30 INFORMATIVE YEARS
THE informed PARENT
ISSUE THREE 2022 A NEWSLETTER ON VACCINATION ISSUES AND HEALTH

FIVE SIMPLE QUESTIONS FOR VIROLOGISTS

BY TOM COWAN
Oct 13, 2022 tinyurl.com/37ukverk

HELLO, EVERYONE. Almost three years into the "great virus debate," we're still awaiting answers to questions we have for virologists. I thought this would be a good time to put forward in one place the five most basic unanswered questions, with the hope that any virologist will reply with answers. I'm happy to share their answers with my audience.

QUESTION ONE: When attempting to prove the existence of any "thing," we follow certain procedures. First, we define the thing we are looking for, then we go to the natural habitat of that thing and attempt to find it. If we find it and we isolate it (meaning, separate it from its environment so we have it in pure form), this step allows us to find out what the thing is composed of and what it does. It works very well with trees, frogs, bacteria and even nanoparticles. **Can you give us a reference in which this step has been done for any pathogenic virus, and, if this reference doesn't exist, explain why not?**

QUESTION TWO: Virologists claim that the "viral culture" experiment proves the existence of the virus. In that experiment, an unpurified sample is taken from a sick person and mixed with fetal bovine serum, toxic antibiotics, and a starvation medium. It is then inoculated on a highly inbred cell culture, which results in the breakdown of the cells (called "cytopathic effect"). This process is called "isolation" of the virus.

Can you define what the term "isolation" means to you, and whether you agree that the above process is a scientifically based isolation procedure?


Thomas Cowan MD

QUESTION THREE: The scientific method at its core means the choosing of an independent variable (that which you wish to study) and a dependent variable (the effect this independent variable causes). By this widely accepted definition of the scientific method, one would need to isolate and test the virus and only the virus as the independent variable.

So, a proper experiment would be to isolate a pure virus from a sick person that you allege is made sick with this virus and inoculate this and only this virus onto the cell culture and see whether it causes the CPE. Then, of course, one would run a control experiment: The identical steps would be taken, except no virus would be added to the culture.

Can you point us to a study in which this clear experiment has been done? If it doesn't exist, please explain why. If the reason is that you can't find the purified virus in any fluid of any sick plant, animal, or human, then are you willing to acknowledge that the only experiment one could do to prove the existence of these viruses simply can't be done? If you agree that this experiment can't be done, could you please refer us to a paper that shows how a "viral culture" is experimentally validated with proper controls at every step of the experiment?

QUESTION FOUR: It is often claimed by doctors and scientists that every nook and cranny of our bodies is teeming with viruses. These viruses, it is claimed, make up what is called a "virome." Some claim there are 10 to the 48th number of viruses in our bodies. **If this is true, when you inoculate unpurified lung samples onto cell cultures, presumably containing gazillions of these viruses, why is the only virus that "grows" the one you're looking for, i.e., SARS-CoV-2? Why aren't these other viruses seen, photographed, and found in the broken-down cell culture?**

QUESTION FIVE: Finally, can you offer other examples of "things" that are claimed to exist solely through the finding of pieces of that thing? To be clear, if no records of a purified virus such as SARS-CoV-2 exists, by what logic or scientific principles can one claim to prove that any piece, such as an antigen or genome, has come from that "thing?"


Magda Taylor

Editor's note

FIRSTLY A BIG THANK YOU for subscribing to the newsletter. As this year draws to a close the fearmongering continues… we now keep hearing of Strep A 'infections' leading to a few fatalities in UK children. The tragic passing of a child is always very sad but without full information we can only speculate as to what happened leading to these recent deaths. It is very difficult to ask questions to try and establish the details as you can be accused of being heartless and inconsiderate. No discussion on these cases, their lifestyle, diet, recent medications and/or vaccinations received and the treatment given etc. are indicated. We are simply told Strep A is the cause and that it is highly contagious and can kill. But where is the scientific evidence proving this bacteria is highly infectious? If anyone has a reference or link to such published papers please get in touch. If it is highly infectious you might think that the cases would sweep through the schools? And you might ask why is Strep A on the rampage this year in particular? Are we supposed to believe that it just turned up and randomly infected these children? And what about those healthy individuals who have the bacterium living within them, why do they not get sick? The health authorities may state that those individuals must be immune, but where is the scientific published evidence that these statements are valid and proven? In my opinion there is an epidemic of unanswered questions! Is a Strep A vaccine about to be launched – frightening the public is a useful marketing tool and could certainly create a demand to the trusting public when it is launched.

Shockingly, and yet not surprisingly, on 6 December 2022 the Pfizer Covid 19 injection met the MHRA's required safety, quality and effectiveness standards to be authorised for use in children aged 6 months to 4 years! This speaks volumes as to the 'standards' required. Especially since even the actual proof of the existence of a pathogenic virus, which is claimed to be the cause of the alleged disease appears to have never been scientifically proven worldwide. Again if you have found the published evidence then please forward me a copy.

In recent years I have been including more and more articles questioning the germ theory. This theory is the foundation and justification for vaccination. Ultimately, when investigating this subject the first question that needs to be looked at is 'do germs cause disease?' If this theory is false then the vaccine industry collapses. Questioning the germ theory, in my opinion is the crux of the matter, the most important aspect to begin your research. It is hard to let go of belief systems we have been exposed to since childhood. We talk about disease as if it is something negative and yet, whether as an acute or a chronic expression, from a naturopathic view it is the body trying to expel toxins/impurities and return to homeostatis. I would highly recommend the recent presentations What Doesn't Make you Sick by Tom Cowan and part 2 What Does Make you Sick tinyurl.com/4ausf7ba

I would also highly recommend the series of podcasts by naturopath Daniel Roytas featuring many doctors and scientists who have reached very different views from their formal training. Just scroll down this page to find all the episodes https://www.humanley.com/podcast

The Future of TiP

Sadly, despite some of you kindly renewing each year the number of subscribers have been steadily falling, and without a few generous donations over this last year from a few individuals TiP would have made a much bigger loss than has occurred.

On the 1st February 2023 the fees will increase for a paper copy to: £25 (UK); Europe £35; World (£40). The e-newsletter will be £20.

If you have an annual standing order set up please instruct your bank to update to the relevant amount and email me to confirm update, if you wish to continue receiving the publication. Thank you.

At this point I will continue with the option of paper copies as I know that many of you prefer reading from hard copy. However if numbers continue to fall then I will only be able to offer a pdf version in order to avoid the ever-increasing postage and printing costs and to keep The Informed Parent available. I will keep you all updated as we progress into 2023. Please promote the newsletter and website to your friends and family, if possible.

I do email out renewal reminders but many are returned marked with a Delivery Failure. Some of my emails may be in your Junk mail and go unnoticed. Or your email may have changed. You are welcome to email me to confirm your details.

Please contact me at: m.taylor960@btinternet.com

Also, please note that the PO Box address will also be cancelled soon due to the expense. For those subscribers who wish to post any correspondence please give me a call on: 01903 212969

Wishing you all health and happiness in these uncertain times.

Magdalene Taylor, The Informed Parent
December 2022

MY RESPONSE TO JEREMY HAMMOND

BY JOHN BLAID

https://johnblaid.substack.com/p/my-response-to-the-latest-article

AN INDEPENDENT journalist by the name of Jeremy Hammond recently wrote an article by the title "Answering Tom Cowan's 'Five Simple Questions for Virologists'" where he gave his answer to the 5 points originally made by Dr Tom Cowan.

After a lot of commentary that was made by various people then I decided to make my own in an attempt to clarify things a bit further to highlight the unproven assumptions that are being made by him and others and also try to correct the seemingly misunderstanding of what people like myself mean when we say that there are no controls in "virology".

MY RESPONSE TO JEREMY HAMMOND:

Jeremy Hammond, you said: "Scientists have isolated SARSCoV2 by taking samples from sick patients, purifying the sample, and then using the resulting virus-containing supernatant for inoculation in cell culture alongside uninfected controls otherwise provided

the same treatment. Thus, according to his own stated criteria, SARSCoV2 has been isolated."

That is false. Yes, scientists use various filtering methods prior to a tissue culture experiment but they never ever verify the existence of the alleged "virus" in the filtered sample or ensure that the alleged "virus" is the only thing that exists BEFORE they attempt to do any tissue culture experiment hence our statement of no isolated and purified "virus". Now logic and common sense tells us that we first need to establish the existence of something before we can even attempt to do experiments with it, as an example, we can't very well do experiments with unicorns unless we have first shown them to exist nor can we through direct observations of them in nature, not via various indirect methods. The scientific method also demands that we have what we claim to have isolated ie separated from everything else or the experiment fall short because of too many confounding variables. Should be noted here that when we are asking for the isolation and purification of an alleged "virus" directly from the fluids of a sick host then we have even got a reply from a person at the CDC stating: "the request is outside of what is possible in virology". Why is it not possible one may ask? Because we cannot isolate something that we have never found. Even "virologists" when challenged, which I and many others have done, admit that they haven't found a "virus" directly from the fluids of a sick host so on what basis are you or anyone else working on then when even the "virologists" are refuting your claim of isolation?

FOIA request to the US CDC regarding documentation of isolation of SARS-CoV-2 - "the request is outside of what is possible in virology". https://www.fluoridefreepeel.ca/wp-content/uploads/2021/03/CDC-March-1-2021-SARS-COV-2-Isolation-Response-Redacted.pdf

When it comes to the claims of control studies then I think here we need to be clear about what we mean when we say no controls, we mean the lack of valid/proper controls. There is no detailed description in the actual "isolation" studies of how the controls

"In other words, the effect "virologists" falsely attribute to a "virus" is actually caused by the experimental procedure itself and has nothing to do with any alleged "virus"."

was set up, it's just assumed that they are identical by claiming "mock-infected" without actual confirming that this is so. What ingredients were used? What levels were the various ingredients in? For how long were the controls run? Were the controls using the same cell line? Were the controls using the exact same ingredients in the same exact same levels for the exact same period of time as the main tissue culture experiment? These are not questions where we can just assume the answer, we need these things answered in the studies themselves and none of these things are answered in the studies themselves.

When various questions regarding controls have been made to the various authors of the studies then what has resulted are either complete refusal to share the information of how they were set up or that the controls were not set up in the way they should have been which is identical with the only difference of being the sample having no alleged "virus" which you again assume by referring to the definition of mock-infected. A good example of this is the documented measles trial with Dr Stefan Lanka where he won because none of the 6 studies that got presented had proper controls and why is this important? Because the whole foundation of modern "virology" is based on the Enders paper from 1954 that was refuted by the expert witness because of a lack of proper controls. Even in the Enders paper from 1954 with a limited control it showed that the same cytopathic effect could not be distinguished from the one with the sample of the alleged measles "virus". In other words, the effect "virologists" falsely attribute to a "virus" is actually caused by the experimental procedure itself and has nothing to do with any alleged "virus".

During the measles trials Dr Lanka also contacted 2 independent laboratories and asked them to do the proper controls that "virologists" have failed to do since 1954 where the head of one of these laboratories summarized it:

"Depending on the non-viral and non-infectious substances added, changes in cell morphology could be observed at different times, which since 1954 is always equated with the "isolation" of the "measles virus". Particularly after the addition of high concentrations of penicillin/streptomycin (20%) or cultivation under deficiency conditions (1% FCS), changes in the cell morphology were found that were microscopically identical to the syncytia formation described as the measles virus. The studies have clearly shown that syncytia formation is not specific for measles infection. Thus, the forgotten observations of both Enders & Peebles as well as Bech & von Magnus have confirmed that Enders & Peebles and successors proving the existence of a virus with this technique was only assumption."

"The measles control experiment told by the head of an independent laboratory in Germany" https://truthseeker.se/measles-control-experiment-told-by-the-head-of-an-independent-laboratory-in-germany/

We can argue as much as we want about the tissue culture experiments, they are not the core issue here as far as I am concerned. The core issue is that in order for an experiment to even be an experiment we first need to have what we claim to exist in our hands. If I want to do experiments with fairies and unicorns I first need to prove their existence by observation of them in nature and then have them isolated before I attempt to do experiments with them. So first we need to establish the existence of "viruses" by direct observation in nature meaning BEFORE any experimentation or combination with other genetic material like a tissue culture/viral transport medium. Then we need to isolate and purify the alleged "viruses" and have this step actually verified and not just assumed, then and only then can we attempt to do experiments with them none of which has ever been done.

WHY NOBODY "HAD, CAUGHT OR GOT" COVID-19

BY DR MARK BAILEY

16 Oct 2022

http://drsambailey.com

RECENTLY I SPOKE to an international consortium of doctors and researchers about the COVID-19 situation and the issue of virus existence. I was asked whether I thought COVID-19 cases were fictional in nature, which is an interesting question. It goes beyond the matter of whether pathogenic viruses exist and are the cause of disease. It also allows us to address the frequent claim people make that whatever COVID-19 is supposed to be, they "got it," based on their experience or one of the so-called tests they took. Let's examine why there is no "it" even though there are lots of "cases"…

When most people hear the word "case" in a medical context there is a natural tendency to think that the individual being counted has an actual disease. It may come as a surprise that this is not a requirement at all because in the field of epidemiology it can be defined as simply, "the standard criteria for categorizing an individual as a case." 'Standard criteria' can be anything and this opens the door to all sorts of misuse and misinterpretation. In fact, it has been used to propagate outright fraud, as Dr John Bevan-Smith and I documented last year in "The COVID-19 Fraud & War on Humanity."

In 2020, Sam published a video "What is a COVID-19 case?," which succinctly outlined the problems of the World Health Organisation's COVID-19 'case' definition. It is evident that the cases are "confirmed" by in vitro (outside the body) molecular detection assays – in 2020 that was mostly PCR kits and today we also have the widely-deployed Rapid Antigen Tests, which I have discussed in another article. Whatever tests are being used, they have been completely disconnected from the concept of disease. By mid-2020, it was more than apparent that COVID-19 was not a clinically defined condition. A Cochrane review published in July that year concluded that, "based on currently available data, neither absence nor presence of signs or symptoms are accurate enough to rule in or rule out disease." In other words, COVID-19 cases can be solely determined by molecular "tests" such as the above-mentioned ones.

It is astounding that the vast majority of the medical community went along with this nonsense, including many of those who have been opposed to the "pandemic" responses. What does it mean to diagnose or treat a "case" of COVID-19? Even some PCR critics have been gaslit by debates about the "accuracy" of the PCR and appropriate cycle threshold limits in determining 'cases'. However, this falls back into the same trap, that these particular tests are capable of telling them something useful about the condition of a person. They think the PCR just needs to be tweaked in a certain way so it can be used as a diagnostic tool. For clarity, I am not talking about clinically-validated molecular assays with known diagnostic specificity and sensitivity such as urine pregnancy tests. Sam has covered the pertinent differences in her video "COVID-19: Behind The PCR Curtain."

"Beyond the medical community, the public have been deceived by linguistic legerdemain where the PCR or Rapid Antigen Test results are then called, "cases of the virus," or, "cases of infection," by public institutions and the corporate media."

Beyond the medical community, the public have been deceived by linguistic legerdemain where the PCR or Rapid Antigen Test results are then called, "cases of the virus," or, "cases of infection," by public institutions and the corporate media. This is a game of deception because the WHO's own definition of a case has been completely misrepresented. If they were honest they would say, "cases of a detected chemical reaction in an assay." However, this would have failed in the marketing department and nobody would have bought into the pandemic narrative in 2020.

