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WE NEED TO TALK ABOUT HPV VACCINATION – SERIOUSLY

BY CHARLOTTE HAUG

www.newscientist.com

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SHOULD WE VACCINATE girls against HPV? Michele Bachmann's blundering aside, there is no clear answer.

Whenever a new medical intervention comes onto the scene, doctors have hard choices to make. Do we really know enough about its potential benefits and risks to recommend using it? If in doubt, should we err on the side of caution or on the side of hope?

These are difficult questions because medical knowledge is usually incomplete and ambiguous. They are especially difficult to answer for drugs that may prevent disease in the future, particularly when those drugs are given to otherwise healthy people. Vaccines, particularly the human papillomavirus (HPV) vaccine, are a case in point.

The HPV vaccine is designed to prevent cervical cancer, which currently kills around 250,000 women a year worldwide. It works by inducing immunity to HPV, the leading cause of the disease and the world's most common sexually transmitted infection: around 79 per cent of people catch it at some point in their lives. Almost all infections are quickly cleared by the immune system, but in a few women infection persists and can progress to precancerous lesions and eventually cervical cancer.

The first HPV vaccine came on the market in 2006 and public health officials in the US, Canada, Australia and several European countries now recommend vaccination of preadolescent girls.

But despite claims that the vaccine will cut cancer deaths by two-thirds or more, its overall effectiveness in the prevention of cervical cancer remains unknown and will not be known for decades.

UNKNOWN FUTURE

The theory behind the vaccine is sound: if HPV infection can be prevented, cervical cancer will not occur. But in practice the issue is more complex.

"Results from clinical trials are not encouraging. Vaccinated women show an increased number of precancerous lesions caused by strains of HPV other than HPV-16 and HPV-18. The results are not statistically significant, but if the trend is real – and further clinical trials should tell us in a few years - there is reason for serious concern."

Why? First, there are more than 100 different types of HPV, at least 15 of which cause cancer. But the vaccine protects only against the two most important cancer-causing strains, HPV-16 and HPV-18, though it may also offer partial protection against some closely related strains (The Lancet, vol 374, p 301). But the remaining strains still cause cancer.

Second, though clinical trials have shown that the vaccine reduces the incidence of precancerous lesions, we cannot say for sure that this will translate into cutting cervical cancer and deaths 20 to 40 years in the future.

There are many other gaps in our knowledge. How long does the vaccine provide protection without a booster? Does it affect natural immunity against HPV, and with what consequences? Can we really be sure that the vaccine protects preadolescent girls when proper clinical trials have been carried out only in women aged 16 to 24?

Another critical question is what vaccination does to the uptake of cervical screening. As the vaccines protect against only some of the cancer-causing strains, women must continue cervical screening. But vaccinated women may feel protected and therefore be less likely to go for screening.

Resolving these essential questions will require decades of observation of large numbers of women.

ABHORRED VACUUM

There is another serious question that may be answered sooner: what effect will the vaccine have on the other cancer-causing strains of HPV? Nature never leaves a void, so if HPV-16 and HPV-18 are suppressed by an effective vaccine, other strains of the virus will take their place. The question is, will these strains cause cervical cancer?

Results from clinical trials are not encouraging. Vaccinated women show an increased number of precancerous lesions caused by strains of HPV other than HPV-16 and HPV-18. The results are not statistically significant, but if the trend is real – and further clinical trials should tell us in a few years – there is reason for serious concern.

Yet another worry is side effects. In the US, the Vaccine Adverse Events Reporting System (VAERS) has received many reports of adverse effects following HPV vaccination. The vast majority are mild, such as headaches and nausea, but there are some reports of severe reactions including anaphylactic shock, Guillain-Barré syndrome, pancreatitis and thrombosis. Of 12,424 adverse reactions reported between June 2006 and December 2008, 32 were fatal. About 23 million girls received a vaccination in that period. Overall, the rate of adverse effects is 54 per 100,000 doses, about

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Editor's note

Magda Taylor

WELCOME TO THE FIRST ISSUE OF 2012! As I stated in the previous issue this year marks the twentieth year for The Informed Parent. Despite many ups and downs the newsletter continues, thanks to many of you continuing to subscribe year after year. I would still like to see a big increase in the numbers so please do encourage others to take up a subscription, or maybe take out a gift subscription for someone you know.

As usual there have been a few measles scares in various pockets of the country in recent times. Locally in nearby Brighton these scares appear on a regular basis to try and increase the MMR uptake. A handful of cases make front page headlines on local papers and the indication is that it is the unvaccinated children spreading disease! It reminded me of something I had re-read recently about smallpox outbreaks back in the 1890s. In those days the same kind of propaganda went on regarding outbreaks of smallpox and that it was caused by the unvaccinated. Reproduced here are a couple short extracts from an article published in 'Truth' (January 17, 1923) entitled Sanitation v Vaccination. The Origins of Smallpox by Dr Hadwen.Dr Hadwen states:
'I remember 26 years ago there was an outbreak of smallpox at Redruth, in Cornwall. The Press in all parts of the United Kingdom was immediately supplied with exaggerated reports, and scares were created by public vaccinators hundreds of miles away. I went down to investigate the affair on my own account. There were altogether 44 cases; 84% occurred in vaccinated persons. One-fourth of the cases were located in 'Trestrails Row,' consisting of seven houses, each containing only two small low-roofed rooms, and with no water connections. One midden privy, in the most disgusting condition, accommodated the seven houses…..'

And….'I remember Sheffield and its epidemic in 1887-8. No less than 98% of the population had been vaccinated; it was the best vaccinated town in the kingdom; the public vaccinators had reaped a richer harvest of bonuses for 'successful vaccination' than those of any other town, and yet they had 7,000 cases of smallpox. It originated and clung to an insanitary area of 175 acres covered with cesspits – which was called The Croft. The medical profession helplessly cried 'vaccinate' and 'revaccinate' – as if the public had not already had enough of it. At last the flood-gates of heaven were mercifully opened, and the bountiful rains suddenly accomplished what 56,000 vaccinations had failed to effect.'

Hope you find this issue interesting and please do keep me posted of anything you feel should be included in future issues.

HEALTH AND HAPPINESS
Magda Taylor

› *from p01*

the same as for other vaccines (The Journal of the American Medical Association, vol 302, p 750).

VAERS is a voluntary reporting system with serious limitations – it is impossible, for example, to be sure that the reported effects were actually caused by the vaccine. Only systematic studies will be able to distinguish the true extent of side effects of the vaccine.

MODEL ANSWERS

There has been pressure on policy-makers worldwide to introduce the HPV vaccine. But how can they make rational choices about a medical intervention that might do good in the distant future, but might also do harm, with no prospect of an answer for decades? How should parents, doctors or anyone else decide whether it is a good thing to give a young girl the vaccine?

One way forward is to build a mathematical model of the disease and use it to test the benefits of vaccination. Doing so is extremely complex, however. The model has to factor in the natural history of HPV infection, the effect of the vaccine over a lifetime, the effect on other HPV strains, the effect of the vaccine on natural immunity against HPV, the sexual behaviour of the girls and women and their partners, and finally, cervical-cancer screening practices.

The modelling has been done (The New England Journal of Medicine, vol 359, p 821) and suggests that vaccinating 12-year-old girls is worth it. However, the model includes a number of highly optimistic assumptions. Among these are that the vaccine offers lifelong protection with no need for a booster, that it has the same effect on young girls as older women, that HPV-16 and HPV-18 are not replaced by other cancer-causing strains, that vaccinated women continue getting screened for cervical cancer, and that natural immunity against HPV is unaffected.

Are these assumptions reasonable? We do not know. What we do know is that if they are not, vaccination is less effective and may even be less effective than screening alone. And what if the vaccine has long-term side effects? With so many essential questions unanswered, there is good reason to be cautious about introducing large-scale HPV vaccination. Instead, we should concentrate on getting answers.
One thing's for sure though. Those answers are unlikely to emerge from the likes of Michele Bachmann.
Charlotte Haug is editor-in-chief of The Journal of the Norwegian Medical Association.

WHY INFECTIONS CAN SAVE LIVES - HOW INFECTION CAN PREVENT & CURE CANCER

BY ANDREAS MORITZ

http://www.ener-chi.com/how-infection-can-prevent-and-cure-cancer/

Posted 24/12/11

Andreas Moritz

EXTRACT:

INFECTION is one of the greatest cures there can be. In fact, infection can prevent cancer and other illnesses, and yes, cure them. In a 2005 epidemiological study covering over 151 previous studies, researchers from the Department of Health Care and Epidemiology, University of British Columbia found an inverse association between acute infections and cancer development.

According to the abstract of this study, entitled, "Acute infections as a means of cancer prevention: Opposing effects to chronic infections?", exposures to febrile infectious childhood diseases were associated with subsequently reduced risks for melanoma, ovary, and multiple cancers combined, significant in the latter two groups.

Furthermore, epidemiological studies on common acute infections in adults and subsequent cancer development found these infections to be associated with reduced risks for meningioma, glioma, melanoma and multiple cancers combined, significantly for the latter three groups. Overall, risk reduction increased with the frequency of infections, with febrile infections affording the greatest protection. In other words, children who experienced all the typical childhood infections were most protected from developing cancers in adult life.

At a time when cancer is going to affect one in every two people, this finding should have made national news, and it should be taught at medical schools. National health policies should have been alternated radically, but nothing ever happened. We are still being told that having mumps in children must be avoided at all costs. Never mind that the temporary inconvenience of a largely harmless infection could protect a person from developing a devastating form of cancer 20 or 30 years later, which, in turn, is typically attacked with potentially deadly methods of treatment (chemotherapy, radiation and surgery).

"An infection, if properly supported by natural approaches of cleansing and nourishment, can practically prevent the genetic mutation of aerobic cells into cancer cells."

The discovery that acute infections are clearly antagonistic to cancer helps us understand why artificially induced fever has been successfully used for the treatment of cancer in European countries, especially in Germany. Of course, many doctors now treat fever as it were a disease and often prescribe toxic pharmaceuticals to put out the 'dangerous fire.' Yet, since fever is the body's natural way of healing and eliminating pathogens such as infectious viruses and bacteria, squashing it with medication practically prevents any effective healing in the body.

Fortunately, some good researchers now stand up for the body's innate healing tactics, which our mothers and grandmothers had known about all along. French microbiologist Dr. Andre Lwoff has discovered that fever cures even incurable diseases. One of the world's leading cancer specialists, Dr. Josef Issels, wrote along these lines: "Artificially induced fever has the greatest potential in the treatment of many diseases, including cancer." And Oxford professor Dr. David Mychles and his research team have independently proven the effectiveness of induced fever for treating disease, including cancer.

There is further historical evidence that infection prevents cancer in the population. For example, Rome (Italy) used be surrounded by swamps that bred malaria mosquitoes, infecting many in the city. The fever that Romans developed from time to time, though, kept their cancer rates well below the average found in the rest of Italy. Then the government decided to drain the swamps, but soon Rome's cancer rate increased dramatically to the normal rate in Italy.

If you piled up kitchen garbage in one area of your house, it would attract a lot of flies and bacteria, and this would generate a foul-smelling odor. You would certainly not blame the flies and bacteria for the stench. They are just trying to digest some of the garbage. Likewise, those microbes that are attracted to or are produced inside unhealthy cells are not part of the problem; they are part of the solution to the problem.

An infection, if properly supported by natural approaches of cleansing and nourishment, can practically prevent the genetic mutation of aerobic cells into cancer cells. Cancer and infection share some of the same original causes. For this reason, a significant number of cancer patients who suffer a major infection such as the chickenpox go into total remission and are subsequently found cancer-free once the infection has passed. According to these 151 studies conducted in the past 100 or more years, spontaneous tumor regression has followed bacterial, fungal,viral, and protozoal infections. During episodes of fever, tumors literally break up, and the cancer cells are promptly removed via the lymphatic system and other organs of elimination. During such a major infection - which is nothing but an appropriate healing response initiated by bacteria and the immune

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system - a considerable amount of toxic waste is broken down and removed from the body. This, once again, permits oxygen to reach the oxygen-deprived cells.

Upon contact with the oxygen, the cancer cells die or otherwise mutate back into normal cells. The tumors have no more reason to be there, hence, the occurrence of spontaneous remission of cancer in these patients. In some cases, brain tumors as large as the size of an egg have literally disappeared in this way within 24 hours. The standard approach of suppressing infection and its resultant fever among hospital patients is medical malpractice and stands responsible for the loss of millions of lives that could easily have been saved by letting nature do its job.

Fever is one of the prime reasons that parents call their children's doctors, and it is true that any fever in an infant younger than 3 months is cause for major concern, as there is a risk of serious bacterial infections. Also, a child who has a seizure with fever should be checked by a physician, at least the first time. In most cases, though, these infections follow exposure to the cocktail of poisons and foreign DNA material contained in vaccines.

However, fever is actually a signal that an immune system is working well and in older children who do not appear to be particularly distressed, fever is a very positive sign. It is evidence that the child has an active immune system. Fever does not harm the brain or the body, although it does increase one's need for fluids. You can find more information about how to nurture a child through an illness in my book, Timeless Secrets of Health and Rejuvenation.

The main message here is to learn to trust in the wisdom of the body. Instead of believing those who claim the body makes mistakes and germs are out to harm us, you may just as well adopt the belief that both actually collaborate to keep us alive and healthy for a long time.

Report on link between Narcolepsy and vaccine

RTE NEWS/IRELAND
8 March 2012

THE HEALTH MINISTER is planning to publish an expert report on a possible link between the sleeping disorder Narcolepsy and the Pandemrix vaccine.

