THE *informed* PARENT

ISSUE ONE 2007 A NEWSLETTER ON THE VACCINATION ISSUE & HEALTH

NEW STUDY ON UK GOVERNMENT & MMR VACCINE SAFETY HAZARDS

The Journal of the Association of American Physicians & Surgeons. 1/12/2006. *Extract of the Abstract:-*

"The conclusions of the Cochrane MMR review are not supported by, and contradict, the evidence presented in the review. Having found inadequate evidence of safety in the papers studied, the review's conclusion that the millions of doses of MMR vaccine administered worldwide are safe is not science based. It is based on the circular assertion without cited evidence that the vaccine is safe because millions of doses are administered.

The review also shows that studies into the extent of the adverse effects are too limited to say how extensive these adverse effects may be, and consequently to say whether the vaccine is safe. The review provides no comparative evaluation of MMR vaccine safety and effectiveness against other measures, such as single vaccines, placebo, no vaccine, or modern treatment options. It provides no evidence to refute the Wakefield hypothesis of an association between MMR vaccine, regressive autism following previously normal development, and a novel form of inflammatory bowel disease.

The Cochrane review duplicates an almost identical paper published in 2003 by members of the same team, yet contains no reference to the earlier paper. According to a separate publication by one of the authors, duplicated publication can be considered unethical or fraudulent when the authors attempt to conceal the existence of duplicated publication from editors and readers."

Full paper:
www.jpands.org/vol11no4/millerc.pdf

Since the publication of this paper letters have been sent to the Cochrane Group for a response to the allegations made in the paper. One particular parent is still waiting for a response, and in a recent email to the group states, "but the reaction to my inquiry so far suggests that Cochrane Groups can publish what they like irrespective of invalidity and if they get caught doing so, nothing happens. That also suggests, and again, it surely must be wrong, that the Cochrane name attached to any publication would then stand for very little in terms of quality and validity for any of its publications. And if that were the case, it suggests the confidence you previously expressed in the Cochrane peer review processes might have been premature. Accordingly, I should be obliged for the definitive response of the organisation as a whole to this paper...."

If you would like more details about this issue and would like to contact the Cochrane Collaboration for a response to the recently published paper, then go to 'noticeboard' on our website: www.informedparent.co.uk

EARLY FEARS ABOUT MMR IN SECRET PAPERS

www.telegraph.co.uk/ 5/3/2007 Extract. Mark Watts reports on the potentially dangerous side-effects of the MMR vaccine. Katie Stephen was a healthy baby girl when she was injected with the MMR triple vaccine. Ten days later she was vomiting, delirious and running a fever. That was in 1990. Seventeen years later, she is deaf in one ear.

Following the debate over MMR and its alleged link with autism, government documents just released under the Freedom of Information Act show there was another, earlier concern for which there was more evidence and, apparently, more immediate risk. Whitehall experts knew of it before MMR's mass introduction into Britain, but the public was kept in ignorance. Katie's symptoms were consistent with those of encephalitis, which can cause brain damage or even death. Her mother Wendy, a former psychiatric nurse, is convinced that the first variant of MMR used in Britain is responsible.

Mass immunisation with the combined measles, mumps and rubella vaccine began in Britain in October 1988. Ten years later, Andrew Wakefield, a researcher at the Royal Free Hospital in London, suggested the vaccine might increase the risk of autism and bowel disorders. But at least eight months before the first British children were injected with MMR, the government working party set up to introduce it was already aware of another potentially dangerous side-effect.

DEDICATION... This issue of the newsletter is dedicated to two very important figures in the field of natural health. Classical osteopath, *John Wernham (2 May 1907- 9 Feb 2007)* was an exceptional man who continued to work despite being in his 100th year! Director of the John Wernham College of Classical Osteopathy, as well as a practitioner and lecturer - he was a man with a passion! The following taken from news.excite.co.uk *(8/6/06)* under the heading Aged Workaholic seems to sum up what John's secret was to longevity. It states: A 99-year-old man said that he works six days a week for nothing because he enjoys his job. Osteopath John Wernham works from 11am to 6pm Monday to Saturday at the college he founded in 1953, treating patients, lecturing and writing articles. Because The John Wernham College of Classical Osteopathy in Maidstone, Kent, is a registered charity, he said he cannot receive a salary, so lives off a state pension. Mr Wernham, who started work when he was 28, said: "I enjoy the job. A day to me is a day to be used. Don't waste it."

The other person is *Hildegard Bromberg Richter*, who passed away on Feb 5 2007 at the age of 82. Higa, as she was known, was still working full-time in the world of natural health and ran an organisation called TAPS (www.taps.org.br) based in Brazil. Higa was very concerned about the vaccination issue and over recent years corresponded with me and also gave generous donations to The Informed Parent. I feel privileged to have known two such inspirational beings!! *Magda Taylor*

A RENEWED BATTLE AGAINST WHOOPING COUGH

www.washingtonpost.com/
6/2/2007. By January W. Payne

New mothers and others in close contact with infants should get revaccinated against pertussis -- an acute, infectious illness also known as whooping cough -- according to recently published recommendations from the Centers for Disease Control and Prevention. Cases of the disease have been rising in recent years *(my emphasis)* , which prompted the 2005 approval of two vaccines that protect adults and adolescents against tetanus, diphtheria and pertussis (Tdap).

Babies younger than 12 months are most at risk and accounted for about 19 percent of pertussis cases and 92 percent of pertussis deaths in the United States from 2000 to 2004, according to the CDC, which published its recommendations in December.

Newborns should get their first pertussis vaccine at 2 months old, followed by additional shots at 4 months, 6 months and 15 to 18 months, and a booster before starting school. A Tdap vaccine is recommended between ages 11 and 12. All adults should also get the Tdap vaccine in place of their next Td (tetanus and diphtheria) booster.

Family Advice The CDC recommends giving the vaccine "to women of childbearing age, preferably before they become pregnant," said Trudy Murphy, acting associate director for science at the CDC's Division of Bacterial Diseases. The next-best option is "right after delivering the baby, right before the mother leaves the hospital." Murphy added, "Mothers and parents should realize that other members of the household should get [the vaccine] to help protect the baby." Vaccination at least two weeks prior to contact with the infant is ideal, according to the CDC.

MORE CASES

Childhood vaccinations against whooping cough lose their effectiveness after approximately five to 10 years, "leaving adolescent and adults susceptible to pertussis," according to the December report. More than 25,000 whooping cough cases were reported in 2005. *(Editor: I wonder how many were vaccinated?)*

FLU VACCINATION DURING PREGNANCY DOES NOT CUT INFANT RESPIRATORY ILLNESS

www.medscape.com/

NEW YORK (Reuters Health) Dec 04, 2006 - Influenza vaccination for pregnant women expecting to deliver during influenza season does not seem to reduce the occurrence of respiratory illness in their newborn infant, new research suggests.

Influenza vaccination is currently recommended for children between 6 and 23 months of age. Vaccination in younger children has proven unsuccessful because the vaccine is poorly immunogenic at that age, according to the report in the Archives of Pediatrics and Adolescent Medicine for December.

One solution to provide protection to these young infants might be to vaccinate the mother in hopes that protective antibodies would be passed to the fetus. Whether this strategy actually helps prevent acute respiratory disease in the child is unclear.

In their study, Dr. Eric K. France, from Kaiser Permanente Colorado in Denver, and colleagues assessed the occurrence of respiratory disease in 3160 infants born to vaccinated mothers and in 37,969 born to unvaccinated mothers. All of the infants were born at least 28 days after maternal vaccination and were exposed to 14 days or more of influenza season.

Maternal influenza vaccination did not significantly affect infant outpatient and inpatient visits for acute respiratory illness, the report indicates. The visit rates during peak influenza weeks were 15.4 and 17.1 per 100 person-months for infants exposed and not exposed to maternal vaccination, respectively. Moreover, maternal vaccination did not delay the onset of the first respiratory illness.

On multivariate analysis, female gender seemed to protect against acute respiratory illness, while Medicaid status and maternal high-risk status were linked to increased visits for such disease.

"Although this vaccination did not appear to have an effect on the rates of infant healthcare visits, vaccination is still important and is primarily recommended to protect the health of the mother," the researchers conclude.

Arch Pediatr Adolesc Med
2006;160:1277-1283.

My deepest thanks to all of you out there who continue to subscribe to the Informed Parent newsletter and keep the organisation in existence!! There is a need to increase the numbers so please help, in any way you can, to let others know about the newsletter and website which I continue to provide! And please send any interesting articles to me which you think might interest other subscribers. *(Date of publication etc to be included.)*

As you may have noticed I am including articles on the understanding of health on a regular basis, as ultimately we all strive for good and long healthy lives for ourselves and our children. Rather than a constant mix of negative articles on vaccines I want to expand on the positive and empowering literature on health, after all HEALTH is the only immunity! ***Magda Taylor, editor.***

LACK OF PERSISTENT ANTIBODIES UNDERLIES MENINGOCOCCAL VACCINE FAILURE

www.medscape.com/

NEW YORK (Reuters Health) Dec 20, 2006 - Meningococcal vaccine failure may result from the lack of persistent antibodies rather than an inadequate anamnestic response, according to a report in the December 15th issue of The Journal of Infectious Diseases.

The meningococcal serogroup C conjugate vaccine was approved in the UK on the basis of immunogenicity data, the authors explain, but no evidence of protection was presented from an efficacy trial.

In light of evidence of waning efficacy of the vaccine over time, Dr. Elizabeth Miller from Health Protection Agency, London, and colleagues investigated the serologic response to meningococcal serogroup C disease in patients with vaccine failure and in unvaccinated subjects.

They reviewed all cases of laboratory-confirmed meningococcal serogroup C infections reported between January 2000 and December 2003 in England and Wales.

Fifty-six patients experienced vaccine failure a median 17 months after completion of their vaccination course, the authors report, but their case fatality ratio (7.5%) was lower than that among unvaccinated subjects (10.6%).

Patients who experienced vaccine failure had higher serum bactericidal activity titers in convalescent serum samples and higher IgG avidity in acute serum samples than did unvaccinated patients, the results indicate.

In contrast, the researchers note, acute serum bactericidal activity titers and serogroup C-specific IgG levels did not differ significantly between patients with vaccine failure and unvaccinated patients.

"The present study confirms that the ability to generate a memory response to the capsular polysaccharide of meningococcal serogroup C organisms...does not necessarily confer protection," the investigators write. "This is presumably because the booster response is not sufficiently rapid to prevent the invasion that usually occurs within a few days of colonization."

"Reliance on evidence of avidity maturation and a booster response to plain polysaccharide can no longer be regarded as an immunologic correlate of long-term protection for conjugate vaccines," the authors conclude. "More studies that focus on antibody persistence as a putative correlate are necessary."

J Infect Dis 2006;194:1745-1752.

WINTER FLU JABS EVIDENCE QUERIED

http://news.bbc.co.uk/ 26 /10/2006

There is not enough evidence to support the policy of immunising people against seasonal flu, an expert has claimed. Given the huge resources involved in yearly vaccination campaigns, an urgent re-evaluation is needed, Tom Jefferson says in the British Medical Journal.

