MMR vaccine against Merck in this or any other jurisdiction".

Jackie Fletcher, of the campaign group Jabs, said she knew of two families who had already given such under-takings. "It is very threatening and intimidating. It has already put the fear of God into parents. They are just going to hear alarm bells and think, 'the cost, the money, my house'."

Lovells said it had informed the families' solicitors about what they were doing. "We were not endeavouring to pressure people to act one way or another," said a spokeswoman.

The company had simply been stating "the potential cost liability if they cease to be legally aided".

MMR KILLED MY DAUGHTER

Daily Mail (UK) 18/5/04
By Bonnie Estridge

Last week the parents of 1,000 children allegedly damaged by the MMR vaccine were sent letters by one of the drugs' manufacturers threatening them with huge legal costs if they refused to drop their claims for compensation. One mother, Carol Buxton, found the news particularly shocking. Thirteen years ago her daughter fell ill and died following the MMR jab but Carol, a travel consultant who lives with her police officer husband Tony and three sons in Northampton, DID get her day in court - with astonishing conclusions. Here she reveals how she made the Government accept liability.

When I heard of this latest twist in the MMR debacle, my blood ran cold. Why should these parents be intimidated into dropping their claims for compensation? If anyone should believe that they are right to fight on, it's me. For not only did my daughter fall ill after she was injected with the triple jab, she died as a direct result of it.

How can I be so sure? Because I was paid £85,000 in compensation for her death by the Government.

The decision that MMR led to my only daughter's death was confirmed by doctors and agreed at a tribunal.

So what I want to know is: why did the the Government admit liability to me when it is villifying so many others?

I will never forget the moment I opened the door of Hannah's nursery on a winter's night 13 years ago. The room was warm but I felt a chill throughout my body - I sensed something was wrong. I looked into the cot and froze. My baby had died in her sleep - it was just 2 months before her third birthday. I felt shock, panic and a stabbing emptiness as well as anguish. Hannah had died from one of the hundreds of fits she suffered during her short life. My husband Tony and our three sons were devastated.

The Department of Health was forced to listen to me and two other families whose children also died, when we brought our case. But it was only after her death that they paid compensation, admitting that the brain damage she suffered was directly attributed to MMR. So what price do today's parents have to pay before anyone will listen?

We didn't go to court because our daughter died. We had been trying for compensation for some time before because Hannah was very disabled and we wanted her to have some kind of financial security.

She was suffering up to 40 fits a day but we were told that it would take months or years before a decision could be made. But 2 years after she died our case was heard and the link between her illness and MMR was agreed.

Our nightmare began when Hannah was 18 months old in October 1988. She had been due to have the single measles vaccine at 13 months but had a cold so our GP and I decided it should not be given.

I had no misgivings about my baby having the single measles vaccine as my sons, now in their 20s, had all had it with no ill effects.

As we had already booked a holiday we would have been away at the time of the next available appointment.

Unfortunately the third time Hannah was called to be vaccinated was the first week the MMR jab was introduced. I thought nothing of it at all. It seemed a good idea to get everything over in one go. She was fine after it - but a week later, she developed a very high temperature and became very red in the face.

I called the doctor out and asked him whether he thought there was any link with the vaccine but he said this was highly unlikely and diagnosed her as having 'slapface syndrome' - a mild virus which causes a high temperature and a marked redness of the face.

I gave her some Calpol to try to bring her temperature down and put her to bed. When I went to tuck the boys up, all was quiet in Hannah's nursery. But as I opened the door to look in on her, I could hear a strange noise. I froze - she was having convulsions and her eyes were staring and glazed.

I stripped her clothes off and made sure she couldn't bang her head on the side of the cot, then called the doctor. He arrived minutes later. *(Contd. overleaf)*

He looked alarmed because she wasn't calming down at all and suggested I take her to the hospital which would be quicker than calling an ambulance. A neighbour drove us there and when we arrived Hannah was rushed away for tests. It took almost four hours to stop the fits, then, heavily sedated, she stayed in intensive care for a week.

I mentioned the MMR but I certainly didn't make a fuss about it because I could see they were more concerned with what was happening at the moment: they had to stop Hannah having these fits. The doctors said they didn't think the vaccine had caused it. They explained that it was quite common for babies to have febrile convulsions when they had a high temperature due to a virus. There was no mention of the fact that she might be brain-damaged.

Tony and I were terrified when we took her home because she was just not right. She was jittery - having always been calm - and had stopped talking. I felt very frightened that she would have more fits, although she'd been put on medication to prevent them. Two weeks later the fits started again. When a brain scan showed nothing, Tony and I embarked on a treadmill of hospital visits, including to Great Ormond Street, in an effort to find out what was causing them.

Blanks were drawn everywhere we went. Epilepsy was suggested but there was no family history of it or anything on the brain - such as a tumour - to indicate why she might have become epileptic. By then, Hannah was having anything from one to 40 fits a day of varying intensity.

Looking back, I don't know how I coped. I had the three boys to look after too and we tried to make family life normal. But how could it be? I never felt safe to leave Hannah for a minute. It was so stressful to see her suffer. Hannah was definitely not normal; she had been slow in walking even before having the MMR jab but I was told that some children take awhile to catch up and by the time she was two, she'd be fine.

Now she was frankly backward. She had virtually stopped talking - the only word she ever said now was 'Mummy' which broke my heart whenever she said it and she always had an unfocused look in her eyes. She was never diagnosed as autistic but I wouldn't be surprised if this was the case. Over the 18 months that we tried to find out what was wrong with Hannah I could see the doctors were bewildered.

I did not mistrust any of them even when I found out that a strain of the MMR being used in this country had already been banned in Canada. I truly felt that the doctors were unaware of this but in hindsight I'm not completely sure they were. As it turned out the MMR vaccination was banned in Japan in 1992 and that country went back to single vaccines from then on.

The day Hannah died everything had been perfect. We'd visited my sister-in-law who had just had a baby and Hannah seemed to be enjoying herself. That night I went to look in on her and found her dead in her cot. She'd had a fit in her sleep.

Before Hannah died, Tony and I had been terribly worried about how we would look after her as she got older. We are a comfortably off family, though not wealthy by any means and we thought Hannah would need very special care as she got older. We didn't know how we would be able to afford it while also giving our other children a reasonable standard of living. During Hannah's illness I always felt there was a connection with the MMR vaccine but my opinion was either dismissed by doctors or they genuinely appeared not to know.

Then I heard about the Vaccine Damage Unit, a body set up by the Government to look into any case where a person might have been injured by a vaccine. Tony and I decided we would apply for compensation, which would perhaps help us to look after Hannah. Every so often I received letters from the Unit saying the matter was still being looked into. But two weeks before Hannah died, I had a letter saying her case was on-going and would probably take months or years to reach a conclusion. Just after she died, I had another letter saying that the MMR link was unproven and I became very angry. I believed that they wanted to get rid of this 'problem'.

So we went to appeal, deciding to represent ourselves. We went to the tribunal in March 1992. There had been an autopsy, as this had been a case of sudden death but no conclusions had been drawn from it. There were half a dozen people on the tribunal, a mix of lay people and doctors. I was questioned thoroughly for an hour and a half then they said I would be informed whether I would be awarded compensation by post, as all the facts now had to be carefully considered.

Four months later we received a letter which included the following: 'Hannah Buxton was disabled as a result of a vaccination to which the claim relates'. It also stated: 'The tribunal found it particularly significant that the reaction to the MMR vaccination was exactly at the expected period of time following this vaccination.' 'This reaction was severe and prolonged and therefore the development and progress were halted and if anything, deteriorated to a marked and obvious extent. We note this evidence is uncontested and to our minds argues strongly in favour of the award.'
In other words the Government had not argued against the case and were admitting liability.

We were awarded £20,000 - the maximum amount allowed at the time; this was followed by another £65,000 four months later because the original payment was deemed not to be enough. I really didn't want to know about the money. I just needed to know why Hannah had become so ill and why she had died.

The most important thing for me was that someone had confirmed what I had always suspected - that the MMR jab had caused this; that MMR had done so much damage to her brain that she became severely handicapped and started having fits. That is why I am so angry that the parents who believe MMR has damaged their children are not being listened to. I have heard that a number of those autistic children also have fits. I cannot imagine what it must be like caring for these children and I have the utmost respect and admiration for those who do. They must be listened to, given answers and helped.

Does a child have to die before it its acknowledged to have been damaged by MMR? Is it not enough that so many parents have a disabled child to look after?

Of course, not every child is damaged by the MMR jab. But if there is any doubt, then that case should be investigated individually - the parents should not simply be fobbed off as a group because they are fighting together. There should be a tribunal for each and every one of them to prove or disprove that there is a link between their child's illness and MMR.

Someone needs to come clean about MMR as this problem goes on and on. Our children are geting pushed into having this vaccination and doctors should listen to parents when they say they are afraid of what might happen. The Govenment should not deny parents the option of the single measles vaccine.

Hannah was my precious only girl and barely more than a baby when she died. Now I want today's children to have a better chance. There must be a proper investigation into MMR - drug companies which are paying doctors to conduct their own research surely cannot give unbiased answers. Vaccine damage is known and recognised. Last year more than 1,000 Japanese children were awarded compensation after being damaged by MMR vaccination. Those families had been battling for more than 10 years to have their day in court.Why can't parents in this country be given the chance to be heard - and taken seriously - now?

FOURTH DOSE OF HIB VACCINE 'SHOULD BECOME ROUTINE'

Pulse, 3/5/04

A routine fourth dose of Hib vaccine should be added to the childhood immunisation schedule, according to a new Dept of Health-funded study. Researchers - including senior Health Protection Agency personnel- concluded that the results 'strongly suggest all infants will benefit from an additional dose of Hib, irrespective of when it is given and their response to the first three doses.

Dr Martin Slack, consultant neonatologist at St Mary's Hospital in Portsmouth, gave a fourth dose of Hib to pre-term babies who had not responded sufficiently to combined acellular pertussis/Hib doses at two, three and four months.

Results published in the April issue of Archives of Disease in Childhood (fetal and neonatal edition) showed the responses to the booster were comparable with those seen after three doses in term infants and were suggestive of a primary response rather than a memory response.

Dr Slack told Pulse: 'If there is a poor response to primary immunisation as there has been, there may be a need to introduce a fourth dose routinely - and it has to be a co-ordinated effort and cannot just be for preterm infants.'

