33 INFORMATIVE YEARS
THE informed PARENT
ISSUE ONE 2025 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

AMID TEXAS MEASLES OUTBREAK, CLINICIANS STRUGGLE TO OFFSET INCREASING VACCINE HESITANCY

JAMA 14 MARCH 2025
doi:10.1001/jama.2025.2932

BRIEF OVERVIEW BY
MAGDALENE TAYLOR, TIP EDITOR

This JAMA article by Kate Schweitzer regarding the increase in vaccine hesitancy opens with a typical proclamation of how successful vaccines have been:

'In 2000, the US declared that measles had been locally eradicated largely thanks to the measles, mumps, and rubella (MMR) vaccine.'

There is typically no mention of the massive decline in what were deemed measles cases and measles deaths in the pre-vaccine era. This decline was experienced in areas of the world which went through vast improvements in their living conditions (housing, sanitation, food and water supply etc) from the latter part of the 19th century and the first half of the 20thC.

Obviously, the healthier a population becomes, the less disease occurs, it is that simple.

By the 1960s countries such as the US, UK, Australia and parts of Europe – experienced less morbidity and mortality, whereas in areas of the world where poverty, poor housing, lack of clean water and sanitation still prevail there continues to be many unnecessary deaths and poor health.

However, rather than philanthropists and 'charities' addressing the cause of these deaths, billions are spent on expanded vaccination programmes. Common sense can see quite clearly that injecting a cocktail of unnatural products into a baby, child or adult whilst they continue to live in dire conditions is not going to result in HEALTH.

Is it a coincidence that, in an area of the US where there are more parents questioning vaccines, a measles epidemic is declared? How many of these alleged cases are diagnosed using PCR? A growing number of people have become aware of the worthlessness of this method since the covid fiasco, even though PCR has been used for many years as a diagnostic tool. The alleged number of cases of, for example, measles serve as a useful tool to enhance the fearmongering messaging in order to try and achieve an increase in vaccine compliancy.

Returning to the article, Peter Hotez MD, PhD, is quoted numerous times throughout this article and yet in the Conflict of Interest Disclosures at the end of the article he reported being co-inventor of neglected tropical disease vaccines and a C-19 recombinant protein vaccine technology amongst other things. Clearly Hotez has a Conflict of Interest to promote vaccination.

Hotez is quoted as stating, for example:

"Immunization has had bipartisan support for decades, but now there's this well-funded antivaccine ecosystem that accelerated during [the COVID-19 pandemic] that has helped create this political divide,"

Bipartisan support? In other words which ever political party is in power they are all in the pocket of the pharmaceutical industry in some way or another. As for 'well-funded antivaccine ecosystem' this is grossly inaccurate. Having run The Informed Parent for over 3 decades on very limited funds and numerous hours of unpaid work I would say it is quite the opposite. And other awareness organisations have come and gone due to limited or virtually no financial support at all. The people who get involved in vaccine awareness groups do not do so expecting to be well-funded they mostly become involved due to having first-hand experience of a vaccine injury or death in a loved one, or they have independently investigated the subject and want to encourage others to do the same and become informed. The vaccine industry with the vast wealth accumulated from its products is very capable of generously funding whomever they wish, eg governments and WHO in order to promote their vaccines.

Hotez continues:

"The reluctance around COVID vaccines has spilled over to childhood immunizations, and now parents are hesitant about vaccinating their kids because they erroneously believe that the vaccines are more dangerous than the diseases they are designed to prevent."

As others have noted at least both the covid narrative and covid vaccine has created more of the public to start questioning vaccines in general, and a growing number are now learning how erroneous their belief in vaccines had been before. Vaccines may have been designed to prevent diseases but even this aspect has been observed to be untrue numerous times over. Many cases of the various diseases occur in highly vaccinated populations throughout the vaccine era have been published in medical journals over the years.

Another medical professional Adam Ratner, MD, MPH, a pediatric infectious disease physician in New York City is also quoted with concerns about how measles outbreaks are a warning sign of where there are likely to be problems with what he terms 'vaccine-preventable diseases' in the coming years. Ratner indicates that whooping cough could experience a resurgence next. I wonder if Ratner is aware of, for example the article by James D Cherry, a distinguished research professor of pediatric infectious diseases

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Magda Taylor

Editor's note

Forget Covid…measles is back! Now that the covid story has been rather exhausted and put on the back burner for the time being, lo and behold measles is back in the headlines again! I have observed the measles propaganda machine regularly in action since I first started investigating vaccination back in September 1991. Although I had developed measles in my childhood around the mid-sixties when common sense prevailed and this acute passed without concern, on becoming a new parent myself in 1988 I was initially made to believe in this vaccine. Why? Because when I questioned the vaccine with my health visitor and asked why there was a vaccine for measles, mumps and rubella I was swiftly told that I was lucky to have sailed through measles (and mumps) as it is a killer! That was at a time when I assumed health visitors and doctors were the experts in these matters!

MMR (measles, mumps and rubella vaccine) was introduced into the UK schedule in 1988. Ever since that time there has been regular scare stories about outbreaks, claims of an epidemic due to too many unvaccinated around, exaggerated complications of the disease and so on. The official focus was, and still is, to try and achieve 100% uptake of the vaccine. The description of measles has been gradually evolving into a more and more dangerous disease, and yet back in the late 1950s it was considered a common acute in childhood, with rarely any secondary complications. Why has this description changed so greatly?

It appears to me that the only explanation is that when the first single measles vaccine became available and ready to add to the UK schedule there was a need to create enough fear so as to justify the vaccine being introduced in 1968 (in UK) and gain public acceptance. This worked to a degree but the uptake was gradual as many people still held a realistic view of this childhood acute. This led to the description of measles becoming scarier and scarier as new parents emerged from the late 1970s onwards.

According to medical historian McKeown regarding measles and the introduction of the single measles vaccine, he states in his book The Role of Medicine (p105):

'With some variation in timing, the history of measles has been rather similar to that of whooping cough. The death-rate fell continuously from about 1915; treatment (of secondary complications) has been possible since 1935; and mortality was at a low level before immunisation was used.

'The rate decreased from 1950 to 1956, was more or less constant to 1960, and declined rapidly after that time. It was not until mid 1968 that vaccination was used nationally and less than a quarter of all children had been protected by the end of 1972. I conclude that the contribution of immunisation to the reduction of notifications in the last decade cannot be decided on this evidence.'

In the Department of Health book 'Immunisation Against Infectious Disease' (1990 edition) p52, it states that 'from 1968-1980 measles vaccine acceptance for children aged one to two years remained between 50-60%' so there was still a reasonable number of people declining the vaccine for their children. No doubt the scaremongering on measles would have increased during the 1980s prior to the new vaccine coming into view on the horizon. On the introduction of the MMR in 1988 the Health minister of that time, Edwina Curry declared that one jab would give lifelong protection. But within a few years a booster was added to the recommended schedule. I have included a number of texts, articles, graphs and commentary on my website for a more detailed look back at the disease and the vaccine. https://tinyurl.com/542c6juu

Another aspect to consider is how accurate are the alleged number of cases of a disease if PCR is relied upon. Many of us discovered during the covid years that the alleged number of cases, and asymptomatic cases (of the alleged covid disease) were derived from what is referred to as a PCR test. There has been much written about these so-called tests that should make you wonder if there are any reliable figures for any of the diseases, including measles, with the use of PCR since the 1990s! Especially when even the alleged cause, ie a virus has not been proven in the first place!

PS Regarding the recent reports of a measles death in Texas – gross mismanagement seems very likely to be the cause, including inappropriate antibiotics and placing the young girl on a mechanical ventilator!

Magdalene Taylor, Editor, April 2025.

and vaccine proponent, published in 2019 regarding major US whooping cough epidemics occurring in the 21st century since the introduction of the acellular vaccine.

Cherry lamented although DTaP is less reactogenic (perhaps he should have used the word dangerous?) than DTwP it is less effective, and he stated ***'all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility.'***

Another paper published the same year regarding pertussis (DOI: 10.1080/22221751.2019.1694395) states: ***'despite extensive vaccination campaigns and high immunization rates the incidence of whooping cough significantly re-emerged during the first decade of the 21st century worldwide.'***

No doubt, and as usual, any clusters of cases or alleged cases will be blamed on the unvaccinated or the vaccine hesitant parents instead of admitting vaccine failure!

Schweitzer also raises concerns about R F Kennedy Jr's appointment as US Secretary of Health and Human Services (HHS) and how *he has vowed to investigate the US immunization schedule.* Time will tell as to what will actually change with the schedule, there are mixed views.

Further in the article another doctor Joshua Sharfstein, who believes that vaccine benefits far outweigh the risks, is quoted as saying: ***"People who may have objected to the COVID vaccine mandates are now more open to objecting to other vaccines."*** With Hotez adding: Whereas those individuals may have once trusted the expertise of public health officials, they

are now wary of governmental overreach and instead source answers on social media via ***"wellness influencers"***.

Hotez considers that the acceleration of 'health freedom activism' has had disastrous consequences for vaccination efforts and has seen an increase in nonmedical exemptions during the 2023-24 school year, with Dr Ratner stating: ***"We have more than 100 000 parents requesting these exemptions in the name of choice, and it's become so politicized."***

The proposal by these vaccine advocates is to find ways to reverse some of the increasing resistance within the population and counter misinformation in real-time. Hotez said he would prefer a government agency establish a continuously updated, publicly accessible site to identify and correct ***"high-profile pieces of vaccine disinformation."*** Perhaps they should start with the high-profile vaccine disinformation by the establishment?? In my opinion, that would keep them busy for a very long time!

Further in the article another well-used statement is made by Sharfstein… that vaccination may be the ultimate victim of its own success. And another doctor Kathryn Edwards MD agreed stating:

"Vaccines have been so effective for so long that people don't know about the diseases," Edwards said. ***"When these diseases were raging, people lined up to get their shots. They were eager to enroll their children in our studies."***

These kind of comments, from doctors such as Edwards I consider very misleading. When were 'these' diseases raging??? Vaccines for measles, mumps, rubella, whooping cough etc were introduced long after any of them were raging. As I mentioned earlier major declines occurred in the pre-vaccine era. Mumps did not even become a notifiable disease until 1988 in the UK and was not even considered serious enough to justify introducing a vaccine in 1985. Was mumps ever raging??

As the article draws to a close another typical narrative appears about how from 1994 to 2023 ***routine vaccinations prevented about 508 million illnesses, 32 million hospitalizations, and more than 1 million deaths.*** These projected figures were from a recent CDC report – in other words mathematical computational calculations – these are simply computer-generated speculation, which as we have seen in the past do not amount to anything factual. Funnily enough Dr Edwards comment is "But no one sees what was prevented." And that is extremely convenient for the vaccine proponents when they make claims such as these, without having to show any solid scientific proof.

