

# THE *informed* PARENT

ISSUE FOUR - 2005 A QUARTERLY BULLETIN ON THE VACCINATION ISSUE & HEALTH

## 'VARICELLA VACCINE FOR ALL FIRST-TIME MOTHERS'

Pulse, 15/10/05. By Nerys Hairon

Every first-time pregnant mother should be screened for varicella immunity and vaccinated if unprotected, new research recommends.

The study, submitted to the Joint Committee on Vaccination and Immunisation, found the strategy was likely to save money by preventing child-to-mother transmission.

Researchers advised verbally screening all first-time mothers, serologically testing those with uncertain or negative history and vaccinating unprotected women after they had given birth.

Their economic model predicted that in UK-born women this would prevent 714 varicella infections – 18 of them in pregnancy – per 100,000 women screened. It would save the NHS

## VACCINES MAY PREVENT WHOOPING COUGH CASES

13/10/05, www.kfmb.com

Two safer new vaccines against whooping cough could prevent up to 1 million cases among U.S. teenagers and adults each year and keep them from infecting children, who can die from the illness, a government study found.

*(Editor: Here we go again...wasn't the old vaccine supposed to prevent cases, and wasn't that supposed to be safe??!!)*

The vaccine, tested on nearly 2,800 people ages 15 to 65, proved 92% effective in preventing infection with the highly contagious germ. *(Editor: What proof is there that they would have developed it anyway??)*

Whooping cough, or pertussis, can cause weeks of misery and coughing so severe it cracks ribs. The bacterial disease can kill children, particularly unvaccinated babies. Cases of whooping cough dramatically declined over the

£148,000 per 100,000 screens.

Vaccinating Bangladesh-born women, who are at high risk of chickenpox infection, would prevent 2,397 varicella infections, 59 in pregnancy, and save around £257,000 per 100,000 women screened.

Professor Judy Breuer, professor of virology at Barts and the London School of Medicine and Dentistry, said: 'I do think it should be seriously considered by the JCVI. Pregnant women are fairly often exposed to chickenpox from their own children. If they do not know or cannot remember having chickenpox, they need investigation.'

'Immunisation of these women would reduce the workload of GPs and midwives. GPs bear much of the brunt of this [work] as they deal with many of the pregnant women who are in contact

past half-century because most children get several shots against it by age 6. However, immunity wears off over time, *(Editor: How's that when immunity is yet to be understood?)* and outbreaks among U.S. adults and teenagers began rising sharply during the 1990s.

According to the National Partnership for Immunization, teens and adults now account for about 60% of whooping cough cases. Last spring, the Food and Drug Administration approved two new booster vaccines: Boostrix, made by GlaxoSmithKline, is for 10 to 18-year-olds, and Adacel, from Sanofi-Aventis, is for people 11 to 64; both include boosters against diphtheria and tetanus.

The pertussis portion of those vaccines is identical or similar to the shot used in the study. The new vaccines use purified parts of the pertussis bacterium to build up patients' immunity. Older vaccines contain the whole germ and are more likely to cause side effects, including fever, jitters, drowsiness and loss of appetite. *(Editor: And they're just the mild reactions!!)* The study was reported in

with chickenpox.'

RCGP vice chair Dr Graham Archard, a GP in Christchurch, Dorset, said: 'If this is relatively cost-effective and we can reduce varicella in pregnancy, I think it should be seriously considered.'

Dr David Elliman, a consultant in community child health at Great Ormond Street Hospital, said: 'It would cut anxiety in mothers and GP workload.'

The study, to be published in *Vaccine*, found serologically screening all women in their first pregnancy would not be viable, but when preceded by verbal screening was cost-saving for all those under-33.

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*Editor: Is this the 'slowly slowly does it' introduction of the chicken pox vaccine?*

Thursday's *New England Journal of Medicine*. Students, health-care workers and other volunteers at eight U.S. medical centers got the pertussis vaccine or, in the half serving as a comparison group, a hepatitis A vaccine. They were followed closely through the late 1990s for 22 months on average.

Just one person in the pertussis vaccine group became infected. Nine in the comparison group were infected. The researchers estimated there are 1 million U.S. cases of pertussis each year among people 15 and older. But most of those cases go undiagnosed. In an accompanying editorial, Dr. Scott A. Halperin of Dalhousie University in Halifax, Canada, but said more research is needed on the vaccine's use in pregnant women and the elderly. The study was supported by the National Institutes of Health under an agreement with GlaxoSmithKline. *(Editor: Yet another unbiased study then??)*

See backpage for details of Trevor Gunn's forthcoming talks

# NURSES 'NOT TAKING FLU VACCINE'

19/09/05 <http://news.bbc.co.uk/>  
**MANY STAFF DID NOT THINK  
THEY NEEDED THE FLU JAB**

Vulnerable elderly patients could be at risk of catching flu from nurses who have not been vaccinated against the virus, a report has said.

Research at two Liverpool hospitals found less than 8% of healthcare workers had annual jabs. But more than half had taken sick leave due to flu-type symptoms in the previous three months.

The research, published in the Journal of Clinical Nursing, did not name the hospitals where staff were surveyed. The report's authors said increased

vaccination of hospital staff would ease staffing crises during the winter. Many of the respondents appeared to demonstrate general apathy towards the flu vaccination

Of the 144 staff interviewed, 29% said they did not need to be vaccinated and 18% said they were not aware of the vaccine. Only 10% knew the vaccine would protect patients against the serious complications of flu and 11% of staff were concerned about side effects of the jab.

"Vaccinating healthcare workers against flu can reduce staff sickness and winter pressures as well as reducing

deaths among frail older patients," said Dr Helen Canning, who carried out the research at the University of Liverpool. "Our study found that the main reason for poor vaccine uptake was a basic lack of knowledge and understanding of the vaccine, especially regarding benefits and side-effects.

"Many of the respondents appeared to demonstrate general apathy towards the flu vaccination."

This issue is dedicated to *Iris Griffith* 26/8/1918-10/9/05. Iris spent much of her life fighting for parents to be given full information on vaccination so they could make an informed choice! I thank Iris and her family for their support!!

## 2 STUDIES QUESTION THE EFFECTIVENESS OF FLU VACCINES

New York Times [www.nytimes.com](http://www.nytimes.com)

By *Elisabeth Rosenthal*. 21/09/05

Extracts. - Rome, Sept. 21 - Just as governments around the world are stockpiling millions of doses of flu vaccine and antiviral drugs in anticipation of a potential influenza pandemic, two new research papers published today have found that such treatments are far less effective than previously thought.

"The studies published today reinforce the shortcomings of our efforts to control influenza," wrote Dr. Guan Yi, a virologist at the University of Hong Kong, in an editorial that accompanied the papers. The two studies were published early online by the British medical journal, the Lancet, because of their implications for the upcoming flu season.

In one paper, international researchers analyzed all the data from patient studies on the flu vaccine performed worldwide in the past 37 years and discovered that vaccines showed at best a "modest" ability to prevent influenza or its complications in elderly people.

"The runaway 100% effectiveness that's touted by proponents was nowhere to be seen," said Tom Jefferson, a Rome-based researcher with the Cochrane Vaccine Fields project, an international consortium of scientists who perform systematic reviews of research data.

"There is a wild overestimation of the impact of these vaccines in the community," Dr. Jefferson said. "In the case of a pandemic, we are unsure from the data whether these vaccines would work on the elderly."

In the second paper, researchers from the Centers for Disease Control found

that influenza viruses, particularly those from the dreaded bird flu strain, had developed high rates of resistance to older and cheaper antiviral drugs - rates that have escalated rapidly since 2003, particularly in Asia.....Called for comment, a spokesman for the World Health Organization, Dick Thompson, said that the group could neither support nor deny the findings of the analysis of vaccine studies at this point, noting only that some experts criticized the researchers for "not including some important past studies" in their sample. But the problem of resistance "is a finding that is being discussed widely within the flu world and will bear careful monitoring," Mr. Thompson said, noting that he was not aware of any country in the developing world that had been able to stockpile the newer drugs.

Anticipating a possible flu pandemic caused by a variant of the bird flu virus - which belongs to the influenza A group - countries have been aggressively buying up antiviral medicines and contracting to purchase a flu vaccine against that strain, even though it's still under development.

The United States has ordered \$100 million worth of vaccine and Italy \$43 million worth, for example. The current bird flu virus does not spread easily - if at all - from human to human, and so has little potential to become a worldwide human scourge. But the World Health Organization has warned that it could acquire that potential through a couple of common biological processes, and that countries should prepare for a possible wave of serious influenza.

The fact that the current study showed that flu vaccines have had only a modest effect in the elderly is

particularly worrisome, since this a group that tends to suffer high rates of complications and deaths from the disease and vaccination is currently standard practice. In people over 65, the vaccines "are apparently ineffective" in the prevention of influenza, pneumonia and hospital admissions, although they did reduce deaths from pneumonia by "up to 30%."

"What you see is that marketing rules the response to influenza, and scientific evidence comes fourth or fifth," Dr. Jefferson said. "Vaccines may have a role, but they appear to have a modest effect. The best strategy to prevent the illness is to wash your hands." The research showed, however, that vaccines offered better protection in nursing home patients, who suffered significantly lower rates of complications like pneumonia if inoculated. *Editor: Interesting since I have spoken with people working in homes for the elderly that have observed that those who refuse all medications are usually the healthiest, and that it was not uncommon for a few deaths to occur after the flu jab had done the rounds!! Anyone interested in the 'bird flu' which 'health' spokespeople have been chirping on about in a parrot-like fashion for months on end, I would suggest visiting the website: [www.birdfluhype.com](http://www.birdfluhype.com) Certainly the seagulls along the coast where I live don't look worried about bird-flu!*

**THANK YOU** to all those who organised or attended the talks by Dr Quanten in the late autumn! It was greatly appreciated and we hope to organise more for 2006! Let me know if you are interested -  
*Magda Taylor*

## FLU JAB MAY BE FATAL TO SOME PENSIONERS

By Beezy Marsh, *Telegraph News*, 29/10/05

*Extracts:* Winter flu jabs are being linked to an increased risk of life-threatening illness among the elderly. Dozens of pensioners taking Warfarin to ward off strokes have suffered internal bleeding after flu jabs, leading to fears of potentially fatal interactions between the vaccine and blood-thinning medication.