Another study by researchers in Newcastle suggested acellular pertussis was the cause of the increased incidence of invasive Hib disease which prompted a booster catch-up campaign to be introduced in 2002.

They said combined DTPaHib vaccines -given between 1999 and 2002 because of shortages of whole cell vaccines - were associated with reduced immune responses to Hib in preterm and term infants.

Dr Slack said the results showing the effectiveness of a fourth dose in babies who have not responded well to combined acellular pertussis/Hib were important in the light the UK's planned move from whole cell to acellular vaccine.

Dr George Kassianos, RCGP immunisation spokesperson and a GP in Bracknell, Berks, said he would support the addition of a routine fourth dose 'as long as there was adequate funding and supplies.'

Editor: According to Pulse, 24/5/04, The Joint Committee on Vaccination and Immunisation have made the decision that children up to 10 years old who haven't been vaccinated against Hib should now receive the Hib vaccine. This is due to 'quite a few cases of Hib' in children aged 4 to 15 - who apparently were not vaccinated. (This does not mean they didn't receive all the other vaccines.) Hib infection would normally occur in children under 5 years old, and virtually all children carry the germ at some time, and by the age of 4 or 5 will have naturally acquired immunity. So we should be asking why <u>older</u> children are now becoming more prone to developing this infection.

MEDICAL JOURNALS MUST TIGHTEN UP

Pulse, 8/3/04

Following the MMR fiasco, safeguards for scientific publishing are now needed. The medical journals must introduce a rigorous and transparent process for establishing conflicts of interest.

One study, published in 2001, found that only 16% of scientific journals had a policy on conflicts of interest and only 0.5% of the papers they published disclosed such conflicts.

The same researcher found 34% of the lead authors of the scientific papers he studied were compromised by their sources of funding. In other words, the great majority of the scientists with conflicts of interest are failing to disclose them.

A study of research papers examining the side-effects of a calcium channel blocker found 96% of the researchers who said they were safe had financial relationships with the manufacturers. Other studies have found similar relationships between the financial interests of researchers and their reporting of the dangers of passive smoking and the side-effects of contraceptive pills.

Last year another study revealed that British and US scientists are putting their names to papers they have not written.

The papers are 'ghosted' or co-written by employees of the drugs companies, then signed, for a handsome fee, by respectable researchers.

In some cases, the researchers have not even seen the raw data on which the papers' conclusions are based. It has been known for quite some time that 50% of the articles on drugs in the major journals across all areas of medicine are not written in a way that the average person in the street expects.

Three years ago, 11 of the biggest medical journals drew up a code on conflicts of interest. It is plainly not working.

Since it was published, an analysis in the Journal of the American Medical Association revealed that 87% of the scientists who write the clinical guidelines used by doctors for prescribing drugs have financial links to drugs companies. More than half of them are connected to the companies whose drugs they are reviewing.

Of the 44 papers analysed, only one carried a declaration of conflicting interests. Why are we not doing anything about it?

The obvious answer is that this alleged co-option works against the interests of the drugs companies, while almost everyone else's works in their favour. Why?

Because in science, as in all fields of human endeavour, you get what you pay for.

Dr Kailash Chand,
Ashton-under-Lyne, Lancs.

Editor: The BMJ, Vol 328, 31/1/04, p244, published an article entitled: Journal rejects article after objections from marketing department. This highlighted how a leading nephrology journal rejected a guest editorial which questioned the efficacy of drug treatment, apparently because it feared losing advertising. In a letter to the author of the proposed editorial the journals' executive editor said he had been overruled by the marketing department. One part of the letter states:

"As you accurately surmised, the publication of your editorial would, in fact, not be accepted in some quarters.....and apparently went beyond what our marketing department was willing to accomodate. Please know that I gave it my best shot, as I firmly believe that opposing points of view should be provided a forum, especially in a medical environment, and especially after those points of view survive the peer review process. I truly am sorry.

WEAPONS OF MASS DESTRUCTION

BMJ Vol 328 28/2/04

The agriculture revolution was the first quantum leap in manipulating the environment and the industrial revolution was the second. The medical revolution is the the third.

Domestication, the harnessing of stored energy, and the eradication of hostile species were necessary before man could invade all niches on earth and multiply. The securement of man's biosphere began with the battle against lion and bear and wolf. Now the biological enemies are microscopic and submicroscopic - and our heroes are Jenner and Pasteur and Fleming rather than Theseus, who slayed the Minotaur, Perseus, the killer of Medusa, or Hercules, the accomplished exterminator of dangerous megafauna.

Our biological, chemical and physical warfare against multitudes of living things is not only directed against those species that invade humans, but also against their vectors, pathogens to our domestic animals and plants, the vectors of these pathogens, and all living things which compete with us and our stock or cultivars.

A completely germ free world is unattainable, but is it a desirable objective? It entails environmental changes that represent new dangers to man and his chattels. Take antibiotic warfare, for example. Microbes are more resilient than we thought; 50 years of broadcasting poisonous substances has had little impact on the pyramid of life.

A justification for a campaign against infection may sound unnecessary. Of course, we do not want tuberculosis, not even in our cows, and we do not want rabies - even if this means doing away with the bat. The combined use of insecticides, pesticides, and herbicides can make economic sense, but only if economy is interpreted as maximising returns over a given period.

If species diversity is desirable, does the concept afford protection to the mosquito and even pathogens or only to the African violet, the Californian condor, and the panda?

The discovery that fanatical hygiene, antibiotic use in infants, and perhaps even vaccinations are detrimental to the maturing immune system and are associated with allergies, asthma, and autoimmune disease should be a warning: our aggression against the rest of the universe is demonstrably detrimental to our well being.

Imre Loefler, editor, Nairobi Hospital Proceedings, Kenya.

BMA SHOULD TAKE BLAME FOR MMR

In an article in Pulse, 22/3/04, Prof. Sir Michael Rawlins, chair of NICE (National Institute of Clinical Excellance) told Pulse that the BMA is to blame for the MMR 'catastrophe'.

He said: 'The horse has long since bolted and somehow we must make sure we don't get into this again. Everyone blames the media but these scares have always been started by a doctor, like the whooping cough scare.' Doctors speaking publicly have an 'enormous, broad public health responsibility', he said . 'And I would rather the BMA took that line.' A BMA spokesman said:

'Obviously, we can't tell our members what to say.'

Prof. Rawlins suggested NICE would preserve vaccine target pay for GPs when it took over guidelines on vaccination and immunisation.

Target payments were 'quite effective' as a public health measure. He said NICE could take this over as early as this year or next year but added that there was no timetable for the change as yet.

Editor: Pulse, 23/2/04, also published an article: 'NICE is poised to take over GP immunisation guidance.' This article highlighted that Prof Rawlins told a London conference that he wanted NICE to take on responsibility for vaccinations, immunisations, and screening programmes, and that there were plans to double the number of guidelines from the organisation over the coming year.

The article went on to state: 'Professor Rawlins's comments came as the DoH released data showing that a third of GPs have concerns over the current immunisation programme as it stands.

The data from a telephone survery of 366 GPs showed GPs' chief concern was that babies were being given too many vaccines, followed closely by worries over the conflicting publicity and guidance surrounding MMR.'

INTERESTING SNIPPETS

*The following info was sent, apparently sourced from:*www.druginfozone.nhs.uk

•How many ADRs (Adverse drug reactions) are reported?

On average 18,000 reports per year over 400,000 reports since 1964

33,094 in 2000 due to the national Meningitis C vaccination campaign

•Are all ADRs reported?

NO

Only 2 - 4% of all ADRs are reported

Only 10% of serious ADRs are reported

ALSO.....BMJ 2004,

Infant mortality has increased from a rate of 6.8 infant deaths per 1000 live births in 2001 to a rate of 7.0 per 1000 births in 2002.

So with all the vaccinating that goes on in the US, it is interesting to note that infant mortality rates are rising.

NEW DISEASES ON THE HORIZON?

BMJ, Vol 328, 24/1/04, p186.

Dozens of new infectious diseases are likely to emerge over the next 25 years unless humans acquire an ecological perspective on infectious diseases rather than seeing microbes as simply an invading entity that should be blindly attacked with antibiotics or used as a tool for biological warfare, a conference was told last week.

Prof. Tony McMichael of the Australian National University, Canberra, told a conference at the Royal Society, London, that the emergence and spread of 35 new or newly diagnosed infectious diseases in the past 25 years was a product of our modern way of life.

The rise in international travel, overcrowded cities, intensive food production, sexual practices, poverty, and global warming were some of the ingredients that had come together to form a suitable culture medium for the emergence, maintenance, and spread of new infectious diseases, as well as allowing the resurgence of older diseases such as cholera, tuberculosis, and malaria, he said.

Debashis Singh, London.

Editor: Infectious diseases?? What is 'infectious' - the diseases or the unhealthy lifestyles. Diseases are always named after a particular bacteria or virus, but perhaps they should be named after the true causes. Eg: Junk fooditis, Western lifestylitis, povertitis, etc etc.

UNRELIABILITY OF SCIENTIFIC PAPERS AS EVIDENCE

By Clifford G. Miller, 12/3/04
bmj.bmjjournals.com/
Dear Sirs,

The MMR and similar issues serve to illustrate the limited utility of scientific papers outside of the scientific arena and makes the kind of debate in this BMJ article a sterile and inconsequential one for many other purposes. Unless changes are made to the manner in which medical science treats and accepts evidence, then medical scientific evidence needs to be treated with great circumspection when used outside the scientific context. There are clear and specific reasons for this.

The main reason medical science is potentially to be considered flawed, such as in the legal arena is because, it intentionally, necessarily (for its own purposes) and systemically fails to take account of evidence which is fundamental to the deliberations of a court. Reliable evidence is that which is authentic, accurate and complete. In short, scientific evidence is incomplete if used for purposes outside the strict confines of science because it fails to take account of evidence of lay witnesses of the facts and is hence only applicable to the narrow and specific confines of scientific enquiry and not the broader ones found in other fields of human endeavour.

Examples in point include the parental evidence of symptoms in the MMR cases or that of Gulf War veterans about their symptoms. A court (or the Legal Services Commission in the case of MMR) in contrast, ought to take that oral evidence into account for the very reasons science dismisses it. The point, unfortunately is not as well taken by our legal system as it might be. We have seen this recently with the Legal Services Commission in the MMR cases and in the cases of Gulf War veterans.