Minister Reilly says he plans to bring a memo to Government soon on the controversy

Minister for Health James Reilly has said he plans to bring a memo to Government soon on the controversy over a possible link between the sleeping condition Narcolepsy and the Pandemrix [GlaxoSmithKline] human swine flu vaccine.

Minister Reilly also said that both his department and the Department of Education need to ensure support is provided to those affected who are facing exams soon.

He said that the chief medical officer of his department was in discussion with Department of Education officials on the issue.

He said that exam time was stressful enough for children and parents.

The minister said he also plans to publish an expert report he has received on the issue.

The HSE said that a possible link between narcolepsy and the vaccine is being examined in "at least 30 cases".

Campaign group Sound, which represents over 40 children it believes have been affected, had called on the Health Minister to publish the report.

The report was prepared by the Health Service Executive's Health Protection Surveillance Centre and parents of children provided their medical records for the research.

Mairead Lawless said the group had written to Minister Reilly expressing its deep disappointment at the speed of reaction of both the HSE and the Department of Education on the issue.

Ms Lawless said there had been practically no progress made on educational supports, despite the fact some children were now facing exams. ***Sound's letter to the minister raised concerns about consultants' access to the best international expertise and the lack of progress on compensation.***

Dr. Wakefield comments after the GMC recants: Will Dr. Andrew Wakefield be next?

By Catherine J. Frompovich
March 11th, 2012
Article from: www.vactruth.com

THE GENERAL MEDICAL COUNCIL is trying to erase a huge mistake.

The General Medical Council (GMC) of the United Kingdom has cleared the medical flack surrounding one of Dr. Andrew Wakefield's medical colleagues, Professor John Walker-Smith, and recanted their censure against him. In a press release dated March 7, 2012, GMC cleared Walker-Smith by overturning its decision of "guilty of serious professional misconduct." Even the judge ruled that the hearings were a farce - wow!

In view of that happening, I asked Dr. Wakefield, "What's the difference between medical practice and medical research AND whether procedures performed on children were clinically necessary?" Dr. Wakefield answered, "Medical (clinical) practice is for the benefit of the individual patient whereas research is conducted to improve knowledge and hopefully provide future benefits to sufferers generally. The procedures performed on the Lancet children were deemed clinically necessary by the clinical team caring for those children."

Doctor's answer prompted me to ask, "Why is that seemingly so important to the GMC?" to which Dr. Wakefield said, "What appears to have been important to the GMC was obtaining convictions in spite of the evidence." After considering that, I could not help but ask, "Isn't it within a medical doctor's jurisdiction to perform tests needed to determine cause?" Doctor's reply was absolutely brilliant and something the GMC probably doesn't want to consider, "Yes, and it could be considered clinical malpractice not to have done so."

Embellishing upon Doctor's last comment, I found myself asking, "What's exploratory surgery about? It's done often in the USA when physicians are stumped. Should they be punished for doing it?" Consider his candid remark, "I interpret this term as meaning, for example, a diagnostic laparotomy to explore the abdomen when other tests have failed to find the source of a patient's symptoms. As long as the obvious tests have been done and are negative or do not provide an adequate explanation, then it is appropriate."

"Decide why you chose the profession you did, do your job without compromise in the best interests of the patients, or pack up and get out.."

Normally I would have asked if that were applicable in the issue that got him struck from the register, but since he's brought a lawsuit regarding the issue, I felt it best not to go there. But I was inquisitive enough to ask, "Do you know the status of Dr. Simon Murch?" And his answer just about floored me, "I believe he is working as an academic pediatric gastroenterologist in the UK." Oh! Say I, hmmm. If Professor Walker-Smith and Dr. Murch seem to be back in the good graces of the GMC, why not Dr. Wakefield, I thought.

So I asked, "Why do you think the GMC reinstated Dr. Walker-Smith? The fact that he is retired, does that have anything to do with it, e.g., he won't be practicing because of his age even though he's cleared to do so?" Dr. Wakefield then said, "The GMC had no choice but to reinstate him in view of the fact that Judge Mitting quashed their deeply flawed decision." Now, I wish I knew more about the British legal system and the GMC, in particular, because if what Dr. Wakefield says is the real reason - and I have no reason to doubt it - then the next logical step would be to reinstate Dr. Wakefield. Something smells rather fishy about this entire Wakefield saga, in my opinion, and I wish the GMC would make right its apparent position regarding all physicians it struck from the register during this most disturbing of medical fiascos, in my opinion.

In spite of what I may think, I had to ask, "What can you say to MDs and researchers who feel you were on the right track regarding the MMR vaccine/autism/gut link, but don't know what to do about following through to publication that may end in sanctions against them?" His answer was "typical golden Wakefield," "Decide why you chose the profession you did, do your job without compromise in the best interests of the patients, or pack up and get out." Gulp! And swallow hard, but that's what a dedicated professional should do. There's a saying that goes something like this, "Lay down the cheese and see how many mice will come." In medical research the cheese often is money or grants, while the mice are the ever-anxious-to-please researchers.

As a result of what may be regarded as having to remove some stale "egg on its face" as a result of striking from the register eminent physicians, I understand that the GMC is planning some significant reforms to its fitness practice review. So, I asked Dr. Wakefield what reform suggestions he would give GMC after having been through its bullying mill. His answer could not have been more succinct: "This is a very big question. They need to operate entirely free from government pressures and conflicts of interest," to which I only could add, applause, applause, and applause.

A few of the parents of the "Lancet" children showed up for the GMC's decision on Professor Walker-Smith. To see a short YouTube of their remarks, please click on http://www.youtube.com/watch?feature=player_embedded&v=u55MNglDkos .

Something still bothers me. If Professor Walker-Smith has been exonerated, what's happened with other

physicians involved - since there were at least a dozen doctors at the Royal Free Hospital, not only Dr. Andrew Wakefield - who found the same results as Wakefield did. However, only three doctors were brought up on misconduct charges: Walker-Smith, Wakefield, and Dr. Simon Murch. It seems like games of professional bullying or pin the tail on some donkey transpired. Is a vaccine's reputation more important than finding, revealing, and publicizing something new in medical research that can help or direct understanding about an apparently newly emerging health anomaly? Isn't that what medical science is supposed to be about? Or, is it science according to Big Pharma and its minions where ever they may be: the UK or the USA?

For the record, let's get the Wakefield story correct. Dr. Wakefield never said there was a definite link between vaccines and the MMR vaccination, only that there was a possible connection and reason for concern that ought to be investigated. Dr. Wakefield's story reminds one of Dr. Ignaz Semmelweis's tragic encounter when he suggested that physicians wash their hands after doing autopsies on women who died in child birth BEFORE going into the birthing wards and examining women in labor. Semmelweis cut childbirth fever deaths from 30 percent to about 3 percent in his wing of the hospital, yet his colleagues considered him a nut case. So, what do physicians do today, especially surgeons? Scrub and prepare for 10 to 20 minutes before surgery - isn't that the routine? Oh the games grown men play, especially when high-stake money is involved, as with Big Pharma and its vaccines, in my opinion.

If the GMC is still holding on to its arrogant position that "There is now no respectable body of opinion which supports {Dr Wakefield's} hypothesis, that MMR vaccine and autism/enterocolitis are causally linked," may I respectfully inform the GMC that a study performed by a team of doctors at Wake Forest University in Winston-Salem, North Carolina, involved 275 children that confirmed

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Dr. Wakefield's findings regarding bowel disease and the measles virus. Here are the results: 70 out of 82 children tested positive for the measles virus, but just not any ordinary measles virus.

One of the Wake Forest physicians, Dr. Stephen Walker, stated that their research pointed to a vaccine measles strain that was injected into the children and not a wild, natural strain of measles virus that normally transmits from child to child. Interesting? Here's Dr. Walker's remark, "Of the handful of results we have in so far, all are vaccine strain and none are wild measles."

Perhaps the GMC isn't up to date on reading the medical literature, or they would be hightailing it to overturn the unwarranted decision against Dr. Andrew Wakefield. If GMC had taken the time to do their 'homework' they would have found that the Wake Forest University study proves that in the gastro-intestinal tract of children diagnosed with autism, the vaccine measles virus was found in their gut. How did it get there, if not by vaccination, especially with the MMR vaccine? Infants and toddlers normally don't drink measles-laced formula.

If the Wake Forest study is not enough, how about the 2001 study by Dr. John O'Leary, Professor of Pathology, done at the St. James Hospital and Trinity College in Dublin, Ireland, that came up with the same findings as Wake Forest and Dr. Wakefield. Okay, we now have three confirming studies that can no longer be considered the 'Wakefield hypothesis'.

The article "Persistent measles virus infection of the intestine: confirmation by immunogold electron microscopy," by Lewin, Dhillon, Sim, Mazure, Pounder, and Wakefield [1] April 1995 still appears on PubMed Central's web site at NIH. The last line of the Abstract for that article states:

This study provides the first direct confirmation of persistent measles virus infection of the intestine.

Something does not comport, and I hope you can follow this. Why would the U.S. National Institutes of Health still have Dr. Wakefield's findings published as part of its medical library information IF those findings were not respectable? The PDF file of the article is available at this link http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1382498/ .

If the above is not sufficient for the GMC to rethink Dr. Wakefield's unwarranted striking from the register with immediate reinstatement, then how about their studying the following:

1. ELEVATED levels of measles antibodies in children with autism. http://www.ncbi.nlm.nih.gov/pubmed/12849883

2. DETECTION and sequencing of measles virus from peripheral mononuclear cells from patients with inflammatory bowel disease and autism. "The sequences obtained from the patients with ulcerative colitis and children with autism were consistent with being vaccine strains." http://www.ncbi.nlm.nih.gov/pubmed/10759242

Perhaps the GMC's significant reforms they anticipate introducing ought to include a statement of regret and an apology to all physicians affected by the apparent witch hunt or bullying tactics that transpired with regard to respectable men of medicine who were trying to move the ball farther down the court in the baffling world of childhood diseases that are emerging simultaneously with—or as a result of - the global vaccination mandates agenda.

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{1} http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1382498/

ONLY TRUSTED RESEARCH WILL QUELL VACCINE FEARS:
Parents, others worry that the next bad drug is being used now

BY MICHAEL FRAMSON

http://portlandtribune.com/opinion/story.php?story_id=133116709614327300

Mar 8, 2012

PETER LATHAM once said, 'Truth in all its kinds is most difficult to win and truth in medicine is the most difficult of all.'

For just a moment, can all those in and out of medicine who consider themselves knowledgeable and informed say to themselves, 'so true.'

Problems that plague medicine, medical science and research have created an enter-at-your-own-risk system to health and well being. Dysfunctional peer-review, dangerous and unnecessary interventions, ghost writing, conflicts of interest, the revolving door between industry and regulation, clinical trials designed by marketing departments, medical journals that serve their pharmaceutical industry advertisers and statistical manipulations all contribute to dangerous problems for the consumer.

Yet parents are asked, in spite of all the above, to believe that the mass vaccination program is immune from medicine s plague. The grab'em and stab'em, as one physician puts it, the one-size-fits-all approach to vaccinating every child in this country with 49 doses of 14 vaccines before the age of 6 is not pristine or pure as fallen snow.

When a parent questions the methodology of a vaccination study published in a peer-reviewed medical journal, touted in the media as safe and effective, the pejoratives of 'anti-vaccine' or 'anti-science' darts fly.

Why should anyone accept these studies after they compare adverse reactions for a new vaccine vs. placebo and buried in the study is the fact that the 'placebo,' usually a biologically inert substance, is another experimental vaccine?

Were similar characterizations applied to those who questioned the safety of Vioxx, Avandia, PhenPhen or HRT? Are those questioning repeated concussions in football, anti-football? Are those who recognize there are problems for some with yoga, anti-yoga? In spite of the Hippocratic oath, to do no harm, the next Vioxx is likely, already being prescribed by physicians.

One in four parents think vaccines cause autism, and aren't buying the scientifically irrelevant, methodologically flawed studies. Riddled with conflicts of interest, studies supposedly exonerating the vaccination connection to neurological, behavioral, immune and gastrointestinal disorders don't match what parents see in real life.

School budgets are collapsing under the weight of services for special education. By no stretch of the imagination is 'the herd' healthy.

Fifty-four percent of parents are worried about serious adverse effects caused by vaccines.

At the same time, an interesting comment was made at a recent international vaccination conference: 'By recognizing that the two groups that know the most about immunization are the policy makers on the one hand and the anti-vaccination [there's that pejorative again] lobby on the other ...' First, there is no lobby. Second, there is only a growing number of educated, scientifically literate parents who know the most about the science and politics of vaccines. They also know the most about their children.

These parents are dedicated to the safety of their children and are entrusted to above all else, 'first do no harm.' They aren't going to allow their children to be 'Vioxxed'or 'Gardasized' by Merck or by mass vaccination products and policies which pose a reckless disregard for the long-term health of each and every child.

The parents aren't the problem. The problem is the problem. It's not the parents.

For example, blaming parents and unvaccinated children for the recurrent cyclical nature of bordetella pertussis (whooping cough) infections is scientifically unsupportable. The more likely explanation can be attributable to 1) the temporary short-term immunity of as little as three years, for the pertussis vaccine, 2) studies suggesting the occurrence of the natural evolution of b. pertussis and 3) the misapplied concept of herd immunity because of the first two reasons.

For evidence that this is happening, look to the story that received national attention. The 2010 Southern California outbreak of whooping cough found, 'the bulk of the outbreak was in vaccinated and fully vaccinated up-to-date children.'

Research in the Netherlands suggests that b. pertussis is in a process of evolution, adapting to the pertussis vaccination.

When public health officials or pediatricians pressure parents for their children to join 'the herd,' many parents see a herd with increasing numbers of children afflicted with chronic disease, children with a multitude of learning disabilities, severe neurological and behavioral disorders, immune system impairment, and chronic and novel inflammatory gastrointestinal disease in staggering numbers unseen 20 years ago.