A Government committee has investigated safety fears over the winter flu vaccine and the clot-busting drug after a cluster of adverse reactions were reported by GPs. Six pensioners at the same surgery were reported to have suffered internal bleeding after having the jab, leading to an inquiry by the Government's Committee on Safety of Medicines. Medical records going back 35 years show a further 25 cases of suspected serious interactions between Warfarin and the flu vaccine. In three cases, the adverse reactions - reported to the Medicines and Healthcare Products Regulatory Agency - were fatal.

Since 2001, a total of 449 adverse reactions to the flu jab have been reported. Twenty people are known to have died after the jab, with the causes of death including sudden death, blood poisoning, heart attack, pulmonary embolism and pneumonia. But because many of the patients receiving the injection were elderly, experts say it could be coincidental that they died shortly after vaccination, and no evidence of a causal link has been established. However, CSM experts were concerned that the flu jab - which is mainly aimed at the over-65s, who are a target group for anti-stroke medication - could be destabilising Warfarin and increasing the risk of fatal internal bleeding.

A total of 14 million flu jabs are expected to be given this winter, with demand heightened by the potential bird flu pandemic. The World Health Organisation has urged all those eligible, including the over-65s, people with asthma and diabetes, to have the jab to reduce the likelihood of getting the flu virus, which if it came into contact with avian flu may spread it to humans.... A spokesman for the MHRA last night defended the decision of the CSM and said that in the cases of the three fatalities the reporting doctor did not specifically state that the event was due to an interaction between influenza vaccine and Warfarin."

Pregnant women may be offered the winter flu vaccine from next year because they are more susceptible to pneumonia. A serious case of flu can also raise the risk of miscarriage in the first trimester and of premature delivery in the latter stages of pregnancy. The Government's Joint Committee on Vaccination and Immunisation is reviewing safety data. It is also understood to be looking at extending free flu jabs to cover all those in the 50 to 64 age group.

## DRUGS FIRM STAYED SILENT OVER IT'S FAULTY VACCINES

<http://icliverpool.icnetwork.co.uk/21/11/05> By Alan Weston *Daily Post Staff*

A DRUGS firm which employs around 600 people on Merseyside is embroiled in fresh controversy after revelations that it stayed silent over thousands of faulty vaccines.

PowderJect, run by multi-millionaire Labour donor and Government defence minister Lord Drayson, knew for nearly two years that nine batches of anti-TB jabs produced at its Liverpool factory had failed quality control checks. But the Speke-based company - now known by the name of new owners Chiron - did not inform health regulators or the National Health Service, its main customer.

Senior Labour backbencher Ian Gibson said: "We need a public inquiry into this business. It doesn't smell as sweetly as it might." But the Department of Health said a National Audit Office investigation had already concluded the Government had acted correctly.

An investigation for the BBC's Money Programme found that internal tests at the Liverpool vaccines plant revealed a problem with the vaccine's

## GP CONCERN ON BCG RESTRICTION

Pulse, 09/07/05

GPs have accused the Government of sending out 'conflicting messages' after it scrapped universal BCG vaccination but said parents could still request the vaccine for their children.

The BCG schools programme is to be replaced with targeted vaccination of babies at the highest risk. Babies from high-risk populations or those in local authorities with a tuberculosis incidence of over 40 per 100,000 will receive the vaccine from hospitals or community health visitors. But parents will be able to ask for the vaccine for their children even when falling outside the risk criteria.

Dr Chaand Nagpaul, GPC representative on the BMA's public health committee, said: 'It would be incongruous to on the one hand state a target population and on the other hand state parents could request a vaccination.'

Dr James Gillgrass, joint chief executive of Sussex and Surrey LMCs, said: 'I would take the view that I have no experience of it so I would

shelf life from 1989 onwards, 11 years before Lord Drayson bought the factory. But when PowderJect took over in October 2000, the company remained silent about the failures and continued producing the BCG jab - at least one batch of which also failed internal tests.

The firm finally had its licence to produce the vaccine suspended after an inspection in July 2002 by the Medicines Control Agency, the Department of Health body that monitors the effectiveness of medicines. The problems are detailed in a report from the Medicines Control Agency (now the Medicines and Healthcare Products Regulatory Authority) obtained under the Freedom of Information Act.

"Since 1989, batches of BCG vaccine have been on a stability monitoring programme of which nine have had sub-potent results at one or more time points and had therefore failed to meet their end of shelf-life potency criteria," it said.

"There is no evidence that failing stability (potency) reports have been reported to the MCA."

immediately refer them on.'

One tuberculosis specialist warned vaccine services could be 'swamped' if GPs referred on parents who requested the vaccine. Sir Liam Donaldson, the Chief Medical Officer, said some 18 local authorities were likely to qualify for automatic universal vaccination - the majority in London.

*Editor: I am surprised they have continued to recommend the BCG up until recently for school children, or anyone else for that matter, when it has been shown to be less than 0% effective in a large field trial in India 1968-1971.*

*For those particularly interested in TB I would highly recommend the book: The Decline of Tuberculosis despite "Protective" Vaccination by Dr Gerhard Buchwald.*

*I will have a limited stock of this book which will be available for £15 (inc. p&p). Please contact me, Magda, on: 01903 212969 to place an order.*

*Copies of Dr Buchwald's first book 'Vaccination - A Business based on Fear' (326pages) are also available for the special price of £10 (inc p&p).*

# EFVV - PRESS CONFERENCE & REPORT

Report by Lesley King, 25/11/05.

After six years of annual meetings the EFVV reconvened on the 21st November, in Brussels, to present the results of our findings to a press conference. October saw the distribution of our report to 63 MEPs, including the President, the Council of Ministers, and heads of three committees. Invitation to the press conference was extended to 39 of these. We were delighted to welcome Kathy Sinnott MEP (Northern Ireland), - herself the mother of a vaccine-damaged child. She informed us that due to the scheduling of a debate on the 'removal of mercury from all human products' coinciding with our conference, they were unable to attend.

Here at home prior to the event, we gave interviews to Southern Counties Radio, BBC News-On-Line, and local newspapers.

Our 'audience' (comprising of journalists and vaccine-victims and their families) came from far and wide -

Belgium, Italy, Luxembourg, France, Holland, England, Scotland, and one documentary-maker even flew over specially from Montreal. The Daily Mail sent their journalist, Justin Stares.

The conference was conducted in a variety of languages, determined by each speaker and/or the audience's need. 'Victims' present gave their testimonials in their own languages, describing how their lives had been - without exaggeration - devastated, by reactions to Hepatitis B, Polio, MMR and Hib vaccinations. One Italian father talked at length about how two of his four children died and a third was severely disabled from the polio vaccine, which is mandatory in Italy.

The EFVV gave a summary of its findings and ended with the following proposals (which are detailed in the full report): 1) Exhaustive information on the secondary effects of vaccination should be made available to everyone; 2) A scrupulous, independent,

vaccinovigilance unit should be set up to record and monitor all side effects from vaccination; 3) Victims of vaccine damage should automatically receive compensation, irrespective of who they are; 4) Laws that guarantee fundamental human rights should be respected; 5) Discrimination between vaccinated and unvaccinated people (school, work, services etc.) must end; 6) Compulsory vaccination must be abolished.

The full report, published in five languages, (which includes a useful chapter on the progression of diseases before and after vaccination), is available from Helen Kimball Brooke:

0208 998 1204 or myself, Lesley King: 01424 441397

Email: [lesley@silverhill.screaming.net](mailto:lesley@silverhill.screaming.net) at a price of £8. (inc p+p). The CD also contains three appendices, including an interesting table of the 278 UK cases, and a bibliography of over 1800 works on vaccine-reaction. The English version can easily be printed from the CD. For further info see our website:

[www.efvv.org](http://www.efvv.org)

## CHILD VACCINES UNDER THREAT IN PAY ROW

By Nigel Hawkes, Health Editor,  
28/11/05 [www.timesonline.co.uk](http://www.timesonline.co.uk)

VACCINATIONS for children could be under threat from changes to the way that family doctors are paid. A survey suggests that more than one in seven GPs is considering opting out of providing immunisations and another 10% may stop chasing up children's vaccinations because the money they are paid for doing them has dropped by more than half.

Any reduction in vaccine coverage would be "a population health disaster", Mark Lambert, director of public health at Gateshead Primary Care Trust, told the medical newspaper Pulse, which has been conducting a campaign on the issue. GPs complain that the changes in payments were introduced surreptitiously. Many are angry at the British Medical Association (BMA) for allowing the changes to go through. To maximise coverage, GPs are paid extra if they achieve 90% of childhood vaccines. Until April this was counted by totalling up four vaccines - MMR, DTP (diphtheria, tetanus and pertussis) polio and Hib (Haemophilus influenzae type b, a vaccine against bacterial meningitis). Doctors who achieved coverage of more than 90%, with each vaccine counting for a quarter, were paid an average of £8,500 for a three-partner practice.

The rules then changed to reflect the introduction of a 5-in-one vaccine, Pediacel, which covers diphtheria,

tetanus, pertussis, Hib and polio. This meant that the vaccine payments were based on just two vaccines, MMR and Pediacel.

Many parents remain reluctant to have their children immunised with MMR, a hangover from the discredited claims that it is linked to autism. Since it now counts for half of the calculation rather than a quarter, the low take-up means that many GPs cannot achieve the 90% target. Instead, they get a lower payment on reaching 70% - a significant drop in income.

Dr Jenny Lebus, a GP in Putney, southwest London, said that her practice had been assured that there had been no change in calculating targets. "But at the end of June we failed to achieve our targets for two-year-olds for the first time, with a huge loss of income," she said. "With warning, we might have been able to chase up a few. We were well over 90% under the old scheme."

In Kent, the estimate is that the number of practices hitting the target has fallen from 92% to 16%. Dr Susan Toothill, from Sevenoaks, said that her practice was on course to lose £9,000 this year. Pulse conducted a survey among GPs to assess the extent of the losses. The first 200 responses showed that one in seven GPs was considering not providing childhood vaccinations, and another 10% said that they would not chase parents who had not actively sought vaccination.

The Department of Health said that, because only two vaccines are now administered, the workload is less and the pay cut justified. It also claimed that it offered the BMA a compromise that would have involved including meningitis C vaccinations in the target, but that this was rejected.