In summary, there are indeed cases of COVID-19 but the case definition has been disconnected from the concept of disease. The Johns Hopkins "COVID-19 Dashboard" displays hundreds of millions of meaningless cases, which look impressive to the uninitiated viewer. However, knowledge of how these numbers have been produced brings an understanding that we have just witnessed a pseudo-pandemic, or what Virus Mania's Dr Claus Köhnlein christened a "PCR Pandemic" in 2020.

The COVID-19 fraud and the concept of "cases" is illustrative of a wider problem concerning medical training and practice within the allopathic paradigm. It is one that I am acutely aware of, having been in the conventional medical system for two decades until my exit in 2016.

The paradigm is based on claimed disease entities, many of which are allegedly caused by one "pathogen" and are supposedly treated with one "magic bullet." Medicine was subverted in this way last century after the implementation of the Rockefeller-backed Flexner Report and has never recovered. Dr Montague Leverson pointed out an example of this misguided thinking about disease as far back as 1909:

"You here assume smallpox to be a thing, an entity. This blunder is committed by nearly all the followers of the self-styled "regular school", and it will probably be a new idea to you to be told that neither smallpox nor any other disease is an entity, but is a condition."

Dr. Montague Leverson, Bridgeport Evening Farmer, Connecticut USA, August 21, 1909.

One of the worst things that can happen when visiting an allopathic doctor is being labelled with a disease entity. Medical practice has deteriorated into protocol-driven paradigms in which the practitioners blindly follow pathways and tick boxes. Hapless patients are given a tag and then subjected to prescribed "treatments" rather than being advised on how to help cure their body's real problem. One silver lining to the COVID fiasco is that it blatantly exposed the nature of the medical system to many people and they could see that it cannot help them with achieving true health.

New Zealand's Dr Ulric Williams was another who understood the follies of attempting to classify disease "cases" through not only investigations but also through criteria involving symptoms and signs. Rather, he identified these patterns as healing crises and the body's attempts to restore itself to health. On that note, we are pleased to announce that we will soon be publishing a book that will once again make Dr Williams' wisdom and curative methods available to the world.

We are frequently asked about what really makes people ill if it is not "viruses" or other disease entities. It is a matter of changing our way of thinking from the misleading model of getting or suffering from "it" to a new understanding of what our body is trying to do to get well again.

Mark Bailey is a microbiology, medical industry and health researcher who worked in medical practice, including clinical trials, for two decades.

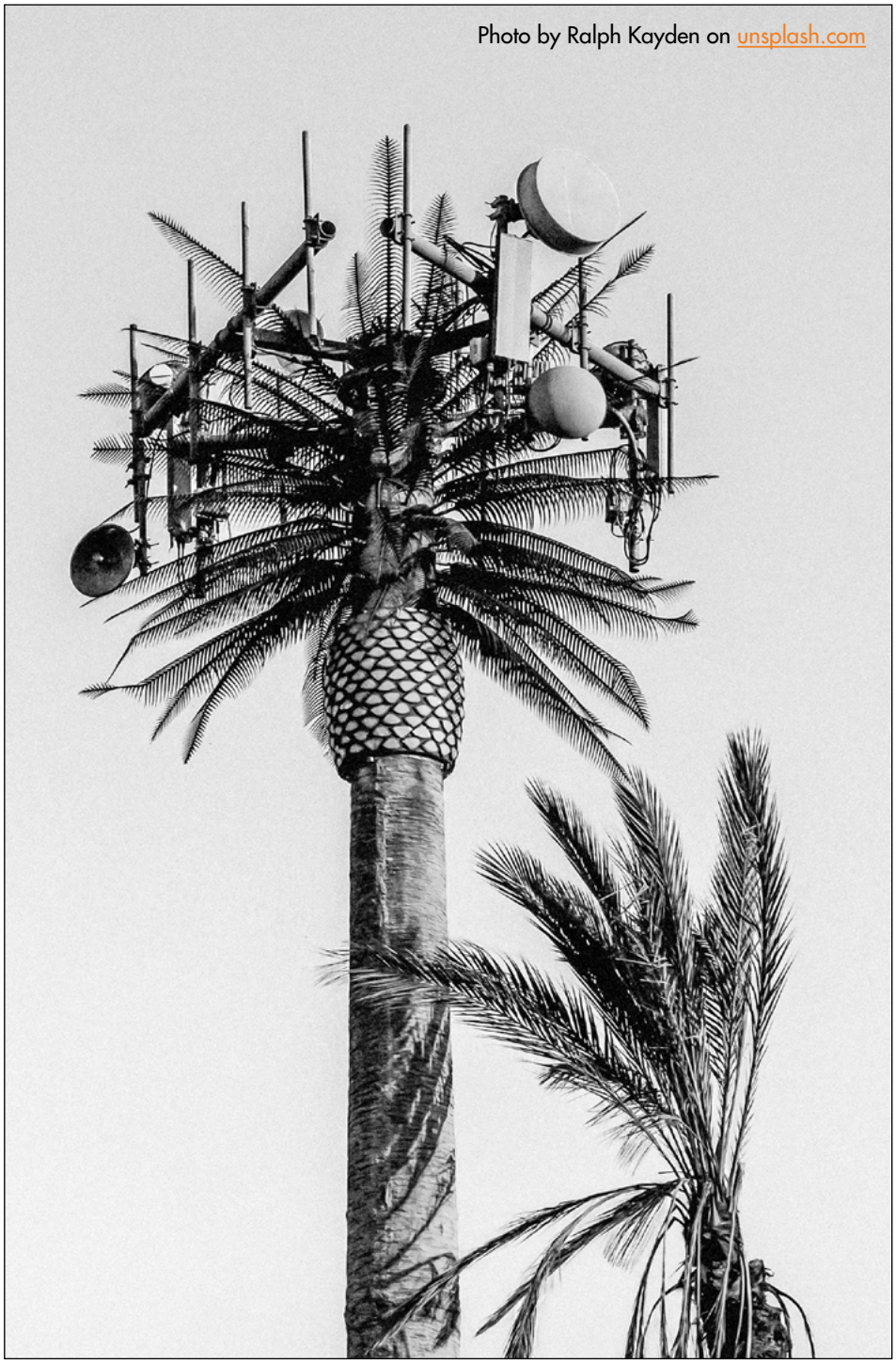


Photo by Ralph Kayden on unsplash.com

ACUTE EXACERBATION OF CROHN'S DISEASE AFTER COVID-19 PFIZER VACCINE

LATYPOV L, MD, KHAN A, MD, ET AL
ST PETER'S UNIVERSITY HOSPITAL, NEW BRUNSWICK, NJ.
THE AMERICAN JOURNAL OF GASTROENTEROLOGY
OCT 2021 - VOL 116 ISSUE P S1025

BRIEF EXTRACT

Discussion: During the past decades, there has been growing awareness of possible adverse events associated with vaccinations. When coming to COVID-19 vaccine, it is further complicated by the nucleic acid formulation and the accelerated development process imposed by the emergency pandemic situation.

Currently formulated mRNA vaccines coding for the SARS-CoV-2 full-length spike protein have shown the highest level of evidence according to the efficacy and safety profile in clinical trials. Although the results from phase I and II/III studies have not raised serious safety concerns, patients with underlying immune-mediated disease were not specifically studied. mRNA vaccines may give rise to a cascade of immunological events eventually leading to the aberrant activation of the innate and acquired immune system that can be potentially associated with exacerbation of conditions involving dysregulated immune responses such as Crohn's disease.

TIME TO ASSUME THAT HEALTH RESEARCH IS FRAUDULENT UNTIL PROVEN OTHERWISE?

THE BMJ OPINION BY RICHARD SMITH, FORMER BMJ EDITOR.
July 5, 2021
https://blogs.bmj.com/bmj/2021/07/05/time-to-assume-that-health-research-is-fraudulent-until-proved-otherwise/

EXTRACTS

Health research is based on trust. Health professionals and journal editors reading the results of a clinical trial assume that the trial happened and that the results were honestly reported.

As I've been concerned about research fraud for 40 years, I wasn't that surprised as many would be by this figure, but it led me to think that the time may have come to stop assuming that research actually happened and is honestly reported, and assume that the research is fraudulent until there is some evidence to support it having happened and been honestly reported. We have long known that peer review is ineffective at detecting fraud, especially if the reviewers start, as most have until now, by assuming that the research is honestly reported. I remember being part of a panel in the 1990s investigating one of Britain's most outrageous cases of fraud, when the statistical reviewer of the study told us that he had found multiple problems with the study and only hoped that it was better done than it was reported. We asked if he had ever considered that the study might be fraudulent, and he told us that he hadn't. We have now reached a point where those doing systematic reviews must start by assuming that a study is fraudulent until they can have some evidence to the contrary.

Research fraud is often viewed as a problem of "bad apples," but Barbara K Redman, who spoke at the webinar insists that it is not a problem of bad apples but bad barrels if not, she said, of rotten forests or orchards. In her book Research Misconduct Policy in Biomedicine: Beyond the Bad-Apple Approach she argues that research misconduct is a systems problem—the system provides incentives to publish fraudulent research and does not have adequate regulatory processes. Researchers progress by publishing research, and because the publication system is built on trust and peer review is not designed to detect fraud it is easy to publish fraudulent research.

The business model of journals and publishers depends on publishing, preferably lots of studies as cheaply as possible. They have little incentive to check for fraud and a positive disincentive to experience reputational damage—and possibly legal risk—from retracting studies. Funders, universities, and other research institutions similarly have incentives to fund and publish studies and disincentives to make a fuss about fraudulent research they may have funded or had undertaken in their institution—perhaps by one of their star researchers. Regulators often lack the legal standing and the resources to respond to what is clearly extensive fraud, recognising that proving a study to be fraudulent (as opposed to suspecting it of being fraudulent) is a skilled, complex, and time consuming process. Another problem is that research is increasingly international with participants from many institutions in many countries: who then takes on the unenviable task of investigating fraud? Science really needs global governance.

Stephen Lock, my predecessor as editor of The BMJ, became worried about research fraud in the 1980s, but people thought his concerns eccentric. Research authorities insisted that fraud was rare, didn't matter because science was self-correcting, and that no patients had suffered because of scientific fraud. All those reasons for not taking research fraud seriously have proved to be false, and, 40 years on from Lock's concerns, we are realising that the problem is huge, the system encourages fraud, and we have no adequate way to respond. It may be time to move from assuming that research has been honestly conducted and reported to assuming it to be untrustworthy until there is some evidence to the contrary.

Richard Smith was the editor of The BMJ until 2004.

SMALLPOX VACCINATION

DR M BEDDOW BAYLY
PUBLISHED BY THE NATIONAL ANTI-VACCINATION LEAGUE, CIRCA 1954

EXTRACT:

WHEN Dr Charles Creighton, acknowledged to have been the foremost epidemiologist of the 19th century, was asked to contribute an article on smallpox vaccination to the Encyclopaedia Britannica, he made a thorough study of the whole subject. As a result, he came to the conclusion, in spite of his natural bias in its favour, that vaccination was devoid of scientific foundation and "affords no protection against smallpox." The anti-vaccinists, he declared, "have knocked the bottom out of a grotesque superstition."

Nevertheless, we must grant that even a superstition may exert a strong psychological influence. No doubt the sense of protection induced by a belief in the practice may be a factor to be taken into account. On the other hand, the continuance of vaccination for over 150 years (often under the enforcement of compulsory laws) must have had an incalculably adverse effect upon the health and stamina of mankind.

In this country, where in recent years (1949-52) less than one-third of the infants born have been vaccinated, it is noteworthy that deaths from the effects of vaccination have for long exceeded the deaths from smallpox: in the 22 years ending December 1953, only 2 children (under 5 years) died from smallpox, but 100 died from vaccinia. How many lived subsequently with impaired teeth, skin eruptions, and all the long catalogue of diseases that have been attributed to vaccination, is anyone's guess. A well-known textbook mentions: erysipelas, boils, eczema, gangrene, impetigo, pemphigus, tetanus, psoriasis, and pyemia among other ill-effects of vaccine-lymph.

ACUTE DISEASE IN CHILDHOOD

EXTRACTS FROM CHAPTER XXII, HYGIENIC CARE OF CHILDREN BY NATUROPATH HERBERT SHELTON, 1931.

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.

Another extract from same chapter, p180..

The eruptive diseases all represent eliminative efforts through the skin. Abundant proof of this has been given in my "Human life, It's philosophy and Laws." A little orthodox testimony about one of these conditions, however may be appropriate here. Sir Wm. Osler, says, "If survived, an infection, such as confluent smallpox, seems to benefit the general health." Sir Wm. Broadbent declares, "smallpox has been known to eradicate consumption." In the Lancet, London, Jan. 10, 1925, Dr R W Jameson calls attention to the discharged smallpox cases "obviously benefitted by their stay in the country hospital," whilst, "the so-called protected children are little bundles of misery with bad vaccination arms."

The benefits derived from such a cleansing are also seen following measles, scarlet fever, chicken-pox, etc. All are similar in character.

"IT IS QUITE CERTAIN THAT THE DISAPPEARANCE OF VARIOLA IS NOT DUE TO VACCINATION: INDEED, IT IS ALMOST EQUALLY CERTAIN THAT HAD VACCINATION NOT BEEN PRACTISED SMALLPOX WOULD HAVE VANISHED EARLIER ~ *J E R MCDONAGH*"

Bacteriologist J E R McDonagh, FRCS, wrote in the Medical World 26 July 1940.

IMPRISONED BY LIES: ONLY THE TRUTH WILL SET YOU FREE

by Patrick Quanten MD

WE ARE SO DISCONNECTED from the truth that we are unable to recognize the lies that underpin our society. It is absolutely true that when you repeat a lie often enough that we believe it wholeheartedly and that we stop questioning what we are being told. *Everybody knows that …* becomes all the proof we need in order to continue. Even what we regard as scientific is based on lies, inaccuracies and on ignoring the truth even when it stares us in the face.

Although science was completely changed about one hundred years ago we are still being taught and told the knowledge that went before, even though our lives have been turned upside down by the new understanding. From a world seen as a machine of material things that bump into each other and connect on a physical level we discovered that life comes from, and is governed by energies rather than by matter. All interactions are energetic ones and the results are sometimes seen in the physical world as matter and how that matter changes. But even though we know this to be true, our experts are still being trained to believe and to tell us interactions happen in a physical manner.

The world they build around us, in contrast, is all based on knowledge and technology of energy. Things happen without there being a physical contact between bits of matter. Our technological world is energetic but the ordinary person has to continue living in the belief that the natural world operates like a physical machine.

Our view of health and disease is purely physical, even mental and psychiatric conditions are, so we are told, caused by chemical imbalances, not by energetic imbalances. Here are some pertinent examples of obvious lies by any scientific standard. Sadly it is what we all believe to be true. What we should believe, because it is scientifically true, is printed in italics.

Patrick Quanten MD

"From a world seen as a machine of material things that bump into each other and connect on a physical level we discovered that life comes from, and is governed by energies rather than by matter."