School budgets are collapsing under the weight of services for special education. By no stretch of the imagination is 'the herd' healthy.

For more than a decade, parents have been asking for genuine independently conducted health outcome studies comparing the vaccinated vs. the unvaccinated which, to date, has fallen on deaf ears. There is not one single study demonstrating that the current recommended vaccination schedule is safe for all children.

Until such studies are conducted, free of the multitude of corrupting influences in science, parents will be well advised to do their own thorough research on all vaccines that the U.S. Supreme Court has described as 'unavoidably unsafe.'

Michael Framson of Medford does volunteer work in Oregon for the National Vaccine Information Center.

MMR II & Autism: Microcompetition the Missing Link?

http://www.prweb.com/releases/2012/3/prweb9268424.html
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IS THERE A LINK BETWEEN THE MMR II VACCINE AND AUTISM? THE CENTER FOR THE BIOLOGY OF CHRONIC DISEASE (CBCD) WOULD LIKE TO PRESENT SUCH A POSSIBLE LINK.

Kathy Wakefield, immunisation lead at NHS Rotherham, said "Some years ago, there were many stories in the media linking MMR with autism. These caused some parents to delay their child's MMR immunisation or not to have it at all resulting in outbreaks of measles. However, independent experts from around the world have found no credible scientific evidence for such a link and in fact now have a large amount of evidence showing that there is no link."

In contrast to Ms. Wakefield's statement, the Center for the Biology of Chronic Disease (CBCD) would like to show how Microcompetition could be the missing link. In other words, Microcompetition could be the biological mechanism linking the MMR II vaccine to Autism.

Microcompetition was first published in Dr. Hanan Polansky's highly acclaimed "Purple" book, entitled Microcompetition with Foreign DNA and the Origin of Chronic Disease. In this book, he explains how foreign DNA fragments can cause many major diseases. The book has been read by more than 5,000 scientists around the world, and has been reviewed in more than 20 leading scientific journals.

The CBCD believes Ms. Wakefield has not read Dr. Polansky's book, and therefore, is unaware of the potential dangers of foreign DNA fragments found in certain vaccines.

For instance, the vaccine package insert for the MMR II vaccine written by Merck & Co., Inc. and that can be downloaded from the FDA website, [1] shows that Fetal cell line Wistar RA 27/3, Fetal cell line WI-38, and genetically engineered human albumin are all used in the vaccine.

"The CBCD believes that the current purification processes cannot completely filter all foreign DNA plasmids used in the process of manufacturing the MMR II vaccine. Therefore, some foreign DNA fragments end up being injected into infants."

The CBCD believes that the current purification processes cannot completely filter all foreign DNA plasmids used in the process of manufacturing the MMR II vaccine. Therefore, some foreign DNA fragments end up being injected into infants.

In support of this belief, Dr. Helen Ratajczak, Ph.D. who published two papers on the subject in the Journal of Immunotoxicology, says "The MMR II vaccine is contaminated with human DNA from the cell line in which the rubella virus is grown. This human DNA could be the cause of the spikes in incidence. An additional increased spike in incidence of autism occurred in 1995 when the chicken pox vaccine was grown in human fetal tissue." (Merck and Co., Inc., 2001; Breuer, 2003).

The contamination of MMR II with foreign DNA fragments, discussed by Dr. Ratajczak, combined with Microcompetition, discovered by Dr. Polansky is the missing link between MMR II and Autism.

"At first, I wish to congratulate Dr. Hanan Polansky for his scientific bravery to take such a unique, novel approach to further stimulate our understanding of the origin and establishment of chronic diseases. The philosophy underscored is an excellent one ... The amazing correlation between theoretical predictions and observed in vivo effects seem to bring us a step closer to a deeper understanding of such complex biologic processes." – Dr. Sivasubramanian Baskar, PhD - Senior Scientist, National Cancer Institute, NIH

In light of the discovery of microcompetition with foreign DNA, the CBCD especially encourages NHS officials, physicians (as well as virologists, biologists, geneticists, scientists and the public) to obtain a copy of Dr. Hanan Polansky's book and read it.

The CBCD endorses Dr. Polansky's theory and invites family doctors, pediatricians, scientists, the media, and the public to contact us on this issue.

For more information on the Center for the Biology of Chronic Disease, or to schedule an interview with Dr. Polansky, please visit http://www.cbcd.net or call 585-250-9999.

Reference: {1}
http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM123789.pdf

The Center for the Biology of Chronic Disease (CBCD, http://www.cbcd.net***) is a research center recognized by the IRS as a 501(c)(3) non-for-profit organization. The mission of the CBCD is to advance the research on the biology of chronic diseases, and to accelerate the discovery of treatments for these diseases.***

The CBCD published the "Purple" book entitled "Microcompetition with Foreign DNA and the Origin of Chronic Disease" written by Dr. Hanan Polansky. The book presents Dr. Polansky's highly acclaimed scientific theory on the relationship between the DNA of latent (chronic) viruses and the onset of chronic diseases. Dr. Polansky's book is available as a free download from the CBCD website.

http://www.cbcd.net/

TRAVEL MEDICINE: Part 2

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

THIS IS THE SECOND in a series on Travel Medicine and should be read in conjunction with the first, which gave an overview of health problems encountered while travelling and looked in detail at Food Bourne Infections.

WE LEARNED IN PART 1 THAT:

"Risk assessment is important to rationalise pre-travel preparation, but the advice needs to reflect the health risk and not the interventions available.

Health promotion and health education need to be the focus of pre-travel consultations. Risk assessment should be based on a broader view than administering drugs and vaccines."

This means, in effect that, in addition to trying to maintain optimum health for yourself and your family at home by good food, clean water, lots of fresh air, exercise, sunshine and love, as well as time to potter, the two main focuses of your travel health plans for avoiding infectious diseases will be:

- Food and water hygiene and
- Insect bite avoidance

If you can manage to avoid being bitten by insects, you will avoid getting: Malaria Anopheles mosquito, Yellow Fever / Dengue Fever Aedes mosquito (aegypti), Japanese B Encephalitis Culex mosquito, Lyme Disease Ixodes sp, Plague Rat flea (Xenopsylla cheopis) / Sleeping Sickness Tetse fly (Glossina sp)/ Typhus Body louse (Pediculus corporis), Leishmaniasis Sand fly (Phlebotominae)/ River Blindness Black fly (Simulium sp) – quite a list!

This article will concentrate on malaria which is the commonest reason for fever in a returning traveller, a symptom that should not be ignored.

WHAT IS MALARIA?

It is a disease caused by a parasite that is injected into your blood stream when a female Anopheles mosquito bites you to have a snack. There are four types of parasite: Plasmodium falciparum is the cause of fatal malaria, whereas Plasmodium vivax, Plasmodium ovale and Plasmodium malariae cause more benign types of malaria that are much less likely to kill you.

Dr Jayne L.M. Donegan

"In order to be able to make informed choices about malaria prevention measures, you need to know about the risk factors for getting malaria when you travel."

In order to be able to make informed choices about malaria prevention measures, you need to know about the risk factors for getting malaria when you travel.

WHAT ARE THE RISK FACTORS?

1. DESTINATION IS THE MOST IMPORTANT - West Africa accounts for approximately two thirds of all cases reported in the UK, travellers to Nigeria and Ghana making up half of all imported Plasmodium falciparum infections

2. REASON FOR TRAVEL - Three quarters of all reported cases occur in travellers who have been visiting friends and relatives 'VFR'

3. DURATION OF VISIT - Short term is regarded as less than three months - the longer the stay, the longer the exposure, therefore the higher the risk of contracting malaria.

4. TEMPERATURE, ALTITUDE AND SEASON - Malaria is transmitted most successfully when the humidity is high and the ambient temperature is 20 to 30°C. Transmission does not occur in regions with temperatures below the 16°C isotherm (line on a weather map joining all the places that have the same temperature).

At altitudes higher than 2000 metres, the parasite cannot mature to an infective stage in the mosquito.

Mosquito breeding increases in the rainy season.

5. TOWN OR COUNTRYSIDE - Malaria prevalence is higher in rural than in urban areas, especially in Africa where transmission is about 8 times higher in villages with standing water - the mosquito lays eggs on the surface of still water - than towns. In cities, most mosquito bites are from culicine mosquitoes which don't carry malaria. But this doesn't mean that you can ignore the malaria risk in towns.

6. ACCOMMODATION fitted with functioning air conditioning and windows/ doors sufficiently well sealed to prevent mosquito entry, is safe. If not, impregnated bed net should be used. This is why backpackers staying in cheap accommodation have a higher risk of being bitten than tourists staying in air-conditioned hotels. Travellers should, therefore, come equipped with mosquito protection measures appropriate to their particular circumstances.

7. PATTERNS OF ACTIVITY - Being outdoors between dusk and dawn when female Anopheles mosquitoes bite increases the risk. The biting of the two main malaria mosquitoes in Africa peaks at about 2am so protection in bed is especially important. As other species of mosquito (which transmit dengue and yellow fever) bite during the daytime, it is prudent to maintain bite precautions during daylight hours also .

GLOBAL DISTRIBUTION OF MALARIA ASSESSED BY THE WORLD HEALTH ORGANIZATION 2003

Avoidance of Mosquito and Other Insect Bites

The World Health Organization (WHO) and the Department of Health recommend bite avoidance and antimalarial tablets for all travellers to malarious area. But this policy of universal prescription of antimalarial tablets, no matter how low the risk, is

the very reason why many of the malaria strains have become resistant to the drugs used for prophylaxis, and, even more seriously, to the same drugs when used in higher doses to treat malaria. Effective bite prevention is, therefore, the first line of defence against malarial infection and must be taken seriously.

"IF YOU DON'T GET BITTEN – YOU CAN'T GET MALARIA"

Methods of Avoiding Mosquito Bites:

1. PERMETHRIN IMPREGNATED NETS - The strongest level of evidence exists for the benefit of using insecticide-treated mosquito nets. These are advised for all travellers visiting malarial areas at risk from being bitten by insects at night. If sleeping outdoors or in unscreened accommodation, insecticide-treated mosquito nets should be used. Protective efficacy for travellers has been estimated at 50%. They should be free from tears and tucked in under the mattress. They should not touch your skin and if you use a potty under the net the mozzies won't get you when you go to the loo at night! The nets need to be re-impregnated every 6-12 months depending on how often you wash them.

2. LONG SLEEVED LIGHT COLOURED CLOTHING - Within the limits of practicality, it is best to cover up with long-sleeved, loose-fitting clothing, long trousers and socks if out of doors after sunset, so the mosquitoes can't reach your skin to bite you (they seem to prefer landing on dark colours). You can spray your clothes with permethrin but let it dry before putting them on, or buy pre-treated garments to reduce biting through the clothing. NB - Shake out clothing & shoes before putting them on (scorpion/ spiders).

3. TIGHTLY CLOSING DOORS AND WINDOWS TO KEEP MOSQUITOES OUT.

4. AIR CONDITIONING/ CEILING FANS - mosquitoes don't like low temperatures - and it's the only way you will survive in the heat with all the windows closed!

5. ROOM PROTECTION It is recommended that you use a 'knock down' insecticide to kill any mosquitoes lurking in the room from the daytime, however some people may be worried about the safety of these agents so the good news is that a study in Israel in a 'high biting pressure environment' found that 5% Linalool and 5% Geraniol essential-oil-based candles had a repellency rate against mosquitoes of 71.1%, and 85.4% respectively. Citronella was only 29% effective. Oils which contain Linalool are: lavender, neroli, pettigrain, rosewood, ylang ylang; Geraniol - geranium, neroli, pettigrain.

"Two percent neem oil mixed in coconut oil, when applied to the exposed body parts of human volunteers, provided complete protection for 12 hours from the bites of all anopheline (malaria carrying) species."

6. EXTERNAL REPELLENTS - The WHO and The Advisory Committee on Malaria Prevention in UK (ACMP UK) Travellers strongly recommend DEET-based insect repellents. If DEET is not tolerated (or is not available), an alternative preparation should be used, but few are as effective as DEET (up to six hours after application). Although most authorities recommend the use of DEET in malaria endemic areas, the only evidence of benefit comes from small trials. There are many case series and reports of systemic toxic reactions to DEET – confusion, irritability, insomnia (in US National park employers with prolonged exposure), urticaria, dermatitis (in soldiers). In low doses it can actually attract mosquitoes. It can be quite corrosive, attacking certain sorts of plastic such as spectacle frames, so you might not be too happy about putting it on babies or children. In pregnant women there is a theoretical risk of mutagenicity so some recommend only plant based repellents (but remember, pregnant women are relatively immuno-suppressed so have greater risk of getting malaria, in addition to an increased likelihood of miscarrying if they do).

The use of citronella oil is not recommended as it is effective for only for about 20 minutes after applying it. Adding eucalyptus can make it more useful but must not be used in babies under one year of age and can antidote homoeopathic remedies. Protection may be increased by adding the other oils listed above in 'Room Protection' in combination with other, internal measures. Generally the concentration used is 30 drops of essential oil to 100mls of carrier oil (olive, almond, coconut) for babies, children and adults.

A soybean based insect repellent, 'Bite Blocker', was effective for 90 minutes but is only available from the USA. Very interestingly, a team at the Malaria Research Centre, Delhi, India found that:

"Two percent neem oil mixed in coconut oil, when applied to the exposed body parts of human volunteers, provided complete protection for 12 hours from the bites of all anopheline (malaria carrying) species. Application of neem oil is safe and can be used for protection from malaria in endemic countries"

You would have to make it up yourself as it is not available commercially

7. INTERNAL REPELLENTS are listed under 'Fallacies' by the ACMP UK , but it must be said that there is anecdotal evidence for their effectiveness. They certainly can't do any harm – unless relying on them causes you to get malaria.