Science treats evidence of lay witnesses of fact as inadmissible (as 'anecdotal' only) for reasons which are inapplicable in Court, but science does so for two main reasons. The higher scientific standard of proof (in effect, irrefutability) only admits evidence which can be tested scientifically for reliability. Oral witness evidence is discounted by medical science because medical scientific method does not currently have or recognise a mechanism for testing oral evidence to the scientific standard and so, for the sake of rigour, excludes it.

Neither of these propositions apply in Court. Evidence of the direct witness of the fact, whether oral, or more frequently now, by way of written statement, is always admissible and is, in fact, the keystone of the trial system of evidence and the primary source of information a court uses to make decisions of fact. The Court has and applies its own mechanisms for testing witness evidence (eg. cross examination). Further, the Court applies a far lower standard of proof, namely a balance of probability and not the unnecessarily high one of irrefutability applied by science.

Hence, the evidence of 1000 plus sets of parents in the MMR cases backed by before and after video, photographs and medical records, ought to be considered by a court in preference to the science.

However, it seems that is not happening as it should. Whilst scientific opinion evidence ought to play second fiddle to the oral witness evidence, it takes pride of place and forces the oral witness evidence into the shadows. This is despite scientific opinion evidence getting into court by the back door as one of the exceptions to the rule that only oral witness evidence is admissible and opinion evidence is normally inadmissible. Scientific opinion is allowed because the Court is often not in a position to assess complex science without expert opinion. However, in the case of oral witness evidence, the Court is perfectly well able to assess direct oral evidence of witnesses, perhaps with some scientific aid if need be.

Perhaps our courts may yet develop further the degree of sophistication presently required in their approach to the assessment of 'expert' opinion evidence.

Governments also take advantage of the confusion and often use the term 'evidence' interchangeably with 'proof' when dismissing evidence they choose not to agree with or set unreasonably high standards of proof for the kind of decision required. The press and public alike are continually hoodwinked by this approach.

In law 'evidence' is nothing more than information. It is information which one party proposes in support of, or to undermine, a disputed proposition. 'Proof', however, depends upon the decision-making process concerned. For the public interest, the standard of proof is sometimes based on risk and sometimes on other factors. In civil courts it is 'balance of probability'. In criminal it is 'beyond reasonable doubt'. And science requires irrefutable proof: a remarkably high standard.
It is a fundamental error to apply the wrong standard of proof to the decision making process concerned and yet it seems to happen regularly.

For issues of public safety, such as medicines like MMR or vaccines in the Gulf War, or the BSE crisis, the risk standard ought to be applied.

However, instead, we, the public, are told frequently by officials in government there is no scientific evidence of a causal link between one thing and another. Whereas, often evidence to the contrary does in fact exist, it is not evidence that the officaldom concerned may either choose to or sometimes be at liberty to accept as proof of the issue. This is much the same for the BSE crisis with the government as it was for the Courts in relation to Gulf War syndrome or the Legal Services Commission for MMR. Whereas in the case of courts, the court has to rely on the expert evidence presented, in the case of public health officials like the Chief Medical Officer, he is in a position to assess the reliability himself, with the aid of his own experts if necessary. However, in the latter case, the risk standard of proof ought to be applied to decision making in the public interest rather than the scientific standard, which is only applicable to proof in science.

In the scientific context, the only answer to a scientific issue that scientific journals should involve themselves in is a scientific one and they should only trouble themselves with the scientific standard of proof. If MMR did not cause autism, or vaccines in the Gulf War did not cause other problems, then it is for scientific journals to publish irrefutable scientific proof of what ails the 1000 or so children and the numerous afflicted Gulf War veterans.

The current political debates about these kinds of issues are ones science could answer, if only the scientists got on with it and stopped playing politics.
It is, for example, no answer to Wakefield to claim there is no scientific evidence of a link between MMR and autism. That just shows science has not found one that it can accept as proven to its very high standard of proof. It does not prove there are none, nor that there is no proof to other more realistic and practical standards for day-to-day decision making. It also leaves the public confused and distrustful of science.

Buried in the MMR debate and little known to the general public is formal confirmation of a link between immunisation and the so-called allergy epidemics in the developed world. According to the US National Academies' Institute of Medicine (IoM) Immunization Safety Review Committee (1), for at least two years it has been known that current vaccination programmes can expose children to risk of various problems ranging from allergy

to infection. The IoM have also confirmed (2) that reasonable theories exist to explain how too many immunizations can overwhelm an infant's immune system.

A clear indication of the possibility of the existence of a causal connection between vaccination and the emergence of the various allergy and other issues over the last 20 years is the contemporaneous substantial increase in vaccinations as reported by the IoM (3). This shows an increase from 4 vaccinations per child in 1980 to up to 20 now.

Whilst the IoM considered (4), as regards asthma in particular, and allergies in general, it had inadequate evidence to accept or reject a causal relationship, it accepted there is cause to consider that there might be a connection. Effectively, all the IoM statement amounts to is an admission by the most authoritative governmental authority in the US that they will not accept any evidence unless it provides the answer to a scientific standard of proof, and until someone produces that proof, they will not apply a risk standard, such that it is immunization as usual for children.

The IoM's conclusion is also not a reliable one for government to apply to the risk standard of proof because the IoM rely upon the scientific standard of proof and that is the wrong standard to apply for a decision based on risk. Irrefutability is too high a hurdle. Similarly, parents taking practical day-to-day decisions risk their child's health if they wait for scientific proof, because proof to such a standard also takes too long to be produced.

When looking for a cause of the world wide epidemic in allergies,immunization is a likely suspect, being one uniform common intercontinental factor. It would be foolhardy for anyone to dismiss such an obvious candidate as immunization from consideration as the prime suspect. In the causation debate, immunization applies across diverse populations and continents in the developed world. It affects all concerned in all walks of life, regardless of social standing or any other factor.

The absence of any explanation for other more probable causes, coupled with a singular failure of any governmental authority to establish any cause and the admissions from US authorities that immunization may be a possible cause, the case for review becomes compelling. MMR might be a pointer in the right direction in that it also provides us with evidence, albeit in a different but related immunization context (and albeit not taken into account by medical science in its present state of development), of parents who have direct oral, photographic, video and witness evidence of a rapid deterioration following from MMR vaccination.

A study of Cambridgeshire schools by Cambridge University (5) indicates 1 in 50 boys has an autism spectrum disorder (ASD) in some areas. That this is not a local issue to Cambridge is supported by data from the State of California and US Federal Government sources. These show autism affecting approximately one in every 160 US school aged children. The most recent California data record a doubling in the past four years. However, from a boy's perspective the figures are higher, approximately 1 in 80 boys has autism nation wide in the US.

All this means is that science itself is the very reason why parents cannot wait for scientists to stop their dithering. Science requires repeatable and reproducible results, taking proof to a level beyond question or fallibility of human judgement. Until that has been done it means multiple immunizations are not just a possible cause of the allergy, autism and other epidemics we are seeing, but the only realistic suspect. Just because some scientists argue that the evidence establishing a causal connection to the scientific standard has not yet been produced does not mean immunization is not the cause. Applying the same scientific standard of proof, no one can be sure there is no causal connection until that is generally established to that standard.

Parents have to ask themselves, can they risk the matter whilst the scientists, other experts and governments dither in disarray, battling between themselves? Regrettably, the scientific standard of proof can also be used inappropriately by vested interests in political debates. In such debate, the politics and economics overwhelm the ordinary person. Immunization is a multi-billion dollar issue, covering all continents and with all the forces hard cash brings to support it, along with conflicts of interest and the intricate relationships of professionals and public officials. Ordinary folk just cannot compete with that, having nothing like the same kind of resources.

At the time of writing, it is being claimed by a US Board Certified Paediatrician (6) that the IoM and US Courts accept as proof of causation evidence showing a double reaction, first to the initial MMR inoculation and again followed by a reaction to the booster. Whilst references are awaited by this author, it seems a logical and possible premise for a court to follow on a balance of probability in the absence of any other cogent and persuasive proof of causation. If that is the case, then this debate was over long ago and that also means it may have been prolonged unnecessarily by whatever interests there are that have been using science in a manner in which it is not intended. This may well have again have caused damage to the reputation of science in the public mind, when it can be such a powerful tool for good.

In that regard, it is instructive to note that US Judges are admonished (7) that it is a myth to believe scientists are people of uncompromising honesty and integrity and that they, instead, are ordinary mortals like all other ordinary mortals.

The writer is a practising English lawyer, graduate in physics and a sometime examining lecturer on law, standards and ethics (particularly, the law of evidence) to Masters student technologists at the Imperial College of Science Technology and Medicine. He also declares a personal interest, with a close relative with a life threatening food allergy.

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(1) IoM, Feb 20, 2002 Multiple Immunizations and Immune Dysfunction

(2) Ibid

(3) Ibid. By two years of age, healthy infants in the United States can receive up to 20 vaccinations to protect against 11 diseases. In 1980, infants were vaccinated against only four diseases.

(4) IoM, Feb 20, 2002 Multiple Immunizations and Immune Dysfunction

(5) In press Autism: International Journal of Research and Practice, Brief Report: Prevalence of Autism Spectrum Conditions in Children Aged 5 -11 Years in Cambridgeshire, UK. Fiona J. Scott, Simon Baron-Cohen, Patrick Bolton, and Carol Brayne. Autism Research Centre, University of Cambridge, Departments of Psychiatry and Experimental Psychology.

(6) 'Some parents have also reported that their children, after improving on special diets, supplements and behavioral therapy, regressed a second time around the age of 5 years shortly after receiving their MMR booster. Such double-hit situation (challenge-rechallenge) has been accepted in courts and by a committee of the Institute of Medicine as proof of causation.' REGRESSIVE AUTISM AND MMR VACCINATION, F. Edward Yazbak, MD, FAAP, TL Autism Research, http://www.redflagsweekly.com/yazbak/2003_nov01_1.html,

(7) p79 Reference Manual on Scientific Evidence, Second Edition, US Federal Judicial Center. An electronic version of the Reference Manual can be downloaded from the Federal Judicial Center's site on the World Wide Web. Go to: http://air.fjc.gov/public/fjcweb.nsf/pages/16 For the Center's overall home page on the Web, go to http://www.fjc.gov.

Competing interests: A close relative with a life threatening food allergy.