- An inflammation is a disease caused by an irritation of the tissues. There is a direct interaction between a physical event impacting the tissues and the reaction from the tissues. The interaction is chemical and needs to be combatted by chemical means. – *An inflammation is a natural healing reaction from the physical body to try and cope with high energetic pressure within the life of the individual.*
- An infection is caused by the infiltration of a germ, a disease-causing organism, into the body. This infiltration happens as a result of physical contact between the person and the presence of this germ in our direct environment. – *An infection is the next step up from an inflammation that occurs naturally when the inflammation reaction is insufficient to reduce the high pressure field within the life of the individual. Both are natural responses within any living organism to deal with excess energetic pressure on that individual life. The excess pressure is the cause of the disease and the infection is part of the healing response.*
- The immune system protects us from becoming ill by way of producing antibodies, T-lymphocytes and B-lymphocytes. – *Protection against disease is being achieved by balancing the energetic field of the organism. Living a life whereby your personal energies are balanced, not strained, protects you from being out of balance, which is the definition of being ill.*
- Cancer is an uncontrollable proliferation of abnormal cells caused by toxic behaviour of the person, such as drinking alcohol, smoking, a toxic work environment, direct exposure to sunlight, and so on. Bear in mind that medically approved toxic interventions are not considered a cancer risk. They are (meant to be) curing you from diseases. – *Cancer is a natural defence mechanism to try and isolate the unrelenting high pressure within the life of the individual. It is the toxic behaviour of the person that results in cancer, not a product that is deemed to be toxic, as the same product used by another person does not result in cancer.*
- Diabetes is caused by the intake of high levels of sugar. – *Diabetes is a physical manifestation of being too sweet to others and not nice enough to yourself.*
- Digestive diseases such as Crohn's disease, coeliac disease, chronic gastritis, and allergic reactions, are caused by irritating chemicals in the ingested food. – *Digestive diseases are caused by the inability to digest life as it is for that individual, who is unable to cope with the pressure he or she is being presented with.*
- Asthma and emphysema are caused by irritating chemicals we inhale. – *Breathing problems are the result of not having enough air, not enough breathing space, in life. The person feels unable to be free within the life the individual is leading. He or she is being smothered to death.*
- Arthritis is caused by too much pressure on the joints. The damage is

caused by chemicals and chronic inflammatory reactions. – *Arthritis is caused by too much pressure on the life of the individual, who is unable to move freely through his life. The inflammatory processes that occur on a regular basis are natural reactions to try and withstand that pressure.*

- Heart disease and high blood pressure are caused by chemicals such as salt and cholesterol. – *High blood pressure is caused by high pressure, which is not being generated within the circulatory system but within the life of that individual as a whole. Heart disease is caused by the inability to lead life at the pace the individual requires.*
- Allergies are caused by toxic substances found in things we ingest, things we inhale, or things we touch. - *Allergic reactions are spontaneous warning signals of the system to avert us from certain energies that will disturb the energetic balance of the individual. The substances themselves and the surrounding atmosphere in which they are presented to the individual represent a set of energies that specific system at that specific times deems to be dangerous, too difficult to cope with.*

None of these require physical interventions in order to heal. All of them require taking a good look at your own life and making the changes that will ensure that the relevant pressures in life are diminished. Life is an energetic system, not a physical something. The physical part of life is an expression of the reality of life, which is a specific combination of energies.

Humanity has created a virtual world in which we communicate without any physical contact whatsoever, and yet we still assume that human beings have to exchange physical matter in order to communicate, in order to interact. We assume that we need the use of words in order to make ourselves understood. Although machines can interact with one another while physically being far apart, and yet we assume that human beings need to be in physical proximity in order for us to influence each other. Although we can operate and influence a machine by sending a signal, a wave frequency, we still assume that human beings cannot influence the world around them through the means of frequencies and vibrations. Although

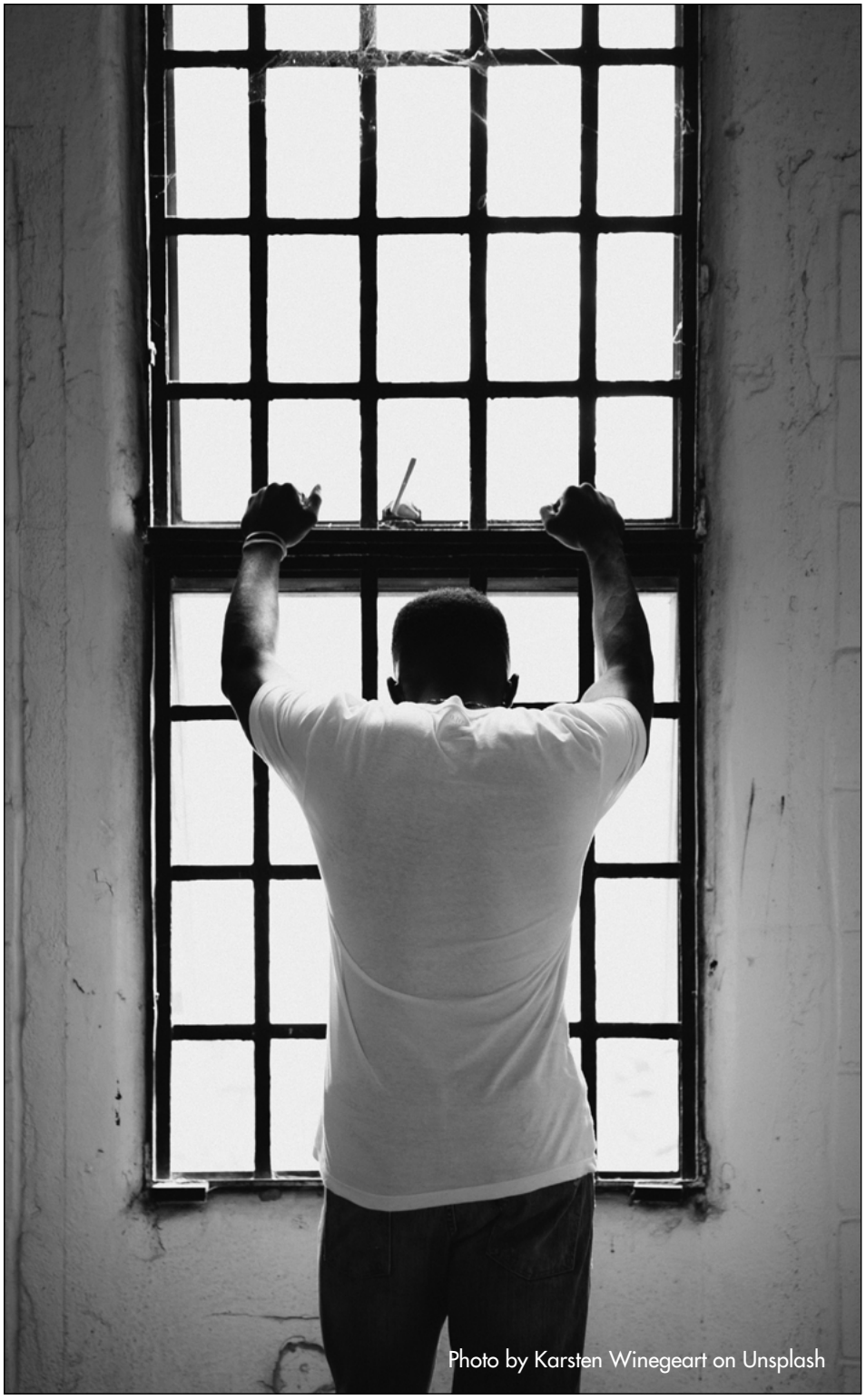


Photo by Karsten Winegeart on Unsplash

we use frequencies to alter our mood, by way of music, sound or colour (all specific frequencies) on the one hand, we still ignore, at the same time, the fact that our mood is influenced by the environment we live in, by the frequencies we are surrounded by.

Ill health is still seen as a physical imbalance. Ill health is still seen as the result of a physical interaction between 'good' and 'bad'. An individual's ill health is being explained by the general concepts of what is good or bad for a human being, for all human beings. A physical substance is determined to be either good or bad for all human beings, even though not all human beings suffer ill effects from exposure to that substance. In essence, if one person is deemed to have ill effects from a specific substance then the substance is said to be bad for all. Even though the medical profession acknowledges that some people have a 'bad reaction' to the specific substances, it is the substance they focus on and do

research about, not the specific individual who reacts badly to the substance.

Look at this concept from an energetic point of view. If we are told that a specific substance is 'potentially' bad for us, can kill us or make us ill, then we become afraid of the substance. We are now 'on the lookout' for that substance. An atmosphere of fear creates physical changes within the physical body whereby the tissues are constantly *on alert*, which means that they are operating under excess pressure. This physical system is, in nature, used for real life danger. It heightens all activity levels whereby a lot more energy is used in order to perform the ordinary tasks, as the organism now still has to eat, walk, use its senses, and at the same time has to be prepared to fight. All the time. There is no rest period anymore. Real danger has been replaced by *potential danger*, and the system responds as if it was real danger. Why would it do that? Because the *feeling of being threatened* is what causes the response, not the actual contact with danger. The energetic field has now been penetrated by 'the thought' of impending danger, which changes the physical functioning of that system. And when the system itself can no longer evaluate the reality of the sense of danger it has no option but to stay on the alert all the time.

Permanent alertness results in a breakdown of function and in death.

What are we being told to be afraid of?

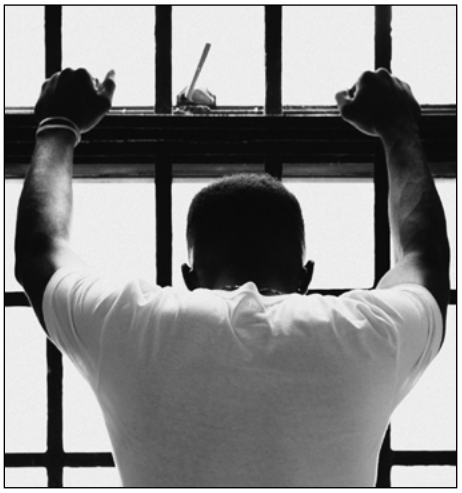
- Invisible organisms that will make us ill
- Invisible chemicals that will make us ill
- The natural world that might kill us
- Invisible terrorist human beings that might kill us
- Invisible diseases carried by human beings that might kill us when we come in contact with them

Any information that might contradict all of the above resulting in you being no longer afraid then your system eases up, pressure is reduced and normal function returns

We can separate the above in two basic categories: the natural world and the human world. The natural world contains all organisms and all chemicals. Human beings have been created by the natural world. We form an inherent part of that world and we have an energetic relationship with that world. It is a world that has existed way longer than human existence. As we are born out of the natural world, the question arises why do we need to be so afraid of it?

In nature, very occasionally a mother does not care for her offspring. The mother rejects the specific baby and yet the baby does not seem to be afraid of the mother as it keeps trying to get close to her. When we observe such a situation without interfering we soon will find out why the mother is rejecting the baby. The mother feels that there is something fundamentally wrong. She has an energetic connection with her baby and so she knows that it isn't worthwhile putting energy and effort into raising this child. The point here is that the child is not afraid of its environment, of the nature that brought him into being, even though he gets rejected by that environment. – *So why do we have to be afraid of the natural world that has created us?* What makes us believe the natural world is there to destroy our life, to make us ill? We don't get that idea from nature itself, which provides us with everything we truly need in life. Why would it then, at the same time, try to get rid of us?

The human world and the human beings in it, we also have to be afraid of. Obviously, the human world is divided into various groups as, same in nature, there is strength and thus safety in numbers. People are divided by what they believe to be true. In other words, they are divided by belief, by conviction, by a narrative. One group believes this story to be true, and another believes a different story. As the one group doesn't understand what the other believes in, they mutually become afraid of each other. Their leaders can keep the group together by emphasising the potential dangers posed by the other group, the outside world if you like. Their leaders promise to protect the group against outside



"When someone else controls your fears and interactions – tells you what is good for you and what is bad for you – your system will be forced into two modes, which are no longer connected to the natural reality of your life."

infiltration. In order to feel protected and to be able to carry on living, 'with a feeling of being safe', people have to guard their beliefs. Sticking to the one narrative safeguards the basic structure of their human society. Fear keeps the group together and the leaders in power.

Keep the groups with different beliefs apart and peace reigns forever.

When people get a feeling of being well protected, of being safe within their everyday life, they relax. They have time and energy to observe the natural world and the world they have created and within this homogenous group various differences will begin to surface. When we no longer all focus on an outside potential threat we have time and energy to look at our own lives and that of our direct neighbours in a bit more detail. Every individual has a different, a separate, life because they are not all the same and they do not experience life in the same way. But when they allow each other 'to believe' what they want or need to believe in, peace continues to reign amongst the population. However, no longer having one narrative, one enemy, that fully unites the group weakens the power of

the leaders. There are dissidents, individuals with different opinions, amongst their people. – Their people? Are individuals the possession of the leaders?

When people are at ease within their daily existence they do not care much for authority. There are hardly any significant conflicts and no need for authority to intervene. But when you manage to make people afraid of the differences within the group itself, when you emphasize the fact that such differences are going to destroy life as you know it, conflict arises and with it the need for 'guidance' and control. Take note of the fact that somebody implants the new idea that differences amongst the individuals within the group *is going to* destroy your individual life. It is a prediction, not a reality. It is a danger created in a future that has no roots in today's reality. Once again, it is an invisible enemy. The danger is a *belief* that something *possibly might* be bad for me.

Bring out the differences between the individual specimens that are inherent to the natural world and you will have the power to shatter peace and harmony amongst people forever.

The natural world exists and evolves as a result of differences. And here is another important truth about the natural world. It is full of energies. One characteristic of energies is that it has no location. It doesn't take up any space, excluding other energies from the same space. All energies, frequencies, exist within the same space, but not all energies interact, have an influence, on all other energies at all times. Energies *interact*. This means that there is 'an action' on both sides and it is this action on both sides that creates an inter-action, an interference within the energies that interact. After the interaction, they are both different from what they were before the interaction. That is scientific knowledge from the past one hundred years. What does this mean in relation to health and disease?

It means that an individual who becomes ill can no longer be regarded as the unfortunate victim of an assault or of 'bad luck' circumstances. An individual is an energetic entity and his surroundings form an energetic entity, and *together* they interact. An individual is only affected by his environment if and when he or she 'allows an interaction to take place'. The individual becomes a participant and therefore is co-responsible for the effect the environment has on his or her life. In plain terms, *if you don't allow something to affect you, you won't be affected by it.* But remember, the interaction happens in your energy field, not in your head. It is not about what you think you don't care about. This is about what you truly do not connect with, what you truly don't give a monkey's about. So, if you don't allow an authority to tell you what is good or bad for you as an individual you are not affected by what they think or believe to be true. In that instance you live your own truth.

Now put the two things together. As an individual in charge of your own life you will care about things that you experience to be vital to your life. Your own experience determines your interactions and your fears. When someone else controls your fears and interactions – tells you what is good for you and what is bad for you – your system will be forced into two modes, which are no longer connected to the natural reality of your life.

1. You will open yourself up to things you don't need (because they are 'good' for you) and you will close yourself off from things that are essential to you (because they are 'bad' for you).
2. You will live on permanent high alert for invisible dangers that might attack you at some future junction in your life.

The first denies you your personal balance with your living environment and the reality of your life.

The second ensures you live constantly in a high pressure zone, draining away your life energy quickly.

Within the human world there can be no absolute truth. Every belief represents a truth, confined to the limits of that belief. In other words, everybody is right, viewed from within their own belief system. But nobody holds any truth about another person, about another belief system. So, internally one can agree to have a truth, but this 'truth' cannot be exported to another community, to another belief system.