Dr Hamish Meldrum, chairman of the BMA GP committee (GPC), denied that this was ever offered formally. The GPC argues that the MMR target should be relaxed to allow GPs to count as vaccinated those children whose parents had been counselled but still refused MMR, but the department has declined. So the negotiations are at a stalemate. Dr George Kassianos, spokesman on vaccination for the Royal College of General Practitioners, said: "There will be dire consequences, huge consequences. The department will have the biggest problem it has ever had on vaccination." This Might Hurt

- Childhood immunisation is the single most effective medical intervention
- Polio, which killed 270 people in Britain in 1955, has been eliminated here
- A practice that reaches 90% of children with MMR and the five-in-one jab gets a bonus. With MMR uptake in England at 81%, for a bonus the average GP must give 99% the five-in-one jab
- MMR uptake in London was 71.4% in 2004, making a bonus impossible for the average doctor

## PHYTOBIOPHYSICS

My pregnancy with Charlie was no problem at all - I had no morning sickness and felt wonderful, apart from some tiredness of course. Then at thirty-seven and half weeks my waters broke and my son was born 3 days later after a long and difficult birth with lots of epidural. As a newborn he had jaundice quite badly and then developed an infection in his umbilical cord which led to intravenous antibiotics at 8 days old. He was vaccinated at 8, 12 and 16 weeks. Charlie started losing weight (or at least going down on the centile scale) at 9 weeks, eczema began at about 12 weeks, bronchiolitis at 18 weeks, along with constant colic! We discovered he had a milk allergy/intolerance when we gave him formula milk for the first time at 8 months, and at 12 months old he had an anaphylactic reaction to eggs. At the age of 2 years he had developed asthma.

As you can see Charlie's early years were far from simple and he didn't sleep regularly through the night until he was 7 years old - this was thanks to phytobiophysics. This led me to study phytobiophysics and I have just recently completed my diploma in this

### **FIVE DEVELOP NERVE DISORDER AFTER RECEIVING MENINGITIS VACCINE**

<http://www.nytimes.com> 1/10/05

Five teenagers developed a serious neurological disorder within two to four weeks after receiving the vaccine Menactra, which prevents a severe and deadly form of meningitis, the Food and Drug Administration reported yesterday.

All have recovered or are recovering from the illness, Guillain-Barré syndrome, which causes weakness in the arms and legs and can spread to the chest and impair breathing. The drug agency said in a news release, "It is not yet known whether these cases were caused by the vaccine or are coincidental."

In the meantime, parents should continue to vaccinate their children, said Dr. Karen Midthun, deputy director of the drug agency's Center for Biologics Evaluation

subject. I wanted to write this article to show that there is hope with a vaccine-damaged child - though I must add that vaccines were not the only cause - but the amazing thing about phytobiophysics is that it gets to the roots of the problems.

Charlie used to wake up screaming and his arms and legs would spasm - which is not good for the nerves of anyone in the same house and even worse if you happen to be sleeping next to him, which happened a lot over the years. At an appointment I was imitating Charlie's waking actions and this gave my holistic practitioner the idea to test the polio antidote with Charlie. She knew exactly where in the brain the polio vaccine would get 'stuck' and I had to hold the bottle with the polio antidote against this place while she rested Charlie's energy with the galvanometer (the device we use in phytobiophysics for analysis and research). She could immediately see that this was where the polio was 'stuck', and so Charlie then had to take the polio antidote for a month to 6 weeks and this resulted in the spasming to stop at night, which changed all our lives enormously! He still regularly takes Flower Formula 4 for his 'active' brain to stop him

## **MPs PREPARE FOR VACCINE PAY FIGHT**

Pulse. 03/12/05

Influential MPs have pledged to take the Government to task over controversial changes to GP childhood vaccine pay. Members of the House of Commons health select committee attacked the Government's immunisation campaign for being in 'chaos' and said they would be 'massively concerned' if GPs opted out.

Committee member Mike Penning, Conservative MP for Hemel Hempstead, has this week tabled four written questions in the House of Commons on the changes, in which MMR counts for half instead of a quarter of vaccine uptake.

Mr Penning told Pulse: 'I think it's a flagrant example of where the

talking /shouting in his sleep.

Phytobiophysics produces a pack called "Childhood Harmony" which is a support programme that can be taken instead of, or as well as, orthodox vaccines, depending on your vaccine decision. On its own the programme is designed to bolster the body's health to help prevent disease occurring in the first place. When taken with the orthodox vaccines the programme will assist the body while it attempts to process the vaccines.

At the time of vaccination of my second child I did not know about phytobiophysics, but had already decided against vaccination and the vitamin K injection. However I do understand what a difficult decision it is to make so I think it's great that phytobiophysics does offer other options.

If you would like to find out more you can visit the website:  
[www.phytobiophysics.com](http://www.phytobiophysics.com)  
or telephone the Institute of Phytobiophysics on:  
**01534 738737**

I am now practicing in Chichester, West Sussex and can be contacted on 01243 771482 if you would like to discuss this subject further.

*Caroline Gibbons, November 2005.*

Government completely misunderstands how health is provided to a community.

'I also understand why GPs are going to [opt out]. This is not a charity - they have to run a business and at the same time provide the best possible cover. It seems to me the Government's immunisation programme is in chaos.'

Fellow committee member Paul Burstow, Liberal Democrat MP for Sutton and Cheam, said he hoped the matter would be raised when the committee next took evidence from the Secretary of State, Patricia Hewitt.

'If the change in the payment system results in a fall in vaccination levels that would be a serious cause for concern,' Mr Burstow said. *Editor: That's debatable!*

**WISHING YOU ALL HEALTH AND HAPPINESS FOR 2006 AND THANKS FOR YOUR CONTINUED SUPPORT!!**

## JABS PRESS RELEASE ON THE COCHRANE REVIEW

JABS PRESS RELEASE - 19/10/05

JABS believes this is a significant piece of work. Since the MMR vaccine was introduced in 1988 the Department of Health has cited many reports as being conclusive proof that the vaccine is safe and effective. It is interesting that the authors of the Cochrane Review have scrutinised 5000 related studies and in this context found the majority lacking.

Originally 5000 related articles were scrutinised and reduced to 139. These were further scrutinised and reduced again to 31 which they thought could "possibly fulfill their inclusion criteria" (page 1).

They are in fact quite critical of the methodology used in many of the main studies that are always upheld at the definitive moment to disprove any implications of the MMR vaccine and serious reactions. Three examples are as follows:

1) They quote the study by Peltola 1986

The author has publicly stated that the study was not designed to pick up cases of autism or bowel disease.

2) Another study in the review by Madsen 2005

"The interpretation by Madsen was made difficult by the unequal length of follow up for younger cohort members as well as the use of date of diagnosis rather than onset of symptoms for autism" (p.7) There could be several months before a diagnosis is sought as it is normally one of the last options to take.

3) They also use the report by Smeeth 2004

"The study was based on data from the UK's General Practice Research Database (GPRD)" (p.8)

Previously it states quite clearly that some of the data was missing in fact it says that:-

"Over the seventeen studies with clearly missing unintended-event data, four had between 11% to 20% missing (Bloom 1975; Madsen 2002; Makela 2002; Smeeth 2004) (p.6)

Other points in the review:-

"External validity of included studies was also low. Descriptions of the study populations, response rates (particularly in non-randomised studies), vaccine content and exposure (all important indicators of generalisability) were poorly and inconsistently reported" (p.9)

"Implications for research – the design and reporting of safety outcomes in MMR vaccine studies, both pre and post

marketing, need to be improved and standardised definitions of adverse effects should be adopted" (p.10)

The Cochrane Review conclusions followed by comments from JABS:

•1. There is no credible link between the MMR vaccine and any long-term disability, including Crohn's disease and autism.

•2. MMR is an important vaccine that has prevented diseases that still carry a heavy burden of death and complications where the vaccine is not used consistently.

•3. The lack of confidence in MMR has caused great damage to public health.

•4. People arguing for or against the use of any therapy need to make sure that they base their conclusions on carefully collected evidence, not just on biased opinion, speculation or suspicion."

JABS RESPONSE TO POINT 1.

a) The US Government has a National Vaccine Injury Compensation Programme and 14% of claims have been paid out to children damaged by MMR vaccination.

b) The Japanese authorities have paid out substantial compensation to parents of MMR vaccine damaged children after a successful court case in March 2004.

c) The UK Government has a Vaccine Damage Payment Unit which has paid out hundreds of thousands of pounds to children affected by childhood vaccines including MMR vaccine.

IN RESPONSE TO POINT 3.

This statement misses the point. Protecting public health is not the priority for parents. Keeping children safe from the worst aspects of the actual diseases and protecting them from potential vaccine damage is their major concern. Parents need accurate information and choices to match their circumstances. The damage to public health arises from the lack of responsibility and accountability perceived by parents when their children are damaged.

IN RESPONSE TO POINT 4.

JABS agrees with this point. The Department of Health needs to ensure that the passive surveillance system is improved. It is imperative that data on adverse events is collected accurately and investigated fully.

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## THE AGE OF AUTISM: THE AMISH ELEPHANT

<http://www.upi.com/>

By Dan Olmsted, UPI Senior Editor,  
29/10/05. A couple of brief extracts.

A specter is haunting the medical and journalism establishments of the United States: Where are the unvaccinated people with autism? That is just about the only way to explain what now appears to be a collective resistance to considering that question. And like all unanswered questions, this raises another one: Why?

What is the problem with quickly and firmly establishing that the autism rate is about the same everywhere and for everybody in the United States, vaccinated or unvaccinated? Wouldn't that stop all the scientifically illiterate chatter by parents who believe vaccinations made their children autistic? Wouldn't it put to rest concerns that - despite the removal of a mercury-containing preservative in most U.S. vaccines - hundreds of millions of children in the developing world are possibly at risk if that preservative is in fact linked to autism?

Calling this issue The Amish Elephant reflects reporting earlier this year in Age of Autism that the largely unvaccinated Amish may have a relatively low rate of autism. That apparent dissimilarity is, in effect, a proverbial elephant in the living room - studiously ignored by people who don't want to deal with it and don't believe they will have to.....

....The latest response to my pesky persistence comes not from academia or government but from my own profession. Last week the prestigious Columbia Journalism Review published an article whose main thrust -- with which I concur -- was that a vigorous debate over a possible link between vaccines and autism was being thwarted by the self-induced timidity of the press. Some reporters told the author, Daniel Schulman, that they have basically given up on the story because the criticism -- some of it from their own editors -- was so fierce, and the story was so complicated.

