THE informed PARENT
ISSUE THREE 2012 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

BREAKING NEWS: GARDASIL FINGERPRINTS FOUND IN POST-MORTEM SAMPLES

BY NORMA ERICKSON, PRESIDENT
http://sanevax
October 23, 2012

FOR THE FIRST TIME in history, a biologically plausible mechanism of action has been discovered linking a vaccine to a serious adverse event. Gardasil has left behind its genetic fingerprint in post-mortem central nervous system samples of two girls who took this vaccine.

Two teenage girls from opposite ends of the world – both dead before their time have two additional things in common. They both took Gardasil to try and prevent cervical cancer and fragments of the HPV-16-L1 antigen used in Gardasil have been found in blood vessels within their brains.

The HPV-16-L1 protein is one of the antigens used in both Gardasil and Cervarix. An antigen is a toxin or other foreign substance that induces an immune response in the body. Theoretically, these antigens are not supposed to cross the blood brain barrier. However, according to a recently concluded case study this may not be the case.

Using a new immunohistochemical (IHC) protocol they developed, Drs. Chris Shaw and Lucija Tomljenovic examined post-mortem samples taken from the cerebellum, hippocampus, choroid plexus and watershed cortex of a 19 year-old girl; as well as post-mortem samples of the cerebellum, hippocampus, choroid plexus, portions of the brainstem (medulla, midbrain, pons), right basal ganglia, right parietal and left frontal lobes of a 14 year-old girl. They tested for the presence of two of the specific antigens used in both Gardasil and Cervarix: HPV-16-L1 and HPV-18-L1.

They discovered the presence of HPV-16-L1 particles within the blood vessels in the brain (cerebral vasculature) with some of these particles adhering to the blood vessel walls. For the average medical consumer, this is the equivalent of a Gardasil fingerprint and it should not be in brain tissues.

Does the presence of HPV-16-L1 particles inside these girls' cerebral vasculature provide evidence of a "Trojan Horse" mechanism by which these particles adsorbed to aluminum adjuvant gain access to human brain tissue? Remember, both Gardasil and Cervarix contain HPV-16-L1 virus-like particles (VLP's) of the recombinant major capsid (L1) protein adsorbed onto aluminum adjuvants.

"Does the presence of HPV-16-L1 particles inside these girls' cerebral vasculature provide evidence of a "Trojan Horse" mechanism by which these particles adsorbed to aluminum adjuvant gain access to human brain tissue?"

Tomljenovic and Shaw also discovered that the antibodies against HPV-16-L1, which were used to detect the presence of HPV-16-L1 particles, were also binding to the wall of cerebral blood vessels in the brain samples.

Their IHC analysis also showed increased T-cell signaling and marked activation of the classical antibody-dependent complement pathway in cerebral vascular tissues from both cases. This pattern of complement activation, in the absence of an active brain infection, indicates an abnormal triggering of the immune response in which the immune attack is directed towards the blood vessels of the brain, thus triggering an autoimmune cerebral vasculitis.

Cerebral vasculitis is a serious disease which typically results in fatal outcomes when undiagnosed and left untreated. The fact that many of the symptoms reported to the Vaccine Adverse Event Reporting System (VAERS) following HPV vaccination are indicative of cerebral vasculitis, but are unrecognized as such (i.e. intense persistent migraines, syncope, seizures, tremors and tingling, myalgia, locomotor abnormalities, psychotic symptoms and cognitive deficits) is a serious concern in light of Tomljenovic and Shaw's findings.

Finally, there was clear evidence of brain hemorrhages in both cases which further demonstrated that a serious injury to the cerebral vasculature occurred.

For the average medical consumer, this evidence suggests that the antibodies produced in response to vaccination with the HPV-16-L1 may cause one's immune system to attack its own blood vessels. HPV vaccines containing HPV-16-L1 antigens could therefore pose an inherent risk for triggering potentially fatal autoimmune vasculopathies.

There is little doubt that HPV vaccines are unsafe for some individuals. Who those individuals are and why they are more susceptible to serious adverse reactions than others remains unknown. More studies must be conducted to answer these questions.

The article by Drs. Chris Shaw and Lucija Tomljenovic entitled Death after qHPV vaccination: causal or coincidental, published in Pharmaceutical Regulatory Affairs today provides evidence of a biologically plausible mechanism of action linking a particular vaccine to serious adverse outcomes, perhaps for the first time in history. Although this study may not conclusively 'prove' causality, it seriously demonstrates the need for additional investigation.

When reading this case study, one must understand the findings should be viewed with caution. This is a small sample size and there were no control samples available. However, the marked resemblance between the two cases strongly ›

Editor's note

Magda Taylor

IT'S THAT TIME AGAIN… THE LAST ISSUE FOR 2012! *Many thanks for your support, whether you are a new or existing subscriber, it is very much appreciated and keeps The Informed Parent in existence!*

In November the Department of Health announced yet another vaccine to be introduced into the vaccination schedule for babies from September 2013. This vaccine is supposedly going to prevent 'tummy bugs' which they claim causes tens of thousands of cases of vomiting and diarrhoea each year. Why on earth are they not looking into why so many babies are developing symptoms of vomiting and diarrhoea as these kind of symptoms usually indicate that the body needs to expel 'stuff'. The body will normally produce these kind of symptoms to clear the system of excess toxic matter. If this procedure is suppressed then the result will be that this toxic matter will remain in the body and may possibly build up into a more chronic condition at a later date.

To justify the introduction of this latest jab Dr Salisbury, director of immunisation for the Dept of Health told the BBC that the rotavirus spreads very easily and 'causes distress for children and families.' Also, Prof Adam Finn, from the University of Bristol, said: "Rotavirus causes large epidemics of diarrhoea and vomiting in babies and young children every winter and with it, misery for thousands of families across the country."

Dr David Elliman, from the Royal College of Paediatrics and Child Health, said the vaccine would prevent a "huge amount of suffering" and save the NHS money. "This vaccine will mean less pressure both on distressed parents who have to care for their children and of course the GPs and hospital services who are treating them," he said. According to the BBC this vaccine 'is expected to cost £25m a year to vaccinate 840,000 children a year. However, the government believes cutting the number of cases will save the NHS £20m.' http://www.bbc.co.uk/news/health-20268350

The number of vaccines in a baby's first year have increased greatly in the last 20 years, and no doubt there are more on the horizon. However the number of parents worldwide questioning and declining vaccinations for their children is also on the increase. Just in very recent times there has been mention of this, for example from the USA: More Idaho parents refusing to vaccinate children. Idaho officials say vaccination exemptions are on the rise (10/12/12 www.ktvz.com)

And in Australia: Parents across Australia are waking up in droves to the dangers of vaccines, as evidenced by new government figures showing a major uptick in the number of parents who are choosing not to vaccinate their children. According to the data, there has been a 600 percent increase in recent years in the number of informed vaccine opponents who are simply not willing to inject their offspring with toxic, and largely untested, chemical cocktails. (NaturalNews www.naturalnews.com)

Let's hope this increase in awareness will rapidly grow across the globe and reveal this whole vaccination myth for what it truly is.

Wishing you good health and happiness.

MAGDA TAYLOR, DECEMBER 2012

› *from p01*

supports the present conclusions.

It is important to note that activation of the antibody-dependent complement pathway, as shown in Tomljenovic and Shaw's analysis, typically occurs in neurodegenerative diseases which have an underlying immune trigger. This process is not a feature of a normal young brain.

Given that the autopsy in both cases revealed no major abnormality (anatomically, microbiologically or toxicologically) that might have been regarded as a potential cause of death; it appears plausible that the antigenic component of the HPV vaccine (HPV-16-L1) was indeed responsible for the fatal inflammation of the blood vessels.

Medical consumers need to know:

- Vasculitis has long been recognized as a possible severe adverse reaction to vaccination.
- Molecular mimicry (whereby the vaccine antigen resembles a host antigen) is generally accepted among medical professionals and scientists as a mechanism by which vaccines can trigger autoimmune diseases.
- Tomljenovic & Shaw's search of the VAERS database revealed numerous reports of post-HPV vaccination–associated vasculitis.
- An analysis of these reports showed that post-HPV vaccination vasculitis-related symptoms most typically manifest within the first three to four months after vaccination, as was also reported in the two cases analyzed by Shaw and Tomljenovic.
- Tomljenovic and Shaw also noted a striking similarity between the vasculitis-related symptoms reported to VAERS and those experienced by the two cases they examined.

Every vaccine carries some risk of adverse effects. Unlike most medications, vaccines are normally administered to healthy individuals. Therefore, it is all the more critical to identify those individuals who are at risk for serious adverse events after vaccines.

We consider ourselves a civilized society. The time has come to stop sacrificing the life and future of anyone for the greater good. The time has come to admit vaccine injuries occur, find out why and cure those already affected. Anything less is neither responsible, nor ethical.

PREMATURE OVARIAN FAILURE 3 YEARS AFTER MENARCHE IN A 16-YEAR-OLD GIRL FOLLOWING HUMAN PAPILLOMAVIRUS VACCINATION

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DEIRDRE THERESE LITTLE, 1.

HARVEY RODRICK GRENVILLE WARD, 2.

1. DEPARTMENT OF GENERAL PRACTICE
North Bellingen Medical Services, Bellingen, Australia.

2. DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
The University of New South Wales Rural Medical School in Coffs Harbour, Coffs Harbour, Australia.

CORRESPONDENCE TO DR DEIRDRE THERESE LITTLE, dradford@wirefree.net.au

FINDINGS that shed new light on the possible pathogenesis of a disease or an adverse effect.

EXTRACTS:
SUMMARY

Premature ovarian failure in a well adolescent is a rare event. Its occurrence raises important questions about causation, which may signal other systemic concerns. This patient presented with amenorrhoea after identifying a change from her regular cycle to irregular and scantperiods following vaccinations against human papillomavirus. She declined the oral contraceptives initially prescribed for amenorrhoea. The diagnostic tasks were to determine the reason for her secondary amenorrhoea and then to investigate for possible causes of the premature ovarian failure identified.

Although the cause is unknown in 90% of cases, the remaining chief identifiable causes of this condition were excluded. Premature ovarian failure was then notified as a possible adverse event following this vaccination. The young woman was counselled regarding preservation of bone density, reproductive implications and relevant follow-up. This event could hold potential implications for population health and prompts further inquiry.

BACKGROUND

The occurrence of premature ovarian failure, previously known as premature menopause, in mid-teen years is extremely rare. The annual incidence of premature ovarian failure has been reported as 10/100 000 person-years between the ages of 15 and 29 years.[1] The cause of ovarian failure before age 40 years remains unknown in up to 90% of cases.[2]

Recent data presented to the European Society of Human Reproduction and Embryology Conference in Stockholm in 2011 [3] suggest that unexplained premature ovarian failure may have a current incidence sixfold greater than previously thought.

The unexplained occurrence of premature ovarian failure may reflect specific toxins or certain genotypes which currently available genetic examinations are not adequate to explore. Premature ovarian failure developing here, however, after human papillomavirus (HPV) vaccination prompted inquiry concerning ovarian histology of vaccinated rats at intervals of postvaccination. There was no record obtainable of these histological ovarian assessments. It also raised suggestions that long-term follow-up studies of natural cycles and fertility of vaccinated women should be considered.

CASE PRESENTATION

A 16-year-old girl presented with a history of 5 months amenorrhoea, preceded by approximately 12 months oligomenorrhoea. Menarche had occurred at the age of 13 in 2007 with initially light periods which became heavier and developed a regular monthly pattern over the following 12 months.

Early in 2009 menses became irregular. In early 2010 they became scant and occurred infrequently, two or more months apart. Menstrual periods ceased in January 2011. Following the development of amenorrhoea, the patient experienced hot flushes. She identified that an alteration in the menstrual pattern had started following HPV vaccination.

There was no past or present history of significant other illness, stressors or surgery, no known exposure to radiation or toxins and no other medications were being taken during or preceding this time. She was a nonsmoker. There was no known family history of genetic abnormalities, premature menopause or of autoimmune disease. There were no abnormal findings on clinical examination; her weight was 56 kg, and body mass index was 22.6. The absence of a clinical basis for amenorrhoea prompted more evaluation.

DIFFERENTIAL DIAGNOSIS

The presence of menopausal gonadotrophin levels in association with over 3 months of amenorrhoea or oligomenorrhoea before age 40 years defines premature ovarian failure.

New South Wales Health has confirmed that three Quadrivalent Human Papillomavirus (types 6, 11, 16 and 18) Recombinant Vaccinations were administered to the client in the high-school vaccination programme in February, May and August 2008.

OUTCOME AND FOLLOW-UP

Premature ovarian failure has been notified as a possible adverse event to the Therapeutic Goods Administration of Australia (reference no. 285383) and to the company which produces this vaccine and to the sponsor.

Each 0.5 ml dose of the quadrivalent human papillomavirus virus-like particle vaccine (HPV VLP vaccine) contains proteins of HPV types 6, 11, 16 and 18; 225 mcg of aluminium (as amorphous aluminium hydroxyphosphate sulphate adjuvant); 9.56 mg of sodium chloride; 0.78 mg of L-histidine; 50 mcg of polysorbate 80; 35 mcg of borax and water.

It is not known whether this event of premature ovarian failure is linked to the quadrivalent HPV vaccine.

More detailed information concerning

rat ovarian histology and ongoing fecundity post-HPV vaccination was sought from the Therapeutic Goods Administration (TGA). Although the TGA's Australian Public Assessment Report for Human Papillomavirus Quadrivalent Vaccine, February 2011, does report on the histology of vaccinated rat testes and epididymides,[4] no histological report has been available for vaccinated rat ovaries.

The TGA subsequently agreed to a freedom of information application in the public interest (FOI 001-1112) requesting documented rat ovarian histology post-quadrivalent HPV vaccination that may have been performed by the sponsor and forwarded to the TGA. However, a histological report of the ovaries of vaccinated rats remained unavailable beyond a numbering of the corpora lutea present at postweaning euthanasia following the first litter (Extract Study no. TT#03-703-0(CTD Module 4, volumes 1–3) summary for non-clinical study report 'Intramuscular developmental toxicity and immunogenicity study in rats with postweaning evaluation').

DISCUSSION

Since there can be many causes of secondary amenorrhoea, from physiological to constitutional, systemic and failure of the hypothalamic-pituitary-ovarian axis, determining the aetiology requires broad considerations. In this woman it required exclusion of metabolic, other endocrine, autoimmune and genetic disorders.

Results consistent with premature ovarian insufficiency in a 16-year-old girl have significant consequences for her future health and for her prospects of motherhood. Had this young woman taken the OC as prescribed for correction of her oligomenorrhoea/amenorrhoea, her diagnosis of premature ovarian insufficiency may not have been determined for perhaps some years. The possibility of its link to an adverse pharmaceutical event might also have been lost.