Mr Jefferson said when he studied the data much of the work was flawed and he found little proof of the jab's merit. BMJ editor Fiona Godlee criticised the way the UK evaluated the merits and costs of jabs and called for change.

The government's drugs watchdog, the National Institute for Health and Clinical Excellence (NICE), has already said it would be happy to take over this job. Ms Fiona Godlee said: "The problem is that the UK has no transparent process for evaluating the effectiveness or cost effectiveness of vaccines. "NICE would like to take this on. The government should let it."

Currently, the Joint Committee on Vaccination and Immunisation (JCVI), an independent *(Editor: Independent! Well the last time the members had to declare interests that I am aware of it turned out that 12 of the 13 members had conflicting interests!)* expert advisory committee first set up in 1963, does this.

In the UK, experts say groups most at risk, such as the elderly, should get the vaccine during the flu season. But it is difficult for scientists to make the vaccine because the influenza viruses mutate and the strains circulating vary from year to year. This also makes it difficult for scientists to study the precise effects of vaccines, said Mr Jefferson, who works for the Cochrane Library - a body that determines the relative effectiveness of health interventions.

He said the most reliable way to judge their effects was to use systematic reviews - impartial summaries of evidence from many different studies. But when he did this, he found flu vaccines had little or no effect on many influenza campaign objectives such as hospital stay, time off work, or death from influenza and its complications.

Most studies were of poor quality and there was little evidence on vaccine safety. Mr Jefferson said: "There is a misfit between the evidence and policy, and tax payers ought to ask why." He said it was possible that some of the sickness labelled as flu was actually due to other infections, which would cloud the picture.

This is compounded by a lack of accurate and fast surveillance systems that can tell what viruses are circulating in a setting or community within a short time frame. In the hurry to prevent sickness and deaths, vaccine campaigns begin before more precise information about the circulating virus is available, he said.

"Given the huge resources involved, a re-evaluation should be urgently undertaken," he said.

Last year's flu campaign cost £115 million. Dr David Salisbury, director of immunisation at the Department of Health, said evidence showed flu vaccines could give up to 80% protection from infection and prevented hospitalisations and deaths.

He acknowledged that the vaccines were not perfect, but said: "We are hopeful that new vaccines currently in development may overcome some of the concerns raised about efficacy." He said the JCVI's work was open to public scrutiny and that the committee would consider Dr Jefferson's research.

Dr Douglas Fleming, director of the Royal College of GPs' Flu Unit, said: "We need to support the flu vaccination programme. "There is good evidence from clinical trials that flu and its more serious effects are prevented by vaccination when you look at the community effect."

SEEKING AN ALTERNATIVE

By Ian Sinclair.
www.vaccinationdebate.com

As parents become aware of the dangers and inefficacy of childhood vaccines, they will, for obvious reasons, seek an alternative approach to safeguard their children's health.

Many parents choose a practice known as "Homeopathic Prophylaxis" sometimes referred to as homeopathic vaccination. Other parents employ vitamin and mineral supplements in the belief that they will strengthen their child's immune system, while others prefer their children to contract the childhood infections in the belief that it will give them natural life-long immunity. There are many parents who are just plain uncertain or confused as to what alternatives to embrace and therefore live in a constant state of fear and anxiety over their children's health.

So how do those parents, who reject vaccination yet remain uncertain of the alternatives, choose an approach that gives them the confidence and certainty of safeguarding their children's health?

In my opinion, such parents must do two things;

Firstly, they must gain a clear understanding of the root causes of childhood infection. This will not only reveal to them the reasons why vaccines are ineffective, but more importantly, it will reveal to them the true means of disease prevention.

Secondly, they must gain a clear understanding of what childhood infection is. This will enable parents to overcome their fears of childhood infection and offer them an insight into a method of treatment that not only allows their children to recover from childhood infections quickly and without complications or suffering, but ensures that their children will be in better health afterwards.

THE ROOT CAUSES OF CHILDHOOD INFECTION

Common sense tells us that the prevention of childhood infections is only possible by removing it's root causes. Now the World Health Organisation admits that malnourishment, polluted water supplies, poor sanitation, and poverty and despair, causes the deaths of tens of thousands of children each year in Third World countries from measles, whooping cough, tetanus, tuberculosis and many other infectious diseases. Significantly, these deaths occur despite widespread vaccination coverage in these countries.

The reasons why vaccination fails to prevent these tens of thousands of deaths should be obvious to any logical thinker. Vaccines do nothing to correct the nutritional status of a malnourished child. Vaccines do nothing to purify a child's body that has been poisoned from drinking polluted and contaminated water. Vaccines do nothing to raise the vitality of a child whose vitality has been depleted through poverty and despair. Vaccines do nothing to remove the root causes of childhood infection and other infectious diseases and it is for this reason that vaccines have failed to prevent the tens of thousands of deaths in Third World countries.

In the developed countries like USA, Australia, England etc, deaths from childhood infections are quite rare, however, there are still thousands of cases of measles, whooping cough, chicken pox etc reported annually. Although the root causes of childhood infections in these countries are less obvious, they are, I believe, most often related to faulty diet, overfeeding, and chemical and toxic pollutants. Once again, herein lies the reasons why vaccines provide no protection against these childhood infections. Vaccines do nothing to correct the nutritional imbalances caused by faulty diet. Vaccines do nothing to unclog the digestive and intestinal tracts of overfed children. And vaccines do nothing to detoxify a child's body which is encumbered with chemical and toxic wastes. Vaccines do nothing to remove these root causes of childhood infection and this is evidenced by the fact that in the US, England, Australia etc, up to 90% of reported cases of measles, whooping cough and other so-called vaccine preventable diseases occur in fully vaccinated children.

Now at this point of time, some readers may be wondering where "germs" fit in to all of this. After all, aren't outbreaks of infectious disease caused by the spreading of germs from person to person? Isn't measles caused by the measles germ? Isn't chicken pox caused by the chicken pox germ? Isn't whooping cough caused by the whooping cough germ? Aren't childhood infections caused by all the different germs out there?

I do not deny the existence of germs within the body nor do I deny that they can be passed from person to person. However, I do not accept the medical belief that they represent the root cause of childhood infection or any of the other infectious diseases including AIDS. So that you may understand my reasons for rejecting the germ theory of disease, it will be necessary for me to take you inside the body and explain to you one of the most important metabolic functions in human physiology - the process of elimination. To be continued .....

FLU JAB SEASON

NO SURPRISE-OF COURSE THEY DON'T WORK

From What Doctors Dont Tell You, Vol 17. No. 9, Dec 2006

The over-65s among us will soon be exhorted to visit their local doctor for their seasonal flu jab. Yet the vaccine is ineffective, as a review of all of the studies has discovered.

In one major study 95% of elderly people who were vaccinated developed pneumonia that year, and nearly 1 per cent died from the infection. In a study of health care workers, another target group for annual vaccination, 39% died of pneumonia despite having the flu jab. *(Editor: Some might say 'because' of!)*

In a study of adults below age 65, 67% of the vaccinated still came down with influenza, as did children who were over six years of age (BMJ, 2006;333:912-5).

NEWSCLIPS FROM CANADIAN VACCINE AWARENESS NEWSLETTER

The following 3 articles were taken from the Newclips section of the VRAN newsletter- Fall 2006. www.vran.org

GUILLAIN-BARRÉ SYNDROME AFTER INFLUENZA VACCINATION IN ADULTS

A new study conducted by Ontario researchers published in the November 13, 2006 Archives of Internal Medicine Patients has found that more people were more likely to have been diagnosed with the paralytic disorders in the seven weeks after vaccination than in a comparison period four to six months later. Concerns about the paralyzing disorder, arose in 1976 when millions of people were injected with a hastily marketed, unsafe vaccine due to fears about swine flu which left over a thousand people paralyzed in the year following the massive campaign. Numerous researchers raised concerns about the vaccine, but the government refused to heed warnings and bulldozed ahead with disastrous results.

From April 1, 1992, to March 31 2004, the researchers at the Institute of Clinical Evaluation Sciences in Toronto identified 1601 incidents of hospital admissions because of GBS in Ontario. In 269 patients, GBS was diagnosed within 43 weeks of vaccination against influenza. Apparently large numbers of people had also been injected with pneumococcal vaccines which may have contributed to complications.

They found flu vaccine recipients were 45% more likely to develop the disease in the first two months after vaccination than in the fifth and sixth months. Researchers concluded that "Influenza vaccination is associated with a small but significantly increased risk for hospitalization because of GBS."

David Fedson, a former vaccine developer and University of Virginia professor of medicine in an interview with Bloomberg news said that young children, and people who are at least 65 years old are at highest risk of complications from flu vaccination. More studies in these age groups, along with teens and young adults, are needed to show the benefits of vaccination against potential risks, he said. "Only in this way can people balance the benefit and risks of vaccination," he said.

THE IMPACT OF DTaP-IPV-HB VACCINE ON USE OF HEALTH SERVICES FOR YOUNG INFANTS

Pediatric Infectious Disease Journal 25(9): 826-831, Sept. 2006.

Background: In 2003, a pentavalent vaccine (diphtheria, tetanus, and acellular pertussis, injectable polio and hepatitis B) was introduced into the childhood vaccination schedule. A pre-marketing study showed a higher incidence of fever than with the vaccines administered separately. Because fevers in young infants prompt medical evaluations, this study examines the impact of this vaccine (DTaP-IPV-HB) on subsequent use of health services.

Results: Infants between the ages of 6 to 10 weeks of age were vaccinated with DTaP-IPV-HB were more likely to visit the ED (1.2% versus 0.6%, P=0.03) and receive tests (47.6% versus 8.3%, P=0.03) within 3 days of vaccination compared with the controls. Multivariate analysis showed infants vaccinated with DTaP-IPV-HB had a 7-fold increased risk of receiving a full sepsis workup and a 3-fold increased risk of receiving antibiotics within 7 days of vaccination.

Conclusions: The DTaP-IPV-HB vaccine was associated with increased use of health services in the emergency department, but these associations lessened over time. These findings reveal a conflict between the obligations of timely and efficient vaccination with the medical management of febrile young infants.

RISE OF NEW STRAINS WORRISOME, SAY MED OFFICERS

Excerpt from CBC News, June 13, 06

Vaccines are becoming less effective in combating some strains of bacteria that cause meningits, pneumonia and upper respiratory infections in the North, an international meeting of health officers being held in Siberia has heard. The International Congress of Circumpolar Health has heard that a vaccine that has eliminated the threat caused by seven strains of pneumococcal bacteria isn't working as well as it did when it was introduced just 5 years ago.

Medical officials have relied on the vaccine Prevnar for several years to protect infants against the bacteria, responsible for 80% of pneumococcal disease. Now, they say, it's beginning to fail to protect infants against new strains on the rise. "We are starting to see that as you protect against one strain of the bacteria, others that didn't formallly play a significant role may from time to time produce serious disease," said chief medical officer for the Yukon, Dr Bryce Larke.