VIERA SCHEIBNER COMMENTS IN BMJ

EXTRACTS from Viera Scheibner's letter, 26/3/04, bmjjournals.com
Re: Unreliability of scientific papers as evidence. *(see p5-6 of this newsletter)*

C.G. Miller correctly writes in his letter that according to the rule of evidence in law, parents' videoed observations of their children's reactions to the administered vaccines are superior to 'scientific' evidence. According to Miller the standard of scientific evidence is much higher than the standard of evidence in law because 'the scientific standard of proof is the highest known requiring irrefutability, which is too high a hurdle when decision-making in the public interest is concerned'.

As a scientist I feel compelled to comment on four aspects in the consideration of scientific evidence relating to medicine:

1. The basic method of scientific inquiry is observation. What is observed with the eyes and other senses is fundamental and material to scientific evidence, in the age of technology observation with the senses is augmented by laboratory tests and instrumentation. The case history is the alpha and omega particularly in medical research. Patients themselves are best equipped to describe their symptoms and, in the case of small children, their parents or other carers.

2. Orthodox medicine is toxic and harmful. It seems accepted that all medications have side (undesirable) effects. However, this is only relevant to orthodox medications. Correctly administered, homoeopathic remedies and natural remedies have no side effects. One has to elaborate here that there could be uncomfortable feelings after homoeopathics but they are desirable effects. Elevated temperature, rashes and vomiting are signs of detoxification and of a desired change of a chronic condition into an acute illness leading to healing.

3. Orthodox medicine with its pharmaceutical industry has become a huge money spinner and as such has become vulnerable to political interference. Vaccination is the best example. To make a lot of money, vaccinators want to vaccinate every child. The more children are vaccinated, the more obvious are the serious side (undesirable) effects including brain damage and death. Politically motivated medicine denies or plays down undesirable effects. The word 'obvious' has been banished even though it is considered prudent medical practice that when a medication or a procedure is administered and symptoms appear afterwards, then that medication and/or procedure must be considered as the cause of the observed symptoms. Temporal relationship is the number one condition to satisfy when endeavouring to establish causality, but pro-vaccinators delegate temporal relationship to coincidence despite tens of thousands of cases in which the same symptoms have occurred repeatedly after vaccination.

4. The observed and measured symptoms are the facts and not the conclusions of the researchers which often do not reflect the described facts. A classic example is the observation of polio outbreaks occurring after vaccination programmes:
.....Sutter et al. (1991) described the poliomyelitis outbreak in Oman. 'From January 1988 to March 1989, a widespread outbreak (118) cases of poliomyelitis type 1 occurred in Oman. Incidence of paralytic disease was highest in children younger than 2 years (87/100 000) despite an immunisation programme that recently had raised coverage with 3 doses of oral poliovirus vaccine (OPV) among 12-month old children from 67% to 87%.' Despite? Moreover, 'There was no correlation between vaccination coverage and attack rates by region; the region with the highest attack rate (Batinah. 117/100 000) had one of the highest coverage rates (88%), whereas the region with the lowest coverage had a low attack rate.' No correlation? There was actually a perfect correlation between the coverage rates and a number of cases, demonstrating that vaccine was actually causing poliomyelitis in its recipients (and their contacts).....Since 1996 I have been asked and written some 80 reports on shaken baby syndrome, vaccine compensation and other vaccine related problem cases in the USA, UK, Australia and Iceland. The ubiquitous pathological findings in SBS cases are:

1. Central nervous system (brain and spinal cord) subdural and subarachnoid and parenchymal haemorrhages and retinal haemorrhages separately or together with brain oedema.
2. Diabetes insipidus accompanied by metabolic acidosis (low pH values) polyuria, polydipsia and hyperglycaemia and in some cases by bizarre rib and other bone fractures known to be characteristic of acute scurvy and bizarre haemorrhages such as around the base of the scalp hair.
3. Lack of signs of external injury.
4. Blood clotting derangements (hypo- or hyper-coagulability) including acquired von Willebrand Syndrome.

Medical 'evidence' claims in unison that such injuries can only be caused by shaking. The truth is that there are dozens of research articles published in refereed medical journals which link the above pathology to vaccines (Scheibner 2001). In many of my reports I now write that the accused parents are not perpetrators of the observed injuries, in reality they are eye witnesses to medical misadventure or iatrogenesis.

Medicine treats case histories as invalid and 'only anecdotal' and the word anecdotal has become a sort of dirty word in medicine. Medicine tends to rely on diagnostic value of tests and instruments. In the SBS cases, however, even though these tests themselves show clearly that the observed injuries are a result of immunological injury rather than trauma, they are ignored and the SBS diagnosis is made before any tests are done.

What about MMR causing autism? Even those researchers who found the measles vaccine virus in the diseased gut of the autistic children denied that their research represents the evidence of causality without defining what they would consider the evidence of causality. When the wild and, later on, vaccine measles viruses were found in the diseased brains of SSPE sufferers, the causal link to these viruses was accepted without dispute (Payne et al. 1969).

Many medical doctors have an alarming lack of understanding of laboratory tests and particularly of x-rays, one of the best examples being mistaking typical bone changes (including bizarre 'fractures') known to occur in scurvy, as traumatic fractures caused by the carers. This devaluation of observation and instrument and laboratory tests as diagnostic tools in SBS started with Caffey in 1946 when he published his paper 'Multiple fractures in the long bones of infants suffering from chronic subdural hematoma'. In 1965 Caffey admitted that he was not a formally trained radiologist: sadly, these days the formally trained radiologists blindly follow the misinterpretations started by Caffey. The result is a mess which will take years to rectify. In my Letter to the Editor of 'Vaccine' (Scheibner 2003) I wrote that I do not delve into conspiracies, I rather talk about ignorance and stupidity.

Most mainstream journalists have little to contribute.

I conclude that medicine has to an alarming extent become a system which is neither based on case histories nor on science. As one lawyer put it, medicine is devaluing the rule of evidence in law and, may I add, also the rule of evidence in medicine and science.
Quo vadis, medicine?

Due to lack of space, please contact TIP for a copy of the full text and references.Or look on our website, under noticeboard for details.

SUSCEPTIBILITY & PRONENESS - IS THERE A DIFFERENCE?

Much of Western Medicine is based on 'The Germ Theory of Disease.' According to 'The Germ Theory of Disease': you meet a bacteria or virus and you catch the disease, unless you have had it before and you are *immune*. But if this were true, then everyone on a bus which was carrying someone with 'flu would catch the 'flu, but they don't. Why not? - Not because they have antibodies to the 'flu - the 'flu virus changes every year, that is the reason people are vaccinated annually against the 'flu. No, the only people who 'catch' the 'flu are those who are *prone* or *susceptible* to catching it.

What is the difference between *proneness* and *susceptible*? I regard *susceptibility* as the positive ability to acquire infectious diseases as a way of supporting health. How so?

In my experience, children become *susceptible* to appropriate infectious diseases at an acceptable age, when they need to learn what to do with their immune system and when they need a clean out. On the other hand, I find that adults become *susceptible* to infectious diseases when they are exhausted and need a rest! If you don't have a rest when you need it, nature will make it so that you can't stand up and have to rest, no matter what your work or family commitments - nature does not regard anyone as indispensable. If you embrace this opportunity for cleansing and rejuvenation then you come out of the episode with renewed strength and vigour.

If you look carefully at children after they have been *supportively* nursed through an infectious disease, you will always see them do something new, depending upon their age and circumstances. An infant may produce a tooth; a toddler who kept banging into things will walk confidently; a six year old who is not reading will suddenly start to read. It is rather like a snake that has to crack off the old skin before it can grow, children go through these crisis of self cleaning before they can move on to the next step. I have often seen children with endless snot or lots of warts have both of these cleared by a healthy bout of chicken pox. Such infectious diseases do not improve the population, in the harsh Darwinian view of things, by killing off the weak and leaving only the strong ones to reproduce; they actually give each individual child the opportunity to strengthen their own individual immune system and make the best of what they have.

Adults generally have a lot less vital energy than children - when did you last see an adult with one of those wonderful tomato coloured fevers of a child? They are too old and knackered to produce one! Nevertheless, I see many people in my general practice who drag themselves from one infectious disease crisis to another -coughs, colds, 'flu, low grade fevers, endless tiredness - but they never stop for long enough to recuperate. Having a rest to allow nature to do her best is not part of our 21st century philosophy. I see the adverts in the tube, "Don't be a wimp!! Take '*XXXX200*' and get back to work!!" This is a recipe for disaster.

If you stop, go to bed, take the phone off the hook, do no reading, watch no TV or videos, do no computer work, open the window and drink plenty of fluids; after 48 hours you feel like a new person. If you have a family, let them all eat beans on toast or tuna and lettuce for a few days; they will survive. If you are on your own with children, that is what friends are for. If you don't feel close enough to your acquaintances to ask for help, ask anyway. That is how you make friends, and people enjoy being given the opportunity to give, it makes them feel good. The worst they can do is say, "No", then you can practice asking someone else. It is called 'networking!'

Proneness is an altogether different state. *Proneness* is not healthy. *Proneness* means general low immunity due to persistent lack of the necessities to support life and health. *Proneness* is caused by the lack of a clean water supply separate from sewage, lack of adequate quantities of nutritious food, lack of fresh air and appropriate ventilation, lack of warm, dry accommodation, lack of physical exercise, lack of sleep, lack of love and affection and lack of time. Such conditions wear the body down so that eventually the organism starts to fail and the infectious diseases it contracts are not signs of a healthy body trying to right itself, but a sick body in slow decline, heading for longer term chronic disease and irreversible changes. We can see why infectious diseases such as measles and gastro-enteritis (diarrhoea and vomiting) are such killers in the parts of the world where so many of these conditions prevail.

"The Germ Theory of Disease' was promulgated by Louis Pasteur, a French chemist and bacteriologist, in the second half of the 19th century. He pioneered vaccines against anthrax and rabies. Dr James Compton Burnett, one of the renowned homeopathic doctors and lecturers of his era was a contemporary of M. Pasteur. Dr Compton Burnett studied medicine in Vienna and returned to the United Kingdom to qualify in Glasgow in 1872. After becoming disillusioned with the medical practice of his day he turned to what he considered the more logical and holistic discipline of homeopathy. It is interesting to read his views on the subject of infection and disease.

Following are some quotes from his book: "Vaccinosis and its cure by Thuja." (1)

"It seems to me probable that ordinary Jennerian vaccination is not efficiently protective in those whose proneness to catch smallpox is very great, while it is sufficiently protective where the proneness to catch smallpox is small.....

"The unvaccinated are *not equally prone* to catch smallpox, yet we vaccinate them all *alike*.....so we vaccinate to people to make them immune but some of the unvaccinated are already immune...