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Anecdotal evidence from an informal discussion with high-school students suggests that one in three girls of this age is taking an OC for reasons of cycle control, acne management or for contraception. Given the prevalence of OC usage in this age group, combined with the possibility of initial OC prescription for the management of oligomenorrhoea (presumably to reduce associated anxiety, re-establish a 'normal' cycle and to protect bone mass, etc), conditions affecting menstrual function in this age group will be undetected and undiagnosed. Menstrual abnormalities and particularly ovarian insufficiency at this time may therefore be under-reported as possible adverse events following vaccination or other medication.

In addition, as the Australian sponsor of this vaccine has stated after notification: 'the postmarket reporting of adverse events is voluntary and from a population of uncertain size, and consequently it is not always possible to reliably estimate the frequency of these reactions or establish a causal relationship to product exposure'.

LEARNING POINTS

It is suggested that oligomenorrhoea and amenorrhoea even in young women be investigated prior to the start of the oral contraceptives.

It is also suggested that development of oligomenorrhoea or amenorrhoea after establishment of regular menses be considered for notification as possible adverse events where they follow vaccination or medication.

Assessment of vaccinated rat ovarian histology at intervals after vaccination is relevant and appropriate.

Since there may potentially be a group for whom this vaccine is contraindicated, and since the occurrence of this event may possibly represent broader public health implications, it is also suggested that long-term follow-up of ovarian function in a cohort of vaccinated girls and women be undertaken.

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"AN ERROR DOES NOT BECOME TRUTH BY REASON OF MULTIPLIED PROPAGATION, NOR DOES TRUTH BECOME ERROR BECAUSE NOBODY SEES IT." ~ MAHATMA GANDHI

Death after quadrivalent human papillomavirus (qHPV) vaccination: Causal or coincidental?

BY LUCIJA TOMLJENOVIC, UNIVERSITY OF BRITISH COLUMBIA, CANADA

www.sanevax.org

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PRESENTED at the International Conference on Pharmacovigilance and Clinical Trials - 1-3 October 2012

The abstract below is only the first step. A much more detailed scientific paper is scheduled for publication in the near future providing complete evidence of what was discovered in post-mortem samples. This information will be shared worldwide as soon as it is available.

ABSTRACT:

Herein reported is the case of a 15-year-old female without a relevant medical history, who developed severe headaches, speech problems, dizziness, weakness, inability to walk, depressed consciousness, confusion, amnesia and vomiting, 14 days after receiving her first qHPV vaccine injection. After the second vaccine booster, her symptoms worsened and she expired 15 days later. Autopsy revealed cerebral oedema and cerebellar herniation indicative of a focally disrupted blood-brain barrier.

There was no evidence of an active brain infection. Immunohistochemistry (IHC) examination of the brainstem, hippocampus and the cerebellum showed prominent infiltration of T-lymphocytes and macrophages in all brain areas examined. Notably, marked activation of the complement membrane attack complex (MAC) was detected in the cerebellar Purkinje cells, hippocampal neurons and portions of the brainstem. This pattern of MAC activation in the absence of an active brain infection indicates an abnormal triggering of the immune response in which the immune attack is directed towards self-tissue. Elevation of the pro-inflammatory IL-1 cytokine and intense micro- and astrogliosis were also evident in the patient's brain. Altogether these observations strongly indicate that the acute neuronal damage resulting in patient's death was due to an aberrant/excessive autoimmune and inflammatory response triggered by the vaccinations she received. Both the timing of the onset of symptoms as well as their nature, are consistent with previous case reports where causality between vaccination and the ensuing brain damage and/or death, was either demonstrated or strongly suspected. It thus appears that in some cases vaccination may be the triggering factor of fatal autoimmune/neurological events and physicians should be aware of this association.

"Altogether these observations strongly indicate that the acute neuronal damage resulting in patient's death was due to an aberrant/excessive autoimmune and inflammatory response triggered by the vaccinations she received. Both the timing of the onset of symptoms as well as their nature, are consistent with previous case reports where causality between vaccination and the ensuing brain damage and/or death, was either demonstrated or strongly suspected."

Biography: Lucija Tomljenovic holds a Ph.D in biochemistry and is currently a senior postdoctoral fellow at the University of British Columbia School of Medicine. Her current work focuses on neuroimmuno-toxic impacts of vaccine constituents, particularly aluminum adjuvants. She has published 7 papers in the last 12 months on the topic of vaccine safety in high-impact journals (JAMA, Annals of Medicine, Journal of Internal Medicine) and has recently presented her research as the invited speaker at the 8th International Congress on Autoimmunity in Granada. Tomljenovic serves as a peer reviewer for Vaccine, Journal of Inorganic Biochemistry, Lupus and Surgical Neurology International.

BREAKING NEWS: YOUR OPPORTUNITY TO HELP SPAIN BAN HPV VACCINES

BY NORMA ERICKSON

www.sanevax.org

MADRID: Medical professionals, vaccine-injury victims, public health experts, scientists and vaccine safety advocates have joined forces to formally demand the Spanish Ministry of Health and Social Policy remove HPV vaccines from the immunization schedule and establish a compensation fund for those who have suffered adverse effects from vaccines.

On Tuesday, 9 October 2012, Don Carlos Álvarez Dardet, Professor of Preventive Medicine and Public Health at the University of Alicante, and Dña Alicia Capilla Lanagrán, Vice President of the AAVP (the Association of those Affected by Papillomavirus Vaccines) will hold a press conference to explain the reasons behind these requests. (Contact Carlos Ponte - carponte@gmail.com or visit this website - www.nogracias.eu, for additional information regarding the press conference.)

This is not the first time professionals and citizens of Spain have expressed their concerns regarding HPV vaccination programs in their country. In July of 2009, more than ten thousand health professionals and scientific associations signed a document entitled, "Reasons for a Moratorium on the use of HPV vaccines in Spain," and submitted it to the Department of Health. Apparently, their government officials did not think the concerns of 10,000+ professionals were significant enough to make a change to the vaccination schedule.

Meanwhile, the numbers of serious adverse events and deaths after HPV vaccinations have continued to climb. Despite the media hype, citizens of Spain see little value in the prospect of young girls (and soon boys) facing potential serious injuries and perhaps death by using HPV vaccines hoping to prevent the future onset of a disease for which there is already a safe and proven effective method of detection and treatment currently in use.

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The citizens of Spain are not willing to sit idly by while their children participate in a government sponsored health experiment for the next 15-20 years in order to determine whether or not HPV vaccines will prevent cancer.

SPAIN NEEDS YOUR HELP

Do you have concerns about the sanity of HPV vaccines (currently Gardasil and Cervarix)? Are they safe? Are they affordable? Are they necessary? Are they effective?

If you cannot answer all four of these questions yes, please join Spain in their fight to withdraw use of HPV vaccines until such time as they can be scientifically proven to meet these four common-sense criteria.

The AAVP has posted their demand for removal of HPV vaccines and the creation of a compensation fund for vaccine injury victims. Please take a moment to read REMOVE HPV vaccine is INVESTING IN HEALTH. (See English translation below)

No matter where in the world you live, if you agree with the concerns expressed visit the sanevax.org website and add your signature to this important document. Help the medical professionals, vaccine-injury victims, public health experts, scientists and vaccine safety advocates who have already signed protect the health and safety of the children of Spain.

Extracts from rough translation of Spain's demand reads:

REMOVING HPV VACCINE IS INVESTING IN HEALTH

In the fall of 2007, when the Ministry of Health decided to include Vaccine Human Papillomavirus in the Public Health System, more than ten thousand health professionals and several scientific associations disagreed and signed the manifest "Reasons for a moratorium on the use of HPV vaccine IN SPAIN." This move, unprecedented in its position and magnitude, questioned the opportunity cost of the program and expressed serious doubts about the HPV vaccines' ability, efficiency and high price. While the existing prevention methods - screening with cytology - demonstrated high effectiveness and low cost, should still be practiced even in the vaccinated population.

It was argued that Spain is a country with a low incidence and mortality of cervical cancer, the vaccine is not effective against all carcinogenic serotypes, it is not known how long immunity (not yet known whether booster doses will be needed). Nevertheless ..., and from the beginning, the HPV vaccine was promoted to the public, as effective in preventing cervical cancer, a hypothesis that has not been demonstrated by the natural history of the disease, which takes 20 to 30 years to develop.

Moreover, when the vaccine became available, population studies documenting its safety were insufficient, so that once denounced by Diane Harper, a researcher of the vaccine and critical of the decision of intensive vaccination by its "experimental". Now, when we begin to understand the problems of safety of the vaccine, even with the opacity of health agencies, we know that Spain

has reported 737 adverse effects until January 10, 2012, some very serious. However, complications do not seem to be an impediment for the Pharmaceutical Industry Ministry and currently contemplating extending the vaccine to children, which lacks rationality clinical, epidemiological and economic.

The association of families of girls with side effects from the vaccine (AAVP, born in Valencia) has repeatedly requested damage recognition, the incorporation of informed consent (on the evidence of serious complications) and finally removal of the vaccine from the NHS services portfolio. The recent death of a 13-year-old in Gijón, for a flare associated with the administration of the vaccine adverse event is the last, absolutely unacceptable from any consideration that can be done. What justification is there when children with a life ahead have to pay the price of a serious adverse reaction, to prevent a hypothetical cancer after 30 years?

From AAVP (Affected by Association Papillomavirus Vaccine).

The HPV vaccine risks you're not being told about

WWW.MERCOLA.COM
16/10/12

AS OF AUGUST 13, 2012, VAERS has received 119 reports of death following HPV vaccination, as well as:

- 894 REPORTS OF DISABILITY
- 517 LIFE-THREATENING ADVERSE EVENTS
- 9,889 EMERGENCY ROOM VISITS
- 2,781 HOSPITALIZATIONS

And WebMD had the gall to misinform the public by stating that there have been NO serious side effects associated with HPV vaccination! What parent would not consider even the remote potential for permanent disability and/or death worthy of at least a brief mention?

Recent data pulled by VAERS research analyst Janny Stokvisalso show a dramatic and recent increase in abnormal pap smears, cervical dysplasia, and cervical cancer following HPV vaccination.

Bear in mind that cervical cancer typically does not strike until your late 40's. According to 2005 -2009 data by the National Cancer Institute, the median age at diagnosis for cervical cancer in the US is 48. Only 0.2 percent of those diagnosed with cervical cancer were under the age 20, so it's quite rare in this age group. It is estimated that 12,170 American women will be diagnosed with cervical cancer in 2012, so statistically only 2,434 women under the age of 20 would be diagnosed with cervical cancer. Because we're dealing with relatively low numbers to begin with, it makes the rapid increases detailed below all the more worrisome – especially when you consider that the vaccine is supposed to REDUCE cancer incidence.

	March 2011	March 2012	% increase in 12 months
Abnormal pap smear	384	479	24.74 %
Cervical dysplasia	138	190	37.68 %
Cervical cancer	41	50	21.95 %

The following data is for girls ages 14 to 26. According to Stokvis, some of the reports of cervical abnormalities are occurring four to five years after HPV vaccination, so we're just now starting to see some of the longer-term ramifications, since the vaccine has only been on the market for six years.

This new data supports previous suspicions that the HPV vaccine might actually increase your risk of cervical cancer. I wrote about this two years ago. The information came straight from Merck and was presented to the FDA prior to approval. According to Merck's own research, if you have been exposed to HPV 16 or 18 prior to injection and take the vaccine, you increase your risk of precancerous lesions, or worse, by 44.6 percent...

Additionally, since Merck's research indicates Gardasil may also 'provide cross-protection' against other strains of HPV that are closely related to HPV 16 and 18 (two of the four strains included in the vaccine), this would mean prior exposure to these additional strains (which are not included in the vaccine itself) may pose an additional increased risk for cervical cancer when combined with vaccination.

As of August 13, 2012, more than 27,023 adverse event reports have been filed with the CDC's Vaccine Adverse Event Reporting System (VAERS), including 918 reports from boys and men between the ages of nine and 44, who were given HPV shots. Keep in mind that it is estimated that only between one and 10 percent of serious events, which occur after vaccination, are ever reported to VAERS.

In addition, FDA researchers revealed in 2009 that nearly 70 percent of Gardasil vaccine adverse events reported to VAERS came from Merck, which indicates that the majority of doctors are reporting vaccine-related injuries and deaths directly to Merck instead of to VAERS. Who knows how many of the Gardasil-related injuries and deaths never make it from Merck's files to the VAERS database.

Adverse events reported to VAERS post-HPV vaccination include:
Bell's Palsy, Guillain-Barre Syndrome, Seizures, Paralysis, Blindness, Pancreatitis, Speech problems, Short term memory loss, Ovarian cysts, Blood clotting and heart problems, Miscarriages and fetal abnormalities, Cardiac arrest and sudden death.

IS THERE SUCH A THING AS HOMOEOPATHIC VACCINATION? WELL, THE SHORT ANSWER IS - NO

BY DR JAYNE DONEGAN

Dr Jayne L.M. Donegan

WHAT IS VACCINATION?
Vaccination, historically speaking, is the inoculation of the virus of cowpox (vacca - cow) with the aim of providing protection from small pox. The term is now used to mean the injection either into the muscle or skin (i/m or s/c) of an individual, of microorganisms or parts of microorganisms, with the aim of provoking the human immune system to produce antibodies to those microorganisms.

Vaccine is the name applied generally to a substance of the nature of dead or attenuated living infectious material introduced into the body with the object of increasing its power to resist or get rid of the disease. Vaccines may also be administered orally or nasally in drop or spray form.

It can be seen from this that homoeopathic remedies do not fall into these categories.

When potentised above 12c, they have no molecules of the original substance from which they are made. They work on an energetic level whatever that means - I don't know myself - suffice it to say that I practised medicine for ten years before I started using homoeopathy and I wouldn't still be using it now, over twenty years later, if I didn't find that my patients got better quicker and more lastingly with a homeopathic approach than when I just used suppressive drugs treatment. Additionally, I have, and will continue to use it exclusively on myself, my family and my animals.

IS THERE SUCH A THING AS HOMOEOPATHIC INFECTIOUS DISEASES PREVENTION? YES

The major form of homoeopathic infectious disease prevention is constitutional treatment.

This acts to remove individual and inherited predispositions to disease and works in tandem with overall strategies to increase health such as fresh air, good diet, clean water, dry well ventilated housing, love and time to potter. Similarly acupuncture, chiropractic treatment, naturopathy and cranial osteopathy can also be used to achieve a constitutional boost.

HOW CAN ANY OF THESE MANOEUVRES WORK TO INCREASE RESISTANCE TO DISEASE?

Surely it is all about antibodies - after all, that is why people are vaccinated - to get antibodies.

We have all been led to believe that antibodies are the only factor causing immunity to disease - hence the push to vaccinate against an ever increasing number of diseases. But this is not the case.

"We have all been led to believe that antibodies are the only factor causing immunity to disease - hence the push to vaccinate against an ever increasing number of diseases. But this is not the case.."

Antibodies are only the tip of the 'Immunity Pyramid'[(1)] - the smallest part. The major part of the immunity pyramid, the base which supports the rest, provides the first line of defence. We are protected by intact skin, if this is pierced, the clotting system blocks up the hole. The enzyme, lysozyme present in saliva, tears, mucus and milk busts open bacterial cell walls. Sneeze and cough reflexes expel intruders as well as mucus which traps them and cilia - little hairs - that beat the mucus up and out. Ingestion of other organisms as well as dietary indiscretions are removed swiftly by diarrhoea and vomiting. The stomach contains one molar hydrochloric acid which denatures protein. We are covered by friendly bacteria known as commensals.