Larke also points to worrisome developments with Haemophilus Influenza type B vaccine, which he says has been almost miraculous in the fight against meningitis *(Editor: Some would say that was highly debatable)* . Medical officers are now seeing another serious strain, called Type A, and there's no vaccine for it.

WHY CHRONIC DISEASE?

Transcript from a talk presented by natural hygienist, Dr Keki Sidhwa , ND, DO, in 1955 for Personal Health Association.

Mr Chairman, Ladies and Gentlemen, last time when I was here I spoke on the principles of Nature Cure and at that time I received quite a few enquiries in somewhat of the following wording "my mother has been ill for years can nature cure do anything about it?" or "what has nature cure to say about long-standing chronic disease?" So when I was invited to speak again this year I decided to speak on chronic disease.

Now first let us see, what do the average people understand by 'chronic' disease. To them it means diseases like diabetes, rheumatism, tuberculosis, cancer, Bright's disease, heart diseases and so on. Cases where the patient goes on and on suffering from one year to another, the miseries which he blames on to fate or destiny. Now for the meaning of the words "chronic disease" from the nature cure point of view. Briefly, and in very simple terms, it means a very inefficient and a very unhealthy body which is so cluttered up with toxic material that it its vitality is lowered to a very great extent. This being so, it does not react to further toxic material as a fairly healthy body would react. In other words a person with a "chronic disease" is in the same state as a fagged out horse who has no vitality left to move further but must lay down to rest. Well the same thing occurs in the body. It is so tired that it cannot be violently sick but must prolong its sickness over a long time.

Now before we plunge deeply into the various causes and significance of chronic diseases let us get clear in our mind what is disease or ill health. Disease is not a visitation, nor is it inevitable. Disease as looked upon by nature cure has a two-fold purpose: firstly it is a warning. The warning usually occurs either by way of discomfort or pain. Now if correctly interpreted these pains and discomfort can serve a very useful purpose, that of guiding man gently back to "health" which is his by birthright. But it is very seldom that man understands pain, with the result that instead of "good health" it slowly drives him to a crippled invalid, life full of misery and suffering. Now then, how is this pain to be interpreted? By realising that it is a warning - that everything is not progressing as it should be within the body and that the body is clamouring for attention. What is the right thing to do? 'Obviously remove the pain. It has no right to be there' says the medical man. 'Find out the cause - why is the pain there? How did it arise in the first place?' says the nature cure practitioner. Well, the whole question of chronic diseases hinges on the answer that the patient accepts one that leads him to a standard of high level health experienced by a few, the other leads him to the depths of disaster ending him up as a chronic invalid. Which would you choose? The answer is so obvious but man has not bothered to look further than his nose and so chronic disease is on the increase today.

Secondly, disease is mainly a healing process. It is an effort on the part of the body to cleanse itself. "Disease is one of the manifestations of health." This will seem to you a paradoxical statement. Let me explain:

Take a healthy person, now if that person swallows a fungus or some sort of poisonous material, what happens? He at once gets violently sick, suffers from nausea and vomiting. What has happened? In this way the body has recognised the poison and has rejected and thrown out the poison by way of the vomiting. This is a natural reaction of any healthy body. Now just the same thing occurs within the body when a person is supposed to have a "disease." The body has recognised the unwanted rubbish in the system and is trying to clear the debris by way of your colds, coughs, fevers, boils, rashes and so on, which of course most people with call 'diseases.'

Now the question arises why does the body use this means to clear the rubbish? For the simple reason that the eliminating organs like the kidneys, lungs, skin and so on have been thoroughly abused. They are overworked and cannot cope with the rubbish that is fast accumulating. The simple analogy of a vessel filled by two taps and emptied by one tap easily applies here. Whatever happens the vessel will eventually overflow due to greater incoming water and the same thing has happened in the body. Your cold, coughs, and so on is the overflow of the rubbish, toxic material that should have been cleared away by your eliminating organs - namely the kidneys, lungs and skin chiefly.

So we see that in order to preserve the body in a state of health it is necessary to keep it inwardly clear and refuse to let the rubbish accumulate by keeping your eliminating organs in good working order. Thus on the clearing away of the toxic load in your system whether properly through the right channels or indirectly through your numerous coughs, colds and fevers which ignorant people call disease, depends on the health of the body as such.

It is as simple as that but how many of you have faith in the intelligence of the body? How many of you stop to think, whether the body will be better off, without your interference, to allow the body to make progress and recovery. It is this interference, the meddling in the affairs of the body, that has given countries all over the world a big rise in chronic diseases. People mistake healthy reactions for disease and try to stop them. Indeed except by the nature cure school, health, as such, is not investigated. The usual acceptance is that health is a negative quality - a mere absence of the symptoms of disease. The conception is ludicrously false. Instead it shows the vitality of the body to cope with the accumulative effects of various abuses on the body and an emergency attempt to clean up the system. When people will look upon diseases as "healing crisis" and treat them as such, instead of thwarting their efforts, with all sorts of remedies and eating to 'keep up their strength' then nature cure will have scored one more goal towards "the

healthy way of living."

It is chiefly with this interference, this unnecessary meddling which people subject their body to, that I hope to deal with today. What is this unnecessary meddling? It is the so-called precious drugs, injections, vaccinations and various kinds of demineralised, devitalised foodstuffs that we deceive ourselves to consume.

The first offender of these are the various drugs that people consume in order to 'cure' themselves. It does nothing of the sort. Drugs don't cure diseases instead they manufacture more diseases and of greater severity. Instead of finding out the cause and removing it, drugs work on the end result. We have seen that cleansing the body is the right way to 'health' but the drug prescribers want to go a step further. They want to 'cure' the cure! To live, the body intelligently alone supplies itself with the necessary requirements for its recovery, is not something considered within the so-called medical circles. I do not blame them or their sincerity in wanting to help humanity. It is their mule-like obstinacy and their narrow, conventional and blind outlook towards health and disease that puts me against them due to these circumstances. We in nature cure see the germ as a possible factor, like the proverbial match and the gunpowder effects, but as the cause of disease - definitely no. The drug as such may kill the germ but by no stretch of the imagination could any such procedure constitute a cure. More likely that the body of the patient may be injured at the same time. Dr Alexis Carrel, generally accepted as a leading authority on modern medicine in his day, summed up the case of drugs in these words, "medicine is far from having decreased human suffering as much as it endeavours to make us believe the suppression of diphtheria, smallpox, typhoid fever and so on are paid for by the long sufferings and lingering deaths caused by chronic disease and specially by cancer, diabetes, Bright's disease and heart disease." He continues, "we should perhaps renounce this artificial form of health and exclusively pursue natural health." I hope the rest of the medical men will have sufficient courage to go more deeply into the meaning of these words. Until there is general understanding of high-level health I believe the alarming growth of chronic diseases must continue.

It is only since the advance of the so-called modern drug therapy that the rise of chronic disease became more and more conspicuous. In very olden times diseases like plague, typhoid fever, pneumonia and various other acute diseases were in the forefront. Then the sulphers, penicillin and host of other new drugs appeared on the scene and the death rate from acute diseases went up slowly, but instead a host of newer unheard of chronic diseases sprang up like mushrooms until whole humanity is threatened now with chronic sickness, invalidism and death. It is this suppression of the body's first attempt at vigorous self-cleaning and healing by use of drugs which makes it easier for the chronic diseases to have an upper hand. By taking drugs people are disillusioned and do not think to look for the cause. The result is they continue with the habits which were primarily responsible to start off the first cleansing effort of the body and in spite of and because of drugs they emerge from this experience worse than ever before. Not only the toxic material that is in the body remains intact and stored but the drugs add to this serious load and strain on the body's cleansing organs, with their poisonous, chemical nature, which is quite foreign to the body in its natural healthy state. If any of you people believe that drugs are not harmful and that they do not do any damage I only ask you to consider this: Why is it that from time to time we read in the papers that bottles of drugs were stolen from a chemist or a doctor's car and that the person responsible for theft should be very careful with them on account of their dangerous nature?

Have you ever thought why a "drug" when given by a doctor to his ill patient becomes less dangerous than when taken by a healthy pick-pocket? If it is dangerous for a healthy man, surely it couldn't be less dangerous for an ill person whose general vitality and condition is poor? Many of the so-called common drugs generally used by people today for common ailments like headaches, neuritis, lumbago and rheumatism are and have a coal-tar derivative. These coal tar drugs are also used to a large extent for sleeping pills, sedatives, laxatives, perfumes and hair dyes. Now it is a generally accepted statement both among orthodox medicals and laymen that coal-tar as such is a major factor in the development of one of the great scourges of the human race - cancer.

To summarise, acute diseases when suppressed by feeding drugs and other so-called treatments takes a back seat, the body's vitality is lowered but the cleansing programme continues slowly - since the causes of disease is not removed, chronic diseases continue to manifest and the patient keeps on suffering. Fasting, rest and removal of all bad habits of living, will help the sufferer to get rid of chronic diseases. Thousands have been helped this way.

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Dr Keki Sidhwa, who is now 80 years old, is still practising (!) and is also producing a quarterly newsletter, which is in its 48th year, entitled 'The Hygienist'.

If you are interested in subscribing or perhaps would like to invite Dr Sidhwa to give a talk on health then he can be contacted on: **01636 682941**

Alternatively you can write to him at the following address:
Shalimar, 14 The Weavers, Farndon Road, Newark, Notts, NG24 2RY.

Last year talks were organised in Brighton and Worthing for Dr Sidhwa and were very well received. In particular the audiences were astonished by some of the case studies Dr Sidhwa presented from the years he has been practising, emphasising the remarkable abilities of the human body.

Dr Sidhwa also practises in London on the first Wednesday of each month, please phone him on the number above if you would like to make an appointment to see him.

THIMEROSAL DEFINITE CAUSE OF AUTISM

To what degree of scientific certainty can we prove that the current epidemic of autism was caused by the mercury-based preservative, thimerosal, in childhood vaccines?

In response to this question, David Ayoub, MD, told Independent Media TV, "I can state that the certainty of the science supporting mercury as a major cause of autism is probably more overpowering than the science behind any other disease process that I studied dating back to medical school."

"I think a disease that effects more individuals than AIDS or cancer, in previously normal infants and children," he states, "has created a sense of urgency amongst researchers."

According to Ayoub, "A growing number of experimental, epidemiological and biochemical research, has unequivocally shown that mercury is directly linked to the development of autism spectrum disorders and is significantly toxic to the gastrointestinal, immunological, metabolic and neurobiological systems in children."

"The science of causality is known and understood down to the manner in which mercury impairs the neural pathways of attention," he adds, "I really don't see the need for more research to prove causality." He believes the focus should be "directed towards methods to remove mercury from the body and repairing those biochemical systems that are injured by mercury."

Ayoub is the Director of the Prairie Collaborative for Immunization, an organization that is self-funded, which aids organizations, journalists, and legislators to obtain accurate information to assist their work. He is also the author of the report, "Pregnancy and the Myth of Influenza Vaccination-Is it safe, is it effective, is it necessary? What the CDC documents reveal."

