

Polish Health Minister, a family doctor, tells Parliament she will not allow use of untested swine flu jabs

www.theflucase.com

Thursday, 05 November 2009

The Polish Health Minister Eva Kopacz today told Parliament during a heated debate on the swine flu vaccination that she, as a qualified family doctor with more than 20 year of experience, will not authorise the use of untested vaccines on millions of people in Poland when there is inadequate information about the safety of the jabs. She said the secret contract that the Polish government was supposed to sign with pharmaceutical companies had more than 20 clauses which are against the law. Kopacz noted that governments in Western Europe had signed secret agreements with pharmaceutical companies, but suggested that the prosperity of the people of Poland was more important to her than the profits of Big

Pharma. She noted that there are three vaccines proposed for Poland with different types of adjuvants and was concerned that these vaccines were all being treated as if they were the same.

In addition, she observed that only 13% of the people in Germany want to take the swine flu jab even though 5 times more people in Germany take the regular flu shot than in Poland, and asked why the Germans are so unwilling to take the jab. She said there was secrecy surrounding the contents of the vaccines. There is no information about the amount of adjuvants in the vaccines, she added.

Furthermore, the family doctor and Health Minister said there is absolutely no information about the side effects of the swine flu jab. The pharmaceutical companies did not want to take responsibility for the jab.

Also, she said that trials for the swine flu jab were being conducted on a relatively small number of healthy people and that these were not adequate for her to recommend the jab.

Moreover, Kopacz said that the regular flu was much more common and dangerous than the swine flu - and yet no pandemic had been declared over the seasonal flu. Why is there such a panic about the swine flu virus? She asked.

Kopacz said that the Polish people can tell the difference between objective facts and the truth and lies. She noted that all 193 people who allegedly had the swine flu in Poland had survived.

Finally, she called on the people of Poland to show their support for her as she comes under growing pressure from the pushers of the "swine flu" jab to give the people the dangerous and untested jab.

GPs & practice staff on frontline turn down swine flu vaccine

BY NIGEL PRAITIES 04 Nov 09

www.pulsetoday.co.uk

MANY GPs and practice staff are refusing to be vaccinated against swine flu, even in 'hot-spot' areas where rates of infection are rising fastest.

At some practices no front line staff have agreed to have the vaccine, despite BMA and Government warnings that it is 'crucial' to the success of the campaign.

And some GPs warned there were early signs that take-up among patients might also be disappointing, amid continued fears over vaccine safety. A Pulse survey in August found nearly half of GPs had at that time been planning to turn the vaccine down, with doubts over safety one of the key reasons.

Dr Niall Finegan, a GP in Salford, Manchester - close to a hot spot in Trafford

- said he, the four other GPs and six staff members at his practice planned to refuse the vaccine, and that he did not believe there was enough evidence it was safe. 'It's not been around very long. The fact we are testing it out on pregnant women does not bear thinking about,' he said. Dr Louise Warburton, a GP in Telford - identified as one of the country's hotspots, with nearly three times the national average consultations for influenza-like illness - said she was planning to say no to the vaccine, as were many other local GPs.

Practice staff were also reluctant in many areas. Dr Helen Groom, a GP in Sunderland - also a hot-spot - said she would have the vaccine, but around a third of her 23 staff planned to refuse it.

And some GPs warned their own doubts were shared by patients. Dr Andra Jayaweera, a GP in Rayleigh, Essex, said she

would not have the vaccine, and nor would her practice staff and many of her patients: 'I usually get 100% uptake for seasonal flu, but for swine flu the response is very low.'

Dr Liz Miller, a locum GP in London, said she would not recommend the vaccine to her patients because of safety concerns: 'I do not intend to be vaccinated, nor will I recommend it to patients. It is untested and unnecessary. It's time doctors started thinking for themselves instead of mindlessly obeying the Department of Health because they are terrified of missing out on free money.'

But Dr David Wild, a GP in Hebden Bridge, West Yorkshire, said: 'I will be having the swine flu vaccine and it will be offered to all our staff. Our practice is a team and if people start having problems we will not be able carry out the vaccination programme effectively.'

Editor's note



Magda Taylor

WELCOME TO THE LAST ISSUE FOR 2009. We continue to hear about swine flu, especially now the vaccine is being introduced in many parts of the world. In this issue I have included a number of reports regarding the concerns about this latest vaccine from doctors in the UK and overseas. It is refreshing when doctors openly admit that they have concerns and will be

refusing the vaccination for themselves and their families. Let's hope that their frankness will spread to others in their profession and start an epidemic of 'thought-based medicine'!

As usual I continue to be inundated with articles from a wide array of sources and as the next issue of the newsletter approaches I then have to decide which articles to choose to ensure that I give you an interesting selection. I do try and bring forth a wide variety of articles which hopefully will satisfy your needs and give you food for thought. Obviously, there will be times when certain articles may not appeal to you, as clearly we as individuals have different philosophies, beliefs and knowledge. However, I do aim to give you a diverse

selection so that you can make your own mind up as to the validity or usefulness of the information. Some articles may be viewed as 'conspiracy theories' by some whereas others would find them totally acceptable. My aim is to give you a reasonable mix. It is good to remember that sometimes the truth can be stranger than fiction! I do include articles that I do not necessarily adhere to personally because I feel it is my duty to pass on to you as much information as I can, to enable you to come to your own conclusions. I appreciate your feedback and suggestions as this enables me to continue to meet your needs, so please keep sending in your comments and queries.

I am pleased to say that I have now had a new revised version of Ian Sinclair's popular booklet 'Health: The Only Immunity' published. It is available from The Informed Parent for £7.00 including postage and packing. Payment can be made either by cheque or via the website. As a Special Christmas offer I am making it available to subscribers for just £5.50 until 31st January 2010.

Wishing you all a jolly Christmas and good health and happiness for the forthcoming year! Thank you very much for your continued support!

Magda Taylor, Editor, December 2009

Vaccination – what is the point?

BY MAGDA TAYLOR, AUGUST 2009

OVER THE LAST EIGHTEEN YEARS I have been researching the subject of vaccination, and I have been asked on a number of occasions to write an article about the subject. It is an enormous subject and I used to find it difficult in deciding what aspects to cover.

However, these days I have reached a point of simplicity, as regards to talking or writing about vaccination, as I feel that a lot of energy can be used up questioning aspects, such as: What do vaccines contain? Are single vaccines safer than combination ones? Are some vaccines useful? Are the pharmaceutical companies just in it for the money? - and so on.

Keeping it simple for me, means just looking at the basic questions surrounding health and disease, and whether vaccination plays any positive role in the matter.

Parents often ask me for advice as to whether they should go ahead with the vaccinations, and I always stress that they must come to their own conclusion, provided it is based on a wide range of study, alongside their gut feeling. Firstly, I encourage them to look at the main theory that vaccination is based on, ie the germ theory of disease. When you look thoroughly at the main theories which form the foundation of vaccination, you may come to view germs and disease in a different way resulting in other concerns of the issue becoming irrelevant.

What do I mean by this? Well, if you come to the conclusion that germs are NOT the cause of disease then the idea of vaccination does not make sense. Even if vaccines were 100% safe and did not contain substances, such as, aluminium, mercury, formaldehyde, and animal and bird tissue, what would be the point in trying to protect yourself and your family from specific germs when they are not the cause? In other words the philosophy

behind vaccination is flawed right from the start, therefore trying to 'protect' from something that is NOT the cause is completely inappropriate.

When I first embarked on this subject I had almost no knowledge on the subject, I probably shared similar views to the majority of people. Sadly, the majority share the view that vaccination has wiped out diseases like smallpox and polio, and is on its way to eradicating all those childhood infections, such as, whooping cough, measles and mumps. I recall a pro-immunisation doctor stating that most parents have their children vaccinated to which I agreed, but I had to point out to him that most parents hold this view not due to any study of the subject, but mostly out of absolute faith that the medical professionals must know what they are doing, and that the procedure and all the vaccines must be extremely safe and effective. Many are under the illusion that if we stop vaccinating we will return to the 'dark ages' and disease will once again become rife.

In 1988, when I became a mother for

the first time, it did not even cross my mind to look into the pros and cons of vaccination, instead I diligently reported to my surgery with my baby daughter for all of the vaccinations that were due. I do not believe that any parent likes to take their baby to be vaccinated because there is an instinctive feeling that you are betraying your baby's trust by handing them over to a stranger, who then proceeds to stick a needle into one or two of their limbs – unexpectedly. Most babies do cry at that moment, however, the mantra that is frequently chanted at new parents 'that a few moments of pain will mean a lifetime of protection' can be very effective, especially if you have minimal knowledge and are swayed by the fear that is often projected on to you by the health professionals.

It wasn't until my second daughter was coming up to 12 months old that I started to investigate this subject, which was triggered by a two-page article featured in a September 1991 edition of the London Evening Standard supplement entitled 'Vaccination – The Hidden Facts' by journalist Andrew Tyler. I began to wade my way through a great deal of literature, attend lectures, and discuss the subject with various individuals, including some medical professionals.

A year later The Informed Parent was set up by four concerned mothers, including myself. The main aim being to encourage parents to look into the subject before they make a decision about whether or not to allow their children to receive all the recommended vaccines. I can only say that in all the years I have been studying the subject I have never had any doubt arise that, maybe vaccination has some positive effects on the body. The more research I participated in, the more I became totally convinced that there were no health benefits from this procedure at all. I have now come to the point where I would not even consider vaccination as an option, as in my opinion it will do absolutely nothing to enhance a baby, child or adult's health.

Yes, vaccines may be tolerated if you are reasonably healthy, but other than that, I believe that they can only have a negative effect on your well-being. This may be very minimal, just taking the

edge off your health or it may be to a greater degree. The effects are obviously very dependent on the individual's constitution and lifestyle. So why then would we want to risk tolerating vaccination if the theories behind it are erroneous?

George Bernard Shaw, who was an anti-vaccinist, as well as a well-known author and playwright, said that if Pasteur's germ theory were true there would be no one alive to believe it.

We are all teeming with microscopic life from the day we are created to the day we depart. At any given time many bacterial forms could be isolated from our bodies and yet we are not sick. Many of us will be carrying the meningococcal bacteria or the pneumococcal bacteria but

.....
"The mantra that is frequently chanted at new parents 'that a few moments of pain will mean a lifetime of protection' can be very effective, especially if you have minimal knowledge and are swayed by the fear that is often projected on to you by the health professionals."
.....

most of us do not go on to develop meningitis because we are relatively healthy. These types of disease are diseases of a compromised system, they do not just strike randomly - there will be underlying reasons.

The presence of a variety of bacteria does not automatically mean that you will develop a disease. There are numerous examples in scientific literature highlighting various doctors and scientists of the past who would swallow large quantities of bacteria to prove to their academic colleagues that germs do not make you sick if you maintain a healthy internal environment.

At the time of Louis Pasteur, another academic by the name of Claude Bernard apparently, in amidst of a group of physicians and scientists, stated: 'The terrain (meaning the internal soil of the body) is everything; the germ is nothing,' and then drank down a glass of water filled with cholera to prove his point. It has also been written that on Pasteur's

deathbed he admitted that Bernard was right regarding the germ theory, but this seems to have been completely ignored and Pasteur came to be known as the Father of Germ Theory.

Numerous books have been written on Pasteur's life and his experiments which highlight many concerns regarding the quality of Pasteur's work. In 1995 Professor Geison of the Historical Institute, University of Princeton, USA, wrote a book entitled "The Private Science of Louis Pasteur" after reviewing over 10,000 pages of Pasteur's diaries. He reported that if the results of Pasteur's experiments did not live up to his expectations, he modified his experiments until they provided the outcome desired to prove his ideas. This means in simple terms that theories based on Pasteur's experiments, such as, 'immunity' 'immune protection', 'immune defence' and 'antibody' are based on false premises.

There have been many scientists over the years, before and after Bernard, who have reached similar views on germ theory, and I would highly recommend you look at the writings of, for example, Bechamp, Enderlein, Nassens and Rife, to name a few. This is such an important area to grasp and makes studying vaccination a much easier task.

My own definition for immunity is simply health, and the best way to have good immunity (health) is to strive for healthy living habits.

Whilst much has been written about the obvious importance of a good healthy diet, reasonable physical exercise and reasonable living conditions for achieving a higher level of health and vitality, an area that is often forgotten is the importance of sound and stable emotional nourishment. You could be eating a fairly good diet, organic and wholesome, you could be taking some regular exercise, but if there are emotional stresses that lead to negative thinking, this will undoubtedly have an effect on your body. In more recent years this aspect has been addressed from a more scientific view. One such scientist, who started to question much of his orthodox training, Bruce Lipton PhD, now lectures on the subject of how our own thoughts, the way we personally perceive any given situation will have an effect on our

physiology. If we chose to look negatively at every thing we are actually weakening the cells of our body and making ourselves susceptible to disease. A positive outlook and, most importantly, a positive belief system will go a long way to keeping your body in ease rather than dis-ease. It is easy to fall into bad habits of always thinking the worse, and any kind of negative thoughts, for example, hatred, jealousy, unforgiveness, and so on, can deplete your vitality and effect your internal chemistry. To find out more about this aspect a good starting point would be to read Bruce Lipton's book: 'The Biology of Belief'. For those of you who would like to learn more about how to promote healthy thinking a particularly interesting writer I have found very useful is Dr Wayne Dyer. Much of Dyer's writing/philosophy is, in a sense, things we already know deep down inside, but which have been buried by all the hype and propaganda by so-called 'experts' that is thrust upon us daily through the media. There is always room for improvement for all of us, and when one starts to shift in to a positive thought pattern the rewards are very likely to be success, happiness and good health.

I no longer believe that you can be immune to disease in the sense that has been promoted for numerous years. It is said that over generations we become immune to certain diseases, that we may pass on immunity, or that we become immune after developing certain diseases. However, if this were true than why do some people develop the same disease two or three times over? Also, I feel absolutely certain that if we returned back to living in the same conditions as, for example, London in the late 1800s, then we would gradually witness the rise in smallpox, tuberculosis, scarlet fever, diphtheria, measles and so on, regardless of whether we're supposedly immune or not. These diseases declined and became less severe due to increased health in the population. This was achieved mostly by improved living conditions, better nutrition and sanitation. So the following generation inherited better health from their parents, and grandparents, which then led the next generation to be healthier resulting in less disease. They had better health passed on to them by the previous

generation, that was the immunity they gained. This inherited health (immunity) should have continued to increase in strength had the world populations not been bombarded by the increasing number of vaccinations and suppressive medications that have been introduced, particularly over the last sixty years. This interference in the progression of natural health has sadly resulted in more compromised individuals. Young parents

.....
"If we chose to look negatively at every thing we are actually weakening the cells of our body and making ourselves susceptible to disease. A positive outlook and, most importantly, a positive belief system will go a long way to keeping your body in ease rather than dis-ease."
.....

are not passing on such good immunity (health) on to their offspring as they themselves have mostly been vaccinated and medicated throughout their youth and this may be resulting in skewed immune systems. Recent generations are now developing more chronic disease than before, and also at earlier ages, rather than just going through a few acute childhood diseases instead. From a holistic, naturopathic point of view this would be due to their inability to throw a good fever and go through a typical childhood disease. These acute illnesses are viewed as the body's way of eliminating surplus toxins that have been building up within the child. The body's intelligence deliberately starts the process of elimination which may result in a rash disease or mucus discharge to clear out the system and put it back into a state of ease rather than leave it in a state of dis-ease.