These live on our skin, in our nose, throat and gut. They take up space that would otherwise be colonised by bacteria which can cause invasive disease, such as the Hib, pneumococcus and meningococcus (the trio that live up our nose, often with no symptoms). Some of the antibodies made by the body to these 'nice' bacteria cross react and keep in check the potentially 'nasty' bacteria such as the meningococcus.

The next level of the immunity pyramid, the second line of defence are white cells called phagocytes (eating cells) that include macrophages (big eaters) which do just that, they eat up organisms; and natural killer cells; also lactoferrin which is involved in transport of iron which is very important in immunity to disease. For example, the diphtheria bacterium only produces toxin in the presence of low serum iron. These and other immune responses are all part of the innate or non specific immune system. Nothing to do with antibodies, but all to do with the general state of health of the person as stimulated by correct living conditions and holistic treatments.

It is only after the action of the innate immune system that, in a few cases, the tip of the immune pyramid, the specific immune or antibody producing system is engaged.

This is why a person can be immune to an infectious agent – i.e. they don't contract the disease when they come in contact with the organism - despite having no antibodies to that organism. Conversely, a person can have lots of antibodies to an organism and still contract the disease, as we see today with whooping cough.

So we can see that any measure that improves our overall health also makes us more resistant to disease, and where homoeopathic constitutional management fits in.

There are, however, two more types of homoepathic infectious disease prevention which are described in the homoeopathic literature and practice: Treatment by

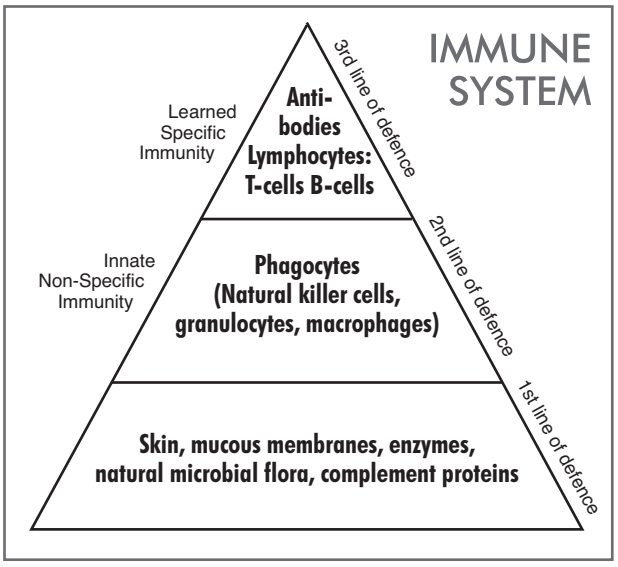
- Genus Epidemicus and
- Nosodes.

Treatment by Genus Epidemicus, is based on the analysis of the type of infection that is circulating at the time e.g. this years 'flu; meningitis outbreaks; the current whooping cough epidemic. Homeopathy is usually prescribed on the basis of individualised symptoms and responses, but when there is one particular type of disease around, the symptoms produced are often fairly similar and the acuteness of the illness, in homoeopathic terms, has a bigger effect on the remedy picture than the personality of the person. The remedy that 'fits' the disease, once chosen, can be used for both its treatment and prevention. This method has a long and honourable history in the annals of homoeopathy. Examples include the use of Lathyrus sativus for polio; Pulsatilla for measles; Belladonna for scarlet fever and meningitis and Drosera for whooping cough.

Treatment by Nosodes involves the use of homoeopathically potentised preparations of parts of the disease process. Again, it is the energised preparation that is used. No molecules of the original substance remain - unlike in conventional vaccines. This method does not involve looking at the characteristics of the prevailing infectious disease.[1]

Nosodes are administered based entirely on the fact that they are made from the disease for which they are being used.

The use of either of these latter two types of homoeopathic infectious diseases prevention is a controversial issues amongst homoeopaths, some of whom think that the only valid way of disease prevention is constitutional treatment - and I veer more towards this view myself - and that the use of specifics is buying into the Germ Theory of Disease i.e. you meet the germ and either get the disease because you have no antibodies or don't get it because you had it before or were vaccinated and are therefore immune. However not only do we know that meeting the germ is no guarantee of catching the disease, we know that children get infectious diseases at appropriate times, when they need to initiate a clean out and go up a developmental step. Adults get them because they are knackered and need a rest. If they had the rest first, they wouldn't need to get sick.



"...we know that children get infectious diseases at appropriate times, when they need to initiate a clean out and go up a developmental step. Adults get them because they are knackered and need a rest. If they had the rest first, they wouldn't need to get sick.."

This is all very well, but what a lot of parents are worried about, and certainly the only focus of the universal childhood vaccination scheme, is disease prevention. And it must be said that there is also a long and honourable tradition of homeopaths, most of them qualified medical doctors, starting with Hahnemann himself, who used specific homeopathic remedies to prevent acute disease. A very tried and tested nosode was Variolinum to prevent smallpox generally and in contacts of cases; Diphtherinum for diphtheria - even being shown to provoke an antibody response; Morbillinum for measles; Pertussin for whooping cough and so on.

Dorothy Shepherd, my favourite jobbing homoeopath with extensive experience as a medical officer in busy child health clinics and boarding schools, found Pertussin to be a sure preventative in whooping cough though she preferred Pulsatilla over Morbillinum as a preventative for measles. I urge you all to read her book on the subject of epidemic diseases.

What about practitioners who offer homoeoprophylaxis, or homeopathic infectious disease prevention in the form of nosodes or other remedies at set intervals throughout childhood?

Isaac Golden PhD is one such practitioner. He gained his PhD on this very subject from Swinburne University, Melbourne, Australia. He followed up children who had been given his program of regular nosodes for over fifteen years and analysed more that two thousand responses. He found that in those definitely exposed to disease, his programme had an over 90% efficacy rate i.e. only 10% of those definitely exposed to a disease acquired it. This compares very favourably to vaccines. A weakness of his study was that he had no control group – a group that had no prophylaxis - so the favourable results could just be the placebo effect - the effect of 'taking a medicine - unlikely in babies and small children. Even if it were, it is a pretty good result - 90% protection and no toxic reactions.

Was the long term health of the children damaged by the monthly, then two monthly, then four monthly administration of the nosodes over five to seven years?

Dr Golden found prevalence of asthma, eczema and behavioural problems significantly reduced in those taking his program, compared to national averages where these were available. Hahnemann attributed his long and healthy life - he married a

›

thirty five year old woman at the age of eighty! - to repeated provings that he undertook throughout his life to test potentised remedies. The taking of these remedies is said to increase the vital force and removes individual and inherited tendencies to disease. Dr Golden asks whether taking the nosodes might not have had the same effect on the children.

Some children had reactions to the nosodes. Any reaction to a remedy is the response of the vital force to the stimulus of the remedy. Those who produce such a response are thought to be those most susceptible to acquiring the disease and the response to the remedy is to clear this disposition. Those who make no response to the remedy are thought to be unlikely to contract it anyway.

Another modern experience with nosodes was in the meningitis outbreak in Guaratinguetá, Brasil in 1974. 18,640 people were given the Meningococcinum 10c nosode and 6,340 were not. There were four cases of meningitis in those who had been given the nosode and 32 in those who had not. This means that those who had not had the nosode were 23 times more likely to get the disease. A meningococcus nosode was used again in Blumenau Brasil between 1998 and 1999 exhibiting a protection against meningococcal diseases of over 95%.[2] This is the background to homoeopathic infectious disease prevention.

WHEN DO I RECOMMEND THE USE OF NOSODES FOR THIS PURPOSE?

In three situations:

1) For parents who are very worried about a particular disease – usually whooping cough or measles. I advise that when there are cases in the area that they give their children the appropriate nosode in a 30c potency in what is known as a split single dose - a dose in the morning, that evening and the next morning.

2) Some parents are convinced in their head that their children are better off not being vaccinated, but in their gut, they are terrified that every time their child gets a fever they are going to die of one of the diseases against which they are not vaccinated. In these cases I suggest that they either vaccinate their children with all the recommended vaccines and be happy, antidoting them homoeopathically for whatever benefit that might entail, and making sure that they don't suppress any subsequent infections as the body attempts to get rid of the additives and other toxins in the vaccines (e.g. formaldehyde), OR use homoeopathic nosodes in a schema such as that proposed by Dr Golden, so that they feel happier because they are doing 'something'.

"There is so much fear associated with the medical information given about infectious diseases, especially those against which we vaccinate..."

WHAT IS THE POINT OF THIS?

Well apart from any beneficial effect that may be brought about by having the vaccines or taking the nosodes, parents often feel happier if they are doing 'something' especially if it is their first child. There is so much fear associated with the medical information given about infectious diseases, especially those against which we vaccinate. I know that fear was the most overwhelming emotion that I experienced when I started to realise that vaccines might not be as safe or effective as I had been led to believe.

What could I use for my children instead? People said that all you needed was health, but initially, until I knew a lot more, I was desperate to find something outside that would protect them.

So fear is a big issue. All GPs and other practitioners know without a doubt that the children of fearful, nervous parents have the worst outcomes in any situation.

Why? Because children are like antennas, If we are terrified: so are they. This produces a massive outpouring of steroids - the stress response - which act in the short term to increase resistance but quite quickly over-stress the child with a subsequent lowering of immunity. The child with lowered immunity is more susceptible to disease and its complications. This is certainly my experience as a doctor and there are studies showing how parental stress can lead to the development of autoimmune disease like diabetes and asthma in a child.[3]

So anything that makes parents happier and more confident will increase their children's resistance to disease and their incidence of complications when they do get ill, which is good - especially if it is not harmful.

In the case of homoeopathic nosodes, even if they had no material effect other that to make parents happy, it would be worth having them.

If that sounds patronising, let me tell you about my dogs: personally, with what I now know, I would never consider vaccinating any child of mine, and nor would they consider vaccinating their children, nor a kitten nor a cat nor an older dog but when we got a puppy, that was a different matter. We had read all those lovely James Herriot stories about how dogs used to die of distemper, but now there was a wonderful vaccine that saved them all.

We were in a quandary. I don't know so much about dogs as I know about humans. What should we do...? We went to our homoeopathic vet for his advice and got nosodes for all the dog vaccines and gave them every three months for two years until we forgot. When she had puppies, we gave them to the puppies for about six months until we forgot - because it made us feel happier. So.... we patronised ourselves!

3) The third category is for travel abroad when people meet germs with which they are unfamiliar and this is covered in my series on travel medicine published in The Informed Parent in 2011-2012.

For those who would like to know more about this interesting and important subject, I recommend:
DR DOROTHY SHEPHERD, "Homoeopathy in Epidemic Diseases" ISBN 0852073054 CW Daniel Co Ltd 1967 – all of her books are very good.

ISAAC GOLDEN PHD, "Vaccination & Homoeoprophylaxis? A Review of Risks and Alternatives" ISBN 978-0957872677 Isaac Golden Publications 2010 7th Edition.

This is the book that I require my patients to read if they wish to embark upon a course of homoeopathic infectious

diseases prevention for their children. It contains very useful historical information as well as the results of Dr Golden's research. The Australian Health Department stopped him from being able to supply his kits, so he no longer has a continuing database to follow up for safety and efficacy. Apparently it was not the remedies that he was supplying in themselves that were the problem, but the fact that he was using them to 'prevent disease'.

DAVID LITTLE, "The Prevention of Epidemic Diseases by Homoeopathy " http://simillimum.com/education/little-library/case-management/pedh/article_print.php David Little is an experienced homoeopath who lives in India. This is an excellent balanced treatise on the subject.

CHRISTOPER DAY MA, VetMB, VetFFHom, MRCVS, "The Homoeopathic treatment of Small Animals" ISBN 9781844132898 Rider 1998. Christopher Day is the Faculty of Homeoepathy Veterinary Dean. His book will revolutionise how you feed your dogs (leftovers) and describes his experience with vaccination and his own use of alternatives.

As Dr Margery Blackie, former Physician to her Majesty the Queen, said regarding the administration of homoeopathic 'flu nosodes:

"Clinical experience proves that protection is given in individuals, yet there is no increase in any antibody to the influenza virus... One cannot ignore clinical observations but we have no way of measuring true reasons - it just works."[4]

NB: All dogs are still alive and well aged 3 ½ an 6 ½ years. Our Labrador-cross died last year aged 18 ½ - a ripe old age.

©16 November 2012 Dr JLM Donegan MBBS DRCOG DCH DFFP MRCGP MFHom London, UK
www.jayne-donegan.co.uk/

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Other articles by Dr Donegan and may be obtained at http://www.jayne-donegan.co.uk/articles

For forthcoming lectures please visit website: http://www.jayne-donegan.co.uk

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

Dr Jayne LM Donegan MBBS DRCOG DCH DFFP MRCGP MFHom London, UK www.jayne-donegan.co.uk/

EARLY DIPHTHERIA-TETANUS-PERTUSSIS VACCINATION ASSOCIATED WITH HIGHER FEMALE MORTALITY AND NO DIFFERENCE IN MALE MORTALITY IN A COHORT OF LOW BIRTHWEIGHT CHILDREN: AN OBSERVATIONAL STUDY WITHIN A RANDOMISED TRIAL

AABY P ET AL.
ARCH DIS CHILD 2012;97:685-691
DOI:10.1136/ARCHDISCHILD-2011-300646

SUMMARY

Background Studies from low-income countries have suggested that diphtheria-tetanus-pertussis (DTP) vaccine provided after Bacille Calmette-Guerin (BCG) vaccination may have a negative effect on female survival. The authors examined the effect of DTP in a cohort of low birthweight (LBW) infants.

METHODS

2320 LBW newborns were visited at 2, 6 and 12 months of age to assess nutritional and vaccination status. The authors examined survival until the 6-month visit for children who were DTP vaccinated and DTP unvaccinated at the 2-month visit.

RESULTS

Two-thirds of the children had received DTP at 2 months and 50 deaths occurred between the 2-month and 6-month visits. DTP vaccinated children had a better anthropometric status for all indices than DTP unvaccinated children. Small mid-upper arm circumference (MUAC) was the strongest predictor of mortality. The death rate ratio (DRR) for DTP vaccinated versus DTP unvaccinated children differed signifi cantly for girls (DRR 2.45; 95% CI 0.93 to 6.45) and boys (DRR 0.53; 95% CI 0.23 to 1.20) (p=0.018, homogeneity test). Adjusting for MUAC, the overall effect for DTP vaccinated children was 2.62 (95% CI 1.34 to 5.09); DRR was 5.68 (95% CI 1.83 to 17.7) for girls and 1.29 (95% CI 0.56 to 2.97) for boys (p=0.023, homogeneity test).

While anthropometric indices were a strong predictor of mortality among boys, there was little or no association for girls.