VACCINES WITH THIMEROSAL

When asked what vaccines still contain the mercury-based, thimerosal, Ayoub said, "The major culprit today is the influenza vaccine." About 80% of flu vaccines contain as much as 25 micrograms of mercury per dose. Since the EPA has set a limit of 0.1 mcg/kg (1 kg =2.2 lbs), Ayoub warns, everyone who receives the vaccine will be overdosed.

He explained that in 1999, "the Public Health Service (including the CDC and FDA), the American Academy of Pediatrics, and vaccine manufacturers agreed that thimerosal levels in vaccines should be reduced or eliminated." However, he adds, "Contradicting its own policy, the CDC then increased mercury exposure to the fetus and infant by allowing the inoculation of pregnant women and young infants with the mercury-containing influenza vaccine."

On May 28, 2004, the Advisory Committee on Immunization Practice of the CDC released its annual report with recommendations for the prevention of influenza. The report included pregnant women amongst those who should receive the flu vaccine, even though the report noted only a minimal benefit from the vaccine in pregnant women:

"Researchers estimate that an average of 1-2 hospitalizations can be prevented for every 1,000 pregnant women vaccinated" (1, page 10)

In fact, for the 2003-04 flu season, the CDC reported "only 3 to 14% of those who got vaccinated were protected against the flu." It seems overly aggressive, Ayoub maintains, for the CDC to recommend that all pregnant women be vaccinated when, in fact, scientific data to date shows only marginal benefits and the only documented benefit seems to be fewer hospitalizations, not fewer morbidities or mortalities.

The benefit of influenza vaccination during pregnancy becomes even more questionable when considering the resulting risks to unborn infants. According to the ACIP, the safety of influenza vaccination is established by the following research:

One study of influenza vaccination of 2,000 pregnant women demonstrated no adverse fetal effects associated with influenza vaccine."

However, according to Ayoub, "In the April 12, 2002 MMWR, this same statement was followed by the caveat "additional data are needed to confirm the safety of vaccination during pregnancy." The comment was then dropped from the CDC's 2004 version of the report, but no new safety data was cited.

This solitary reference cited to establish influenza vaccine safety was co-authored by researchers at Boston University in 1973, but Ayoub advises that, "Upon closer inspection ... the study appears to have very little to do with influenza vaccine safety, but rather that of polio vaccination safety during pregnancy."

It is inexplicable, Ayoub says, that the ACIP would cite a paper in support of its conclusion of influenza vaccine safety while the Institute of Medicine rejected the same paper on the basis of the flawed analysis of polio vaccine safety.

Few doctors realize that most flu vaccines contain 25 micrograms of mercury per dose. Both the EPA and FDA's allowable daily exposure limits are 0.1 microgram per kg, meaning that recipients of a flu vaccine must weigh at least 550 pounds to meet federal exposure guidelines.

Therefore, by injecting the mother, the fetus would receive a dose of mercury that exceeds the federal limits by several hundred-fold. Furthermore, Ayoub adds, all federal guidelines are based upon studies of exposure tolerances in adults, not a fetus.

He questions why the CDC is so certain that ethylmercury can be safely injected into children or pregnant women, when the FDA and EPA have stated that ingestion of methylmercury can have harmful effects on the fetus, with warnings such as: "some fish and shellfish contain higher levels of mercury that may harm an unborn baby or young child's developing nervous system. . . . Therefore, the Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) are advising women who

may become pregnant, pregnant women, nursing mothers, and young children to avoid some types of fish and eat fish and shellfish that are lower in mercury. . . While it is true that the primary danger from methylmercury in fish is to the developing nervous system of the unborn child, it is prudent for nursing mothers and young children not to eat these fish as well."

More recent studies have detailed the life-long damage of mercury to the brains of unborn children. For instance, on Feb 28, 2005, the Associated Press reported, "Lower IQ levels linked to mercury exposure in the womb costs the United States $8.7 billion a year in lost earnings potential, according to a study released Monday by researchers at a New York hospital."

The Mount Sinai Center for Children's Health and the Environment combined a number of previous studies to determine hundreds of thousands of babies are born every year with lower IQ associated with mercury exposure, according to AP.

Lead researcher and pediatician, Leonard Trasande, reports that annually, between 316,588 and 637,233 infants are born with umbilical cord blood mecury levels linked to IQ loss.

As an example, Trasande said each year, about 4% of babies are with blood mercury levels between 7.13 and 15 micrograms per liter. That level of mercury causes an IQ loss of 1.6 points, the researchers concluded. A 1.6 point drop in IQ could cost a person more than $31,000 in potential earnings over a lifetime, the study calculated, due to missed educational opportunities or jobs.

Manufacturers of the flu vaccine themselves, include package inserts that admit adequate studies have not been conducted on this vaccine. For example, the Fluzone insert stated:

"Animal reproduction studies have not been conducted with Influenza Virus Vaccine. It is not known whether Influenza Virus Vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity."

Considering the rapid growth of autism, and other related neuro-developmental disorders, and the number of reports documenting the causal relationship to mercury-based preservatives, Ayoub advises, "influenza vaccines should not be administered to pregnant women, and perhaps other high-risk groups, especially young children."

WHY WOULD FDA & CDC APPROVE MERCURY-BASED VACCINES?

Ayoub believes that the CDC and FDA embrace marginal research and unsupported policies because of conflicts of interests. It may come as a surprise to most physicians, he explains, "that the CDC has a built-in conflict of interest with regards to its dual role in vaccine policy." One limb of the CDC that oversees vaccine safety has a budget of approximately $30 million, while the limb that promotes vaccine usage (ACIP and NIP) has a $1 billion budget, he says.

The CDC and FDA policy decisions are made through physician advisory panels whose members often have financial relationships with the very same pharmaceutical companies that they are supposed to regulate.

For example, during a congressional hearing on potential conflicts of interests at the FDA, it was revealed that 60% of the advisory members who voted to approve the poisonous rotavirus vaccine had financial ties to the drug companies manufacturing the vaccine. The committee also found that 50% of the CDC members were tied to the rotavirus makers.

However, according to Ayoub, the CDC and FDA do not have exclusive rights in coddling the industry. An investigation of doctors involved in co-authoring forty-four different Clinical Practice Guidelines for drug companies found:

85% of guideline authors have some sort of relationships with drug companies, and they are often not disclosed

38% of respondents said they had served as employees or consultants for drug companies; 58% received research money

59% had links with drug companies whose medications were considered in the particular guidelines they authored, almost all cases predating the guideline creation process

These numbers may be even greater, as only 52% of authors responded

"Most clinicians would be surprised by these revelations which challenge the blanket trust of a healthcare governance with uncomfortably close ties to the pharmaceutical industry," Ayoub says.

AVAILABLE TREATMENT FOR AUTISM

When asked what treatments are available for autism, Ayoub said "The buzz these days is chelation," but there is no short answer to this. Suffice it to say, there are 2 ways to get mercury out of the body - one is pull it out directly by chelation agents."

The 2 top chelation people in the world are Gary Gordon, MD, and Rashid Buttar, MD, he adds.

Chelation agents such as DMPS and DTPA, are given orally, by IV, and recently with transdermal as a cream. According to Ayoub, the agents essentially bind free blood or loosely bound heavy metal agents, and eliminate them through stool and urine. They lower the total body burden and allow for natural redistribution from brain to blood for further removal. Ayoub claims side effects are uncommon, and the process is far safer than a vaccine.

The other method of removing mercury from the body is through a variety of biomedical therapies, all dietary or supplemental, "most of which act to jumps start the bodies own internal mercury detoxification pathways," Ayoub explains, but "the science here is very sophisticated," he added.

However, unfortunately, "many parents read about a diet or supplement, try one or two therapies on their own and fail," he says, and that "treatment is very dependent upon the experience of the health care provider, critically so," he advises.

WHY THE CONSTANT DENIAL?

Ayoub was asked why government agencies and the pharmaceutical

industry, are working so hard to keep the truth about the mercury-autism link hidden. He says it is a long story, but the main reason is because if they admitted guilt, it would mean the government agencies, drug companies and medical organizations, "have taken part in the largest iatrogenic epidemic known to man."

The fallout over admission of causality would be unprecedented, Ayoub adds. The lost confidence in American medicine would likely cause people to turn to alternative methods of medicine, and a rise in deeper investigation might reveal the truth about other suppressions related to cancer therapy, hypertension Rx, or Atherosclerosis. Ayoub told Independent Media, "This is really the tip of the iceberg and I see a waterfall effect." *By Evelyn Pringle, 11/3/05*

SOME KIND OF CONSPIRACY

I recently listened to an audio tape of a BBC Radio 4 live 'You and Yours' debate which took place on 8/8/2000, and to which I was also present. I have noticed over the years how some pro-vaccinators seem to raise the issue of 'conspiracy theories' when they talk about the so-called anti-vaccination movement. This amuses me since THEY seem to be the ones who start talking in this manner when no-one else has raised the issue during a discussion or in relation to written concerns surrounding vaccination. The following is a prime example, which Dr Mike Watson, a representative from the drug industry, kindly raised during the debate despite the fact that no-one else had mentioned any conspiracies! He stated the following:

"I think we are suggesting here that there is some kind of conspiracy going on. Conspiracy between the World Health Organisation, Medical Research Council, Dept. of Health, doctors in the UK, the Center for Disease Control in the US and the Foods and Drugs Administration - this simply is not the case. We are also suggesting that these people, who care passionately about the health of the nation's children, would knowingly damage children despite evidence to the contrary."

Editor: I wonder what a good psychologist would make of that??

CHILDREN AT RISK AS DOCUMENTS REVEAL 'SHAMBOLIC' VACCINATIONS SYSTEM

By Jenny Hope, Daily Mail, 8/11/06

Children's vaccination levels could be in danger because of "shambolic" record keeping, it has been revealed. Fears that children are getting too many jabs - or that doctors are fiddling the figures to earn bonuses - have surfaced as a result of a nationwide project to transfer medical notes to a central NHS computer.

Up to 60 per cent more shots have been administered to children than should have been -with some apparently getting nine in a day, say some figures. The problems have been uncovered in London, where primary care trusts are grappling with major "problems with the system."

But experts believe this is the tip of the iceberg as the capital is leading the way for the rest of the country.

The Department of Health insisted its figures showed children were getting the correct doses of vaccine. It denied there was evidence to suggest doctors were either giving too many shots or making up statistics. A spokesman said coverage for the childhood immunisation programme was currently around 95 per cent which suggested vaccines were being administered correctly.

The British Medical Association (BMA) has also rejected claims that doctors are exaggeratng the number of jabs they give in order to qualify for bonuses, saying GP medical records are among the best in the NHS.

An investigation is already underway into a new computer system in London which has missed thousands of children off its system for vital appointments or reminders. The problem stems from faults in software, operated by BT as part of the £20 billion NHS computer system that is supposed to keep track of children's immunisation history.

The software known as a Child Health Interim Application is being used by 10 primary care trusts across the capital.

But the Health Protection Agency says eight out of 10 trusts have been unable to submit data because of "problems with the system." According to one source the "shambles" means NHS staff have been forced to input information manually, causing huge delays.