If you are interested in reading the full article and are unable to download it online please email me for a copy (pdf). magdalene@informedparent.co.uk

TATTON MP ESTHER MCVEY CALLS FOR VACCINE SIDE-EFFECT REPORTING

KNUTSFORD GUARDIAN

https://www.knutsfordguardian.co.uk/news/24871671.tatton-mp-esther-mcvey-calls-vaccine-side-effect-reporting/

21 January 2025

BRIEF EXTRACTS

THE reporting of vaccine side-effects should be made mandatory, according to Tatton MP Esther McVey.

The Conservative former minister also criticised a 'culture of secrecy at the medicines regulator'. She said there was a 'gross under-reporting' of the unintended impacts of vaccines, and said the Medicines and Healthcare products Regulatory Agency (MHRA) was in need of 'substantial reform'. Currently, patients are able to report side-effects of medication and treatments, including vaccines, through the MHRA's 'yellow card' scheme.

Speaking in the Commons, Ms McVey said: "The yellow card is currently a voluntary scheme, which doctors and members of the public can report to. "But we know that there is a gross underreporting to the scheme."

The MP for Tatton went on to say: "Under-reporting is a big problem because it makes it difficult to spot safety signals and assigned causation. "This then translates into unnecessary harm or deaths, with devastating side-effects from treatment going unnoticed for years, months or even decades."

Ms McVey said it is estimated only 10 per cent of serious reactions are reported to the MHRA, and hospital admissions as a result of the issue cost the NHS £2.2 billion. She added that only 54 per cent of deaths reported as potentially linked to Covid vaccines were followed up by the MHRA.

She said: "A culture of delay, secrecy, has emerged, and MHRA's behaviour around the commission on human medicine meetings for Covid-19 Vaccine Benefit Risk working group show this beyond any doubt.

"Minutes of these meetings were published just last month, four years after the meeting took place. "Why the delay? And they are stuffed full of redactions, which leave us with many more questions than answers, particularly as to why these new vaccines were continually described as safe and effective."

Esther McVey MP

Ms McVey added: "If people lose trust in vaccines, if they lose trust in the pharmaceutical industry, if they lose trust in the regulatory agency, this is precisely what happens.

"We know those vaccines are essential to many people, and that is not what we want to happen." ***(TiP Editor: It is good that Ms McVey is raising concerns about the reporting system, however it is essential that she actually investigates whether vaccines are essential to the population – or are they a crime against humanity!)***

NATURAL HEALTH FOR OUR CHILDREN

BY RUKI SIDHWA CNM DIP/MANP

Dear Informed Parents,
Firstly, I must say thank you to Magdalene Taylor for giving me this opportunity to connect with you all and introduce myself.

I am a certified Health Coach having gained my licence to practice from The College of Naturopathic Medicine in London. My late father, Dr Keki R Sidhwa, was a Naturopath & Osteopath whom some of you may remember, and so Natural Health has been a huge part of my life from the beginning. Finally, after careers in teaching and television production, I decided that I should continue his legacy and contribute in some way to improving public health & wellbeing. In the autumn of last year, I reduced my work hours as a Television Compliance Producer so that I can spend more time Health Coaching.

One area that I am passionate about is our children and the importance of children's health and lifestyles when it comes to their physical and mental wellbeing. I feel very privileged to have had my upbringing where we ate healthily, played outside for most of the time, helped grow our own vegetables, exercised regularly, were taught yoga and why we should respect and work with nature. As you may be aware (ref PubMed article*), research shows that during children's early years, learning about food and eating plays a central role in shaping subsequent food choices, diet quality, and even weight status in later life.

With obesity and ill health becoming endemic in UK society, including among our children and young people, I feel there is no time like the present to address these growing problems and to educate better about how to make healthy living become second nature.

SO WHAT CAN WE DO TO GIVE OUR CHILDREN THE BEST START IN LIFE AND THE KNOWLEDGE TO STAY HEALTHY?

Foods – for our bodily systems to function optimally, we need to eat a balanced diet rich in fruit, vegetables, whole grains, lean proteins and healthy fats. Too much saturated fat (dairy/ animal produce) and refined sugar can lead to too much acidity in our body which can cause inflammation… in turn if not managed, this can become disease. Also, too much of refined foods – eg sugar – the excess turns to fat. Processed meats – sausages, bacon – these lack nutrition and are often full of fillers to bulk them out…meat is harder to digest and takes longer for the body to push through the digestive system and when we have too much that isn't cleared away it can impact and cause constipation, lethargy & lack of energy.
Similarly, too much saturated and processed trans fats can cause the build-up of plaque and hence the linings of blood vessels to narrow – preventing blood flowing freely around our body and for cells to do their jobs and potentially causing cardiovascular problems.

"To maintain a balanced diet, we need to mix up our meals and include lentils, pulses, chick-peas, healthy fats (avocados, olive oil, seeds, nuts, spinach, broccoli. Having a variety of fruit & vegetables and plant-based foods - will make sure the body gets a full range of nutrients."

I personally don't eat meat or fish as I believe I can get enough variety of minerals & vitamins though my mainly fresh vegetarian diet and I don't have any desire to eat animals. However, getting enough protein and iron is an understandable worry people have with being vegan or vegetarian – particularly with growing children -and hence why having a varied diet is important… eating the same foods, week in and week out won't give you or them, the variety of minerals and vitamins that we need.

To maintain a balanced diet, we need to mix up our meals and include lentils, pulses, chickpeas, healthy fats (avocados, olive oil, seeds, nuts, spinach, broccoli. Having a variety of fruit & vegetables and plant-based foods - will make sure the body gets a full range of nutrients. The more variety the better - you can be an unhealthy vegetarian and vegan if you only eat junk food / processed food.… these have little nutritional value and only add excess calories, along with additives/flavourings/fillers/preservatives – all chemicals that are hormone disruptors – and can interfere with the workings of our body. That's why I believe it's so important to respect and work WITH nature. When you buy food – look at the ingredients – the fewer the better. Ultra processed foods tend to have excess sugar, salt and a whole host of unnecessary chemical compounds – E numbers/colourings and preservatives/emulsifiers and bulking agents (so they are cheap to make & last longer on shelves). With meat – try to buy organic (no regular antibiotics or growth hormones or GM feed). Same with fruit & veg – without chemical pesticides/herbicides, no GM (genetically modified where the DNA is tampered with).

LET'S LOOK MORE CLOSELY AT THE POWER OF PLANTS AND PHYTONUTRIENTS

Blue / purple / black foods – antioxidants (blueberries, blackberries, red cabbage, black olives, aubergines) – fight free radicals (by-products of cellular energy production), support heart health, circulation & vision.
Green - chlorophyll – (kale, spinach, broccoli, watercress, Brussel sprouts) - liver detox, bind with toxins in gut – prevent absorption into body & aids so can be dispensed through digestive system (and important in fibre role)
Red - peppers, apples, onions… Quercetin- anti-inflammatory. High in Vit C.
Orange / yellow – (Beta carotenes) – carrots, squashes, sweet potato, oranges - improves immune system, vision/joint health
White / brown (natural) - garlic, onion, leek, ginger, white cabbage, parsnips

RUKI SIDHWA

– support heart, circulation and liver detox

Our body also needs enough fibre to push all the non-digestible elements of what we eat through the body (including parts of plants) and this fibre helps to push all the other elements of excess food (and toxins) that can't be digested so they are excreted… without enough fibre – food gets impacted and stuck – and can lead to constipation which is not only uncomfortable but toxins not excreted can get reabsorbed into the body and cause problems.

You may have heard of Dr Tim Spector- of the Zoe App fame – even he now challenges us to eat 30 plant-based foods a week.

Then also key to having good health are Exercise, Gut Health and Social Interaction.

EXERCISE produces endorphins (the happy hormone) and raises cortisol levels (fight or flight hormone) which if not excessive, for example through over-training, helps keep these hormones in balance. Exercise is also important for weight management (calories IN vs Calories OUT). Exercising and time spent in nature is known to have many benefits for health and wellbeing – reduced anxiety and depression, improved sleep, reduced levels of obesity and heart disease and improved wellbeing/calmness. Team sports are also good for both children and adults – promoting social interaction and connections and reducing feelings of isolation.

Restorative exercise classes such as Yoga and Pilates help to promote strength, balance & mobility. They are also good for relieving stress.

GUT HEALTH – and the connection between gut/brain axis which I'm sure many of you have become more aware of as it is being talked about so much more now. The phrase 'gut instinct' isn't without reason. Since Biblical times, it has been recognised that the digestive tract (or gut area) is the seat of emotions and feelings (ie our moods). The gut is an important factor in our emotions and mental wellbeing and how the brain work. Like anywhere in the body, if there is an imbalance or an upset to the homeostasis / equilibrium, the body will show signs that all's not well - namely in symptoms and ill health.

A good diversity of microbes found in our gut has been associated with better health. Fermented foods (probiotics) such as yoghurt (non-sweetened), Kimchi, Kefir, and sauerkraut are often hailed as gut heroes but eating a wide variety of fibre can also help. Foods that can help maintain a healthy gut include prebiotics - asparagus, garlic, onion, leeks, and grains such as oats, wheat, rye, spelt and quinoa.

TOP TIPS TO TAKE AWAY

Children learn from example and so the more you can incorporate Healthy Living into your lives, the more chance there is of it becoming second nature to them.

• Try to have healthy family meals where you all sit down together – so that such meals are the norm. It's also the prime opportunity for social interaction and for children to feel loved and cared for.

• Have regular family days out in Nature – a trip to the seaside, a walk in the woods or open parkland if possible. As children, my sisters and I were regularly 'dragged ' up the mountains in the Lake District. I say dragged as it was often in all weathers and while sometimes we didn't want to go, I now so appreciate the experiences we were given – swimming in the cold tarns, the phenomenal views, talking to sheep and cows as we roamed across the same land and snow mountains and The Lakes are one of my all-time favourite places to visit !

• Encourage your child/children to take part in team sports or join an activity club – again these help to build character, form friendships and to learn about trust.

SO HOW CAN A HEALTH COACH HELP YOU AND YOUR FAMILY?

As well as 1-1 consultations and helping clients to set and achieve their Health Goals, I offer informative & practical workshops which give information to parents and guardians about how to introduce and maintain a healthy lifestyle – encompassing elements such as nutrition, exercise and enjoying nature, and how to engage children to appreciate their importance.

I am confident that I can contribute to the wellbeing of many, not only from a professional but also a personal perspective - after all I must be doing something right as I can count the number of days I have taken time off work sick in nearly 40 years, on one hand.

For more information about 1-1 consultations (online & in person) please see www.sidhwahealth.co.uk Discounts available when you mention The Informed Parent when booking. I will be hosting public talks on Natural Health & Wellbeing in the future so please email me if you would like further details.

With best wishes and good health to you all and your families,

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*https://pubmed.ncbi.nlm.nih.gov/17341215/#:~:text=During%20these%20early%20years%2C%20children's,genes%20and%20environment%20for%20children.