CONCLUSION

Surprisingly, even though the children with the best nutritional status were vaccinated early, early DTP vaccination was associated with increased mortality for girls.

EDITOR: It also states the following on the opening page of the medical paper:

What Is Already Known On This Subject - Live vaccines such as measles vaccine and Bacille Calmette-Guerin have non-specificbeneficial effects in areas with high mortality.

Previous studies from several low-income African countries have suggested that inactivated vaccines, including diphtheria-tetanus-pertussis (DTP), may have nonspecific negative effects for survival of girls.

WHO sponsored studies which have found a beneficial effect of DTP have ***major methodological problems.*** *(My emphasis)*

Autism "Danish Study" author is "On the Run..." Poul Thorsen - makes US "Top Ten Most Wanted" list

OPINION BY CONSUMER ADVOCATE, TIM BOLEN

Sunday, November 4th, 2012

EXTRACTS:

The "Danish Study" has been used as the foundation of the vaccine industry's claim that "there is no relationship between vaccines and Autism." But, its author, Danish researcher Poul Thorsen, last year, was indicted for fraud over the study, and an arrest warrant was issued. Thorsen is now in hiding.

It is common knowledge that the pharmaceutical industry promotes a severely increased vaccine schedule, not only for children, but for everyone, sometimes even, trying for laws making vaccines mandatory. Why? Because most of their major drug patents are running out, so the massive flow of money is slowing to a trickle. More vaccines seem to be the profitable answer.

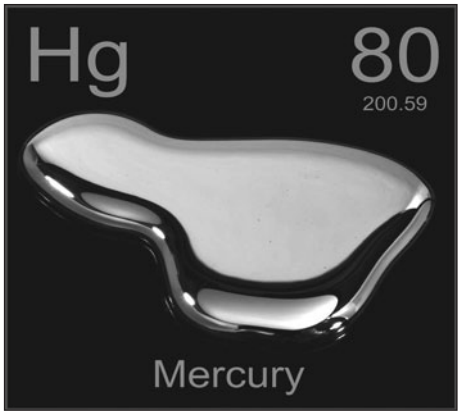
But, as everyone is also realizing, with the increased schedule came a comparable wave of significant health problems. One in six children since the increase, now have neurological issues. One in eighty-eight children now have Autism.

But the vaccine construction, a combination of the vaccine industry, and the federal and state bureaucratic entity that supports it, rail against any suggestion that vaccines are responsible. That conflict, between parents of these children and their networks and the vaccine construction, rages across not just the US, but all over Planet Earth.

SO, WHAT EXACTLY IS THE "DANISH STUDY?"

In the year 2000 the lid was blown off the argument when a transcript of a secret vaccine construction meeting at Simpsonwood was released to the public. The Simpsonwood meeting documents show, very clearly, that the vaccine construction knew about the problems of Thimerosal, the preservative in vaccines, and decided on a policy of covering up that information. Their reasons? They said that if people knew about those problems they would not vaccinate their children because they would lose confidence in the vaccine industry. So, the vaccine construction had the US Center for Disease Control and Prevention (CDC) organize some studies on the Thimerosal issue. The CDC used a Danish researcher named Poul Thorsen to assemble, hire researchers, and monitor a study, since called the "Danish Study," on this subject- which has, since, become, itself, a huge controversy.

Once again - The "Danish Study" has



been used as the foundation of the vaccine industry's claim that "there is no relationship between vaccines and Autism."

Let's make a few things very clear - The world-wide vaccine industry's ENTIRE safety argument regarding Thimerosal (mercury), as a preservative in vaccines, rests on the validity of this one "Danish Study." Danish researcher Poul Thorsen was the rainmaker, and organizer of that study, and the study right after that. The US Center for Disease Control and Prevention (CDC) was the funder. The CDC actually funded five separate studies - each succeeding study building on the first "Danish Study," depending on the "Danish Study's" validity.

And that's the problem. A recent US federal court indictment of Poul Thorsen shows that Thorsen diverted two million out of the total eight million dollars of the "Danish Study" funding elsewhere - one million to himself, and the other million has not yet been found.

This, of course, throws a pall on the study itself, and the institutions and researchers involved. More, it brings in the question of supervision of the study by the funding agency the CDC. Why? Because the CDC did not find the money diversion. Someone else did. More, the question needs to be asked "Did people at the CDC get the other million that disappeared?" Why do I ask that question? Keep reading and you'll soon see why.

THERE IS A HUGE SCANDAL HERE...

In short, long before Poul Thorsen was indicted for fraud, over the missing two million, independent researchers were questioning the validity of the first five studies, very carefully. One of those researchers, Brian Hooker PhD, was relentless in his search for information. So relentless that the CDC began to stonewall his Freedom of Information (FOIA) requests. I have written five articles on Hooker's war with the CDC. They are very revealing and summarize a history, at the CDC, of the employees of a federal agency virtually spitting on the American people, openly violating any law they wish to ignore. (www.bolenreport.com "The CDC Has Known All Along How Dangerous Vaccines Are - And Has Covered It Up... (Part One), (Part Two), (Part Three), (Part Four), and (Part Five).)

But that point is just the lead-up for where this article is heading. There is something else going on here behind the scenes I am about to reveal - how it is that Poul Thorsen actually got caught. In short, the Autism World banded together and went after him - and they got him. I'll show you how it was done, and who did it. Congratulate them, personally, the next time you have an opportunity. The move was brilliant. And thorough.

HERE IS HOW THEY DID IT...

On September 15th, 2010 a letter was signed and sent to Daniel R. Levinson, Inspector General, Department of Health and Human Services in Washington DC. It was on CoMeD Inc stationery and signed by the Reverend Lisa K. Sykes, President of CoMeD Inc., and had twenty-six supporting agencies.

In short, in the sixteen (16) page letter the complainants carefully outlined the case against Thorsen and the CDC. An excerpt:

More serious, however, is the on-going

failure of the US government, specifically the Secretary of the Department of Health and Human Services (Secretary, HHS) and the Food and Drug Administration (FDA), which reports to the Secretary, to properly regulate the drug industry, which continues its illegal use of poisonous mercury compounds in the manufacture of drugs, especially vaccines.

Despite substantiated allegations that US national health agencies, including but not limited to the Centers for Disease Control and Prevention (CDC), have been compromised by egregious conflict-of-interest, the Office of Investigations for the Department of Health and Human Services (HHS-OIG), by its inaction in the face of this urgent public health crisis, is now party to this greatest of federal failures.

Your failure to act has permitted, and still permits, the ongoing administration of Thimerosal-preserved vaccines to the population without the required proof of safety or the opportunity of informed consent, in violation of American law.

The unnecessary and systematic injection of mercury, in the form of Thimerosal (49.6% mercury by weight) dubiously used as a 'preservative', into children and pregnant women represents one of the greatest catastrophes facing our nation, far exceeding those already publicized by the media.

With more than one in every six children now diagnosed with a behavioral and/or developmental disorder, 25% of our children currently suffering one or more persistent chronic illnesses, and one in every 70 boys now diagnosed with an autism spectrum disorder, the federal failure to lawfully regulate this industry has allowed mercury to compromise the minds of children just as it has permitted greed to compromise the economy and oil to compromise the Gulf of Mexico.

Using the National Immunization Program of this nation to administer unsafe, unnecessary and undisclosed mercury to American citizens is unjustifiable, damaging and criminal.

Investigations by HHS-OIG have already substantiated the validity of allegations regarding 'conflict of interest and Thimerosal' made to the Office of Special Counsel (OSC) in 2004 by fifteen families with mercury-toxic children.

Furthermore, in a December of 2009 report published by HHS-OIG (under the direction of Daniel R. Levinson), "CDC's Ethics Program for Special Government Employees on Federal Advisory Committees," your agency determined that: numerous serious conflict-of-interests, lack of ethics training, and failure to complete appropriate ethics paperwork, were common among CDC-associated special Government employees.

Despite the established credibility of these allegations, and a call for Congressional Investigations by OSC into Thimerosal, neither HHS-OIG nor any other government agency has taken any action so as to protect the public health from the ravages of this known poison, neurotoxin, developmental toxin, carcinogen, mutagen, teratogen, and immune-system disruptor.

Based upon new information, enclosed with this letter, we add a tenth allegation to the nine previously submitted to HHS-OIG: the illegal presence of mercury in FDA-approved medicines, especially vaccines, is being defended by apparently fraudulent studies.

Criminal investigations now ongoing in Denmark reveal key 'independent' studies, purportedly showing mercury does not cause autism, were, in some cases, financially and ethically compromised by our own national health agencies.

For example, the CDC assisted in the design, data manipulation, review and publication of these studies.

The resulting and seemingly biased epidemiological studies cannot prove safety or establish the current levels of mercury in vaccines as "safe."

Moreover, the original datasets have been "lost" or withheld from independent review so that even the published findings cannot be confirmed, much less properly reviewed.

Nonetheless, the FDA and other national health agencies and authorities repeatedly cite these studies in their sanctioning of the ongoing use of mercury in medicine.

One such authority, a 2004 Institute of Medicine committee report, which purportedly exonerated vaccine-derived Thimerosal as a cause of autism in its landmark decision, relied heavily upon these non-reviewable, and, in most cases, provably biased and probably fraudulent epidemiological studies.

Additionally, the apparent embezzlement of approximately 2 million US dollars and serious professional misconduct:

"The Danish Agency for Science, Technology and Innovation (DASTI) has been a grant recipient as part of a cooperative agreement with the US National Center for Birth Defects and Developmental Disabilities, CDC, since 2001.

The grant has been administered by Odense University Hospital and Aarhus University (AU) under the direction of Dr. Poul Thorsen. The grant has multiple components and involves collaborators at other institutions in Denmark, including the University of Copenhagen and SSI (Statens Serum Institut) … Unfortunately, a considerable shortfall in funding at Aarhus University associated with the CDC grant was discovered. In investigating the shortfalls associated with the grant, DASTI and Aarhus University became aware of two alleged CDC funding documents as well as letter regarding funding commitments allegedly written by Randolph B. Williams of CDC's Procurement Grants Office which was used to secure advances from Aarhus University. Upon investigation by CDC, a suspicion arose that the documents are forgeries. DASTI conducted an internal investigation of the authenticity of the documents and have filed a police report…A police investigation is ongoing."

WHAT EFFECT THE LETTER HAD...

Poul Thorsen, and the CDC funding process for Thorsen's studies, got investigated. That's what Inspector Generals do.

Autism parents feel that it becomes obvious that the CDC got what it paid for when they contracted with Poul Thorsen to manufacture a fake study showing that Thimerosal in vaccines was perfectly safe, and that there was no relationship, he said, between vaccines and Autism.

In Poul Thorsen, many say, the CDC bought a high level fraud artist, to produce a high level fraudulent study - which he did. So, why would the CDC be surprised, you might ask, when that same Thorsen defrauded THEM out of a million dollars he funneled to himself through fake billings, transferred to a bank account he made appear to be a CDC account, but was actually his?

The real question here is "Did Thorsen actually defraud the CDC, or was top CDC management part of a conspiracy to funnel money to Thorsen, and his co-conspirators, for their dirty work." This article asks that question. And, where is the other million?

I will show you why I ask that. I have very good reason.

Poul Thorsen - Number One of America's "Ten Most Wanted..."

Gary Cantrell, Deputy Inspector General For Investigations, Office of the Inspector General, US Department of Health and Human Services (OIG-DHHS) tells it like it is.

Before we begin this journey through the world of deceit and cover-up over Thimerosal in vaccines, with all of the horror it has caused (one in six US children now have a neurological disorder), let's listen to a one minute and 26 second video, just to the left, featuring Gary Cantrell, Deputy Inspector General For Investigations, Office of the Inspector General, US Department of Health and Human Services (OIG-DHHS).

When you are done with that click on the link to go to the OIG-DHHS page of "OIG Most Wanted Fugitives." There, you will find, as Number One in the list of the Top Ten that same Poul Thorsen, the author of what was known as the "Danish Study."

As you can see, Poul Thorsen, is not well regarded by the US DHHS. In April 2011, Thorsen was indicted on 22 counts of Wire Fraud and Money Laundering, and a warrant has been issued for his arrest. According to the DHHS website, Thorsen is in hiding. But, is he?

The CDC management seems to know exactly where he is because they keep sending him money. Lots of it.

WHY DO I THINK THAT?

For two reasons:

(1) Poul Thorsen is named as an author in nineteen (19) studies published since his indictment, all of which appear to be funded directly, or indirectly, by the CDC. Go here.

(2) The Danish news media Moderne Tider did an expose on Thorsen, his financial manipulations, and his friends. Funny, but the US media never wrote anything about it (sarcasm intended). Click here to see the article in the original Danish. Click here to see the entire English translation.

I guess it is pretty easy to be "on the run" when a US agency is wire transferring constant money to your bank accounts.

More, the story in Moderne Tider tells it all, from the viewpoint of those that Thorsen left stranded in Denmark. Thorsen bragged about being "connected."

It's been a year-and-a-half since Poul Thorsen was indicted, and an arrest warrant issued.
Tim Bolen - Consumer Advocate

ITALY BANS NOVARTIS FLU VACCINES, CITING SIDE EFFECTS

BY EVA VON SCHAPER AND PHIL SERAFINO

www.businessweek.com

October 24, 2012

ITALY AND SWITZERLAND halted sales of Novartis AG's (NOVN) flu vaccines after the company informed Italian authorities of a buildup of particles in the shots. Novartis said the products are safe.

Novartis didn't provide enough information for officials to know the exact makeup of the proteins found in the Agrippal and Fluad shots, or their impact on the quality and safety of the vaccine, Italy's Health Ministry said in a statement today. There have been no reports of illness because of the particles, officials said.

The vaccines present "quality defects that are potentially dangerous for public health," the ministry said. Italy's medicines agency AIFA "has established the need for further tests regarding the quality and security" of the vaccines, according to an earlier statement from the ministry.

The suspension adds to Novartis's manufacturing woes. The company in January temporarily closed a factory in Lincoln, Nebraska, that makes the Excedrin headache remedy, the Lamisil gel for athlete's foot, and Sentinel, an anti-flea product for dogs, because of quality concerns.

Novartis has given Italian authorities "an assessment which supports the quality, efficacy and the safety of the vaccines," Eric Althoff, a spokesman for the Basel, Switzerland-based company, said in an e-mailed statement. "The company will continue to work with the Italian minister of health and AIFA to understand the reasons for their decision."

488,000 DOSES

About 488,000 doses are subject to the ban, the Italian health ministry said.

Novartis notified Italy of the vaccine issues verbally on Oct. 18, and followed up with a written notification the next day, Anna Rosa Marra, an official with AIFA, said at a news conference in Rome. The company knew of the particle buildup since July 11, officials said.

Renato Balduzzi, the health minister, said he or members of his staff will meet with Novartis executives tomorrow for explanations, including of why there was a delay in notifying authorities of the problem. Novartis was due to supply 3 million doses of flu vaccine to Italy, and the country will sign contracts with other producers, Balduzzi said.