In contrast, the natural world only has one truth. The entire creation follows one set of rules for their energetic exchanges. Always the same. Never any different. In other words, the natural world lives by its absolute truth, which creates a great diversity within that world, helping it to grow and evolve. And there does not exist any lies within that world. Every physical expression is the absolute reality. There is no doubt about the truth of what we observe within the natural world. We can rely on the fact that everything is true, and beginning from within that concept we can start to learn to comprehend and to understand the truth about life and about nature. Nature is the only source for truth we have. Humans are still residing in a land where the blind lead the blind. We are still waiting for the one-eyed to become king in the land of the blind.

No general statement from any human being with regard to life can be considered truthful. Not about the state the planet is in. Not about the climate. Not about the energy sources. Not about the cosmos. Not about the need for artificial intelligence.

It is perfectly possible for human beings to live in harmony with the world that produced us. The two key changes we need to make in order for this possibility to fully emerge is on the one hand, no longer to be afraid of the natural world and on the other, to take full responsibility of the choices we make, conscious choices as well as unconscious ones. We can be part of the natural world without having 'to protect' ourselves against it.

Nature is the mother that created us. We need to be good little children and learn from mother nature, instead of trying to change her. In spite of all our efforts nature will always prevail. It won't allow us to tell it what it should be and how it should function.

Humanity can do with a large dose of humility to replace arrogance.

Be quiet. Sit still. Learn your lesson in Nature's Truth Class.

November 2022.

DOUBLE STANDARD OF SCIENTIFIC SCRUTINY

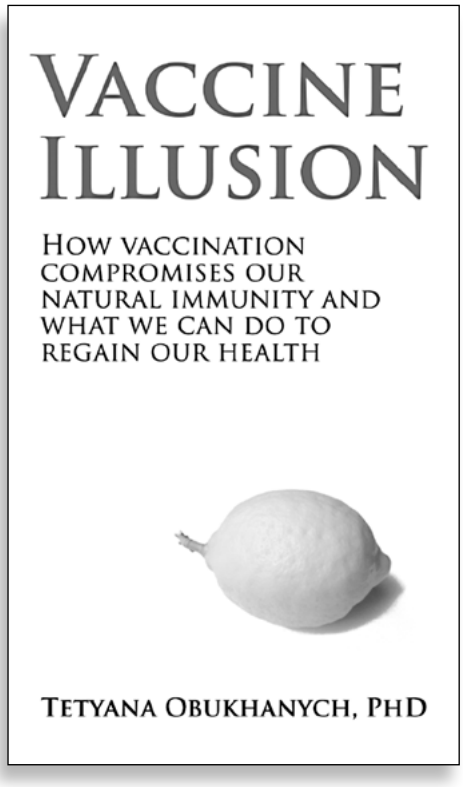
EXTRACT FROM: 'VACCINE ILLUSION – HOW VACCINATION COMPROMISES OUR NATURAL IMMUNITY AND WHAT WE CAN DO TO REGAIN OUR HEALTH' BY TETYANA OBUKHANYCH, PHD(2012)

Pages 27-34: How do we know that the tetanus toxoid vaccine currently in use is effective in tetanus prevention? Actually, we do not know that. The scientific way of knowing (a.k.a. evidence-based science) is through conducting randomized controlled trials (RCT). Tetanus toxoid vaccine has not been subjected to an RCT to test its effectiveness in tetanus prevention. The vaccine was introduced into the civilian US population in 1947 simply because its use in the US military during World War II has been deemed "successful".

The conclusion of "success" was based on the following reasoning. During World War I, 70 unvaccinated US soldiers have contracted tetanus, which amounted to 13.4 cases per 100,000 wounds. On the other hand, in World War II 12 US soldiers (six fully and six partially vaccinated) were reported to succumb to tetanus, which amounted to only 0.44 cases per 100,000 wounds (http://www.nejm.org/doi/full/10.1056/NEJM194709112371108).

Although the reduction in tetanus frequency among wounded soldiers during WWII compared to WWI is apparent, any conclusion about the role of the tetanus vaccine in this reduction is scientifically invalid. Only an RCT could have established whether the vaccine should receive the credit. Otherwise, we can reasonably speculate that the reduction in tetanus during WWII compared to the previous war was simply due to better wound hygiene and better nutrition of the US soldiers.

In the civilian US population, tetanus mortality had been dropping dramatically during the first half of the 20th century before the vaccine introduction, and it continued to drop further after the vaccine introduction (http://www.ncbi.nlm.nih.gov/pubmed/4885059). Therefore the vaccine's role in tetanus reduction in the US population cannot be inferred from the tetanus mortality statistics either.



"The assumed mechanism of antibody protection does not make much sense either, since the toxin acts in the central nervous system, not in the blood. Antibodies simply cannot reach the immuno-privileged central nervous system. How can they possibly neutralize the toxin there?"

Finally, medical literature contains numerous case reports on tetanus victims (including fatal cases) who had been vaccinated and had high levels of presumably protective antibodies in the blood. According to the dogma of antibody-mediated protection against the toxin, these tetanus victims should have been protected, but they were not.

The assumed mechanism of antibody protection does not make much sense either, since the toxin acts in the central nervous system, not in the blood. Antibodies simply cannot reach the immuno-privileged central nervous system. How can they possibly neutralize the toxin there?

Let us now take a look at another procedure for tetanus treatment: intravenous (i.v.) vitamin C administration. A controlled but not randomized trial of i.v. vitamin C treatment of tetanus was conducted in Bangladesh in 1984 (http://www.ncbi.nlm.nih.gov/pubmed/6466264). The control group received standard care for tetanus, which included TIG (human tetanus immunoglobulin), antibiotics, and sedatives.

The test group received one gram per day of i.v. vitamin C in addition to the standard care. The outcome measure of the trial was survival versus death. In the control group, about 70% of patients died on standard care (which included TIG!). In the vitamin C test group, 0% of patients below the age 12 died, and about 30% of patients above the age 12 died.

Based on the critical evaluation of this clinical trial, vitamin C was not recommended for introduction into standard medical practice for tetanus treatment (http://www.ncbi.nlm.nih.gov/pubmed/18425960). Because the trial was not reported as randomized, it provided only preliminary evidence of vitamin C effectiveness in tetanus treatment.

Randomization of patients to the treatment versus placebo group is indispensable to assure the general validity of the trial outcome. Therefore, there is no question about the necessity to repeat this promising vitamin C trial correctly to satisfy stringent requirements of modern evidence-based science before we can be absolutely certain that i.v. vitamin C administration is an effective cure of tetanus.

The question, however, is why stringent requirements of evidence-based science have been applied to the safe, cheap, and non-profitable treatment, such as i.v. vitamin C administration, whereas the tetanus toxoid vaccine and TIG 31 treatment have made it into the

standard care for tetanus prevention and treatment bypassing any requirement of the evidence-based process. The vaccine and TIG treatment are backed up by no clinical trials whatsoever; they rely upon a hypothetical mechanism of action that does not make biological sense, and there are plenty of case reports attesting their failure. How can this be? Why is there such a double standard of scientific scrutiny when it comes to vaccines and its derivatives?

The field of vaccine development, backed up by immunologic theory, maintains that as soon as some mishmash of biological matter has acquired the label vaccine by virtue of its ability to induce antibody production, it is immediately assumed to be effective in disease prevention without any further effort to demonstrate this for a fact.

For the purposes of demonstrating vaccine's effectiveness in disease prevention, one random half of the trial participants would be given a placebo instead of the vaccine blindly - that is, without the subjects or the doctor knowing what has been

"The vaccine and TIG treatment are backed up by no clinical trials whatsoever; they rely upon a hypothetical mechanism of action that does not make biological sense, and there are plenty of case reports attesting their failure."

received. This practice is deemed unethical, because in principle the placebo control group would be purposefully allowed to contract the disease during the course of the trial. Modern biomedical ethics simply cannot let this happen.

Therefore, vaccine effectiveness in disease prevention is rarely studied directly. Instead, it is inferred from the vaccine's demonstrated efficacy in inducing antibody production and from the interpretation of the disease statistics after the vaccine is introduced into general population.

If the disease incidence continues to go down after the vaccine introduction, the vaccine takes the credit. If the disease incidence goes up after the vaccine introduction, well... Then the conclusion is that the vaccine is simply not being given frequently enough, which prompts the introduction of yet another booster shot into the vaccination schedule.

It is unethical and politically incorrect to demand that vaccine effectiveness in disease prevention be established by an RCT. But we might want to ask ourselves: is it ethical to approve a biologically invasive and clinically risky procedure, such as vaccination, without direct evidence for its effectiveness in disease prevention?

Is it ethical to have a healthy baby with no imminent threat of contracting a deadly disease, risk undergoing an adverse vaccine reaction, without even guaranteeing the protection from this disease in future? Is it ethical to have a properly vaccinated person die from a disease the vaccine was intended for, but not proven to prevent?

We might not be aware that our certainty in the vaccines' protective effects has, for the most part, no solid evidence-based grounds. Are there theory-based grounds for imposing vaccination?

FERTILITY DECLINES NEAR THE END OF THE COVID-19 PANDEMIC: EVIDENCE OF THE 2022 BIRTH DECLINES IN GERMANY AND SWEDEN

BUJARD, MARTIN; ANDERSSON, GUNNAR (2022). SONSTIGE PUBLIKATIONEN

https://www.bib.bund.de/Publikation/2022/Fertility-declines-near-the-end-of-the-COVID-19-pandemic-Evidence-of-the-2022-birth-declines-in-Germany-and-Sweden.html?nn=1219558

FOLLOWING THE ONSET of the COVID-19 pandemic, several countries faced short-term fertility declines in 2020 and 2021, a development which did not materialize in Scandinavian and German-speaking countries. However, more recent birth statistics show a steep fertility decline in the aftermath of the pandemic in 2022.

We aim to provide data on the unexpected birth decline in 2022 in Germany and Sweden and relate these data to pandemic-related contextual developments which could have influenced the post-pandemic fertility development. We rely on monthly birth statistics and present seasonally adjusted monthly Total Fertility Rates (TFR) for Germany and Sweden.

We relate the nine-months lagged fertility rates to contextual developments regarding COVID-19 mortality and morbidity, unemployment rates, and COVID-19 vaccinations.

The seasonally adjusted monthly TFR of Germany dropped from 1.5-1.6 in 2021 to 1.3-1.4 in 2022, a decline of about 14 %. In Sweden, the corresponding TFR dropped from about 1.7 in 2021 to 1.5-1.6 in 2022, a decline of almost 10 %. There is no association of the fertility trends with changes in unemployment, infection rates, or COVID-19 deaths. **However, there is a strong association between the onset of vaccination programmes and the fertility decline nine months after of this onset.** *(TiP emphasis.)* The fertility decline in the first months of 2022 in Germany and Sweden is remarkable. Common explanations of fertility change during the pandemic do not apply in its aftermath. The association between the onset of mass vaccinations and subsequent fertility decline indicates that people adjusted their behaviour to get vaccinated before becoming pregnant, as societies were opening up with post-pandemic life conditions.

Our study provides novel information on fertility declines in countries previously not affected by any COVID-19 baby bust. We provide a first appraisal of the COVID-19-fertility nexus in the immediate aftermath of the pandemic.

WHAT IS DISEASE?

BY GEORGE S. WEGER, M.D.
AN AMERICAN PHYSICIAN AND NATURAL HYGIENE PROPONENT.
(September 2, 1874 – January 16, 1935)

EXTRACTS

Around this question man has built many philosophies of a speculative nature but very few stand the test of common sense reasoning. Equally appropriate would be the question, "Why is disease?"

In order that we may start rationally on the subject, it is absolutely necessary to change the commonly accepted point of view. Treatment of disease as generally applied presupposes that sickness must be combated, relieved, and cured. If we take for granted that so-called disease must be treated as a foreign invader, a usurper of rights, or an alien enemy, we must continue the vain search for cures.

Cures as they are misunderstood are in practically every instance merely the palliation or relief of symptoms. These symptoms are the objective or subjective signs of disharmony in the body. Each separate disease is named according to the location of its most prominent manifestations, plus the systems peculiar to the part involved in the process of irritation, inflammation or disorganisation. The reason that there is so much confusion of thought along these lines lies in the fact that people are taught to look for a separate and specific cause for each and every deviation from normal health. Primarily there is and can be but one universal cause. This cause is always operative within the organism itself, and the cause of this cause lies within the domain of every individual to overcome. It is within his own power to build disease and destroy health just as surely as it is within his power to destroy disease and build health.

More people are daily added to the ranks of those who believe this truth. But even these, who are as yet in the minority, find their vision clouded and their reason obstructed by their failure to grasp the significance of the question – "What is disease?"

Disease is the warning, and therefore the friend not the enemy of mankind.

It manifests itself in its various ways and forms, from a slight cold to the most severe inflammation, (such as for instance, as pneumonia) for the sole purpose of ridding the body of accumulated poisons.


George S. Weger MD

Once this viewpoint is accepted, one naturally asks, "Should the activity of this process be checked by artificial means or be assisted to more rapid termination? If it is a beneficent process, why not cooperate with it? Why fight it with powerful drugs and the other agencies usually employed to stop nature's effort to heal?

Because people are unwilling to admit responsibility for their own discomforts, they force their doctor to resort to the use of drugs to ease the pain or, by their insistence encourage him to continue his fruitless search for cures.

It is because of an erroneous belief in the cause of disease, a misconception as to what disease really means, that chaos and confusion exist today when order and reason should reign. As long as there is discomfort, there will be doctors to relieve it.

We are naturally inclined to be comfortable. If we are not, we want to be, and we seek relief in the shortest possible time by any measure that will bring it about. Once relieved, we want to be immediately about our business, which business is usually exactly what made us uncomfortable. Being creatures of habit, poorly adjusted to our environment, and generally creating or shaping our environment according to the laws of least resistance, we naturally continue to do that which makes us sick.

Lacking in knowledge of health laws and the inclination to reason correctly from cause to effect, we force ourselves out of the one discomfort into another. Each time a crisis is passed, we consider ourselves as having been cured. Thus we continue to live in false security, continuing our bad habits between and even during all acute exacerbations of an ever present Toxemia, until organic change takes place in one or more of our most abused organs. Then, instead of having an acute flareup of limited duration, we start down the slide of life on the toboggan of such chronic diseases as cancer, tuberculosis, diabetes, Bright's disease, pernicious anaemia, arteriosclerosis, paralysis, arthritis, heart disease, cirrhosis of the liver, or any of the states of disordered health, to that finality known as a complication of diseases.

Once having passed the border line where functional derangement ends and organic change begins, the process of disintegration can at best only be arrested or slowed down. Then nature forces a definite reversal which is more or less intelligently interpreted or realized by the sufferer. One seldom recognises one's limitations until organic change has taken place.

By reforming one's life at this time, eliminating all disease-building habits, comfort can be restored in most instances. Nature can and does tolerate a certain degree of pathology and permits us to live out our expectancy provided that we lighten her burden. She cannot carry the double load of impaired or destroyed function and at the same time hold a depleted nervous system at par and take care of three times as much food as she needs to make up for wear and tear and metabolic activity.

The cause of the disease may be a matter of days or of many years, but the general characteristics are the same..... Doctors detect the beginning of disease by the presence of symptoms.

Overworked emotions are often directly responsible for disease and aggravate all existing pathology by acting unfavorably upon digestion, assimilation, nutrition, and all excretory functions having to do with the elimination of waste products from the body.