"My line of argument stands thus: Vaccination is preventative of smallpox when the proneness to catch it is *small*, and when the proneness to catch it is small *those who do get do not die of it*."

As stated above, in those whose proneness to catch smallpox is great, the vaccine is less likely to be effective, and "if the vaccine *fails* to protect, *then the vaccinated person will be more likely to die.*"

How so? "Vaccination is a diseasing process. When we vaccinate, we communicate vaccinosis *(vaccine disease)* to the person. If he, in addition to the vaccinosis, now gets smallpox, he is more likely to die the worse he has the vaccinosis, as the two diseases combine to kill the patient..."

"What is the ordinary liability of the perfectly healthy to catch smallpox, ie, what is their prospective morbility (number who actually get the disease), morbidity (those who suffer ill health as a result), and mortality (those who die of the disease)?"

"Assuming that vaccination does protect relatively and contingently, what price do we pay for the protection, not in

money, but in vaccinial morbidity or vaccinosis?"

It seems that "the mortality from smallpox remains in aggregate, the same, but in a greater percentage. That is too say, fewer people probably get smallpox but the absolute number of deaths is not affected, or is greater."(1)

Substiuting *measles* or *whooping cough* and *MMR/single measles vaccine* or *DPT* for Dr Compton Burnett's *smallpox* and *vaccination* brings this 19th century tractate right up-to-date in the light of the current debate over the desirability or otherwise of vaccinating our children against the plethora of diseases we are currently told that they will die of, or be damaged by if we don't.

But how many of our children are actually likely to get these diseases in the first place? How many of them are not *prone* to catch these diseases anyway, and if they do catch them because they become *susceptible* to them at the appropriate time and for beneficial reasons -as outlined above- how many are likely to suffer ill effects or die because of it? How many *are* prone to catch the diseases anyway and will not be helped much by the vaccines in terms of prevention, but *will* be damaged by the vaccine and might actually be *worse* off when they get the disease *because* of having been vaccinated??

Well, we are not likely to know because nobody is trying to find out. There was a paper published in the British Medical Journal in 1985 by CL Miller, a senior epidemiologist at the Communicable Disease Surveillance Centre in London, looking at deaths from measles in England and Wales between 1970 and 1983 (2). This paper is always quoted by the Department of Health to emphasise that good health will not protect your children from the complications of measles -

"Before 1988 (when the MMR was introduced) more than half the acute measles deaths occurred in previously healthy children who had not been immunised," (3)

says the Immunisation against infectious diseases Handbook in every GP's surgery. However, looking at the paper, it specifically states, *"No attempt was made to establish vaccination history".* Pretty amazing really. You would think that if someone were going to go to the bother of trawling through all that data, they would have taken the time to check whether the children who died of measles were vaccinated or not- we are supposed to be *scientists* after all.

The definition of *'healthy'* was also less than straightforward. The children designated as *'healthy'* were all those who did not have a *'pre-existing condition.'* The *'pre-existing conditions'* were:

'Cerebral palsy (24), mental retardation (20), Down's syndrome (19), various congenital abnormalities (abnormalities that one is born with) (22), immune deficiency or immunosuppression (9), Lymphatic leukaemia (19).... "In those with pre-existing conditions most were grossly physically or mentally abnormal or both" (2).

I think that most people, medically qualified or otherwise, would agree that there is probably a gradient between these individuals and healthy ones, yet we are told that all the rest were *'healthy.'*

Then we have to ask how the children with measles who died were treated. Standard medical advice is to suppress all fevers with Calpol (paracetamol) or Ibuprofen. This runs contrary to the body's natural attempts to throw out toxins and cleanse itself. In addition, Calpol is metabolised in the liver. The liver is a major component of our immune system and is generally much better occupied in carrying out its immune functions during an illness, than having to divert its attention to detoxifying Calpol. Then there are the antihistamines that we prescribe to relieve itching or dry out the cough and the antibiotics that are often given although they are unhelpful in viral illnesses unless there is a bacterial secondary infection. All these clog up the body and interrupt what it needs to be doing to heal itself.

They say that the best things in life are free. When children are ill what they need are: rest, fresh air, water, an ambient temperature of 15-18C and lots and lots and lots of tender, loving care (not so easy any more, now that over 50% of UK mothers with children under five are working away from home). I find that homoeopathic remedies support the child through the process and help them to feel more comfortable, but those using naturopathic or natural hygienic methods manage fine without them.

CL Miller goes on to say, "90% of deaths in those *previously normal occurred in those over the age of 15 months, when vaccination is usually given."* (2)

Bearing in mind what Dr Compton Burnett says about *those* who *have* been vaccinated but *still* get the disease possibly being worse off than those who were unvaccinated and got the disease, it is a shame that we cannot see which of those so-called *normal* children who died had been vaccinated.

By Dr Jayne Donegan.....May 2004

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COMMITTEE BACKS TWO-DOSE PNEUMOCOCCAL VACCINATION

Pulse, 17 /5/04, reported that the 'Joint Committee on Vaccination & Immunisation has recommended a 2-dose schedule for infant pneumococcal vaccination, bringing its introduction an important step closer.' Apparently after reviewing data from UK phase II trials of a 9-valent pneumococcal conjugate vaccine, JCVI members concluded only 2 doses were needed for good immune responses with a booster dose given at 12 months of age.

However due to 'MMR-fuelled parental concerns over multiple vaccinations' squeezing the injections into the schedule could prove difficult. So the JCVI have suggested a 2-dose pneumococcal and meningitis C programme that could be inserted sequentially to the current schedule to reduce the number of injections given at one time.

Dr George Kassinos, RCGP immunisation spokesperson, said that the benefits of introducing a pneumococcal vaccine would be enormous. 'Parents are always very worried at the point of vaccination regardless of how many injections are being given,' he said, adding a good educational programme will be needed.

Editor: A good educational programme - so be prepared for a full-on marketing campaign on this vaccine and the horrors of this latest bacteria that is suddenly such a threat to our children!

CONTAGIOUS DISEASES

By Dr. Bernarr, D.C., D.D.

T.C. Fry wrote, "Actually bacteria are our symbiotic partners in both health and disease. They serve a useful role. As scavengers they make harmless or remove undesirable substances within our bodies. They also elaborate certain functions our body needs. That is, they help build complex organic compounds from simple ingredients. A notable example of this is the production of vitamin B-12 in our intestines."

Fry also wrote, "'Infection' is no war in which the body is fighting invaders. The bacteria that come to these sites are symbiotic and help the body in elaborating dead cells and tissues for expulsion-they are partners in the cleanup process. When this has been accumulated the bacteria disappear and the wound heals. Infection...is a body-cleaning process for a body burdened with toxic materials."

Dr. Paul Goldberg writes, "We need to re-direct our perspectives of microbes and see them in a new light. In terms of bacteria, for example, we need to appreciate them as: Bodily inhabitants who assist us in such ways as protecting us from other organisms (e.g. fungi), assisting in digestion and metabolism of food, synthesizing vitamins, and helping to eliminate waste materials."

Dr. Alec Burton writes, "DO GERMS CAUSE DISEASE? Or could it be the other way around...first, the disease, then the germs. Natural Hygiene contends that germs do not cause disease. They are not the originators. Most diseases occur when people allow themselves to become enervated, that is, low in nerve energy. As a consequence, the organs of excretion fail to function normally and waste material accumulates in the body. When this waste continues to build up, exceeding the body's toleration point, a crisis arises. The body, to offset this over-abundance of poisonous matter, begins to react. The result of this reaction is sometimes a cold, the flu, pneumonia, or some such, depending on the individual. At this crisis point of elimination, germs may or may not be present. They are sure to come later, not to attack, but to assist in the cleanup or cleansing process."

Dr. Virginia Vetrano writes, "Hygienists object to the germ theory of disease because germs do not cause disease. They may be present in disease processes, and they may complicate a disease with their waste products which can be very toxic at times, but the germ or virus alone is never the sole cause of disease."

"Germs are saprophytes; that is, they live off dead and decaying organic matter. Bacteria are actually our benefactors. They decompose our excretions, helping to rid the system of them. Bacteria are non-toxic, and non-virulent as long as body secretions and excretions are normal. When toxemia exists, that is, when metabolic wastes accumulate in the system in excess, causing the secretions and excretions of the body to become abnormal and poisonous, a non-pathogenic bacterium can turn into a so-called pathogenic one simply by feeding on toxic wastes. Bacteria excrete toxic waste only when human secretions are abnormal and when the cells of the body are killed by excessive toxic saturation, bacteria go to work to disorganize them and help the body rid itself of dead tissue.

'Disease producing' germs are often present in the absence of the disease they are supposed to cause. They are often found when an individual has not had the disease that a particular germ is supposed to cause and when the individual never develops the disease. Furthermore, in myriads of cases, a particular pathogenic germ is not present when the disease it is supposed to cause exists."

Dr. Robert R. Gross wrote, "Germs do not cause disease! Nature never surrounded her children with enemies. It is the individual himself who makes disease possible in his own body because of poor living habits...Do mosquitoes make the water stagnant; or does stagnant water attract the mosquitoes? We should all be taught that germs are friends and scavengers attracted by disease, rather {than} enemies causing disease...As their internal environment is, so will be the attraction for any specific micro-organism...The germ theory and vaccination are kept going by commercialism."

Dr. Herbert Shelton wrote, "Warmth, moisture, food - these are the causes that activate latent germs and arouse them to activity. They exist, all except the food, in the mouth, nose and throat at all times. The food is thrown out into these, as excretions, in disease. The germs feed on the excretions. They are scavengers. They were never anything else and will never be anything else. They break up and consume the discharge from the tissues. This is the function ascribed to germs everywhere in nature outside the body and is their real and only function in disease. They are purifying and beneficial agents. The medical profession has worked itself into hysteria over the germ theory and is using it to exploit an all too credulous public. Germs are ubiquitous. They are in the air we breathe, the food we eat, the water we drink. We cannot escape them. We can destroy them only to a limited extent. It is folly to attempt to escape disease by attempting to destroy or escape germs. Once they are in the body the physician has no means of destroying them that will not, at the same time, destroy the patient. We cannot avoid germs. We must be proof against them.