Children with good health will not develop much acute disease, if they are particularly healthy they may only need to have minimal disease, maybe a 24 – 48 hour fever and some mucus, and this will be enough to clear them out. They may never need to develop, for example, full blown measles. A less healthy child will obviously produce stronger symptoms of disease as they have more toxic matter to be removed from the body and this will

result in a lengthier process. Either way, if the acute is allowed to run its course and not be suppressed, the result is likely to be a much healthier child after the disease is resolved. I would like to stress I am referring to acute childhood illness, not diseases of a compromised system, such as meningitis, which I mentioned earlier on in this article.

These days it is more difficult to establish the level of health the average child has. How do we define health? A parent may consider that their child is healthy because they are never ill. This is not necessarily the case – absence of symptoms of disease does not automatically mean health. If a child has been fully vaccinated, received regular doses of fever suppressants, had a less healthy diet, little exercise, and so on, then this will result in a compromised system. A child in this category may not even have the vitality to throw a good fever and start off the process of elimination. Instead the toxins that are accumulating in their system will build up to a point where more chronic conditions will start to emerge. There have been huge increases in, for example, allergies, asthma, juvenile diabetes, mental disorders, various learning difficulties and more chronic disease over the last fifty years, and many researchers who have become concerned by the vaccination procedure are convinced that the growth in these type of conditions are the result of the many vaccines a child receives in its early years.

I have only touched lightly on one of the main foundations of vaccination in this article in the hope that it will inspire you to start to look at the whole health and disease story from a different angle, then you can decide for yourself if vaccination provides any benefits. There are flaws in all the aspects of vaccination, and we can certainly see that in the developed countries of the world where 'health care' systems have been established, and vaccines and medications are regularly used, there is an increase in more chronic and long lasting sickness, rather than creating extremely healthy populations.

As the late Dr Robert Mendelsohn stated: 'Have we traded mumps and measles for cancer and leukaemia?'

Two thousand schoolgirls suffer suspected ill-effects from cervical cancer vaccine

BY LAURA DONNELLY,
HEALTH CORRESPONDENT

12 Sep 2009

Telegraph.co.uk

THOUSANDS of schoolgirls have suffered suspected adverse reactions to a controversial cervical cancer vaccine introduced by the Government.

Doctors' reports show that girls of 12 and 13 have experienced convulsions, fever and paralysis after being given the vaccine, which is now administered in schools as part of efforts to prevent women developing cancer.

Others suffered nausea, muscle weakness, dizziness and blurred vision, according to a special report drawn up by drug safety watchdogs.

The parents of one teenage girl given the jab last autumn believe it was to blame for repeated seizures which have left her with brain damage and psychosis.

The immunisation programme for teenage girls is controversial because it protects them from the sexually transmitted human papillomavirus which causes 70 per cent of cervical tumours.

When the Government introduced the Cervarix vaccination programme last year, some campaigners dubbed it a "promiscuity jab".

Campaigners and families said the new figures showed the vaccination should not have been introduced via a mass programme.

More than one million girls have already been given the jab, which is offered to all as they enter their teens. Until 2011 it will also be administered to older girls, so that all female teens below the age of 18 will be covered by the programme.

Ministers say that ultimately the scheme will save 700 lives a year, while drug safety experts insist the number of suspected reactions are outweighed by the benefits from the jab.

Most of the more than 2,000

suspected reactions recorded by drug safety watchdog Medicines and Health care products Regulatory Agency (MHRA) were mild, with dozens of girls recording rashes, pain in the arm, and allergies.

But the report prepared by the MHRA earlier this month also discloses cases in which teens have suffered convulsions, eye rolling, muscle spasms, seizures and hyperventilation soon after being given the jab.

The analysis by the MHRA, drawn up this month, found 2,107 patients had reported some kind of suspected adverse reaction to Cervarix. Several reported multiple reactions, with 4,602 suspected side-effects recorded in total.

.....
"The report prepared by the MHRA earlier this month also discloses cases in which teens have suffered convulsions, eye rolling, muscle spasms, seizures and hyperventilation soon after being given the jab."
.....

Jackie Fletcher, founder of Jabs, a support group for families whose children have fallen ill after immunisation, said she had taken dozens of calls from parents who believed their daughters had been damaged by the cervical cancer vaccine.

She said: "We have spoken to parents whose daughters have had seizures, paralysis, blurred vision, severe headaches and the loss of feeling in parts of their body.

"Doctors will try to convince parents that these problems are in their child's mind, or have nothing to do with the vaccines, but we don't think there is sufficient evidence to show Cervarix is safe."

Medical safety experts insist the benefits of the vaccine outweigh the risks.

They say many of the patients who experienced an "adverse" reaction to the jab since April 2008, including some who took part in drug trials or bought the drug privately, only suffered short-term side effects from the injection process, not as a result of the drug.

There was no evidence to suggest "isolated cases of other medical conditions" were actually caused by the vaccine, and not just a coincidence, the regulator's report said.

Cancer charities urged parents to continue allowing their daughters to have the jabs, saying the numbers were well within what would have been expected for a large-scale programme, and that most of the side effects were minor.

Robert Music, director of cervical cancer charity Jo's Trust said: "I can understand why parents would feel cautious, but this programme could reduce 70 per cent of cervical cancers.

We need to keep reviewing the evidence, but we would really urge parents to make sure their daughters have the vaccination."

Stacey Jones is one of those who believes she has suffered side effects from the vaccine. She was 17 when she had her first Cervarix injection.

Her parents Julie and Kerry, from Bilston, West Midlands, noticed her becoming increasingly emotional in the weeks following the first two jabs, but feared their "happy-go-lucky" girl had finally succumbed to adolescent moodswings.

Within four days of the third injection in March of this year, Stacey suffered an epileptic seizure, followed by 17 more in the following week.

She has now been diagnosed with a brain injury, caused by inflammation of the brain, and is being treated in an NHS rehabilitation unit in Birmingham, which helps her with basic tasks like making a sandwich.

Seizures are minimised by five types of medication, but her memory is badly damaged.

The family has been given no

explanation for how the damage occurred. Mrs Jones, 44, said: "She was such a lovely, happy go-lucky girl, now she is just a shell.

"When we go to see her, she can't remember what she has just eaten for tea. The impact on her and all of us has been absolutely devastating. I feel she

has been used as a guinea pig."

A spokesman for GlaxoSmithKline, which makes Cervarix, said the drug had to undergo rigorous testing, with over 70,000 doses used in trials before a licence was granted.

He said: "The UK medicines safety agency has reviewed all reported

adverse events relevant to Cervarix and there is no evidence to suggest that the vaccine carries any long-term side effects.

"The symptoms this girl has experienced are clearly upsetting and it is understandable that the girl and her parents want to uncover the cause."

David Kirby: New Study – Hepatitis B Vaccine triples the risk of Autism in infant boys

BY DAVID KIRBY

Sept. 17, 2009 (www.ageofautism.com)

<http://www.ageofautism.com/2009/09/david-kirby-new-study-hepatitis-b-vaccine-triples-the-risk-of-autism-in-infant-boys.html#more>

"The science is largely complete. Ten epidemiological studies have shown MMR vaccine doesn't cause autism; six have shown thimerosal doesn't cause autism." Dr. Paul Offit, "Autism's False Prophets"

"16 studies have shown no causal association between vaccines and autism, and these studies carry weight in the scientific industry." Dr. Nancy Snyderman, NBC Today Show Medical Editor

CONVENTIONAL WISDOM holds that the autism-vaccine question has been "asked and answered," and that least 16 large, well-constructed epidemiological studies have thoroughly addressed and debunked any hypothesis that childhood vaccination is in any way associated with an increased risk for autism spectrum disorders.

But there are several critical flaws in such an oversimplified generalization, and they are rarely given close examination by public health experts or

members of the media.

To begin with, it is unscientific and perilously misleading for anyone to assert that "vaccines and autism" have been studied and that no link has been found. That's because the 16 or so studies constantly cited by critics of the hypothesis have examined just one vaccine and one vaccine ingredient.

The current US childhood immunization schedule calls for 28 injections with 11 different vaccines against 15 different diseases by two years of age. Of those 11 vaccines, only the Measles-Mumps-Rubella (MMR) shot has been studied in association with autism, (although a CDC study of an MMR-plus-chickenpox vaccine did show that the risk for febrile seizures in infants was doubled.)

Meanwhile, those 11 vaccines contain scores of ingredients, only one of which, thimerosal, has ever been tested in association with autism.

It is illogical to exonerate all vaccines, all vaccine ingredients, and the total US vaccine program as a whole, based solely on a handful of epidemiological studies of just one vaccine and one vaccine ingredient. It is akin to claiming that every form of animal protein is beneficial to people, when all you have studied is fish.

Now, a new study has shown that giving Hepatitis B vaccine to newborn baby boys more than triples the

associated risk of developing an autism spectrum disorder.

An abstract of the study was published in the September, 2009 issue of the respected journal *Annals of Epidemiology*. In it, Carolyn Gallagher and Melody Goodman of the Graduate Program in Public Health at Stony Brook University Medical Center, NY, wrote that, "Boys who received the hepatitis B vaccine during the first month of life had 2.94 greater odds for ASD compared to later- or unvaccinated boys. Non-Hispanic white boys were 61% less likely to have ASD." The authors used U.S. probability samples obtained from National Health Interview Survey (NHIS) 1997-2002 datasets.

The conclusion states that: "Findings suggest that U.S. male neonates vaccinated with hepatitis B vaccine had a 3-fold greater risk of ASD; risk was greatest for non-white boys."

The authors noted that an earlier study by them found that hepatitis B vaccination was associated with receipt of early intervention/special education services (EIS); in probability samples of U.S. children, and that "children with autistic spectrum disorder (ASD) comprise a growing caseload for EIS."

The author's new study used a different database than their earlier study (NHIS vs. NHANES) and they found same thing, suggesting a

"Believe nothing, no matter where you read it, or who said it, no matter if I have said it, unless it agrees with your own reason and your own common sense." Buddha

validation of their findings.

Critics will point out that this sample was limited to boys born before 1999, so the results are only applicable to that U.S. male birth cohort, and that the study's cross-sectional design limits inferences on causality. Another weakness is that the autism diagnoses were parent reported. On the other hand, these results are generalizable to US boys age 3-17 born prior to 1999; vaccination status was confirmed through medical records; and there was controlling for confounders that may be associated with care seeking behaviors. (The P-value equaled 0.032) The full manuscript is currently under review by another journal.

Assuming that the full manuscript is published in a peer-reviewed journal, it will be among the first university-based population studies to suggest an association between a vaccine and an increased risk for autism. And that would be in direct contradiction to all those MMR and thimerosal studies that purportedly found no such link.

Does that mean that Hepatitis B vaccine causes autism? Of course not (though any relative risk above 2.0 is general considered to prove causation in a US court of law).

But there are other studies, both published and greatly anticipated, which might support a hypothesized causal association between HepB vaccine and ASD, at least in boys.

Any day now, data culled from CDC's Autism and Developmental Disabilities Monitoring network (ADDM), is expected to be published in the Morbidity and Mortality Weekly Report, and the numbers are expected to put the rate of autism at around 1 in 100, or higher.

ADDM researchers examine the education and (when possible) medical records of all eight-year-old children in selected US cities and states. They look only at eight-year-old cohorts to allow time for all diagnoses to be made, reported and counted.

So far, ADDM has published data from just two birth cohorts: children born in 1992 (eight-year-olds in 2000) and those born in 1994 (eight-year-olds in 2002). The 1992 cohort revealed an estimated ASD rate of one in 166, or

"In addition, some recent studies and vaccine court decisions have supported the contention that Hepatitis B vaccine can damage myelin, the nervous system's main insulating component, at least in certain genetically susceptible adults and infants."

60-per-10,000. (This has since been revised to 67-per-10,000, or one in 150).

But CDC data for the same six ADDM locations showed an increase in ASD from 6.7 for 1992 births to 7.4 for 1994 births.

And now the total average number expected to exceed 100-per-10,000 for the 1996 birth cohort, born just two years later. The overarching question, of course, will be, "why?"

There are many possible explanations, though a 50% increase in just two years is astonishing, no matter what its cause.

One possible answer is the Hepatitis B vaccine, (which also contained 25 micrograms of mercury containing thimerosal up until 2002). Introduced in 1991, it was the first vaccine ever given on a population basis to newborn babies (within the first three hours after delivery) in human history.

But according to the CDC's National Immunization Survey, only 8% of infant children received the Hep B vaccine in 1992, when that birth cohort showed an ASD rate of 1-in-150.

By 1994, the number of children receiving Hep B vaccine at birth had reached just 27% --and the same cohort showed a 10% ASD increase in locations where both years were measured.

But by 1996, Hep B coverage rate had risen to 82%. And that is the cohort whose ASD rate rose to around 100-per-10,000 or more.

Correlation, obviously, does not equal causation. But the uptake rate of

that particular immunization is at least one environmental factor that did demonstrably change during the period in question.

In addition, some recent studies and vaccine court decisions have supported the contention that Hepatitis B vaccine can damage myelin, the nervous system's main insulating component, at least in certain genetically susceptible adults and infants.

A study published last October in the journal *Neurology* found that children who received the Hepatitis B vaccine series were 50% more likely to develop "central nervous system inflammatory demyelination" than children who did not receive the vaccine.

Most of this increase was due to the Engerix B brand of the vaccine, manufactured by the UK's GlaxoSmithKline. That brand increased the risk of demyelination by 74%, and patients with confirmed multiple sclerosis were nearly three times more likely to develop the disorder.

"Hepatitis B vaccination does not generally increase the risk of CNS inflammatory demyelination in childhood," the authors concluded. "However, the Engerix B vaccine appears to increase this risk, particularly for confirmed multiple sclerosis, in the longer term. Our results require confirmation in future studies."

Let's hope that future studies of neonatal HepB administration, demyelinating disorders, and ASD are completed as quickly as possible.

FURTHER INFORMATION

David Kirby is author of Evidence of Harm, a founding contributor to Huffington Post and a contributor to Age of Autism. His next book, Animal Factory: The Looming Threat of Industrial Pig, Dairy, and Poultry Farms to Humans and the Environment will be released within the year and is available now for pre-order at Amazon.

Fly in the Ointment: How parents are causing such a Buzz

BY ANNA WATSON

annawatson66@hotmail.co.uk

When I decided to start a natural health support group for concerned parents in my hometown, I had no idea that there were so many others who felt the same. Forty groups later with a thriving Yahoo group, Arnica is becoming more than a support for families... many of its members seem to be steering the boat of change head long into the wind.