To get well you must stop doing that which makes you sick. No disease can be successfully treated unless the surplus toxins are removed from the blood and tissues. Above all remember, that the more you feed a diseased body the more you feed the disease.

THERE ARE NO DISEASES

https://yummy.doctor/blog/there-are-no-diseases/

EXTRACTS

"There are no specific diseases only specific disease conditions" said the brilliant nurse Florence Nightingale.

Through her keen sense of the observations of the sick, she knew there were no germs causing a disease. As it was the environment that led to symptoms, the lack of fresh air to remove gaseous waste from the room that made the patients worse. She also said, "Badly constructed houses do for the healthy what badly constructed hospitals do for the sick. Once insure that the air is stagnant, and sickness is certain to follow."

When the filter is incorrect, or the lens we are using is warped, the conclusions too, are incorrect. So when people think there are "new sets of symptoms" they are trained to think that is a "new disease". This was done by the Rockefeller Medical cartel (creating disease characteristics) with the false germ theory at the helm. This was done to segregate and separate the knowledge of what really happens when our body wants to regulate. And when our bodies want to get back into homeostasis. They invented specific symptoms for "diseases", labelling the symptoms as "bad" and the disease "real". They then trained the MDs (and infiltrated our holistic medicine as well, NDs, DCs) to need a diagnosis just to be able to even think about what drug, treatment or suppressive therapy to administer.

Blinded by science, they are unable to look at a body and listen to the patient. And therefore, know what is wrong without testing or demanding a list of symptoms to match to a book. This is the modern medical paradigm and trap. The main problem with this is that not only is it a complete error to how the body functions. But also, it perpetuates the ignorance of both doctors and the patients. Many of whom cling to their diagnosis as if it were a crutch or a badge, staying in victimhood and feeling desperate and out-sourcing control to false authorities that simply prey upon them. This mind trap keeps everyone away from the truth, the empowerment and the freedom that terrain awareness can bring. No one needs a diagnosis to witness signs and symptoms and figure out which organ systems are involved. When we understand there are no viral, bacterial, or fungal "causes". Therefore, what we see are simply RESULTS and CORRECTIONS to an imbalance present in the system (toxins, cell communication problems, nutritional deficiencies, stress, pleomorphic cycles). And that the SYMPTOMS are the evidence of the correction, expression, and healing mechanisms in process. Then you realize there are no disease categories at all, as symptoms are not the disease. But they are the evidence of the correction of the root problem.

Keep in mind "science" (which has turned into politicized and weaponized consensus science) and how it almost totally ignores the fact that "germs" are pleomorphic and use faulty testing methods (antibodies, antigens, via ELIZA, AGID, PCR, etc. Which simply test for our own DNA/RNA cell wastes or associated proteins produced in detox). And they ignore the pH connection, and electromagnetic field influences (5G, dirty electricity, WIFI exposure, etc.). They make wild leaps of broken logic. For an example, assuming antibodies, which are simply waste removal tools are specific, when they are not. When you also understand there are deeper purge triggers that are seasonal (change of seasons). Or cyclical in other ways science hasn't even looked at. Depending on the chemical cocktail absorbed, eaten, and drank all the rest of the year the symptom picture will almost always change. This is because the symptoms are the methods of purification, removal, and rebalancing. The various chemicals and corrections will always have a varying add-mixture of symptom expression. This will always be the case, it will usually change slightly from season to season. Only those trapped in the false germ theory paradigm will misunderstand what is happening in the body. And categorize the varying symptom display as a "new disease". For example, in the pretend acute disease called Sars-2-Cov, which I have already shown is actually a testing pandemic jumped onto seasonal detox trends (usually called a flu). This testing pandemic is well explained in the following paper: https://researchreview.in/index.php/rr/article/view/78/119

In order to correct the terrain, the body will produce a similar admixture of symptoms for acute expressions of wastes. For example congestion (mucus), acute inflammation, fever, stomach purge (vomiting), bowel expression, skin expression, lung expression, muscle aches, fatigue, change in heart rate, change in appetitive, loss of taste and smell to encourage fasting, etc.

For chronic disease, you will always see results of long-term poisoning, purging issues, and deficiency. Or in some cases excess states, chronic inflammation, swelling, breakdown of tissues on many levels, weakness of the system, deficiencies leading to hormone imbalances, electrical insufficiency and all the combinations of thus. Just because this or that year is "harder" or "worse" or "different" should beg the question, what types of poisons have people been absorbing this year. And how has it led to the clever body having to figure out the best and safest route to eliminate them?

This is why it is VITAL that we toss out the germ theory hoax once and for all. And we can stop parading the lies we have been fed by evil drug lords and "professional" cartels. Remember how nature works and follow her lead.

Yummy Doctor: Amandha D Vollmer, BSc, Herbalist, Reiki Master, Holistic Health Practitioner, Degree of Doctor of Naturopathic Medicine.

"WHAT CRUEL MISTAKES ARE SOMETIMES MADE BY BENEVOLENT MEN AND WOMEN IN MATTERS OF BUSINESS ABOUT WHICH THEY CAN KNOW NOTHING AND THINK THEY KNOW A GREAT DEAL. ~ *FLORENCE NIGHTINGALE*"

THE PRESENCE OF GERMS DOES NOT CONSTITUTE THE PRESENCE OF A DISEASE

FROM: LOUIS PASTEUR VS ANTOINE BÉCHAMP AND THE GERM THEORY OF DISEASE CAUSATION

tinyurl.com/suh33cfc

EXTRACTS

We do not catch diseases. We build them. We have to eat, drink, think, and feel them into existence. We work hard at developing our diseases. We must work just as hard at restoring health. The presence of germs does not constitute the presence of a disease. Bacteria are scavengers of nature... they reduce dead tissue to its smallest element. Germs or bacteria have no influence, whatsoever, on live cells. Germs or microbes flourish as scavengers at the site of disease. They are just living on the unprocessed metabolic waste and diseased, malnourished, nonresistant tissue in the first place. They are not the cause of the disease, any more than flies and maggots cause garbage. Flies, maggots, and rats do not cause garbage but rather feed on it. Mosquitoes do not cause a pond to become stagnant! You always see firemen at burning buildings, but that doesn't mean they caused the fire...

Traditional Western medicine teaches and practices the doctrines of French chemist Louis Pasteur (1822-1895). Pasteur's main theory is known as the Germ Theory Of Disease. It claims that fixed species of microbes from an external source invade the body and are the first cause of infectious disease. The concept of specific, unchanging types of bacteria causing specific diseases became officially accepted as the foundation of allopathic Western medicine and microbiology in late 19th century Europe. Also called monomorphism, (one-form), it was adopted by America's medical/industrial complex, which began to take shape near the turn of the century. This cartel became organized around the American Medical Association, formed by drug interests for the purpose of manipulating the legal system to destroy the homeopathic medical profession.

"It has been suggested in the past that the electron-microscopic specks identified as viruses could, more than likely, be nothing more than particles of lifeless, degraded protein--disintegrated peptides from cellular death--catabolic residues of cytoplasm, or repair proteins produced by the cells in response to the imbalanced biological terrain."

Controlled by pharmaceutical companies, the complex has become a trillion-dollar-a-year business. It also includes many insurance companies, the Food and Drug Administration (FDA), the National Institutes of Health (NIH), the Centers for Disease Control (CDC), hospitals, and university research facilities. The microbian doctrine gave birth to the technique of vaccination that was blindly begun in 1796 by Edward Jenner. Jenner took pus from the running sores of sick cows and injected it into the blood of his "patients." Thus was born a vile practice (immunization/vaccination) whose nature has changed little to this day, and whose understanding is still clouded by Pasteur's theory. This also gave birth to the development of antibiotics, the first being penicillin in 1940. An antibiotic is the poisonous waste from one germ used in the attempt to kill another. Penicillin is the poison from a fungus. This has created the proliferation of aggressive and stubborn forms of resistant strains that haunt us today.

The Rife Universal Microscope, developed in the late 1930's and early 1940's, clearly established that germs (microorganisms) are the result of disease (scavengers of dead cells) rather than the cause thereof. If germs are involved, they arise as primary symptoms of that general condition. Though germs don't cause disease, secondary symptoms are produced in response to their activity (commonly called the disease). One reason the conventional medical community doesn't see the big picture is their means of looking at it. A lot depends on how you look at it and what you look at it with.

In the 3rd Edition, Basic Histology, Junqueira & Carneiro, 1980, we discover the limitations of the electron microscope in that the electron beam demands the use of very thin tissue sections enclosed in a high vacuum. The authors of these requisites state on page 9: "These conditions preclude the use of living material... and the electron beam on an object can damage it and produce unwanted changes in tissue structures. They take a living, changing scene (the blood), and disorganize it, by staining the blood sample. They then take a snapshot of this disorganized situation and interpret it as the entire story. During the study and interpretation of stained tissue sections in microscope preparations, the observed product is the end result of a series of processes that considerably distort the image observable in the living tissue, mainly through shrinking and retraction. It has been suggested in the past that the electron-microscopic specks identified as viruses could, more than likely, be nothing more than particles of lifeless, degraded protein--disintegrated peptides from cellular death--catabolic residues of cytoplasm, or repair proteins produced by the cells in response to the imbalanced biological terrain. It has been reported by researchers searching for the hypothetical "elusive virus," that viruses can "mimic" human tissue! They are human tissue.

BIOLOGICAL TERRAIN

A healthy or diseased biological terrain is determined primarily by four things: its acid/alkaline balance (pH); its electric/magnetic charge (negative or positive); its level of poisoning (toxicity); and its nutritional status. One critical symptom of diseased terrain is low oxygen. Another is a stoppage of movement or stagnation in the colloidal

body fluids between cells. Still another is loss of electrical charge on the surface of red blood cells. This contributes to a condition called rouleau, sometimes called "sticky blood."

Within a cell's wall, all the chemicals and components acting together make up life. Nothing within the cell is believed to be alive of itself. But, when you look at live blood, you can observe that microorganisms undergo an exact, scientifically verifiable cycle of change in their form. As profound as the change of a caterpillar to a butterfly, this evolution is even more fantastic, since it can happen quite rapidly (sometimes in a matter of minutes!). There are no enemies or specific diseases to fight. There is only the consequence of balance or imbalance. The universe seems to operate by keeping opposites in balance. When things get out of balance, a sign usually appears to make it known. Health is balance in the system. If you want to see a rough comparison of what's happening in a sick body, try not cleaning your house for about a year.

In that environment, all kinds of small "guests" will come out of nowhere to take up residence with you. Similarly, the stresses of our wrong eating habits and way of life "dirty up" our inner environment. Our terrain becomes overly acidic (pH imbalance)--paving the way for unwanted guests. In this unbalanced environment, morbid bacteria can issue from our own cells. These tiny life forms can rapidly change their form and function. Through a process called pleomorphism, (pleo = many; morph = form), bacteria can change into yeast, yeast to fungus, fungus to mold. Microorganisms such as a specific bacterium, can take on multiple forms. This is a change of function as well as shape. It's analagous to someone with multiple personalities, the person's physiology changes with the personality changes. Dr. E.C. Rosenow of the Mayo Biological Labs, and other bacteriologists, demonstrated that a media change could alter streptococci to pneumococci and the food change back would reverse pneumococci to streptococci. This showed that bacteria are scavengers of nature and being essentially bags of enzymes, alter their shape and enzyme production for the purpose of dissolving to its smallest element whatever dead tissue is present. In addition to pH and pleomorphism, we need to consider a most important concept--the difference between the symptoms of a disease and the disease condition. In pleomorphism, a so-called species is just a stage in the growth cycle of a family of beings. Each member functions differently and looks a lot different from the others.

What most people call a "disease" is really a symptom or a collection of symptoms. For example, cancer tumors are symptoms, which is why trying to fight them has resulted in the epidemic we have today. What people commonly think of as causes of disease, are symptoms. In this category are bacteria, yeast, and their descendants. When germs are involved in illness, they are producing, or influencing the body to produce, secondary symptoms. In orthodox medicine, these secondary symptoms are thought of as the disease. The answer though, lies in the condition of your terrain. Is it in balance? Or will it support the development of unwanted guests? Once it gets going, the imbalance becomes a vicious circle. In pH imbalance, body tissues are on the acid side. The acid condition is promoted by a number of things, the main ones being food types and poor digestion. In poor digestion, food is either fermenting or putrefying. In the early stages of the imbalance, the outer symptoms may not be very intense and are frequently treated (manipulated) with drugs. They include such things as: skin eruptions, headaches, allergies, colds and flu, and sinus problems. As things get further out of balance, more serious conditions arise. Weakened glands, organs and systems start to give way--thyroid, adrenals, the liver, etc.

Unfortunately, symptom manipulation plays a major role in creating worse symptoms later. But most people don't consider or realize this when they go for the quick medical fix. Even most doctors are not aware, or aren't telling. The medical/militaristic approach is a substitution of artificial therapy over natural, of poisons over food, in which we are feeding people poisons (drugs), trying to correct (attack) the reactions of starvation. Lack of understanding creates fear, but when we understand that both health and disease are created by our own living and eating habits, then there is no longer any fear of "germs."

Our individual immune systems are inescapably linked to the planet Earth, of whose substance we are made. The entire planet Earth, the complete geosphere, has its own functioning immune system, a self-protecting, regenerating, healing system. When we are not integrated in that system, or we harm that system, the inevitable result is our own degeneration. There is no blessing that anyone has ever received that was not linked to the Earth, even if it came from the Internet! Even the *British Medical Journal of November 1950 admitted: "With the best of care, heavy bacterial contamination of vaccine lymph is inevitable during its preparation, and as many as 500 MILLION organisms per ml. may be present..." This being true, if bacteria caused disease, everyone receiving their first vaccination would expire within 24 hours of inoculation.

**Effects of Penicillin and Streptomycin on Vaccine Lymph*
Br Med J 1950; 2 doi: https://doi.org/10.1136/bmj.2.4687.1035 *(Published 04 November 1950)*
Cite this as: Br Med J 1950;2:1035

TIME FOR ACTION UK FAMILIES AFFECTED BY HPV VACCINATION
www.timeforaction.org.uk

THE BLIND LEADING THE BLIND??

MAGDALENE TAYLOR,
EDITOR OF THE INFORMED PARENT

November 2022

MAKING AN INFORMED decision about whether to allow your baby or child to be vaccinated or not is something which is generally discouraged by your GP. Additionally most parents do not even consider declining the 'recommended' schedule for their child as it is presented as very safe and effective. This gives the impression that there is nothing to question and that the 'benefits outweigh the risks' which is the main reason why so many parents act on blind faith.

If any concerns are raised by the parents they are usually brushed aside or dismissed and the parents are reassured that side effects are extremely rare. In some instances parents have been encouraged not to read anything, especially online as it is likely to be 'disinformation' or 'misinformation' by 'anti-vaxxers'. Sadly most mainstream health professionals actually have a very limited knowledge on the subject and rely on guidelines and updates from the health department. They are ill-informed on the subject themselves and are only fed very bias information. You could liken it to the 'blind leading the blind'.

Back in December 2019 during a WHO summit meeting regarding vaccine safety you may be surprised to learn that one of the speakers, Prof Heidi Larsen stated that doctors were lucky if they had received half a days' training on vaccination during their medical education. Even then the 'training' would consist of only the presently established narrative, meaning the doctors are left in the dark on the broader picture and the questionable science behind the procedure etc.