We have to accept them as one of the joys of life." Rudolph Virchow, a great German scientist, repudiated the germ theory of disease. He said that disease brought on germs rather than the germs caused disease. Claude Bernard, Bechamp and Tissot - great French scientists-all disproved the germ theory of disease. In Hans Selye's book Stress of Life (Page 205), an account is recorded that Louis Pasteur, inventor of the germ theory of disease, admitted he was wrong. Sanitation is the only factor that has reduced the spread of the old-time scourges. If the germ theory were founded on facts, there would be no living being to read what is herein written, for germs are ubiquitous - they exist everywhere. In many diseases supposedly caused by a specific germ, that germ is not present.

Contrariwise, specific germs said to cause a specific disease are present in huge proportions without the specific disease manifesting itself.

Dr. Virginia Vetrano writes, "Just remember that there are no contagious diseases, just contagious habits which

lower your vitality. There have been many people who have had diphtheria and yet no germ could be found. The same can be said of tuberculosis and other diseases. This is why the virus had to be discovered - to save the germ theory. Now we have virus infections instead of germ infections because pathologists could not find a germ for all the diseases of mankind. If a germ does not cause disease, what does?

Soon everyone will learn that it is the individual's way of life that produces disease and not the saprophytes of earth, which are actually beneficial to us. Without them we would all succumb. They do so many jobs for us that it would take volumes to tell you about them. In fact without bacterial life, all animal and plant life would soon wither and die. On second thought, without bacteria we can't even wither."

Dr. Vetrano adds, "A truly healthy child can sleep with a person 'infected' with scarlet fever, mumps, measles or some of the other virulent so-called infectious diseases, night after night, and still not develop the disease. But overfeed that same child and he will now develop a so-called infectious disease. This disease will not be due to germs, but due to putrefactive toxins absorbed from the digestive tract in an enervated and toxemic individual."

"Hygienists do not use the term infection to mean 'invasion' of the organism by pathogenic micro organisms, but recognize the element of poisoning in all so-called 'infections.' Tilden said that all infections stem from one source-protein decomposition. The term septic infection covers the whole field of infection and means protein decomposition.

Pioneer (Natural) Hygienists said specific infections have no place in biological abnormalities or disease and any infection is only septic infection arising from absorbed protein putrefactive toxins from the digestive tract. Dr. Shelton states that 'sepsis is the only infecting agent in all the so-called specific diseases.'"

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JUDGE SEES LITTLE EVIDENCE TO SUPPORT ANTHRAX VACCINE

http://www.washingtonpost.com
The Washington Post
By Carol D. Leonnig, Washington Post Staff Writer, May 26, 2004; Page A25

A federal judge said yesterday he had significant doubts about whether the federal government has enough scientific evidence to show that the anthrax vaccine required for military personnel is either safe or effective.U.S. District Judge Emmet G. Sullivan, who will decide in coming weeks whether to halt the Defense Department's mandatory anthrax inoculations, also criticized the government's review of the vaccine as "one of the most jumbled, confusing" processes he had ever seen.

Sullivan made his remarks in a hearing on a lawsuit filed in March 2003 by six anonymous members of the U.S. military who said the vaccine posed health risks that had not been sufficiently studied.

More than 1 million U.S. troops have been given the anthrax vaccine since the program became mandatory in 1998, many of them in preparation for duty in Iraq. Hundreds have refused the vaccine out of concern for their safety amid complaints of harmful side effects and medical reports linking the vaccine to a few deaths.

At yesterday's hearing, Sullivan questioned why the Food and Drug Administration did not formally issue a ruling that the vaccine was safe and effective against inhalation anthrax until late December 2003. That move came 18 years after the vaccine was first proposed to the FDA for use against inhalation anthrax, but just a week after Sullivan had temporarily halted the military inoculation program.

On Dec. 22, Sullivan agreed with the military personnel who filed suit, determining that the FDA had never formally approved the drug for use against inhalation anthrax, but had approved it for anthrax contracted through the skin. He temporarily halted the program, ruling that defense officials could not require troops to "serve as guinea pigs for experimental drugs" pending a final decision in the case.

Yesterday, John J. Michels, a lawyer for the six, charged that the FDA issued the ruling to protect the Defense Dept.'s vaccination program, and said he wished he could read the e-mail messages between the two agencies during that time.

Brian D. Boyle, principal deputy associate attorney general, told Sullivan that the FDA decision was based on science. He said human studies that looked at a mix of anthrax cases -- most of them contracted through the skin, along with a few inhalation cases -- showed the vaccine was effective more than 90 percent of the time. Boyle said animal studies showed the vaccine worked on animals, though they did not prove the human immune system would react the same way.

Sullivan, however, said results of the human study might be skewed because it considered all the cases together. He suggested it would have been logical to examine separately the vaccine's effectiveness in the limited number of inhalation cases. "Wouldn't it be more safe?" Sullivan asked. "The stakes couldn't be higher here." Sullivan said it appeared that neither the animal studies nor the human study were conclusive for humans.

Mark Zaid, an attorney who filed the suit on behalf of the military personnel, said yesterday that members of the U.S. military should have a choice about taking the vaccine until the FDA has performed conclusive studies. A more extensive human study will not be completed until 2007.

MMR - PULSE, 23/2/04, reported that giving the MMR vaccine to unvaccinated children who have been exposed to the measles virus may not prevent the spread of infection. Dr Mary Ramsay, deputy head of the Health Protection Agency's immunisation division, said the evidence suggested vaccinating children after they have been exposed to measles might not work even if the vaccine was given very early on after exposure.....6 children who had been playing with a 17 month old boy, who was subsequently diagnosed with measles, were offered the MMR vaccine after public health officials discovered none of them had previously had the jab. Four of the children had the vaccine immediately but they all developed initial symptoms of measles 8 days after the first exposure and subsequently developed a typical rash, she said in The Lancet.

Current guidelines recommend MMR should be given within 3 days of measles exposure to any child who has not been immunised. (*So much for current guidelines!*) But Dr Ramsay said: "The only reliable way to prevent measles is to maintain high MMR uptake in the community".

MMR VACCINE AND THIMEROSAL-CONTAINING VACCINES ARE NOT ASSOCIATED WITH AUTISM, IOM REPORT SAYS

May 18 2004, WASHINGTON --

Based on a thorough review of clinical and epidemiological studies, neither the mercury-based vaccine preservative thimerosal nor the measles -mumps-rubella (MMR) vaccine are associated with autism, says a new report from the Institute of Medicine of the National Academies.

Furthermore, the hypotheses regarding how the MMR vaccine and thimerosal could trigger autism lack supporting evidence and are theoretical only. Further research to find the cause of autism should be directed toward other lines of inquiry that are supported by current knowledge and evidence and offer more promise for providing an answer, said the committee that wrote the report.

"The overwhelming evidence from several well-designed studies indicates that childhood vaccines are not associated with autism," said committee chair Marie McCormick, Sumner and Esther Feldberg Professor of Maternal and Child Health, Harvard School of Public Health, Boston. "We strongly support ongoing research to discover the cause or causes of this devastating disorder. Resources would be used most effectively if they were directed toward those avenues of inquiry that offer the greatest promise for answers. Without supporting evidence, the vaccine hypothesis does not hold such promise."

The report updates two earlier IOM reports, published in 2001, on possible links between autism and the MMR vaccine and thimerosal. At that time, the committee determined that the evidence did not show an association between the MMR vaccine and autism, but there was not enough evidence to determine whether thimerosal was associated with neurodevelopmental disorders such as autism. Given that mercury is known to have a toxic effect on the nervous system and that prenatal exposures to another form of mercury have been shown to adversely affect early childhood development, the committee concluded in 2001 that it was possible to hypothesize that thimerosal might trigger neurodevelopmental problems. The committee revisited these issues because several studies exploring the epidemiology and biological mechanisms of possible links between vaccines and autism have been undertaken during the past three years.

The committee based its latest conclusions and recommendations on a careful review of the literature it had assessed to develop its previous reports; subsequent studies; and other information provided by researchers, parents, and others. Epidemiological studies that looked at autism rates and exposures to vaccines carried the most weight in the committee's assessment of causality, but it considered other kinds of studies as well.

Five large epidemiological studies conducted in the United States, the United Kingdom, Denmark, and Sweden since 2001 consistently provided evidence that there is no association between thimerosal-containing vaccines and autism. Similarly, 14 large epidemiological studies consistently showed no association between the MMR vaccine and autism. The committee also reviewed five studies that reported links between thimerosal and autism and two that indicated a connection between the MMR vaccine and the disorder. However, limitations in how these studies were conducted and how the data were analyzed led the committee to conclude that they did not provide evidence supporting an association between vaccines and autism.

The committee also reviewed evidence related to possible biological mechanisms by which immunizations might trigger autism. For example, it has been hypothesized that the measles virus in the MMR vaccine might lodge in the intestines and trigger the release of toxins that lead to autism. Another hypothesis suggests that the MMR vaccine might stimulate the release of immune factors that damage the central nervous system, resulting in autism. It also has been suggested that thimerosal may interfere with biochemical systems in the brain, leading to the disorder.

However, no evidence has yet been found that the immune system or its activation play a direct role in causing autism, the report notes. Autism also has never been documented as a consequence of exposure to high doses of mercury. While the committee agreed that the studies exploring these hypotheses raise interesting questions, they do not address the specifics of how autism could result. Therefore, evidence for any biological mechanism linking vaccines with autism can only be considered theoretical.

Autism is not a single condition, but rather a complex set of severe developmental disorders -- also referred to as autistic spectrum disorders -- characterized by sustained impairments in social interaction and communication abilities, as well as restricted or repetitive patterns of behaviors and interests. It is unclear how many cases of autism there are, but two reviews of published studies put the prevalence at one case for every 1,000 children. While some information suggests that autism rates may be rising, it is not clear whether the observed increase is real or due to factors such as heightened awareness of the disorder or the use of a broader diagnostic definition.

Thimerosal is an organic mercury compound that is still used as a preservative in some adult vaccines. It began to be removed from vaccines for children in 1999, and as of mid-2000, vaccines that are recommended for universal use in infants and young children are available in forms that have no or only trace amounts of thimerosal.

This study is the eighth and final in a series on vaccine safety sponsored by the Centers for Disease Control and Prevention and the National Institute of Allergy and Infectious Diseases. The Institute of Medicine is a private, nonprofit institution that provides health policy advice under a congressional charter granted to the National Academy of Sciences. Pre-publication copies of Immunization Safety Review: Vaccines and Autism are available from the National Academies Press; tel. 202-334-3313 or 1-800-624-6242 or on the Internet at: http://www.nap.edu.

This news release and report are available at: http://national-academies.org

Editor: Immediate criticisms of the IOM's conclusions on the dismissal of vaccine/ autism links. Reproduced on the following page are two examples.