Doctors have a cash incentive to give vaccines to children because a proportion of their pay depends on it. In a typical practice of 5,000 people, GPs receive payment of £2,655 when 70 per cent of under-twos get their jabs, which goes up to almost £8,000 for 90 per cent coverage.

However, a BMA spokesman said doctors do not like or want target-related payments for childhood vaccines. She questioned claims that children could have been getting nine vaccines in a day. She said: "Parents would be well aware this is not normal immunisation practice."

"GP record keeping is acknowledged to be among the best in the NHS and it seems more likely that it's some kind of glitch at a higher level, where the information is being processed into a central system."

"Of course we would not condone GPs who are fiddling the figures, but we have no evidence that this is taking place." she added.

The Department of Health spokesman said it was already aware of a problem with record keeping in parts of London, but the supply of vaccines on the ground did not support massive wastage or duplicate prescribing.

She said: "Last year, the Department of Health supplied 2.3 million doses of the five in one vaccine (diptheria, tetanus, whooping cough, polio and Hib) for the UK."

"That is against a target population of 2.1 million, which allows an eight per cent margin for use in children over the age of two and for any wastage, such as if a vaccine was spoiled."

She added: "We know there is a problem with collecting surveillance data for the London PCTs."

"Senior officials at the Department of Health, Health Protection Agency and Connecting for Health are all looking at options for improving this situation."

BEWARE OF GARDASIL, THE CERVICAL CANCER VACCINE

By Helen Lobato
hlobato@dodo.com.au
www.informyourself.com.au

Gardasil is the new vaccine being intensely marketed to the parents of young girls from the age of nine. The vaccine is said to protect against two strains of the Human Papilloma Virus (HPV), which it is believed, cause about 70 per cent of cervical cancers. However there are many facts concerning this form of cancer that are not being presented to the now fearful public.

Recently the alarm bells have been ringing about the risks of dying from Cervical cancer. But HPV, the virus that is blamed for this disease is very common and can be found in about 80% of both men and women. Most of us have had, at one time or another, the HPV virus but most of us do not suffer or die from Cervical cancer. In fact, only one percent of women do develop cervical cancer with the year 2000 figures on the mortality rates for cervical cancer being 3.3 women per 100,000 population in the US and 4 women per 100,000 population in Australia. In Australia there are about 740 cases of cervical cancer each year and around 270 deaths from the disease.

Mortality rates generally increase with age with the highest number of deaths occurring in the 75-79 age group. Less than 6 per cent of cervical cancer deaths occur in women under 35 years of age.

The US national cancer institute says that direct causation has not been proven In a controlled study of age-matched women, 67% of those with cervical cancer and 43% of those without were found to be HPV-positive. These cancers are observed on average only 20-50 years after infection. 1

SO WHAT IS GOING ON?

Does this virus cause cervical cancer? Nicholas Regush wrote in VACCINE MADNESS: Back in 1992, however, a question was raised about the dominant and increasingly-entrenched theory that HPV causes cervical cancer. It came from Peter Duesberg and Jody Schwartz, molecular biologists at the University of California at Berkeley. Among the various issues they raised about the acceptance of HPV as the cause of cervical cancer was their fundamental concern that there was a lack of consistent HPV DNA sequences and consistent HPV gene expression in tumors that were HPV-positive. They instead suggested that "rare spontaneous or chemically induced chromosome abnormalities which are consistently observed in HPV DNA-negative and positive cervical cancers induce cervical cancer."

In short, Duesberg and Schwartz were pointing to the possibility that "carcinogens may be primary inducers of abnormal cell proliferation rather than HPV." And here's the key point: "Since proliferating cells [cancer cells dividing wildly] would be more susceptible to infection than resting cells, the viruses would just be indicators rather than causes of abnormal proliferation."2.

This begs the question: Does a virus, any virus cause a cancer?

We now know that cancer results due to a complex mix of factors related to environment, lifestyle, and heredity. Scientists estimate that about 80 percent of all cancers are related to the use of tobacco products, to what we eat and drink, or, to a lesser extent, to exposure to radiation or cancer-causing agents in the environment and the workplace.3

How then have we come to the conclusion that the Human Papilloma Virus causes cervical cancer?

Maybe the truth lies in what Duesberg and Schwartz discovered. Rather it is carcinogens not a virus that causes the abnormal cell proliferation. One would hope and expect that Gardasil has been well tested and is safe to inject into young girls and possibly boys.

BUT!

According to The Alliance for Human Research Protection (AHRP) this is not the case. AHRP say that the vaccine has not been proven safe and effective in clinical trials. The fact is that the FDA allowed Merck to use a potentially reactive aluminum containing placebo as a control for most trial participants, rather than a non-reactive saline solution placebo.

They use this aluminum placebo because it can artificially increase the appearance of safety of an experimental drug or vaccine in a clinical trial.

Furthermore the Gardasil vaccine contains 225 mcg of Aluminum and we know that vaccine aluminum adjuvants can allow aluminum to enter the brain, as well as cause inflammation at the injection site leading to chronic joint and muscle pain and fatigue.

Around 60 percent of those who got Gardasil or the aluminum placebo suffered side effects such as headache, fever, nausea, dizziness, vomiting, diarrhea, myalgia and the Gardasil recipients had more serious adverse events such as headache, gastroenteritis, appendicitis, pelvic inflammatory disease, asthma, bronchospasm and arthritis.4

So with cervical cancer causing about one percent of all cancer deaths in women and with the causation in doubt, not to mention the lack of safety displayed by the vaccine trials we need to ask why parents are being urged to get their young daughters vaccinated with Gardasil.

The obvious answer it that there is much hanging on the success of Gardasil. It is predicted that Gardasil could be Merck's most important money earner, with expected sales of at least $2 billion.This is revenue that Merck badly needs after the Vioxx scandals. To achieve this success Gardasil will be required for school admittance.5

How can we remain silent on the issue of Gardasil?

1.www.virusmyth.net/aids/data/pdlatvir3.htm
2.www.redflagsweekly.com/second_opinion/2002_nov25.html
3.www.medicinenet.com/cancer_causes/page2.htm
4.www.ahrp.org/cms/content/view/263/28/
5. www.honesthuman.com

VACCINES SHOW SINISTER SIDE

By Pieta Woolley, 23/3/06
http://www.straight.com/article/vaccines-show-sinister-side
(Ed: See page 19 for related article.)

If two dozen once-jittery mice at UBC are telling the truth postmortem, the world's governments may soon be facing one hell of a lawsuit. New, so-far-unpublished research led by Vancouver neuroscientist Chris Shaw shows a link between the aluminum hydroxide used in vaccines, and symptoms associated with Parkinson's, amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease), and Alzheimer's.

Shaw is most surprised that the research for his paper hadn't been done before. For 80 years, doctors have injected patients with aluminum hydroxide, he said, an adjuvant that stimulates immune response.

"This is suspicious," he told the Georgia Straight in a phone interview from his lab near Heather Street and West 12th Avenue. "Either this [link] is known by industry and it was never made public, or industry was never made to do these studies by Health Canada. I'm not sure which is scarier."

Similar adjuvants are used in the following vaccines, according to Shaw's paper: hepatitis A and B, and the Pentacel cocktail, which vaccinates against diphtheria, pertussis, tetanus, polio, and a type of meningitis.

To test the link theory, Shaw and his four-scientist team from UBC and Louisiana State University injected mice with the anthrax vaccine developed for the first Gulf War. Because Gulf War Syndrome looks a lot like ALS, Shaw explained, the neuroscientists had a chance to isolate a possible cause. All deployed troops were vaccinated with an aluminum hydroxide compound. Vaccinated troops who were not deployed to the Gulf developed similar symptoms at a similar rate, according to Shaw.

After 20 weeks studying the mice, the team found statistically significant increases in anxiety (38 percent); memory deficits (41 times the errors as in the sample group); and an allergic skin reaction (20 percent). Tissue samples after the mice were "sacrificed" showed neurological cells were dying. Inside the mice's brains, in a part that controls movement, 35 percent of the cells were destroying themselves.

"No one in my lab wants to get vaccinated," he said. "This totally creeped us out. We weren't out there to poke holes in vaccines. But all of a sudden, oh my God- we've got neuron death!"

At the end of the paper, Shaw warns that "whether the risk of protection from a dreaded disease outweighs the risk of toxicity is a question that demands our urgent attention."He's not the only one considering that.

The charge that there's a sinister side to magic bullets isn't new. With his pen blazing, celebrity journalist Robert F. Kennedy Jr. popularized vaccine scepticism with his article arguing that mercury in vaccines causes autism, which ran in the June 2005 Rolling Stone and on-line at Salon.com. So did last year's vaccines-linked-to- autism bestseller, Evidence of Harm by David Kirby (St. Martin's Press). But there's a potential public-health cost to all the controversy, according to the B.C. Centre for Disease Control.

"Vaccines have been a victim of their own success," spokesperson Ian Roe told the Straight in a telephone interview from Ottawa. Diseases such as polio, which killed his father-in-law, are almost eradicated and therefore no longer serve as a warning to parents. But the epidemic threat is still real. "If everyone decided to not get vaccinated, we'd live in a very different world."
(Editor: Yes, healthier children - physically and mentally, and then perhaps the world population would stop living in fear of the germ and recognise the truth about health! Well, anything is possible!)

Canada's last national immunization conference, in December 2004, heard a report that vaccine coverage is sometimes low. For diphtheria, the Public Health Agency of Canada found that just 75 percent of two-year-olds are immunized; the target is 99 percent. For tetanus, just 66 percent of 17-year-olds are immunized, compared to a target of 97 percent.

Dr. Ronald Gold, the former head of the infectious-disease division at Toronto's Hospital for Sick Children, told the conference that "we will never be without an anti-vaccine movement," but "in reality, there is no scientific evidence for these myths."

Shaw acknowledges that there's a lot of pressure on parents to vaccinate their children. "You're considered to be a really bad parent if you don't vaccinate," he said, and your child can't attend public school. "But I don't think the safety of vaccines is demarcated. How does a parent make a decision based on what's available? You can't make an intelligent decision."

Conservatively, he said, if one percent of vaccinated humans develop ALS from vaccine adjuvants, it would still constitute a health emergency.

It's possible, he said, that there are 10,000 studies that show aluminum hydroxide is safe for injections. But he hasn't been able to find any that look beyond the first few weeks of injection. If anyone has a study that shows something different, he said, please "put it on the table. That's how you do science."

Neuroscience research is difficult, Shaw said, because symptoms can take years to manifest, so it's hard to prove what caused the symptoms.

"To me, that calls for better testing, not blind faith."

He pointed out that George W. Bush passed legislation that opens the door for the USA to order a nationwide anthrax immunization campaign, with the threat of bioterrorism. Shaw's paper is currently undergoing a peer review.

DO GERMS CAUSE DISEASE?

Experiments on American Sailors quoted as evidence

By Stanford Claunch, MD.
October 1st, 1930 in The Abolitionist (the then journal of the British Union for the Abolition of Vivisection

There is not a shred of evidence, scientific or otherwise, to support the claim that germs cause disease.