FIRST AID THE NATURAL WAY

BY KEKI SIDHWA ND, DO (1983)

EXTRACTS

Vis Medicatrix Naturae, or Nature Alone Heals

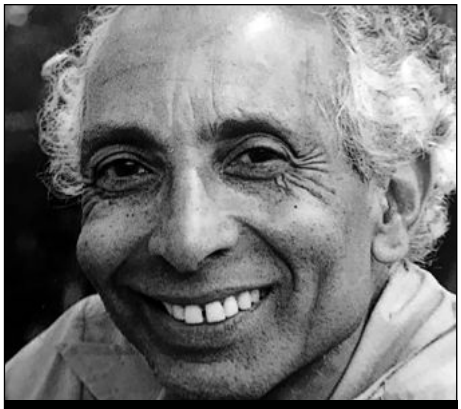
Page 1: Healing is a biological process, a living physiological phenomenon. In this it is the same as breathing, digestion and circulation, This is often forgotten in the panic and commotion of an emergency. At this time your intense desire to do something, no matter what, can result in serious damage. Your body is a vastly complicated machine, and is well-supplied with enough innate intelligence to carry out certain work under any circumstances.

Even under the worst possible circumstances your body constantly strives to keep itself alive and efficient. It can meet any emergencies with lightning rapidity and adjust itself by use of compensatory means available to it. Your body only succumbs to illness when the obstruction impeding its health and efficiency is so great that it cannot meet an emergency even with its full capacities.

GENERAL HEALTH MEASURES – THEIR VALUE IN EMERGENCIES

Page 36-39. Food and Drink

Not enough emphasis is placed on food and drink by the writers of orthodox first-aid manuals. All discriminating observers have noticed certain clinical signs and symptoms when no heed is paid to such things. The average medical doctor blithely advises patients to eat and drink what they like. In his opinion there will be no consequences in terms of health and disease. In Natural Hygiene,



Keki Sidhwa ND, DO

"Foodless foods such as white flour and bread, tea, coffee, tobacco, white sugar, cooked-to-death vegetables, canned, packaged, processed, pasteurized, sterilized, chemicalized, and synthesized products should not be part of the diet of an individual who wishes to retain high-level health."

however, diet plays a prominent role because literally as well as metaphorically, "you are what you eat." A well-nourished body, not one that is overfed, has much more reserve stored in itself which it can use in times of emergency. The tissues are not just patched-up affairs surviving on a shoe string, as it were. They are tough and resilient because they are made out of real materials instead of mere substitutes. A good reserve of proteins, minerals, vitamins, in other words the stuff that makes protoplasm, living tissue, is a God-send to an injured or wounded person. It means the material is there, ready and waiting to be put to use when need arises. Tissue built out of white bread and tea is devoid of such a secure foundation. A fat person heals much more slowly than a thin one. Ugly sores are formed in an individual who eats and drinks haphazardly before and after an injury. Watery, flabby tissue is not compact, dense and closely knit. Hence, it tears apart at the slightest injury. Such a person will bruise more easily and take longer in healing. Clinical experience has substantiated this fact. The blood-clotting mechanism and circulation of a well-nourished person are far superior to those of one who is badly nourished. The blood making mechanism has even more importance: the recuperation of a wounded person depends on its first-class efficiency.

Foodless foods such as white flour and bread, tea, coffee, tobacco, white sugar, cooked-to-death vegetables, canned, packaged, processed, pasteurized, sterilized, chemicalized, and synthesized products should not be part of the diet of an individual who wishes to retain high-level health. Instead, reliance should be placed on wholesomeness and freshness: quality rather than quantity, nourishing ability rather than taste, and God-given rather than man-made.

A person who subsists on a preponderance of fresh fruits and vegetables, grown in good soil, nuts, whole grains, and fresh unadulterated dairy products will have gone a long way in assuring himself that when the need arises the materials will be there for the organism to make full use of them. The cannibals in Africa instinctively realized our faulty civilized feeding when they put their captives on a diet of herbs, fruits, and vegetables before the final coup de grace in the cooking pot. Why? Because of sweet and sour tissues. To their more discriminating taste buds the flesh of the civilized eater was sour, hence the "diet cure." Does it not behoove us all to be sweet rather than sour, both within and without?

A DOCTOR VACCINATING A CHILD WILL OBVIOUSLY BE UNWILLING TO SAY THAT VACCINATION DID HARM UNLESS HE IS A MAN ABOVE THE ORDINARY STANDARD OF COURAGE AND CONSCIENTIOUSNESS

~ Dr Bridges, formerly an Inspector of the Local Government Board, writing in Positivist Review (Nov 1896).

From: The Truth About Vaccination and Immunization by Lily Loat (1951) p.18.

THE ACUTE "INFECTIOUS" DISEASES OF CHILDHOOD

CHAPTER XXII
From: The Hygienic Care of Children
by Herbert M Shelton (1931)


Photo by Nathan Dumlao on Unsplash

EXTRACT

"Children's diseases are really parent's mistakes," says Dr. Harry Clements (London), and this is very largely true. There are, of course, social and economic factors over which the poor have little or no influence, at least, not in their present unorganised state. It may be difficult for the average reader to grasp the thought that parent's mistakes are responsible for the so-called infectious diseases of childhood. Few people have been able to disabuse their minds of the ancient notion, our heritage from our ignorant prehistoric forebears, that a so-called disease can be "caught" from someone else who has it. Morse- Wyman-Hill say, for instance; "measles is a very contagious disease and almost every child coming into contact with another child who has it, especially in the early stages, will develop it."

This statement is false, as every informed person well knows. My two sons have been repeatedly in contact with measles, scarlet fever and whooping cough. On one occasion they were visiting, for over a week, with a cousin who had measles. They were in the room with him daily, even on the bed. More than a year has since passed and they have not developed the disease. It will be said they were immune. I agree. But what is immunity? Upon what does immunity depend? It is the Hygienic theory that Health is the only immunity there is. Health depends on certain definite factors of hygiene--proper food, pure water. fresh air, sunshine, rest and sleep, mental poise and freedom from all devitalising habits--and not upon artificial and disease producing agents. So-called artificial immunity is a snare and a delusion. Morse-Wyman-Hill say "the cause of measles is unknown." Of scarlet fever they say, "the exact cause of the disease is unknown." They are silent about the cause or causes of mumps, smallpox and chickenpox. Diphtheria and whooping cough are attributed to germs--which means that they do not know the causes of these troubles.

Despite their ignorance of the causes of these troubles they know all about caring for them and know how they are "caught." Their view was born in ignorance--and born a long, long time ago. They know all about how long the "incubation" period is in each of the troubles, but can't demonstrate that there is an "incubation" period.

Close your eyes for a moment and imagine yourself standing back in the Garden of Delight when man and his helpmate were first raised from the dust of the earth and began to fill the earth. Follow the crowd down the stream of time until the first of Adam's posterity developed the smallpox. There was no prior case for him to catch it from. How, did he get it, or how did it get him, as you prefer? How did the first case of measles develop? How did the first case of scarlet-fever, or mumps, or diphtheria, or cholera, or bubonic plague, or English sweat, or typhus fever, or yellow fever develop? A true theory of cause will answer these questions easily.

When the true cause of these diseases is known, we will also know, not only how the first cases developed, but how every subsequent case developed, for, every case of any so-called disease develops just alike. If the body of your child is in condition to develop scarlet fever, for instance, he will develop that disease if there is not another case in the world--this is the way the first case developed. If the child is not in condition to develop the disease, it will not do so, even if there is a case in the same bed with him--there have been thousands of cases like this.

These things being true, it is up to parents to see that their children are properly cared for so that they will at all times be in perfect physical condition. Don't depend on artificial measures to protect your child. Don't give any attention to the propaganda of private and public institutions and individuals who are financially interested in the promotion of vaccines and serums.

The student will quickly notice that the following so called contagious diseases run a more or less definite and orderly course. They are as lawful in their courses and development as any process in nature and tend unerringly towards recovery. They are said to be self-limited. This is because their causes are limited. As soon as the cause is eliminated the disease ends. Their cure is accomplished by the forces of the body.

There are no cures which can be squirted into, rubbed on, or poured down the child. Never permit such things to be done to your child. By all means never let anything be done to reduce fever. Fever is a life- saver. Its suppression is always injurious. Sir Wm. Osler says, "The cardiac (heart) complication of the disease (scarlet fever) are often latent," and that, "It is not very uncommon to see cases of chronic Bright's disease which date from an attack of measles."

These cardiac complications and cases of Bright's disease are due to the suppressive treatment so commonly employed. Such treatment fools the uninformed and ignorant into thinking the patient is being cured, whereas, in reality he is being killed.

WHAT'S WRONG WITH ME? by Patrick Quanten MD

It may be hard to comprehend just how far wrong the profession is in their approach to health and diseases but the more you ask questions about what they are doing and how they are doing it, the more clear the answer becomes. The wrong starting point leads to a very wrong picture emerging when you are trying to connect the dots of knowledge within a narrow misty frame. When lots of constructing has been done based on the wrong starting point, then a lot of what we believe in will have to be destroyed and restructured. Centuries of believing the earth is the centre of the universe cannot be undone in a short period of time when it becomes clear to scientists that it isn't what they all believed for a very long time. Science knows, but the people do not yet know. And whoever is in charge of the people at the time of the *point of view switch* is not going to tell the people. Keep them ignorant for as long as possible and make the most of it while it lasts, will be the motto.

As a former General Medical Practitioner I empower myself to say that the western medical system is very sick. And I take the opportunity, while I have the power, to make 'a diagnosis'. I declare that allopathic medicine is suffering from detail-itis. It is an inflammation of details. Here are the four required symptoms of an inflammation, all of which the medical profession is showing right now. They are getting ***hot*** under the collar about not being able to deliver on the promises they make with regards to treatment outcomes. They go ***red*** in the face when confronted with their failures. They ***swell*** out their chests by taking deep breaths when being confronted with their fallibility. They are in severe ***pain*** when anybody questions their procedures. And the reason they have this problem is simply because everything is cut into small areas of expertise. Testing looks at one aspect of life, and even then, in only one specific way. All attention has gone to details, none goes to the wider picture and the questions such an approach throws up.

Patrick Quanten MD

"When the conscious mind – our beliefs, our fears, our cognitive knowledge – is opposing the efforts of the unconscious mind, a lot of internal energy is spent on this conflict, on this inner fight, energy that could have been used to live prosperous and peaceful rather than deprived and constantly being at war."

- It isn't about what disease it is; *it is about who the diseased person is.*
- It isn't about one or a few tests; *it is about the entire life of the person.*
- It isn't about one circumstance within the environment; *it is about all the factors contributing to the life of the person.*

There is much more to life that we do not know, then there is what we do know. And most of what we do know is false.