Editor: Very little vaccination = very little autism, this is a significant observation. So why the lack of enthusiasm to study further by 'health' departments??

# VACCINATION POLICY - LETTER TO THE W.H.O.

Dr Jong-wook Lee  
Director General - WHO  
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Switzerland  
17 Novembre 2005  
By fax (+ 41 22 791 3111) and postal  
mail

Vaccination policy

Dear Dr Lee,

Further to the universal campaign of vaccination against hepatitis B launched in France in Sept 1994 upon the recommendations of the WHO, a criminal inquiry has been opened on demand of the relatives of people, some of them children, who died after being immunized; having been commissioned as a medical expert witness by the French Judge, I have spent thousands of hours on this subject, and had access to dozens of confidential documents. Although my reports are still secret by Court Order, a number of my findings were leaked after being transmitted to the litigants; in addition, the arrogance and impunity of the experts involved has been such that it is possible to find a significant echo of my observations in published data.

In Feb 2004, I read a correspondence by an Indian colleague, Dr J. Puliyeel (Lancet 2004; 363: 659), on the fallacies of the data spread by the WHO about the epidemiology of hepatitis B in his country. Although not well informed about the health situation in India, I was struck by the fact that the mechanisms of the deception as described by Dr Puliyeel (gross exaggerations, lack of references, inappropriate extrapolations) were exactly comparable to those I observed in my own country - and of course with the same results: a plea of "experts" to include hepatitis B vaccination in the national vaccination program, in spite of its cost and, I may add, of its unprecedented toxicity.

I am now informed that recently Dr Puliyeel has written to you in order to ask for an independent inquiry "to examine the issue of WHO promoting Hepatitis B vaccination in India"; as an expert having a thorough knowledge of this issue in spite of the terrible

pressures from the manufacturers (which is indeed a clear admission of the relevance of my investigations), I take the liberty of informing you that I fully support Dr Puliyeel's request. It is blatant that in the promotion of the hepatitis B vaccination, the WHO has never been more than a screen for an undue commercial promotion, in particular via the Viral Hepatitis Prevention Board (VHPB), created, sponsored and infiltrated by the manufacturers (Scrip n° 2288, p. 22). In Sept 1998, while the dreadful hazards of the campaign had been given media coverage in France, the VHPB met an panel of "experts", the reassuring conclusions of which were extensively announced as reflecting the WHO's position: yet some of the participants in this panel had no more "expertise" than that of being employees of the manufacturers, and the vested interests of the rest did not receive any attention.

Even more damning: in an interview published in a widely diffused French journal (Sciences et Avenir, Jan 1997: 27), Beecham's business manager claimed with outrageous cynicism "We started increasing the awareness of the European Experts of the World Health Organization (WHO) about Hepatitis B in 1988. From then to 1991, we financed epidemiological studies on the subject to create a scientific consensus about hepatitis being a major public health problem. We were successful because in 1991, WHO published new recommendations about hepatitis B vaccination." It is sad news for people everywhere in the world that the WHO's experts needs manufacturers' salesmen to become aware of significant health problems. As a complementary check, you may be interested to learn that I was personally informed by the journalist responsible for this interview that the manufacturer did its best to prevent the publication of this stunning confession.

Dr Puliyeel's request occurs in the context of another scandal involving WHO, that of the avian flu. It is quite easy to reconstruct that, under the lame pretext of increasing the manufacturing

potential, the manufacturers managed to induce the WHO's experts to recommend flu vaccination, whereas it is plain that this immunization would have no protecting effect against avian flu. In both situations, the trick was the same: to create a false alarm (about the inefficiency of targeted vaccination in the case of hepatitis B, about the necessity of increasing the manufacturing process in the case of avian flu), and to induce the WHO to plea for measures based upon misleading recommendations towards lay people (that everybody was at risk of hepatitis B in the former case, that flu vaccination could be useful in the case of avian flu).

As a result experts are currently challenging the WHO on the fact that deporting a veterinarian issue to a medical one prevented national agencies from taking appropriate measures concerning animals which, most probably, would have been far more efficient in limiting the spread of epidemics. In addition, it is sufficient to consider the figures of fatal reports following flu vaccination (Scrip n° 3101, p. 6) and to have a minimum of familiarity with the problem of underreporting, to understand that up till now irresponsible vaccination against flu has killed far more people than avian flu.

In conclusion, I strongly support Dr Puliyeel's request for an independent inquiry about the process leading the WHO to recommend measures too favourable to drug makers interests, even when they are scientifically irrelevant. And I do hope that the above mentioned elements make it clear that the credibility of your organisation is highly dependent on an inquiry which differentiates between world health interests and those of WHO's experts. Sincerely,

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*Editor: If more doctors followed the example of this doctor in challenging the status quo, things could change overnight!!*

# THE LOST HISTORY OF MEDICINE

Text taken from [www.mnwelldir.org](http://www.mnwelldir.org)  
Wellness Directory of Minnesota  
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One of the best books ever to have been recommended to me is called *Sick and Tired?: Reclaim Your Inner Terrain*, by Dr Robert Young (no relationship to the actor) and his wife, Shelly. I recommend this book more than any other we've ever touched upon at this web site. And I'll tell you why as I go along here.

I've always had suspicions that, no matter what our research here has uncovered, there was still something missing. All too often we'd come across something that has no historical perspective. Take Roy Rife: his work came, it would seem, from nowhere, and after his research was destroyed, it went nowhere. Then there is Gaston Naessens. We've talked about his cure for cancer called 714X, but his work with somatids, again, had no apparent historical perspective. His discovery comes from nowhere, and goes nowhere as medicine refused to accept his theories, even though they are well documented with slides, movies, and even a multimedia show.

With the discovery of *Sick and Tired*, I finally discovered the missing link. Dr Young shows us a history that has been wiped out of our medical texts and wiped out for a good reason. If we were to acknowledge these lost discoveries, everything we know about medicine today would topple.

It is our intention to display for you objective scientific research that has been ignored, covered up, and abandoned by those who profit from your being ill. Despite a system that treats symptoms only, kills 3 to 6 thousand people weekly, cures one thing only to cause another, conventional medicine is still very popular. Why? Because it is based upon religious tenets and not upon science. (See *Modern Medicine: The New World Religion*) And, as we'll mention once more in this newsletter, modern conventional medicine is popular because it works instantly; you take a pill, and the pain is gone. How much more wonderful could that be?

## THE GERM THEORY

Everyone has heard of Louis Pasteur. He is considered the father of the Germ Theory of Medicine and he invented the process of pasteurization. Despite the

simple fact that the Germ Theory of Medicine was at least a hundred years older than Pasteur, his experiments that supposedly "proved" this theory have established him as a cornerstone in modern medical history.

Too bad much of his work was plagiarized and totally unscientific. What most of us don't know about Pasteur is that throughout his career, he too often doubted his assumptions. On his death bed, he even recanted saying the Germ Theory was all wrong: "It's the terrain, not the germ."

But did we hear his last words? No. Was he speaking of the immune system? If we have a strong immune system, the germ doesn't matter, does it?

Wrong, he was not speaking of the immune system. As Dr Young points out in *Sick and Tired*, the immune system's function of fighting off germs is its secondary job. If you're immune system is battling off bugs, you're driving on a "spare tire," according to the good doctor.

## THE TERRAIN

What exactly is a healthy terrain? Dr Young's book introduced me to Antoine Béchamp. I looked him up on the web and read one of his books published there. Amazing stuff. You won't find Béchamp's name in the history of medicine. He and his work have been expurgated. When he died, his accomplishments were listed in a journal. They took up seven pages. Some of the things we attribute to Pasteur were actually accomplished by Béchamp. Even though Béchamp was a scientist, his work is very easy to read. Scientists hadn't yet developed their Latin/Greek lingo that would keep the average person on the sidelines looking in.

The first thing I read by him was a study on cats. One group was fed cooked foods and the other was fed raw foods. The raw foods group were much healthier than the group fed cooked foods. By the third generation, the young of the cooked foods group (also getting cooked foods) did not survive into adulthood. Is there any wonder why the Cancer Diet is 70% live foods?

Now Béchamp was a critic of Pasteur's. Pasteur hated Béchamp, mainly because Béchamp was constantly finding fault in Pasteur's work. For instance, Pasteur's experiments that "proved" his germ theory were less than

scientific, according to Béchamp. Pasteur had injected healthy animals with the blood of a sick animal. The healthy animals got sick.

First off do I need to point out that we do not catch germs in this fashion? I mean, if I had to get an injection to catch a cold, I'd never catch one.

Secondly, there are too many variables in a syringe full of a sick animal's blood to "prove" that the germs in the blood are making the experimental animal sick. Béchamp made the obvious observation that Pasteur was poisoning the blood of the experimental animal.

Claude Bernard was also a contemporary of Pasteur's. On Pasteur's deathbed, he admitted that Bernard was right and that he, Pasteur, was wrong (though he never mentioned his nemesis Béchamp).

Bernard is considered the Father of Experimental medicine today. He was a physiologist. However, his greatest achievements are entirely overlooked today. Let me give you one example of this man's assertions. Amidst a group of physicians and scientists, Claude Bernard made the statement: "The terrain is everything; the germ is nothing," and then drank down a glass of water filled with cholera. There are not many scientists who are willing to risk their lives on a theory. This we know. Claude Bernard has few equals in the history of medicine.

## GERMS DO NOT CAUSE DISEASE

The most telling "concept" that has ever crossed my desk is the quotation Dr Young uses right at the beginning of his book, *Sick and Tired*: 'If I could live my life over again, I would devote it to proving that germs seek their natural habitat—diseased tissue—rather than being the cause of the diseased tissue; e.g., mosquitoes seek the stagnant water, but do not cause the pool to become stagnant.' - Rudolph Virchow (Father of Pathology).

Do you understand the importance of this? When I read this quotation for the first time, it hit me like a brick. I've always known the terrain was the key, but I had always thought of the terrain as the immune system. I had had no idea that the proper terrain alone was, by itself, enough for perfect health. Nor had it ever occurred to me that the immune system was merely a backup system that took over when the terrain failed.

So, Béchamp was, in effect, telling Pasteur that his experiments proved



nothing because it poisoned the experimental animal's terrain, hence allowing the germs to attack the diseased tissues caused by the poisoning.