Actually I would add that it is highly likely that neither the so-called health professionals or those in authority who they follow have actually studied health, and I wonder how many actually practice it in their own lives?

In my experience it generally tends to be the mother that initiates concerns and does most of the research. Many start with just a strong intuitive feeling that vaccination may not be beneficial for their child which then leads them on to research the subject in more depth. Others may have known a family member or close friend who suffered health issues, or worse, after receiving a particular vaccine leading them to have grave concern on the procedure.

What I would like to stress greatly is that it is important to take as long as you need to reach a decision. So many parents are under the impression that they have to decide by the date of their baby's first vaccination appointment, which is usually around eight weeks. This is certainly not the case, this is just the present recommended schedule time. If you are researching the subject

"You may be told by your GP or health visitor that by delaying the vaccines you are leaving your baby unprotected. This is very debatable as you may reach the conclusion, like other independent researchers, that the vaccines do not offer protection at any time, plus they are potentially harmful."

or if you are still unsure then you can quite simply cancel the appointment. It is usual that another appointment will automatically be sent to you, as the surgeries have certain uptakes to achieve for the baby vaccination programme and will be eager for you to bring your baby in to receive the recommended jabs. Obviously you can keep cancelling the appointments if you are still unsure, or you can let your surgery know that you do not wish to receive any further appointments, and that should you wish for your baby to be vaccinated at some time in the future you will inform them then and a date can be arranged.

Vaccines can be administered at a later age should you wish despite some health professionals giving the impression otherwise. So do not be bullied into making a decision at the recommended times. One of the reasons the schedule was made earlier for babies was because the mother attends the baby clinic more frequently in the early months so it is viewed as a good opportunity to achieve a high uptake. You may be told by your GP or health visitor that by delaying the vaccines you are leaving your baby unprotected. This is very debatable as you may reach the conclusion, like other independent researchers, that the vaccines do not offer protection at any time, plus they are potentially harmful. This is especially true for those who do not buy into Pasteur's germ hypothesis and that germs are the cause of disease. You are under no obligation to sign any papers in relation to you declining the vaccinations, since there is no legal obligation at this moment in time. I, myself, when declining the pre-school jab, back in the 1990s, for my eldest daughter was told by a rather intimidating practice nurse that I would have to put in writing that I would take full responsibility should my daughter develop diphtheria, tetanus and polio. In fact there was, and still is, no obligation to do that so I simply informed the nurse that I was only prepared to put in writing that the vaccinations were offered by my surgery but that I was declining them based on an informed and educated decision.

I feel in these kind of confrontational situations it is essential to remain calm and polite, and avoid being drawn into a negative or argumentative situation with your doctor, health visitor or practice nurse. You are not under any obligation to justify your vaccination decision, the vaccines are not compulsory - it should be as simple as saying 'No thank you.' Health professionals vary greatly and over the years I have spoken with parents who have experienced enormous pressure, hostility, intimidation and sometimes threatening behaviour from them. Others have found their GP or health visitor to be sympathetic and understanding as regards to their vaccination decision.

One tip I have suggested to parents is that if they are invited to discuss their vaccination concerns with their doctor

or the consultant paediatrician at the local hospital, then it is useful to take a note pad and pen and jot down a few notes whilst listening to the doctor. Firstly, the doctor may be more careful as to what statements they make, and secondly, at the end of the discussion you can always refer back to various statements that they made and ask them if they could provide references or further published information for you to read through. At that point you could simply thank them for their time and inform them that the information they have given will help towards your continued research, and then leave. There is no need to be drawn into a lengthy, and possibly heated, discussion.

It is also better to attend these kind of meetings with your partner if possible as you are less likely to experience any intimidation. The presence of the father (or supportive family member if you are a single parent) can often create a very different atmosphere. I have spoken to numerous mothers who experienced a completely different situation when their partners attended further discussions with their doctor. On very rare occasions some health professionals have indicated that the parent is endangering their child's life leaving them unvaccinated. I am aware that on a few occasions the refusing of vaccination has been seen as some kind of neglect or a possible case of child abuse by the health professional. This is extremely rare but it is good to be aware of the line some in the profession may take on this subject.

If you feel uncomfortable about the way you are treated over your vaccination decision by your GP or other health professionals it is essential to always ask for their statements to be put in writing. This enables you to keep a paper record of any communication should you wish to make an official complaint about their conduct. Then look for another surgery if you wish to be registered with one. Most health professionals will follow guidelines from the Department of Health, even though they may have some doubts and concerns on a personal level. However the vast majority will believe that vaccination is the only way to combat disease due to their very limited and, on the whole, unquestioning education. Doctors and nurses who do start to question the so-called 'wonders' of vaccination and independently study the subject then find themselves in a difficult position. It is very challenging to remain working in a field when you have arrived at very different views to your colleagues and governing body, ie from being in favour to quite the opposite opinion. This may also initiate them to go on to question more of their medical education resulting in them studying alternative approaches and understanding health and disease in a holistic way. Interestingly, I have to say that in all the years I have been involved in the subject I have not met with any holistic practitioner that moved away from the holistic philosophy of health and re-trained as an orthodox medical doctor!

It is always worth trying to gently inform your GP about alternative viewpoints on vaccination by offering a few photocopied articles. Even though they may be very dismissive at the time, it is possible that upon reading the literature you have passed on to them you may ignite in them a desire to look into the subject further. A small seed of doubt may be sown, which may flourish at a later date in their lives.

Remind yourself that your GP is actually there to provide YOU with a service and it is for YOU to decide what you wish to accept or refuse, so be polite but firm and don't allow any bullying tactics from your doctor or health visitor and get brow-beaten into agreeing to the vaccines if you don't really want to!

HAVING A LAUGH

MAGDALENE TAYLOR,
EDITOR OF THE INFORMED PARENT

November 2022

'FEAR, WORRY, ANXIETY and all kindred emotions create in the system conditions similar to those of freezing. These destructive vibrations congeal the tissues, contract the minute channels of life and thereby paralyze the vital activities'..... while the constructive emotions of faith, hope, cheerfulness, happiness, love and altruism exert a relaxing, harmonizing and vitalizing influence upon the tissues of the body, thus opening wide the floodgates of the vital energies and raising the discords of weakness, disease and discontent to the harmonies of buoyant health and happiness.' *Dr Henry Lindlahr*

It is vitally important to give off happy and positive vibes especially when we are nursing our children through illness. Babies and children easily pick-up on our vibes and that will have a profound influence on the speed of their recovery and also on their general outlook to life. It was the poet Byron that said 'laughter is the cheapest medicine', and I think we need to remind ourselves of that simple truth on a daily basis!

Numerous online articles talk about the health benefits of laughter ie a great way to loosen up muscle tension, expand blood vessels and pump extra blood to the muscles and brain. A hearty bout of laughter also reduces stress hormones.

Laughter strengthens the system, and stimulates heart and blood circulation, oxygenating the heart and muscles equivalent to any standard aerobic exercise. Also laughing provides a good massage to all internal organs and enhances their blood supply and increases their efficiency. People suffering from a variety of stress-related diseases will benefit from practising laughter and will gradually shift into positive thinking automatically. It is important to develop this positivity at the level of your sub-conscious and not just your conscious level.

The sub-conscious mind is more powerful than the conscious and will override the conscious mind every time, so it is therefore essential to make sure that it is in positive mode.

I have only light-heartedly touched on this aspect of health but there is an enormous wealth of literature out there for you to expand your understanding of the role of the mind and useful ways of changing your outlook - so have fun finding out!

GUARDIANS OF TRUTH?

IAN KERMODE IS A MANX ADVOCATE BASED AT COURT VIEW CHAMBERS; CALLED TO THE MANX BAR IN 2004, IAN HAS DEVELOPED A NICHE PRACTICE SPECIALISING IN CRIMINAL LAW, HUMAN RIGHTS AND DISPUTE RESOLUTION WITH THE EMPHASIS ON HONEST AND INDEPENDENT LEGAL ADVICE.

THE FOLLOWING extracts are from a document by Ian Kermode regarding Manx Radio and whether the large amounts of public money it receives are justifiable, especially when their ability to present full information with sound investigative journalism is highly questionable.

Many of the questions Ian raises are appropriate for any part of mainstream media.

1. Did any correspondents thoroughly investigate Covid science and satisfy themselves that the medical premise upon which restrictions were introduced was sound?

2. Did they ever publicise opposing scientific views on the merits of locking down society for example the expert opinion expressed by thousands of international doctors and medical scientists who were signatories to *The Great Barrington Declaration?*

3. In particular, did they test the SAGE scientific advice given to policy makers?

4. Did any UK journalists put their hands up and ask whether the statistical modelling of Professor Neil Ferguson was alarmist speculation?

5. Did they confront decision makers about the closures of all Primary and Secondary schools as being disproportionate?

6. Did they ever doubt whether the shutting of hospitality businesses was necessary and appropriate and contrast this to the position in Sweden where cafes, pubs and restaurants remained open?

7. Did they raise empirical concerns about the reliability and accuracy of lateral flow tests?

8. Did they query the validity of PCR testing for Covid and why it was referred to as the "**gold standard**" when in fact the inventor of the PCR test Dr Kary Mullis, who sadly died in August 2019, regarded such test as unsuitable for detecting a viral infection (such as Covid-19)?

32. In relation to vaccine safety, did they not consider it important and necessary to prominently publicise details of the adverse reactions (such as stroke, severe allergic reactions and menstrual disorders) to Covid vaccines as contained in the Government's **Yellow Card** Reporting Scheme (an astonishing **464,072** Yellow Cards in the UK up to 23rd September 2022 including **2,272** suspected adverse reactions in which the patient died shortly after Covid vaccination)?

33. Have they further analysed those 464,072 individual Yellow Cards and discovered that the total number of suspected adverse reactions in the UK is in fact an astronomical **1,511,994** (because a single Yellow Card often contains more than one symptom)?

50. When protests, marches and demonstrations (such as for Black Lives Matter) were initially banned by Government, did international reporters give even a passing thought to citizens' rights under the **European Convention on Human Rights** such as Article 8, *"Everyone has the right to respect for his private and family life, his home and his correspondence"*, Article 9, *"Everyone has the right to freedom of thought, conscience and religion"*, Article 10, *"Everyone has the right to freedom of expression"* and Article 11, *"Everyone has the right to freedom of peaceful assembly and freedom of association with others"*.

Manx Advocate, Ian Kermode and Victoria Hodgson (courtesy GEF)

51. Did broadcasters not care or appreciate that their selective and unbalanced reporting was causing panic and dread in the community?

52. Are they contrite for setting themselves up as censors, knowingly selecting which articles, features and letters were deemed too subversive for publication?

53. Did they realise how harmful fear is to physical and mental wellbeing?

However, the truth is that many in the worldwide media can rightly be accused of being personally complicit in engendering needless consternation and hysteria in society, complicit in deliberately turning a health crisis into a horror movie, complicit in disgracefully demonising reasonable persons for choosing not to be vaccinated, complicit in perpetuating draconian lockdown restrictions and therefore partly responsible for every heart-breaking instance of suicide, home eviction, business bankruptcy, school absence, domestic violence and delayed cancer treatment arising from such restrictions.

To read the full text: https://www.ik.im/04-11-22-guardians-of-truth/

FIRST RSV EMERGENCY DECLARED AS PFIZER AND GSK RACE TO GET VACCINES APPROVED

8 November 2022

SOUTHERN CALIFORNIA'S Orange County Health Department this month declared a local health emergency over concerns around the rising number of pediatric cases of Respiratory Syncytial Virus (RSV) amid news Pfizer, GlaxoSmithKline are close to seeking approval for new RSV vaccines.

BRIEF EXTRACT:
The news came amid media warnings of a looming "tripledemic" of RSV, influenza and COVID-19 and news that Pfizer and GlaxoSmithKline (GSK) are close to securing regulatory approval for their RSV vaccine candidates — including Pfizer's RSV vaccine for pregnant women.

To read the full article: https://childrenshealthdefense.org/defender/rsv-emergency-vaccine-race-pfizer-gsk/

TiP Editor: Yet more vaccines on the horizon for pregnant women, and according to the article there are up to 30 RSV vaccine candidates already in the pipeline. This time another alleged 'pathogenic virus' the Respiratory Syncytial Virus. How timely that these vaccine companies are racing to get their products approved as this alleged disease is being talked about more with much greater concern. Some might consider this a very good marketing strategy? There were no concerns raised to mothers-to-be years back about RSV. Certainly whilst I was pregnant in 1988 and 1990 no health professional ever mentioned or raised concerns about RSV. In fact no one raised any concerns about, for example, Hib when my two daughters were babies and yet suddenly it started to get talked about with concern when a vaccine was ready to launch. Heath visitors and doctors were not lamenting the lack of a Hib vaccine to me when I was a new mum. There was generally no mention of the alleged disease until shortly before the promotion of the vaccine and its introduction into the schedule. Creating fear about yet another disease and priming the public to be so accepting of yet another vaccine is a technique which has been used numerous times over the decades. We should be asking why there is an increase in respiratory issues in the young – why are the 'cases' on the rise nationally? (US faces triple epidemic of flu, RSV, and Covid; BMJ 2022;379:o2681).

STOP THE INFANTICIDE! 5,000% INCREASE IN FETAL DEATHS FOLLOWING COVID-19

BY BRIAN SHILHAVY
EDITOR, HEALTH IMPACT NEWS

4 November 2022

https://vaccineimpact.com/2022/stop-the-infanticide-60000-increase-in-fetal-deaths-following-covid-19-vaccines/

THE U.S. Government's Vaccine Adverse Events Reporting System (VAERS) was updated today, and there are now 4,534 fetal deaths recorded in VAERS following COVID-19 vaccines given to pregnant and child-bearing women.

And these recorded fetal deaths are but a fraction of the real number of unborn children who have died since the COVID-19 experimental vaccines were given emergency use authorization, as a previous report published for Department of Health and Human Services stated that fewer than 1% of all vaccine adverse events are actually reported to VAERS.

By way of contrast, for the 30 years prior to the emergency use authorization of the COVID-19 vaccines, there were 2,245 reported cases of fetal deaths following all FDA-approved vaccines, or about **75 fetal deaths** per year.

Taking the total fetal deaths following COVID-19 vaccines for the year 2021, **3,774 fetal deaths**, that is an increase of 4,943% over the yearly average of fetal deaths following all FDA-approved vaccines for the previous 30 years.

Besides these government statistics from VAERS, medical professionals are corroborating this evidence of infanticide by COVID-19 vaccines based on the increase they are seeing in fetal deaths and stillborn babies following the roll outs of the COVID-19 vaccines.

"THUS NORMAL AIR NOT ONLY DOES NOT, BUT CANNOT, CONTAIN THE PRETENDED PATHOGENIC MICROBES, AND THE VERY PRINCIPLE OF MICROBIAN MEDICINE CONSTITUTES A FUNDAMENTAL ERROR. ~ *ANTOINE BÉCHAMP*"

From: The Blood and its Third Anatomical Element by Antoine Béchamp, 1912, Translated by Montague R. Leverson.

GROUP A STREP: Why is there an increase in invasive disease (iGAS)?

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

The public continues to be told to be terrified of the latest 'killer diseases and nightmare strains', the most recent being covid, monkey pox, polio in the sewage and now Group A strep. The medical model of disease is based on a the idea of perpetual warfare between the body and hoards of dangerous disease 'causing' bacteria, fungi and parasites all waiting to get us, our only defence being powerful drugs that kill these organisms before they can kill us.