In spite of this, a great group of so-called scientists persist in flaunting their beliefs in the germ theory. The tragedy of this is that the public, whose ranks provide most of the vicitims to this palpable falsehood, looks on with indifference.

When I say there is not a shred of evidence, scientific or otherwise, to support the claim that germs cause disease, I mean just that. The truth of my assertion is everywhere apparent.

Indeed, there is abundant evidence provided by laboratories, clinics, and by sound reason to show that bacteria are no more related to the cause of disease than a dam is related to the cause of the waterfall that pours over it.

This radical statement is made purposely to arouse public interest sufficiently to demand a thorough-going, impartial investigation to determine the truth about the relation of bacteria to health and disease. Also for an equally searching investigation into the devastating effects on health brought about by the use of serums and vaccines injected into the human organism in support of the nonsensical "germ theory".

LOUIS PASTEUR

When Louis Pasteur, the French chemist, gave to the medical profession the germ theory shortly after the middle of the nineteenth century, medicine had been wholly at a loss in its efforts to discover a scientific cause for disease. For more than two centuries it had struggled to find such a cause.

No extraordinary imagination is required to visualise the eager reception and hearty embrace this theory received.

It was beyond the power of the layman to investigate and therefore to question its validity.

What more appropriate stage-setting for the ready reception of a much-needed theory could be imagined? Almost overnight a forlorn hope was thereby translated into the sublime thrill of realisation.

There is no space here to trace the tedious and laborious experiments of Leewenhoek, Muller, Ehrenberg, and others who preceded Pasteur by many years in the study of microscopic life. But did Pasteur's own work in the laboratory really uncover one of life's great mysteries? Did he reveal to an anxious world one of the greatest health secrets ever known? To answer these questions requires more than loose thinking and superficial investigation.

The premise on which the germ theory rests must be weighed in balances of reason and logic. Curiously enough, this was never done by any of his successors.

By what logic do bacteriologists claim the prerogative to declare that the presence of bacteria in disease necessarily proves that they are the cause thereof? Incredible as it may seem, this is the only possible premise on which the germ theory can rest.

HOW BACTERIA LIVE

Bacteria. like bacteriologists, must eat. Bacteria feed only on dead substance - filth - and all the evidence shows that filth is the cause of the diseases with which bacteria are associated. Before bacteria can produce fermentation they must have something to ferment. In concluding that the so-called anaerobic (capable of living without air) bacteria were the causes of fermentation, Pasteur had reckoned without his host. Instead of discovering, as he believed, that bacteria are the cause of fermentation, he merely discovered that they are one of the factors in fermentation. Quite naturally bacteria are likely to be found wherever filth is found; filth is the only substance on which they can feed, therefore the only environment in which they can live.

Bacteria cannot ferment or decompose living tissues. All biologists must admit that laboratory cultures of bacterial growth are possible only when dead tissues or non-living substance is supplied them for food. Nor can they live and propagate in the living body except by feeding on the filth (uneliminated waste) in that body.

This brings us to the question: Are bacteria capable of killing their own food, as bacteriologists claim? That is, are they capable of attacking and destroying other living cells? If it can be definitely shown that bacteria can attack and destroy living tissue under any circumstances, then it must be conceded that they are a primary cause of disease. But if it can be demonstrated that they have no inherent power to destroy other forms of life, then we have the strongest possible evidence against the germ theory.

There is no end to laboratory evidence which may be adduced to discredit the germ theory. Even simple experiments, which are sometimes used by bacteriologists to prove that bacteria cause disease, actually prove the opposite when carefully investigated. One such is the placing of a rotten apple in a box of fresh apples and observing that the apples which come into contact with the rotten apples also rot. Careful analysis reveals that it is the chemical poisons in the rotten apple which must first poison and kill the cells of the fresh apples before the bacteria can move forward and appropriate the newly killed cells as food.

GERMS' CHANGED CHARACTER

But by all odds the most damaging testimony against the germ theory to be found in the laboratory lies in the profound influence which the environment of bacteria exerts upon them. The lower the form of life, the less able it is to conquer its environment and the more it is moulded by the influence of its surroundings. Bactera, therefore, are almost complete victims of environmental circumstances.

Thus a certain type of bacterium, when fed on food other than that to which it has become habituated,

becomes an entirely different type in a short time. Dr E C Rosenow, of the Mayo Biological Laboratory, Rochester, USA, demonstrated through a long series of experiments that similr forms like streptococci (pus germs) especially hemolytic streptococci (the type that feeds on decomposed blood or the early stages of pus) could be made to assume all the characteristices of pneumococci (pneumonia germs) simply by feeding them on pneumonia virus and making other minor changes in their environmnet. And when he reversed the procedure and fed pneumonia germs on pus they quickly changed into pus germs. Other types were included in these experiments with similar results, and other bacteriologists also have demonstrated this remarkable transformation.

Were no other evidence available, this alone would suffice to demolish the germ theory.

When we study bacterial life in the human body we find the same principle involved and the same laws governing that we find in the laboratory, the laws varying slightly in their operation to meet the changed conditions.

The conception of modern bacteriologists that bacterial excretions are the cause of disease is the arch dellusion of bacteriology, without scientific evidence to support it.

By resorting to intravenous injection of almost any organic substance into the blood of animals it is easy to demonstrate that these substances will produce more violent and deadly diseases if they are relatively free from bacteria than if in a state of bacterial decomposition.

STRIKING EXPERIMENTS

Perhaps a more impressive argument in support of this contention is to be found in some experiments conducted by officials of the United States Government. Detailed accounts of these experiments are related in Government Bulletin No. 57, published by the Department of the Navy, Bureau of Medicine and Surgery, Division of Sanitation.

Here are a few excerpts from Bulletin 57:- "Experimental attempts to transmit influenza to the human subject were carried on at the United States Quarantine Station, Gallups Island, Boston, Mass. The subjects of experiment were 68 volunteers from the United States Naval Detention Camp, Deer Island, Boston.

"The experiments consisted of inoculations with pure cultures of Pfeiffer's bacillus (influenza germ) with secretions from the upper respiratory tract and with blood from typical cases of influenza. Ten presumably non-immune volunteers were inoculated with negative results.

"Three sets of experimnets were made with secretions, both unfiltered and filtered (influenza bacilli will pass readily through all except the very finest filters) from the upper respiratory tract of typical cases of influenza in the active stage of the disease. In these experiments a total of 30 men was subjected to inoculation by spray, swab, or both, of the nose and throat.

"In no instance was an attack of influenza produced in any one of the subjects. An experiment was made in which the members of one of the groups of volunteers which had been subjected to inoculation with secretions were exposed to a group of cases of influenza in the active stage of the disease in a manner intended to stimulate conditions which in nature are supposed to favour the transmission of disease. Each volunteer conversed a few minutes with each of the selected patients, who were requested to and coughed into the face of each volunteer in turn, so that each volunteer was exposed in this manner to all ten cases. None of these volunteers developed any symptoms of influenza following this experiment.

SAILORS INOCULATED

"Advantage was taken of the opportunity for making this study to attempt to confirm the reported positive results of transmission of influenza by Nicoll. Secretions from five typical cases of influenza were secured, filtered, and some of the filtrate inoculated subcutaneously into each of the group of 10 volunteers. At the same time blood was drawn from the same cases and pooled, and some of the mixed blood was injected subcutaneously into each of another group of 10 volunteers. None of the men subjected to these inoculations developed any evidence of illness." Similar experiments were made with similar results on another 50 volunteers at Angel Island, San Fransisco. Every possible means was employed, under conditions most conducive to the development of influenza, to try to demonstrate that bacteria caused the disease.

These 118 sailors were inoculated, swabbed, aprayed and dosed with cultures of the most virile strains of influenza germs possible to procure - and not one of them develped even a slight cold! These experiments knock the last prop from under the bacteriological superstition. They show beyond all question that foreign matter (filth or waste- dead cells) is more virulent and potentially harmful BEFORE than after bacterial decompostion.

LIFE-THREATENING BLOCKAGE

From: www.mercola.com
February 13, 2007
Small extract....

And, almost a year after approving Rotateq (vaccine) to prevent gastrointestinal illnesses in children, the FDA issued an advisory earlier this week warning parents about the growing incidents of intussusception, a rare and life-threatening form of intestinal blockage.

Intussusception was also the most common side effect associated with Wyeth's long-gone RotaShield that was pulled from the market in 1999. Although no deaths have been reported so far, 16 of the 28 reported cases required surgery to repair a baby's intestinal tract.

Hard to believe, then, the co-inventor of the vaccine had the nerve to say the 28 reported cases of intussusception were a reassuring number...

If news reports like these make you think twice about vaccinating your children, they should. If you're on the fence at all, I strongly encourage you to carefully consider all the evidence before moving forward.

WHEN FINDING NOTHING IS WONDERFUL

By F. Edward Yazbak, MD, FAAP
Originally published on Red Flags, June 9, 2006 www.redflagsdaily.com

Scientists are expected to discover things. They are applauded when they do and sometimes ostracized when they don't.

Mainstream researchers investigating the connection between autism and the measles-mumps-rubella (MMR) vaccine, however, seem pleased when they find nothing. They hurry to publish their "findings" to the jubilation of "authorities."

Repeating the performance a few times further cements the belief that if "orthodox" first-class researchers cannot find a connection between the triple vaccine, the measles virus and regressive autism, then, indeed, none exists.

There was a big commotion in the U.K. last month *(May 2006)*, when new research from the United States seemed to confirm the presence of intestinal findings in children with regressive autism, which were similar to those reported by Andrew Wakefield, MD, in 1998.

On May 28, Sally Beck of The Mail on Sunday wrote a long article on the study at Wake Forest University School of Medicine in North Carolina titled "Scientists fear MMR link to autism." In the American study, 275 children with regressive autism and bowel disease were evaluated. Of the 82 children completely tested, 70 proved positive for the measles virus. Beck quoted Stephen Walker, MD, the team leader as saying, "Of the handful of results we have in so far, all are vaccine strain and none are wild measles. This research proves that in the gastro-intestinal tract of a number of children, who have been diagnosed with regressive autism, there is evidence of measles virus." (1)

Several other Sunday papers reported the story in the U.K., while not much about the Wake Forest research was mentioned in the American media.

On May 31, as if on cue, Reuters Health Information in New York published an account of a different study headlined "No Evidence of Measles Virus in MMR-Vaccinated Autistic Children." It said "contrary to the findings of some earlier studies, measles virus genetic material was not detected in the blood of MMR-vaccinated autistic children with development regression, according to a report in the Journal of Medical Virology for May." (2)

The Reuters report went on, "In the present study, Dr. M.A. Afzal, from the National Institute for Biological Standards and Control in Hertfordshire, U.K., and colleagues used several assays to test for measles genome sequences in leukocyte preparations obtained from 15 children with autism who had received the MMR vaccine as part of the routine immunization schedule in the U.K."

According to the British researchers, there was no evidence of measles genomic fragments in any of the children examined, in spite of the fact that the methods used were "highly sensitive, specific, and robust" and capable of detecting "measles virus RNA down to single figure copy numbers per reaction."