Swissmedic, the Swiss drug regulator, suspended distribution of the vaccines as a precaution after the Italian decision, the agency said in a statement today. There's no danger to recipients of the vaccine, the agency said. It's unclear if shots distributed in Switzerland have the same problem, according to the statement.

Vaccines generate 5 percent of Novartis' total sales, according to a report by Helvea SA analysts including Odile Rundquist. Seasonal flu shots make up about a quarter of that revenue, the report states. Novartis fell 0.7 percent to close at 57.20 Swiss francs in Zurich trading. The company reports quarterly earnings tomorrow.

PRIMITIVE REFLEX THERAPY: Part 1

Essential developmental building blocks of life

BY JANET NETHERCOTT-CABLE
IIHHT.DIP (MICHT)

When I embarked on my journey as a Holistic therapist, I had no idea that my own personal experiences as a mother would lead to working with what I consider to be, the most fascinating but crucially important field of Primitive Reflex therapy. I believe that all parents, health and teaching professionals would benefit from understanding this area of therapy work. Without the knowledge of Primitive Reflex therapy we may be missing a vitally important tool in providing care and support for our children.

Many children struggle with learning difficulties, demands of school, college and the wider world. Despite the best efforts of parents and teachers, they are often unable to fulfill their unique potential.

I have personally observed and experienced how unintegrated Primitive Reflexes have a far-reaching, deep and devastating impact on children, adults, families and society as a whole.

WHAT IS PRIMITIVE REFLEX THERAPY?

This therapy uses a simple non-invasive drug free approach, which works on the underlying causes of social, emotional and behavioural issues, such as: panic attacks, learning disabilities, dyspraxia, dyslexia, short attention span, inability to process information, phobias, balance and co-ordination.

SO WHAT ARE PRIMITIVE REFLEXES?

Primitive Reflexes (PR's), are involuntary responses to external or internal stimuli such as touch, movement, sound, light and heat. Each Primitive Reflex produces stereotypical muscular movements and complex responses, involving body movements, breathing, perception and hormonal changes, which are automatically directed by the brain. They allow no leeway for variation or choice of action.

The basic pattern that all reflexes follow: Each Reflex will emerge at a certain time and develop in a specific order to execute its purpose and function. It integrates and then becomes inhibited.

If one reflex remains present, it will affect the ability of subsequent reflexes to fulfill their purpose and become inhibited.

Primitive Reflexes have a useful purpose, are part of one's developmental process assisting survival and protection for foetus and baby in the first weeks of life. For example, if one strokes the side of the mouth of a neonate, it will turn its head in the direction of the stimulus and the mouth will open, searching or 'rooting' for the nipple to feed and if a finger is placed inside the mouth it will reflexively start to suck. This obviously is crucial for feeding and survival.

"Writing involves hand eye coordination with the automatic support of the postural system and, as a child develops, this control over balance and coordination is dependent on a mature reflex system."

PR's are active for the first six months of life, but from the moment of birth, they start a gradual process of inhibition by higher centres in the brain as neurological connections to higher centres develop. By the age of 2 years old, these should be fully integrated. As the primitive reflexes are inhibited, the postural reflexes emerge, which gradually take over many functions of the primitive reflexes above the age of three and a half years old.

'Developmental delay' is a term used to describe interruption in one or more stages of early reflexive foetal development. If unfulfilled, then a vital part of the neuro - developmental process is left unresolved or unintegrated, it will affect ongoing neurological development and the nervous system will remain immature. However, it is important to note that Primitive reflexes never entirely leave us. The process of inhibition puts them to sleep in the brainstem, and they can be reawakened if accident, injury, disease, shock/trauma affects the higher brain centres.

Janet Nethercott-Cable

HOW CAN THIS AFFECT LEARNING AT SCHOOL?

It's important to note that all academic learning is connected in some way to the functioning of the nervous system. Reading, for example, isn't purely a cognitive task, but requires eye movements to be precise and well controlled. Writing involves hand eye coordination with the automatic support of the postural system and, as a child develops, this control over balance and coordination is dependent on a mature reflex system. We can, therefore, begin to imagine how neuro-developmental delay and postural development impacts on children's academic learning.

It is usual for school systems to focus on educational problems or symptoms, rather than investigation of the cause.

Below is a list of the PR's in their order of emergence, we can see that they begin as early as 5 weeks after conception:

1: FEAR PARALYSIS: 5 - 7.5 weeks after conception.
2: MORO: 9 weeks after conception.
3: SPINAL GALANT: 18-20 weeks after conception.
4: PALMAR: 11 weeks in utero.
5: PLANTAR: 11 weeks in utero.
6: ASYMMETRICAL TONIC NECK: 18 weeks in utero.
7: ROOT AND SUCK: 18 weeks after conception.
8: TONIC LABYRINTHINE: Forwards at 3-4 months in utero. Backwards at birth.
9: SYMMETRICAL TONIC NECK: 6-11 months after birth.
10: BABINSKI: Few days after birth.

I have detailed the Moro reflex here, due to it featuring heavily in 'my personal story'.

MORO REFLEX

Moro reflex is a response to a sudden stimulus - resulting in a reactive sequence of rapid movements. A baby will instantly spread their hands, throw back their head, opening their eyes wide, with a sudden intake of breath. The arms rapidly move out and, as the response gets stronger, the arms go back again. Clasping or bringing back of the arms is the signature of Moro reflex. It is primarily the fight/flight reaction, involving all muscles and systems of the body and activates the following responses:

- The Sympathetic system is stimulated and goes into overdrive.
- Adrenal hyperactivity
- Clasp reflex
- Panic alarm reflex, which helps the baby to hang on and cry in alarm.

The Moro reflex is activated by at least two things;

- A sudden noise
- Movement or alteration of the head position (Vestibular moro)
- Change of light (Visual moro)
- Pain, temperature change, handled too roughly (Tactile moro)

The purpose of the reaction is thought to;

- Alert arousal and summons assistance during the first months of life.
- Development of breathing mechanism in utero.
- Assist the first breath of life at birth.
- Help to open the windpipe if there was fear of suffocation.

The baby cannot use the cortex to interpret a threat, so the result is a panic response. Eventually, during development, a child would use its senses, eyes and ears to locate the source of threat and make an intellectual decision as to whether or not the stimulus is a true threat. We can begin to imagine that, if this reflex continues to remain unintegrated, it could lead to a child who is hyper-sensitive to stimuli. For example, a child who's pupils remain dilated due to anticipation of threat, may be over sensitive to light and can also tire easily under fluorescent light. They may be working at a neurological disadvantage because the body uses up so much energy being on 'red alert', which can lead to extreme tiredness.

Sensitivity to continual auditory arousal may mean they find it difficult to focus on the job at hand i.e listening to a teacher. It may mean they begin to compensate by 'switching off' their visual stimulus by staring into the distance - so they can 'tune in' to the auditory stimulus. Of course the teacher may interpret this as a child 'not listening'! The implications of this retained reflex are incredibly far reaching.

Below I describe my own experiences of raising a child with neuro developmental delay and the devastating impact it had on our family. I have put small reference numbers in the text which relates to the possible PRs that have been implicated.

MY PERSONAL STORY

As a new parent I began to notice many things about our son which didn't match up to the development and behaviour of most of his peers. I was aware that not every child develops at the same rate and was mindful of this, however, instinctively I felt that something wasn't quite right. Health visitors and doctors were unable to satisfy my concerns and instead repeatedly focussed on his low body weight [2,7] without any suggestion of help and advice.

In retrospect, I now understand there were many contributing factors which inevitably did lead to his neurological developmental delay. If we consider Primitive Reflexes as essential building blocks of life, we can understand that any interruption interferes with natural processes which are there to enhance and protect us on a structural, biochemical and emotional level. In early life, these Primitive Reflex building blocks can be affected in a number of ways, due to birth trauma, illness and childhood vaccinations. There I've said it now, vaccinations, very controversial!

CONTRIBUTING FACTORS

We had planned to have a home birth using a birthing pool. However due to my my midwife going AWOL and labour coming on so quickly during a monitoring session at hospital, our son arrived super fast! During labour, our son showed signs of foetal distress and suffered birth trauma. I also received pain relief medication during labour.

Directly after birth, I nursed him successfully, with no problem.

He was born with a large Haematoma which meant his head was very misshapen, this eventually lead to restriction of movement at a later stage. Due to the Haematoma, it was only possible for him to lay comfortably with his head to one side, subsequently leading to a flattening on one side of his head and eventually causing cervical instability [6]. He also had slight jaundice.

At one day old he was given a BCG vaccination. The Hospital 'explained' this was necessary due to the high prevelance of TB in the area of London we lived at the time. I was told that without this vaccination they wouldn't allow myself and my baby home! Immediately after receiving this BCG vaccination he had problems breast feeding properly! [1,7,8]

My son never actually crawled, instead he developed a strange crab like motion, with one leg tucked under his bottom [6,11] which he abandoned as soon as he was able to pull himself up to a standing position.

Health visitors were always concerned about his weight [2]. He had frequent colds and developed Eczema, then Asthma, and due to severity of this, was hospitalized on quite a few occasions.[1,2]

We found that he was allergic to egg white and, after a routine DTP vaccination, he had a febrile convulsion, stopped breathing and his lips began to turn blue.[1,2] A terrifying experience for us all. Immediately following this, he was admitted to hospital where we spent Christmas!

As a toddler, he would find mother and toddler groups very stressful, often crying, moaning and being very clingy [2]. He felt the need to be in constant motion by walking up and down unable to settle, never letting go of my hand. Subsequently I developed back problems from continual side bending, holding his hand. The only time he seemed comfortable in those

surroundings was sitting inside an enclosed peddle play car, which was his own personal coccoon. This allowed him to cope with the multitude of sounds, light and visual stimulus.[2] Whenever another child bumped into him accidently he would freeze like a rabbit in headlights.[1]

Trips to the swimming pool were equally stressful. Whilst other babies were looking relaxed in the water, with content 'back to the womb' expressions, my son was screaming, crying and clinging on to me for dear life![2] I soon abandoned these trips when it was obvious it was just too stressful for him.

Generally he was a well behaved child, but his difficulties affected his ability to socialise and make friends with other children.[1] It became apparent that his speech development was lagging behind others.[7] Due to my son's problems it was difficult for me to socialise with other mothers. My husband was sympathetic but unable to help with this due to working away from home. Without any close family around to help and my son's inability to cope with the usual noise and stimulus of baby and toddler clubs, I began to feel very isolated - my post-natal depression truly kicked in![13]

Once at playschool the situation got a little easier, children's groups were smaller and acoustic onslaught less but he was always quiet, shy and speech development slow.[1,7,13] He was permanently attached to his dummy.[7] It took a long time before he was happy to be left there for a whole session.

Only when he started first school, the true extent of his difficulties began to emerge, which is usually the case when academic processes tend to highlight concerns.

He was slow to get dressed and undressed at P.E, unable to tie shoe laces[6], or follow simple sequences of instructions. He had an awkward pencil grip - holding on too tight which affected his handwriting skills.[4,6] His mixed handedness made it difficult for him to decide which hand to use. Writing and copying skills were slow, making it impossible to keep up in class.[6] He had problems with short - term memory and language processing.[9] Often he would reverse letters and numbers, find comprehension difficult and would get very tired at the end of the day. When tired, his eye muscles would lose control[2]. He was unable to look directly at anyone when they spoke to him. Some aspects of his behaviour were thought to be Autistic spectrum or possibly Asperger's. He also had hyper sensitivity to touch.[2] We always had to cut labels out of the neck of clothing[2,3] and he would prefer to wear his socks inside out, due to seams irritating him. Walking would tire him out quickly too[10]. His teacher once said to me " what's wrong with him, is he like this at home?". Those insensitive words stayed with me for a long time.

"It was always a difficult balancing act, between preventing our son feeling stigmatised and finding ways to help him overcome difficulties - to cope with stresses amplified by the school education system."

I must say that his First School were quick at identifying he had difficulties and began to put in place some extra help. As his reading progressed, it became apparent he could read OK, but was unable to 'process' or 'retain' the information. He tended to skip lines of text if they were too long.[2]

Often we would read 'to' him, which helped him to process the information better. His speech was slow and deliberate. He would have difficulty accessing basic words and connectives, but surprisingly would find it easier to access more complex vocabulary!

His inability to live up to the school's expectations was in stark contrast to our own experience of him - a well-behaved boy with brilliant engineering and construction skills, with a natural ability to carry out complex analytical thought processes. We were lucky at this stage, to meet our first Angel, a very enlightened SEN support teacher. She was the first person who offered 'real' support to ALL of us introduced us to the wonderful world of Brain Gym exercises!

Due to his ongoing difficulties at school, we thought it appropriate to take him for a 'dyslexia screening test'.

REPORT RESULTS OUTLINED:

"The overall profile from the Dyslexia Screening Test provides an At Risk Quotient of 0.7 which may be compared with the suggested level of 1.0 which this test indicates as 'strong evidence' of being at risk. This would appear to suggest a mild dyslexia were it not for a cluster of 'severe risk' scores all showing in areas which involve expressive speech rather in those other subtests which are more usually associated with reading and writing (spelling) and their supporting skills."

The report's conclusion meant it wasn't a clear Dyslexic diagnosis. Neither did he fit into Aspergers or Autistic criteria, although there were traits of all of these. Yet more blind alleys!

At his Second School, he was taken out of lessons and put into special small groups where they not only tried to focus on his social skills, but gave lessons on how to be more confident. He was put on 'School Action Plus' and had his own I.E.P (Individual Education plan) which set goals to achieve, such as 'encourage neat work'! By this time our son felt very stigmatised. I believe the school did their best with the tools they had, and with the support of some well intentioned SEN staff, some very small improvements were made. However, the focus of the school began to change when no further improvements were seen. The School began to ignore all memory, processing and sensory problems already highlighted in professional reports.

One report said '.....is a very likeable 9 year old boy, with a long history of social communication problems.... is a child with an average cognitive potential, who has the capacity to solve a variety of verbal and non-verbal tasks, but who experiences particular cognitive difficulties with his working memory and processing speed. These results are in accordance with previously arranged assessments by a variety of different professionals.'

At 10 years old, he had a referral to the Paediatric Occupational Therapy Service for assessment of his sensory needs and, at that stage, was seriously struggling to cope with life at school. He began to bottle up his frustrations which then resulted in outbursts and tears at home. With huge pressure to perform at school to complete the ongoing onslaught of homework, he reached breaking point and was unable to cope. With no clear solutions from the school's Special Needs support team, we were also beginning to buckle under the strain. Constant hospital trips, meetings

and independent testing was affecting not only our son's quality of life, but our young daughter too, including putting our work and finances under strain.

The Paediatric Occupational Therapy Service assessment concluded:

- Difficulty with auditory processing.
- Sensory processing related to endurance and tone.
- Emotional/social responses

The report said that our son was "having significant difficulties in coping with sensory demands made on him by the environment, especially auditory information. He is likely to deal with them inappropriately by behaviour or emotional outbursts, which may be interpreted as bad behaviour, but are his way of dealing with sensory input that he cannot understand or tolerate." However the school continued to ignore the reports and recommendations made.