Here is a little celebration of our efforts to challenge the myths and the mythmakers and to raise awareness about vaccination and health. This small selection of examples I am presenting to you are significant in the grass roots movement of Natural Immunity. Perhaps you too will be encouraged to speak up in the future!

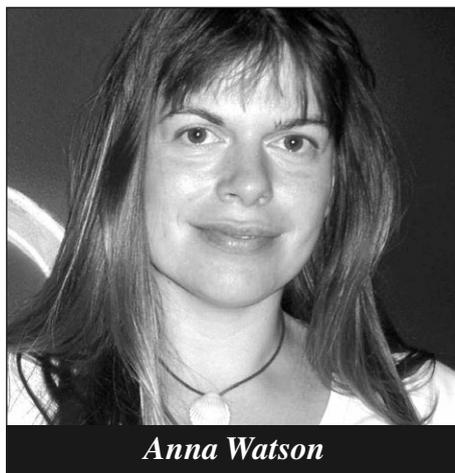
From conversations with Professor David Salisbury and Paul Offit, communications with the Gillian Merron MP Secretary of State at the Department of Health, other folk in the Department of Health, and local health care professionals... here is an edited summary.

CHALLENGING EXAMPLES

I recently rang the JCVI offices to check the details for their quarterly meeting and to find out how to register an interest in sitting as a lay member on the JCVI. Prof David Salisbury, Head of Immunisation, answered the phone!

We were both as shocked as each other and it took some moments to calm Prof Salisbury as he was very cross that I wanted to turn up at a closed meeting. I explained that no one had replied to my emails or phone calls or indeed when I left a card at the last JCVI meeting. I represented hundreds of parents from around the UK who were concerned about mandatory vaccination.

He kindly said he had time to talk, and we did for 15 minutes. I asked whether he thought that the phrase officially used to describe parents like me was appropriate? The Measles Road



Anna Watson

Show gave out a free booklet, supported by the NHS, which called us "nutty anti-vaccinators". Some of these "nutty anti-vaccinators" were parents of very sick children whom they believed were damaged after vaccines.

NO COMMENT FROM
DR SALISBURY

Well, I continued... we were concerned about the possible mandatory plans for the swine flu vaccine. Emphatically NO he said. "And I am on record for saying that. The cost of implementing it is not high but we just DON'T NEED IT, he stated. It would prove counter active to mandate it."

I moved onto adverse reactions and David Salisbury defended the Yellow Card system. "It may not be statistical, as it is passive, and will be under used but it gives us leads to follow". I explained that most doctors tell the parents that it is not the vaccine which is to blame so it takes a bold parent to ask for the Yellow Card to be filled in. Well, he answered, the parents can fill it in themselves. Well it takes a bold and informed parent to know that fact, I replied.

I mentioned several cases of severe damage after the MMR when the child had recently been exposed to, or was recovering from chicken pox. It would seem logical, I offered, that another virus and toxic load injected at this time may be too much for some children to deal with. NO COMMENT.

I ended the call after 15 minutes as I

didn't want to ramble and get stuck but at no time did he want to finish - I hope that the lines are open the next time I want to talk with him.

After posting my experience on the Arnica Parents Yahoo Group, Fleur Atkins, Nottingham, took up this issue with the NHS Immunization website who fail to make it clear that patients are now "allowed" to report adverse reactions as well as health professionals.

Dear Sir / Madam,

Introduced in 1964 after the thalidomide tragedy, the Yellow Card Scheme allows health professionals to report any suspected adverse reactions that happen after a drug or vaccine has been given to a patient.

The Yellow Card scheme is managed by the Medicines and Healthcare products Regulatory Agency (MHRA) and is used for the reporting of suspected adverse reactions to medicines.

Reports are submitted to the Committee on Safety of Medicines (CSM) on a voluntary basis by doctors, dentists, pharmacists and nurses. If your child has a severe or unexpected reaction to a vaccine, you should tell your doctor, practice nurse or health visitor.

However, I have noticed on your website (on the text copied above) that in regards the Yellow Card Scheme, it omits to say that a patient (or a parent/ carer, or a named person on behalf of a patient) can report a suspected adverse reaction to a vaccine (as with all medicines) completely independently of a medical professional.

This important change was made back in 2005.

An Independent review of access to the Yellow Card Scheme in April '04 from the MHRA states:

The Steering Committee recommends that a direct patient reporting system should be introduced. This should be via a mechanism through which patients could themselves report ADRs which they consider were due to medicines, irrespective of whether the prescriber has reported the ADR or agrees with the patient's view. (3.12)

And in the Recommendations it states: Indirect reporting is insufficient to give patients the opportunity to inform MHRA of their experience. There is good evidence that, in some situations, important features of ADRs have not been reported, as an indirect system can only provide the reporter's

interpretation of the patient's experience (section 3.12).

Please could you let me know the thoughts of the Immunisation Team about this omission.

Fleur Atkins

Their reply:

Thank you for your email dated 19 October to the Department of Health about patient reporting of suspected adverse reactions, and information contained on the NHS immunisation website:

www.immunisation.nhs.uk

You are correct in stating that patients can now report side effects to vaccines and medicines directly, via the Yellow Card Scheme.

Patient reporting is a valuable part of the Yellow Card Scheme, of which the Department is keen to continue to promote awareness. Thank you for bringing this omission regarding patient reporting to the Department's attention, and we will be in contact with the team responsible for managing the immunisation website to ensure that this information is updated.

We will be keeping an eye on that website!

Joanna, Nottingham Arnica, and founder of Vaccination Risk Awareness Network, had a fascinating communication about the changes in the new Green Book.

"I have a copy of the 1996 version of Immunisation Against Infectious Disease, the Green book, and on the measles pages, it states that measles encephalitis affects about 1 per 5000 children. I have recently looked at the 2006 version of this book and it now states that the rate for measles encephalitis is 1 in 1000 children. I would like to know why have the figures been changed? Why has measles been written as more serious than in the previous edition? If the rates for encephalitis have indeed risen, why has there been such a big increase in the 10 years between 1996-2006?

Can I ask where the NHS get their rates for complications of infectious diseases? Are the figures based on the UK or on third world countries?

.. I have two further questions about vaccination. I have tried to get

information on the ingredients of vaccines from the NHS's website on immunisation but I can't find any section on your FAO's or anywhere else on your website where you list the ingredients.

This set of letters between Joanna and Edward Corbett Customer Service Centre are really worth reading! Especially when Mr Corbett gives up the debate conceding that "Measles is a leading cause of death among young children worldwide" as though that is reason enough why the Green Book over reports measles complications, why the web site does not list ingredients, and why parents are not given the drug inserts. Full text can be found at: www.vaccineriskawareness.com/Vaccine-Debate-Page

"For Mr Corbett's information, measles is not the leading cause of death anywhere. In the developing world it is a combined effect of poverty and malnutrition with lack of clean water and war, and in the developed world it is complications due to prematurity or low birth rate, SIDS, (under1), accidents and cancer and other health issues linked to birth problems, (1-4 years), Accidents, Cancer and Homicide (5-14)" concludes Joanna on Yahoo.

One Leatherhead Arnica parent came across a University website which really annoyed her. The University of Philadelphia website stated that that you can catch Hepatitis B through sharing a washcloth and this contradicted advice given on the Hep B Foundation website.

Lynnea Arnold called the States and spoke to the infamous "immune systems of young children can deal with thousands of different antigens at the same time" Dr Paul Offit, but had no idea who he was at the time. "I spoke to a Dr. Offit on the phone. I wanted him to change the information on his website immediately. He was very defensive on the phone and made it clear that you can definitely contract Hep B through sharing washcloths! Really it's near impossible for newborns/babies/children to contract Hep B unless their mother has it. Most mothers are tested for serious illnesses during their first midwife appointment and in America they take blood every

month throughout pregnancy yet they now give newborn babies Hep B jabs in the US. I believe this is just a ploy to scare parents into thinking Hep B is a killer disease spread by children at sleepover parties. I find it outrageous that doctors like him are trying to make Hep B sound like some contagious killer by spreading the wrong information."

The website may not have changed but it is still important to respectfully challenge each other personally.

The detailed reply from Gillian Merron MP Secretary of State at the Department of Health, following here, shows that the original letter from Carmel O'Dell, Hove Arnica Group must have been extremely thorough. (Credit to Celia Barlow MP, Hove and Portslade for taking up this issue as my MP wrote back saying that "she could remember the days before vaccines and how disastrous if less people vaccinated...")

Many Arnica members write letters to MPs, some to TV stations, or Advertising Authorities, but I include a relevant edit of this letter below as it clarifies the government's position on compulsory vaccines, the role of the JVCI and the possible shift of authority from the parent to the child, issues which we have been very concerned about.

Thank you for your letter of 13 August enclosing further correspondence from your constituent Ms Carmel O'Dell about compulsory vaccination.

Ms O'Dell is concerned that the Health Protection (Vaccination) Regulations 2009 have shifted responsibility for UK vaccination policy from the Secretary of State for Health to the Joint Committee on Vaccination and Immunisation (JCVI). I can assure Ms O'Dell that the Department retains responsibility for vaccination policy. Any decision to introduce compulsory vaccination would be a policy decision, and the JCVI would therefore never be able to impose compulsory vaccination. As I explained in my previous reply, vaccination in the UK is voluntary and we have no plans to change that.

I should explain that the provisions of the Health Protection (Vaccination) Regulations 2009 are necessary to deliver the right to

receive recommended vaccinations by ensuring the Government cannot choose to ignore a life saving vaccine if it can be shown to be cost effective, safe and efficacious. In addition to the regulations, directions create a requirement for Primary Care Trusts to ensure, as far as is reasonable practicable, that any new vaccine is offered to every individual for whom it is recommended. The regulations and directions together form the mechanism of the right to be offered a recommended vaccine as stated in the NHS Constitution.

The NHS vaccination right is intended to ensure that a recommended vaccine is offered to every child and adult. It does not override any existing laws about consent. Where a child is too young to consent themselves to be vaccinated, the power to consent rests with the person with parental responsibility. The NHS vaccination right for a child therefore does not override a parent's responsibility to give consent or withhold it.

To clarify, the purpose of the JCVI is to advise the Department on which vaccines should be added to the voluntary immunisation schedule. Under the new Health Protection (Vaccination) Regulations 2009, The Secretary of State is only required to add a vaccine to the voluntary routine schedule if he asks the JCVI to consider the vaccine and the JCVI then shows it to be safe, efficacious and cost effective. However, the delivery of the vaccine (through schools, GPs or another provider) is a policy matter, and the JCVI has no binding power over this.

Ms O'Dell refers to the JCVI minutes which state the JCVI was pleased the recommendations of the committee would have the force of the law behind it. The committee asked for clarification on the constitution (NHS) including what exactly 'right' meant with respect to the right of a child to receive a vaccine when their parents were opposed to vaccination and how the constitution affected the recommendations of the JCVI with respect to legal challenge.

Ms O'Dell is concerned that this does not sound like a body committed to maintaining the voluntary nature of vaccination in the UK. However, the JCVI was asking this question specifically because it was concerned that the rights of the parent not to vaccinate their child might be overruled by the new regulations. The department was able to reassure the committee that this was not the case. I must point out that at no time has the JCVI ever supported compulsory vaccination.

With regard to Ms O'Dell's concerns that the JCVI's members have links to vaccine manufacturers, I should explain that members are required to observe the 'Seven Principles of Public Life' set out by the Committee on Standards in Public Life, and must comply with the JCVI Code of Practice. Members are required to declare relevant interests, including personal and non-personal interests, in any particular matter to be considered by the JCVI. If a member has a specific personal interest in a pharmaceutical company, they are required to leave the discussion and can return after that agenda

item has been completed. This practice also applies to other advisory bodies such as those of the National Institute for Health and Clinical Excellence.

The register of members' interests is updated regularly and details of individual declarations of interest, along with minutes of all the JCVI meetings, are published on the Department of Health website:

www.advisorybodies.dh.gov.uk/jcvi/

I hope Ms O'Dell finds this reply reassuring.

Yours sincerely,

Gillian Merron

I hope this small selection of challenges will encourage you to ask for clarification at the highest levels, explain how you feel in situations when members of the medical profession bully you or challenge anyone when they offer poor information regarding vaccinating your children. Feel free to sign up for a free newsletter or join our Yahoo group! Anna Watson
www.arnica.org.uk

Please sign up for the free newsletter or join our Yahoo group, and take a look at the website - there may be a group near to your family. Perhaps you will even consider starting one!
www.arnica.org.uk

Polish PM slams drug companies over vaccine

JAVNO
WWW.JAVNO.COM
November 06, 2009

THE POLISH prime minister said Poland wants certainty that A(H1N1) vaccines are - safe from the point of view of Polish patients.

Poland's Prime Minister Donald Tusk on Friday slammed drug companies selling swine flu vaccines for allegedly refusing to take legal responsibility for any of their possible side effects.

We know that the companies offering H1N1 vaccines don't want to take responsibility for (the) side effects - Tusk told reporters Friday in Warsaw.

Poland has not yet signed a contract for delivery of the vaccine against the A(H1N1) virus and has yet to record its first swine flu-related death. Public health officials say 200 people have tested positive for the virus.

Today we are dealing with huge pressure from pharmaceutical companies - he said.

They expect the kind of terms which are probably not in line with Polish law and in which all the responsibility is put on national governments for any legal claims connected to any possible side effects - Tusk added.

Tusk also said his country would be more inclined to buy the A(H1N1)

vaccine if the European Commission were to take legal responsibility for any side effects.

The Polish prime minister said Poland wants certainty that A(H1N1) vaccines are - safe from the point of view of Polish patients. -

The zealotry of certain countries (in administering the vaccine) seems exaggerated and out of step with the real epidemic - he added.

More than 5,700 people have died worldwide since the swine flu pandemic was first discovered in April, with most deaths 4,175 reported in the Americas region, according to the most recent World Health Organisation data.

Why is Pleomorphism unknown to modern medicine?

DR ROBERT YOUNG

www.phmiracleliving.com

A DICHOTOMY in medical speculation, an unresolved philosophical conflict, has existed from ancient times to the present. This conflict is between two theories known traditionally as Empiricism and Rationalism.

"While this conflict can be discerned in the earliest writings of the Hippocratic Corpus, from the fifth century BC, the names Empirical and Rationalist became current in Rome at the beginning of the Christian era - designating groups of physicians competing with one another ideologically and economically." (Divided Legacy, Harris Counter, pg. xv.)

The main form of medicine practiced today is of the Rationalist or Rationalist/Methodist point of view. Rationalism involves a mechanistic or chemical understanding of the human organism. It maintains that life itself can be explained by physics and chemistry, or, more generally speaking, by mechanics. Rationalism maintains that there is no essential difference between the structural chemistry of life and that of inanimate nature.

This idea of the body viewed as a machine composed of many little machines is contrary to the Empirical view that the laws governing the living organism differ from those of lifeless matter. This concept is called Vitalism.

The person as a whole is something different from a collection of viscera; the wholeness gives some extra, if undeniable, quality to the individual organs. Today we pay for our knowledge of the parts in ignorance of the whole.