Before we go any further, we need to know this... Take a banana and place it on a counter next to a piece of cheese. Place a glass over the cheese so it doesn't dry out too quickly. Now watch them both over the over the next few days. What do you think will happen? The banana starts to turn black and the cheese begins to mold. They go bad. They rot. Now slice open the cheese. Inside, no mold. Slice open the banana. It's rotten inside. Smell the banana and you'll smell a hint of alcohol. It's fermenting. Something that perhaps only a few of you already knew is: The cheese molds from the outside in, but the banana rots from the inside out. The banana was alive. The cheese is not alive. Every living thing comes equipped with it's own janitorial service that goes to work when it dies. They are programmed to clean up the mess our dead bodies leave behind. This is a VERY important concept for us to know and remember, always.

#### HEALTHY TERRAIN

So what is healthy terrain? Béchamp began to describe it nearly two hundred years ago, but Claude Bernard finally put it this way. It consists of two internal factors:

1. Alkalinity
  2. Negative Electrical Charge
- Contributing to a healthy terrain are two factors, according to Bernard:
1. Nutrition
  2. Toxins

One must have proper nutrition and be free of toxins to maintain a healthy terrain. More recent studies add one more factor contributing to a healthy terrain: Emotions/Mental Health.

In our last newsletter we touched upon psychoneuroimmunology with a small test that you can take on your own. The higher the score, the greater your chances of getting sick. Why? Well, the higher the score, the greater your acidity/the less your alkalinity. There is an emotional side to our terrain. You can do everything the books tell you to keep your body alkaline, but if you have unchecked emotional issues, you will still be acidic. This is the body/mind connection, or as someone put it: emotional toxicity. We live in a toxic society. Our food, water, air is poisoned. Additionally, we are poisoning ourselves with drugs, alcohol, smoke, and even the way we

cook our foods (*barbecuing, microwaving*). Nearly every drug your doctor gives you causes your body to become acidic. Every can of pop, every cup of coffee, every teaspoon of sugar, every piece of chicken, steak, or fish you consume causes your body to become acidic.

#### THE CLEAN-UP CREW WITHIN

Béchamp theorized that there was a particle of life in us, the smallest living thing on the planet, called a microzyma. It is a plant. Scientists previous to Béchamp had seen these little "molecular granulations" but had no idea what they were. Gaston Naessens discovered somatids. Are they the same thing? I think so. Many think so. The newer powerful dark field microscopes allow doctors and scientists to view living tissues.

The microzymas are part of the clean-up crew that lives within all of us. Now, one place where modern medicine is completely off track is in our standard blood tests. They take blood, stain it, freeze it, and examine it.

Blood is alive. It is not a liquid, but a mobile tissue (Béchamp was the first to describe blood thus). The things in our blood are alive. And one thing modern medicine does not accept is that something like a bacterium can change into a yeast that can turn into a fungus that can turn into a mold. We've talked about this in previous newsletters; it is called pleomorphism. Pleo meaning many and morph meaning form or body. Gaston Naessens has thoroughly documented the life cycle of his somatids. As we published in our Cancer Edition of the Wellness Directory of Minnesota, Naessens discovered that his somatids are nearly indestructible. They resisted blasts of radiation, temperatures up to 392 degrees, and laughed at the strongest acids. Naessens mapped the somatid's (or microzyma's) pleomorphic life cycle. Others have documented the pleomorphic changes in bacteria, viruses, yeasts, molds and fungi. Dr Young, the author of Sick and Tired has watched these tiny creatures change from one to another under a dark field microscope. He has even seen a red blood cell turn into a bacterium and then back into a red blood cell. Yet it might take 100 more years for medical science recognize this fact. You will see why shortly.

#### TRUE DEFINITION OF DISEASE

When does disease begin? In our culture, disease begins at the onset of symptoms. In Chinese medicine, disease

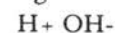
begins much earlier. However, with the theories of Béchamp followed by the scientific and verifiable research of Professor Gunter Enderlein (who basically proved all the theories of Béchamp), we now have a new definition of disease.

Disease begins when our alkaline tissues turn acidic and when our negative energy charge turns positive. This is the beginning of disease.

Perhaps we should be quoting Dr Arthur C Guyton MD who wrote the Textbook of Medical Physiology (once used in most medical schools): The first steps in maintaining health is to alkalize the body ( pH or acid/alkaline balance). This is one of the most important aspects of homeostasis. Changes in pH alter virtually all body functions. The cells of a healthy body are alkaline while the cells of a diseased body are below a pH of 7.0. The more acidic the cell, the sicker we become. If the body cannot alkalize the cells they will become acidic and thus, disease sets in. Our bodies produce acid as a by-product of normal metabolism. Since our bodies do not manufacture alkalinity, we must supply the alkalinity from an outside source to keep us from becoming acidic and dying.

#### A LITTLE CHEMISTRY

Water is one oxygen molecule connected to two hydrogen molecules. If you break the water molecule apart, you have one hydrogen on one side and an oxygen and hydrogen on the other.



The singular hydrogen is acidic with a positive charge. The hydroxyl (OH) is alkaline with a negative charge. Together they are neutral.

A pH of 2 is extremely acidic. A pH of 11 is very alkaline. It's just a number; don't let it confuse you. I do like to refer to pH as Potential for Hydrogen. Dunno why, it's how I learned it. But I have also learned that the more hydrogen in a solution the more acidic that solution, and the more oxygen the more alkaline. Alkalinity means oxygen. We need oxygen to survive. We need oxygen to maintain an alkaline environment. Life is oxygen. Oxygen is life.

In the past we have mentioned that bacteria, yeast, cancer, and viruses (just to name a few) survive without oxygen. They are said to have an anaerobic (without oxygen) existence. They metabolize without oxygen, just like fermentation. Fermentation produces

alcohol (as one of its waste products) and many more wastes known as mycotoxins (that further corrupt our environment). Remember the smell of the banana? When we become acidic, our immune systems attempt to bring us back into order and balance, or homeostasis. Our immune system is, first, a clean-up crew, and second a juggling artist on a tight-rope focused only on balance. Our immune system's first job is to clean up the dead cells we slough off. Billions are lost daily. In just seven years, our entire body has been replaced with new cells. This is the immune system's first and foremost job.

If we get out of balance, then our juggling artist on a tightrope tries to re-balance the system. This is a secondary job. However, if we are really, really sick and begin to get attacked by outside invaders, then this overworked immune system has to try to fend them off. This is our immune system's backup job. As Dr Young points out, when this happens, we're riding on one of those tiny spare tires found in our trunks.

Disease begins when our bodies turn acidic. Now, it is important to note that acid means lack of oxygen and that bacteria and germs and fungus all survive without oxygen. Because I'm about to tell you something that will knock your sox off.

Remember that clean-up crew we're all born with inside? The clean-up crew that ate the banana from the inside out? When we turn acidic (lose our oxygen and our negative charge), the clean-up crew goes to work, *BECAUSE IT THINKS WE ARE DEAD*. This is where the first symptoms of illness show up, but you have to be looking for them. The Chinese use smell and taste, and the shapes of fingernails, and all sorts of things to discover what's going on here. Westerners need live blood analysis.

We talked about candida in our last newsletter. Candida is part of the clean-up crew. As this yeast turns into a fungus, it spreads its thin mycelia throughout our bodies attacking other organs. The clean-up crew produces wastes called mycotoxins. One of the wastes is uric acid, another is alcohol, and yet another is aflatoxin, one of the most potent carcinogens known. Our liver starts producing more cholesterol to help clean up these mycotoxins. Take Lipitor™ and all you'll do is allow the mycotoxins to create more and more damage to organs

and blood vessels.

Now you know why modern medicine has ignored years of research and scientific findings. Drugs cannot heal a sick terrain. Only nutrition and detoxication programs can heal our terrain. Do we need modern medicine? You bet we do! Our bodies are so far out of alignment that all too often we need something to save our lives. The problem is, after having our life saved, we continue on our way as if we are totally healed when all we've been given is a short (very short) reprieve. The body is still acidic. We are still sick.

#### SECONDARY ILLNESS

Remember Rudolf Virchow's quotation? Once our system is acidic, and once the clean-up crew kicks in, we start to get diseased tissues. Once we have diseased tissues, outside germs can find a favorable environment in which to grow. They produce the secondary illnesses we, in this modern culture, call illness or disease. As amazing as it can seem, germs are attracted to the diseased tissues, they are not the primary cause of it. But what about cancer? How does cancer fit into this picture? First off, Dr Young points to a study from the University of Minnesota Medical School that every cancer patient ever tested has been found to have candida in their blood stream. They also noted, almost as an aside, that candida wasn't responsive to drug therapy. I can assure you that long before a person has cancer, that person has a systemic yeast problem. It just hasn't surfaced. The mycotoxins released by a yeast/fungal infection cause the body to become even more acidic (with even less oxygen).

Otto Warburg won the Nobel Prize for describing how cancer metabolizes. He said that cells once thriving on oxygen suddenly become anaerobic. If you were a cell, and you were deprived of oxygen (by an acidic environment) how would you survive? Wouldn't you try to change your method of metabolism to one that did not require oxygen?

Cancer could very well be our bodies trying to survive the conditions we've allowed them to deteriorate to. Perhaps a better way of putting this is: Cancer is the result of your cells trying to survive a condition that you won't.

#### SYMPTOMS OF ACIDOSIS

Since the first step in the disease process occurs when our alkaline terrain turns acidic, it follows that acidosis is the

number one disease in human beings. If so, then why don't our medical community test for it? Again, why test for something that pharmaceuticals or surgery cannot repair?

From Dr Cochran (mostly, but also from many others), a naturopath from St Paul, Minnesota, we learned the symptoms of the three stages of acidosis. The symptoms of the first stage of acidosis are so common that most people simply take a pain killer or some over the counter medication to mask the symptoms: headaches, food allergies, bloating, acne, panic attacks, lack of energy, lack of sex drive, cold hands and feet, agitation, hard to sleep, hard to get up, sinus headaches, and an increased susceptibility to colds and flu and whatever's going around.

The symptoms in phase two might bring you to a doctor, but still, some just self-medicate: cold sores, hives, depression, migraines, asthma, urinary tract infections, fungal infections, yeast infections, swelling, colitis, tingling, excessive falling hair, osteoarthritis, and atherosclerosis.