It all reached a climax when our son's class teacher changed, which they did routinely each year. Unfortunately the new teacher disregarded all the reports and recommendations given to her. She demanded he looked directly at her when she was speaking and that he smiled! Unfortunately, this particular teacher had quite a shrill pitched voice which my son found difficult to cope with due to audio sensitivities plus she terrified him! She regularly gave him detention for forgetting his different subject books and P.E kit, even though we explained his memory difficulties to her.

Averting his gaze whilst listening to her speaking he was able to process auditory information better. She wouldn't accept this. This was a teacher who had studied Special Needs at University and in her own words "an expert in this field". We met with her on numerous occasions, explaining his short term memory difficulties. We wrote a letter of complaint when a male P.E teacher pushed and shouted at our son for forgetting his P.E kit. Even after countless reminders to his teacher about his short term memory problems, our son's homework diary arrived home with a note written in red ink saying, "once again ..... has failed to give me this letter during registration".

Thereafter, our son went seriously down hill, despite our best efforts to support and keep him afloat. The stress caused him to develop a nervous rash on his forehead which he would continuously pick and rub. He began to self harm himself, regularly scratching and picking his forehead until it bled, hitting his head hard against the wall in frustration saying 'my brain doesn't work properly'. One day he said very calmly "I want to die". Both my husband and I were distraught.

We made a complaint to the Head teacher about his teacher's attitude towards our son, which resulted in a lengthy, stressful, but necessary complaints procedure. We wrote a letter to the school saying "We are surprised that a teacher with extensive knowledge of Asperger's syndrome and Special needs could behave in such a way, towards someone who is obviously struggling to cope with the school system and a heavy curriculum, it shows a total lack of sensitivity and understanding."

Just when we felt our whole world was about to crumble, along came Angel No2!

Through referral, we met with a Chartered Clinical Psychologist (CCP), with whom Jake had regular sessions, who helped him with coping strategies. We explained the crisis and that the School had effectively closed ranks on us. She was appalled and surprised by what she heard and agreed to represent us at a meeting where the Headmaster, our son's teacher, SENCO and ourselves would be present. We made an official complaint to the school about his teacher's bullying tactics and took our son out of school for his protection, as we were fearful for his safety.

The school demanded we send him back, but we refused until they put in place measures to protect him from the abuse of his teacher. Eventually, due to our official complaint, they moved our son into another class, so we allowed him back to school. He had no friends in this new class and a unfamiliar teacher. In his words " Why am I being punished when it's the teacher's fault?"

The removal from his original teacher's class immediately improved things for him because he was no longer bullied by his teacher, which was interesting as a change in routine would usually be a source of stress for him.

At the school meeting we raised our concerns in a controlled and calm manner, even though inside we were angry and broken by the whole experience. The CCP did a great job of representing us.

Our Son's School experience

I have included one of many disturbing drawings that our son produced during his sessions with the CCP. Drawing was a very useful tool we taught him to use at times of stress, when he was unable to cope due to his difficulty externalising, verbalising and communicating his feelings.

There is much more to this story and this is just the tip of the iceberg! However, I felt it vitally important to illustrate the potential knock-on effects to people's lives when Primitive Reflexes are left unintegrated. Primitive Reflex therapy is a crucial component in supporting our children's development and subsequent ability to cope in school and the wider world in which they live. Our story highlights the deep impact felt by parents and children that continue to struggle throughout these difficulties.

THE OTHER ANGELS!

Angel No 3: Chiropractor DC FCC(paeds) - who began making gentle Cranial, Cervical and facial bone adjustments. These adjustments were necessary due to misshaping of his head and huge pressure exerted on him during his very fast birth. Immediately after these structural corrections, he began to grow properly in height, almost over night and his head began to lose it's flattened shape. His posture also improved, which meant his head no longer leant to one side.[13*] He also began to sleep more soundly.

Angel No 4: Behavioural Optometrist - who carried out a Visual and Learning assessment screening, highlighting his eye muscle weakness, which caused problems with maintaining eye control and smooth tracking. Often, when reading text, he

would skip a line, white spaces and words would appear to 'buzz' around the page. She gave him eye exercises to strengthen his eye muscles. She also mentioned that his pupils were over-dilated due to the Moro reflex.[2]
Finally, Angel No 5: An Osteopath - using Applied Kinesiology techniques, who'd carried out the Primitive Reflex Therapy. Immediately we contacted him.

This was the pivotal moment in our lives! He tested our son and found he had many Retained Primitive Reflexes. We went on to integrate these using special exercises, vitamins, supplements, dietary changes and cranial cervical manipulation. He also helped support my son's body biochemically, using supplements to rid his body of toxic substances such as Thimerosal (mercury) which were introduced into his system via the Meningitis C and DTP vaccinations.

Our son's response to this treatment was immediate! He became more relaxed and less agitated. His verbal and processing skills improved significantly, and for the first time in 10 years, I had my first proper hug from him without him pulling away due to his touch hypersensitivity. This reduced me to tears - tears of joy of course! Previously, he was unable to tolerate any touch, was sensitive to certain textures and even the stimulus of clothes on his skin was too much to bear.[2,3]

MY MISSION

It became my mission to offer this incredibly important Primitive Reflex Integration work to individuals and families. I now have 15 years experience in the world of Primitive reflexes, including my own personal experiences.

Originally I trained with a wonderful, experienced and enlightened Kinesiologist practitioner/trainer and qualified school teacher Yvonne Diment and became qualified in Systematic Kinesiology. Systematic Kinesiology uses muscle testing based on Chiropractic and Osteopatic techniques.

I have since combined these techniques with Primitive Reflex therapy using a system devised by Mary Jago and Sue Morgan, which combine Applied Kinesiology and Health Kinesiology. This has been very successful and less stressful for children. With these methods I test for Retained Primitive Reflexes, devising an ongoing support programme which integrates reflexes - using muscle testing, exercises, dietary, biochemical and emotional support. I continue to support families and clients of all ages.

Once embracing this knowledge, we can begin to unravel some of the mysteries of developmental delay, but we must still keep an open mind. I am slightly saddened when therapists, who work in this field, claim their techniques are the 'only' valid and effective ones available. Still, there are many therapists and 'angels' out there who have much to offer us all.

I am thankful for the great work, research and techniques accomplished by those mentioned below, who have inspired me to carry out this important therapy work. Special thanks to Dr. Sally Prestwich, Sally Goddard Blythe, Mary Jago, Sue Morgan, and Dame Diana Mossop for sharing valuable knowledge, experience and techniques for the greater good!

You may wonder, after reading this article, what became of our son? A while back we wondered, as parents, whether he would ever be able to cope with our world? I'm glad to say he does! He has made huge progress and is expected to obtain high grades in many school subjects moving up many levels. Although school will never be his favourite place, he continues to do well and the world is a less scary place. He plans on going to University to train in mechanical engineering!

Janet Nethercott-Cable (IIHHT. DipMICHT).
Primitive Reflex Therapy: Systematic Kinesiology: Reflexology: Indian Head Massage.
Tel: 079560 23504 Email: reflex@jayjiva.co.uk
Web: www.jayjiva.co.uk

SOURCES:

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TO STEM MUMPS OUTBREAK, DOCTORS RECOMMEND A THIRD VACCINATION DESPITE INEFFECTIVENESS OF MMR VACCINE AND LAWSUIT CLAIMING FRAUD

BY DR. MERCOLA, ISSUE 2278

www.articles.mercola.com

November 13 2012

EXTRACT

Recently published research in the New England Journal of Medicine investigated the reasons behind, and potential solutions, for mumps outbreaks reported to the CDC during the past several years. According to the authors, widespread use of the MMR vaccine had reduced the annual incidence of mumps in the US by more than 99 percent by 2005.

But then, suddenly, something changed. In 2006, a large outbreak was reported among highly vaccinated populations in the US, and two additional outbreaks occurred during 2009 and 2010. The latter two occurred in American Orthodox Jewish communities in and around New York City.

In 2009, more than 3,500 people got sick, and the overwhelming majority of them - 89 percent - were children, who had received the CDC recommended two doses of the measles-mumps-rubella (MMR) vaccine. Another eight percent had received one dose, putting the total numbers of students vaccinated at 97 percent!

Matters were much the same for the 2010 outbreak. Of the more than 1,000 people who contracted mumps that year, 77 percent had received two doses of the MMR.

BBC Programme Presents One-Sided Take on Vaccination

CBEEBIES TV PROGRAMME: GET WELL SOON: INJECT TO PROTECT
https://www.bbc.co.uk/iplayer/cbeebies/episode/b01p019d/Get_Well_Soon_Inject_to_Protect/

BBC STATES: Programme for young children exploring medical conditions, using puppets, music and humour to make going to the doctor's surgery feel like a natural and interesting experience. Dr Ranj shows Deep he doesn't need to worry about injections and Nurse Morag's measles game teaches the Healthy Helpers that prevention is better than cure.

Anna Watson highlights some of the main concerns she and other parents had with this extremely biased presentation on vaccination for a BBC childrens programme:

A man in a white coat, smiles, offers an injection to an infant who is alone.

"Innoculation is the perfect medication" he tells the child after previously dancing and singing about injections with a syringe. He then turns to the TV nurse, who has been filmed with a group of children at a different location, to explain about what injections do. Using a group of children the nurse then gets them to play role a scene using one child as an angry measles germ who infects all the other children with measles. Two children are then sent round to all the children as pretend doctors who then pretend to inject them all with a pretend MMR. The nurse's message is very definite…once they are vaccinated with the MMR they won't get the Measles, Mumps and Rubella.

Back to the studio with Dr Ranj…… 'Will it hurt?' asks the boy, 'Well it might', says Dr Ranj, 'but you can cry if you want to'. Without waiting for an OK, the doctor injects the boy who then says 'I don't know if I really want injection', but the doc marvels 'I have already done it.'

Will Dr Ranj, who is a pediatrician from Kent, be struck off? A medical intervention, a vaccine in this case, was administered in a non-life threatening situation without consent at all. The minor does not give informed consent and neither do his guardians or parents as they are not there. No risks or contra-indications were discussed or considered.

Anna Watson

> *"How many children saw this show alone and will have been left with the idea that medicines and syringes are totally safe and work without fail?"*

Ok, its not real life. It's a children's TV puppet show. Dr Ranj is a real GP and he is also the CBeebies doctor in their series 'Get Well Soon.' Will children, perhaps viewing alone, understand the differences of this and real life, or may it leave some with a warped sense of going to the doctor who listens to them but gives the medication despite their wishes?

At the *ADR CONFERENCE last year 'Is the Patient Voice Loud Enough?' Dr Fleur Fisher, told us that the foundations of medical ethics are observation and listening to patients. Informed Consent is vital as among other things, ethically, the risk is only passed to the patient if every effort has been made to inform, so technically if a serious side effect was suffered the GP could be held responsible.

The guidance from the General Medical Council states that GPs should "Listen to patients and respond to their concerns and preferences" and under the heading 'Communicating with children and young people' it stresses "You must take children's and young people's views seriously and not dismiss their concerns, fears or views because of their age" and "If a child or young person with capacity refuses to give consent, you must respect their decision."

You can read more on patient's rights and doctor duties here:
http://www.gmcuk.org/guidance/good_medical_practice/duties_of_a_doctor.asp

On the issue of medical and scientific information given:

1. IS IT LEGAL TO PROMOTE MEDICINES TO CHILDREN SUGGESTING THAT THEY ARE 100% SAFE?

The NHS website reports side effects and the UK has a vaccine damage payment fund for those left more than 60% disabled. CBeebies should not have offered such simplification. Rounding up a few percent to a hundred negates the thousands of vaccine damaged children in the UK.

Jackie Fletcher's 20 year old son can't speak or walk, and is doubly incontinent and has fits every day. His injury was officially linked to the MMR this year and received a payment under the Vaccine Damage Payment Fund.

2. IS IT ETHICAL TO PROMOTE MEDICINES TO CHILDREN SUGGESTING THAT THEY ARE 100% EFFECTIVE?

The 'official' efficacy rate is more like 95%, so 5% of a 700,000 births a year means that tens of thousands of children every year will have the MMR but it will not work for them.

An adult may be able to separate the truth from a GP wearing make up and a cartoon character but a child may not. How many children saw this show alone and will have been left with the idea that medicines and syringes are totally safe and work without fail? How will the BBC find these hundreds of thousands of children and their families and apologise for promoting the potentially dangerous image that it is okay for a single male to coerce a lone child into an injection that carries a potential risk and also has very questionable effectiveness?

I had to complain so I went online to the BBCs website:
http://www.bbc.co.uk/complaints/complain-online/

The reply was returned as quick as you could say "No conflicts of interest" with the opening line "Firstly, we'd like to

reassure everyone that no programme on CBeebies receives commercial sponsorship of any kind." Obvious what type of other complaints they had received that morning, but nothing in response to my concerns.

However it did state that: If you are not happy with your reply you should escalate it to level 2 with the BBC and then level 3 and also complain to OFCOM and the BBC trust.
http://www.bbc.co.uk/bbctrust/our_work/complaints_and_appeals/

Dr Ranj, to his credit, answered me on his Facebook page with the reasons and considerations for the show.
He stated:
1) "The programme is make-believe and involves puppets, not real patients, in fictional situations used to illustrate real life - therefore please take it in that context.
2) In the episode, Deep came in for a pre-booked vaccination appointment - the aim of the episode was to explain to him why he was having it and to allay his fears not to 'persuade' him to have it.
3) In any case a child would not be able to give informed consent - hence the decision was already made.
4) Yes, I am a real doctor and I deal with children and with issues around such treatments EVERYDAY - each episode was checked, considered and discussed at many levels and is consistent with current NHS practice and recommendations.
5) The majority of people who watch the show appreciate its intentions and have found it valuable, informative and entertaining. I stand by Get Well Soon and feel we have nothing to apologise about."

...Well, just in case children can't always separate TV and cartoons with real life in such a sophisticated way please let's be more explicit with our children:

- Children should not be left alone with an unfamiliar adult, even if they are dressed in a white coat
- Children should never play with needles
- Children should never be asked to make a decision to take a medication or injection without a guardian to share in making an informed choice
- No medication is totally safe and effective... in fact some children are seriously injured.

Organised by PRIMM (Prescribing and Research in Medicines Management) and DSRU (Drug Safety Research Unit).

EPIDEMIC PERTUSSIS IN 2012 - The Resurgence of a Vaccine-Preventable Disease

JAMES D. CHERRY, M.D.
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August 30, 2012
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PLEASE NOTE: On reading this article I felt inclined to add a number of editorial comments through out this article, which have been highlighted in italics - Magda Taylor, The Informed Parent.