Vitalism maintains that; "the organism is reactive, at all times coping with, and attempting to overcome, the stresses which impinge upon it from outside. It behaves purposively, the nature and form of its reaction being determined by the specific environmental stress encountered. It responds to challenge, which no

aggregate or assembly of non-living substances can ever do". (Divided Legacy, Harris Counter, pg. xvii.)

IN 1946, THE QUANTUM PHYSICIST ERWIN SCHROEDINGER POINTED OUT...

"that biological material has a totally different character from all other states of matter density of life - that is, the information stored per unit volume - and that of any inorganic system that has not been produced by living forms...The silicon chip must use many orders of magnitude more atoms to store the same amount of information as a gene."

.....
"Accepting Pleomorphism meant acknowledging the host organism's, the patient's capacity to defend itself (him or her) against, and dominate, the microbe.
.....

THIS IS VITALISM, QUANTUM VITALISM.

According to Harris Coulter, no perfect Rationalist therapeutic doctrine has ever been devised. Even Galen, who of all physicians in history worked hardest at theoretical consistency, left a few loose ends. But the formulation which emerged in the late nineteenth century - the specific bacterial disease treated by the 'contrary' medicine - seemed to its devotees an almost unblemished depiction of the Rationalistic reality. The above is what is what 'modern', allopathic medicine has become.

The microbe and the Germ Theory of Disease became a new organizing principle in medicine, bringing much scattered clinical data together into a series of new specific entities with some cures, specific cures. The 'germ theory' was bolstered by the doctrine of 'monomorphism' - meaning again that microbial genera and species are fixed and eternal, that the form of each

microorganism associated with a specific disease always stays the same and always causes that same disease.

"Monomorphism was above all, a practical response to an emergency situation in bacteriology. This concept of disease, emerged in a context of intense anxiety over the social depredations inflicted in every country in Europe and the United States by a series of diseases whose very names - tuberculosis, diphtheria, typhus, cholera--were chilling reminders of human mortality," (Divided Legacy, Harris Coulter, pg. 37)

MORE TO THE POINT;

"involved in the concept of Pleomorphism was the role and importance of the host organism - THE PATIENT! Microbes altered their forms in response to the patient, in response to the diet, environmental stresses the patient encountered, what poisons the patient consumed etc.." (ibid.), Harris Coulter)

SUCH IDEAS HAVE LITTLE TO DO WITH THE DOCTOR.

Pleomorphism meant that the host organism or patient was an active participant in infection and disease - in contrast to Koch and Pasteur and the monomorphists who held the microbe to be all-powerful, the host organism a passive victim. Pleomorphism meant downgrading the microbe or microform, since the host, by resisting the latter's onslaught, could alter its characteristics and make it return to a normal form as again. The patient had control over the bacteria, not the other way around. The microform found in the body are the result, not the cause of dis-ease or so-called disease.

Even the common so-called "communicable" dis-eases, e.g. strep throat or chickenpox, can not take hold, grow, if the internal milieu is not conducive to their reproduction or growth. One third of people in Europe did not get bubonic plague. In treating cancerous condition with an alkalizing pH Miracle approach, for example, one does not attack or treat the tumor at

all, instead one changes the internal environment, the internal milieu that caused the cancerous condition in the first place.

What this all means then, this pleomorphism/monomorphism controversy, is that at its most fundamental level it has socioeconomic dimensions that still effect us profoundly today.

"Accepting Pleomorphism meant acknowledging the host organism's, the patient's capacity to defend itself (him or her) against, and dominate, the microbe.

Monomorphism, on the contrary, enhanced the role of the microbe in disease, and consequently that of the physician who combats the microbe. This is the principal reason for the instinctive hostility of the majority of physicians to Pleomorphism and Wholistic/Alternative Medicine in general."

This gives the responsibility for health back to the patient...if they want it!

Pleomorphism has been a great threat to this "control" factor. This control factor means; "control of the disease with poisons that need monitored and controlled, controlling therefore, the patient and their pocket book."

The phenomena are forced into categories which can be manipulated to make a living from the practice of medicine. The monomorphists have identified their doctrine with science itself, as science itself, that Monomorphism is a law of nature, which it is not. This viewpoint has, through the years, taken on such an aspect of truth that to question it now seems a scientific sacrilege.

The followers of Koch proclaimed Monomorphism with 'religious fanaticism', stated Max Gruber in 1885. F. Loehnis stated in 1922 that the intransigence and verbal violence displayed by the various factions in this conflict resembled certain historic theological quarrels.

THIS BATTLE HAS BEEN GOING ON FOR A LONG TIME!

For all these reasons, Monomorphism was at first excessively rigid, even

dogmatic. Rene Dubious states that Koch and Pasteur; "overestablished" the doctrine of the specificity of disease causes and that blind acceptance by several generations of bacteriologist of the dogma of constancy of cell forms and immutability of cultural characteristics discouraged for many years the study of the problems of morphology, inheritance, and variation in bacteria.

"Upon clear contemplation, not only the cancer problem but the entire pathology, as taught by school medicine, have become unsustainable. In any case, it is extremely revealing of the insight that Prof. Sauerbruch, in following a series of cancer patients he treated isopathically (with pleomorphic medicines) in his hospital at the Charite and who, subsequently, in the closing years of his life again and again had pointed out that: "IF ENDERELEIN, AND NASSONS ET AL, ARE CORRECT, THEN WE CAN THROW OUT OUR ENTIRE LITERATURE".

(Blutuntersuchung im Dunkelfeld, nach Prof. Dr. Günther Enderlein, pg. 77, 1993, Compiled by Dr. med. Maria M-Bleker)

THE CONSEQUENCES OF THIS ARE PROFOUND.

Also, there are many problems that monomorphism has not been able to explain. Bacterial resistance to antibiotics is one that is becoming quite critical in today's world. The bacteria don't 'mutate' into a drug resistant form, they just change, evolve, de-volve. There is a big difference between the two forms of change. Mutation occurs rarely, Pleomorphism occurs all the time.

Another problem has been microbiology's inability to classify microorganisms in proper families and the like, genera and species because the organisms do change form. Despite the inability of a century of bacteriological research to define the boundaries of these supposed genera and species, the suggestion is never heard that the search for them should be abandoned. The monomorphist conviction that genera and species do exist somewhere

still retains a peculiarly tenacious hold.

In school I learned cultured bacteria on very particular growth media. For example, all the strep "germs" in hospital microbiology labs anywhere are grown on blood agar (sterile human or rabbit blood mixed with agar). Therefore all the germs grow the same way, all streptococcal bacteria look like little round balls in strings, if they are grown on blood agar, at a very specific pH's, pH 7.6 - 7.8, and temperatures. Change any of these conditions, the pH etc. and the germs or microforms change their form and their function.

According to Enderlein's formulations, the protits which are used as medicine actually are grown on a culture medium composed of a broth made of asparagus and agar.

In medical school you learn to never grow anything on an asparagus/agar broth so, you never see the Protits or Antione BeChamp's (An antagonist of Louis Pasteur)Microzymas or Nassen's Somatid or God's Dust.

What you see is determined by how you look at something.

IS THIS SCIENCE?

The thing is, that to classify all the different microforms that bacteria can and do assume, in the terms of contemporary microbiology would be a taxicological (taxonomy- the science of classification) nightmare. I knew in school that syphilis microbes could grow as fungal forms, on old culture plates. These plates were just ignored and thrown away.

To say that the above syphilis organism began as a protit or microzyma, somewhere, sometime, in some other generation even, and then went through all the stages that it would take to end up on an old culture plate in some microbiology lab, would require an impossible classification system, if done in the monomorphistic way.

This begs a quantum system of classification, like the definition of vitalism given by Schroedinger above.

(As an aside, when these organisms do change their form and function, for example when the protit or microzyma changes into a yeast from a bacteria, well, it just changes, instantaneously -

as if it made a quantum jump. You have to watch awhile though, through the microscope, to see this. I have seen this happen thousands of times!!!!!!!)

"If Pleomorphism were correct, scientific investigation of bacteria would be an impossibility. One grasps one's head to make sure it is still on the shoulders. The whole structure of our science threatens to collapse." (F. Loehnis, 1922) Winogradsky in (1930) called pleomorphism; "chaotic...truly, the whole of a researcher's lifetime would hardly be sufficient to follow directly all of the transformations indicated by [Felix Loehnis]."

Hans Zinsser in 1932 stated that; "If the pleomorphic surmise is a correct one, acid base--the entire structure of our attitude toward the biology of disease must be changed...If these conclusions are correct, this will bring about a revolution in biology...At the present time it is dangerous for the progress of bacteriology to accept this work until it has been satisfactorily demonstrated...Nothing short of absolute proof should be accepted or we may risk making research more difficult than it already is."

To this end, the French microscopist and bacteriologist, Gaston Naessens has described the whole cycle of the Somatid/Protit, maintaining that all bacteria are

derived from a single Somatid/Protit.

"Naessens demonstrates and describes each such stage, with return to the starting point, thus meeting an earlier objection as to the idea of a bacterial life cycle. In effect this view rejects all bacterial classification. The French have a proclivity for Pleomorphism, are more radical, and also more theoretical, and contend that the whole of the earth's microbial life constitutes a single collection of genetic material, "GENOME", (the self reproducing portion of a cell), adequate to supply every microbial genus and species." (Divided Legacy, Harris Coulter, pg. 197)

Sonea and Panisset, representing the French view, maintain that; "each microorganism has access to this genome (genetic pool) and borrows from it genes as needed - employing conjugation, transformation, transduction, and other mechanisms of gene transfer which are still incompletely known. Genes are relinquished when environmental circumstances no longer require their use for survival." (Ibid pg. 196)

The German view represented by Günther Enderlein is not much different. Enderlein finds that all microorganisms originate from a Protit that, in its culminant and most degenerative phase, turns into the fungus *Mucor racemosus*. In going from the original Protit to the fungal

form, all known bacteria are manifested, if the conditions for their manifestation, are right. This fungus then, *Mucor racemosus*, is the end, of the beginning. After it has decayed all the organic matter present it disintegrates back into the Protit it came from.

Of all the impediments to the acceptance of Pleomorphism: Rationalism vs. Empiricism; the need for Magic Bullets, specific cures and disease entities in the face of the epidemic type so-called diseases prevalent at the end of the last century; the "control" factor consisting of the contradiction between the patient healing his or herself and the doctor doing the job with allopathic, potentially dangerous drugs; the religious fanaticism and intransigence of the monomorphists; the inability of modern science to classify microorganisms into families etc. and the other inconsistencies contained in the monomorphist 'science' including drug resistance; of all these impediments I feel the most important one is the so called "complexity" factor.

"The phenomena are forced into categories which can be manipulated and named, to make a living from the practice of medicine, as easily as possible." (Harris Coulter)

It isn't complex.

Many Italian physicians reject swine flu vaccine

PRESS TV

www.presstv.ir Sat, 07 Nov 2009

ITALIAN FAMILY physicians refuse to prescribe the A/H1N1 vaccine for their patients, claiming that the risks of the vaccine outweigh its benefits.

Latest figures revealed that swine flu has infected more than 540,000 individuals, claiming the lives of 30 in Italy. The country has ordered some 48 million doses of the A/H1N1 vaccine, enough to immunize 24 million of its population, and plans to start a mass vaccination program in the coming

weeks. Italian media outlets have, however, claimed that many of these vaccines would be useless as the majority of Italians including the Deputy Health Minister Ferruccio Fazio and the Mayor of Rome Gianni Alemanno have decided against vaccination. According to a recent survey conducted, six out of every ten Italian family physicians do not prescribe the A/H1N1 vaccine for their patients particularly those with heart diseases. A member of the European Association for Quality in General Medicine (EQUIP), Gianluigi Passerini told *L'espresso* that he would not

advise vaccination for his patients, adding, "This virus is not aggressive and there is no reason to force individuals to get immunized against the virus."

Mario Nejrotti, the director of *torinomedica.com*, similarly, stressed that healthcare workers should only be urged to get vaccinated based on the severity and spread of the virus.

He added that a similar vaccine manufactured in the US in 1976 had contributed to a considerable number of cases with a severe neurological disease known as Guillain-Barré syndrome.

What Has The HPV Cancer Vaccine Done To Our Girls?

BY DANIEL FOGGO, ROSIE MILLARD
THE SUNDAY TIMES
October 4, 2009

AFTER ONE CHILD'S DEATH, we talk to parents who blame the vaccination for serious illnesses in their daughters.

Clare Ramage says her daughter Rebecca has suffered from chronic fatigue since having the jab; she is among parents taking legal action against its maker.

A year ago Rebecca Ramage was a happy, sporty teenager, a high achiever at school and a tournament-level tennis player. Today she's a 13-year-old crippled with chronic fatigue syndrome who has been laid up in bed for seven months and needs her mother's help to tackle such basic tasks as brushing her hair and getting dressed.

Last September Rebecca, along with the rest of the girls in her class at St Bede's school in Redhill, Surrey, received the first of three inoculations of Cervarix, the cervical cancer vaccine. As part of a nationwide programme the jab is being offered to every girl in the UK aged 12 to 13 to try to prevent the spread of the sexually transmitted human papillomavirus, which is linked to most cases of cervical cancer. By 2011 every girl under 18 will have been offered the jab.

A few days later Rebecca "had quite severe joint pains", says her mother Clare who, with her husband John, runs a car sales business in Reigate. "We took her to see doctors, who asked me if anything different had happened in her life. The only thing that had changed was that she had had the jab."

After a second inoculation in November she felt worse and by March she was on crutches. Nevertheless, she was given a third dose that month. Within hours she was "extremely ill", says Clare: "She hasn't been to school for seven months. I have to help her do most things, sit up in bed, brush her teeth, tend to all her basic needs. I have become her carer. My husband is having to run the business alone."

Clare is now taking part in a class action suit against Glaxo Smith Kline,

the maker of Cervarix, along with 10 other sets of parents whose daughters have suffered adverse reactions to the vaccine since the programme began last autumn.

"We are being contacted every day by new people," says Peter Todd, a solicitor of Hodge Jones and Allen in London, who is handling the case. "The basis of the claim is under the Consumer Protection Act, implemented after the thalidomide scandal. Consumers are entitled to redress if they suffered injury as a result of a defective product and this turns on a reasonable expectation of safety. As the

"Paige Brennan, 13, from Telford, remains seriously ill at Birmingham children's hospital, six months after suffering brain damage within five days of being given the last vaccination in her course of three."

manufacturers themselves give a big long list of adverse effects, presumably they accept that reactions will occur."

Cervarix burst into the headlines last week when Natalie Morton, 14, died two hours after being given the jab at the Blue Coat Church of England school in Coventry. After a post-mortem examination revealed that she had a previously undetected tumour in her chest which a Home Office pathologist described as "so severe that death could have arisen at any point", health officials in the city declared the vaccination programme would resume.