GARLIC one clove per day or as garlic capsules eg Solgar Maximum Garlic Vegan Capsules

VITAMIN B COMPLEX eg Solgar Formula Vitamin B-Complex Vegetable Capsules

ASAFOETIDA/ FENUGREEK/ TURMERIC ¼ tsp of one or each daily in food

LEMON GRASS TEA one litre per day

CHICORY which you can drink as a coffee-like drink or take as a Bach Flower remedy

HOMOEOPATHIC TABLETS - in view of the high levels of resistance to drugs used for malaria prevention AND treatment, and also for those in whom these drugs are contraindicated –

- BABIES,
- PREGNANT WOMEN, people with G6PD deficiency and others, I always recommend the use of HOMOEOPATHIC malaria tablets in addition to the tablets recommended by the WHO and the ACMP UK in the following doses:

TABS MALARIA CO 30c: one every 12 hours for three doses then one weekly, by mouth or TABS CHINA SULPH 6c one daily by mouth both from two weeks before travel until four weeks after return

More recently Artemesia annua, which has been used in Chinese medicine for over two thousand years, has been used for prophylaxis (to stop you getting it) and treatment of malaria. One of the constituents – Artemisinin – has been extracted and used to treat and prevent malaria, but already the use of this single constituent, instead of the whole plant leaves, is leading to resistance, such that the WHO recommends that it is only used in combination with other antimalarial drugs. Herbalists may recommend the 500mg capsule form and there is evidence that the leaves taken in the form of an infusion of tea reduce the incidence of malaria amongst workers in Africa. If you would like to read more about this, you can go to the website of ANAMED, a German company which promotes natural, traditional and modern medicine, and the use of tea from locally grown Artemisia annua http://www.anamed.net/ . Chose your language and then go to the section on Artemesia annua and malaria. It must remembered that, unlike homoepathic remedies, herbal remedies contain pharmacologically active ingredients and so can interact with existing medication and exacerbate medical conditions. Artemesia annua is not recommended for pregnant women.

WHAT ABOUT REGULAR ANTIMALARIAL TABLETS?

Much of the research has been done on people living in an endemic country (where the disease circulates) and soldiers, so the results may not be generalisable to tourists or business travellers. Chloroquine (Avloclor Tablets/ Nivaquine Syrup): seems to be pretty ineffective and not much improved with the addition of Proguanil (Paludrine). As for Atovaquone + Proguanil (Malarone): there is no significant difference between this and chloroquine + proguanil (Paludrine) but it is associated with gastrointestinal adverse reactions including diarrhoea and mouth ulcers; and disturbed dreams. Doxycycline (Efracea, Periostat, Vibramycin): in adults (it is contraindicated in children) reduced the risk of malaria by 77% in a study of 136 Indonesian soldiers but only by 38% (falciparum malaria) in non military adults. 33% of the soldiers had skin problems, 31% cough and 16% headache. In travellers 50% get photosensitivity (rashes when in the sun), 40% nausea, 12% diarrhoea and 9% vaginitis (vaginal inflammation).

"The risk of adverse events from chemoprophylaxis is likely to be significantly higher than the risk of acquiring malaria in the most popular destinations in Central and South America."

Mefloquine (Lariam): one study of 137 Indonesian soldiers showed it to be 100% effective in areas of anti-malarial drug resistance. There are no good studies regarding adverse reactions but sleep disturbance and psychosis are common and there is evidence from over 500 case reports that it is a potentially harmful drug in tourists & business travellers. Patients with a history of psychiatric disturbances (including depression) or convulsions should not be prescribed mefloquine prophylactically, as it may precipitate these conditions. Women of childbearing age must use reliable contraception while taking it and for 3 months thereafter

WHAT DOES THE EXPERT IN TRAVEL MEDICINE SAY?

You were introduced to Dr Ron Behrens MD FRCP, in 'Part 1'. He is a major figure in Travel Medicine in the UK and internationally: Consultant in Travel Medicine & Director of the Travel Clinic at the Hospital for Tropical Diseases, London; Senior Lecturer in the Department of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine and is a Member of the National Advisory Committee on Malaria Prevention. He is without doubt an expert in his field:

2006 INDIAN SUBCONTINENT

"In terms of public health policy, the costs and benefits of prescribing chemoprophylaxis with potential side effects to large numbers of individuals to prevent small numbers of non severe malaria cases appears overwhelmingly unfavourable. The group proposed that the recommendation of non-selective prescribing of chemoprophylaxis for visitors to India, Pakistan, Bangladesh and Sri Lanka should be dropped with continued recommendation of personal protective measures against biting insects."

2007 LATIN AMERICA

"The risk of adverse events from chemoprophylaxis is likely to be significantly higher than the risk of acquiring malaria in the most popular destinations in Central and South America. The continued use of bite prevention measures remains important as these are effective, safe and have the added benefit of reducing other vector borne diseases."

2008 WEST AFRICA

"With the reduction in malaria incidence seen in both visitors to and from West Africa, the most rational explanation for these findings is a fall in malaria transmission in West Africa, which may require a change in chemoprophylaxis policy for UK travelers over the next 5-10 years".

This is not due to increase use of chemoprophylaxis (anti-malarial tablets): the number of people visiting friends and relatives (80% of cases) went up by eight times between 1993 and 2006 while cases of malaria went down by 3.7 times. At the same time, the use of prophylaxis went down from

46% to 7% in these travellers.

In addition, in 40% of those who had taken prophylaxis, the latency period (between when you get the malaria and when it shows up as a disease with symptoms) exceeded three months – the longer it is between when you travel and when you get symptoms, the more difficult it is to diagnose malaria, because both the sufferer and their doctor are less likely to connect the feverish symptoms with the foreign travel. So that really leaves East Africa as a serious risk for multi-drug resistant falciparum malaria.

IS DR BEHRENS THE ONLY EXPERT WITH SUCH AN OPINION ABOUT MALARIA PROPHYLAXIS? - NO

Professor Lars Rombo, Adjunct Professor, Infectious Diseases & Travel Medicine at the Kariolinska Institutet in Sweden is of a similar opinion, he wrote in a 'Personal View' (to differentiate it from official policy) in 2005:

WHO NEEDS DRUG PROPHYLAXIS AGAINST MALARIA?

"Most travellers today go to areas (Southeast Asia and South America even in so-called rural areas) where the risk for malaria is so low that they should manage without anti-malarial drugs. They take a small risk of contracting malaria, but it is so minute that the disadvantages of the drugs are more important.

All travellers in risk areas should be recommended to use repellents and bed nets or air-conditioned accommodation and must be informed that they should seek medical advice urgently in case of fever within 3 months after leaving endemic areas.

In contrast, antimalarial drugs for prophylaxis should be recommended for the vast majority of travelers to areas in tropical parts of Africa, even if they are traveling in a chartered group."

Given the possibility of antimalarials purchased in the tropics being fake, travellers should obtain the medication required for their chemoprophylaxis from a reputable source in the UK before they travel. ACMP also advises against purchasing antimalarial drugs over the internet.

"Halfway through the 3 week trip, I received an urgent email from him asking me for the details of what he was taking. The expedition leaders wanted to know, because he was the only one NOT being bitten by mosquitoes! They all went out that day and armed themselves with the same!!"

TO END: A REAL LIFE EXPERIENCE - JO PIERCEY, OSTEOPATH, WRITES:

"When my son was due to go to Honduras with World Challenge, he was recommended a host of vaccinations, including rabies. He was 16 years old, so I sat down with him and discussed the risks and benefits of these recommendations. I also gave him medical literature to read, to help him make his decision. He decided that he didn't want any injections - he has a needle phobia anyway! So I called the insurance company to see if they would still cover him. I also called World Challenge to find out how many rabid animals they came across and the risk of a child being bitten. In 30 years, they said they had not had one case, so I figured my son could just stay away from animals. They also wanted the children to take Larium (Mefloquine)- which causes all those neuro-psychiatric reactions - for malaria.

Instead, I armed him with garlic capsules, Vitamin B-Complex, Artemisia annua (for malaria) and homeopathic remedies.

Halfway through the 3 week trip, I received an urgent email from him asking me for the details of what he was taking. The expedition leaders wanted to know, because he was the only one NOT being bitten by mosquitoes! They all went out that day and armed themselves with the same!!

He came back well, healthy and happy with his choices."

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NEXT ISSUE:
TRAVEL MEDICINE PART 3
which will include Yellow Fever, ©16 February 2012 Dr JLM Donegan MBBS DRCOG DCH DFFP MRCGP MFHom, London, UK
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Other articles by Dr Donegan may be obtained at http://www.jayne-donegan.co.uk/articles

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

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Forthcoming Lectures by Dr Jayne Donegan

'VACCINATION: THE QUESTION'

- Is there a question?
- Isn't it scientifically proved that vaccination is the single most effective cause of improved health in the 20th and 21st Century?
- Journey – how a doctor could change from being a firm supporter of the 'Universal Childhood Immunisation Program' to strongly questioning its validity
- Why morbidity and mortality from infectious diseases has fallen so drastically over the course of the twentieth century, are our children more healthy?
- What happens with natural infections in terms of immunity
- What happens with vaccination and the production of artificial immunity
- A look at specific diseases and their vaccines

22nd April 2012, Sunday, at The Bar Convent in York at 9.30am at the Conference of the Incorporated Society of Registered Naturopaths
The Society would welcome anyone who would like to attend. Non members pay £10 in advance or £12 on the door (plus £10 for lunch, to be booked and paid for in advance, if they so require). Advance payment is by cheque payable to ISRN and sent to the Secretary: **David Tinsley, Secretary, Incorporated Society of Registered Naturopaths, 53 High Street, Blyton, GAINSBOROUGH DN21 3JX** Or for further information Tel. **01427 629112** or Annette Jowett **sajowett@hotmail.co.uk**

'NURSING CHILDREN SUPPORTIVELY THROUGH ACUTE ILLNESS'
What do you do if you don't vaccinate (and even more so if you do)?

We will look at health beliefs and fears around acute childhood illness and infections and learn about:

- how the Germ Theory of Disease and the Medical Model affect the treatment options you are offered by you GP and health visitor
- the Holistic model of disease – using the healing power of your own or your child's body
- the Problems caused by Suppression of Fever
- the Basic Needs of children to maintain Optimal Health
- the Basic strategies for coping with any acute childhood illness or infection
- a Simple Guide to Homoeopathy for Acute Fever
- Plenary/ Quiz

13 May 2012, Sunday 7.00-9.00pm Brighton
For further information please contact Carmel O'Dell - **carmel.conway@sky.com** or phone **01273 278235**

Re: Empowering Children and Young Adults
I am increasingly contacted by parents of children who have been brought up holistically and unvaccinated who worry about what will happen to their children when they are subjected to the same pressure as as their parents regarding vaccination and conventional, generally suppressive treatment, of infectious diseases and other medical conditions, but with less knowledge than their parents. How will they manage? How can they be empowered? By knowledge. If you would be interested in such a lecture, please let me know **jaynelmdonegan@yahoo.com**

VACCINATION: THE INSIDE STORY

PROFESSOR DR BM HEGDE

March 07, 2012

OUR PRIMARY EFFORT should be to strengthen the immune system to keep the population healthy. Many of the infectious diseases give life-long immunity after the first attack. This should be harnessed in children instead of trying to vaccinate a child for every mild childhood infection that would otherwise make the child immune for the rest of the child's life.

"IF LIBERTY MEANS ANYTHING AT ALL, IT MEANS THE RIGHT TO TELL PEOPLE WHAT THEY DO NOT WANT TO HEAR" - GEORGE ORWELL

Vaccination comes from the root vacca, the cow. This is a misnomer as cow pox virus was not the one used in regular small pox vaccination, as was originally thought. The recent revelation that the cow pox and smallpox are genetically two distinct viruses proves the point. The only one disease that mankind has so far been able to eradicate from this globe, smallpox, was successfully conquered using the Indian system of vaccination which existed here for "times out of mind." This Indian system of vaccination was shown to be 90% effective in protecting the population from smallpox while the unvaccinated segment of the population had 90% death rate in any epidemic, by a great physician-scientist, TZ Holwell, FRS, FRCP (London). Holwell was in India as a part of a team of twenty scientists, all Fellows of the Royal Society, sent here by the East India Company in the eighteenth century to study Indian science and technology, which were in their peak at that time compared to the West. Holwell was a distinguished physician in addition and was a Fellow of the London Royal College.

Holwell stayed on for twenty years in Bengal to study the Indian system of vaccination prospectively, probably using the so called gold standard of medical science today, the randomized controlled studies (RCTs), unbeknownst to him at that time, to get at the truth. Indian vaccination was practised by the Gurus from the great universities of India in Banaras, Nalanda and Taxila annually well before the epidemics started in summer. They used naturally attenuated smallpox virus from the previous year's epidemic. Natural attenuation consisted of keeping the smallpox pus in chamois leather pouches for a year! The graphic details of the vaccination methods using some of the most sophisticated methods of inoculation as also the results of the 20 years prospective observation are available in Holwell's original paper presented to the president and Fellows of the Royal College of Physicians of London. This document is available even today inside a glass case in the main library of the Royal College in Regent's Park in London. That could also be accessed online. That report was later presented to the king to make Indian system to be used universally by a Decree of the King.