ACCORDING to the Centers for Disease Control and Prevention, the United States is currently experiencing what may turn out to be the largest outbreak of reported pertussis (whooping cough) in 50 years. Why has this theoretically vaccine-preventable disease been on the upswing? ***(TIP Editor: Interesting that the author actually states 'theoretically vaccine- preventable disease' instead of the usual 'vaccine-preventable' disease.)***

The past 45 years have seen concern about the safety of the diphtheria–tetanus–pertussis (DTP) vaccine, epidemics stemming from the vaccine's decreased use, and the development of new vaccines using acellular pertussis components (DTaP). In the pre-vaccine era, the number of reported cases of pertussis reached epidemic proportions every 2 to 5 years.1,2 ***(TIP Editor: Whooping cough disease had been in major decline in countries such as the US and UK well before the vaccine was introduced – these so-called epidemics were becoming smaller and smaller by the time vaccines came into play.)*** Pertussis immunization in the United States reduced the average incidence from 157 per 100,000 population in the early 1940s to less than 1 per 100,000 in 1973. ***(TIP Editor: This decline was happening anyway and besides the uptake of the vaccine was very limited for the early years of vaccine use.)*** Nevertheless, the cycles of outbreaks continued to occur, because neither infection nor immunization produces lifelong immunity to pertussis, as they do for diseases such as measles; as measles was being brought under control ***(TIP Editor: Funny – what happened to the idea that 'they' were going to eradicate measles by the 1980s - now 'they' just talk about bringing into control. Also measles vaccine does not give life-long immunity as many vaccinated children still develop measles and booster shots have been introduced in many countries)***, the period between epidemics lengthened, and there was less clinical disease and less circulation of the virus. Since cycles of pertussis continue to occur today, we know that Bordetella pertussis is continuing to circulate in a manner similar to that of the prevaccine era. ***(TIP Editor: Which surely means that the vaccine has not been of any benefit then?.?)*** Around 1982, the incidence of pertussis started to gradually increase; in 2005 and 2010, substantial epidemics occurred, and another epidemic is now under way.

Incidence of Pertussis per 100,000 Population in the United States, 1980–2011.).[1-5] There are actually two relevant epidemiologies to consider: the epidemiology of reported pertussis cases and the epidemiology of B. pertussis infection.[2] The former depends on the surveillance program we have in place: the more complete it is, the higher the reported incidence will be. As for the latter, over the past 25 years, three types of studies have been performed to gain insight into B. pertussis infection.[1,2] The first type examined the cause of prolonged illnesses involving cough in adolescents and adults; the findings suggested that 13 to 20% of these cough illnesses were attributable to B. pertussis infection. In the second type of study, a participant's titer of antibody against the pertussis toxin was examined over time. The studies showed infection rates between 1 and 6%.

To date, only two prospective studies have been conducted to determine the incidence of cough illnesses associated with B. pertussis infection.[1,2] Both studies were hampered by substantial observer bias, and they involved only adolescents and adults.

The incidence was 500 per 100,000 population in the first study and 370 per 100,000 population in the second. Although the studies were not conducted during known epidemic periods, they found 800,000 to 1 million cases per year.

So what are the causes of today's high prevalence of pertussis? First, the timing of the initial resurgence of reported cases suggests that the main reason for it was actually increased awareness. What with the media attention on vaccine safety in the 1970s and 1980s, the studies of DTaP vaccine in the 1980s, and the efficacy trials of the 1990s comparing DTP vaccines with DTaP vaccines, literally hundreds of articles about pertussis were published. Although this information largely escaped physicians who care for adults, some pediatricians, public health officials, and the public became more aware of pertussis, and reporting therefore improved. ***(TIP Editor: 'Increased awareness' seems to be a useful ploy to explain away an increase in a particular disease or condition. If the vaccine had been effective there would be no need for an 'increased awareness' as whooping cough would have disappeared off the radar by now, surely? As with autism….how many times have we heard that the increase in number of autistic cases is due to 'increased awareness' of the condition. Once again I would comment that surely 'increased awareness' comes about when something IS becoming more noticeable. When I was at school in the 60s and the class sizes were typically 44 pupils, there were not all these kind of conditions… autism, ADDH, learning difficulties and so on, that were of any noticeable number to provoke an 'increased awareness' in the first place?)***

Moreover, during the past decade, polymerase-chain-reaction (PCR) assays have begun to be used for diagnosis, and a major contributor to the difference in the reported sizes of the 2005 and 2010 epidemics in California may well have been the more widespread use of PCR in 2010. Indeed, when serologic tests that require only a single serum sample and use methods with good specificity become more routinely available, we will see a substantial increase in the diagnosis of cases in adults.

In addition, of particular concern at present is the fact that DTaP vaccines are less potent than DTP vaccines.[4] Five studies done in the 1990s showed that DTP vaccines have greater efficacy than DTaP vaccines. Recent data from California also suggest waning of vaccine-induced immunity after the fifth dose of DTaP vaccine.[5] Certainly the major epidemics in 2005, in 2010, and now in 2012 suggest that failure of the DTaP vaccine is a matter of serious concern.

Finally, we should consider the potential contribution of genetic changes in circulating strains of B. pertussis.[4] It is clear that genetic changes have occurred over time in three B. pertussis antigens - pertussis toxin, pertactin, and fimbriae. In fact, changes in fimbrial agglutinogens related to vaccine use were noted about 50 years ago. Studies in the Netherlands and Australia have suggested that genetic changes have led to vaccine failures, but many people question these findings. If genetic changes had increased the rates of vaccine failure, one would expect to see those effects first in Denmark, which has for the past 15 years used a vaccine with a single pertussis antigen (pertussis toxin toxoid). To date, however, there is no evidence of increased vaccine failure in Denmark. We should maintain some historical perspective on the renewed occurrences of epidemic pertussis and the fact that our current DTaP vaccines are not as good as the previous DTP vaccines: although some U.S. states have noted an incidence similar to that in the 1940s and 1950s, today's national incidence is about one twenty-third of what it was during an epidemic year in the 1930s. Nevertheless, I believe that better vaccines are something that industry, the Center for Biologics Evaluation and Research of the Food and Drug Administration, and pertussis experts should begin working on immediately.

In the interim, we need to use the vaccines we have (DTaP and Tdap [tetanus–diphtheria–acellular pertussis]) in the best ways possible. Of particular concern are the frightening rates of complications and death associated with pertussis in unimmunized young infants. The "cocooning" strategy - vaccinating people who have contact with infants - has been implemented but is often impeded by logistics. Immunizing pregnant women is fundamentally sound because it reduces the risk that the mother will acquire pertussis around the time of delivery, and it gives the infant some protection for perhaps 1 to 2 months. But women who have multiple pregnancies within a few years present a problem, since immunization with a vaccine containing tetanus toxoid (i.e., Tdap) could result in increased local reactions.

Another approach would be to start DTaP immunization at a younger age, with shorter intervals between doses. This schedule could be started at birth, and the first three doses could be completed by 3 months of age. Notably, during the period of greatest reduction in pertussis incidence in the United States (1954-1974), the three-dose primary series was completed between 3 and 5 months of age. ***(TIP Editor: Interestingly enough in 1978 when legislation was introduced in the States requiring proof of vaccination for school entry it followed that during the period 1979-83 there was over a 3-fold increase in whooping cough cases. And even more interestingly infants less than 12 months of age had the highest average annual incidence; Tokai Journal Exp Clin Med, Vol 13 p103-109, 1988. Some researchers have concluded that the vaccine was actually causing many of these cases in infants during their first year of life.)***

In 2012, it is time to recognize the successes of the past and to implement new studies and direction for the control of pertussis in the future. ***(TIP Editor: What 'successes' if, as the author stated earlier in this paper, 'Bordetella pertussis is continuing to circulate in a manner similar to that of the prevaccine era.'?)***

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The Quanten Theory

END STATION - The Journey of Infections by Patrick Quanten MD

Patrick Quanten MD

AN INFECTION is simply an inflammation with germs. Sometimes this results in the appearance of pus, but certainly not all the time. It is not a required symptom. So, right at the beginning of the infectious process lies the inflammation. What is it?

The definition says that four signs and symptoms need to be present in order for the process to be called an inflammation. These are redness, swelling, heat and pain. These can be found in a local area or can be seen to affect the whole of the system. If one of these is missing, you cannot call it an inflammation. Think about this when a doctor tells you that you have an inflamed tendon or muscle. Check it yourself whether or not the expert knows what he/she is talking about!

These four symptoms must be, somehow, a reflection of the process itself. With heat being involved you can easily describe the process as burning something. That is also how it feels to a person. The tissues are burning something. It is unlikely that the system would burn up healthy and useful tissue. You have been given the impression that your system is dumb and never does anything right in order to heal, but the truth is that that kind of system has been in operation a lot longer than your doctor has been in charge of your healthcare. And the simple truth is that whatever the system does and however it works, it has brought humanity right up to this point without any help from any industry. My guess is that it knows exactly what it is doing, even if you and I don't understand it. Shows how dumb we are, not how dumb the system is!

If the system is burning its own tissue I would suggest it does that because the tissue is no longer functioning normally; in other words, it is diseased. This may be as a result of ageing or because it can't maintain a normal function "under the circumstances". Either way, the said tissue is of no more use to the system. In order for the malfunctioning tissue not to sit in the way and disturb the rest of the cells and their function, the system gets rid of it by burning it up. Hence, the increased temperature and the attraction of more heat in the form of blood (temperature maintenance is the main function of the blood), which results in swelling and redness. This swelling increases the pressure on the area and the higher temperature "loosens" the tissue, makes them more hyper, more sensitive. This includes the nerve endings that are lying around in all the tissues, hence the sensation of pain. All of these symptoms encourage the person to stop using the area and the tissues involved to allow the cleaning up process to be completed.

After a while, microorganisms can appear in the inflammation area. We have been told that it is the animals that cause the inflammation, but that doesn't explain why I can have inflammation without anyone finding these little animals, these germs. Two possible explanations: either the animals aren't there, or they are too small for me to find them.

Let's start with looking at the microorganisms that I can identify and see if we can determine where those come from. We have been told by Louis Pasteur, and the authorities since the great man, that these animals have attacked us from outside and are eating our healthy tissue, making us ill. Not only do we now find a series of books written about the misjudgements of Louis Pasteur, his poor research standards and his manipulative behaviour, but it turns out that even in his living day a lot has been written about the nonsense he proclaimed. Even better, scientists had actually proven where the microorganisms in an infectious process originate from. And ever since that day, other scientists all over the world have independently confirmed the early findings, even without knowing that knowledge existed already. Here is a bird's eye view of some historical facts.

Not only do we now find a series of books written about the misjudgements of Louis Pasteur, his poor research standards and his manipulative behaviour, but it turns out that even in his living day a lot has been written about the nonsense he proclaimed.

But first, think about the impact of the statement that the bacteria A causes disease A'. It has been generally accepted, even in Pasteur's time, that for a specific microorganism to be responsible for a specific disease the following conditions have to be fulfilled:

- The said organism has to be found in each and every case of the disease.
- The said organism cannot be found with any other disease or in the absence of disease.
- The said organism can be isolated from the diseased tissue in a pure culture.
- Injected into a healthy system the said organism, grown in culture, always produces the disease again.

It is quite clear that these conditions have never been met in any known infective disease! Not now and not in Pasteur's days, as many complaints and arguments with his fellow scientists attest to. But that still leaves the question open as to how the microorganisms come to be in the middle of an inflammation process.

HISTORY

1. ANTOINE BÉCHAMPS (1816-1908)

Béchamp first worked in Strasbourg as a

Professor of Physics and Toxicology at the Higher School of Pharmacy, later as Professor of Medical Chemistry at the University of Montpellier and, later still, as Professor of Biochemistry and Dean of the Faculty of Medicine at the University of Lille, all in France.

While labouring on problems of fermentation - the breakdown complex molecules into organic compounds via a "ferment" - Béchamp, at his microscope, seemed to be able to visualise a host of tiny bodies in his fermenting solutions. Even before Béchamp's time other researchers had observed, but passed off as unexplainable, what they called "scintillating corpuscles" or "molecular granulations". It was Béchamp who, able to ascribe strong enzymatic reactions to them, was led to coin a new word to describe them: microzymas, or "tiny ferments".

Among these ferments' many peculiar characteristics was one showing that microzymas were abundantly present in natural calcium carbonate, commonly known as chalk, whereas they did not exist in chemically pure calcium carbonate made in a laboratory under artificial conditions. This was the reason why chalk could easily invert cane sugar solutions, while pure calcium carbonate could not. In other words, although chemically the artificial "pure" calcium carbonate is exactly the same as the natural calcium carbonate, yet only the latter has a life, which allows it to interact with its environment. With this knowledge it becomes easy to explain why natural vitamin C has so many health stimulating properties, which the researches have not been able to reproduce in their experiments because they used artificially made vitamin C. Once again a clear indication that the "impurities" within the substance are essential to its function in nature.

Béchamp went on to study microzymas located in the bodies of animals and came to the startling conclusion that the tiny forms were more basic to life than cells, long considered to be the building blocks of all living matter. Béchamp thought the microzymas to be fundamental elements responsible for the activity of cells, tissues, organs, indeed whole living organisms, from bacteria to whales, and larks to human beings. He even found them present in life-engendering eggs, where they were responsible for the eggs' further development while themselves undergoing significant changes.

Most incredible to Béchamp was the fact that when there occurred an event serious enough to affect the whole of an organism disturbing the natural balance, the microzymas within the organism would begin working to disintegrate the organism totally, converting themselves to bacteria and other microbes, while at the same time continuing to survive. As proof of such survival, Béchamp found them in soil, swamps, chimney soot, street dust, even in air and water. These basic, and apparently eternal, elements of which we and all our animal relatives are composed,

"So seemingly indestructible were the microzymas that Béchamp could even find them in limestone dating back 60 million years. They are to be considered the seeds of life."

survive the remnants of living cells in our bodies. So seemingly indestructible were the microzymas that Béchamp could even find them in limestone dating back 60 million years. They are to be considered the seeds of life.

He demonstrated in his laboratory that by using different solutions as an environment he would grow totally different sets of "germs" in spite of the fact that all solutions had been kept in the same sterile conditions. The germs, he was convinced, could not have come from an outside source but had to be originating from within each solution itself. The microzymas, which are the same basic structures for all living material, transformed themselves through the stimulation of the various feeding grounds in which they lived, into different life-forms (in these experiments, germs) corresponding to the content of the solution itself.

He also clearly demonstrated that one sort of bacteria would develop spontaneously into another type given a change in the environmental conditions. So it was seen that the diphtheria bacteria transformed into a coccus. This is something that in the Pasteur bacteriology is impossible!

CONCLUSION:

- Bacteria originate from within diseased tissue
- Bacteria transform from one sort into another as a result of the changing circumstances

2. GÜNTHER EINDERLEIN (1872-1968)

Einderlein was a German bacteriologist and zoologist as well as being a doctor, a homeopath and professor. He discovered tiny mobile particles within living tissue, which he called protits. These he considered to be essential for the stability of health, because he observed that when there was a serious disruption in the harmony of the substrate, the tissues, bacterial formation started from the protits.

In 1917 he wrote his most impressive work "The Life Cycle of Bacteria", which was published in 1925. In detail he describes how bacteria originate from the soil, the diseased tissue, and how one bacterial family changes into another depending on the changes within the soil. This work is still considered the most comprehensive ever written on the subject.