Glaxo Smith Kline, it seemed, was off the hook. Yet privately some National Health Service doctors are of the view that the injection might well have been a catalyst. Certainly Clare Ramage says that consultants who have examined Rebecca have indicated that the vaccination was a trigger for her collapse. "It is being made clear that in children who have got any condition that could be triggered by this jab, it will trigger it," says Clare, who points out that the consent letter Rebecca had brought home from school mentioned only the most

common side effects.

Julie Jones, another of the parents who has joined the class action, thinks the vaccine is to blame for her daughter's deterioration. On May 16, Stacey, 18, went to the local sports centre in Ringsfield, West Midlands, for her third and final inoculation. It was the last day Julie would see her daughter behaving normally.

"That evening she went out with my sister and brother-in-law to a party. She was very agitated all night. The next night she had a panic attack. She kept saying she couldn't breathe, she was hyperventilating." Two days later she suffered an epileptic fit and was admitted to hospital. "They told us it was sleep deprivation. But the seizures continued. We took her straight back and she was admitted for eight weeks."

It is thought Stacey is suffering from encephalitis. She is now in a brain rehabilitation unit in Birmingham. "To me it's like looking at a shell," says Julie. "She has a sort of zombie look in her eyes. She walks with her head down and her arms pulled in. It's turned our lives around."

Paige Brennan, 13, from Telford, remains seriously ill at Birmingham children's hospital, six months after suffering brain damage within five days of being given the last vaccination in her course of three. She has been unable to speak or feed without a tube and has only recently been trying to communicate.

Her parents say they were not made aware of any side effects associated with Cervarix. If they had been, they would never have allowed her to have it.

"She had nothing wrong with her before. She was healthy. Soon after having this injection she collapsed with a seizure," says her mother Margaret Brennan, 46. "I'm there every day at the hospital. It can take two years for the brain to recover, so all we can do right now is hope."

Such stories are certain to alarm parents who otherwise might have been satisfied that their daughters were being properly protected against cervical cancer in later years. The death of Jade Goody, the reality TV star, led to a rise in young

women wishing to have the vaccine. Now Natalie Morton's death and emerging news of the other claims is throwing that into doubt.

As with the MMR jab, Cervarix is not a one-shot treatment. It has to be administered on three separate occasions over six months. So parents whose daughters have had the first injection must now have two more moments of worry as their daughters go forward in the scheme.

Doctors want to vaccinate as many young girls as possible before they become sexually active, so they will be protected during their teenage years. It is thought the vaccine is effective for 10 years, thus potentially protecting women until they are 22 or 23, after which time sexual habits typically tend to calm down.

Should parents be worried? Jim Boddington, a GP in Hackney, east London, says that in his view Cervarix is a safe bet. "It's been widely trialled and produced excellent data," he says. "When you roll out a programme of vaccinations to millions, a minority will develop symptoms. Some would have developed those symptoms anyway and people are very quick to make causal affiliations."

This spring the Medicines and Healthcare Regulatory Agency showed that of the 700,000 schoolgirls vaccinated last year, more than 1,300 had officially reported an adverse reaction, ranging from convulsions and nausea to pain in the joints. That is a percentage of 0.2%. Peter Todd says he has seen

slightly higher figures reported and acknowledges that the risk seems "relatively low" but points out that if you were one of the hundreds affected, you might feel differently.

Certainly some are now deciding it is a risk too far. Kirstene Glynn, 33, a community carer from Musselburgh, near Edinburgh, will not let her daughter Hayley, 15, have the vaccine: "I refused because when I found out online about the vaccine, all I found out was horrendous. And the more I discovered, the worse it got. There are all these side effects which we are not being told about." Such as? "Seizures. Migraine. Muscle pain. Obviously in Natalie Morton's case she was killed by her tumour, but in my view you shouldn't give it to children with underlying conditions. If she hadn't had the jab she might be alive now."

This is not to say that Kirstene is anti-vaccines per se. Her three daughters have all had the MMR jab "because the benefits outweigh the risk. And you are more likely to catch measles than cervical cancer, aren't you? I have talked to Hayley about her sexual health and she knows all about condoms and having regular smears. You still have to have smears, you know, whether you have been inoculated or not".

Yet Kirstene had her daughter at the age of 17. Surely she should know about the dangers posed for young women by having sex early: "I wouldn't recommend having a child at 17 and I certainly don't

want it for Hayley. She's a clever girl and I want her to go to university. But girls are going to do what they are going to do, aren't they? They just do what they want."

Maybe that's the problem, says Richard Millard, a Hampshire GP. "There is a view that simply inoculating young women is taking the line of least resistance, a sort of liberal agenda which has been peddled since the 1960s with pretty disastrous effects," he says. "We have more teenage pregnancies than anywhere else in Europe, and the amount of STD [sexually transmitted disease] in this country now is frankly out of control."

Why not rethink the whole landscape of teenage sex, he suggests: "There are plenty of other things one could do which would reduce the risk of contracting cervical cancer, such as encouraging young women to start sexual activity later and discouraging promiscuity. A giant vaccination programme is a sort of tacit agreement that sexual activity for teenage girls is all right."

Julie Jones is in no doubt. Asked whether she would advise parents to let their daughter have the jab, she says: "I don't want it to happen to anyone else. I want the programme to be stopped in schools. They are only kids and they are being ushered into a scheme like cattle. And they are too young. It is ridiculous to expect that young girls of 12 or 13 will be having sex anyway. They are young and very vulnerable."

Pfizer Vaccine batch quarantined in Netherlands after deaths

BY PETER LOFTUS
OF DOW JONES NEWSWIRES
5/11/09

PFIZER INC. (PFE) has suspended distribution and quarantined a batch of its Prevnar childhood vaccine in the Netherlands following reports of the deaths of three infants around the time of vaccination.

The New York drug maker took the precautionary action after being notified of the deaths by Dutch health authorities, who are investigating the

matter, said company spokeswoman Gwendolyn Fisher.

Pfizer isn't aware of any causal link between the deaths and the vaccinations, and the exact causes of death aren't known, Fisher said Thursday. Other lots of Prevnar are available to continue routine vaccination in the Netherlands.

Prevnar is used to prevent pneumococcal disease in children, including a form of meningitis and a bloodstream infection. Its brand name in Europe is Prevenar. Pfizer just acquired the product through its

October acquisition of Wyeth.

The lot that has been quarantined has about 111,000 doses, Fisher said.

Prevnar generated about \$1.5 billion in sales for the first six months of 2009, the last period for which figures were reported. Pfizer also is developing a follow-up product, Prevnar 13.

Pfizer shares rose 9 cents to \$17.02 in 4 p.m. New York trading Thursday.

*By Peter Loftus, Dow Jones
Newswires; 215-656-8289;
peter.loftus@dowjones.com*

The Doctor's Dilemma

DR JAYNE LM DONEGAN MBBS
DRCOG DCH DFFP MRCGP MFHOM
GP & Homeopath

HAVING TRAINED as a conventional medical doctor and qualifying from St Mary's Hospital Medical School, University of London, in 1983; my undergraduate teaching and post graduate experience in Obstetrics & Gynaecology, Family Planning, Child Health, Orthopaedics, Emergency Medicine and General Practice led me to being a strong supporter of the Universal Childhood Vaccination Program. Indeed, I used to counsel parents in the 1980s who didn't want to vaccinate their children against whooping cough – which was regarded as the 'problematic' vaccine in those days. I used to tell them that there were, indeed, adverse reactions, associated with the vaccine – I was not one of those doctors who would gloss over such unpleasant details – but that we doctors were told that the adverse reactions that might occur after the pertussis vaccine were at least ten times less likely than the chance of getting complications from having the disease, and that, essentially, the point of giving their child the vaccine was to prevent disease.

Indeed, I used to think that parents who didn't want to vaccinate their children were either ignorant, or sociopaths. I believe that this view is not uncommon amongst doctors today.

WHY DID I HAVE THIS ATTITUDE?

Well, throughout my medical training I was taught that the people who used to die in their thousands or hundreds of thousands from diseases like diphtheria, whooping cough and measles – diseases for which there are vaccines – stopped dying because of the introduction of vaccines. At the same time I was taught that diseases like typhus, cholera, rheumatic and scarlet fever for which there are no vaccines, stopped killing people because of improvements in social conditions. It would have been a logical progression to have asked myself why, if



Dr Jayne L.M. Donegan

“My poor daughter had a terrible reaction, but I was so convinced that it was all for the best that I carried on with the rest of the vaccines then available at two, three and four months.”

social conditions improved the health of the population with respect to some diseases, would they not improve their health with regard to them all; but the amount of information that you are required to absorb during medical training is so huge, that you just tend to take it as read and not make the connections that might be obvious to someone else.

So it was a received article of faith for me and my contemporaries that vaccination was the single most useful health intervention that has ever been introduced and when my children were born in 1991 and 1993 I unquestioningly – well that is to say I thought it was with full knowledge backed up by all my medical training – had them vaccinated, up as far as MMR, because that was the ‘right’ thing to do. I even let my four-week-old daughter be injected with an out-of-date BGC vaccine at a public health clinic. I noticed (force of habit, I automatically scan vials for drug name, batch number and expiry date) that the vaccine was out of date and said, “Oh, excuse me, it looks like it's out of date”, and the doctor answered matter-of-factly, “Oh don't worry, that's why the clinic was delayed for an hour, we were just checking that it was OK to give it,

and it is”, and I said “OK,” and let her inject it..... my poor daughter had a terrible reaction, but I was so convinced that it was all for the best that I carried on with the rest of the vaccines then available at two, three and four months.

That is where I was coming from – even my interest in homeopathy didn't dent my enthusiasm for vaccines, so far as I could see, it was the same process – give a small dose of something and it makes you immune – no conflict.

SO WHAT HAPPENED?

In 1994 there was the Measles Rubella Campaign in which seven million school children were vaccinated against measles and rubella. The Chief Medical Officer sent out letters to all GPs, Pharmacists, Nursing Officers and other health care staff, telling us that there was going to be an epidemic of measles. The evidence for this epidemic was not published at the time. In later years it seems that it was predicted by a complicated mathematical model based on estimates and so might never have been going to occur at all.

We were told, “Everybody who has had one dose of the vaccine will not necessarily be protected when the epidemic comes. So they need another one.” Well, that's OK,” I thought, “because we know that none of the vaccines are 100% effective.”

What did worry me, however, was when they said that even those who had had two doses of measles vaccine would not necessarily be protected when the epidemic came and that they would need a third. You may not remember, but in those days there was only one measles vaccine in the schedule. It was a live virus vaccine, so it was supposedly like coming in contact with the wild virus, just changed slightly to make it safer and leading to immunity. (Since then, of course, the pre-school dose has been added because one dose didn't work, but in those days there was just 'one shot for life.')

And now we were being told that even two shots of a 'one shot' vaccine would not protect people when the epidemic came. At this point I began to ask myself, “Why have I been telling all these parents that vaccines are safer than getting the disease and that basically,

having the vaccine will stop their children getting the disease - the vaccines are not 100% effective, but that's basically what they are designed to do. But now it seems that children can be vaccinated, have whatever adverse reactions are associated with the vaccine and still get the disease with whatever complications may be associated with that, even when they've had two doses of the 'one shot' vaccine?

SO WHAT WAS THE POINT?

If you are wondering how come anyone would have had two doses of the 'one shot vaccine' at that time, it is because when the MMR was introduced in 1988, many children had already been vaccinated against measles, but we were told that we should give them the MMR anyway as it would, "protect them against mumps and rubella and boost their measles immunity."

We were also told that the best way of vaccinating was en masse, because this would 'break the chain of transmission'. So I thought, "I wonder why we vaccinate all these small babies at two, three and four months, why don't we just wait two or three years and then vaccinate everyone who has been born in the meantime, and 'break the chain of transmission'?"

So some things just didn't seem to quite add up. However, it is very hard to start seriously questioning whether or not vaccination is anything other than safe and effective especially when it is something that you have been taught to believe in so strongly. The more medically qualified you are, the more difficult it is, as, in some ways the more brainwashed you are. It's not easy, or at least it wasn't then, to start going down a path that might lead you in the opposite direction to all your colleagues and the healthcare system in which you work.

I read some books that questioned the wisdom of universal vaccination and these contained graphs showing that the majority of the decrease in deaths and incidence of the infectious diseases for which we have vaccines occurred before the vaccines were introduced in the 1950s and 60s for example with whooping cough; and the late 1960s with measles. I decided that I couldn't

"I was astonished and not a little perturbed to find that when you draw a graph of the death rate from whooping cough that starts in the mid nineteenth century you can clearly see that at least 99% of the people who used to die from whooping cough in the nineteenth and early twentieth century has stopped dying before the vaccine against whooping cough was introduced"

just accept what these books were telling me, especially as the message was the opposite of what I had learned up until now. The graphs in my text books and the Department of Health Immunisation Handbook (the Green Book) all appeared to show that the introduction of vaccines caused precipitous falls in deaths from vaccinatable diseases. I needed to do some research.

I decided that if I were going to seriously question what I'd been taught at medical school and by my professors, I would have to go and get the real data for myself.

Accordingly, I called the Office for National Statistics (ONS) and asked them to send me the graphs of deaths from the diseases against which we vaccinate from the middle of the nineteenth century, when we started keeping records, until now. They said, "We don't have them – except for smallpox and TB, we suggest you try the Department of Health," which I did. They didn't have graphs from the nineteenth or early twentieth century either. They said, "You'd better try the Office for National Statistics." "I've already tried them," I said, "They were the ones who advised me to contact you." It seems to be getting rather circular, so I called up the ONS once again and told them my problem. "Well," they said, "We have all the books here from when the Registrar General started taking returns of deaths from infectious diseases in 1837, you can come along and look at them if you like."

THERE WAS NOTHING FOR IT.

I had to go to the Office for National Statistics in Pimlico, with my two young children aged six and four in tow, to extract the information myself. The girls were very good – they were used to travelling/ following me around – and the library staff were very nice; they kindly gave my daughters orange juice to drink, and paper and crayons to draw with and amuse themselves, while I pulled out all the mothy old books from 1837 until 1899, after which, thankfully, there was a CD ROM that could be bought at vast expense and taken home. It was the most user-unfriendly piece of data storage that I have ever come across but it was better than having to physically be there day after day. So I went home with all my notes and the CD Rom and eventually produced my own graphs. I was startled to find that they were similar to the graphs in the books that I had recently read.

I was astonished and not a little perturbed to find that when you draw a graph of the death rate from whooping cough that starts in the mid nineteenth century you can clearly see that at least 99% of the people who used to die from whooping cough in the nineteenth and early twentieth century had stopped dying before the vaccine against whooping cough was introduced, initially in the 1950s and universally in the 1960s. I also realised that the reason the Department of Health's graphs made the vaccine appear so effective was because they didn't start until the 1940s when most of the improvements in health had already occurred, and this was even before antibiotics were generally available. If you only looked at deaths in under 15 year-olds, the drop is even more dramatic - by the time whooping cough vaccine was part of the universal immunisation schedule in the early 1960s, all the hard work had been done.

I now began to realise that graphs such as those featured in the in the Department of Health, Green Book were not a good or clear way of showing the changes in mortality (death) and morbidity (incidence of disease) that occurred before and after vaccination was introduced against these diseases.