Currently public health advice is encouraging parents to be terrified, to keep their children at home if they have a cough, a sore throat or a rash, and to rush to GPs or besiege A&E departments for antibiotics. GPs who have been told for the last four decades not to overprescribe antibiotics; that most sore throats are not bacterial; that any bacteria found on a throat swab are probably not the cause of the symptoms so to stop taking swabs; are now prescribing ten day courses of penicillin for every child they see. *"Because I have to,"* said one GP to a parent who interrogated her as to why antibiotics were being prescribed. *"Depending on the presentation, I'd normally recommend symptomatic treatment and in some cases write a delayed prescription, telling the parent to wait and watch for 48 hours to see how the child was progressing, but now I have to prescribe them right away."* Why is a highly qualified and experienced senior doctor being constrained to follow government guidelines instead of acting in the best interests of the patient in front of them? This being the case, why do we even need doctors? Why not just have a receptionist with a pad of signed penicillin prescriptions, handing them out to everyone who comes to the surgery. Or better still, why not just tell everyone to go to the chemist and pick up a packet there – cut out the middle man? It gets worse, having terrified poor parents into believing that their child with a normal sore throat is going to die if they don't get antibiotics immediately, and having managed to obtain the precious prescription, parents now find that many pharmacies have apparently run out of them! This abandonment of normal medical practice, not to mention common sense, is in the face of the WHO stating that antibiotic resistance is one of the biggest threats to global health, food security, and development today. Is any of this hysteria necessary? No. But having been on covid-fuelled adrenaline since 2020 it can be hard for people to come back down to earth, to stand back and evaluate the situation using their own common sense.


DR Jayne L.M.Donegan

"Holistic practitioners have been teaching people the importance of allowing your body to have its fevers and not to interfere with the eliminative processes, for centuries. The evidence that fever reduction worsens the outcome of infectious diseases has been published in the medical literature for decades."

BACK TO BASICS

Serious or not serious, normal developmental milestone or child killer all hinge on one thing: **how you manage childhood fevers**. Do you open the window, put your child to bed, don't feed them unless they are starving and give them lots of pure, clean water to drink? **Externalisation** (for more details please see free A4 download 'General Measures for Nursing Children' & ebook 'Nursing Children Supportively through Acute Illness http://www.jayne-donegan.co.uk/articles).

Or the opposite? Suppress the fever with paracetamol & ibuprofen; dry up the cough with antihistamines and adrenaline like compounds; take non-indicated antibiotics - wiping out the nice bugs and leaving the nasty ones to overgrow; keep the window closed; stuff your child up with food - especially formula, cow or soya milk - when they are not hungry and push the process in - into the ears: ear infections; into the lungs: pneumonia, into the kidney: nephritis, into the brain: meningitis or encephalitis, or into the blood stream: septicaemia, which is more deadly than meningitis. These are all forms of invasive disease. There are no 'killer' bugs or 'nightmare' strains. It is as easy to die from diseases for which there are vaccines or antibiotics as it is to die from diseases for which there are no vaccines or antibiotics. It all hinges on your general level of health when you meet the organism: do you have access to clean water, adequate food, ventilated housing, fresh air and exercise, and someone who loves and looks after you? And crucially, how you treat fevers – suppressively or supportively? Do you help the body to externalise disease, or do your suppress all the symptoms (standard medical treatment) and cause invasive disease?

There is now a substantial body of conventional medical evidence indicating that fever is a beneficial response to infection which improves the ability of the immune system to carry out its function and that reducing fevers can increase morbidity (complications) and mortality (death) in severe infection. As Eichenwald, Prof. of Paediatrics at the S. Western Med. School, University of Texas, states in the Bulletin of the WHO (2003): *"Fever represents a universal, ancient, and usually beneficial response to infection, and its suppression under most circumstances has few, if any demonstrable benefits. On the other hand, some harmful effects have been shown to occur as a result of suppressing fever. It is clear, therefore, that the widespread use of antipyretics should not be encouraged either in developing countries or in industrial society."*

Antipyretics are anti-fever agents (Greek pyros – fever): paracetamol (acetaminophen) and ibuprofen, and

previously aspirin (no longer recommended in children under the age of 12 years due to its association with Reye's disease). NB *never* use ibuprofen, see below.

The UK National Guidelines (National Institute for Clinical and Healthcare Excellence) NICE state: *'Antipyretics do not prevent febrile convulsions and should not be used specifically for this purpose.' 'Give paracetamol/ibuprofen to children with fever for distress. Only for as long as there is distress. Do not give both together but consider giving the other if distress returns before next dose of the first drug is due.'* (Fever in under 5s: Assessment and initial management NICE guideline Published: 7 November 2019 www.nice.org.uk/guidance/ng143 Public Health England)

Holistic practitioners have been teaching people the importance of allowing your body to have its fevers and not to interfere with the eliminative processes, for centuries. The evidence that fever reduction worsens the outcome of infectious diseases has been published in the medical literature for decades.

Now that NICE have eventually caught up regarding fever - it took until 2007- has this made any difference to the advice from doctors? Sadly, not. Parents all over the country are sent away with prescriptions for paracetamol and ibuprofen instead of advice on how to nurse their child. Parents with a child in hospital are threatened with referral to social services or having a Court Order taken out against them if they will not consent to their children having ibuprofen or paracetamol for a fever. Have these medical staff not read the guidelines? *'Antipyretics do not prevent febrile convulsions and should not be used specifically for this purpose.'* It seems not, only the ones about prescribing antibiotics to every one with a sore throat, cough or rash.

SO WHAT IS THIS NEW 'KILLER' DISEASE AND NIGHTMARE STRAIN?

Group A *Streptococcus* (GAS), otherwise known as *Strep. pyogenes* lives in the throat or nose of 5% to 30% of the population. This means that if I swabbed the throats of 100 healthy people walking past my door, up to 30 of them would grow strep A. That is why we stopped doing this in general practice as finding the bug is no indication that it is causing the disease. Nor is clinical severity. You can have a very high temperature and an extremely red, inflamed throat and tonsils with glandular fever which is not bacterial. When infection as opposed to carriage occurs, if a toxin is produced, this is what produces the rash in scarlet fever.

iGAS as it is being called, *invasive* Group A strep disease is an example of what happens if you do not manage fevers properly. The microbes are always there. The body periodically goes into a detox – children do this especially well – and our job is to help support them through this process, not to block it. Please note, we are talking about children who have the basic necessities of life – clean water, adequate food, dry ventilated housing, somebody to love and look after them, fresh air and sunshine.

If you drink sewage, are on the edge of starvation, live in a refugee camp or shanty town, your parents are starving or ill, or you an orphan, your chances are much worse – not because of the microbe, but because of you. The better children are supported through the process of elimination, the better they are able to detox and externalize disease resulting in becoming more robust and healthy. We are always being told about the deadliness of the organism. But these are always three elements: The organism, the host – you or your child – and the other. Every time you hear of a new deadly disease, ask yourself – Is it the organism? Is it us or our children? Or is it something that has changed or around us?

The 2022 UK Health Security Agency (UKHSA,) previously the Heath Protection Agency (HPA) and formerly Public Health England (PHE) advice to doctors describes scarlet fever thus:

"The symptoms of scarlet fever can be non-specific in early illness and may include sore throat, headache, fever, nausea and vomiting. Within 48 hours, a characteristic pinkish-red, generalised pinhead rash develops, typically first appearing on the chest and stomach, rapidly spreading to other parts of the body, giving the skin a sandpaper-like texture. On more darkly-pigmented skin, the scarlet rash may be harder to spot, although the 'sandpaper' feel should be present. Patients typically have flushed cheeks and pallor around the mouth. This may be accompanied by a 'strawberry tongue'. During convalescence, peeling of the skin may occur at the tips of fingers and toes and less often over wide areas of the trunk and limbs."

"Scarlet fever is a common childhood infection caused by Streptococcus pyogenes (also known as group A Streptococcus [GAS]). These bacteria may be found on the skin, throat and other sites where they can live without causing problems. ***Under some circumstances*** *GAS can cause non-invasive infections such as pharyngitis, impetigo and scarlet fever.* ***On rare occasions*** *they can cause severe disease including streptococcal toxic shock syndrome, necrotising fasciitis, and septicaemia. Although scarlet fever is usually a mild illness, some patients may require hospital admission to manage symptoms or complications."*

This is a realistic description, but the factors which convert innocuous carriage or disease into something more serious are not explored at all, except to note that concomitant flu and chicken pox can make GAS disease worse – with no exploration as to why or how. When it comes to information on why this 'deadly disease' became so much milder there is what can only be called misinformation: *"Scarlet fever was once a very common and dangerous disease in the UK, but antibiotic treatment means it is now much less serious (2022)"*

This is simply not true. Their same agency stated in 2018: *"The precipitous decline in many life-threatening infectious diseases during the course of the last century [20th] is well described... but remains poorly understood. Improved living standards, particularly decreased crowding and improved hygiene and nutrition and, in due course, immunisation and development of effective treatments, are generally assumed to underpin this trend…..A once common cause of childhood death, both the incidence and severity of scarlet fever decreased substantially during the 1800s and into the 20th century, long before the widespread use of antibiotics."*

"Long before the widespread use of antibiotics." Yes. And *"poorly understood'* only when you refuse to acknowledge that without the basic necessities of life people are going to be less healthy and die earlier. The notion that immunisation and antibiotics are responsible for these great health

improvements is so ingrained that it has to be written in every description even though the figures show that more than 90% of people stopped dying from previously common childhood killers before there were any vaccines (there is no vaccine for scarlet fever), or antibiotics, which became available from 1940s. Even their own graphs show this to be the case.

The Office for National Statistics (The Health of the Nation 1997) also states that the use of antibiotics reduced mortality from streptococcal disease when their graphs show quite clearly that this happened beforehand. It was not antibiotics that stopped deaths from streptococcal disease including scarlet fever it was something else: sanitation, ventilated housing, fruit and vegetables brought in from the countryside, food standards legislation, burying the dead outside of town.

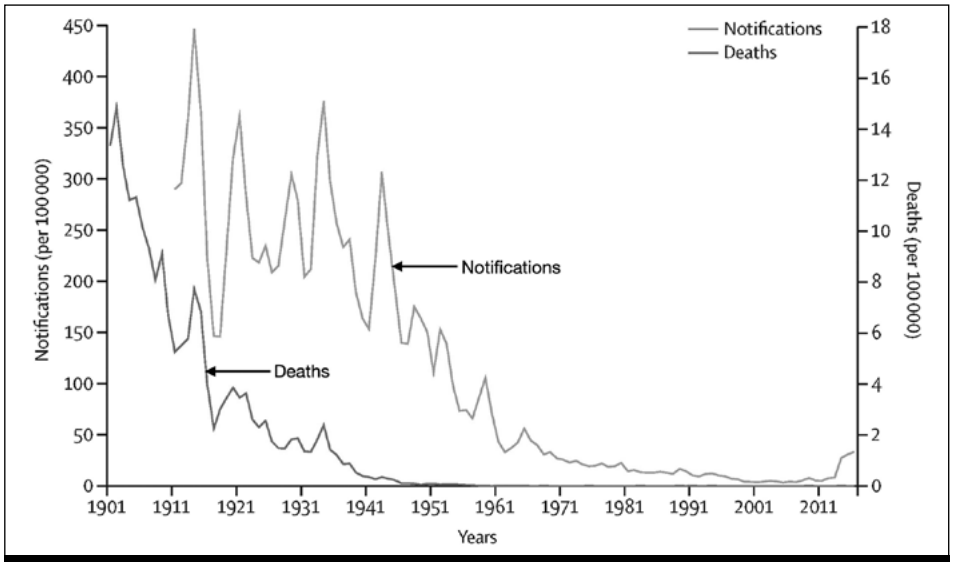
Another popular idea amongst public health staff is that the virulence or 'ability to cause disease' (killer strains,) of such organisms has reduced. That this is not the case is shown when, even today, the incidence of invasive (as opposed to just having it up your nose) strep A disease is approximately 3-4/100,000 population in the more economically developed nations but, among the underprivileged in those same nations, it is much higher: 46/100,000 for Native Americans in the USA and 92.5/100,000 for indigenous Australians. Inequality is another factor in the toxic mix. To public health doctors, however, such reasons are 'unclear'.

WHY THE INCREASE IN INVASIVE DISEASE NOW?

A good question. In countries where most of us have access to the basic necessities of life, why the rise? A more virulent microbe? Or something reducing out health, vigour and ability to detox and externalise disease? In The Health of the Nation 1997 the ONS give an interesting piece of information

"Scarlet fever was a mild disease at the beginning of the nineteenth century, but increased to a peak in 1860 – 70 with a peak in 1870 of 32,500." [UK population c31 million)

Before all the health reforms by the industrious Victorians scarlet fever was a mild disease amidst all that squalor? Goodness. What happened in the 1860s then? In 1853 small pox vaccination was made compulsory but many people did not want to give it to their children so the new 1867 Vaccination Act enforced vaccination with massive penalties for parents who did not comply. After this substantial increase in smallpox vaccination uptake there was colossal increase in deaths from smallpox peaking in 1872 (it is a live vaccine and can give you the disease picture as with measles, mumps, rubella, and rotavirus vaccines) At the same time as a large increase in deaths from scarlet fever.



Annual rate of scarlet fever notifications and deaths in England and Wales, 1901–2016 LOWER LINE. Rate of scarlet fever notifications and deaths per 100 000 population by calendar year. UPPER LINE From: Lamagni T et al, Resurgence of scarlet fever in England, 2014–16: a population-based surveillance study, 2018 Lancet Infect Dis;18:180-18.

No man is an island, entire of itself; every man is a piece of the continent, a part of the main. This is never so true as in the complex tapestry of the interaction of human beings with microbes, their environment and each other. Could small pox vaccination have increased susceptibility to strep A disease? It is certainly temporally related. After describing the decline in deaths from Group A strep through the course of the twentieth century – along with all other infectious diseases – it was then noted that several European countries reported outbreaks of severe disease caused by Streptococcus pyogenes in the late 1980s. This marked a departure from the previous decades, where very few such outbreaks were noted. This increase has continued. Is it due to a more virulent microbe or something else reducing our ability to interact with our fellow bacteria? What happened in the 1980s that could have had a marked effect on some of our children's health? The MMR vaccine was introduced in the UK in 1988. Is it biologically plausible that there could be a link? We know that measles vaccine and measles disease on their own reduce cell mediated immunity, hence the increase in deaths of girls below the age of two years in Guinea Bissau and Senegal, who were injected with the high titre experimental measles vaccine. This eventually leading to its discontinuation. In the UK, the incidence of invasive meningococcal disease went through the roof after the 1994 measles rubella campaign when seven million school children were vaccinated, the very ones going through university where the big outbreaks occurred. (see Donegan e-book Mumps Measles Rubella).

The meningococcus is one of the bacteria that lives up the nose, sharing space with the Haemophilus and Streptococcus. It is a delicate balancing act. That is why it has been observed that a vaccine to wipe out carriage of Haemophilus b (Hib) vaccine can lead to increased 'invasive' disease with Strep pneumoniae (the pneumococcus), which requires another vaccine to wipe out carriage of pneumococcal variants. This then leads to invasive disease with Staph aureas – you have all heard of

MRSA – Methicillin resistant Staph aureus - for which we need another vaccine (but don't worry there is one being developed in Texas). What a tangled web we weave when first we start to interfere with individual parts of the body instead of concentrating on what promotes basic overall health.