Ask a simple question. If a disease occurs spontaneously, without having done anything out of the ordinary, why must this mean there is something wrong? Actually, the question we are asking here is: *Are spontaneously occurring symptoms a disease?* The fact that a perfectly well-functioning system suddenly changes its behaviour does that mean that there must be something fundamentally wrong with that system or could it be that the system is adjusting? The first assumption will lead to panic and the search to immediately intervene, in an effort to reduce the symptoms quickly. Hence, fighting the symptoms in fact identifies the symptoms as the disease. The second assumption leads to quietly observing how this will develop further. Does the system redefine its balance or does it begin to show signs of further deterioration?

WHY WOULD A SYSTEM NEED TO ADJUST WHEN THE PERSON BRINGS FUNDAMENTAL CHANGES INTO HIS LIFE?

The inner world of the person must maintain a balance with the outer world of that person, in the same way that stability in the life of a group or a nation occurs when they live in harmony, in balance, in peace, with their surroundings, their neighbours. From time to time, this harmony may become strained as circumstances change and some of the time these changes have a greater impact than other times. It may be that certain aspects of life in their surrounding world may have altered or that certain aspects within their own lives have become different. Nature changes. To name but a few, there are seasonal changes to which both the environment and the inner world needs to adjust to. Crops are different each year. Other food supplies may vary greatly from time to time. There may be natural changes to living conditions, both in the outside and/or in the inner world. And each and every time the inner world needs to adjust in order to try and keep the balance.

An individual life changes all the time too. Take a look at your photo album and tell me you haven't changed a bit!

Then take a look at the world around you and tell me that, over the same period of time, no changes have taken place there either! Wake up. It's evolution, and it is going on every minute of our own life as well as the life of the universe.

So, when we grow up, it means that our lives, and consequently our bodies, are changing. Every time a change happens, every moment of our lives, our system balances the inner and outer world. Whether the change originates inside our own life or in our outer world doesn't matter, as the only thing the system can do is to adjust the inner world. It can't maintain the balance by changing the outer world as it hasn't got any power over the outer world. No, the adjustment happens inside our bodies.

Mostly these things go unnoticed. The system has a functional reach, which allows it to make slight adjustments without needing our conscious approval. For instance, the digestive juices will change when we eat different foods. They will also change when we eat the same food in different circumstances. However, sometimes the adjustment goes beyond those limits. This means that the 'normal' functioning of the body will become disturbed. The system requires to take a bigger step to maintain the balance, a step that is not beyond its capabilities, but one that outreaches its current limits of normal. One could say that for such a larger adjustment to be made, the system is asking the conscious mind of the person for permission, to allow it. Although it is a much easier adjustment when the unconscious and the conscious mind work together, the unconscious mind will always manifest whatever is required in order to survive. In other words, it will set up a balance and try and maintain it, even against all odds. When the conscious mind – our beliefs, our fears, our cognitive knowledge – is opposing the efforts of the unconscious mind, a lot of internal energy is spent on this conflict, on this inner fight, energy that could have been used to live prosperous and peaceful rather than deprived and constantly being at war.

Spontaneous childhood diseases are a beautiful example of inner adjustments a growing system has to make in order to

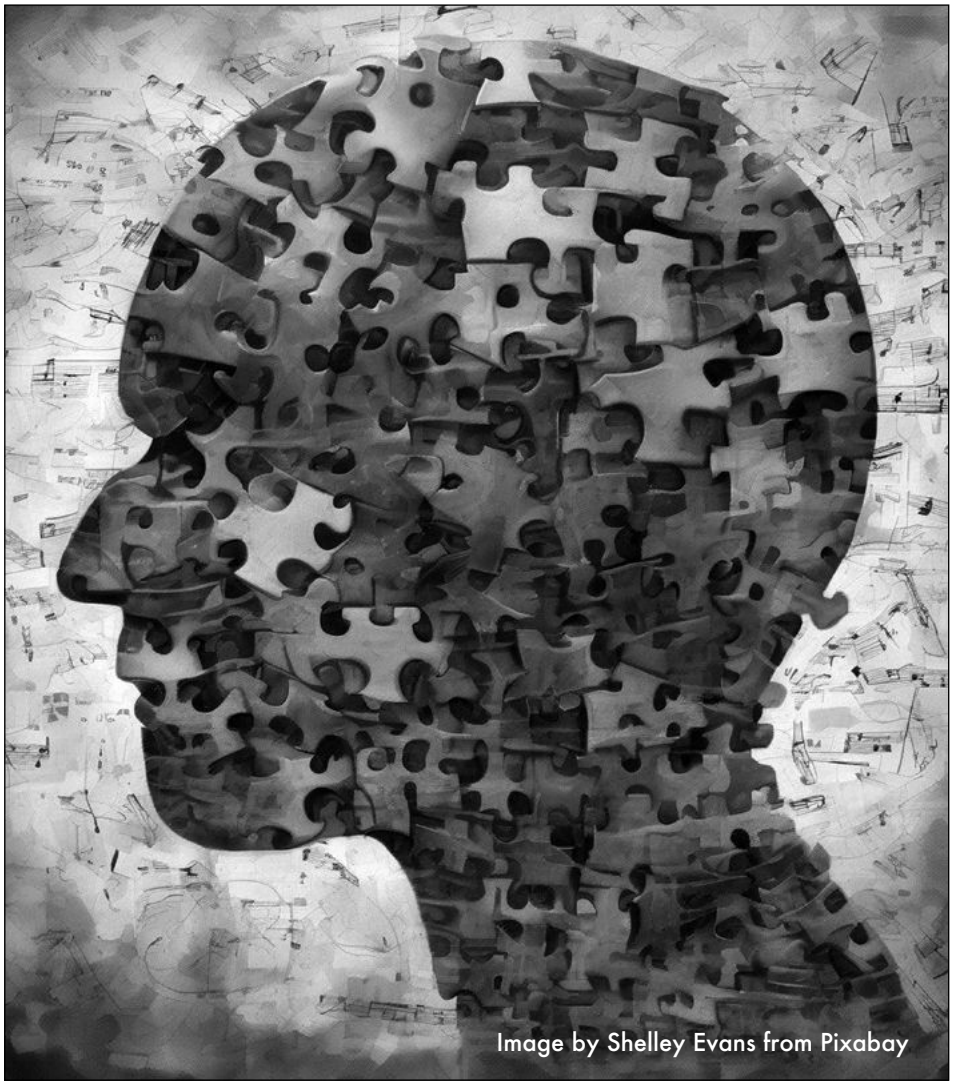


Image by Shelley Evans from Pixabay

install a new balance, based on developing skills and power. These adjustments are so fundamental that part of the internal functional unit may require an overhaul. Some badly adjusted cell structures will be remodelled. This means partly being taken down and replaced by a more 'modern' version. When this work is being carried out, the body may show definite signs at this stage of development. Hence, the child no longer functions as 'normal'. Indeed, the medical profession calls it an illness. I call it a necessary health adjustment. The medical profession wants to treat it. I want to leave it and observe its natural progression. Doing it this way, not interfering in the natural process, there are two very important consequences. One is that the system gets a free rein to complete the adjustment to the best of its ability. And two, we all get a wonderful opportunity to learn how nature truly behaves. Learning more about how life operates is useful knowledge throughout life and helps us to identify inner conflicts, threatening the balance in life, much quicker and more accurately.

By allowing the inner natural system the time and space – by not interfering in the process – it will complete the best possible balance. This may not immediately correspond to what you had in mind, but never forget that 'the mind' we are referring to here is your conscious mind, the small pool of childlike knowledge about life, pretending to know it all. For a child to restore a solid new balance, while entering a new stage in the development of that child, the body needs to do some rebuilding work. At the time when this is happening, the child will not 'be its usual self'. Indeed, the pressure on the inner structure of that child is not its usual pressure either. So, it automatically responds to it and restores that balance, restores peace between the growing inside world and the outer world. The child heals while the doctor panics.

The doctor panics because he needs to ›

know what is happening. The unconscious mind of the child does know what is happening. It also knows exactly how to respond. The doctor can only respond once he has a name for what is happening. The disease needs to be named, needs to be 'diagnosed'. And as most of these childhood diseases, as named by the medical profession, have very similar symptoms, the doctors wants some 'objective proof'. Let's run some tests then!

Diagnosing without tests has become unfashionable and is even no longer accepted within the profession. *A medical 'opinion' is not only seen as undesirable but even as dangerous*. There doesn't seem to be a recognition of the fact that one can only test certain things, not everything, and that the outcome depends on the patient, on everybody that guides him through the diagnostic procedure and on the technology that is used for the test. Standard test procedures still result in significant variations between various laboratories, hospitals and departments. And no test procedure has ever been proven to be specific for any disease the medical profession uses them for. All medical test procedures have been proven to be unscientific and the results are wide open to any interpretation one cares to use.

Pointing to adjustments a natural system makes spontaneously and calling these diseases a danger that needs to be fought, is the basic attitude on which to build a 'care system' that delivers huge financial gains by creating more and more diseases. Follow this up by inventing tests, claiming to identify specific diseases, and you have added a secure way to create even more diseases, as you now no longer require a person to be ill, to experience the adjustment phase as an 'abnormal' functioning of the body, because you can *rely* on test results to '*diagnose*' a named disease. In search of more and more situations that can be named diseases, rather than searching for healthy options, is the direction the medical noses are pointing in.

Spontaneously occurring symptoms of an acute health imbalance are indications of a restoration process your own system has initiated. You may not like it but you would be wise to know that your system knows what it is doing and that your system only has one job in life. And that is to *keep you in balance* as good as possible.

Trust replaces panic.
Patience replaces urgency.
Self-empowerment replaces health authority.

Patrick Quanten, March 2025.

VACCINATION AND NEURODEVELOPMENTAL DISORDERS: A STUDY OF NINE-YEAR-OLD CHILDREN ENROLLED IN MEDICAID

ANTHONY R. MAWSON & BINU JACOB

https://publichealthpolicyjournal.com/
https://tinyurl.com/5n6p29nh
23/01/2025

ABSTRACT

Background: Vaccinations required for school attendance have increased nearly threefold since the 1950s, now targeting 17 infectious diseases. However, the impact of the expanded schedule on children's overall health remains uncertain. Preliminary studies comparing vaccinated and unvaccinated children have reported that the vaccinated are significantly more likely than the unvaccinated to be diagnosed with bacterial infections, allergies, and neurodevelopmental disorders (NDDs).

The objective of this study was to determine the association between vaccination and NDDs in 9-year-old children enrolled in the Medicaid program. The specific aims were to test the hypothesis that: 1) vaccination is associated with autism spectrum disorder (ASD) and other NDDs; 2) preterm birth coupled with vaccination increases the odds of NDDs compared to preterm birth without vaccination; and 3) increasing numbers of vaccinations are associated with increased risks of ASD.

Methods: The study population comprised children born and continuously enrolled in the Florida State Medicaid program from birth to age 9. Vaccination uptake was measured by numbers of healthcare visits that included vaccination-related procedures and diagnoses. Cross-sectional analyses were performed to calculate prevalence odds ratios (Aims 1-2).