Edward Jenner's infamous experiment on his errand boy, James Phipps, aged thirteen, using some of the crudest methods would be considered a criminal act today. Norma Thelms, a cow maid, casually told Jenner, a family doctor in London, that she is immune to smallpox as she suffered from cow pox. Using that pretext Jenner injected cow pox pus into his orphan errand boy who later came down with a near fatal cow pox attack. After James survived by the skin of his teeth, Jenner injected James with live small pox pus from a patient to test his hypothesis. Providentially, as luck would have it, James did not come down with smallpox. That is the proof positive of cow pox vaccination! Unfortunately, distorted history still harps on Jenner as the father of smallpox vaccination. Truth is bitter.

Be that as it may, let us turn our attention to infectious diseases against many of which we claim to have effective vaccines! The list of vaccines grows by the day, thanks to the greed of the pharmaceutical industry. Vaccines, with the whole population as their potential clients, are a trillion dollar industry pushed by some of the top business tycoons on the Forbes list. A child in the US today gets about 20 vaccines before it starts to walk and talk! A gold mine indeed! We claim that we have conquered many fatal infectious diseases because of our interventions. The truth is otherwise! Most of these diseases were on the wane long before the medical science came on the scene. Plague disappeared from Europe by the end of 18th century before any intervention or antibiotics came on the scene, diphtheria death rate plummeted well before anti-diphtheritic serum was made available, tuberculosis deaths had significantly come down long before streptomycin or BCG were discovered.

Louis Pasteur

"It was Louis Pasteur that wrote that the "soil is more important than the seed" years ago. That golden statement was missed by the medical scientists for ages."

Affluence with good food and better standards of living coupled with good sanitation had made infectious diseases come down both in Europe since the Second World War and in the US after the 1930s depression abated. Medical intervention had very little to do with the decline. Another biological reason was that most of these diseases are but dynamic ones with their own cycles of waxing and waning. Man claims credit when nature comes to his help. One could only shudder to think that any of the deadly diseases could rear their head at any time in the future when the environment suits them. Give one example of plague. Plague disappeared from Europe when Europe became a degree cooler making it difficult for the

rattus rattus (black rat) to survive, replaced by rattus novigenous (white rat). The latter cannot harbor pasturella pestis, the plague germ. If Europe becomes a degree warmer in future, plague might reappear in spite of medical efforts to stop it!

It was Louis Pasteur that wrote that the "soil is more important than the seed" years ago. That golden statement was missed by the medical scientists for ages. The body's immune system is what keeps us alive and not medical science or the vaccines and drugs. It was a thinking American physician, Theobald Smith, who wrote in 1915 that "any disease might be directly related to the virulence of the germ but is definitely inversely related to the resistance of the host." How true but forgotten by the medical world until in 1981 a peculiar pneumonia killed two homosexuals in the West. Our attention to the immune system got a shot in the arm only after that. Our primary effort should be to strengthen the immune system to keep the population healthy. That precisely is the essence (bija mantra) of Ayurveda, a great system of medical care. Many of the infectious diseases give life-long immunity after the first attack. This should be harnessed in those non-fatal diseases in children instead of trying to vaccinate a child for every mild childhood infection that would otherwise make the child immune for the rest of the child's life. A good example is chicken pox, a mild infection in children.

The same in an adult could be a serious malady and could even be fatal. I had a bitter experience myself with virulent chicken pox when I was thirty years old. Even my enemy, if there is one, should not get chickenpox as an adult. With childhood chicken pox vaccination we might be making more adults get chicken pox as the latest research shows that vaccination does not give life-long immunity in chicken pox. May be this applies to many other minor illnesses in children.

It is time to understand the difference in immune response of natural infection vis-à-vis vaccine produced inflammation. There are about 150 genes in the long arm of the 9th chromosome that look after the immune response to infections. The response of the immune system to a natural infection is a very healthy attempt to overcome the infection and stop it when feasible, failing which at least to contain it to a milder form. In the unlikely event of the immune system failing to do either, the victim dies with the germ inside, killing the latter as well in the bargain—teleologically good for the herd. In the ordinary course the immune response to a natural infection gives the patient a full blown life-long immune cover against that particular germ. Every vaccine produces inflammation of a milder degree in most organs of the body including the brain. It is the latter that sometimes suffers a bit more in vaccine-produced inflammations that could be risky.

"Affluence with good food and better standards of living coupled with good sanitation had made infectious diseases come down both in Europe since the Second World War and in the US after the 1930s depression abated. Medical intervention had very little to do with the decline.."

However, the vaccine-produced inflammation is a very poor cousin of the natural infection. The immune response here, many times, is only short lived, and depends on the nutritional state of the recipient always. Poor children, the majority in the world, with 46.4% of children in India suffering from malnutrition, are risky candidates for vaccinations as they do not produce enough antibodies in response to vaccination since they do not have enough raw materials (serum proteins) to produce antibodies to vaccines. In fact, certain vaccines like the live oral polio vaccine in such malnourished children could provoke the attenuated live virus to mutate to produce a deadly live virus to infect the recipient and other children in the vicinity! Such epidemics have been reported lately from Haiti, Dominican Islands and the Barbados. There have been nearly 27,000 vaccine-related polio deaths in India until 2007!

Now let us take a look at the other side of the coin. With more than twenty vaccines given to a child, many of them in clusters, they might even confuse the 150 genes in the 9th chromosome resulting in, on rare occasions, the genes producing auto anti-bodies that might attack the body's own cells resulting in the deadly auto-immune diseases dreaded by the father of immunology, Paul Ehrlich, in his own words as "horror auto-toxicus." A study of African Americans, most of whom are of East African origin, shows that they have much higher prevalence of autoimmune diseases in the US compared to the Caucasians. Curiously, in East Africa the natives have hardly any auto-immune disease. What could be the possible reasons? One possibility is that in Africa the 150 genes in the 9th chromosome are kept busy all the time by numerous bacterial, parasitic and other infections that the genes have to be on their toes all the time on duty. Whereas in the US, African Americans have such sterile surroundings, thanks to the antiseptic industry that the genes might be lazing away doing nothing. If such genes are artificially tickled with vaccines could they, possibly, produce many auto antibodies in the bargain? Horror autotoxicus indeed!

"What Jenner discovered, though hardly original in its general principle, was that it pays far better to scare 100% of the fools in the world—the vast majority—into buying vaccine than it does to treat the small minority who really get smallpox and who cannot afford to pay anything. It was indeed a very great discovery—worth thousands of millions. That is why this kind of blackmail is still kept going" - Dr Hadwen.

(Professor Dr BM Hegde, a Padma Bhushan awardee in 2010, is an MD, PhD, FRCP (London, Edinburgh, Glasgow & Dublin), FACC and FAMS. He is also Editor-in-Chief of the Journal of the Science of Healing Outcomes, Chairman of the State Health Society's Expert Committee, Govt of Bihar, Patna. He is former Vice Chancellor of Manipal University at Mangalore and former professor for Cardiology of the Middlesex Hospital Medical School, University of London. Prof Dr Hegde can be contacted at hegdebm@gmail.com*)*

THE GLOBAL CRACKDOWN ON PARENTS WHO DON'T VACCINATE

BY JOANNA KARPASEA-JONES

NON-VACCINATING parents and their families are the single most discriminated group in the world. While other groups, such as the sick and disabled, can be assured a certain degree of protection from discrimination, the same cannot be said for those who exercise their personal right to refuse the medical intervention of vaccination.

Back in 1997 when I had refused vaccination for my first two children and set up Vaccine Awareness Network, the take up rate for the main vaccinations, DPT and polio was 96%, meaning 4% of parents elected not to vaccinate.[1]

In 2011, the number of children completing the primary series was 94.2% so rates of parental acceptance have barely changed in 15 years, yet despite this there has been an on-going onslaught against the small percentage of us who reject the vaccination programme and absolute contempt for those parents who are highlighting the fact that their children became very, very ill after vaccination.[2]

Why is this the case? I think there are two reasons. The first is that since the internet took off, there is a global awareness of vaccination issues. Parents right up to the 1990's only had their doctor's vaccination leaflets to read, which only contained information about how scary the diseases were and had shockingly little in them about the actual vaccines. Even today, the government website, NHS Choices doesn't list any vaccine ingredients on their site (and refused to do so when I asked them), they don't mention the more severe side-effects and they don't medically source any of their information – something I, as a pro-choice campaigner would never be allowed to get away with.

Luckily in this modern age, parents are now able to cross reference information given to them by the Department of Health. They can access studies at the push of a button. They can download manufacturers data sheets that they were refused access to by their GP's. They can see newspaper articles from around the world, detailing deaths and disaster from vaccinations and know that the one in a million damage myth is really that, just a myth. The internet allows people to join up the dots.

Since the vaccination programmes have accelerated rapidly, there are growing numbers of children who are chronically ill and disabled. In fact, 43% of American children have at least one chronic illness, an absolutely unthinkable number.[3] Children are NOT healthier as a result of vaccination and parents are starting to notice. They want to know why so many kids have asthma, allergies and behavioural disorders. They want to know why two year olds are being diagnosed with diabetes and why the rate of autism in British boys is currently one in 38. More importantly, the parents of those children are angry. They're angry that they weren't told the risks of vaccination, they're angry that they were welcomed in to the vaccination programme with open arms only to have the door slammed in their face when their child regressed. They have no access to appropriate medical care for their sick children and very limited support services. Essentially, doctors broke their children and now don't know how to, or have no interest in fixing them. Parents are furious and the whole world knows about it.

This has world authorities on vaccination in an absolute panic. They know that this could affect their programmes and the future of an industry wrapped up in producing increasing numbers of new vaccines, so they are beginning to employ more and more desperate measures to crush dissenters.

VACCINATED AT GUNPOINT

In the third world, if you refuse vaccination, prepare to have a gun pointed in your face. In 2011, parents in Africa who refused for religious reasons, purposefully took their children to a neighbouring country to avoid vaccination. On their return they were met by medics and police officers, who then proceeded to vaccinate 131 children at gunpoint.[4]

Joanna Karpasea-Jones

"In the third world, if you refuse vaccination, prepare to have a gun pointed in your face. In 2011, parents in Africa who refused for religious reasons, purposefully took their children to a neighbouring country to avoid vaccination.."

In India on the 1st February 2012, armed police burst into a school of little children, brandishing guns to force them to have the oral polio vaccine that has been withdrawn in the west for causing polio. The Tribune newspaper wrote:

'A group of small children lined up in a colourful room of a private school on Wednesday morning and waited for a burqa-clad woman to force red polio drops down their throats.'

The children were under the age of five.

Nasira Faiz, principal of the nursery class, said "We were harassed by the polio teams and were forced to let them administer drops to our students. We are not the parents of these students. We cannot give permission to these teams to administer polio drops."

A manager of another school was even arrested at gunpoint for not attending a vaccination planning meeting.

Rabea Minai, a teacher, said "Our schools are located in safe areas. How can people barge in with guns? There was no condition in the notice that if we don't attend, we would be arrested."

The Deputy Commissioner defended the actions, saying that they didn't need parental consent because protection by vaccination is a human right. So he would 'protect' children from death by waving a gun in their faces? What about the human right to go to school without being subjected to life threatening violence? What about the emotional effect on very young children of having armed police burst in?[5]

If you think that can only happen in third world nations, think again. They've already done it in America.

Officials in Maryland stated that parents who refuse to vaccinate would have to give their children up to 17 doses of vaccine or go to jail. Children were rounded up like cattle in a gym and force vaccinated while police with guns and dogs stood guard.

Kathryn Serkes, director of policy for the Association of American Physicians and Surgeons (AAPS), a doctor's group that doesn't accept funding from pharmaceutical companies, said "This campaign of intimidation to brutally enforce blanket vaccine mandates by government agencies and the school district gives no consideration for the rights of the parents or the individual medical condition of the child."

The campaign of terror received very little media coverage.[6]

Unvaccinated children and teens are also being barred from schools and colleges. One such notice from the University of Texas, states:

'Students who were not vaccinated and did not show proof of vaccination by last Friday will be dropped from their courses.'

They added that students may enrol in future classes provided they met the admissions requirement (for vaccination). Next to the notice was an information box stating that the meningitis vaccine cost $130. This is clearly criminal behaviour. They coerce their product by denying the unvaccinated access to education by mandating a vaccine that the student then has to pay for. No other industry forces their customers to buy from them.[7]

In the UK it isn't much better. Doctors and MP's regularly debate whether unvaccinated children should be barred from attending nursery. Nursery World wrote:

'Doctors who are struggling to meet Government vaccination targets for measles, mumps and rubella (MMR) said last week that it should be up to the Government to enforce them. This, they said, could be done by refusing nursery places to unvaccinated children.'

Moves to do so have so far been rejected, but it is extremely concerning that they have no problem with the idea of denying someone freedom and education because he hasn't had injections.[8]

"The Deputy Commissioner defended the actions, saying that they didn't need parental consent because protection by vaccination is a human right. So he would 'protect' children from death by waving a gun in their faces?."

Removing monetary benefits from parents who don't vaccinate is also done. In Australia, where vaccines are voluntary, the government is withholding more than $2,000 of child allowance from parents who don't vaccinate and haven't presented an exemption they weren't previously required to present. The Herald Sun wrote:

'The Federal Government will withhold more than $2100 in tax benefits for families who refuse to vaccinate their children.

The move is a drive by the Gillard Government to boost vaccination rates, with one in 10 Australian children not immunised. Families are already required to have their child fully vaccinated to receive the childcare rebate and childcare benefit.'

They think nothing of bribery and of pushing some children into the poverty line, even if there are medical reasons why they can't receive a vaccine. If any other group (for instance, black people or homosexual people) were discriminated against in such a way, there would be a public outcry.[9]

If bribery doesn't work, some doctors are calling in child protective services. The journal Pediatrics wrote: 'For example, for the situation in which a child has sustained a deep and contaminated puncture wound, it might be justifiable to challenge the decision of a child's parents to refuse treatment with tetanus vaccine. In these situations, the health care professional would involve the appropriate state child protective services agency because of the concern about medical neglect.' [10]

This is despite the fact that it is known that tetanus vaccine will not prevent or treat an active tetanus infection if it is already incubating so injecting after exposure is pointless. [11].