Measles is similar: the Department of Health Green Book features a graph that

does not start until the 1940s. There appears to be great drop in the number of cases after the measles vaccine was introduced in 1968, but looking at a graph which goes back to the 1900s you can see that the death rate – death being the worst case complication of a disease – had dropped by 99% by the time the vaccine was put on the schedule. Looking specifically at under 15-year-olds, it is possible to see that there was a virtual one hundred percent decline in deaths from measles between 1905 and 1965 – three years before the measles vaccine was introduced in the UK.

LION PROWLING

In the late 1990s there was an advertisement for MMR which featured a baby in nappies sitting on the edge of a cliff with a lion prowling on the other side and a voice over saying, "No loving parent would deliberately leave their baby unprotected and in danger." I think it would have been more scientific to have put one of the graphs using information from the ONS in the advert – then parents would have a greater chance of making an informed choice, rather than being coerced by fear.

WHEN YOU VISIT YOUR GP

When you visit your GP or Heath Visitor to discuss the vaccination issue, and you come away feeling scared this is because you are picking up how they feel. If all you have is the 'medical model' for disease and health, all you know is that there is a hostile world out there and if you don't have vaccines, antibiotics and 100% bactericidal hand wash, you will have no defence at all against all those germs with which you and your children are surrounded. Your child may be OK when they get the measles but you can never tell when disaster will strike, and

"When you visit your GP or Heath Visitor to discuss the vaccination issue, and you come away feeling scared this is because you are picking up how they feel."

they may be left disabled or dead by the random hand of fate. I was like that myself, and when the awful realisation began to dawn on me that vaccines weren't all they were cracked up to be, I started looking in a panic for some other way of protecting my children and myself – some other magic bullet.

MY LONG, SLOW JOURNEY

My long, slow journey researching vaccination and disease ecology involved learning about other models and philosophies of health and the gradual realisation that it was true what people had told me all along, that 'health is the only immunity.' We don't need protecting from out there. We get infectious diseases when our body needs to have a periodic clean out. Children especially benefit from childhood spotty rashes, or 'exanthems' as they are called, in order to make appropriate developmental leaps. When we have fevers, coughs and rashes, we need to treat them supportively, not suppressively. In my experience, the worst complications of childhood infections are caused by standard medical treatment which involves suppressing all the symptoms.

What is the biggest obstacle to doctors even entertaining the possibility that the Universal Childhood Vaccination Program may not be the unmitigated success that it is portrayed to be? Or that

there may be other ways of achieving health that are better and longer lasting? Possibly it is the fear of stepping out of line and being seen to be different – with all the consequences that this can entail, as I know from personal experience. As George Bernard Shaw says in his preface to 'The Doctor's Dilemma' :-
"Doctors are just like other Englishmen: most of them have no honour and no conscience: what they commonly mistake for these is sentimentality and an intense dread of doing anything that everybody else does not do, or omitting to do anything that everybody else does."

November 2009

© Dr Jayne LM Donegan MBBS
DRCOG DCH DFFP MRCGP

MFHom 2009

www.jayne-donegan.co.uk/

FURTHER INFORMATION

More detailed information about vaccination: the diseases against which we vaccinate and the vaccines used may be obtained in Dr Donegan's report::

'Vaccinatable Diseases & Their Vaccines' at: <http://www.jayne-donegan.co.uk/LinkClick.aspx?fileticket=d%2ffky%2f1vwv4%3d&tabid=826>

To book a telephone or in person consultation to discuss health or vaccination issues, or if you would be interested in hosting a lecture or workshop in your area, please call: T/F 0044 (0)20 8632 1634 (and leave a clear message) or email: jaynelmdonegan@yahoo.com

NEW BOOK: Cellular Awakening - How your body holds & creates light by Barbara Wren

WHAT IF most of what you have been told about health and the human body was wrong?

What if you had within you the ability to heal from any condition?

A fusion of cutting edge science and ancient wisdom, Cellular Awakening

shows that whatever illness you may have, you have the potential to heal yourself. This book shatters many of the myths that currently exist regarding health and illness and presents a vision of the human body and healing that both makes sense and inspires.

Barbara Wren has been teaching and lecturing for the past 27 years, showing people a different approach to healing through nutrition and healing techniques. She is founder of the College of Natural Nutrition. For more info visit: www.natnut.co.uk

Swine Flu Vaccine

THE FOLLOWING DATA HAS BEEN COMPILED BY JOANNA KARPASEA JONES.

www.vaccineriskawareness.com

MANUFACTURERS DATA For Two Brands of Swine Flu Jab, Prepandrix and Celvapan

CELVAPAN BY BAXTER

Ingredients: Active ingredient (I assume this is bird/pig/human engineered flu virus, which is listed as whole cell virus), vero cell line (diseased monkey tissue that the virus was grown on which will be present in the vaccine in trace amounts), haemmagglutinin, tween 80 (this is polysorbate 80), sodium chloride, tris (trometamol), water.

Haemmagglutinin - This causes red blood cells to clump together.

Tween 80 - a stabilizer that is a known infertility agent. Linked to infertility in male painters and decorators due to it being in some paints. Used by the population council of WHO in developing pregnancy vaccines since the 1960's. I will post more info on my site soon about this.

Sodium Chloride - this is refined table salt which is bad for your heart and clogs up your arteries. It is particularly bad for children as they can't take as much salt as adults. A healthier kind of salt is sea salt or rock salt, rather than the refined version.

Tris - a buffer which is also an anti-inflammatory drug that has numerous side-effects including asthma and heart attack.

Contraindications to Tris are:

- active or previous peptic ulcer.
- history of upper gastrointestinal bleeding or perforation, related to previous NSAID therapy.
- suspected or confirmed cerebrovascular bleeding



Joanna Karpasea-Jones

.....
"There is NO data yet for the H1N1, swine/bird/human flu, i.e. This is a big EXPERIMENT. They have no idea of the safety before they inject your child!"
.....

- haemorrhagic diatheses, including coagulation disorders
- hypersensitivity to ketorolac trometamol or other NSAIDs and those patients in whom aspirin or other prostaglandin synthesis inhibitors induce allergic reactions (severe anaphylactic-like reactions have been observed in such patients)
- The complete or partial syndrome of nasal polyps, angioedema or bronchospasm
- concurrent treatment with other NSAIDs including cyclooxygenase 2 specific inhibitors, oxpentifylline, probenecid or lithium salts
- hypovolaemia from any cause or dehydration
- moderate or severe renal impairment (serum creatinine > 160 micromol/l)
- a history of asthma
- severe heart failure
- patients who have had operations with a high risk of haemorrhage or incomplete haemostasis
- patients on anti-coagulants including low dose heparin (2500 - 5000 units twelve hourly)
- during pregnancy, labour, delivery or lactation
- children under 16 years of age
- Ketorolac is contra-indicated as prophylactic analgesia before surgery

due to inhibition of platelet aggregation and is contra-indicated intra-operatively because of the increased risk of bleeding

- patients currently receiving aspirin
- Despite the fact that Tris is NOT suitable for children under 16, it is in the Swine Flue vaccine which will be given to children under this age.

SAFETY DATA & SIDE-EFFECTS

A previous version of Celvapan which was a H5N1 vaccine (bird flu) had the following side effects:

Injection site reactions, headache, arthralgia, myalgia.

These were only THE MOST COMMON side-effects, the NHS did not include details of more serious side-effects for its staff.

There is NO data yet for the H1N1, swine/bird/human flu, i.e. This is a big EXPERIMENT. They have no idea of the safety before they inject your child!

CONTRAINDICATIONS

Information NOT yet available!!!!

PREPANDRIX BY GSK

Ingredients:

Haemmagglutinin, split cell virus grown in egg, Adjuvant (AS03)squalene, Alpha-tocopherol, polysorbate 80, Octoxynol 10, Sodium chloride, Disodium phosphate, Potassium dihydrogen phosphate, potassium chloride, magnesium chloride, thimerosal, water.

For haemmagglutinin, polysorbate 80 and sodium chloride see text further back for explanations.

Alpha-tocopherol - E number E307.

Octoxynol 10 - A SPERMICIDE!

According to Dr Jane Harrison-Hohner from Web MD, "The active ingredients in spermicides are surfactants that attack the sperm membrane and immobilize the sperm: nonoxynol-9, -10, or -11, and octoxynol-9,-10, 13, and-40. Aerosol foams and creams tend to disperse better in the vagina; spermicides are

also available as inserts and vaginal film."

The mind boggles as to why they are putting a known spermicide into a vaccine.

Disodium phosphate - a sodium salt of phosphoric acid used as an anti-caking agent.

Potassium dihydrogen phosphate - a food additive and fungicide.

Potassium Chloride - this is potassium and chlorine. Used in processed foods, medicines and in this vaccine. Too much potassium chloride paralyses you so you are unable to breathe, hence it's used as a method of execution.

Magnesium Chloride - this is magnesium and chlorine, a powerful infection fighter and helps regenerate cells. They probably put that in there to counter all the 'poisons' they put in the vaccine.

Thimerosal - a 50% mercury compound, BANNED as an added ingredient from childhood vaccines but then the US introduced flu vaccines into the childhood schedule at the same time, which had

thimerosal in them. Proven to cause developmental disorders and implicated in autism.

Squalene - an oil found in shark livers. Triggered arthritis in rats and implicated in Gulf War Syndrome.

SAFETY DATA AND SIDE-EFFECTS

There is NO data yet for the H1N1, swine/bird/human flu, i.e. This is a big EXPERIMENT. They have no idea of the safety before they inject your child!

CONTRAINDICATIONS

Information NOT yet available!

Who do they want to vaccinate and how many doses?

They want to give people 2 doses of vaccine, 3 weeks apart.

They want to vaccinate the following groups:

Priority groups:

- Children aged 3 to 16 who are NOT high risk
- Household contacts of the immuno-compromised
- Those aged 16-64 who are not in the above groups

- Health and social care workers.

Other groups:

Those less than 65 in high risk groups including pregnant women

- Children under 5 years as part of the childhood immunisation schedule
- School aged children in a schools based programme
- All other adults.

So basically they want to vaccinate everybody in the whole country/world!

Sources:

http://209.85.229.132/search?q=cache:RbuvyWzwBe4J:www.nes.scot.nhs.uk/hai/pandemic_flu/documents/H1N1v1.003-08-09.pdf+Celvapan+data+sheet&cd=8&hl=en&ct=clnk&gl=uk&client=firefox-a
H1N1 Immunisation Programme - a resource pack to support the training of immunisers, nhs.

[http://emc.medicines.org.uk/medicine/20922/SPC/Ketorolac%2030mg%20ml%20solution%20for%20injection%20\(Beacon%20Pharmaceuticals\)/#EXCIPIENTS](http://emc.medicines.org.uk/medicine/20922/SPC/Ketorolac%2030mg%20ml%20solution%20for%20injection%20(Beacon%20Pharmaceuticals)/#EXCIPIENTS)
Data sheet for trometamol injection.
<http://ajp.amjpathol.org/cgi/content/abstract/156/6/2057>
<http://boards.webmd.com/webx?THDX@.89b5dc5b!thdchild=.89b5dc5b/0>
Web MD page.

Expert Pediatrician exposes vaccine myths

EXTRACT TAKEN FROM:
DR MAYER EISENSTEIN MD WEBSITE.
17 November 2009 www.homefirst.com

DR. LARRY PALEVSKY is a board-certified pediatrician trained at the New York School of Medicine, and one of the leading physicians in the country who, from my view, is actually able to compellingly and convincingly provide sound, rational, scientific justification as to why you need to seriously reconsider the wisdom of choosing vaccines as an option to prevent against most diseases. "When I went through medical school, I was taught that vaccines were completely safe and completely effective, and I had no reason to believe

otherwise. All the information that I was taught was pretty standard in all the medical schools and the teachings and scientific literature throughout the country. I had no reason to disbelieve it. Over the years, I kept practicing medicine and using vaccines and thinking that my approach to vaccines was completely onboard with everything else I was taught.

But more and more, I kept seeing that my experience of the world, my experience in using and reading about vaccines, and hearing what parents were saying about vaccines were very different from what I was taught in medical school and my residency training.

... and it became clearer to me as I read

the research, listened to more and more parents, and found other practitioners who also shared the same concern that vaccines had not been completely proven safe or even completely effective, based on the literature that we have today.

... It didn't appear that the scientific studies that we were given were actually appropriately designed to prove and test the safety and efficacy.

It also came to my attention that there were ingredients in there that were not properly tested, that the comparison groups were not appropriately set up, and that conclusions made about vaccine safety and efficacy just did not fit the scientific standards that I was trained to uphold in my medical school training."

Silence about vaccine deaths in media is due to the confidential contracts with vaccine manufacturers

<http://www.nationalexpositor.com/News/1897.html>
3rd Nov 2009

THE FLU CASE - I am a Swedish general practitioner working in Belgium, and quite involved in this issue, as together with three citizens and another GP we advised the Belgian Government last Friday in court that this is a disguised pharmaceutical trial on human subjects, with real risks involved.

I put in two comments on the story (see below), that are quite relevant in the context that the Swedish Newspapers have seemingly stopped reporting the intermediary results of this disguised pharmaceutical trial.

If you can read French, you will discover at: http://www.lepoint2.com/sons/pdf/vaccin-H1N1_medias.pdf that the maker of PandemRix, that is used in Sweden, passed a secret contract, the same in every European country, which specified a "Green List" of what the government MAY communicate (hardly anything!) and the "Red List" of what may absolutely NOT be made public, like intermediary results of the side effects that appear in the studies of the controversial squalene (and thiomersal) adjuvanted PandemRix until they have been sanitized by Glaxo Smith Kline researchers, and published by GSK themselves.

These contracts also confirm what

.....
"What I found mind boggling, as a doctor, is to discover Glaxo Smith Kline's "Green List" of what the government MAY communicate (hardly anything!) and the "Red List" of what may absolutely NOT be made public..."
.....

was announced in Sweden in October, that these pandemic vaccines were actually ordered already back in 2006: there was a standing order to foresee a vaccination for large parts of the population IF the WHO would declare a PANDEMIC of degree 6. When the "New-Type" A/H1N1 appeared, and it started spreading to other continents, the WHO changed their definition of grade 6 pandemic by dropping the criteria that it should be highly deadly. Thus, the government discovered that it's signed standing orders were passed simply to combat a new (designer!) strain of flu that may or may not become more or less lethal than the common Influenza A or B flu.

This has allowed GSK to do a large scale tolerance experiment of their specially formulated AVIAN-flu vaccine "Pre-PandRix" paid for by the governments, where doctors are recruited for a large scale pharmacovigilance study, without being paid as researchers, and patients receive

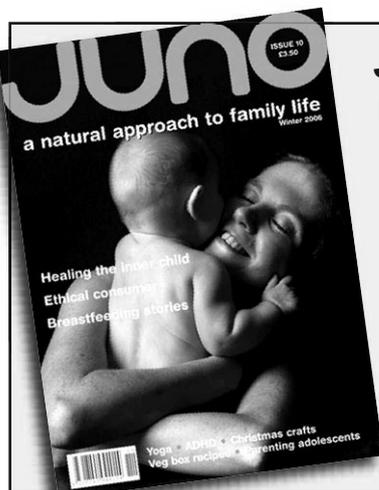
government propaganda to sign up "to protect the weak in our society", while de facto subjecting themselves to be guinea pigs in this "H1N1-dry-run" study for the future benefit of registering GSK's AVIAN flu vaccine "Pre-PandRix".