A retrospective cohort design was used to compute relative risks specifically of ASD (Aim 3).

Results: The analysis of claims data for 47,155 nine-year-old children revealed that: 1) vaccination was associated with significantly increased odds for all measured NDDs; 2) among children born preterm and vaccinated, 39.9% were diagnosed with at least one NDD compared to 15.7% among those born preterm and unvaccinated (OR 3.58, 95% CI: 2.80, 4.57); and 3) the relative risk of ASD increased according to the number of visits that included vaccinations.

Children with just one vaccination visit were 1.7 times more likely to have been diagnosed with ASD than the unvaccinated (95% CI: 1.21, 2.35) whereas those with 11 or more visits were 4.4 times more likely to have been diagnosed with ASD than those with no visit for vaccination (95% CI: 2.85, 6.84).

Conclusions: These results suggest that the current vaccination schedule may be contributing to multiple forms of NDD; that vaccination coupled with preterm birth was strongly associated with increased odds of NDDs compared to preterm birth in the absence of vaccination; and increasing numbers of visits that included vaccinations were associated with increased risks of ASD.

GP WORKLOAD CONCERNS AS CHICKENPOX TO BECOME NOTIFIABLE DISEASE

BY ANNA COLIVICCHI
10 January 2025
Pulsetoday.co.uk

EXTRACTS

GPs have raised concerns around an increase in workload as practices will have to report chickenpox cases to the UK Health Security Agency from April.

Following a Government consultation to ensure that regulations 'meet current surveillance needs', eight additional infectious diseases, including chickenpox, will be added to the list of notifiable diseases once new legislation comes into force on 6 April.

Yesterday, UKHSA laid out the changes in a webinar for GPs, explaining that it is 'absolutely essential' to have good surveillance systems in place for chickenpox to be able to monitor the effectiveness of a potential vaccine programme. It comes after the Joint Committee on Vaccination and Immunisation (JCVI) recommended that a universal chickenpox vaccination programme is included in the routine childhood schedule. But GPs raised concerns that having to report chickenpox will bring an increase in workload and that many cases could go undetected as patients 'don't usually go to a clinician with chickenpox'. One GP attending the webinar described the change as 'ridiculous' and added: 'This means every child will need reporting and many don't present to the GP.'

According to the Government's consultation response, published in December, only under half (47%) of those consulted thought chickenpox should be added to the list.

UKHSA is expecting less than 20 chickenpox notifications for an 'average' GP practice across the year, and said that this will 'substantially decline' once a vaccine programme is rolled out.

UKHSA's consultant medical epidemiologist Gayatri Amirthalingam told the webinar: 'With chickenpox, as it's primarily a clinical diagnosis, we do not rely on laboratory confirmation. 'We really do need good clinical notification systems, to be able to look at what the baseline burden of disease is and then be able to monitor the impact following a potential introduction of the vaccination programme. Professor Azeem Majeed, a GP and head of the primary care department at Imperial College London, said the Government will need to ensure reporting does not create undue GP workload. He told Pulse: 'From a public health perspective, making chickenpox a notifiable disease will provide useful epidemiological data once the forthcoming national varicella vaccination programme starts.

'Better surveillance will help policymakers monitor disease trends, assess the impact of vaccination, and identify outbreaks.

'Many parents will self-manage children with chickenpox without seeking medical advice and so only a proportion will come to the attention of GPs. 'However, I appreciate the concerns raised by GPs about the potential for increased workload. If the reporting process is overly complex or time-consuming, it could add pressure to already overstretched primary care services. 'Therefore, it is crucial that UKHSA and the NHS ensure that reporting mechanisms are streamlined and do not place unnecessary administrative burdens on GPs.'

TiP Editor: Some medical professionals have been pushing for a chicken pox vaccine to be included with the MMR since the end of the 1990s and early 2000s. However due to all the concerns over the 3 in one, the MMR, a chicken pox vaccine was not added making it a 4 in one as it would have likely caused a greater fall in uptake. The majority of the public have not been made fearful of chicken pox so far, unlike the scaremongering measles narratives which are regularly featured in mainstream media every few years. When chicken pox becomes a notifiable disease in the UK on 6 April 2025 it is highly likely that this will mark the start of scare stories regarding this childhood acute in order to justify the need to include yet another vaccine into the schedule and get more parents to accept the MMRV. I do hope, given the increase in awareness as regards to vaccination since the covid story, that more parents will investigate the subject and come to their own conclusions. My present opinion as regards to childhood acutes is that they are detox processes which should be supported through to allow the externalisation of accumulated internal 'rubbish'. To attempt to stop or suppress this action is very likely to create future health issues and chronic disease.

THE FUTURE OF RESEARCH ON VACCINE UPTAKE AT THE NATIONAL INSTITUTES OF HEALTH

Published Online: March 31, 2025.
doi:10.1001/jama.2025.4725

BRIEF EXTRACTS

'On Monday March 10, 2025, the National Institutes of Health (NIH) terminated its grant portfolio on vaccine hesitancy and uptake by sending its funded investigators at research institutions across the country a letter that stated the following: "This award no longer effectuates agency priorities. It is the policy of NIH not to prioritize research activities that focuses gaining scientific knowledge on why individuals are hesitant to be vaccinated and/or explore ways to improve vaccine interest and commitment.

NIH is obligated to carefully steward grant awards to ensure taxpayer dollars are used in ways that benefit the American people and improve their quality of life. Your project does not satisfy these criteria."' 'NIH funding of research on vaccine hesitancy helped spark the realization that researchers needed to innovate in ways that were previously hidden. Psychology, anthropology, sociology, and political science need to accompany pediatrics; ethics and behavioral economics are as critical as epidemiology.' 'The termination of research on vaccine hesitancy and uptake at the NIH does not just halt this progress and interdisciplinary innovation into how to help improve and sustain vaccine coverage and confidence—it does much more.'

TiP Editor: Defunding research on vaccine hesitancy is a positive move in my opinion. Studying what health is would be much more useful!

AN OFFICIAL INQUIRY??

BY MAGDALENE TAYLOR, TIP EDITOR
March 2025

When the government officials declare that there will be an inquiry into a particular issue many of the public may think that something good will come out of it, leading to greater transparency and that the mistakes made will serve to improve future situations, and so on. Personally, I find myself now understanding the meaning of the word inquiry as a new term for cover-up!

The UK COVID-19 Inquiry is described as an ongoing, independent public inquiry into the UK's response to, and the impact of, the COVID-19 pandemic etc. No doubt the main outcome will be to give justification to all the draconian measures inflicted on the population.

Admissions that officialdom are likely to parrot will be along the lines of ….yes mistakes were made due to the sudden onset of this 'pandemic' – they had to act fast to safeguard the public, and so on. I am not expecting anything more than numerous cover ups and excuses. Apparently there is no specific timescale for how long the Inquiry will last, but allegedly Baroness Hallet, who is chair of the Inquiry, aims to hold the final public hearings in 2026.

In my well-considered opinion (in an ideal and fair world) a properly conducted independent inquiry should be primarily and most importantly about:

- Whether a pandemic actually happened in the first place!
- Whether this alleged virus SARS CoV 2 actually had been truly isolated in the proper sense of the word isolation, and studied and shown to cause symptoms of a disease which was named Covid 19.
- Whether the public was grossly misled by fear tactics, due to carefully controlled MSM 'reporting and information' to make them susceptible to accepting policies of control.
- Whether there is too much conflict of interest in the manner this alleged 'pandemic' was managed/directed/ funded by the pharmaceutical industry.

Of course, I am not expecting anything of the kind to happen as it would not be allowed at any cost in the world we live in at present. One can dream! Also there should be an official inquiry into the mRNA injections that were administered to an intentionally frightened population. What are the health issues that have emerged from these administered injections on the recipients? I do not get the impression we have a much healthier public.

It is not surprising that so many people were duped with all the scaremongering media coverage, and almost daily official statements from behind the 'experts' podiums, that they welcomed a vaccine. After all we have been led to believe that vaccines have wiped out diseases over the last two centuries. It has been ingrained into our minds for so long and most just accept it as truth. And yet if the population had delved into the subject, investigated the claims, observed the reality of what was actually happening I am sure there would have been a much less uptake of the injections and the numerous boosters being pushed. Back in the 1920s great concern was aroused by the appearance of a new complication of vaccination – post-vaccinal encephalitis – which began to be definitely noticed in the UK in 1922 and then in other countries.

Both the general and medical press reported on the matter and at a League of Nations Health Committee at The Hague on 4th January 1926 it was suggested that the delegates should request their respective governments appoint committees of investigation. As a separate article below I have reproduced text from Joseph Swan's book 'The Vaccination Problem' regarding an 'inquiry' back in the 1920s. It makes very interesting reading!

AN '*INQUIRY*' FROM A CENTURY AGO

The following text is from Joseph Swan's book The Vaccination Problem (A PDF is available of the entire book in the Archive Library on TiP website. Please note that at the time of this 'inquiry' the medical profession also assumed that there was scientific proof of the existence of virus and that smallpox was caused by a virus, just like most academics do these days.

P.183 – 191

On the 4th February, 1926, the English Minister of Health (Mr. N. Chamberlain), in conjunction with the Medical Research Council, appointed a Departmental Committee (afterwards known as the Rolleston Committee), to inquire and report from time to time:-

(i) "On matters relating to the preparation, testing and standardisation of vaccine lymph;

(ii) On the practical methods which are available in the light of modern knowledge, to diminish or remove any risks which may result from vaccination;

(iii) On the methods of vaccination which are most appropriate to give protection against risk of smallpox infection in epidemic and non-epidemic periods; and to co-ordinate the work of investigation on these questions in this country and abroad, having regard to corresponding work undertaken by international health organisations."

It will be noted that there was no direct reference to post-vaccinal encephalitis in these terms, but it was soon made clear in Parliament and in the medical Press that the appearance of this new danger was responsible for the Committee's appointment. In fact, as the sequel shows, a previous Minister of Health (Mr Wheatley) had already, in November, 1923, appointed a Departmental Committee specially to investigate cases of post-vaccinal encephalitis, which had begun to appear in this country late in 1922. No public announcement was made at the time of the appointment of this Committee (afterwards known as the Andrewes Committee) or of the fact that it had issued a report in May, 1925. The point to be noted here is that, although this report was actually in the hands of Mr. Neville Chamberlain when he appointed the Rolleston Committee in February, 1926, he made no reference to it.