If you have toenail fungus, then take note that this fungal infection goes much further than just under your toenails. It is all over your body. And no drug (diflucan) will end it, though it might clear up symptoms for a while.

The final stages of acidosis are chronic, debilitating diseases: Crohn's disease, multiple sclerosis, leukemia, all cancers, Hodgkin's disease, schizophrenia, lupus, rheumatoid arthritis, and tuberculosis just to name a few.

#### HEART DISEASE & ALKALINITY

From a lecture by Scientist/Nutritionist Dr Fred Kaufman we get the following quotation:

"Why is it just the arteries around the heart that get clogged and not the other veins and capillaries? Because wherever there is a muscle producing energy there's always a by-product of lactic acid or waste....as you know any kind of acid can burn....this lactic acid burns holes in the arteries and the liver uses cholesterol to patch those holes. Because heart is a muscle that continually produces lactic acid. The more acidic your blood is the more clogged your arteries are."

This is why our omega-3 Essential Fatty Acids are so important to heart health. They cut the production of lactic acid. As Johanna Budwig discovered, these oils are highly charged (negatively) and if bio-available, they keep our bodies

negatively charged and alkaline.

#### SUMMARY

There you have it. Our medical and scientific communities have sold out to the profiteers and have erased one huge chunk of science (scientific fact) from our history. You stay sick; they stay rich. And sadly, they're in this too. They too are sick for having overlooked this bit of information. Is there anyone who doesn't now understand why we, Americans, pay more for medical care than any other people on the planet yet our health care system is ranked 24th?

I highly recommend Dr Young's book. It is an eye opener. He also has a wonderful web site

[www.beaphmiracle.com/index.html](http://www.beaphmiracle.com/index.html)

There are things that I found in Dr Young's book that I disagree with. Mainly a few of his nutritional beliefs. They seemed a little off the mark, at least from our nutritional research. I was also reading another book at the same time called *Alkalize or Die* by Dr Theodore A Baroody. The nutritional advice in this other book seems to be more realistic. But then again, even some of the things he says in *Alkalize or Die* concerning heart disease don't jive with our findings on heart disease. This is to be expected. What we know today in the sciences is still very little compared to what we will know ten, twenty, thirty years from now. Learning is an endless, but joyful journey.

So now, let us focus on returning our bodies to their alkaline and negatively charged state.

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## UNDERSTAND YOUR SYMPTOMS

By Patrick Quanten MD, Oct 2003.

"What are your symptoms?" is a common opening question of a doctor's consultation. It has always amazed me that we all seem to know what the doctor means. "Symptoms" is not an every day word, and yet it looks as if it has become a much-used one in common language. What does it mean and how can we improve our understanding of the symptoms we experience?

The definition of the word symptom is quite interesting in itself. It means: any sensation or change in bodily function, experienced by a patient, that is associated with a particular disease. Why is this interesting?

A symptom, per definition, has to relate to a "bodily function". This means that emotional disturbances or psychological problems are not symptoms. This explains why problems such as depression, paranoia or hallucinations are seen by the medical profession to stem from malfunctions in the brain. The change or sensation can only be called a symptom when experienced by a "patient". And a patient is a person who is receiving medical care. So, any change a person observes when he is not being seen or treated by a doctor is not a symptom. This explains why the medical profession cannot take any notice of changes observed by other health practitioners such as iridologists, chiropractors or aura readers. The change or sensation has to be associated with a "particular disease". When the change observed has not been written up as part of a known disease, it is not a symptom. This explains why it took so long for the medical profession to recognise the symptoms of ME, as the disease itself had not been recognised.

And why would the doctor be so interested in your symptoms? Symptoms - what you feel, when you feel it, how it feels - all may contain clues as to what is causing you to feel this way. It is the doctor's task to figure out just that. His knowledge will throw up some general pointers when certain buttons are pushed. These buttons, the symptoms, are wired to a list of diseases, which will then label the patient.

Certain phrases are linked to probable causes of problems. "... like a tight band around the chest" or "pain in my left arm" light up the words heart attack in the doctors brain. On the other hand, if there is no immediate light that comes on, he will try and help you to press the

right button. When you complain about a lack of energy, he is likely to question you further, an indication his lights have not come on yet! "Do you sleep well?", "How's your appetite?", "Do you manage your work normally?", "Do you have dizzy-spells?", "Are you breathless?" When you manage to find at least one deviation from normal amongst these, the doctor will be a lot happier as this relates to something he knows something about. If not, he is likely to organise some general tests hoping that he can then prove to you that there is nothing wrong.

In the medical context, a symptom is a static change of one or more bodily functions in the sense that it either is or isn't. One either has the symptom or one hasn't. It is not permitted to be ambiguous about this. If you are not quite sure then you haven't got the symptom!

Also, symptoms can only relate to diseases via a bodily connection. The disease is a malfunctioning of a body part, and the change in this function directly manifests as the symptom. If that direct connection has not been found or is not being recognised, then the symptom cannot be caused by that particular malfunctioning part. In this way the bunion on your big toe can never be a symptom of a subluxation of a vertebra, and neither can your arthritis be caused by a chronic gut problem.

A symptom is only a symptom if it leads directly to a recognised disease via a recognised pathway! (in medical terms) And that's fine with me, except that we are only allowed to use one list of diseases and their pathways. One religion based on one bible.

And that's fine with me, except that all other religions are outlawed. And that's fine with me, except that we are told we are lucky to live in a free society! What happens when we go underground and we read other bibles? What happens when we find out other ways of describing disease and symptoms?

#### SYMPTOMS ARE DYNAMIC

Here is a strange thing: vomiting is a sign of poisoning, but it is also used as a therapy to combat disease. How can such an obvious "malfunction" be good for you?

Well, I do remember my mother saying: If something has upset your system, you'll feel a lot better once it has come out. In other words, you go right

ahead and vomit, because you will be a great deal healthier afterwards!

And you know what else she used to do? When we had a sore throat or a bad cold, she would give us hot drinks (even hot red wine with herbs), rubbed the chest in with Vick, wrapped us in a hot towel and send us to bed with two duvets (or the equivalent). You'll feel a lot better once you have sweated it out. Increase your temperature when you have a fever and you will recover so much quicker! Makes sense? Not any longer, but it did for many thousands of years, and not only here but right across the globe. Why?

The short answer is because symptoms are dynamic; they express more than just one thing.

Remember the direct line leading from disease to body part dysfunction to symptom. You can also draw a direct line between disease and health whereby the line represents a decline in health and a balance shift towards disease. When this happens, at some point on this line, somewhere between health and disease the symptom will appear.

The symptom we observe is a mere point in time; a point somewhere between the time of our healthy state and the time of a total diseased state. The symptom by itself only expresses that point, but it tells us nothing about how we got there or where we are going from here. The doctor identifies the symptom, the point in time between total disease and health, as the disease itself and will proceed to treat the malfunction of the body part.

But what happens if we just step back a little and see where we were before we arrived at the point of the symptom and where we are likely to be going next? When a poison is ingested, giving us the symptom of feeling extremely sick and ill, there are two ways forward. Either we retain the poison and it will take the body a long time to "make it safe" as the poison remains within the body and it will be more likely to contribute to "poison" the system eventually. Or, we vomit and remove the great majority of poison from our system, allowing a speedy recovery and reducing dramatically the long-term negative effects of stored poison.

When the body raises its temperature it might be because it is fighting an infection. When the infection is massive, the rise in temperature may become life-threatening as the body struggles to contain and overcome the problem. This leads to increasing illness. When the

infection is minor, the bodily response will also be to raise the temperature, which now is effective in overcoming the disease (higher temperature reduces the survival time of bacteria) and generally will lead us back to health.

These examples show clearly that the snapshot in time, the occurrence of a symptom, tells us nothing about where the body is going next. In order to understand whether the symptom is going to lead to more disease or is going to get us better, we need to comprehend the place the symptom takes within a time scale. What happened before is important, as well as observing the symptom change in time, combined with other signs and symptoms. Someone who is vomiting violently but otherwise doesn't feel very ill, is on his way up. Guaranteed!

Rather than isolating the symptom and regarding the symptom as the disease we could view the symptom as a sign sent out from the body to grab our attention. Something is not right, something has occurred that has upset or is upsetting the balance of the system, and it needs addressing. Putting the symptom in the right time frame and observing how it develops will tell us whether the body's own reaction to the problem is going to be enough to rectify the problem or whether it needs help. Help means help, not obstruction.

If it was left up to you and I to decide all the particular changes that are required for the body to throw off an infection, we would never ever manage the complicated and intricate body functions. This would result in a cacophony of muddled responses. Luckily the body knows exactly what to do and how to do it, and I would suggest that you stick with that. That is, if you want to regain your health. Obstructing the natural healing process will slow down the recovery dramatically and may even lead to further damage if the process has been halted all together. The body may need two kinds of help.

One is to leave it alone, and not to interfere with what it is trying to do. If it wants to vomit, then let it! And two is, when the body is struggling to mobilise enough force, enough power, to overcome the problem, we can help by adding the same things the body is already using. When a fever is required, we add heat to the body; when rest is required, we rest the body and the digestive system; when a cleaning process is in progress, we stimulate with bitters and astringent herbs.

Supporting the body has to be done within the limits of the body's own strength. A strong constitution and a generally healthy person can be stimulated much more than a weak frail old person. One has to remember that one can only use the available strength and energy of the body in order to rectify the problem. Artificial means, even used properly, will only add some extra power for a short period of time and usually will deplete the body's reserves even quicker. Follow the body's lead and go as fast or as slow as the body can take. Stay in tune with the process, do not view all symptoms as definite diseases.

#### SYMPTOMS ARE MULTI-CAUSAL

A painful joint in an adult is, in the absence of any kind of recent injury, said to be a symptom of arthritis. Yet, X-rays and nowadays much more sophisticated imaging, more often than not fail to reveal any kind of arthritic damage to that joint. The conclusion is that the disease is in its early stages, but be patient and wait long enough so that the diagnosis will be confirmed as you develop a full-blown arthritic syndrome. Arthritis is per definition an inflammation of a joint. The symptoms of inflammation are: pain, swelling, redness and heat. Yet, many "arthritic" joints fail to display these symptoms and are definitely cold, pale and hardly swollen at all. The sole reason for classifying these joints as arthritic is that they are painful. Or maybe they are just stiff? Ah well, stiffness causes discomfort and that comes under the pain heading, so it must be arthritis!