HALF-PRICE BOOKS

Due to a printing error we have a number of copies of the book by Greg Beattie: 'Vaccination - A Parent's Dilemma' on special offer.

Six graphs were ommitted, however, the graphs have been printed on sticky-back paper and added by hand to each copy. We are offering these copies at £4 instead of £8 (RRP). You can purchase them online at our website or by post to the address below. Cheques made payable to ' The Informed Parent.'

WELDON CALLS IOM CONCLUSIONS PREMATURE AND HASTILY DRAWN

Jaillene.Erickson@mail.house.gov
18/5/04 - Rep. Dave Weldon, M.D. (FL) Issued The Following Statement

Today's report is premature, perhaps perilously reliant on epidemiology, based on preliminary incomplete information, and may ultimately be repudiated. This report will not deter me from my commitment to seeing that this is fully investigated, nor will it put to rest the concerns of parents who believe their children were harmed by mercury-containing vaccines or the MMR vaccine.

Unfortunately, this report will lead many clinicians to believe that thimerosal is safe and there is no problem with the MMR; however, it will do nothing to allay the concerns of thousands of parents of autistic children. It will only drag the IOM under the cloud of controversy that has currently engulfed CDC. This concern is what lead me earlier this year to request that Dr. Julie Gerberding delay this meeting and report.

In 2001 the IOM stated that it is "unclear whether ethylmercury [from vaccines] passes readily through the blood-brain barrier." The IOM recommended several biological and clinical studies to answer this question and whether this mercury could cause developmental problems. These studies were in large part never done. Yet IOM chose to ignore the need for this research and instead has focused its analysis on the data available today, most of which is statistical, but there is much more research that needs to be done before it can definitively be said that thimerosal does not contribute to NDDs. Even today, the IOM cannot tell you with any degree of certainty what happens to ethylmercury once injected into an infant. Does it go to the brain? Does it cause developmental problems?

The IOM's scope of investigation was severely narrowed for this review. In 2001 the IOM considered thimerosal's relationship with neurodevelopmental disorders as a whole, but here they only consider Autism. This raises suspicions that this IOM exercise might be more about drawing pre-designed conclusions aimed at restoring public confidence in vaccines rather than conducting a complete and thorough inquiry into whether or not thimerosal might cause neurodevelopmental disorders. Dr. Thomas Verstraeten, the author of one of the studies upon which the IOM relies, recently stated in an April 2004 letter to Pediatrics: "The bottom line is and has always been the same: an association between thimerosal and neurological outcomes could neither be confirmed nor refuted, and therefore, more study is required."

It was after this study was published that the IOM scope was narrowed. Unfortunately, the epidemiology studies that the IOM bases its findings on are not immune from conflicts or controversy. Many of the authors have conflicts of interest including funding from vaccine manufactures, employment by manufacturers, or conflicts in that they implemented vaccine policies that are now being investigated. Furthermore, the studies were designed to examine entire populations and would miss subgroups of genetically susceptible populations. Much like the infamous 1989 study by The National Institute of Child and Human Development (NICHD) which missed the link between folic acid deficiencies and neural tube defects, the epidemiology studies reviewed by the IOM in drawing today's findings, could easily have missed a link between thimerosal and NDDs. The IOM report is based on studies examining populations in the United Kingdom, Denmark, Sweden and the United States - all of whom have different vaccines, vaccine policies, and mercury exposures. Study results are only as reliable as the design of such studies. Relying on these studies to draw conclusions is shaky ground.

The IOM is not immune to error and has been forced to reverse itself before, most recently reversing a long-standing finding that chronic lymphocytic leukemia (CLL) was not due to Agent Orange exposures. A similar reversal is a very real possibility here.

With regard to the MMR vaccine, the IOM review of this matter is totally premature; the NIH is only now attempting to duplicate the work of Dr. Andrew Wakefield. Half of Dr. Wakefield's work has been demonstrated to be correct. Attempting to draw "conclusions" at this time is counter-productive. Statistical studies of this matter are of little benefit, only a clinical pathological study will lay this issue to rest.

Lastly, I am also troubled by the lack of liability or accountability by these decision-makers should they be proved wrong. I want more than just a "sorry" from them should their conclusions be found erroneous a few years down the road. Too many lives are at stake.

COLLUSION SEEN AFTER RELEASE OF FLAWED VACCINE-AUTISM REPORT

Press Release : www.SafeMinds.org
25/5/04 WASHINGTON -

America's leading scientific organization investigating the risks that mercury-containing medical products pose to our children-has posted the results of an investigative analysis of several authors relied upon for the flawed Institute of Medicine (IOM) report issued last week attempting to purport a lack of evidence to the mercury-vaccine-autism link.

"Disclosure of potential conflicts of interest is an essential tenet to good science," stated Sallie Bernard, executive director of SafeMinds, "but here we have a situation where authors of 'studies' are probably quite literally writing to preserve their jobs."

Bernard was responding to last week's IOM's report that used prejudiced science to conclude a minimal risk between mercury in vaccines and autism. "The IOM gave unusual weight to several authors from the Statens Serum Institute (SSI), Denmark. What the American public needs to know is that the SSI is not only the Danish version -- and frequent collaborative partner - of the CDC, but also that country's largest vaccine manufacturer."

When asked about "Something is Rotten in Denmark", SafeMinds' investigative analysis of the authors to which the IOM provided preferential treatment, Bernard offered, "We looked not only at the financial ties of this clique of authors to industry, but also the tangled web of relationships, employers and studies spun to protect their commerce, and their jobs. That the IOM would give any weight to these tainted studies calls into question their judgment and their intention. That these studies received the majority of the committee's focus shows an obvious bias for preparing a predisposed report, literally paid for in full by the CDC."

Furthering the conflicts of interest issue was the recent revelation that the U.S. Office of Special Counsel recently forwarded for Congressional investigation information regarding alleged collusion between the CDC, FDA and pharmaceutical industry to hide from the public previous scientific findings illuminating the dangers of Thimerosal (mercury) in vaccines, and a pattern to dismiss independent research that made any such claims.

"Given the facts that are coming to light, and their implications, one can understand the IOM, CDC and FDA's anxiety to call an unprecedented halt to further research funding in this area," concluded Bernard.

MANIPULATING THE HERD

On reading the following extract from the David Icke book 'Alice in Wonderland and the World Trade Center Disaster', it struck such a chord with me on the issue of questioning vaccination and how people are viewed and treated, that I thought it might be of interest to others. Under the subheading 'Manipulating the herd', Icke states:

'Most people find it impossible to accept that a few people can manipulate the lives of billions and operate through all institutions and countries. I understand that; but once you have the pyramids in place and you know how to condition the mind and reality of the population, it is relatively straightforward. When a few people wish to control and direct a mass of humanity there are certain key structures that have to be in place. These are the same whether you are seeking to manipulate an individual, family, tribe, town, country, continent or planet. First you have to impose the 'norms', what is considered right and wrong, possible or impossible, sane or insane, good and bad. Most of the people will follow those 'norms' without question because of the baa-baa, herd mentality that has prevailed within the collective human mind for at least thousands of years. Second, you have to make life very unpleasant for those few who challenge your imposed 'norms'.

The most effective way to do this is to ensure that it is, in effect, a crime to be different. You make those who voice a different view, version of 'truth' and lifestyle, stand out like a black sheep in the human herd. You have already conditioned the herd to accept your norms as its reality and, through arrogance and ignorance, they ridicule or condemn those with a different spin on life. This pressurises the black sheep to conform and serves as a warning to those others in the herd who are also thinking of breaking away or challenging the prevailing reality. There is a Japanese saying that goes, "Don't be a nail that stands out above the rest because that's the first one to get hit." I could not put it better. This fear of being different and voicing a view that challenges the "norms" is overwhelmingly the fear of what other people will think of us. In reality, the fear of what the sheep around us will say and do if we seek to leave the herd and question its conditioned assumptions. This mentality creates a situation fundamental to the few controlling the many because it means that the masses are policing themselves and keeping each other in line. The sheep become the sheepdog for the rest of the herd. It is like a prisoner trying to escape while the rest of his cellmates rush to stop him. If that happened we would say the prisoners were crazy, how could they do that? But humans are doing precisely the same to each other every day by demanding that everyone conform to the 'norms' to which they blindly conform. This is nothing less than psychological fascism - the thought police with agents in every home, everywhere. Agents so deeply conditioned that most have no idea they are unpaid mind controllers. 'I'm just doing what's right for my children', I hear them say. No, what you have been programmed to believe is right for them and the belief, also, that only you know best.....'

Editor: Sounds familiar???

GULF WAR SYNDROME CASE COLLAPSES

BMJ, Vol 328, 14/2/04

A compensation claim by more than 2000 British veterans over Gulf war syndrome has collapsed, because there is not enough evidence to prove their case in court.

The Legal Services Commission, which faces a bill of around £4m ($7.4m; e5.8m) for the eight year legal battle, is expected to withdraw legal aid this month. Taking the case to trial in the High Court would have cost taxpayers another £4m.

Although no final decision on funding has been taken, the veterans' lawyers - the current chairman of the bar, Stephen Irwin QC, and solicitor Patrick Allen, senior partner of the London firm Hodge, Jones & Allen - accept that the withdrawal of aid is inevitable.

British veterans of the Gulf war, who have been trying to sue the Ministry of Defence, have a range of health problems, including fatigue, headaches, cognitive disorders such as short term memory loss and loss of concentration, joint and muscle pain, post-traumatic stress disorder, alcohol misuse, sleep disturbance, skin rashes, and shortness of breath.

Possible causes that have been suggested include the effect of multiple vaccines on the immunes system; tablets to guard against nerve agents; exposure to organophosphate insecticides; exposure to chemical or biological weapons, the effects of depleted uranium from munitions; and pollution from oil well fires.

But Hodge,Jones & Allen says in a briefing paper: "According to the worldwide scientific consensus, veterans' symptoms and health problems do not represent a Gulf War syndrome and do not have an identifiable cause."

2-DAY VACCINATION SYMPOSIUM IN LONDON

A 2-day symposium on vaccination is to be held at Friends' House, London on: 12-13th November 2004. Organised by Health Power Ltd, this event will include numerous speakers (many from overseas) and they will be highlighting a growing number of concerns on this issue.

Advanced booking only. Ticket prices will increase soon - so book now!! There will be no tickets available on the door.