The Reuters' report ended reassuringly: "Given the rigorous methods employed, the researchers believe that measles virus material genuinely did not exist in the patient's blood samples."

Two friends, one in Wisconsin and the other in California, both very informed about vaccine and autism matters, wrote to me almost simultaneously asking the same question: "Can this really be a coincidence?" that we have a study published supporting the MMR-autism connection and almost immediately another contradicting it?

I answered them that I did not know for sure but that in the past, "Dr. M.A. Afzal, from the National Institute for Biological Standards and Control in Hertfordshire, U.K." had published several articles that seemed strategically very well-timed. The differences between the two recent studies deserve repeating:

In the U.S. study, measles virus genomic RNA was actually found in the gut of 70 affected children and the viral results of another 200 children with typical gut pathology are still pending.

In the U.K. study, the researchers "could not detect" measles virus genetic material in the blood of 15 MMR-vaccinated children with autism.
It is essential to also point out that the above-mentioned M.A. Afzal is not N.A. Afzal, a pediatric gastroenterologist attached to the Centre for Pediatric Gastroenterology at The Royal Free Hospital, London, U.K. It was at the Royal Free Hospital that Andrew Wakefield practiced gastroenterology for years and where he was the shining star before he dared to "rock the boat" and was forced to resign. It is also at the Royal Free and University College Medical School in London that Brent Taylor, one of Wakefield's most vocal critics, is professor of community pediatrics. N.A. Afzal published his first study with the Royal Free team in December 2002. (3) He published two more studies in 2004 and one in 2005. (4) The abstracts of all four studies did not contain any reference to autism and vaccines.

M.A. Afzal, on the other hand, is a member of the virology department at the National Institute for Biological Standards and Control (NIBSC). The Institute is a respected multi-disciplinary scientific establishment with national and international roles in the standardization and control of biological substances including viral and bacterial vaccines. Since 1976, the institute has been directly funded by the U K Health Departments.

Members of the U.K. Health Departments have led the charge against Wakefield and his theory and have spent enormous amounts of money on an MMR awareness campaign. Elizabeth Miller, Director of the U.K. Health Protection Agency's immunization department, co-authored, with Taylor, several anti-Wakefield studies.

But back to M.A. Afzal of the NIBSC, who according to Reuters was certain in 2006 that the measles virus material genuinely did not exist in the patients' blood samples because he and his team did not find it. He must have

been aware that a Japanese team from Tokyo University led by H. Kawashima had found the same "genetic material" in the blood of children with autism in 2000: "In order to characterize the strains that may be present, we have carried out the detection of measles genomic RNA in peripheral mononuclear cells (PBMC) in eight patients with Crohn's disease, three patients with ulcerative colitis, and nine children with autistic enterocolitis..."

Kawashima discovered and reported that "the sequences obtained from the children with autism were consistent with being vaccine strains" and that the results were concordant with the exposure history of those children. (5)

So how come Team Tokyo found vaccine-strain measles virus genomic RNA in peripheral mononuclear cells of vaccinated autistic children in 2000 and Team U.K. found nothing in 2006?

The answer to that perplexing and rather sensitive question may be in a very interesting study that was published in the Journal of Medical Virology in May 2003, titled appropriately "Comparative evaluation of measles virus-specific RT-PCR methods through an international collaborative study" and authored by both Afzal and Kawashima, in addition to renowned experts A.D. Osterhaus, S.L. Cosby, L. Jin, J. Beeler and K. Takeuchi. (6)

That international panel found, "Comparison of RT-PCR assays established in house at various places revealed that laboratories could differ in sensitivity by as much as 1,000-fold in terms of the ability to detect measles virus sequences in clinical samples. The study indicates that PCR findings, positive or negative, are questionable if they are not supported by the associated data demonstrating the overall sensitivity of the assay applied. Measles virus-specific RT-PCR-based assays need to be validated using standard virus preparation or nucleic acid-based target templates. A correlation between real-time quantitative PCR and the conventional PCR for measles virus is highly desirable." The above is simply noted with interest.

Coincidence after coincidence

Andrew Wakefield published his now famous article, "Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children," in The Lancet on Feb. 28, 1998. (7)

Before that date, M.A. Afzal published a total of 16 studies and was the lead author in nine of them. Twelve works were about mumps and four dealt with assorted virology topics. Afzal did not write a single article or publish any research dealing with measles, MMR, autism, inflammatory bowel disease or related subjects before Wakefield's landmark article.

Since Feb. 28, 1998, M.A. Afzal has published 20 articles: 13 were about measles, MMR and related topics; six dealt with mumps; and one was on other viral topics. He was lead author in 13 of the 20.

The first Afzal paper on the topic of measles titled "Absence of measles-virus genome in inflammatory bowel disease" was also published in the February 28, 1998 issue of the Lancet, five pages after Wakefield's article. (8)

An abstract of the Afzal research was not available for quoting, but it appears from the title that the virologist and his colleagues at the NIBSC did not find measles-virus genome in patients with inflammatory bowel disease.

Measles infection and inflammatory bowel disease

In the summer of 1998, Balzola, Khan, Pera, Bonino, Pounder and Wakefield reported measles IgM immunoreactivity in patients with inflammatory bowel disease (IBD). Their research revealed specific and fluctuating immune response to measles virus in patients with Crohn's disease and ulcerative colitis. (9) Afzal and colleagues published "Absence of detectable measles virus genome sequence in inflammatory bowel disease tissues and peripheral blood lymphocytes" in the Journal of Medical Virology. (10) According to the authors, in spite of using a "highly sensitive measles-specific RT-PCR-nested PCR system," they failed to detect the presence of measles virus in 93 colon biopsies and 31 peripheral blood lymphocyte preparations, examined and obtained from patients with IBD and non-inflammatory controls.

It seems from the above that M.A. Afzal was looking for evidence of viral presence in the colon (large intestine) and did not find any. Wakefield had better luck, a little later, when he looked for such evidence in the ileum. Afzal was certainly aware that the children tested by the Royal Free Team had ileal lymphonodular hyperplasia. In virology, as in life, it's always better to look in the right spot.

The fact that Afzal could not find evidence of measles genomic RNA in the peripheral blood in 1998 is not surprising. Eight years later, as noted earlier, he still can't.

Measles virus and Crohn's disease

In April 1999, Wakefield, Montgomery and Pounder published "Crohn's disease: the case for measles virus." (11) They reported, "We and others have suggested that measles virus may be causally related to Crohn's disease, and that the associated risk is an atypical pattern of exposure..

The data for Crohn's disease suggest that persistent infection may follow early low dose exposure and low zone immunological tolerance. The changing pattern of measles virus exposure this century would be consistent with a shift toward lower dose of infection. Such an exposure would also be consistent with persistence of the virus at very low copy number within discrete foci of granulomatous inflammation.."

Afzal, Minor, Armitage and Gosh published "Measles virus and Crohn's disease" in June of the same year. (12) An abstract of the publication is not available for review but the similarity of the two titles is simply astonishing.

2000: MMR safety review

In their careful and detailed scholarly article on MMR safety, "Measles, mumps, rubella vaccine: through a glass, darkly," (13) Wakefield and Montgomery reviewed the safety testing of MMR vaccine or lack thereof.

In "Clinical safety issues of measles, mumps and rubella vaccines," (14) Afzal, Minor and Schild did not directly respond but essentially reviewed all the studies that had been done by the anti-Wakefield camp and

had failed to identify the presence of measles virus genomic RNA in patients with IBD. In the available abstract, M.A. Afzal stated, "Based on the published data reviewed here, it can be concluded that there is no direct association between measles virus or measles vaccines and the development of Crohn's disease, a conclusion which is supported by most epidemiological findings."

The above statement obviously can be correct. On the other hand, presuming that because the studies reviewed did not reveal a relationship between measles vaccine and IBD that none exists appears somewhat presumptuous.

As to the safety of the MMR vaccine, one need only mention one of the conclusions of the recent comprehensive Cochrane MMR Review: "The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, are largely inadequate."

APRIL 2002

In "Potential viral pathogenic mechanism for new variant inflammatory bowel disease," Uhlmann and associates, including Wakefield, published results of their meticulous research. It revealed that "75 of 91 patients with a histologically confirmed diagnosis of ileal lymphonodular hyperplasia and enterocolitis were positive for measles virus in their intestinal tissue compared with five of 70 control patients. Measles virus was identified within the follicular dendritic cells and some lymphocytes in foci of reactive follicular hyperplasia. The copy number of measles virus ranged from one to 300,00 copies/ng total RNA." The authors concluded, "The data confirm an association between the presence of measles virus and gut pathology in children with developmental disorder." (15)

M.A. Afzal and associates did not immediately respond. Instead, they published two well-written but highly technical papers on the newest-available, very delicate PCR testing procedures. The 2003 publication was discussed earlier. (5) The second, published in the Journal of Medical Virology in May 2004, is listed for completion. (16)

The Afzal group response to the 2002 Uhlmann paper seems to be the most recently published study (May 2006) in the Journal of Medical Virology. It was reported by Reuters and discussed earlier. (17)

"Leukocyte preparations from children with documented evidence of MMR vaccination and confirmed diagnosis of autism were examined by several assays designed to target multiple regions of the measles virus genome sequence. No sample was found positive by any method. The assays applied were highly sensitive, specific and robust in nature, and were based on the amplification of measles virus RNA transcripts by real-time quantitative RT-PCR (QRT-PCR) as well as by conventional RT-PCR-nested PCR. The assays applied were potentially able to detect measles virus RNA down to single figure copy numbers per reaction. The amount of total nucleic acid extract of leukocytes subjected to various measles virus-specific investigations was several-fold higher than minimally required of a sample where measles virus persistence is well documented. This study failed to substantiate reports of the persistence of measles virus in autistic children with development regression."

Again one should mention that M.A. Afzal and associates investigated only 15 children with autism "who had received the MMR vaccine as part of the UK routine immunization schedule." If these children had early-onset autism and happened, as clearly stated, simply to have "received the MMR vaccine as part of the UK routine immunization schedule," they may not necessarily have the typical findings of autistic enterocolitis.

The children in the Wakefield studies have regressive autism, a totally different entity; in most, the very clear regression seemed to have been chronologically related to their MMR vaccination.

CONCLUSIONS

This review cannot ascertain whether the recent publication by M.A. Afzal and associates (17) was a response to the 2002 study by Uhlmann et al (15) or was intended to pre-empt the recent important report from Wake Forest University.

It does demonstrate, on the other hand, a sudden and intense interest on the part of Afzal in measles virus genomic RNA, the MMR vaccine, autism and inflammatory bowel disease starting in 1998.

As more future studies supporting and confirming the Wakefield findings are published in the U.S. and elsewhere, it would not be surprising if M.A. Afzal and his associates continued their sophisticated research and still found nothing, as they have all along. Future publications by the group will be celebrated by the vaccine authorities and medical groups, as long as they continue to report negative findings.

The medical authorities will undoubtedly declare that because Afzal and friends found nothing, there was, indeed, nothing and, therefore, that the measles virus and the MMR vaccine are not in any way responsible for the sudden regression of a small percentage of children, who are genetically predisposed to autism.