All diagnosed arthritic joints are treated with anti-inflammatories, even though most "arthritic" joints do not display any inflammation symptoms. The main failure of the medical system in this instance is the inability to consider a single symptom to be caused by a wide variety of problems, or even more accurately, for a wide variety of problems to have contributed to the symptom before you. As far as the diagnosis arthritis is concerned we can cite subluxations of vertebra and pelvis, chronic muscular spasm of muscles around the affected joint, falls and accidents going back many years, toxicity of the body, chronic lack of use of the muscles and joints affected, and lack of heat and oil in the diet. And these are just a few frequently occurring contributing factors.

From the short list above we can immediately see that, apart from the accidents, all other "causes" of arthritis

are easily dealt with, which makes arthritis an almost entirely avoidable problem. This is in sharp contrast with the statistics and the amount of suffering caused by the problem in this day and age.

Similarly, the cause of an infection is not the bacteria or the virus that is isolated from the infection site. We know that almost all known germs are also known to be either totally ineffective in infecting a healthy person, or they are known to be essential for a normal working body (friendly bacteria). This poses the very important question: What turns a friendly bacteria into a killing machine?

Science has known for a very long time that bacteria, viruses, fungi and the like, only grow in certain circumstances. Change the environment and a certain lot will die off, whilst another set will grow. In laboratory conditions, they know that if they choose the wrong environment they will not grow the bacteria they are looking for, even when they are present in the specimen. It is specifically this knowledge that somehow gets forgotten when we transpose the Petri dish for a human organ.

The cause of an infection always lies in the environment in which the bacteria, virus or fungus grows. Growth of the germ depends on the ground it feeds on. Healthy tissue and organs may have bacteria, viruses or fungi growing on them without harming them, in effect helping them to remain healthy and perform the task the organ is supposed to carry out. The best known example of this is our digestive system, which is full of a variety of germs. Given the right circumstances, the balance between all of them will ensure a perfectly operating digestion and absorption of all food items. This balance will occur naturally for as long as all the tissues within the stomach and gut are perfectly healthy. Once these tissues, all or in parts, start to change, to deteriorate, other germs will emerge and the function of the organ will be greatly disturbed.

This means that "having an infection" is a symptom telling us that the health of the underlying tissue has changed and the body has reacted by growing different germs, thus affecting the function of the organ, in an effort to clean the tissue up. Pus and debris are a regular occurrence in a state of infection, and noting that the living bacteria on healthy tissue do not produce pus, one has to ask the question: Where does the pus come from?

Well, we now know that the tissue, which became "infected", was no longer healthy. Rotting tissue produces debris in the same way that rotting fruit disintegrates and ferments, leaving a soggy mess on the table top. So, the pus is actually disintegrating organ tissue and the bacteria growing on it help to break the debris down and clean up the mess, in the same way that, if you left the rotting fruit for long enough the mess would gradually dry out and drastically reduce in volume and all you would be left with is a very small, dried up, clean sediment.

If we then want to know what the symptom of infection is telling us, we will have to say that the main message is: healthy tissue has gone rotten. What has caused this deterioration in the health status of the tissue or the organ? And it is here that the symptom, once again, shows a great variety of negative influences, all contributing towards the demise of the natural environment. All kinds of poisons play a major part, whether they have accumulated from food, water, or air, or from vibrational "poisons", such as unnatural radiation. Chronic mis-management of the organ's functions is another common problem. This can occur because the nervous system's access to the organ has been interfered with ("pinched" nerves, vertebral subluxations), or because of the nervous system's unbalanced use of the resources within the organ (depression, stress, fear).

Similar reasoning shows us the variety of possible causes behind all symptoms and consequently behind all diseases. No two people with the same symptoms, or the same diagnosed disease, will have the same reasons, in the same proportion, for having the symptom or the disease. It follows that no standardisation of treatment will ever ensure a cure for everybody. The only way to secure a 100% cure-rate is for everybody to understand what is causing their particular problem and then for that particular individual to make the necessary changes to ensure the tissues return to health. A symptom can be an expression of a wide variety of problems. What we can say is that a symptom is always an expression of a problem.

#### SIMPLE CONCLUSIONS

No symptom occurs as a result of a single influence; there are many pathways resulting in the same symptom. No symptom or set of symptoms relates to one particular disease pattern.

A symptom is an expression through

bodily functions of a problem within the body-mind-spirit of the individual. It is a message that expresses a difficulty within the system. Any kind of "sensation" is a message. We are not consciously aware of any of our normal internal bodily functions. This only happens when a "change" occurs. This change may indicate a "forgotten" long-standing struggle that has been covered up for a long time, in which case this state had become accepted as "normal", or it may be a straightforward change from normal.

Symptoms occur all the time, without you being a patient and without you receiving medical care. Listening and responding to symptoms will allow you to maintain a dynamic health balance which will safeguard you against becoming a patient and which will ensure you will not need any medical care. Early symptoms are early warning signs, indicating minor problems. Rectification of minor problems within the system prevents anything major going wrong all together.

Understanding your symptoms is a lot easier than trying to comprehend the disease patterns described in the medical literature. Persistent ignoring of simple symptoms ensures complex combinations of deviations from a healthy status; hence, the complexity of medical pathology and disease definitions. Understanding your symptoms is as simple as learning that shivering means coldness. Treatment involves either putting on a coat, or sitting in front of the fire. If you wait until you have pneumonia, putting on a coat will not bring back your health.

If your skin is dry, you need more oil. If you are nauseated (feel sick), you need to stop eating, and maybe in the long run review your eating habits. If your tummy is full of gases you are fermenting your food, not digesting it, and you need to review your dietary habits. If you have an overproduction of mucus, resulting in sinus or asthmatic problems, you are too heavy and/or too cold; you need to "evaporate" the excess water.

After all the money and effort this society has invested in "disease-care", it is hard to believe that simplicity is the name of the game in symptom understanding. Are you up for it, or do you feel safer sticking with the failings of a familiar health care system?

To read more of Dr Quanten's articles visit his website:

[www.activehealthcare.co.uk](http://www.activehealthcare.co.uk)

# NEW BIOLOGY

Since hearing the recent lectures given by Dr Quanten I became interested in more knowledge on the 'energetics' of life. Dr Quanten had emphasised how our perceptions/thoughts can have an effect on our physical well-being and so I was very pleased to come across the research by Bruce Lipton, and was excited by a 2-hour lecture (DVD) by him which details his findings.

The following extracts are from his website: [www.brucelipton.com](http://www.brucelipton.com) under the heading of *New Biology*. In his lecture Bruce Lipton presents a very interesting and understandable stance on how our cells are affected by our thoughts, and he challenges many assumptions that modern day science still work with. I would highly recommend you to look into this further!! To obtain a copy of the DVD, or find out more details of publications please contact Patrick Houser on: 01892 890614 or email to: [patrick@sourcebreath.com](mailto:patrick@sourcebreath.com)

## The New Biology

### - Where Mind & Matter Meet

*Extracts:* Recent advances in cellular science are heralding an important evolutionary turning point. For almost fifty years we have held the illusion that our health and fate were preprogrammed in our genes, a concept referred to as genetic determinacy. Though mass consciousness is currently imbued with the belief that the character of one's life is genetically predetermined, a radically new understanding is unfolding at the leading edge of science. Cellular biologists now recognize that the environment (external universe and internal-physiology), and more importantly, our perception of the environment, directly controls the activity of our genes. The lecture will broadly review the molecular mechanisms by which environmental awareness interfaces genetic regulation and guides organismal evolution. The quantum physics behind these mechanisms provide insight into the communication channels that link the mind-body duality. An awareness of how vibrational signatures and resonance impact molecular communication constitutes a master key that unlocks a mechanism by which our thoughts, attitudes and beliefs create the conditions of our body and the external world. This knowledge can be employed to actively redefine our physical and emotional well-being.

Lecture Outline: Knowledge of the philosophical foundation underlying

conventional (allopathic) medicine is relevant for it illuminates why and how the dogma of genetic determinacy was derived.

Francis Bacon defined the mission of modern science shortly after the onset of the scientific revolution (1543). Accordingly, the purpose of science was "to dominate and control Nature." To accomplish that goal, scientists had to first acquire knowledge of what "controls" an organism's structure and function (behavior). Concepts founded in the principles of Newtonian physics defined the experimental approach to this quest. These principles stipulate that the Universe is a "physical mechanism" comprised of parts (matter), there is no attention given to the invisible "energy." In this world view, all that matters is "matter." Consequently, modern science is preoccupied with materialism.....

Biologists were preoccupied with taking organisms apart and studying their cells for the first half of this century. Subsequently, cells were disassembled and their molecular "parts" catalogued and characterized.....  
.....In multicellular animals, the organ that "controls" life is known as the brain. Since genes are presumed to control cellular life, and genes are contained in the cell's nucleus, the nucleus would be expected to be the equivalent of the cell's "brain."

Dispelling the Myth of Genes: If the brain is removed from any organism, the immediate and necessary consequence of that action is - death of the organism. Removing the cell's nucleus, referred to as enucleation, would be tantamount to removing the cell's brain. Though enucleation should result in the immediate death of the cell, enucleated cells may continue to survive and exhibit a "regulated" control of their biological processes. In fact, cells can live for two or more months without a nucleus. Clearly, the assumption that genes "control" cell behavior is wrong!  
.....Genes are "not self-emergent," that is genes can not turn themselves on or off. If genes can't control their own expression, how can they control the behavior of the cell? Nijhout further emphasizes that genes are regulated by "environmental signals." Consequently, it is the environment that controls gene expression. Rather than endorsing the Primacy of DNA, we must acknowledge the Primacy of the Environment!