If you are to receive the "Pandremix" against the benign "new-type" H1N1-flu this season, we recommend that you first learn about the possible side effects, as GSK asked their own employees to sign an "informed consent form" before receiving the vaccine: see for ex:

http://www.asanat.org/Declaration_of_Free_and_Informed_Consent.pdf

These contracts were labeled "secret defense", and we learn a lot about "who is the boss, Government, or Big Pharma?" by reading them! You can still access them here: Keep them on your computer, they are historic! http://www.lepoint2.com/sons/pdf/vaccin-H1N1_medias.pdf

What I found mind boggling, as a doctor, is to discover Glaxo Smith Kline's "Green List" of what the government MAY communicate (hardly anything!) and the "Red List" of what may absolutely NOT be made public, like intermediary results of the side effects that appear in the studies of the controversial squalene (and thiomersal) adjuvanted PandemRix until they have been sanitized by GSK, and published by GSK themselves.



JUNO is a parenting magazine with an ethos based on conscious parenting, sustainability, social justice, non-violence and a commitment to personal growth and spiritual awareness. Juno is named after and inspired by the Roman goddess of birth, fertility, marriage & female genius.

You can subscribe on-line and read articles on our website:

www.junomagazine.com

To subscribe by post please send a cheque for £20 (6 issues) or £35 (12 issues) to: Juno Magazine, PO Box 592, East Grinstead, RH19 3AQ mentioning where you heard about us. You can also try a sample issue for £4.

The Transmission & Cause of Influenza – A Study From 1919

TAKEN FROM: ANNUAL REPORT
OF THE SECRETARY OF THE NAVY,
1919 MISCELLANEOUS REPORTS.
(EXTRACTS; PAGE 2475 & 2478)

DEPARTMENT OF THE NAVY, NAVAL HISTORICAL CENTER, 805 KIDDER BREESE SE, WASHINGTON NAVY YARD, WASHINGTON DC 20374-5060
http://www.history.navy.mil/library/online/influenza_secnavptb.htm

MODES OF TRANSMISSION

While it is presumed now, just as it was before the pandemic, that the causative agent of influenza is transmitted from person to person, either directly or indirectly, by moist secretions or fresh discharges from the mouth and nose **no proof of this has been forthcoming.** It may be assumed that the disease is highly communicable and that it spreads both by direct and indirect contact of healthy persons with patients. It may be that the virus is carried by healthy persons, but this can neither be proved nor disproved at the present time. Many of the cases of influenza are so mild that the infected individual is able to go about his business and is thus capable of spreading the disease.

Just after the crests of the earlier epidemics were reached two series of experiments were authorized by the Navy Department under arrangements made by the Bureau of Medicine and Surgery in cooperation with the United States Public Health Service for the purpose of determining, if possible, the mode of transmission of influenza as well as the causative agent.

BOSTON EXPERIMENT

These experiments were carried on jointly by Lieutenant Commander, M.J. Rosenau, Medical Corps, United States Naval Reserve Force, and Lieutenant W.J. Keegan, Medical Corps, United States Naval Reserve Force, and by Surgeon J. Goldberger and Assistant Surgeon G.C. Lake,

United States Public Health service, at the United States Quarantine Station, Gallups Island, Boston, Mass. The subjects of experiment were 68 volunteers from the United States Naval Detention Training Camp, Deer Island, Boston. These volunteers had been exposed in some degree to an epidemic of influenza at the training camp or at some station prior to coming to Deer Island; 47 of the men were without history of an attack of influenza during the recent epidemic, and 39 of these were without history of an attack of such illness at any time

.....
*“The study was begun
November 13 with an
experiment in which a
suspension of a freshly isolated
culture of Pfeiffer's bacillus was
instilled into the nose of each
of three nonimmunes and into
three controls who had a
history of an attack in the
recent epidemic.”*
.....

during their lives.

The experiments consisted of inoculations with pure cultures of Pfeiffer's bacillus, with secretions from the upper respiratory passages, and with blood from typical cases of influenza. The study was begun November 13 with an experiment in which a suspension of a freshly isolated culture of Pfeiffer's bacillus was instilled into the nose of each of three nonimmunes and into three controls who had a history of an attack in the recent epidemic. **None of these volunteers showed any reaction following this inoculation.** Another experiment was made at a later date with a suspension of a number of different pure cultures of Pfeiffer's bacillus, of which four were recently isolated. Ten presumably nonimmune volunteers were inoculated **with the same negative results.** Three sets of

experiments were made with secretions, both unfiltered and filtered, 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 were subjected to inoculation by means of spray, swab, or both, of the nose and throat. The interval elapsing between securing secretions from the donors and inoculation of the volunteers was progressively reduced in these experiments, so that in the third of the series the interval at most was 30 seconds. **In no instance was an attack of influenza produced in any 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 simulate conditions which in nature are supposed to favor the transmission of the disease. Each of this group of 10 volunteers came into close association for a few minutes with each of 10 selected cases of influenza in the wards of the United States Naval Hospital, Chelsea. At the time the volunteers were exposed to this infection the cases were from 10 to 84 hours from the onset of their illness and 4 of them were not over 24 hours after the onset. Each volunteer conversed a few minutes with each of the selected patients, who coughed into the face of each volunteer in turn, so that each volunteer was exposed in this manner to all 10 cases. The total exposure amounted to about three-quarters of an hour for each volunteer. **None of these volunteers developed any symptoms of influenza following this experiment.**

Advantage was taken of the opportunity for making this study to attempt to confirm the reported positive results of transmission of influenza by Nicolle. Secretions from five typical cases of influenza were secured, filtered, and some of the filtrate inoculated subcutaneously into each of a group of 10 volunteers. At

the same time blood was drawn from the same cases and pooled, and some of the mixed blood injected subcutaneously into each of another group of 10 volunteers. The time lost between drawing the blood and inoculating it in no case exceeded three quarters of an hour. **None of the men subjected to these inoculations developed any evidences of illness.....**

PAGE 2478:

The outstanding facts are that all attempts to transfer the disease from patients ill with influenza in the acute stages, from 10 to 84 hours from the onset of symptoms, **failed**. The direct exposure of volunteers in the hospital ward, each volunteer to several influenza patients, thus affording opportunity for transmission of the disease by what has been presumed to be the natural and usual method of dissemination, as well as the promptness with which fresh moist secretions were transferred from patient to volunteer, and the precaution to make subcutaneous inoculations with pooled blood and

“The outstanding facts are that all attempts to transfer the disease from patients ill with influenza in the acute stages, from 10 to 84 hours from the onset of symptoms, failed.”

pooled nose-and-throat secretions from patients acutely ill would appear to leave little to be desired in respect to the completeness with which this research work was performed. Further attempts were made later in Boston to secure more conclusive results by obtaining secretions from patients in the very early stages of the disease, but these subsequent experiments led to findings which were scarcely more definite than those described.

Negative as the results of these experiments were the work itself was of the utmost importance and it serves well to check the **generally entertained belief** that the transmission of an acute communicable

disease of the respiratory type is a very simple matter. While the transfer of the causative agent of such a disease from one individual to another may reasonably be assumed to take place commonly by means of the "droplet spray" directly, as well as indirectly, by means of a freshly contaminated article, such as a drinking utensil or by the fingers which have touched a contaminated article, it is nevertheless probable that immunological conditions play a most important part and that the time of exposure has a determining influence as well as the duration of exposure, the immunological state of the patient (aggressiveness of the causative microorganism) and the immunological state of the person exposed. From the results obtained in these efforts to transmit the disease, influenza especially would appear to require particular conditions for its transmission and yet the gross epidemiology of the disease indicates that it is highly communicable and spreads promptly wherever it is introduced.

(Editor: bold type my emphasis)

MEDICAL VOICES VACCINE INFORMATION CENTER

MEDICAL VOICES VACCINE INFORMATION CENTER brings awareness of vaccine issues to the forefront via medical doctors. Newly under development as of July 2009, the site will quickly become a massive library of articles, videos and presentations by doctors speaking out on the dangers of vaccines. The aim is to be an educational site for doctors who are beginning to question and become aware of the problems caused by vaccines and, additionally, a go-to resource for the public at large.

VISION STATEMENT: MEDICAL VOICES VACCINE INFORMATION CENTER will become the most comprehensive educational center on the internet for physicians seeking the truth about vaccines. This will change healthcare as we know it.

MISSION STATEMENT: MEDICAL VOICES VACCINE INFORMATION CENTER will provide educational tools through media including articles, videos, podcasts and webinars to everyone seeking the truth about vaccines. Are you aware that an organization called Medical Voices Vaccine Information Center has been recently formed? Please consider helping spread the word about an absolutely historic set of webinars hosted by medical doctors. Most of the presenters are medical doctors as well! The link to provide people is:

www.medicalvoices.org/en/events.html

A MULTI-LANGUAGE WEBSITE: If you're able to assist us with providing a multi-language website, to make the information accessible for a wider spectrum of interested parties, we would like to hear from you!

NETWORKING WITH DOCTORS INTERNATIONALLY: Regardless of the location, if you are a medical professional or you know of any who may wish to participate with information or presentations, please contact us here at Medical Voices.

Also, we would hugely appreciate any media; video, articles, books done by medical doctors (whether in the original language or translated) that speak on the real issues regarding vaccines.

SPREAD THE WORD: We welcome any help, however small, to spread the word on this highly contentious issue! We thank you in advance.



WEBSITE LAUNCH: Due to all the coverage on Swine Flu in recent months we have launched this new website immediately. The MEDICAL VOICES VACCINE INFORMATION CENTER is still in its infancy, but we aim to bring to you a vast amount of information and webinars very shortly!

Please contact Nick Haas at:
nickhaas@medicalvoices.org

www.medicalvoices.org

The Quanten Theory

HEALING VERSUS CURING

by Patrick Quanten MD

THE STRUGGLE to rid the world of disease has intensified during the last century. An obscene amount of resources has been made available in the war against illness. So far the overall impression we are left with is that there is no sign of us winning this war. It feels like a guerrilla war where you think you have found the enemy and then it turns out you haven't. The enemy keeps disappearing into the jungle. We seem to be chasing a ghost. This seems so true for infectious diseases where victory is claimed, only to have the disease return at some later date.

Our Western belief that the enemy is somewhere out there has taken root thanks to Louis Pasteur and his colleagues. They were able to demonstrate that diseased tissues contained "bugs", which they called bacteria. The logical conclusion drawn from that observation is that once we get rid of the bacteria disease will disappear. So, the commercial bandwagon started rolling. Money, time and effort were invested in the search for the magical stuff that would do the trick because it was soon realised that whoever found it - The Holy Grail - would be famous forever and rich beyond belief.

War was declared and the arms race had begun. Soon the first products, antibiotics, were developed which had been proven to be effective against the growth of bacteria under laboratory conditions. Now these products proved their worth in human beings and nasty bacteria were dying quickly, saving thousands of lives.

A party was thrown, victory was declared and bacteria were sneered at. It had turned out to be a lot simpler than anticipated, but since we are the highest evolved creation of our world we should not have doubted our strength. As we were still celebrating, the first problems started to show up. Some people reacted badly to the medication: people were having digestive problems, skin rashes,

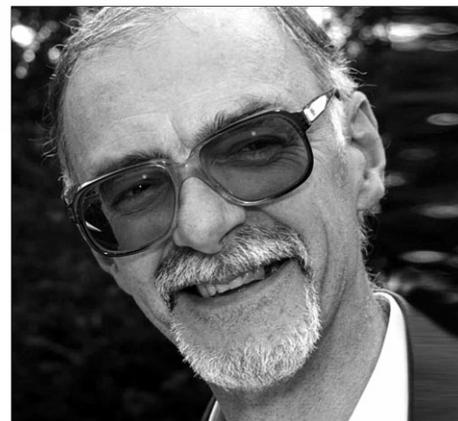
and breathing problems. However, don't worry because those complaints are due to the "roughness" of the products. Once we have refined it a bit, you will all be better off. The other problems that we noticed related to the fact that some bacteria were not dying as easily as they did when we started using these antibiotics. Well, don't worry about that because it makes sense that not all bacteria are exactly the same. So what we'll do is, we'll learn more about the individual bacteria and we will develop products that are very specific. And so the killing continues.

As we sophisticated our weaponry we became more cocky about our power and our abilities. We ignored the fact that both the problems with the medication tolerance as well as the problems with bacterial resistance increased. Convinced as we were that one day we would know all there is to know about every bacteria under the sun, we continued increasing the resources to find the illusive all-powerful antibiotic. In the same way as we continued to be convinced that one day we would find the all-powerful pesticide which would give us total control over the insect population.

They didn't read the script and neither did the bacteria!

TO CURE OR NOT TO CURE

In the mean time the idea that a person gets ill when he gets attacked from the outside had taken root in the whole of our Western Society. This belief meant that we could create an industry dedicated to eradicate the invading force. To destroy became the theme tune for the medical profession. The endless search for invading organisms took on gigantic proportions. From bacteria we moved on to viruses, parasites, worms, and fungi. We find the blithers everywhere giving us good ground to develop more products. The industry is booming. And more so, because we have managed to



Patrick Quanten MD

"The sooner the attention of our society can be switched from curing illnesses to healing people the sooner we will see peace descend upon the individual and the earth as a whole."

legislate our business.

Laws have come into force which regulate and control the development and manufacturing of medication, a nicer word than 'drugs'. We have protected and secured our field. We can claim the natural product ingredients as our own and manufacture these artificially as medication. We increase our resources of money, time and energy to study ingredients and find a disease to fight for each one of them. Once we have successfully negotiated this hurdle and a disease or condition has been found which improves whilst taking this medication we can start the money collection, our reward for our efforts in the name of the health of the population. And people are so grateful they will "invest" even more money in our business, hoping for more successes. Laws become more and more sophisticated and we now determine that anything that is seen to improve a medical condition is deemed to be a medication and will therefore come under the prescription drug law. And furthermore, no one outside the "industry" is allowed to make any medical claims as we are the only ones who are investing money, time and effort into this industry. And consequently, we are the ones who are saving thousands of lives.

We are licensed to find the cures;

nobody else is. That means that nobody else can find a cure. Anything anyone outside the industry says has to be a false claim, as they have no license to "cure". The law which we invented, states that these people must be wrong and therefore they are.

AND WE CONTINUE TO CURE.

What does "to cure" mean? – "It means: to restore to health". That's fine, I've got that. And then again there is a problem here. Since we all die, ultimately nobody gets "restored to health", do they? Therefore, measured by that yardstick "to cure" is a total failure. Well that's a pity as we have invested so much money, time and effort into the industry that we cannot be a failure. We need to do something about that. Like what?