The first public reference to the occurrence of cases of post-vaccinal encephalitis in this country was made in a paper which Prof H M Turnbull and Prof Jas McIntosh (two of the most distinguished pathologists in this country) contributed to the British Journal of Experimental Pathology in July, 1926, from which it appeared that their first suspicions of a causal connection between vaccination and encephalitis had been aroused in 1912 in connection with the death of a lad aged 15. They did not meet with any similar case* (*The Rhyl Journal of 23rd March, 1917, contained a report of an inquest on a young soldier, aged 19, who had been recently vaccinated, and who died suddenly with similar symptoms. Reference was also made at the inquest to two other cases which had not proved fatal) until December, 1922, when they were called upon to hold a necropsy on a London girl, aged 9, who had died suddenly after vaccination with a diagnosis of tuberculous meningitis. This case was quickly followed by other London cases – one in a man of 21 and the others in girls of 7,12, 15 and 22 respectively, all presenting similar symptoms which were of such a character that Professors Turnbull and McIntosh considered that they had ample ground for concluding that "vaccination was a definite causal factor and no chance coincidence." The authors further stated that they had informed the Ministry of Health, in December, 1922, of the facts observed – that is, as soon as their tentative interpretation of the findings in the first case were, to some extent, confirmed by the advent of the second. A leading article on the startling character of these admissions appeared in the Lancet of 4th September, 1926.

Prof. McIntosh made a further allusion to the matter in the course of his Presidential Address to the Royal Society of Medicine, on the 19th October, 1926. It was in the course of this address that he gave utterance to the following highly important condemnation of the use of a living virus for vaccination purposes:-

"Scientifically, it cannot be disputed that from every point of view the injection of virus capable of multiplying in the body of the individual is bad. When multiplication of the virus occurs, then there is no possibility of estimating the dose to which the patient has been subjected. Thus the effect cannot be controlled, and in susceptible individuals this may lead to unforeseen results."

He also added:-

"It can, of course, be argued on statistical grounds that the likelihood of bad effects after smallpox vaccination is infinitesimal and not worth consideration; but is this really so? It has recently been shown that nervous disabilities (meningo-encephalo-myelitis, etc.) may follow vaccination, either as a direct effect or as a sequel to the lowering of the general resistance of the body. From time to time there have been attempts to reintroduce the use of an attenuated living virus as a prophylactic measure in certain other human diseases; particularly is this true in regard to tuberculosis. This, I am sure, is an innovation which should be rigorously opposed as a retrograde step; who knows for how long an attenuated bacillus can lie dormant, and then assume its former virulence?

"There is now only one human disease – i.e. smallpox – in which the injection of the living virus is still widely used to procure an immunity. Apparently the Jennerian method is still employed for want of a more reliable one, or is that the prophylaxis of this particular disease has been so bound down to a fixed procedure that stagnation has followed?"

Further references in the address indicated that Prof. McIntosh did not object to the use of killed viruses for inoculation and vaccination purposes.

A SENSATIONAL REVELATION

In an article entitled "The World-Literature of Post-Vaccinal Encephalitis," which appeared in the Lancet of 19th March, 1927, particulars were given of the proceedings at an international League of Nations Health Committee Conference held in May, 1926, at which it had been revealed for the first time that the English Minister of Health had appointed a Committee (the Andrewes Committee), who had reported in May, 1925, and that a copy of their report had been sent to the conference in question. From this report it appeared that 63 cases of post-vaccinal encephalitis had been reported in England during the years 1922-23-24, and that of these cases 36 had been fatal – a 57 per cent fatality!

"Not only a prophet," commented the Lancet, "but the outcome of a Government committee may be famed abroad while unknown in the country of its origin."

It is fair to assume, from the policy of official secrecy which had been successfully pursued up to this point, that, had it not been for the maladroit references to the Andrewes Committee report made at the League of Nations Conference, the report would never have seen the light of day, unless the hands of the Government had been forced (an unlikely contingency) by one or other of the members of the Committee.

When the Minister of Health was asked by Col. Day in the House of Commons (5th July, 1927) if he would publish "the full reports of the Committee of Inquiry which inquired into post-vaccinal encephalitis appointed by his department at the end of 1924," his Parliamentary Secretary (Sir Kingsley Wood) stated that:-

"I assume that the hon. Member is referring to the Committee appointed by one of my right hon. friend's predecessors in 1923. The Terms of Reference of the Committee were limited to the consideration of the question whether any further experimental research could be initiated to throw light on the possibilities of vaccine lymph producing nervous diseases as a complication of vaccinia. The Committee recommended that further research was desirable, and their report was referred to and is now under the consideration of the Committee on Vaccination which is now sitting. In these circumstances, my right hon. friend does not propose to consider the question of publishing the Report of the Committee appointed in 1923 until he has received a report from the present Committee."

The Report of the Andrewes Committee (originally made in May, 1925) was at last made public in August, 1928, as part of the Rolleston Committee's Report (a bulky document of over 300 pages), and it occupies pp. 90-144 of that Report. It was now also revealed, for the first time, that Prof. McIntosh had been a Member of the Andrewes Committee.

The Committee was comprised of Sir F. W. Andrewes (Chairman), Dr. J. A. Arkwright, Dr. F. R. Blaxall, Dr. F. Griffith (Secretary), Dr. J. C. G. Ledingham, and Prof. J. McIntosh. The Report was signed by all the members except Prof. McIntosh who issued a *Minority Report*. The contents of the latter indicate pretty clearly why the Report, as a whole, was not allowed to be seen by the public when it was first presented to the Minister of Health in May, 1925.

The majority members in their "summary of discussion," dismissed the hypothesis that the cases of post-vaccinal encephalitis brought to the notice of the Committee could have been due solely to the vaccine virus. They thought it not altogether improbable that vaccination might here and there have precipitated an encephalitis in a person harbouring another virus. They finally concluded that:-

"There would appear to have been in the cases concerned something more than the mere overlapping in time of vaccination with some familiar of unfamiliar neurotropic virus, and that the unusual clinical and histological manifestations and lethal character of the best studied cases suggest that a combination of vira of the kind indicated above was operating."

They also recommended further research.

These halting conclusions stand in marked contrast to the views expressed by Prof. McIntosh in his brief Minority Report, in which he stated that he was "unable to subscribe to the conclusions expressed in the Majority Report concerning the aetiology of the encephalitis. In particular is this true," he added, "with regard to pp. 115, 121 and 122 in which the Committee has definitely set aside the hypothesis that the series of cases under investigation may have resulted solely from vaccination. Further, I consider that on epidemiological, clinical, histological and experimental grounds, the evidence is such as to exclude the possibility of either the virus of poliomyelitis or of encephalitis lethargica playing a part in the aetiology….. The appearance of signs and symptoms, and of death in mortal cases, at closely similar periods after vaccination, points to the vaccination having been a causal factor and not a mere coincidence….that infection was either introduced by vaccination or that vaccination made the central nervous system susceptible to it."

After citing arguments in support of these views Prof. McIntosh closed his report as follows:-

"Therefore, before vaccinia virus can definitely be put out of account as a possible aetiological agent, more data will have to be obtained concerning the frequency of these cases and the neurotopic effects of vaccinia about which, at present, there is some difference of opinion."

THE ROLLESTON COMMITTEE'S REPORT

Any impartial person who studies the sequence of events outlined above will not be long in arriving at the conclusion that the main object of the appointment of the Rolleston Committee was, under the mask of an all-round investigation of the general question of vaccine lymph and its dangers, to nullify the effect of Prof. McIntosh's views as to the part played by vaccination as a cause of post-vaccinal encephalitis.

Both Committees were mainly composed of vaccination or public health officials or professional bacteriologists. Only two members of the Andrewes Committee (Dr. J. C. Ledingham and Dr. F. R. Blaxall) were reappointed on the Rolleston Committee. In view of the amount of information the Andrewes Committee had obtained, it is difficult to understand why all the members were not so reappointed, unless it was desired to secure the exclusion of Prof. McIntosh. The other members of the Rolleston Committee were Sir H Rolleston (Chairman), Dr. G. F. Buchan, Dr. A. E. Cope, Dr. M. H. Gordon and Dr. J. R Perdrau.

It is impossible here to give even a summary of the matters dealt with in the Rolleston Committee's Report. Their lengthy and involved investigations, which included much that was quite irrelevant to the main issue, were directed to one end, viz.: the preservation of vaccination from reproach. Incidentally, the long drawn-out character of the inquiry gave the Committee ample time to figure out various excuses calculated to allay public alarm, such as the absence of definite proof that vaccination was the "sole" cause of the "nervous accidents" which had arisen; their alleged rarity amongst vaccinated infants and re-vaccinated adults; and the small number of the cases which had occurred when compared with the gross number of vaccinations performed. They also averred that such "accidents" were known to attend smallpox and other fevers, and busied themselves mightily in their efforts to unearth examples.

Including the 63 cases and 36 deaths which were investigated by the Andrewes Committee, the Rolleston Committee had before them particulars of the following cases:-

	Cases	*Deaths*	*Fatality Rate*
Vaccinated with Government lymph	141	72	51%
Otherwise vaccinated . . .	42	22	51%
	183	94	51%

The Committee themselves admitted that the information as to cases which they obtained could not be regarded as being an index of the real prevalence of the condition. This is confirmed by what happened in 1923. Out of 29 deaths in that year which came under the notice of the Andrewes Committee *only five were associated with vaccination on the certificates of death issued by the doctors who had attended them.*

The Andrewes Committee depended almost entirely upon information gathered in a casual way by the medical inspectors of the Ministry of Health. The Rolleston Committee made a wider appeal to the profession at large, but in both cases the efforts made were not likely to lead to complete returns, if only because the doctors making such returns would be practically convicting themselves of having wrongly diagnosed the cases in the first instance. In the later stages of the investigation, especially from and including the year 1928, the doctors in attendance certified cases more freely as due to, or associated with, the disease. That may account for the fact that the largest number of cases was reported in 1928 as shown in the following table:- The Rolleston Committee made much of the alleged fact that the disease was more

Post-Vaccinal Encephalitis		
Year	*Cases*	*Deaths*
1922 (December)	11	7
1923	51	29
1924	1	0
1925	5	4
1926	4	2
1927	31	14
1928	55	25
1929 (Jan to Sept.)	25	13
Total	183	94

prone to attack children at school age and adolescents, when vaccinated for the first time, than infants. There is reason to believe, however, that this apparent relative immunity of infants was really due to the fact that in such cases the symptoms tend to be masked by other diseases, such as convulsions, cerebro-spinal meningitis, and tuberculous meningitis. This would, of course, be more likely to happen in cases where the vaccination had been performed by one medical man (e.g. a public vaccinator) and another had attended in the subsequent illness.

THE ROLLESTON COMMITTEE'S CONCLUSIONS

As regards the real object of their inquiry, the Rolleston Committee say, in their first report:-

"Whereas in our opinion the available evidence acquits vaccinia virus of being the sole cause of this complication, we are unable to exonerate vaccination from playing some part in its causation."

"It is our considered opinion that the co-operation of vaccinia with the viruses of poliomyelitis or of encephalitis lethargica or possibly some unknown neurotropic virus harboured by a vaccine must for the present be retained as a working hypothesis of causation, pending further research into the nature and properties of neurotropic viruses in general."