There's also a global hate campaign in the media against parents who say no to vaccines and against parents of vaccine damaged children. Bill Gates called us 'baby killers' and got away with it and actress Amanda Peet called us 'parasites'.

Parents who post their adverse vaccine experiences and before and after photos on the internet are subjected to streams of abuse by pro-vaccine commentators. One wrote:

'Oh well, stop complaining and get on with your lives. I vaccinate and I am doing good work. If this child is having problems, just think of how many lives have been saved. Let her suffer in silence. No one wants to hear your whiny s**t.'

It seems that they expect parents to adhere to the concept of vaccinating out of social responsibility but they don't extend any responsibility for the millions of children who are suffering the effects of vaccination.[12]

Being violent, barring us from school, taking our money away from us and treating us like social lepers isn't going to make us want to vaccinate, it will just have the opposite effect.

PROTECT YOUR RIGHTS

Don't visit any country that vaccinates at gunpoint and write to the country's government to tell them why you aren't visiting. You don't need to contribute to the tourism trade of a country with appalling human rights records.

If you live in the affected country, write to the government representative of the county where the excessive force occurred.

If you are in the US, you can go to school or university with a vaccine

exemption if the establishment receives state funding. Private schools are not obliged to accept exemptions. You can write to these to complain.

Write to your health department to ask them what their medical evidence is for excluding healthy unvaccinated children from childcare facilities and classes.

Complain to any newspapers that allow publication of offensive remarks against non-vaccinating parents.

Consider organising peaceful protests.

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WORKSHOPS AVAILABLE: Abberton, near Colchester, Essex

THE VACCINATION DECISION... IT'S NOT EASY IS IT? - This small friendly half day workshop is for those who are not sure what to do about vaccination or practitioners wanting to know more to share with clients. Dawn shares a wealth of practical experience and we will explore vaccination, its history and natural immunity.
Price includes a lovely cloth bag with natural health journals, information about vaccination alternatives, course notes and free holistic health product samples
• £40 per couple (parents wanting to know more)
• £40 per health practitioner (an ANM CPD certificate of attendance is available upon request for a small administration charge by the ANM)
Sunday 16 Sept 2012 10am - 1pm

USING HOMEOPATHY TO TREAT CHILDHOOD AILMENTS - This practical one day workshop explores remedies for a wide range of childhood ailments and also includes the course manual and light refreshments in the price (please bring a packed lunch).
We will cover ailments from chickenpox to fevers, measles to tetanus and so much more.
Please book in advance as places are strictly limited.
For this small friendly workshop, full course notes and certificate (upon completion of a short quiz)
• £50 per person
Two workshop dates available – Sunday 13 May 2012 and Sunday 14th October 2012 9.30am to 5pm

HOMEOPATHIC AND NATURAL FIRST AID - If you are not keen on using pharmaceutical products for everyday home life incidents then this interactive workshop is for you. We will cover a number of situations that occur around the home and in everyday life, a basic remedy kit and the main first aid remedy uses.
The next workshop is Sunday 10th June 2012 - 9.30am to 5pm
The investment for this workshop is £50 per person. This includes light refreshments. (Please bring a packed lunch - it is a full day course).
Alternatively - if you do not have time (due to family/ work commitments) to attend one of the above workshops - why not book a correspondence style course. You will receive a full set of comprehensive notes to work through at your own pace. When you are ready you can complete and return the learning quiz. We can then arrange a mutually convenient time to spend an hours consultation (either in person or by telephone) to discuss your queries. This is fantastic value - one hour of one to one tutoring!
Prices are as above plus £5 post and packaging.

For booking or details please contact Dawn Waterhouse on: 01206 735 780 dawn.waterhouse@yahoo.com www.dawnwaterhouse.co.uk

Polio Vaccines now the no.1 cause of Polio Paralysis

SAYER JI, CONTRIBUTING WRITER
http://www.activistpost.com/2012/01/polio-vaccines-now-1-cause-of-polio.html
January 18, 2012

THE POLIO Global Eradication Initiative (PGEI), founded in 1988 by the World Health Organization, Rotary International, UNICEF, and the U.S. Centers for Disease Control and Prevention, holds up India as a prime example of its success at eradicating polio, stating on its website (Jan. 11 2012) that "India has made unprecedented progress against polio in the last two years and on 13 January, 2012, India will reach a major milestone -- a 12-month period without any case of polio being recorded."

This report, however, is highly misleading, as an estimated 100-180 Indian children are diagnosed with vaccine-associated polio paralysis (VAPP) each year. In fact, the clinical presentation of the disease, including paralysis, caused by VAPP is indistinguishable from that caused by wild polioviruses, making the PGEI's pronouncements all the more suspect.1

According to the Polio Global Eradication Initiative's own statistics2 there were 42 cases of wild-type polio (WPV) reported in India in 2010, indicating that vaccine-induced cases of polio paralysis (100-180 annually) outnumber wild-type cases by a factor of 3-4. Even if we put aside the important question of whether or not the PGEI is accurately differentiating between wild and vaccine-associated polio cases in their statistics, we still must ask ourselves: should not the real-world effects of immunization, both good and bad, be included in PGEI's measurement of success? For the dozens of Indian children who develop vaccine-induced paralysis every year, the PGEI's recent declaration of India as nearing "polio free" status, is not only disingenuous, but could be considered an attempt to minimize their obvious liability in having transformed polio from a natural disease vector into a man-made (iatrogenic) one.

VAPP is, in fact, the predominant form of the disease in developed countries like the US since 1973.3 The problem of vaccine-induced polio paralysis was so severe that the The United States moved to the inactivated poliovirus vaccine (IPV) in 2000, after the Advisory Committee on Immunization Practices (ACIP) recommended altogether eliminating the live-virus oral polio vaccine (OPV), which is still used throughout the third world, despite the known risks.

Polio underscores the need for a change in the way we look at so-called "vaccine preventable" diseases as a whole. In most people with a healthy immune system, a poliovirus infection does not even generate symptoms. Only rarely does the infection produce minor symptoms, e.g. sore throat, fever, gastrointestinal disturbances, and influenza-like illness. In only 3% of infections does virus gain entry to the central nervous system, and then, in only 1-5 in 1000 cases does the infection progress to paralytic disease.

Due to the fact that polio spreads through the fecal-oral route (i.e. the virus is transmitted from the stool of an infected person to the mouth of another person through a contaminated object, e.g. utensil) focusing on hygiene, sanitation and proper nutrition (to support innate immunity) is a logical way to prevent transmission in the first place, as well as reducing morbidity associated with an infection when it does occur.

Instead, a large portion of the world's vaccines are given to the Third World as "charity," when the underlying conditions of economic impoverishment, poor nutrition, chemical exposures, and socio-political unrest are never addressed. You simply can't vaccinate people out of these conditions, and as India's new epidemic of vaccine-induced polio cases clearly demonstrates, the "cure" may be far worse than the disease itself.

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Anna Watson

I TRUST THAT most of us are happy to include the GP and other health professionals in the process of diagnosing disease. For example, on going tummy upsets can in fact be diabetes and the average parent would probably not be aware of this fact. I find that the possible conflict comes when discussing the treatment of disease, especially as if you are reading this publication I am sure that you would first consider a holistic or natural approach. Disease Prevention, which is what this essay is about, is of course far more in our control than the Public Health Officials with their Vaccine programs would have you believe, and I would like to validate what your instinct may already know.

Over the past 5 years of welcoming speakers to our Kingston Arnica group, and of course observing my children through their times of health and illness, evidence of our strong Natural Immunity has been emerging. All health professionals mentioned here have talked to Kingston Arnica, with the exception of Andreas Moritz, and many health professionals and thousands of wise parents have used the Arnica Yahoo Group & the Facebook page with over a 1,000 messages each month. This essay brings together many threads from the Arnica community. Natural Immunity needs no degree or intellect, and in fact most wiser and older people already know these things. Please spit out the pips or the eggs as we go, and hopefully glean a few more ideas for your Natural Immunity kit bag!

"Instead of thinking of Natural Health and Immunity as add-ons to our modern life, where medical interventions are all powerful and necessary, I hope that you feel that this emphasis is indeed the wrong way around.."

SO WHY 'RECLAIMING' OUR NATURAL IMMUNITY?

Well, many parents feel that the health of their family is out of their hands. Protection is promised from vaccines and hand washes, pain is managed with products, and illness is a huge market. Fresh and vital food is not always easy to find, products are full of thousands of toxic and potentially toxic chemicals, and doctors are paid a bonus to screen us or to give us vaccines. Mainstream health care is often about invasive screening and chemical products, most with adverse side effects.

Generally people like to use the term natural health, so what is the problem, why do we need to reclaim it? Well, I believe that the term Natural Health has been so over used, in selling products and creating an industry, that it has become a throw away line, a secondary issue, when actually natural health is extremely powerful and should be the primary issue. Natural health is not a politically loaded phrase, it is a wonderful open-ended catch phrase that does not challenge the next parent… it makes us feel safe and cosy, and it sells products. But are we happy with using the slightly different term Natural Immunity or do we feel that 'immunity' is a scientific term? Do we feel that we have little control over our own immunity?

Quite simply, we can't rid the world of all possible antigens or bacteria. There are more bacteria than cells in our bodies. And what about virus,' (from the Latin word - poison?). Well as our own cells replicate these viruses – a virus is not independent and can't replicate outside a host cell– it is plausible that a virus is a reaction or a bi- product of a sick cell, and not the actual cause of sickness in all cases. Many viruses and bacteria live in our bodies all our lives but do not do us any harm. Others seem to transmit to others. Janine Roberts suggests that Intercellular communication is vital both to evolution and to health, and so virus production is one way to share genetic codes. Could it be that transmission of viruses is an integral part of life.

Anti-pyretics, anti-biotics, anti-inflammatories, anti-fungals, anti-virals etc are the medical salvation to disease. It is the hammer approach and indeed, may one day save your life. However, most disease is self limiting (will go away if one does nothing) and most people are generally well enough to fight off their own infections, using well managed natural fevers, understanding nutrition and convalescing time.

Instead of thinking of Natural Health and Immunity as add-ons to our modern life, where medical interventions are all powerful and necessary, I hope that you feel that this emphasis is indeed the wrong way around. That Natural Immunity is all-powerful and necessary and medical interventions are the add ons when they are critically needed.

So lets go through a wonderful list of 10 areas that we can develop at home that are proven, scientifically and anecdotally, to increase our natural immunity and therefore raise our resistance to disease. I have taken some of the headings from Veronika's Steps to Natural Immunity of The Mother magazine, thank you Veronika, and developed each area offering a background to why these areas work to reduce disease. Mother knows best!

Before you panic that you may not have done some of these things or that these things do not go on all the time, please take note. The body is an amazing machine. Just breathing creates toxins and so the body has brilliant ways of

detoxing and regenerating the cells all the time.

1. STRIVE TO CREATE HARMONY IN YOUR HOME AND LIVE A PASSIONATE, POSITIVE AND AUTHENTIC LIFE

Love, slowing down, music, art, good communication, yoga & meditation... all have the result of reduced stress.

This has got to be at number One (otherwise in no particular order). Stress is number one on lowering immunity because the cortisol, the raised blood pressure, the damaged arteries, and the lack of sleep resulting from it, all damage the immune system. 'There is substantial evidence that stress plays an influence on both cellular and humoral indicators of immune status and function and disease onset and progression,' reviews Cohen And Herbert.

2. ENSURE FRESH AIR, SUNLIGHT AND EARTH

Oxygen and ultra violet light are critical for health. Oxygen enriches the blood and cellular activity, and ultra violet light damages the DNA of microorganisms, bacteria and virus, so open those curtains and windows every day. (Cigarette smoke is now a well-known carcinogen of course.)

A NASA study found that spider plants, among others, actually clean the air, each plant seeming to absorb different chemicals like formaldehyde, benzene, toluene and trichloroethylene! There is a great list of these plants from the 'NASA study- Plants clean the air.'

3. EAT FRESH, RAW AND ORGANIC… AND DON'T FORGET THE BREAST MILK.

Dr Khush Mark Phd, told our Arnica group that Folic Acid in green leafy vegetables can even help to regulate our disease genes (Epigenetics). Amazing. And Trevor Gunn PhD, also an ex biochemist, now homeopath, told us that because an organic tomato, for example, has had to fend for itself, it develops its own resistance to disease. This innate immunity is passed onto us when we eat it…WOW.

Breast milk, of course, also offers immunity from many different aspects. The IGa in the early weeks coats the stomach sealing up the porous lining, making it impermeable to many antigens, and when the mother meets a new antigen in the environment she makes the antibody to it within 40 minutes, ready for the next feed, to name just two examples.

4. DRINK PURE WATER

When the body is well hydrated with pure drinking water, blood circulation is expanded leading to lower blood pressure, and each cell is able to work more efficiently. 'Chronic disease is always accompanied by dehydration and, in many cases, caused by dehydration' suggests Andreas Moritz on his website. Our water supply has hundreds of trace elements of chemicals and hormones, like estrogen from the synthetic hormonal pills (such as the birth control pill, HRT etc) and antibiotics, and it takes a very effective filter to remove those elements.

And not forgetting the dehydration and disease elements of Alcohol!

5. MAKE RESTFUL SLEEP A PRIORITY

As you sleep each cell repairs, rejuvenates and detoxifies. Hormones are regulated. They say that less than 6 hours sleep or frequently disrupted sleep can lead to a very high increased risk of heart disease, up to 50% in fact. And it can lead to a slow breakdown of the immune system.