For full details and bookings phone: 0700 580 0892 or visit the website: www.internationalsymposium.co.uk

A WORD FROM THE EDITOR

A big thank you to all those involved in the recent Viera Scheibner lecture tour. These events are so important - to hopefully ignite people into researching the vaccination issue. As I have said in the past, events will only continue to take place if enough people attend - to cover all the costs - and this recent tour was not as well attended as before. The taking place of the symposium highlighted above will be dependent on bookings too, so please try and support this event with an early booking!!

Also, if anyone is interested in organising a talk in their area on the subject, please get in touch with me to see what is possible. There are a few speakers on the subject, based in the UK, so phone me, Magda, at The Informed Parent: 01903 212969

Thanks for your continued support and please do renew your subscrtiption - you are needed!!!!

ALTERNATIVES TO CALPOL

By Tracey Dennis (MSECH MARH)

Almost every home with young children has a bottle of Calpol in the medicine cabinet. It is almost a part of our culture and at the first sign of discomfort out comes the strawberry flavoured pink stuff. But are we missing the point? Every symptom our body produces is a beneficial, intelligent and indeed necessary response to a stress or imbalance experienced by us. By ignoring this, and masking the symptoms we are reducing the efficient way in which our immune system works.

We have been trained by the pharmaceutical companies to administer Calpol to babies as young as three months old, sometimes even younger, for a myriad of symptoms including fevers, teething, earache, colic, colds and to disguise the bad reactions to vaccination. But have we ever stopped to consider what might be hidden in this sticky pink, sweet tasting mixture?

The active ingredient in Calpol is Paracetamol, which is well known to adversely affect the liver when used regularly or above the recommended dose. But we administer this frequently to our children, often as a sedative or 'just in case!' Even more worrying is the possibility that the active ingredient is in fact the most innocuous. Included in the infant suspension is sucrose (sugar), glycerol, sorbitol, methyl hydroxybenzoate, xanthan gum and carmoisine. Each of these have there own list of risks and side effects:

•Carmoisine (E122) gives Calpol its delicious strawberry flavour and is associated with hyperactivity, asthma, urticaria and insomnia.

•Glycerol (E422) can cause headaches, thirst, nausea and high blood sugar levels.

•Sorbitol (E420) is associated with flatulence, diarrhoea and abdominal distension.

•Methyl hydroxybenzoate (E218) can cause hyperactivity, asthma, skin problems, insomnia and numb mouth.

•Xanthan Gum (E415) is associated with asthma, skin irritation and hayfever.

Suddenly Calpol starts to look a little less attractive!

SO WHAT ACTUALLY IS A FEVER?

Medicine generally recognises a temperature of over 100F as a fever. The body's normal resting temperature is 98.6F and a fever is a normal and essential part of the body's natural immune system. By raising the body' s temperature, a hostile environment is created for unwanted bacteria or viruses. The effect of administering an antipyretic (or anti-fever) at this point, is to disarm the body's natural mechanism for fighting off this invasion, and provides an ideal breeding ground for the virus or bacteria.

WHAT ARE THE ALTERNATIVES?

The key to effective treatment without resorting to Calpol is identifying the cause of discomfort:

•A bright red ear, head banging or hitting or tugging at the ear can indicate an ear infection.

•A bright red cheek, hitting the face or mouth, excessive salivation, hard chewing or head banging can indicate teething pains or toothache.

•Excessive screaming and pulling up of the limbs can indicate colic.

•Discomfort, prolonged fever, swelling of vaccination site, excessive crying or rash following vaccination should always be treated seriously. It is recommended that urgent homeopathic treatment be sought in order to lessen the child's reaction to the vaccination, and to reduce the risk of long-term damage.

It is vital during a fever, that your child drinks plenty of water, to reduce the risk of dehydration. Keep the child dressed in light clothes, and under no circumstances plunge the child into a cold bath. This can have the effect of sending the body into shock as the body temperature plummets. Wrap cool flannels around the child's head, arms and legs, and replace when they warm up. Administer the most appropriate Homeopathic remedy from the following list: (available from most chemists).

ACONITE - Very quick onset of complaint. Always worth trying this one first as it can often address the reason behind the discomfort. It is the number one remedy for nipping colds in the bud if given early enough. It is useful in the early stages of fevers, cold and inflammations. The child may have dry hot skin and be restless.

BELLADONNA - Number one remedy for high fevers. Often described as homeopathic Calpol. The child may be bright red, burning hot and angry. The pupils may appear dilated. Pains are throbbing.

CHAMOMILLA - Number one remedy for teething pains. The child may be hot and sweaty and want to be carried. A child needing this remedy may appear to be over-sensitive while ill and perhaps appearing to make more of a fuss than the condition warrants.

PULSATILLA - Number one remedy for ear infections. The child may be clingy and whingy, and very tearful or moody. Discharges may be thick and yellow or green.

The homeopathic remedies can be administered as frequently as every five to ten minutes until the symptoms improve, and used in either the 6c or 30c potencies. There is no risk of overdose or side effects because homeopathy is a very safe and natural way to treat yourself and your family.

**If Meningitis is suspected, alternate Aconite and Belladonna every 5 minutes and dial 999 immediately.

Warning signs and symptoms

- A medical opinion should always be sought if:
- A fever is accompanied by vomiting
- A fever lasts longer than 48 hours
- The child becomes sensitive to light (photophobia)
- The child has a stiff neck
- A skin rash is apparent, especially one that doesn't blanche when pressed
- The temperature is over 105F
- The child is less than 4 months old
- The child has prolonged high pitched screaming
- Vomiting and/or fever after head injury
- You suspect Meningitis

You should consult your GP before using Calpol if your child has kidney or liver problems.

IN CONCLUSION

Of course, as with everything in life, the benefits have to be measured against the risks. No parent wants to see their child in pain, but we do owe it to them to explore the safer options. Every medication has its niche, and I believe that Calpol should be reserved for the fortunately rare moments in a child's life, when they are in considerable pain, and nothing else seems appropriate. For all the other times, I suggest a little bit of patience, a lot of common sense, and above all, a healthy respect for your child's long term health.

Tracey Dennis is a fully qualified, insured and registered Homeopath, and is one in a team of three Homeopaths forming the East Sussex Homeopathic Practice. Tracey has a special interest in the treatment of behavioural problems in children and vaccine damage.

Appointments are available at Brighton Health & Racquet Club in Brighton, E. Sussex (Non-members welcome) and Indigo Therapies in Seaford, E. Sussex

Tel: 01273 667833 or 01273 510848

Web: www.roadbacktohealth.co.uk k

Email mail@roadbacktohealth.co.uk

PARENTS'S COMMENTS

'....There is something that keeps coming to mind and that is to ask if you, or anyone, had done any research into vaccinations and childhood behaviour. Having been a part of mother and baby/toddler groups for the past 18 months or so, it's been interesting to observe other children's behaviour (all my little boy's friends have been fully vaccinated), and how they play or interact with each other. Now I know that genes and parental discipline methods have a lot to do with it, and I've only been observing a tiny sample group, but I don't seem to have half the trouble that all the other mothers have. I hope this doesn't read as if I like to blow my own trumpet, I am just a little mystified. Is there an underlying issue of continued unsociable behaviour that parents just accept or pass off as 'just another phase, he/she will get over it'? My son's constitution is as strong as a bull, he learns very quickly from his mistakes and what's acceptable/what's not, he tries hard to do things right and to please, he rarely has tantrums (which is always such a big issue for parents to face) and when he does short circuit and lash out he gets over it very quickly and moves on. He avoids confrontations, isn't aggressive, loud or difficult to handle. He has had a few flus and fevers but we just let him work through them. It is also interesting to note that he usually makes a noticeable little leap in progress just after an illness. I just don't know if we have been blessed with an angel or if this is the way children are when not exposed to harmful toxins and given a healthy, balanced diet.'

One parent, living in Oman, writes regarding the Radio 4 interview on unvaccinated being refused nursery places, featured in the previous newsletter .....'This particular article struck a chord with me because I have just discovered that every child must be vaccinated before entering nursery here.

Sometimes the government body associated with education will do a swoop and it has been known that if a child does not have a completed vaccination card, they will be carried out of class (without a phone call to pre-warn parents) and jabbed on the spot.

This sort of patriarchal ignorance terrifies me and I hope and pray that we are not still here when our son reaches school age. Does this mean that after 2 full years of interaction with other children and the vast multi-cultural mix in this country, playing in swimming pools, the ocean, digging in (and probably eating) the dirt, travelling on planes, etc, that my son is suddenly under threat from all these nasty bugs and germs? The whole argument just doesn't gel.

Another parent writes.....

'I received a letter from my daughter's secondary school regarding DT and polio boosters, and found the following sentence disturbing:

'Sometimes the consent form gets lost and is not available on the day. Rather than deny your child the opportunity to have the vaccinations, we will be happy to give them as long as she/he understands and agrees.'

Also, I would like to mention the use of vaccines in third world countries. I was living in Jamaica for ten years and saw some things that horrified me. Naming a few:

Routine tetanus vaccination for all pregnant mothers. (I refused, but had to stand up for myself.)

Vaccinations at school with no immunisation history. (They had no idea how many, if any, my daughter had previously had or when.)

Island-wide Rubella campaign - involving nurses in shopping malls with cool boxes containing vaccines to vaccinate adults on the spot. I spoke to people who had been given the vaccine and they had no idea what they had been vaccinated for!'

CHILDHOOD HEALTH & ILLNESS - NATURAL IMMUNITY v VACCINATION

***with* TREVOR GUNN,** *BSc. LCH RSHom, graduate in biochemistry and author of 'Mass immunisation - A Point in Question'*

Take steps towards empowerment and knowledge of your childs health, dealing with immunisations, infections, fevers, colds, coughs, 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....?

8th July 2004 in Brighton.

Contact Karel on: 01273 277309

LOCAL CONTACTS?

Aylesbury mum with unvaccinated baby girl is looking for similar parents within the Home counties. Please call Anna on 01296 486206

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

AIMS AND OBJECTIVES OF THE GROUP

1. To promote awareness and understanding about vaccination in order to preserve the freedom of an informed choice.

2. To offer support to parents regardless of the decisions they make.

3. To inform parents of the alternatives to vaccinations.

4. To accumulate historical and current information about vaccination and to make it available to members and interested parties.

5. To arrange and facilitate local talks, discussions and seminars on vaccination and preventative medicine for childhood illnesses.

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

7. To publish a newsletter for members.

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

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