They thus left the matter pretty much where the Andrewes Committee had left it. What does it matter even if vaccinia is only mischievous when acting in conjunction with some other virus, either in the vaccine or harboured by the vaccine? In either case the performance of the operation is surely the exciting and responsible cause of the injury or death that may ensue. It is a mere quibbling with words, in the face of such tragedies, to tell the suffering victims, or the suffering relatives, that the injury or death cannot be attributed "solely" to vaccination. Only men who had a case to defend at all hazards could possibly write with such cold-blooded detachment.

The Rolleston Committee did, however, consider it expedient to recommend that some changes should be made in the method of vaccination. They made 10 suggestions, the most important being the first, viz.:-

(1) In place of the officially advocated four insertions trial be made of vaccination and re-vaccination in one insertion with a minimum of trauma, and that multiple scarification and (or) cross-hatching be deprecated."

The Committee must have felt themselves in desperate straits when making this recommendation, because it meant a complete reversal of the previous practice. One-mark vaccination, lightly carried out, which had been hitherto denounced as worthless was now to be installed as the official standard! Apparently, the idea underlying the suggestion was that the reduction in the quantity of "lymph" used and in the size of the mark, would reduce, if not banish, the danger of post-vaccinal encephalitis. And yet the fact that a living virus was to be continued in use made it unreasonable to suppose that a mere reduction in the quantity of the virus would provide an effective solution. Experience, as shown below, soon proved that it did not.

The Andrewes Committee made a special reference to the circumstance that none of the "nervous accidents" which they investigated showed any complication as regards the vaccination process. They said: "in all, the course of vaccination appears to have been normal and to have given rise to no undue constitutional disturbance, to no excess of local inflammation and to no septic invasions" (p.108). The Rolleston Committee also quote the similar experience of the Dutch observers that, "there was no relation between the severity of vaccinal reaction and the occurrence of nervous disease" (p. 162).

Acting upon the recommendation of the Rolleston Committee, the Minister of Health issues a Vaccination Order instructing Public Vaccinators to vaccinate in one insertion only, instead of four as previously. The Order came into operation on the 1st October, 1929.

In a circular accompanying the new Order, the Minister of Health also expressed the opinion that

"In the present state of knowledge, and so long as the smallpox prevalent in this country retains its present mild character, it is not generally expedient to press for the vaccination of persons of these ages (i.e., children of school age or adolescents) who have not previously been vaccinated unless they have been in personal contact with a case of smallpox or directly exposed to smallpox infection."

A considerable reduction in the reported number of cases of post-vaccinal encephalitis followed the issue of new Order, as shown by the following figures:-

Post-Vaccinal Encephalitis		
	Cases	*Deaths*
1929 (Oct. to Dec.)	2	2
1930	6	2
1931	7	4
1932	2	—
1933	7	1
1934	5	4
Total	29	13

It is unfortunate, to say the least, that the Rolleston Committee suddenly ceased its labours at the end of September 1930, and had not, therefore, an opportunity of explaining why "nervous accidents" continued to be reported even after the adoption of the "shadow" method of vaccination in October, 1929. The Chief Medical Officer to the Ministry of Health made the following brief allusion to the matter, in his annual report for 1930. After citing the number of cases and deaths in the last quarter of 1929 and the four quarters of 1930 (vix. 8 cases and 4 deaths), he added:-

"This represents a very considerably diminished incidence but the effect of the advice given by the Ministry against the primary vaccination of children of school age or of adolescents unless they have been in personal contact with a case of smallpox, or directly exposed to smallpox infection, should be borne in mind when appraising the value of these figures."

HOLISTIC DETOXIFICATION

DR JAYNE LM DONEGAN MBBS DRCOG DCH DFFP MRCGP
Naturopath & Homeopath,
Retired NHS GP

THIS ARTICLE EXPANDS ON AND EXPLAINS MY HOLISTIC DETOXIFICATION PROTOCOL

SOME PEOPLE THINK that detoxification means buying an array of sometimes difficult to obtain medications and supplements and taking them for a number of weeks as if it were a discrete process separate from what takes place every day of their lives. Detox is a daily process and should occur all the time. The body has an intelligence which has nothing to do with IQ. Samuel Hahnemann, the 18th century doctor who brought us the concept of homeopathy in modern times said it like this:

"In the healthy condition of man, the spiritual vital force, the dynamis that animates the material body rules with unbounded sway, and retains all parts of the organism in admirable, harmonious, vital operation, with respect to both sensations and functions, so that our in-dwelling, reason-gifted mind can employ this living, healthy machine for the higher purposes of our existence." [Organon aphorism §9]

What a lovely description. This spiritual vital force is in action while we are awake and while we sleep. It necessitates no oversight nor reminders from us. All it asks for is access to the basic necessities of life: clean water, adequate food, ventilated housing, someone to love and look after us, fresh air, sunshine and moderate exercise. When, being human, we commit dietary and lifestyle indiscretions such as not having enough sleep, getting stressed, angry, resentful, afraid, we must expect – and welcome - the acute physical symptoms that may follow, such as mucus, fever, aches and pains, headaches, diarrhoea vomiting and fatigue. These are the best sign that our body is right on track and we don't have to worry about it much, we just have to welcome these efforts to fix ourselves and support our body through the process.

Even more so with our children. If your child has acute symptoms, be happy. It shows how clever, vibrant and full of energy their body is. If we cannot do that at least we must not attempt to impede the process of the vital force when it tries to correct our lifestyle lapses by producing acute physical symptoms. Remember always to tell your children how very clever their body is and how great fever is when they become ill. This helps the body to heal itself faster.

The mind and emotions are of great importance. Fear is a powerful immunosuppressant. Don't listen to the news or read newspapers. "But I know it's all rubbish," you say. Your brain may dismiss the fear and think it knows better but the cells get scared - every cell of your body has ears, eyes and emotions. Your automatic or autonomic system will start pouring out adrenalin for fight, flight or freeze, and corticosteroids. In the short term they stimulate your body to protect you but after that initial period, they have the opposite effect ranging from adrenal fatigue to lowered levels of steroids that lead you to becoming more susceptible to bad outcomes. Conversely, welcoming acute symptoms of fever, being happy to be 'ill' supports the healing process.

People rightly demonise the mainstream media. But they are not the only problem. While the mainstream may be frightening you to death (literally), the alternative media may be doing the same but oppositely, "You'll never get rid of the spike protein," "You'll pick it up from all the people around you shedding," "You'll never be well again." Remember, as my aunty Peggy used to say, "If you worry you die. If you don't worry, you die, so why worry?" Sound advice.

Have the window open at night, always. At night when you sleep is when you repair everything and you need moving air to do it. To help your liver in its purifying function, drink hot water first thing in the morning as this encourages your bowels to open. Add a slice of lemon to make a bitter taste. This stimulates the flow of bile which aids digestion. To flush your kidneys, as an adult, you need to drink about one and a half litres of pure water per day. This does not have to be cold, in fact it is better if it is not, especially if you are feeling weak. There is no benefit in using up the energy you have in heating your drinks to body temperature. Don't eat too much raw food when the weather is cold, for the same reason.


DR Jayne L.M.Donegan

"The largest organ in your body is the skin. It is a major eliminator of toxins. You can help it by adding Epsom salts (MgSO4) to your bath. The heat opens your pores and the Epsom Salts are said to 'pull' toxins out of the body. If you are low in magnesium, conversely, magnesium and sulphur are said to travel in."

To eliminate aluminium from vaccines, food, wine, underarm deodorants, baked products, drink water that has high levels of dissolved silica. It must be in the water, not just eaten as food. The dissolved silica, in the form of silicic acid, forms soluble compounds with aluminium which can then be filtered out by the kidneys and excreted in the urine. Aluminium and aluminium salts are neurotoxic.

Adding a pinch of good quality salt to each 250mls of water helps more of the water get into your cells as well as replacing salt lost in sweating and breathing. Rescue remedy is a homeopathic Bach flower remedy preparation for getting rid of physical and emotional stress. We all have that. This is why you should add a drop of

Rescue Remedy to all your water – one drop is sufficient for any quantity of water - just be sure to shake it after you have added it and before sipping to potentise the water. When can you stop putting Rescue Remedy in your water and your children's? When you no longer have any physical and emotional stress – at that time you will also probably be hearing the flutter of wings and angelic harps….

The largest organ in your body is the skin. It is a major eliminator of toxins. You can help it by adding Epsom salts (MgSO4) to your bath. The heat opens your pores and the Epsom Salts are said to 'pull' toxins out of the body. If you are low in magnesium, conversely, magnesium and sulphur are said to travel in. Be sure to have the correct amount of Vitamin D. Most of us are deficient. The recommended daily intakes are far too low. Vitamin D is not only necessary for strong teeth and bones, it is crucial for health in general, whether keeping our functions balanced so there is less need for the acute healing crisis that we are conditioned to believe are due to infectious diseases or in not needing to manifest build ups of toxins as cancers.

It is vital that vitamin K2 is given with Vitamin D so the extra calcium absorbed goes to the teeth and bones and is not deposited in the blood vessels which can lead to coronary artery disease, heart attacks and strokes.

Humans are unusual in not making their own vitamin C. Vitamin C is essential to many bodily processes including the scavenging of free oxide radicals (also known as reactive oxygen species). We are subjected to unprecedented numbers of enzyme disrupters nowadays, from oestrogenic pesticides on our food, soy products, oestrogen from the 'pill', livestock excretion, hormones in animal products and industrial compounds found in our drinking water, 5,4,3,2 and 1G mobile networks, the magnetic fields produced by even our home electricity circuits, not to mention smart meters that should all be removed. We need unprecedented amounts of vitamin C to cope with these. Regarding EMFs, consider earthing sheets for your beds, protective phone covers, Schumann resonance generators – the Helios 3 version is a very powerful device which harmonises harmful geopathic stress. Reduce screen time to a minimum – which is zero - like it used to be in the good old days.

FEVER FEVER FEVER

Fever is your friend. It is your greatest ally in detoxing. The only problem is, as adults we don't get many of them. Children, on the other hand, have so much vital energy and are so intolerant of toxins that they readily exclude them from the body. We need to be like them and if we are lucky enough to get a fever, retire to bed, drink lots of fluids, give the appetite a rest. It is our inability to detoxify any longer that finally causes us to die. So if you are old – ie, over the age of six years – and you are lucky enough to get a fever, embrace the process.

Especially do not take antipyretics which fight the body in its corrective procedures by slowing down the speed of bodily functions that the fever is expressly designed to increase – respiration, filtering by the kidneys, the removal of toxins by the liver, the supercharging of T-cells. Paracetamol and ibuprofen also divert the liver from its detoxing activity by now having to eliminate them and use up precious glutathione while doing so, glutathione which should be soaking up the potentially harmful free oxide radicals generated during detoxification.