The 2004 HPA, Group A Streptococcus Working Group Guidelines described the global increase in the reporting of iGAS in the 1990s – though this is partly due to the WHO establishing a working group specifically to detect more cases. But by 2014 an increase had started in all parts of England, rates going up to over 27/100,000 population, and 98% of the outbreaks occurring in schools and nurseries.

They add: *"To our knowledge, England is the first western hemisphere country to describe an upsurge in scarlet fever incidence after reports in several countries in east Asia. No other European country has reported such a sudden rise, with a recent longitudinal assessment from Poland concluding that no similar explosive increases have been seen there."*

What could be the cause of this rise? A more virulent microbe? A 'killer' strain? That is what the public health officials are looking for. What they should be asking is: What happened in 2014 that made our children more susceptible to group A strep disease and not the rest of Europe?

One intervention specifically designed to affect the immune system of our children that year was discussed by the Joint Committee on Vaccination and Immunisation (JCVI) in July 2012 when they decided it would be cost effective to extend flu vaccination to children at low risk of harm from 'flu in order to reduce transmission of flu in all children' with the idea of averting influenza related deaths in older adults ('protect' granny) and those with clinical risk factors. Previously it was only given to children said to be 'at risk'. The JCVI also thought this action would increase the uptake of 'flu vaccine in general' by making people more accustomed to it, but they acknowledged that there would first need to be a campaign to educate parents, children, healthcare professionals and others about the benefits. Surveys had shown that many people had mixed views about the need to protect healthy children from flu. Furthermore, annual flu vaccination would double the number of vaccines given to children before adulthood. It was thought that the information campaign would take over a year. Pilot schemes were set up in 2013/14 and Fluenz (Flumist in USA) nasal LAIV (Live attenuated influenza vaccine) was rolled out nationally in 2014/2015 through family doctors and schools.

WOULD THIS MAKE A DIFFERENCE TO GROUP A STREP DISEASE?

There is a wealth of anecdotal evidence – the evidence of our own eyes (not regarded as reliable by doctors) – that many children in this current resurgence of scarlet fever had the nasal flu vaccine or were in classes where this was given out just before they became ill with iGAS. This possibility was investigated by Dr Michael J Mina, Ass. Prof. of Epidemiology at the Harvard School of Public Health and colleagues, in a mouse study published in 2014. He points out that the effect of vaccines on other species is largely unexplored and his study showed that LAIV *"reverses normal bacterial clearance from the nasopharynx and significantly increases bacterial carriage densities of the clinically important bacterial pathogens Streptococcus pneumoniae (group A strep) (serotypes 19F and 7F) and Staphylococcus aureus (strains Newman and Wright) within the upper respiratory tract of mice."*

This phenomenon is not unknown – flu vaccines can increase invasion by other species eg corona by 36% - but this was thought to be confined to injectable 'flu vaccines, not ones that are given via the nasal mucosa and purported to produce a mucosal immune response. Dr Mina's study is evidence that nasal flu vaccine can increase the numbers of the very group A strep bacteria that are said to be running rampant through schools and communities and, tragically, killing children. Again, a vaccine against one entity upsetting the delicate ecological balance within which we exist, and leaving children susceptible to another disease for which we need another vaccine (but don't worry there is one being developed in Alberta). This is the sad consequence of tinkering with the parts instead of nurturing the whole – that is what health actually means – it is from Old English meaning to be whole, sound or well. That is what we need to concentrate on rather than flooding the country with antibiotics – there is even talk of giving 'prophylactic' antibiotics to whole schools to reduce spread – of a bacterium which, in normal times, lives up our nose with its friends the meningococcus and haemophilus and minds it's own business.

WHY ONLY IN ENGLAND?

Is it because in the UK flu vaccine targets the entire child population in schools so there is a high uptake? Most other European countries only vaccinate children with chronic conditions – a far smaller number. Italy does offer 'flu vaccines to children of 6 months to 8 years – but a 2022 study by a public health team in Rome lamented the poor uptake over the last eleven years 1.1% to 4.5%.

OTHER RISK FACTORS

Alcoholism, malignancy, diabetes, skin lesions, recent childbirth, steroid use and chickenpox - Mostly not risk factors for nursery and primary schoolchildren. The UKHSA states in its 2022 guidelines:

"the evidence suggests that chickenpox is the most common risk factor for iGAS disease in children."

And go on to recommend chicken pox vaccination for children with no history of chicken pox disease or who have just been exposed to it. Why would chicken pox make you more susceptible to iGAS?

'Flu is another predisposing factor. What do these both have in common? Fever. Could mismanagement of fever be a precipitating factor? As stated earlier, correct management of fever is the most important determinant of whether your child comes out of a disease healthier than they were before and having gone up a developmental stop, or the opposite. Avoidance of both paracetamol and definitely ibuprofen, a nonsteroidal anti-inflammatory drug (NSAID) is crucial. In my lecture on this subject – Nursing supportively through Acute Fevers – I detail that ibuprofen is

not recommended by the WHO for Ebola, by the French Ministry of Health for any viral respiratory disease, nor by our own NICE guidelines for chicken pox. The 2016 revision stated: *"Clinical Knowledge Summary (CKS) has not recommended the use of nonsteroidal anti-inflammatory drugs (NSAIDs) because of concerns that use of NSAIDs in children with varicella (chicken pox) is associated with an increased risk of severe skin and soft tissue infections (usually caused by group A streptococcus and Staphylococcus aureus)*"

An increased risk of iGAS with ibuprofen? That is interesting, yet there is not one piece of advice in any of the information from the UKHSA now nor in any of its previous editions regarding scarlet fever stating that ibuprofen should not be used in children who have flu, or chicken pox especially when iGAS is occurring. Why not? Even more strangely the 2022 NICE CKS revision no longer writes the names of the organisms involved. One of the studies evidenced by UKHSA re increased iGAS with chicken pox refers to a study at the Boston Children's' Hospital looking at patients with documented Group A strep bacteraemia (bacteria in the blood, invasive disease) a form of iGAS as it is now called. In the years 1977 to 1992 there were 63 episodes with 62 patients – about 3.2 cases per year. Out of these 63, five occurred in children with chicken pox – five in 15 years. Then suddenly in 1993, the last year of the study, there were ten cases of bacteraemia in one year, a three-fold increase, and half of them were in children with chicken pox. Five in 15 years then suddenly in 1993 five in one year. What could be the reason? What was happening to children in 1993 in Boston?

I looked for changes in USA vaccine schedules in 1993, changes in health policy, and then I asked myself, when did ibuprofen start to be widely used on children in the USA? It was available on prescription for children in 1989 and over the counter in 1998. Its safety as an over the counter drug was assessed in two studies, The Boston Fever Study, a double blind study running from September 1990 to March 1994 comparing ibuprofen with acetaminophen (paracetamol) in over 84,000 children with fever and the Children's Analgesic Medicine Project (CAMP) a non-blinded multicentre study of 41,810 children again comparing ibuprofen with acetaminophen. In these safety studies as is usual, but not scientific, they only look for particular adverse reactions: anaphylaxis, gastrointestinal bleeds, renal failure and Reye's syndrome (the reason Aspirin, also a NSAID, was withdrawn from use in children). It is known that ibuprofen has a toxic effect on the kidneys, causes fluid retention, raises the blood pressure, can cause heart failure and, of course, GI bleeding, though less so than aspirin.

So in 1993 there was probably quite a lot of ibuprofen being used in and around the Boston area – being a centre for a trial influences local doctors' behaviour, in the same way that the JCVI hopes that annual 'flu vaccine in children will help to normalise' this in other groups too. Is there any link between this and the massive increase in iGAS in 1993? – the study did not continue further. Is the increasing use of ibuprufen part of the toxic cocktail of factors that are making children more susceptible to invasive group A strep disease?

Reading the submission to the FDA Centre for Drug Evaluation and Research regarding the Boston Study, it was notable that amongst the 112 hospitalisations for serious disease outside of the special categories (above), were nine case of neutropenia – low levels of neutrophils, the white cells you especially need to deal with bacterial infections. This was the only condition that was significantly different from the risk in the acetaminophen treated group. Note: as in vaccines trials, this was not placebo controlled, but comparing ibuprofen with paracetamol, a drug which also causes problems. The authors stated that this unexpected association was noted after multiple comparisons and that they did not know what to make of it since they had not obtained pre-treatment white cell counts. Meaning that children were so ill they were admitted to hospital and had blood tests done. These showed that they had low neutrophils. But this was dismissed as it was not known if the neutrophils were low before taking the ibuprofen. And that was that. Did the Regulator send investigators off to do further studies? No.

Was there a comparable follow up study where children enrolling in the study had blood tests to check their white cells before they took ibuprofen? No. And no such study has been done since. How many children may be having their neutrophil levels reduced by ibuprofen thereby being made susceptible to invasive bacterial disease? We do not know.

WHAT DOES THE UKHSA RECOMMEND TO REDUCE INCIDENCE OF IGAS?

Antibiotics. Chicken pox vaccine. Influenza vaccine and *"It is good practice to establish whether this is truly an outbreak of scarlet fever or another childhood infection."* Yes that would be a good idea!

Of course once there is an alleged 'epidemic' doctors diagnose everything as that disease, which the previous week may have been called measles, if there were a measles outbreak, or non-specific viral rash if there weren't. These cases will now all be called scarlet fever. An Urgent Care doctor (GP) told one of my patients that her son had scarlet fever because his tongue was pink and he must have five days of penicillin starting with an observed dose in the hospital (the correct duration is ten days). The nurse told her that he had a pre-fever and needed paracetamol, "because it's going to go up". The mother pointed out that the tongue in scarlet fever is not pink, it is strawberry, which was confirmed by the very nice paediatrician who subsequently examined him and said he needed neither – It is exceptional to meet such a sensible doctor nowadays.

'There are no 'killer' bugs or 'nightmare' strains. Use supportive not suppressive measures, and be happy as sustained fear and worry do terrible things to your health. As my Aunty Peggy used to say, "If you worry you die. And if you don't worry you die. So why worry?" Amen to that. Be well.

© 13 Dec 2022 Dr Jayne LM Donegan
MBBS DRCOG DCH DFFP MRCGP MFHom.
Dr Donegan's latest lectures:
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THE MISINTERPRETATION OF PERCEIVED SIDE EFFECTS. A TWIST IN THE TALE?

BIOMEDICINE: VOL. 12 : ISS. 3, ARTICLE 1. PALMER R (2022) DOI: 10.37796/2211-8039.1371

https://pubmed.ncbi.nlm.nih.gov/36381188/

BY MAGDALENE TAYLOR Dec 2022

A brief overview of a published paper: "Covid19 Vaccines and the Misinterpretation of Perceived Side Effects". This article basically puts forward the idea that it is highly probable that many adverse reports from recent Covid-19 vaccines associated with vasoconstriction are due to MSIMI (Mental stress-induced myocardial ischemia - a condition where blood flow to the heart is restricted due to emotional distress) or CAD (coronary artery disease) and not from the vaccines. In simple terms the author is suggesting that pathologies such as dizziness, fainting, blood clotting, stroke and heart attack have been misinterpreted as a side effect of the covid injections when they may be as a result of mental stress. What caused the mental stress leading to these health issues, you may well ask? The author suggests that the fearmongering and misinformation 'being peddled by people with no scientific training to terrorise people, ie the anti-vaxxers are the cause of these health issues. I have to say that in all the years that I have been reading on the subject and listening to all kinds of dismissals as regards to possible vaccine injuries and vaccine deaths this latest angle beats them all. I could not believe what I was reading! The author states: 'Therefore, if subjects are panicked, concerned, stressed or scared of the vaccination, their arteries will constrict and become smaller in and around the time of receiving the vaccine. This biological mechanism (the constriction of veins, arteries and vessels under mental stress) is the most likely cause for where there has been blood clots, strokes, heart attacks, dizziness, fainting, blurred vision, loss of smell and taste that may have been experienced shortly after vaccine administration. The extreme mental stress of the patient could most likely be attributed to the fear mongering and scare tactics used by various anti-vaccination groups.'

Yes you read the above correctly… the anti-vaxxers are the cause not the vaccines according to this author Raymond Palmer! I wonder if he has considered why this has happened now, when there have been many 'anti-vaxxers' since the time of Jenner. Why did they not cause the constriction of blood vessels in vaccine recipients over the years? Additionally there is no mention of the fearmongering and scare tactics that have been projected incessantly since March 2020 by governments, media and established bodies, such as the WHO, about the alleged pathogenic virus. The look of fear was very evident just walking through any town. The public were made terrified to leave their homes, to visit their loved ones, to breathe etc! This is where the greatest fear emanated from – the vaxxers! No doubt this had a profound effect on the population and could have led to MSIMI! The author briefly touches on obesity as playing a role in poor outcomes on vaccine recipients, and that 'An increase in adverse reactions was also found in obese subjects when using the Pfizer vaccine. Obesity or poor arterial health may heighten the chances of a vaccine side effect.' I was half expecting the author to suggest that in some way the obesity may have been caused by the anti-vaxxers. That their 'misinformation' may have frightened people into comfort eating too! At least Palmer bordered on considering that the vaccines may cause some issues. However were obese vaccine recipients warned of their increased chance of a vaccine reaction?

Raymond Palmer is Chief Science Officer of Full Spectrum Biologics. I would suggest that he should study the full spectrum of literature on the subject of vaccination maybe he will then start to understand why the 'anti-vaccination sentiment and side effects are at an 'all time high' as he states himself earlier in his review.

"WHY IS SO-CALLED VIROLOGY COMPLETELY UNSCIENTIFIC?"

BY JOHN BLAID, 1st Dec 2022

Full article: https://truthseeker.se/my-first-published-article-in-a-scientific-journal/

BRIEF EXTRACT: THE FOUNDATIONS OF THE SCIENTIFIC METHOD

The scientific method involves first making an observation of a natural phenomenon, then creating a hypothesis about what we think might be the cause of the phenomenon. Next, the hypothesis should be tested by trying to find and isolate what we think is the cause of the phenomenon and then performing scientific experiments, which must include properly conducted control experiments. If the hypothesis proves correct, then a scientific theory can be created from this. Unfortunately, there are several fundamental problems in virology. First of all, no one has observed a virus directly in nature, that is, in a sample taken from a sick individual, without the sample first having been combined with other genetic material, such as a cell culture. So how can we create a hypothesis based on something we have not found directly in nature?

Secondly, the scientific method requires that we also have what we believe to be the cause of the phenomenon isolated, that is, separated from everything else. This is the only way to be absolutely sure that the result we see in any experiment is caused by what we believe. But if they haven't succeeded in this, how can they perform any scientific experiments? There are thousands of studies claiming isolation of various purported viruses, but when we examine their methods we quickly see that what they are doing is the complete opposite of isolation. Instead, virologists use an unpurified sample, such as lung fluid, and assume that it contains a virus. Then this unpurified sample is mixed with a mixture of genetic material and various types of antibiotics. It should also be added here that all alleged images of viruses are from samples taken after these experiments and not from purified samples taken directly from sick individuals. Stefan Lanka stresses that these particles could be either fragments of dead or dying cells or pure artefacts created by the electron microscope photo procedure.

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Editor: Simon Best

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.

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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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