And that would be truly tragic.

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AUTISM INTELLIGENCE ANALYSIS

By Bob Greenfield, grandfather of an autistic child. February 2007.

What is the Significance of Candida in Childhood Autism?

In 1998, Dr Bernard Rimland wrote an editorial for the quarterly review Autism Research International entitled Candida Caused Autism? The editorial described the features of what appeared to be a subgroup of autistic children who suffered from persistent infections of candida fungus. One particular feature was that these children had normal development until around eighteen months of age and then regressed into autism.

Analysing the health profiles of these children, Dr Rimland produced a check sheet of symptoms commonly seen. These symptoms included oral thrush and nappy rash, symptoms that occur well before these children suddenly socially disconnect and then start to regress into autism.

In March 1991, Brenda O'Reilly, founder of Allergy Induced Autism (AIA), a support group representing children who had regressed into autism after a year or so of normal development, noticed that in AIA children candida was unusually common, seemingly caught from their mothers at birth.

Our granddaughter, who began an autistic regression at age two and a quarter, had persistent oral thrush in infancy and severe chronic nappy rash as a toddler, seems typical of the children described by Dr Rimland and Mrs O'Reilly.

When later checking GP consulation dates, we found that our granddaughter's oral thrush developed four days following her first DTP vaccination, and her severe nappy rash soon after her 18 month DPT vaccination. Her regression began straight after a Haemophilus B (Hib) vaccination.

This analysis concerns prolonged candida growth in children before the onset childhood autism.

WHAT IS GOING ON?
A CLUE FROM AIDS?

Candida is a recognised symptom of immune system impairement. It is commonly seen in HIV AIDS patients as the disease progresses from the symptom free phase to where fatal infections develop. It appears as oral thrush, when an AIDS patient's white blood cell count of CD4+ T lymphocytes or helper T cells is depleted to about a quarter of the healthy value

The appearance of a candida problem suggests a critically impaired immune system, with any further impairment posing a serious risk of a life threatening infection.

IMMUNE SYSTEM FINDINGS IN AUTISTIC CHILDREN

A number of immune system abnormalities have been found in autistic children. The late professor Reed Warren studied this issue for many years and concluded that 80% of autistic children had at least one immune system abnormality.
In recent years attention has been given to an imbalance in the functions of CD4+ helper T cells, classified by immunologists into two functions known as T helper 1and T helper 2, (Th1 and Th2). For good health, the immune system needs to maintain well balanced Th1 and Th2 responses. Th1 function provides defense against viruses and fungi, including candida, and a principal Th2 function is to control antibody production.

A number of researchers have found an imbalance in Th1 and Th2 functions in autistic and ADHD children, with the Th1 function being depressed but the Th2 function remaining within normal limits.

WHAT IS THE EFFECT OF VACCINATIONS?

At the 1999 Allergy Induced Autism Conference a parent at an autism conference asked US immunologist professor Joseph Bellanti what biological mechanism explains how a previously normal child develops autism or Attention Deficit Hyperactivity Disorder after a DPT or MMR vaccination.

Dr Bellanti answered in the following way:

When an antigen is introduced into the body the Th1/Th2 regulatory system is disturbed. He gave the example of a positive tuberculin test becoming negative if carried out after measles vaccination. He went on to explain that this effect is now thought of in terms of a shift in the immune response from type Th1 to Th2. Early in the process, the Th1 response is depressed, but later recovers.So what has been found?

Problematic candida is unusually common in autistic children, and may be evident long before autism is triggered in childhood.

Depressed Th1 immune function has been found in autistic children.

Vaccination depresses Th1 immune function.

Prolonged Candida infection has developed after vaccination.

WHAT DOES THIS ALL MEAN?

Of all the possible explanations, the most likely explanation for the candida in autistic children that it is a symptom of a critically impaired immune system, where Th1 function, which protects against candida, is depressed.

Further depressing Th1 immune function by vaccination in children where this function is already low, seems to risk causing critical immune system impairement.

What is most intriguing, is that although Th1 function is supposed to later recover after suppression by vaccination, post vaccination candida has been seen to persist for over a year. Full recovery of Th1 function after vaccination appears to have been quite prolonged.

WHAT FURTHER INVESTIGATIONS CAN BE DONE?

I believe the important issue is to find out whether vaccination critically impairs an already below optimal immune system. This is impossible to do directly unless before and after vaccination blood tests are carried out on a large number of children.

An inexpensive easy to do investigation would be to check GP consultation records of autistic children comparing dates of consultations for candida symptoms with vaccination dates.

Families of autistic children with a candida problem may of course check

for themselves to see if there is any correlation between the appearance and course of their child's candida and vaccinations. *Bob Greenfield.*
ragreenfield@hotmail.com

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VACCINE'S THE RIGHT MEDICINE FOR RARE WOLF

http://news.scotsman.com/ 12/10/06

EDINBURGH University scientists have helped to develop a targeted vaccination scheme that will help save threatened species from extinction.

The researchers, working with colleagues from Oxford and Glasgow universities, said animals such as the Ethiopian wolf, the world's most endangered member of the dog family, could be protected.

Instead of immunising entire populations, the scientists said they have shown that vaccinating about 25-30 percent of Ethiopian wolves could reduce the number of animals dying from rabies.

Dr Karen Laurenson, a co-author of the study - published in science journal Nature - from the University of Edinburgh, said: "We've shown that the vaccination of wildlife is a safe method of reducing extinction threats."

Editor: As one researcher pointed out - it's interesting how just a vaccine coverage of up to 30% will apparently do the trick for wolves but when it comes to babies they need at least 95% uptake?!

HOMEOPATHY FOR BIRTH AND BEYOND

Miranda Castro is a very well known homeopath who has written about using homeopathy in pregnancy and birth. She is going to be running a one-day seminar called 'Homeopathy for Birth and Beyond' for parents, prospective parents, midwives, health visitors, doulas, complementary health practitioners and anyone interested in using homeopathy during labour and post-natally.

Miranda will be covering the top 10 remedies to take into childbirth and also homeopathy to support healing after birth for mother and baby, including remedies for breastfeeding problems. The seminar will be on:

SUNDAY 15TH JULY

at Garden Organic Ryton, near Coventry, 10am - 4.30pm

The seminar price of £55 (£80 if an employer, e.g Health Authority is paying) includes an organic vegetarian lunch, refreshments, and free entry to the beautiful gardens of the Henry Doubleday Research Association at Ryton.

For more information or to book a place, contact Angie Corbett on: 01926 428599 or Felicity Rock on: 01926 774583 or email angie.corbett@lineone.net

ALUMINUM ADJUVANT LINKED TO GULF WAR ILLNESS INDUCES MOTOR NEURON DEATH IN MICE

Neuromolecular Med.
2007;9(1):83-100. 23/11/2006
Petrik MS, Wong MC, Tabata RC, Garry RF, Shaw CA.
Dept of Ophthalmology and Program in Neuroscience, University of British Columbia, Vancouver, Canada.

Gulf War illness (GWI) affects a significant percentage of veterans of the 1991 conflict, but its origin remains unknown. Associated with some cases of GWI are increased incidences of amyotrophic lateral sclerosis and other neurological disorders. Whereas many environmental factors have been linked to GWI, the role of the anthrax vaccine has come under increasing scrutiny.

Among the vaccine's potentially toxic components are the adjuvants aluminum hydroxide and squalene. To examine whether these compounds might contribute to neuronal deficits associated with GWI, an animal model for examining the potential neurological impact of aluminum hydroxide, squalene, or aluminum hydroxide combined with squalene was developed. Young, male colony CD-1 mice were injected with the adjuvants at doses equivalent to those given to US military service personnel. All mice were subjected to a battery of motor and cognitive-behavioral tests over a 6-mo period postinjections. Following sacrifice, central nervous system tissues were examined using immunohistochemistry for evidence of inflammation and cell death.

Behavioral testing showed motor deficits in the aluminum treatment group that expressed as a progressive decrease in strength measured by the wire-mesh hang test (final deficit at 24 wk; about 50%). Significant cognitive deficits in water-maze learning were observed in the combined aluminum and squalene group (4.3 errors per trial) compared with the controls (0.2 errors per trial) after 20 wk. Apoptotic neurons were identified in aluminum-injected animals that showed significantly increased activated caspase-3 labeling in lumbar spinal cord (255%) and primary motor cortex (192%) compared with the controls.

Aluminum-treated groups also showed significant motor neuron loss (35%) and increased numbers of astrocytes (350%) in the lumbar spinal cord. The findings suggest a possible role for the aluminum adjuvant in some neurological features associated with GWI and possibly an additional role for the combination of adjuvants.
PMID: 17114826 [PubMed - in process]

(Ed: This article relates to Vaccines show sinister side on page 12.)

FASTING, DETOXIFICATION, RAW FOODS AND HEALING

15 APRIL 2007 6PM - 8PM • BRIGHTON

For details and bookings please contact Karel on: 01273 277309

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TALK BY JOHN FIELDER, AUSTRALIA

John Fielder, DO, DC, ND (Adel), Osteopath and Lifestyle Consultant is one of the top authorities on fasting in Australia and has written several books including Fasting: The Principles and Practice, CD: About Fasting, Detoxification, Raw Foods and Healing of Disease and the Handbook of Natural Hygiene. In 1971 he established the Clohesy River Health Farm in Queensland and in 1993 the Academy of Natural Living - a teaching arm for the promulgation of the disciplines of natural hygiene, nature cure and biogenic living.

At this seminar, John Fielder will provide an illustrated lecture on the development of the Clohesy River Health Farm, from virgin land to present day. Based upon sustainability and using only organic and biodynamic methods of agriculture to enable people to be self-sufficient, the farm has treated almost every imaginable condition including epilepsy, elephantitis, high blood pressure, heart conditions, broken bones and childhood diseases. He will explore some of the many cases that have been treated since its beginning in 1971, followed by the opportunity to ask questions.

NEW WEBSITE ON VACCINATION

Our objective at WAVE is to catalogue the world's largest scientific (and media) database of evidence questioning and refuting vaccine safety, effectiveness, and necessity.

Our Board of Directors already include some excellent scientific minds and prolific speakers and writers. We intend to continue to coalesce authorities, experts and a concerned public to better educate the public.
This is, by design, meant to be a collaborative project. If you would like to involve yourself in it's development please see: Become a Contributing Associate Member www.novaccine.com/contributingmember.asp
Dan Schultz, DC. (USA). Email positivelydan@aol.com

www.novaccine.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
For those who have previously attended Trevor's presentation and would like to hear more there is now a **Part 2.**

BRIGHTON
Part 1: 6 June 2007
Part 2:
7 March 2007 • 4 July 2007
For details contact Karel on:
01273 277309

LONDON
15 May 2007
Friends Meeting House
Euston Road, London NW1
Limited places so bookings in advance please. Early bird bookings £8 before 31 March.
Magda on: 01903 212969

*The booklet **'Comparing Natural Immunity with Vaccination'**, based on Trevor's presentation is now available from The Informed Parent at the cost of £5.50 including postage and packing.*

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 their decisions

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, childhood illnesses and the promotion of health.

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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