Download my ebook: Nursing Children Supportively through Acute illness Dr Jayne LM Donegan https://www.jayne-donegan.co.uk/nursing-children-supportively-through-acute-illness-safe-management-of-fever/

We are healthy when our mind, body and soul are in harmony. Homeopathic constitutional intervention can balance these aspects while homeopathic miasmatic therapy aims to clear inherited taints or unhelpful predispositions allowing us to go forward unfettered by the 'sins' of previous generations to achieve greater coherence and fulfilment in life. Once all the above systems are working optimally if there are residual blocks that appear to be linked to vaccinations there is a specific simple vaccine clearance that can be undertaken. It is important to understand that this is an energetic clearance.

The spring equinox is a good time to start a detox regimen as the body will be doing one anyway. Traditional Chinese Medicine teaches us that the element of this time is wood, the organs are the liver and the gall bladder. As we wake up from the winter, the rising energies enable us to push toxins out of our cells.

The process is straightforward. It can be used by anyone. In my experience, any aggravations are generally minimal – however do remember to put rescue remedy in all your water. You may want to do the homeopathic vaccination detox as a family - it can be done for all vaccines.

Homeopathic vaccine detoxifications are ideally performed in the summer months when we spend more time outside – or at least we should. When my patients are undertaking this protocol I recommend camping in the garden. It is one of the high points of the process for children. It gets them in the fresh air, away from electronic smog and puts them in touch with nature. It also emphasises that you can be 'on holiday' every day – you don't have to go away to do it. To understand more about management of fever, basic homeopathy, tetanus and first aid and more, come to one of my online lectures on Tuesday evenings.

21 February 2025

Dr Donegan, a retired NHS GP, practises as a Homeopathic and Naturopathic Practitioner registered with Homeopathy International and the Association of Naturopathic Practitioners.

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To attend her regular online lectures please visit: https://www.jayne-donegan.co.uk

Join - HINT - Homeopathy International - https://hint.org.uk/ Frontrunner in defending Homeopaths & Homeopathy – or become a 'Friend.'

HOLISTIC DETOXIFICATION PROTOCOL

Dr Jayne LM Donegan MBBS DRCOG DCH DFFP MRCGP. www.jayne-donegan.co.uk

DISCLAIMER

The information provided herein is for informational purposes only. It is not intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified health care provider with any questions you may have regarding a medical condition or treatment and before undertaking a new health care regimen, and never disregard professional medical advice or delay in seeking it because of something you have read herein. A holistic detoxification protocol requires a whole body approach. The body is intelligent and intelligently made. It is always seeking health and well being. Acute illness is the body doing just that. It is crucial to support it through that process - or at least not actively impede it.

SEVEN STEPS

ONE - Healthy food, moderate exercise in the open air and equanimity of mind - optimism, joy, being in nature, singing, music, family and friends

As the great 1930s naturopath Herbert Shelton used to say, *"Happiness, contentment and cheer should be cultivated with as much care and persistency as the gardener exercises in the cultivation of his plants."*

TWO - Open the channels of elimination – lungs, liver, kidney, skin

Lungs – Window open at night. Yes. Always.
Liver – First drink of day should be hot and bitter – classically hot water with a slice of lemon.
Kidney – Adults should drink about 1.5 litres of water per day with a pinch of Celtic or Himalayan salt per 250mls. Volvic, Acilis and Figi water have high levels of dissolved silica to remove toxic aluminium compounds. Always add a drop of Rescue Remedy, and shake the bottle before drinking.
Skin – Epsom salt baths – two cups to a bath and soak for 20 – 40 mins. Use a timer. Ideally weekly in the winter. This pulls out impurities and balances magnesium levels

THREE - Give the body the basic tools it needs, Vitamins D, K2 and C

Vit D/ K2 sublingual application as spray or drops under the tongue.
Adults usually need 9000IU per day of D3 with 75mcg of K2. Aim to have vitamin D blood levels at 120-150nmol/l UK; 40-60ng/l USA
Vit C Adults usually need 2 grams of a slow or medium release preparation twice daily, reduce if gas or loose stool. Increase if acute illness. Add a good multivitamin

FOUR - Manage fever correctly! - If you are lucky enough to get one

In Short: Open the window, go to bed, stop eating, drink plenty of clear fluids, rest. Absolutely avoid paracetamol/ Tylenol/ ibuprofen, cough suppressants, antihistamines, adrenaline like compounds.
Download and print: **Nursing Children Supportively through Acute illness by Dr Jayne LM Donegan**

https://www.jayne-donegan.co.uk/nursing-children-supportively-through-acute-illness-safe-management-of-fever/

FIVE - Constitutional Treatment and removal of inherited dispositions by Homeopathy; Naturopathy; Osteopathy; Chiropractic; Chinese Medicine; Ayuveda or other holistic discipline.

SIX - Specifically for people with problems after vaccination

Simple four day Homeopathic Vaccination Detoxification Protocol using homeopathically potentised remedies. Best time: between Vernal and Autumnal equinoxes. Usually carried out once.
DAY 1 – **Sulphur 30c** in the evening
DAY 2 – V**accine in homoeopathic potency 200c*** 8am, 12 noon, 4pm; **Sulphur 30c** 8pm
DAY 3 – **Sulphur 30c** in the morning; **Thuja 30c** in the evening
DAY 4 – **Sulphur 30c** in the morning; **Thuja 30c** in the evening
* from a homeopathic pharmacy like Ainsworths or Helios.
There are more complicated Homeopathic Vaccination Detoxification Protocols but they should be carried out with the help of a suitably qualified homeopath.

SEVEN - Return to ONE

TB OR NOT TB?

BY MIKE STONE
https://viroliegy.com/2025/04/14/tb-or-not-tb/
14 April 2025

EXTRACT

Koch was awarded the Nobel Prize in 1905 for his "pioneering research" in which he was said to have found out the bacteriology of tuberculosis. His award was for his investigations and discoveries in relation to TB, as stated by the Nobel Prize page: Prize motivation: "for his investigations and discoveries in relation to tuberculosis"

At no point during Mörnei's speech or in the Nobel Prize literature was it ever stated that Koch was awarded this prize because he had proven that the tuberculosis bacterium caused disease in humans.

It was even admitted in a paper for Trends in Microbiology, which was celebrating the 100th anniversary of Koch's Nobel Prize, that the award was not for Koch discovering the etiologic (i.e. causing or contributing to the development of a disease or condition) agent but for his work with TB:

"One hundred years ago, Robert Koch (1843–1910) was honoured with the Nobel Prize for his groundbreaking work on tuberculosis. The laudation did not mention his discovery of the etiologic agent of tuberculosis specifically but rather emphasized the achievements of Koch in the fight against this threat."

Thus, it is stretching logic to conclude that the Nobel Prize award somehow shows that Koch proved the Mycobacterium tuberculosis pathogenic in humans when the relevant sources themselves do not make such a claim. Even Koch's own Nobel Prize speech presented much uncertainty surrounding the bacterium and how it supposedly spread.

Koch began his speech by acknowledging that, as recently as 20 years prior, tuberculosis was considered non-infectious. He stated that the reason it was now being accepted as contagious was due to his discovery of the bacterium. However, there was resistance to this conclusion and he lamented that it was taking a long time in order for his work to be accepted and for appropriate protective measures to be put in place.

> *"Koch began his speech by acknowledging that, as recently as 20 years prior, tuberculosis was considered non-infectious."*

Koch felt that before he could discuss such measures, he needed to detail how the bacterium invaded humans. Koch presented two scenarios, neither of which were confirmed and were purely speculative:

- Infection by tubercle bacilli which come from tuberculous people.
- Bacteria that are contained in the milk and meat of tuberculous cattle.

Koch dismissed the second possibility based upon his own observations and experiments where the same tuberculosis bacterium found in cattle could not make humans sick. As stated previously, this was considered an embarrassing error for Koch as it is now claimed that he was proven wrong.

Koch then went on to discuss the contagiousness of the sputum from TB patients, noting that only those with illness of the larynx and lungs were of a concern. He believed that even "the smallest drops of mucus expelled into the air by the patient when he coughs, clears his throat, and even speaks, contain bacilli and can cause infection."

He broke down the risk based on what he called "open" and "closed" cases of TB. Those who were considered "open" were said to have more bacteria in their sputum and thus were a threat to spread TB while those who were "closed" were not a threat.

However, Koch admitted that the "open" cases could live with their families for years without infecting anyone. He even pointed to the non-existence of infections among nursing staffs as they were either totally absent or so rare that it was seen as proof of the non-contagiousness of tuberculosis.

Giving credence to the fact that living conditions had more to do with "infections" rather than the hypothetical spread of bacteria, Koch stated that unsanitary conditions and a lack of sunlight and air led to these "infections." He even went so far as to point out that those who were poor and sleeping together in the same bed in worse living conditions had more "infections," which led him to declare that TB was a disease of accommodation.

THE TRUTH ABOUT VACCINATION & IMMUNIZATION

BY LILY LOAT, HEALTH FOR ALL PUBLISHING COMPANY (1951)

BRIEF EXTRACT

PAGE 5: *The Nature Cure View of Smallpox*

ALL acute disease is a healing effort of Nature, an attempt to rid the system of its inherited and acquired impurities. The Nature Cure practitioner regards colds, fevers, skin eruptions and inflammatory processes as Nature's attempts to eliminate disease conditions from the system. This has been admitted in the case of smallpox, even by some eminent orthodox doctors. Though that disease, in its worst forms, may seem a desperate remedy, it is only so because the condition of the sufferer has been so reduced by desperately insanitary conditions of living, either environmental or personal or both. Anyone who cares to look into the matter will find that many of those who have recovered from the purifying effects of smallpox have enjoyed better health after the attack than before it. Smallpox has, in fact, been known to eradicate consumption. ***TiP Editor: Interesting that the smallpox disease had been known to eradicate consumption! Dr Pearce, the author of 'Vaccination: Its Tested Effects on Health, Mortality, and Population' (1868) first started to become sceptical of the value of smallpox vaccination when he observed the apparent large mortality in vaccinated persons from what was commonly called "consumption." The vaccination had the opposite effect to the natural disease!***

HOMEOPATHY INTERNATIONAL (HINT)

A new homeopathy body supporting the profession has released a position statement regarding vaccination and informed consent. They are looking to engage with government bodies to find out why the NHS has not been keeping doctors up to date about their professional liability regarding informed consent. Their statement can be found at: http://www.hint.org.uk

Homeopathy & Natural Remedies for Children

The booklet comprises of a series of information sheets on how to treat children's ailments naturally - using homeopathy, herbs, flower essences, aromatherapy etc. It covers ailments such as colds, fevers, behaviour and learning difficulties, measles, worms to name a few. With this booklet you can begin to treat your child's ailments yourself, naturally.

Copies are available: £12 (UK) • £15 (EUR) • £18 (Outside Europe)
Buy direct from Zoe Scanlan's website: www.zoescanlan.com/booklet

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.

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