Nerina Ramlakhan PhD would emphasize the quality of sleep.

For example, developing nutrition, exercise, sleep hygiene (clean sheets and sufficient oxygen), sleep routine and power tools such as meditation, relaxation & breathing techniques.

6. EXERCISE EVERY DAY

As the metabolism is raised the body can detox very efficiently, organs are strengthened, red blood cells increase, blood sugars and hormones are regulated. Our lymph system under our arms and in the groin need to be moved to work as they can't move themselves. Trampolines are great value for this.

Jane Asher is a multiple World Record holder swimmer at 80 years old and she is incredibly fit and strong. I can see the health effects of exercise on her four children who have grown up with such a legacy.

7. KEEP GOOD COMPANY AND LAUGHTER

Laughter raises the serotonin levels and reduces stress. Studies so far have shown that laughter can help relieve pain, bring greater happiness and increase immunity. Laughter reduces the level of stress hormones like cortisol, epinephrine (adrenaline), dopamine and growth hormone. It also increases the level of health-enhancing hormones like endorphins, and neurotransmitters. Laughter increases the number of antibody-producing cells and enhances the effectiveness of T cells. All this means a stronger immune system, as well as fewer physical effects of stress.

Robert Holden PhD of the Happiness project, as shown on the BBC, shows that the brain actually changes long term for the better.

8. SUPPORTING FEVERS AND INFECTIONS

This is the most discussed topic on Arnica forums. How high can a fever go? Is it dangerous? Is it useful? Why do medical professionals insist on products like Calpol? How do we know if an infection is bacterial or viral, and when should we give or use antibiotics? Jayne Donegan GP gives an excellent lecture on this topic.

A recent study suggests that the risk of cancer can be reduced by 11% if the body learns to deal with fever and fight infection without chemical intervention. Three childhood fevers are mentioned. So supporting the body naturally through fever and infection will reduce chronic disease in the future.

9. LIVE IN NATURE AND THE NATURAL FIELDS. IMITING ELECTROMAGNETIC & GEOPATHIC STRESS.

The body can pass through these energy fields during the day without much harm although some people are extremely sensitive and electromagnetic stress is recognized as an illness in Sweden. Roy Riggs explains why most people find camping so wonderful because you are mostly sleeping 'earthed' and you walk bear foot on the ground. Investigate your place of work, especially your sleeping area, and find out why Wi Fi, metal beds & springs and transformers near your head

are not a good idea as each cell can not work effectively under stress.

10. USE CHIROPRACTIC OR CRANIAL CARE, AND NATURAL THERAPIES & REMEDIES IN YOUR HEALTH PLAN

Adjustments will help your own body self heal since the nervous system controls all functions of the body, including the immune system, and Homeopathy, via a practitioner, will also support the body to work well. At the pharmocovigilance hearing in Brussels in 2009, delegates were warned of an epidemic of Adverse Drug Reactions, with ADRs being the 5th leading cause of death in Europe. The BMJ study (2009) looking at 2,500 products and procedures found that over half had no known effectiveness and 10% were likely to be a trade off between benefits or harms. Therefore just by using less medication could reduce further your illness.

So I hope that these 10 areas have given you a sense of empowerment, ownership and understanding about your own health and that of your family. Nature seems to have the authority on good health, and people can enjoy ownership of their health journey. Life style factors that are generally accepted as common sense for good health are actually proven to increase our resistance to disease and to reduce complications of disease. Therefore if we know and believe that Natural Health translates to Natural Immunity then surely we have less to fear. Reduced stress, passion, laughter, kindness, water, food, natural remedies, sun, oxygen, soil, nature, friends, exercise, sleep, all seem to be a great way to build a Natural Immunity.

Claim it – it's yours!

Anna Watson founded the Arnica Network 5 years ago, now a thriving community of 75 local support groups and several on-line groups to support, inform and campaign. Please sign up for a free newsletter and see if there is a group near to your home. We are non for profit so please consider making a donation which is very much appreciated. And if you are a health professional, please take a look at our Listings for practitioners for just £3.50 a month. Small adverts for natural health products and services also £3.50.

www.arnica.org.uk

GLAXO IS FINED FOR VACCINE TRIALS IN ARGENTINA

BY ED SILVERMAN

January 3rd, 2012

www.pharmalot.com

FOLLOWING an investigation by the National Administration of Medicine, Food and Technology, the Argentine government has fined GlaxoSmithKline the equivalent of roughly $93,000 for its handling of vaccine trials several years ago in which 14 babies died. The probe found the drug maker and two trial investigators failed to heed proper informed consent procedures, The Buenos Aires Herald reports.

The study, which was called Protocol Compas, ran in 2007 and 2008, and was designed to test the efficacy of Synflorix, which at the time was an experimental pediatric pneumonia vaccine used to ward off the bacteria that causes meningitis and ear infections. But critics charged the study used children from poor families who visited public hospitals and were pressured into signing consent forms.

"GSK Argentina set a protocol at the hospital, and recruited several doctors working there. These doctors took advantage of many illiterate parents who take their children for treatment by pressuring and forcing them into signing these 28-page consent forms and getting them involved in the trials," according to Ana Marchese, a pediatrician who worked at one of the hospitals and reported the case to the Argentine Federation of Health Professionals. "Laboratories can't experiment in Europe or the United States, so they come to do it in third-world countries."

We have asked Glaxo for a reply and will update you accordingly. (UPDATE: A Glaxo spokeswoman sends us a statement which reads, in part: "It is important to note that the ANMAT's ruling does not in any way question the safety of the study vaccine, Synflorix. The ANMAT's ruling relates to the clinical trial process and not the vaccine. GSK respects the ANMAT's decision but disagrees with the ruling and is therefore initiating an appeal against court proceedings. The Compas trial was completed in Argentina on June 30, 2011 in three provinces and is now undergoing its closing phase.")

The episode, which received substantial publicity more than three years ago, contributed to the ongoing debate over the veracity of clinical trials conducted overseas, where there are varying standards of regulatory oversight. The push for foreign trials comes as drugmakers look to lower costs and find new populations that are more willing to participate.

The issue has caused a stir India, for instance, where some 1,700 people who participated in trials died between 2007 and 2010, according to the drug regulatory agency, although no autopsies were performed to determine the causes of the deaths. In 2010, 22 families of the deceased were compensated by drug makers, ranging from $2,000 to $20,000, The Washington Post writes.

C.M. Gulhati, editor of the Monthly Index of Medical Specialities journal, tells the Post. "The ethical review panels are bogus. The drug control authority approves almost all the trial applications without rigorous scrutiny. And poor, unsuspecting patients get duped, while doctors and hospitals earn money."

Last year, two people working as brokers for an unnamed Indian drug maker were arrested for allegedly recruiting poor and illiterate women from a rural section of India as guinea pigs in unauthorized clinical trials for a breast cancer drug. As many as 20 women, who were mostly farm workers and daily wagers, developed acute joint pains, swelling in arms and throat infections.

In response to the ongoing ruckus, the Association of Clinical Research Organizations issued a white paper in 2009 arguing that overseas trials speed needed drug development; oversight is increasing in a growing number of countries and the influx of trial work ultimately raises standards and experience levels for medical personnel in those countries.

The Quanten Theory

WHAT IF...? by Patrick Quanten MD

WHAT IF not everything was what it seemed or what we had been led to believe? Would you want to know about it and would you want to change according to the new information you were given?

Somewhere we do know that life is not as we are told, and still we seem unwilling to ask the obvious questions. Somehow we rather continue to shrug our shoulders and mumble "Oh well, what can you do?"

Why is it that we are so unwilling to face facts? Could it be fear, because we sense that the whole of our life may have been a lie and that we have no idea how we could proceed when that lie is no longer sustainable? Are we prepared to have our whole world turned upside down?

WELL, HERE ARE SOME IMPORTANT QUESTIONS THAT WOULD BE WISE TO CONSIDER CAREFULLY.

- WHAT IF VACCINATIONS do not provide any protection against infectious diseases?
- WHAT IF INFECTIOUS DISEASES are healing crises to be supported, not dangerous invaders to be fought?
- WHAT IF VIRUSES don't really exist?
- WHAT IF GENES play no part in diseases?
- WHAT IF THERAPIES do not change the course of diseases?
- WHAT IF HEALTH is a personal balance and cannot be achieved by blanket measures?
- WHAT IF EACH LIFE has its own purpose, structure and length?

We tend not to consider our place in creation other than that we are tops; we are the max! We are the best there is and therefore we decide what the planet needs, how it must be saved, what is important and what is not. However, often we are confronted with the fact that what we want is not actually happening, or the outcome that we predicted fails to materialise. We don't like that but as long as we can make people look the other way and confirm our authority on the matter, we remain in charge. It is a tactic all authorities use, including the medical one.

We are continually exposed to advertisements of the medical achievements via the media, real life documentaries and fictional films for television and movie theatres. Hope giving stories are being released on the world at an increasing rate.

- NEW VACCINE for a simple disease made out to be a "killer"
- NEW HOPE for MS patients, for diabetics, for autism, for fibromyalgia
- NEW CURE for cancer, for Alzheimer, for Parkinson's
- NEW DISEASE found with no symptoms but very dangerous

During my career as a General Medical Practitioner I have been through so many of these and none have ever seen the light of day or have stood the test of time. New drugs, hailed to be so much more effective, have been proven to be dangerous and have been taken off the market by the industry itself. No apology needed! After a hundred years of "new" cancer cures we are currently still doing exactly the same as we were back then: we cut, we burn and we poison. The better we are at it, the greater the mortality. Manipulating statistics and shouting slogans do not constitute science.

WHAT IS IT THAT SCIENCE HAS BROUGHT US DURING THAT SAME CENTURY?

- It was perpetually shown that bacteria do not invade the system from the outside, but that they originate within the diseased tissue itself with the sole purpose of trying to help the very necessary cleanup.
- It has been shown that every cell makes whatever it needs by itself. This means that glands do not produce hormones but gather them from the bloodstream after they have been produced and used by the cells. In other words, glands are recycling factories.
- It has been shown that there is no such thing as an "objective" observation: the observer is part of the observed and no measurement of any kind has any objective value.
- It has been shown that everything changes constantly and immediately. In other words, there is no medical test that has any value in the now or for the future and no conclusions can be based upon it.
- It has been shown that all matter is in fact condensed energy, and that every change to that matter follows a change to the energy that makes the matter. In other words, the changes in bodily tissues are a result of energetic changes and cannot be rectified by interventions at the level of the tissues.
- It has been shown that the human being is connected, not only to other human beings but also to everything else in creation. In other words, cosmic forces as well as earth forces influence life on earth and the human structure and function.
- Scientists searching to understand life, what it is and how it functions, have not bothered themselves with the physical

Patrick Quanten MD

"After a hundred years of "new" cancer cures we are currently still doing exactly the same as we were back then: we cut, we burn and we poison. The better we are at it, the greater the mortality. ."

matter for almost forty years. Their investigations are concentrated on understanding energies. If we understand energies, we know matter.

THE BIG NEW SLOGAN IS "EVIDENCED BASED MEDICINE". WHOSE EVIDENCE?

They only allow their own evidence, for which they set the standards and promptly break them.

- There has never been any evidence to prove that the Human Papilloma Virus has anything to do with cervical cancer. And that is by their own admission.
- The American Medical Association publishes a list of causes of death, which is topped by medical intervention/treatment as resulting in the most deaths every year (double the number of cancer deaths). These are their own figures.
- In the early seventies, figures showed that there were more breast cancers amongst women who regularly had mammographies and this was put down as being due to tissue damage resulting from x-ray exposure. This was published in their own reports, and consequently routine tests were suspended.
- Artificial sweeteners, promoted by the profession as the healthy option in diabetes and obesity, have been in the top ten lists of most carcinogenic substances for the last forty years. This is their own list.
- There has not been a single independent study that proves a link between the blood cholesterol level and heart attacks and strokes.
- In the process of showing that margarines were good for the heart and circulation the largest studies were abandoned prematurely because it became very obvious that more people were dying of heart attacks within the study group compared with the average population. They still got a licence, and fifty years on margarines are still being recommended as the healthy option, especially for people with heart problems.
- Their own information leaflet accompanying drugs such as sleeping pills, anti-inflammatories, tranquillizers, antihistamines, antidepressiva, anti-epileptica, and painkillers carry a warning not to use heavy machinery. In contrast, they allow people to drive a car whilst taking these medicines pretending it is totally safe, but never investigating the matter.

"I would suggest you move towards a real evidence based life, whereby you first comprehend the main outlines of that life before you lose yourself in details. Remove yourself from dependence upon an expert's opinion and become self-reliant."

WHAT IF WE COULD START TO INTRODUCE EVIDENCE BASED FACTS INTO OUR LIVES?

What would that be like? How much of the reality I am living today will still remain? How much truth is there really in anything I am being told? And how would I know what was the truth? How would I be able to distinguish truth from lie? Can I trust the expert? On the other hand, do I have to believe any weirdo telling me anything? And is it the truth just because I am being told by a non-expert?

Help is at hand. All we need to establish is our own truth. Each individual can happily live life from within a personal belief system, as there is no objective truth; as the observer you see it the way it is for you at that moment. On the other hand, if you want to know why certain things are not following the lines you predicted, then you are ready to learn more about the structure and the functioning of the creation. Here we have mainly two sources of information we can indulge in: religion and science. Although we have grown up in the conviction that these two are irreconcilable, it turns out that science has actually brought us a long way back towards the essence of the religious stories. There are so many similarities that we can almost feel the truth in it.

And even more exciting is the fact that from that starting point a completely different picture emerges about human life in general and the individual in particular. An understanding of life that can be touched and experienced, verified, by each of us opens up a more accessible view on health and disease. And at the end of the fairy tale the best of it all is that it turns out that the only real option for health is to do it yourself!