Cells "read" their environment, assess the information and then select

appropriate behavioral programs to maintain their survival. The fact that data is integrated, processed and used to make a calculated behavioral response emphasizes the existence of a "brain" equivalent in the cell. Where is the cell's brain? The answer is to be found in bacteria, the most primitive organisms on Earth. The many processes and functions of this unicellular life form are highly integrated, consequently, it must have a brain equivalent. Cytologically, these organisms do not contain any organelles (diminutive of "organs") such as nuclei, mitochondria, Golgi bodies, etc. The only organized structure in these primitive life forms is its *cell membrane*, also known as its plasmalemma. The cell membrane, once thought to be like a permeable Saran Wrap that holds the cytoplasm together, actually provides for the bacterium's digestive, respiratory, excretory and integumentary (skin) systems. It also serves as the cell's "brain." .....Built into the membrane are special proteins called Integral Membrane Proteins (IMPs). IMPs look like olives in the membrane's bread and butter sandwich. There are two classes of IMPs: receptors and effectors. Receptors are the cell's "sense" organs, the equivalents of eyes, ears, nose, etc. When a receptor recognizes and binds to a signal, it responds by changing its conformation. Conventional biology stipulates that receptors only respond to "matter" (molecules), a belief consistent with the Newtonian view of the universe as a "matter machine."

Leading edge contemporary cell research has transcended conventional Newtonian physics and is now soundly based upon a universe created out of energy as defined by quantum physics. This new physics emphasizes energetics over materialism, substitutes holism for reductionism, and recognizes uncertainty in place of determinism. Consequently, we now recognize that receptors respond to energy signals as well as molecular signals.

Conventional medicine has consistently ignored research published in its own main-stream scientific journals, research that clearly reveals the regulatory influence that electromagnetic fields have on cell physiology. Pulsed electromagnetic fields have been shown to regulate virtually every cell function, including DNA synthesis, RNA synthesis, protein synthesis, cell division, cell differentiation, morphogenesis and neuroendocrine regulation. These findings are relevant for they

acknowledge that biological behavior can be controlled by "invisible" energy forces, which include thought.....

.....Recent studies have verified that the cell membrane is in fact an organic homologue of a silicon chip. Taken in this context, the cell is a self-powered microprocessor. Simply stated, the cell is an organic computer. The operation of the cell can be easily understood by noting its homology to the computer: the "CPU" (information processing mechanism) is the cell membrane, the keyboard (data entry) are the membrane receptors, the disk (memory) is the nucleus, the screen (data output) is the physical state of the cell.....

When new, heretofore unrecognized, "signals" enter the environment, the cell creates new perception units to respond to them. New perception units require "new" genes for the IMP proteins. The cell's ability to make new IMP receptors and respond to the new signal with an appropriate survival-oriented response (behavior) is the foundation of evolution. Cells "learn" by making new receptors and integrating them with specific effector proteins. Cellular memory is represented by the "new" genes that code for these proteins. This process enables organisms to survive in ever changing environments.....A cell's awareness of the environment is reflected in its receptor population..

..... When a perception unit recognizes an environmental signal, it will activate a cell function. Though there are hundreds of behavioral functions expressed by a cell, all behaviors can be classified as either growth or protection responses. Cells move toward growth signals and away from life-threatening stimuli (protection response). Since a cell can not move forward and backward at the same time, a cell can not be in growth and protection at the same time. At the cellular level, growth and protection are mutually exclusive behaviors. This is true for human cells as well. If our tissues and organs perceive a need for protection, they will compromise their growth behavior. Chronic protection leads to a disruption of the tissue and its function.

What happens if a cell experiences a stressful environment but does not have a gene program (behavior) to deal with the stress? It is now recognized that cells can "rewrite" existing gene programs in an effort to overcome the stressful condition. These DNA changes are mutations. Until recently, all mutations were thought to be "random," meaning that

the outcome of the mutation could not be directed. It is now recognized that environmental stimuli can induce "adaptive" mutations that enable a cell to specifically alter its genes. Furthermore, such mutations may be mediated by an organism's perception of its environment. For example, if an organism "perceives" a stress that is actually not there, the misperception can actually change the genes to accommodate the "belief."

In conclusion: The structure of our bodies are defined by our proteins. Proteins represent physical complements of the environment. Consequently, our bodies are physical compliments of our environment. IMP perception units in the cell's membrane convert the environment into awareness. Reception of environmental signals change protein conformations. The "movement"

## HEALTH BENEFITS OF LAUGHTER

As this is 'the season of good cheer' I thought I would remind everyone how important our emotions are in maintaining a healthy life. The poet Byron said that laughter is the cheapest medicine, and what a simple but true observation; and how easy it is to overlook this fact.

Reproduced here are some extracts from a laughter website which I hope you will find useful and I wish you all 'Four seasons of Good Cheer!!' - *Editor*.  
Extracts from:

[www.worldlaughter.com](http://www.worldlaughter.com)

- Laughter is an inexpensive and simple way to counter the effects of stress in your life. Laughter is a great way to loosen up muscle tension. Laughter expands blood vessels and pumps extra blood to muscles and the brain. A hardy bout of laughter also reduces epinephrine and cortisol levels (stress hormones). It can be thought of as a form of dynamic meditation or relaxation. Laughter strengthens the immune system, helps increase the count of natural killer cells (NK cells-a type of white cell) and also raises antibody levels.

Laughter stimulates heart and blood circulation oxygen supply to the heart and muscles and is equivalent to any standard aerobic exercise.

Laughing provides a good massage to all internal organs. It enhances their blood supply and increases their

generated by protein shape changes is harnessed by the cell to do "work." Life (animation) results from protein movements which are translated as "behavior." Cells respond to perception by activating either growth or protection behavior programs. If the necessary behavior-providing proteins are not present in the cytoplasm, the IMP perception units can activate expression of appropriate genes in the cell's nucleus.

"Perceptions" lie between the environment and cell expression. If our perceptions are accurate, the resulting behavior will be life enhancing. If we operate from "misperceptions," our behavior will be inappropriate and will jeopardize our vitality by compromising our health.

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efficiency. It increases the levels of endorphins in our bodies which are natural pain killers.

One of the important benefits of laughter is, of course, that it puts the person in a positive frame of mind and gradually makes them positive thinkers. People suffering from a variety of stress-related diseases will benefit of the laughter exercises as it reduces risks of anxiety, depression, nervous breakdowns and sleeplessness.

### SOCIAL BENEFITS OF LAUGHTER

Laughter is a universal language!  
Laughter does not have boundaries.  
Laughter is a simple way to communicate a peaceful & joyful message.

Laughter brings people together and improves interpersonal relationships. With open minds, you have the chance to interact with people with a positive frame of mind. •

Also I recently attended a conference organised by 'What Doctors Don't Tell You' entitled *Mind over Cancer*. One of the speakers, Klaus Pertl, presented an excellent and extremely hilarious talk on the Power of Visualisation. I am sure everyone there benefited from his words in some way. The MindStore system is a personal development programme and I would highly recommend the book *MindStore* by Jack Black (ISBN 0-7225-2994-5) for those interested!  
*Magda Taylor - editor.*

# ENLIGHTENED SUPPORT

Conception, Pregnancy, and Birth are a metaphor for the Creative Process in all humans. Conception - to conceive/give thought to, to BE; Pregnancy - to give energy to, to Do; Birth - to manifest a result, to HAVE. Birth is part of the whole Life continuum and the experience impacts all of our physical, emotional and spiritual life.

## ENLIGHTENED SUPPORT:

... recognises that WHO we are is CONSCIOUSNESS that CO-CREATES. Everyone involved in any situation has an influence on the outcome, during birth, during all life events.

... recognises that support must be able to receive support. The support you are willing to receive is the support that you are capable of giving. i.e. the support your mother needed at your birth is the support you need and what the people you support need the most.

... recognises that fear stops the action, gets in the way of the flow of energy and creation. To be able to give support you must be willing to explore your own fears, their source and your choices for release and forgiveness. Release shame and guilt about being afraid, and learn to process your fears so that your true SELF can come through.

... recognises that judgement of 'right and wrong', 'good and bad' dishonours the Divine in each person. Learn to trust your own knowing and to respect the other person's path.

... recognises that holding onto fear and judgement hurts the one holding on, as well as influencing the outcome, and is exhausting. Holding fear and judgment causes disease, discomfort, 'burn-out' and separation.

... recognises that Listening is the key to knowing how to best support. Learn to

listen IN before coming out TO DO. Listen with your eyes and your whole body, as well as your ears. Allow curiosity to be primary, WANT TO KNOW HOW YOU CAN SUPPORT THE BEST WAY without intruding.

... recognises that personal boundaries and time considerations must be honoured in oneself and in others. Make clear agreements in all situations where your support is desired and expected. Set aside the time and space that is required. Chaos and confusion result when there is lack of clarity. Bring your attention to innocence.

... recognises that GRATITUDE is the key to receiving the support that is here for you.

... recognises that giving and receiving are the same. © Binnie A. Dansby  
Binnie A. Dansby is an inspiring teacher and a gifted therapist, philosopher and healer. For almost 30 years Binnie has been developing the body of work that is the foundation for her educational programs and courses throughout the world. She supports each individual with love and compassion toward an integrated experience of themselves in mind, body and Spirit. Binnie's work is based on an understanding of the impact of conception, pregnancy and birth on us all. Birth is my greatest teacher. What I have learned from listening to mothers and infants at the deepest of levels informs all that I do, all that I teach.- Binnie has also co-founded a UK registered Charity, The SOURCE Foundation International, 'promoting health and providing healing from pre-conception to birth and throughout life'.

For more information about her courses and workshops etc. please call: SOURCE Process and Breathwork, UK 44 (0)1892 890614 . Denmark 45 70 20 55 70 www.sourcebreath.com

## COMPARING NATURAL IMMUNITY WITH VACCINES

with TREVOR GUNN, BSc. LCH  
RSHom, graduate in biochemistry

Topics covered include: Short and long term effects of childhood and travel vaccines - evidence from orthodox & complementary sources - information that the authorities don't tell you - making sense of statistics - childhood illnesses - dealing with fear- avoiding future problems- increasing health now

### ROMFORD (evening)

Friday 13th January 2006

For details and bookings contact

Nicola on 07963 542642

### WORTHING (daytime)

Friday 20th January 2006

Friday 3rd March - Follow-up talk

For details and bookings, please contact Magda on: 01903 212969

### BRIGHTON (evening)

15 March & 14 June 2006

Two 'Follow-up' talks have been organised on 1 Feb & 19 July 2006 for those who have attended Trevor's presentation and would like to hear more. For details contact Karel on: 01273 277309

## NEW BOOKLET

A booklet based on Trevor Gunn's lecture, entitled: *Comparing Natural Immunity with Vaccination* will be available from The Informed Parent soon!! Simply put and truly informative!!

Please contact Magda on: 01903 212969 or visit the website for orders and further details.

*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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www.informedparent.co.uk*

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