3. ROYAL RAYMOND RIFE (1888-1971)

In February 1944 the Franklin Institute of Philadelphia (USA) published an article, "The New Microscopes", in its prestigious journal devoted to applied science. The article included a long dissertation on the "Universal Microscope", the brainchild of a San Diego autodidact, Royal Raymond Rife. This microscope, developed in the 1920's, overcame the greatest disadvantage of the electron microscope, which had just been put on the market by the Radio Corporation of America. Because in the electron microscope tiny living organisms are put in vacuum and are subjected to protoplasmic changes induced by a virtual hailstorm of electrons, it is unable to reveal specimens in their natural living state.

With his invention Rife was able to look at living organisms. What he saw convinced him that germs could not be the cause, but are the result of disease, as bacteria grew out of the diseased environment; that, depending on its state, the body could convert a harmless

bacterium into a lethal pathogen; that some specific bacteria introduced cancerous growths in animals and humans; that such pathogen could be instantly killed, each by a specific frequency of light; and that cells, regarded as the irreducible building-blocks of living matter, are actually composed of smaller cells, themselves made up of even smaller cells, this process continuing with higher and higher magnification in a sixteen step, stage by stage journey into the micro-beyond.

Thousands of still pictures and hundreds of feet of movie films were made to reveal these facts.

Once again, as was the case with Béchamp, the use of better equipment and the acceptance of the observed, in spite of it being contradictory with the established scientific knowledge, led to a significant discovery. Rife not only described what he saw, as opposed to having a guess at what he believed to be the truth, but he documented every step of his discovery with photographs and motion pictures. His contemporaries decided that it was impossible to "see" these minute organisms as they did not have the technology themselves and refused to make use of Rife's microscope. The end result is that neither you nor me had ever heard of Rife and his microscope. Furthermore, his microscope together with most of his scientific writings and evidence was thought to have been destroyed. Recently, however, some of it has been recovered in the San Diego home of John Crane, but alas in a very sorry state. To this day, no one has succeeded in rebuilding the Rife microscope to the same standard.

CONCLUSION:

- Germs are the result of the disease, not the cause
- Microorganisms transformed from one into another in a twelve step development steered by the environment
- All living material has a specific frequency that determines its healthy functioning

4. WILHELM REICH (1897-1957)

An Austrian psychiatrist and biophysicist Wilhelm Reich discovered a particle in blood that he called a bion. This bion had the ability to develop into microorganisms depending on the stimulation of its environment. He described that bions from healthy sources emitted serene blue colours and showed highly energetic movement. Bions from weak living materials developed into bacilli.

5. GASTON NAESSENS (B.1924)

The French born biologist who lived and worked for many years in Quebec (Canada) invented a microscope in the 1950's, unaware of Rife's invention and his work, that was capable of viewing living entities far smaller than can be seen in existing light microscopes.

With his exceptional instrument, Naessens went on to discover in the blood of animals and humans, as well as in the sap of plants, a hitherto unknown, ultra-microscopic, sub-cellular, living and reproducing microscopic form which he christened a somatid. This particle could be cultured outside the bodies of its host. And, strangely enough, it was seen to develop in a "form-changing" cycle. The first three stages - somatid, spore and double spore - are perfectly normal in healthy organisms, in fact crucial to their existence.

Even stranger, over the years the somatids were revealed to be virtually indestructible! They have resisted exposure to temperatures of 200°C and more. They have survived exposures to 50,000 rems of nuclear radiation, far more than what is needed to kill any living thing. They have been totally unaffected by any acid. Taken from centrifuge residues, they have been found impossible to cut with a diamond knife. The eerie implication is that the new minuscule life-forms are imperishable. At the death of their hosts, such as ourselves, they return to the earth where they live on, maybe forever.

Naessens went on to discover that if, and when, the immune system of an animal or human being becomes weakened or destabilised, the normal three stage cycle goes into a thirteen more successive growth stages to make up a total of sixteen separate forms, each evolving into the next. All of them have been clearly revealed in detail by motion pictures, and stop-frame still photography. Within this cycle one finds the basis of all known "germs", having emerged from a previous less developed stage, given the right environmental circumstances. In a rich, clean, environment the 15th form will burst and release somatids into the environment, whilst the outer membranes will remain as a fibrous thallus (scar-tissue). These somatids will resume the normal three-stage cycle. In simple terms, the diseased tissue develops from within itself a microorganism that will clear up the unhealthy decayed matter and disappear once this is done, leaving the tissue healthy and clean again, with the same "life" qualities it had before it became diseased.

Naessens concluded that the somatid is no less than what could be termed a concretisation of energy. This particle, which has materialised in the life process, possesses genetic properties transmissible to living organisms, animal or vegetal. Underlying that conclusion is the finding that, in the absence of the normal three-stage cycle, no cellular division can take place. Why can it not? Because it is the normal cycle that produces a special growth hormone that permits such division. The hormone appears to be trephone which was discovered by the French Nobel Laureate, Alexis Carrel. The somatids, the smallest ever found living condensers of energy, are simply precursors of DNA.

Not only has Naessens proved the dictum that "germs are a result, not the cause of the disease", but he had also shown that DNA is not the "independent" ruler of life as it has been portrayed by the medical authorities. DNA is built from bits that come before it, and specifically those bits correspond directly to the environmental vibrational energetic state.

CONCLUSION:

- Germs are a result of the disease not the cause
- Bacteria and fungi develop out of each other following the changes in their environment
- The basic building block of life is a tiny "bomb" of energy that contains the energetic information to create life

October 2012

The second part of this article will be featured in the Spring 2013 issue of The Informed Parent Newsletter.

MIGRAINES

BY JEAN MARC DEGIOANNI, A PRACTITIONER OF NATUROPATHY, HEALING, MEDITATION AND WELLNESS AND FOUNDER OF JMDEGIOANNI.COM

ILLNESS is always a health experience. It does not arrive of its own accord. There are always reasons and we hold at least a part of the responsibility for it.

My interest in migraines has stemmed from the day I met my wife Sandra who at the age of 36 years had been suffering from migraines since being a five year old. This clearly represented 31 years of migraine suffering - ouch! Thankfully this is now in the past.

The single misunderstanding is that a migraine is just a headache. There is definitely a lack of sympathy for migraine sufferers.

As a naturopath I work very closely with nature and so tend to make the comparison that our body is like our garden. It needs to be tended to and cared for; therefore it is important to find the cause that is masking the symptoms. Through this challenging journey I have learned that no two people have the same migraine history or experience, every case and migraine attack is different. But in most of the cases I found a close connection with our good friend the LIVER.

In the cases that I have worked with I have gone through the process of looking at what to do, where to go and what to search for.

Key things I have looked at are:

- Diet / Nutrition
- Hormonal
- Latrogenesis
- Constipation
- Hepatic-digestive
- Cervical
- What time of day is it happening
- What part of the head is involved
- What other symptoms does the person have
- What is the severity of the migraine attack
- What foods have they eaten recently
- Any other illnesses they may currently have
- Teeth "no tooth is worth damaging your immune system & organs"
- Viruses - Parasite, fungus and bacteria

A migraine can be compared to an alarm bell of the body, simply saying that something in the body is out of balance. Whether it is associated with your organs or systems connected with the head. Location of the pain is significant, whether it is the forehead, left side, right side, both sides, third eye, temple left, right, top of the head, back of the head. Indeed all these points are connected with different organs/parts in the body, for example; kidneys, bladder, intestines, heart, liver, lungs, and teeth. In some instances vaccinations may have also had an impact.

It is also important to consider the person's home and environment as symptoms may be an indication of:-

- Sick house syndromes
- Geopathic stress lines - such as Hartmann, Curry or Benker grid
- Underground streams
- Electromagnetic fields – microwaves, mobile phone, computer, sky dishes, radar, telephone masts

Diet is another important factor and therefore it is vital to consider:-

- Food
- Coffee
- Alcohol
- Soft drinks
- Smoking
- Drugs
- Sweeteners[1]

There is a myriad of components and factors behind migraine symptoms. Some people think we are born with migraines, others feel it is a window of the past, connected with the emotional and mental body. No matter what your beliefs are or if you are suffering right now or continue to suffer on a regular basis there are always alternative avenues to take and get to the route cause.

(1) Mercola.com notes that Aspartame or NutraSweet are believed to trigger migraines in a small percentage of headache sufferers.

As a practitioner of naturopathy, healing, meditation and wellness my heart's calling is to assist healing, or in other words restoration of health and vitality to 'every body'. I am most interested in exploring the theories behind the effectiveness of various treatment styles and techniques. I also consider it a responsibility to help educate people about complementary and alternative medicine and raise the general awareness of the treatment options available for people looking to heal disease and improve their vitality. This work is just as effective performed remotely, so it can be done irrespective of where you are around the world.

I am working closely with the Clinic that has a complete range of VEGA BIORESONANCE equipment, developed and manufactured by VEGA Grieshaber KG in Germany some of which is used to help with indentifying problem areas of the body and for therapeutic purposes.

Please feel free to contact me to discuss your situation confidentially or to make an appointment.
I am offering a free 15 min. telephone consultation.
The therapies offered by Jean Marc De Gioanni are not intended to diagnose or treat any disease or physical condition; they do not replace medical care. We suggest you consult your medical practitioner for any medical problems.

JEAN MARC DEGIOANNI
Naturopath and C.M.A member
(Complementary Medical Association)
www.jmdegioanni.com
Email: info@jmdegioanni.com
Mob: 07807935582
Clinic: 02087644173

30 YEARS OF SECRET OFFICIAL TRANSCRIPTS SHOW UK GOVERNMENT EXPERTS COVER UP VACCINE HAZARDS TO SELL MORE VACCINES AND HARM YOUR KIDS

POSTED ON MARCH 14, 2012

www.childhealthsafety.wordpress.com

AN EXTRAORDINARY new paper published by a courageous doctor and investigative medical researcher has dug the dirt on 30 years of secret official transcripts of meetings of UK government vaccine committees and the supposedly independent medical "experts" sitting on them with their drug industry connections.

If you want to get an idea of who is responsible for your child's condition resulting from a vaccine adverse reaction then this is the paper to read. What you have to ask yourself is if the people on these committees are honest and honourable and acting in the best interests of British children, how is it this has been going on for at least 30 years?

This is what everyone has always known but could never prove before now. Pass this information on to others so they can see what goes on in Government health committees behind locked doors.

We quote here from the author's summary and the paper: Deliberately concealing information from parents for the sole purpose of getting them to comply with an "official" vaccination schedule could be considered as a form of ethical violation or misconduct. Official documents obtained from the UK Department of Health (DH) and the Joint Committee on Vaccination and Immunisation (JCVI) reveal that the British health authorities have been engaging in such practice for the last 30 years, apparently for the sole purpose of protecting the national vaccination program.

The 45-page paper with detailed evidence can be downloaded here: The vaccination policy and the Code of Practice of the Joint Committee on Vaccination and Immunisation (JCVI): are they at odds? Lucija Tomljenovic, Neural Dynamics Research Group, Dept. of Ophthalmology and Visual Sciences, University of British Columbia, Vancouver, Canada. It was presented at and forms part of the proceedings of The 2011 BSEM Scientific Conference now published online here: The Health Hazards of Disease Prevention BSEM Scientific Conference, March 2011.

There are other papers also found at that link which you will find an excellent read. The author, Dr Lucija Tomljenovic writes:

Here I present the documentation which appears to show that the JCVI made continuous efforts to withhold critical data on severe adverse reactions and contraindications to vaccinations to both parents and health practitioners in order to reach overall vaccination rates which they deemed were necessary for "herd immunity", a concept which with regards to vaccination, and contrary to prevalent beliefs, does not rest on solid scientific evidence as will be explained. As a result of such vaccination policy promoted by the JCVI and the DH, many children have been vaccinated without their parents being disclosed the critical information about demonstrated risks of serious adverse reactions, one that the JCVI appeared to have been fully aware of. It would also appear that, by withholding this information, the JCVI/DH neglected the right of individuals to make an informed consent concerning vaccination. By doing so, the JCVI/DH may have violated not only International Guidelines for Medical Ethics (i.e., Helsinki Declaration and the International Code of Medical Ethics) [2] but also, their own Code of Practice.

Dr Lucija Tomljenovic continues: The transcripts of the JCVI meetings also show that some of the Committee members had extensive ties to pharmaceutical companies and that the JCVI frequently co-operated with vaccine manufacturers on strategies aimed at boosting vaccine uptake. Some of the meetings at which such controversial items were discussed were not intended to be publicly available, as the transcripts were only released later, through the Freedom of Information Act (FOI). These particular meetings are denoted in the transcripts as "commercial in confidence", and reveal a clear and disturbing lack of transparency, as some of the information was removed from the text (i.e., the names of the participants) prior to transcript release under the FOI section at the JCVI website (for example, JCVI CSM/DH (Committee on the Safety of Medicines/Department of Health) Joint Committee on Adverse Reactions Minutes 1986-1992).

In summary, the transcripts of the JCVI/DH meetings from the period from 1983 to 2010 appear to show that:
1) Instead of reacting appropriately by re-examining existing vaccination policies when safety concerns over specific vaccines were identified by their own investigations, the JCVI either a) took no action, b) skewed or selectively removed unfavourable safety data from public reports and c) made intensive efforts to reassure both the public and the authorities in the safety of respective vaccines;
2) Significantly restricted contraindication to vaccination criteria in order to increase vaccination rates despite outstanding and unresolved safety issues;
3) On multiple occasions requested from vaccine manufacturers to make specific amendments to their data sheets, when these were in conflict with JCVI's official advices on immunisations;
4) Persistently relied on methodologically dubious studies, while dismissing independent research, to promote vaccine policies;
5) Persistently and categorically downplayed safety concerns while over-inflating vaccine benefits;
6) Promoted and elaborated a plan for introducing new vaccines of questionable efficacy and safety into the routine paediatric schedule, on the assumption that the licenses would eventually be granted;
7) Actively discouraged research on vaccine safety issues;
8) Deliberately took advantage of parents' trust and lack of relevant knowledge on vaccinations in order to promote a scientifically unsupported immunisation program which could put certain children at risk of severe long-term neurological damage;
Notably, all of these actions appear to violate the JCVI's own Code of Practice.

AIMS & OBJECTIVES OF THE *informed* PARENT GROUP

1. To promote awareness & understanding about vaccination in order to preserve the freedom of an informed choice
2. To offer support to parents regardless of their decisions
3. To inform parents of the alternatives to vaccinations.
4. To accumulate historical & current information about vaccination & to make it available to members & interested parties.
5. To arrange & facilitate local talks, discussions and seminars on vaccination, childhood illnesses & the promotion of health.
6. To establish a nationwide support network and register (subject to members permission).
7. To publish a newsletter for members.
8. To obtain, collect and receive money and funds by way of contributions, donations, subscriptions, legacies, grants or any other lawful methods; to accept and receive any gift of property and to devote the income, assets or property of the group in or towards fulfilment of the objectives of the group.

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

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

THE INFORMED PARENT, PO BOX 4481, WORTHING, WEST SUSSEX, BN11 2WH.
Tel/Fax: 01903 212969 web: www.informedparent.co.uk