Well, we could put time limits on the "cure". We could for instance say that we will call you "cured" of cancer if you are still alive five years after the initial diagnosis. We can then encourage an "early detection system", in which we invest a lot of money, time and effort, which will dramatically increase our "cure-rate" figures. How? Very simply. If a certain cancer will take ten years to kill a person, and we manage to detect it when it is still in it's infancy, say in the first year of its development, we will have "cured" that person without doing anything else. Early detection saves thousands of lives.

Other limits need also to be set, such as test levels. We can call a cure when certain blood levels have been achieved. Or when certain weight or strength levels are reached. Or when certain tasks have been performed. Any "improvement" can be called a "cure" providing you put the "finishing line" inside the improvement boundaries. And as we are the only ones who are licensed to cure, we are the only ones allowed to call a cure a cure. We make the definitions, we set the limits and hand out the prizes.

And what about the annoying problem when we don't find an invading critter to hold responsible for the disease. Well, then we just speculate. There certainly must be one, but we haven't found it yet. We can call it an illusive virus or something, and faithfully promise that when we do find it, it will soon be eliminated.

And the war against the invading

forces of our surroundings and the environment continues.

DEFINITIONS OF "TO CURE"

- spiritual and pastoral charge
- relief or recovery from a disease
- something that corrects a harmful or troublesome situation
- to restore to health, soundness, or normality
- to bring about recovery
- to rectify
- to free from something objectionable or harmful
- to prepare by chemical or physical processing, especially to preserve by salting, drying, or smoking

"To cure" obviously means more than just recovery from a disease. The Western Medical Authorities have hijacked the definition through the use of legislation. It now turns out that anything that helps to restore health or normality, anything that helps to free us from harm, anything that helps to correct harm or trouble is per definition "a cure". This does not solely apply to drugs produced in pharmaceutical laboratories. A mother who picks up her child after it has fallen and hurt its knee and the mother kisses the knee better, she effectively produces a cure.

In order to correct a harmful or troublesome situation one needs to change that situation. Covering up the situation through, for instance, pain control or "anti"-medication, does not change the situation. It only changes our perception of the situation, i.e. I can't feel the pain anymore, or the excess stomach acid is now neutralised. To effectively change the situation one has to make changes. These will inevitably involve changes in the way one is doing things right now, as it is that behavioural pattern which has created the harmful situation in the first place. So, a cure will only really be established by making changes.

But what about our war then?

Fighting an unknown enemy, who also adapts to the new environment much quicker than we can create it, is going to be an impossible task. Furthermore, we notice in our environment, in Nature, that there really is nothing that is just dangerous, or just advantageous. Everything seems to depend on the

balance between "constructive" and "destructive" forces. Out there, there is no war amongst the plants and animals; there is just evolution. Everything changes all the time but no one species has got it all its own way. Wouldn't it make sense to acknowledge that, as we are part of and living in Nature, our lives are following similar lines and laws. Changing environments bring changes within plant and animal life. If they are detrimental to health then we, as conscious human beings, have the capability of altering our ways in order to create "a cure", to correct a harmful situation, to restore health. We don't need to fight; we need to change.

TO HEAL

- to make sound or whole
- to restore to health
- to restore to a sound or normal state
- to mend

Healing also means restoration to health, but the definition mentions "making whole" which is not a feature of curing. Curing busies itself with situations or bits that have gone wrong, whilst healing seems to concentrate on the "wholeness". When you restore something to a sound or normal state you do not necessarily have to restore it to its original state as described in the manual.

When we heal people, we very often notice that the disease does not disappear. Yet, somehow we have the feeling that we did help that person. Healing is not about "curing diseases"; healing is about "making whole". In healing no one is fighting anything or anybody. There are no bugs or mystery causes to be destroyed. Healing is not about destroying; healing is about making whole. A person, an animal, a country or culture can be made whole without overcoming all illness and discomfort. Even Nature has its own discomforts, its own pains and anxieties, but none of it imbalances the structure. "Evil" and "goodness" are human concepts which colour our world in good and bad. These concepts do not help us to live a more whole life as they separate the seeds from the husks, the active ingredient from the impurities, the "me" from the "them". It is this separation that creates the harmful situation we are now desperate to find a

cure for. Healing brings together all those differences in a whole; it delivers the normal state.

Healing therefore can take place in spite of illness or even death. As a matter of fact before you can leave this earthly life you will have to heal to some degree because in the spirit-world, in the here-after, in the beyond, there is no discomfort, no pain. All is well, after we have passed on. Via a medium we can get some limited information about the way things are beyond death as messages are passed on to us. All these messages tell us that the suffering has finished, that life is fine now, that everything is "whole" again. This can only be when at some stage healing has taken place and life has been "made whole" again.

When people are dying we observe some very peaceful and quiet deaths, but we also experience some disturbing and terrible dying processes in which people seem to have a real "fight" before they finally pass away. What's the difference? Well, if the person is healed there will be no dissimilarities between the state before and after death and therefore the pass over will be smooth and simple. In contrast with the person who has not healed and is therefore in a different state from the one he/she is moving into. One can imagine the difficulties that may arise from making the transition under those circumstances. It may well be that it becomes a real struggle to let go of the life as we know it in order to move into the more whole life that is awaiting us. This struggle is painfully visible to anyone watching the dying process of a person in that state. However, once the transition has been made the person has

become "whole" and "normal" again.

Everyone heals before dying!

The implications are that not only has "healing" nothing to do with "curing", but also that healing is an essential part of life. One could even say that it is the goal in life to heal, because without it life is not complete, life cannot finish, life is not "whole".

TO CURE OR TO HEAL

Finding cures for illnesses, uncomfortable situations, seems so insignificant in the light of healing. Diseases must have a meaning in life which goes beyond the fact that they need rectification through intervention. Curing a disease does not make the person whole; healing a person does not cure the disease. Restoring a part of life to normal does not make the whole life normal. It never can, and never will. Restoring one part whilst leaving life as a whole abnormal will only induce another part to malfunction. This process will continue until life itself is no longer sustainable.

Illnesses are not the result of a vicious attack by an outside aggressor but are internal imbalances. Bugs appear in diseased tissues from within the tissues itself, as has been demonstrated in laboratory conditions. There are no mysterious viruses that travel vast distances or lie dormant for decades before "attacking" the innocent victim. Illness has not so much to do with "out there" as it has with "in here". It is an internal affair and should therefore be treated as one. No aggression directed toward an outside cause is making any real impact on alleviating distress caused by illness. Money, time and effort - vast

amounts of - invested in this belief system has so far only served us with the knowledge that nothing is working. What is required is a shift in thinking. We need to stop blaming outside factors for internal problems. We need to regard the whole rather than the parts as the essence of life.

Restoring life to normal, making life whole again, will allow all parts to continue functioning for their intended life span. It brings out the best in all parts which together make up the whole. In other words, life in balance will not only last longer it will also be more comfortable. A long life is no priority and we should not make statistics and compare the length of one life with another. Not all dogs are expected to live for the same time span; in effect within every species in Nature we find at any given time a number of short and long lives for a great variety of reasons. What remains extremely important though is the quality of life, and particularly in terms of wholeness. The more complete and balanced life is the more it will reach its potential. When it has reached its potential the transition into the faze beyond the Gate of Death will be a smooth one.

The sooner the attention of our society can be switched from curing illnesses to healing people the sooner we will see peace descend upon the individual and the earth as a whole. To find a cure will remain an illusive wish for the non-seer. I am afraid to say that it will not and can not happen, ever.

Curing diseases does not make people better.

Making whole does.

How to dramatically improve your health and your ability to recover from illness

- Access your body's instinctive healing power
- Discover what your body is reacting to so that the root cause of illness can be addressed
- Remove the debilitating effects of fear during illness by understanding what your symptoms are trying to achieve
- Become empowered and feel confident

of your ability to heal
Many pharmaceutical drugs are developed to stop the body from producing symptoms without understanding the underlying causes or researching if there is any benefit as to why those symptoms have been produced.
"Should we treat the symptoms of

disease, or are they an aid to recovery?"
The New Scientists Oct 23, 1993...

SomaWisdom explains the intelligent nature of the body in health and illness and provides a safe and effective alternative to traditional healthcare. To find out more about SomaWisdom visit: <http://www.somawisdom.co.uk/>

Teenage girl left brain-damaged after receiving cervical cancer jab

BY DAILY MAIL REPORTER

October 2009

A TEENAGE GIRL has been left brain-damaged after suffering epileptic seizures just days after being given the controversial cervical cancer jab.

Stacey Jones, 18, suffered her first seizure in March when she was 17, days after she had the Cervarix injection.

In the following weeks she had several more fits, causing such severe brain injury that she had to be admitted to a rehabilitation unit, where she is relearning simple tasks.

Stacey Jones (centre) pictured with her cousins at her 18th birthday party started to suffer epileptic seizures just days after having the cancer jab

According to the Sunday Telegraph, the parents of the teenager, from Bilston in the West Midlands, are convinced that the vaccination caused swelling in the brain.

The swelling has been diagnosed as the cause of Stacey's neurological problems.

Mother, Julie Jones, 44, told the newspaper: 'She was such a lovely, happy-go-lucky girl, now she is just a shell.'

'I really feel she has been used as a guinea pig.'



Stacey Jones (centre)

"I don't think there is enough evidence that the vaccination programme is safe - this all happened days after Stacey was given the vaccine, and we don't have any other explanation for what triggered her brain injury."

'I don't think there is enough evidence that the vaccination programme is safe - this all happened days after Stacey was given the vaccine, and we don't have any other explanation for what triggered her brain injury.'

Amid growing concern among parents about the safety of the jab, drug manufacturers insist that there is no evidence to suggest that the vaccine

carries any long-term side effects.

This would suggest that the timing of Stacey's seizures is mere coincidence rather than being linked to the vaccine.

The post-mortem on 14-year-old Coventry schoolgirl Natalie Morton who died hours after having the jab found this week that the girl had died from a malignant tumour on her chest.

However, a leading expert who helped develop the cancer jab today told the Sunday Express that the vaccine may be riskier and more deadly than the cancer it aims to prevent.

The doctor also claimed the jab would do nothing to lower the rates of cervical cancer in the UK.

Dr Diane Harper, who was involved in the clinical trials of Cervarix said the vaccine was being 'over-marketed' and parents should be warned about possible side effects.

Dr Harper, of the University of Missouri-Kansas told the newspaper she believed the risks were 'small but real'.

She said: 'All this jab will do is prevent girls getting some abnormalities associated with cervical cancer which can be treated.'

'It will not decrease cervical cancer rates at all.'

'Parents need to know this and that in a small number of cases there are serious side effects.'

No-fault payment for vaccine side-effects

RTE IS A PUBLIC SERVICE BROADCASTER, A NON-PROFIT MAKING ORGANISATION OWNED BY THE IRISH PEOPLE.

17 November 2009 <http://www.rte.ie/news/2009/1117/vaccine.html>

AN EXPERT GROUP report for the Department of Health (Ireland) has recommended that a no-fault payment scheme be introduced for the rare number of cases where children suffer serious adverse reactions to vaccinations provided under public immunisation programmes.

It says that for minor damage €15,000 should be paid, €75,000 in

the event of moderate damage, and €200,000 for severe damage.

The scheme would apply to all cases of vaccination whenever they occurred and an assessment would be made by a three-person panel.

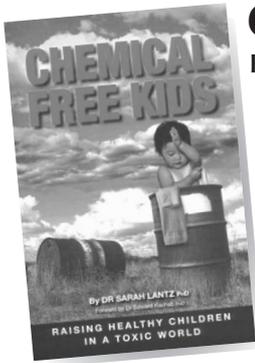
The Vaccine Damage Steering Group report says payments to any individual should not be regarded as compensation but would recognise

that, in limited cases, an adverse event could take place following immunisation.

The report says it is difficult to say what the likely cost of the payment scheme would be.

It would be a condition of acceptance of an award that any claims against the State in relation to the alleged vaccine damage would be waived.

The Department of Health, which published the report today, said it is under consideration.



CHEMICAL FREE KIDS

Raising healthy children in a toxic world
by Dr Sarah Lantz PhD

This book is one of the few resources for parents in the world that addresses the issue of chemicals and their impact on human health, and specifically that of children and young people. **What are the toxic chemicals? • How do they get into the body? • What health and behavioural problems do they cause? • Why are children particularly exposed and susceptible to chemicals? • What can we**

as parents and care-givers do about it?

Dr Sarah Lantz is a writer, researcher and mother. She has a background in public health, mental health, sociology and women's studies, and specialises in the area of child and youth health and wellbeing. She was awarded her PhD from the University of Melbourne, Australian Youth Research Centre in 2003. Dr Lantz passionately believes in conscious, compassionate parenting and is committed to organic living and developing a sustainable, natural environment for future generations.

£18.50 including UK p&p • 233 pages, paperback

Please send payment by cheque or postal order payable to 'Nexus Magazine' or card details to: **NEXUS Magazine, 55 Queens Road, East Grinstead, RH19 1BG, UK. T: 01342 322854 F: 01342 324574**

Comparing Natural Immunity with vaccines

with Trevor Gunn, BSc, LCH RSHom, Graduate in Biochemistry

TOPICS COVERED INCLUDE:

- **SHORT & LONG TERM EFFECTS OF CHILDHOOD & 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, EAST SUSSEX (Talks start 7.30pm):
Wednesday FEBRUARY 10: 2010: Part One ● Monday MARCH 1: Part Two
Monday JUNE 7 2010: Part One ● Wednesday JUNE 16: Part Two

Please contact Karel on: **01273 277309**
for further details / bookings

EYEDIA

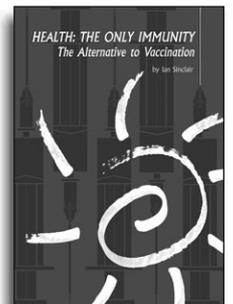
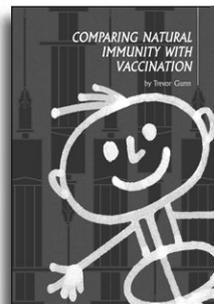
DESIGN & PRODUCTION

Professional Graphic Design for Print and Web Publishing

A comprehensive graphic design service - supporting organisations which promote: inter-cultural and environmental awareness, pro-active natural health care, sustainable lifestyles & education.

EYEDIA provides clear communication, a fresh approach, efficient service & high quality design. See the big picture - that's EYEDIA!

01903 233103 • info@eyedia.co.uk • www.eyedia.co.uk



EYEDIA is proud to be associated with The Informed Parent Publications

AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

1. To promote awareness & 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 & current information about vaccination & to make it available to members & interested parties.
5. To arrange & facilitate local talks, discussions and seminars on vaccination, childhood illnesses & 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.

THE INFORMED PARENT COMPANY LIMITED. REG.NO. 3845731 (ENGLAND)

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

THE INFORMED PARENT, PO BOX 4481, WORTHING, WEST SUSSEX, BN11 2WH.

Tel/Fax: 01903 212969 web: www.informedparent.co.uk