HEALTH IS IN YOUR OWN HANDS.

Diagnosing the disease becomes a totally different exercise. Understanding the mechanism of that disease essentially comes down to good observation. Knowing what kinds of actions will be effective to guide yourself towards health again is, at that point, crystal clear to all who understand.

I would suggest you move towards a real evidence based life, whereby you first comprehend the main outlines of that life before you lose yourself in details. Remove yourself from dependence upon an expert's opinion and become self-reliant.

Patrick Quanten

For more information visit the website
www.activehealthcare.co.uk

An important seminar is being held on this subject in April 2012

"THE LONGER I LIVE THE LESS CONFIDENCE I HAVE IN DRUGS AND THE GREATER IS MY CONFIDENCE IN THE REGULATION AND ADMINISTRATION OF DIET AND REGIMEN." ~ JOHN REDMAN COXE, 1800

ALL DAY CONFERENCE: 27 OCTOBER 2012: 10.00am till late

PATHWAYS TO TRADITIONAL OSTEOPATHIC PRACTICE

LEIGHTON PARK SCHOOL
READING BERKSHIRE.
WITH HOWARD BEARDMORE DO

THE PURPOSE of this conference is to map out the table of principles that assist and inform the traditional osteopathic view of therapeutics, these are clinical principles that have been informed and condensed from practice experience over almost 16 years of private practice, they are not in anyway, isolated medical physiology subjects.

Without osteopathic principles, osteopathic technique means nothing and we could call this the first principle. We should be concerned with the why, in terms of understanding the problems we face in clinical practice, way before we consider what we are going to do about it.

So considering the massive breadth of the subject of applied osteopathic principles and the time we have available the 'depth' that we go into in each of the subjects will not be exhaustive.

In fact it is not necessary to do this, there is little point knowing everything about leaves on trees if you know nothing of roots.

This brings me to another important point, what we do as traditional osteopathic practitioners is different to orthodox medicine because we have learnt to understand the context of the presenting conditions we see, rather than just describe the symptoms. Medical pathology sees the various states of disease as isolated and unconnected events. How many patients are told by a heart specialist that their chronic indigestion has nothing to do with their heart arrhythmia? This is an example of a case I will illustrate on the day, when the connections are explained it's obvious.

I learnt to understand the parallel relationships or pathways of progression that are so often seen in patients I have treated and this has helped me understand the difference between a medical case history and a traditional osteopathic one.

A good analogy here would be: Medicine looks at the 5th domino that made the 6th fall, the traditional osteopath tries to find the reason the first one fell"

The hierarchy of principles in traditional osteopathic practice, is no longer taught in any RQ college to undergraduates and this needs to be addressed. We are now witnessing the slide of the modern osteopathic profession towards the American medical osteopathic medical model, especially in England, I cannot speak for other countries.

We will be basing this conference on a principle concept that I first came across as a four year full time student at Mr Wernham's college in Maidstone some 20 years ago! He first saw this idea presented by Henry Fryette DO, it was called - The Total Lesion Concept.

I have spent many years putting together a programme of teaching that shows how all these principles fit together and I believe that there is nothing else out there that will do this. My last talk at an RQ college brought the overwhelming response that I had just explained in 2 hours what was missing from the curriculum.

In one day I want to show you the ball park of diagnostic principles, each principle that we cover will be illustrated, where possible, with case histories of patients collected by myself over the last 16 years. This will lead logically into showing you how I take a case history and then treat a patient.

PRINCIPLES/TOPICS COVERED WILL BE:

Vasomotion, secretormotion, visceromotion, traditional osteopathic pathophysiology, the case for general mechanical principles, are their common general postural collapses and if so should we not know how to treat them?, putting a case history together, applying this in practice. There will be plenty of opportunities to ask questions and this list of subjects is by no means exhaustive. Presently I have around 1000 slides of case histories that can illustrate all the principles that will be discussed and this what will be so unique about this conference, I won't just talk about it I can show you it.

Another great part of the conference will be fantastic food, this time provided by the chef who made it Leon Lewis. Leon has travelled the world collecting recipes over decades and is renowned amongst those who have eaten his fare for his brilliant vegetarian cooking. Leon is also a wild food expert and runs, in season, edible mushroom courses so you can ask him about that on the day. We may get some in season fare like tree chicken pie (mushrooms).

Because we are extending this conference into the evening Leon will be providing a hot vegetarian buffet for the post conference debrief which will give plenty of opportunities to meet old and new friends whilst asking about the new practical course which will start in the new year.

Online booking: www.british-institute-of-osteopathy.org
Or email us at: biosteo@googlemail.com
or call 0118 988 5293 to reserve a place.

GHOSTS IN THE MACHINE

BMJ
PETER T WILMSHURST, CONSULTANT CARDIOLOGIST, ROYAL SHREWSBURY HOSPITAL, SHREWSBURY SY3 8XQ
31/01/2012

IF I TRIED to make money by deceiving people that a picture that I had painted was the work of some great artist, the law would call it fraud. Yet when pharmaceutical and medical device companies make money by deceiving doctors and patients that their articles were written by medical opinion leaders we call it ghost writing and gift authorship.[1] This double standard is because this form of financial "fraud" is so prevalent amongst the most influential opinion leaders in the profession and so many journals and organisations profit from it that we have institutionalised this dishonesty in which everyone profits except perhaps the patients who may get inappropriate treatment and potentially those who pay for it - in the UK that is usually the tax-payer.

Dr Tony Rickards was a great cardiologist. His memory has been sullied because he was unusually both a "ghost" and a gift author on publications about the MIST Trial. He died in May 2004,[2] before the trial started in November 2004. He was not on the trial design committee: I know because I was. Despite satisfying none of the criteria for authorship of the most highly cited cardiology journal, Circulation, he was listed as an author of the paper.[3] One other member of the trial steering committee and I refused to be authors because of errors in the paper and because the sponsor refused to allow us to see all the data. After persistent pressure from me Circulation eventually published a correction (700 words), data supplement (4 pages) and new version of the paper.[4-6] Before the correction was published the editors of Circulation knew that Dr Rickards had died and did not meet the criteria for authorship. They did not remove his name from the corrected version of the paper. Because Dr Rickards was dead, the sponsors could dispense with the customary payment to eminent gift authors. Circulation published in 2009 a letter responding to correspondence about the MIST paper in which Dr Rickards had moved up to be the fourth author (from fifteenth author on the paper), even though the editors of Circulation knew that he had died 5 years earlier.[7] Dr Rickards was named as an author of a letter he had no part in writing, which responded to correspondence he had not read, about a paper he had not seen or written, which describing research in which he had not participated. If editors ignore their rules on authorship why should anyone else obey the rules?

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Competing interests: My involvement is described in the letter. I have no financial conflicts.

Why Brabant of the BBC has been off the air more than on

ROY GREENSLADE
http://www.guardian.co.uk/media/greenslade/2011/nov/16/bbc-greece?news-feed=true
16 November 2011

ONE OF MY greatest delights over recent years has been receiving emails from Malcolm Brabant.

It was also a pleasure to listen to his reports. He is the kind of journalist who brings subjects alive with wit and insight.

So I was surprised when the riots broke out in Greece that I didn't see or hear much, if anything, of Malcolm on TV and radio. And it's also been a long time since I've heard from him anyway.

The reason, I now discover, is because he has been unwell - extremely unwell - after taking a vaccine that was supposed to protect him from yellow fever.

Aside from his journalism, Malcolm works for UNICEF and he had the jab in advance of going to Pakistan on behalf of the organisation in April this year.

Within 24 hours he was admitted to hospital with a fever and suffering from psychotic effects. And, as Cintia Taylor reports, "he was in a limbo between life nd death." He has been in and out of hospital ever since.

Taylor writes: "Doctors suspect the Stamaril vaccine he took in April was contaminated. But both its producer, Sanofi Pasteur, and its Greek distributor, Vianex, have told his family there was nothing wrong with that batch of Stamaril." Though it is now impossible to establish whether the Stamaril vaccine Malcolm took was contaminated, doctors have found no other evidence that could have caused his illness.

The company had tracked the batch of Malcolm's vaccine and says it passed the quality checks.

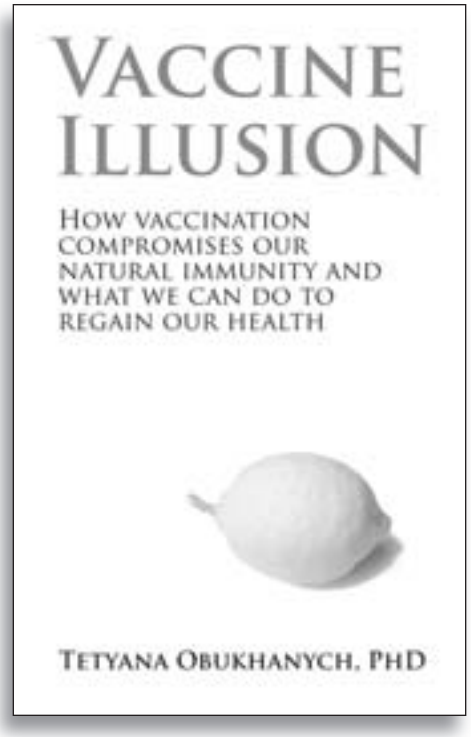
In an official statement expressing sympathy for Malcolm's plight, the company said: "The observation of an adverse event after vaccination does not automatically mean that vaccination has caused this event... "The observation of adverse events after vaccination, including disease, is inevitable since disease can occur irrespective of whether people have been vaccinated or not."

NEW E-BOOK: VACCINE ILLUSION

HOW VACCINATION COMPROMISES OUR NATURAL IMMUNITY AND WHAT WE CAN DO TO REGAIN OUR HEALTH

BY TETYANA OBUKHANYCH PHD

A NEW E-BOOK, Vaccine Illusion, is now available via Amazon. Here below is an extract from the Introduction.



INTRODUCTION

I know of many alternative health practitioners and even of a few pediatricians who have embraced the non-vaccination approach to health. However, I have yet to encounter one among my own kind: a scientist in the trenches of mainstream biomedical research who does not regard vaccines as the greatest invention of medicine.

I never imagined myself in this position, least so in the very beginning of my Ph.D. research training in immunology. In fact, at that time, I was very enthusiastic about the concept of vaccination, just like any typical immunologist. However, after years of doing research in immunology, observing scientific activities of my superiors, and analyzing vaccine issues, I realized that vaccination is one of the most deceptive inventions the science could ever convince the world to accept.

As we hear more and more about vaccine injuries, many individuals are starting to view vaccination as a necessary evil that has helped us initially to overcome raging epidemics but now causes more damage than benefit to our children.

As an immunologist, I have a different and perhaps a very unique perspective. I have realized that the invention of vaccination in the 18th century has precluded us from seeking to understand what naturally acquired immunity to diseases really is. Had we pursued a different route in the absence of that shortcut, we could have gained a thorough understanding of naturally acquired immunity and developed a truly effective and safe method of disease prevention compared to what vaccines can possibly offer.

"...after years of doing research in immunology, observing scientific activities of my superiors, and analyzing vaccine issues, I realized that vaccination is one of the most deceptive inventions the science could ever convince the world to accept"

The biological term immunity refers to a universally observed phenomenon of becoming unsusceptible to a number of infectious diseases through prior experience. Because of the phonetic similarity between the words immunology and immunity, it is tempting to assume that immunology is a science that studies the state of immunity, but this is not the case. Immunology is a science that studies an artificial process of immunization - i.e., the immune system's response to injected foreign matter.

Immunology does not attempt to study and therefore cannot provide understanding of natural diseases and immunity that follows them. Yet, the "knowledge" about the function of the immune system during the natural process of disease is recklessly inferred from contrived immunologic experiments, which typically consist of injecting laboratory-grown microorganisms (live or dead) or their isolated parts into research animals to represent the state of infection. Because immunologic experiments are unrealistic simulations of the natural process, immunologists' understanding of nature is limited to understanding their own experimental models.

Immunologists have confined the scope of their knowledge to the box of experimental modeling, and they do not wish to see beyond that box.

Thinking within the box only reinforces the notion of vaccination and cannot provide any other solution to the problem of diseases.

Despite the fact that the biological basis of naturally acquired immunity is not understood, present day medical practices insist upon artificial manipulation of the immune response (a.k.a. immunization or vaccination) to secure "immunity" without going through the actual disease process. The vaccine-induced process, although not resembling a natural disease, is nevertheless still a disease process with its own risks. And it is not immunity that we gain via vaccination but a puny surrogate of immunity. For this reason, vaccination at its core is neither a safe nor an effective method of disease prevention. Yet, immunologists have nothing better to offer because they can only go as far as their deeply rooted immunologic dogma allows them.

"WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM." ~ ALBERT EINSTEIN

FORTHCOMING TALKS

June 18th 2012 : Vaccination - What Is The Point?

By Magda Taylor, Director of The Informed Parent

- Is vaccination responsible for the decline in disease?
- Is vaccine-induced immunity the same as natural immunity?
- Do the benefits outweigh the risks?

A general overview that will hopefully inspire you to find out and decide for yourself!

July 2nd 2012 : Understanding Dis-Ease

By Dr Patrick Quanten

- What is the process of infection?
- Where does it come from?
- What are the differences between bacteria and viruses?
- Do we need to be afraid?
- Do we need protection

Dr Quanten will present a more in-depth view on understanding dis-ease and it's relationship with the germ, and why the idea of vaccination does not make sense.

Talks start at 7.30pm: The Steiner School, Roedean Road, Brighton, East Sussex. BN2 5RA

Please contact Karel on: 01273 277309 or email Magda: m.taylor960@btinternet.com for further details

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.

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