Homeopathic vs Orthodox Vaccinations

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Homeopathic Immunization
Scientific Studies and Research

Dr. Isaac Golden’s Research
In 1986, Australian homeopath Dr. Isaac Golden began a formal research study of homeopathic immunization. Over the course of 15 years, between 1988-2003, he gave homeopathic immunizations against childhood diseases to 2342 children whose parents participated in his survey. He tabulated the survey responses, and found that the overall effectiveness of homeopathic immunizations is 90.4%. Therefore, the effectiveness of homeopathic immunizations is the same as, or in some cases even better than standard vaccinations.

Our Research has shown the following
1. Natural Immunity is the best way
2. Nasal not injection
3. Homoeopathic 6x to 10 x not higher
4. Real not Dupilicated
5. Liquid not pills
LIQUID NOT PILLS

Unfortunately, neither homeopathic immunizations nor standard vaccinations can offer 100% protection from a disease.

Between 2001-2004, Dr. Golden did a study of the relative safety of vaccinations vs. homeopathic immunizations. He surveyed parents of 781 children; some used vaccinations and some used homeopathic immunizations. Dr. Golden found that children who received standard vaccinations were 15 times more likely to get asthma, 7 times more likely to get eczema, and 2 times more likely to get allergies than those who used homeopathic immunizations. Liquid

A more detailed account of Dr. Golden’s research in support of homeopathic immunizations:
Homeopathic Immunizations: A Proven Alternative to Vaccinations
For at least the past 150 years homeopathic practitioners have used the medicine *Influenzinum* as a flu preventive. *Influenzinum* is a homeopathic medicine made from flu viruses, rendered completely safe and non-toxic.

Between 1968-70, a survey conducted in Indian factories and offices compared the results of allopathic (conventional) vaccines and homeopathic prevention of influenza. The purpose of this survey was to determine the effectiveness of Influenzinum as a homeopathic preventative (prophylactic). Almost 20 percent of the patients treated by conventional medical physicians contracted the flu. Among those who used Influenzinum, only 6.5 percent came down with the disease. The homeopathic patients who did become ill, recovered more rapidly than their allopathically treated patients. The number of working days lost by the allopathically treated patients was nearly eight and a half times greater than those lost by homeopathic patients.

In 1998 the French Society of Homeopathy conducted a survey of 23 homeopathic doctors concerning their use of *Influenzinum* as a flu preventive (Coulamy, 1998). The survey included use of *Influenzinum* over a 10 year period (1987-1998) in 453 patients. Results of the survey were remarkable. In approximately 90 percent of the cases no instances of the flu occurred when *Influenzinum* was used preventively.

Homeopathic immunizations have been used successfully for over 200 years. Dr. Samuel Hahnemann, the founder of homeopathy, used homeopathic immunization routinely in his practice.

**Early History: Homeopathic Prevention of Scarlet Fever, Cholera and Smallpox**

In 1799, the founder of homeopathy, Dr. Samuel Hahnemann, used the homeopathic remedy Belladonna successfully to prevent Scarlet Fever. Following Hahnemann’s example, another eleven medical doctors prescribed Belladonna during the same epidemic. They reported that of 1,646 children exposed to scarlet fever after being given Belladonna, only 123 (7.4%) developed symptoms of infection. In contrast, the infection rate in those who did
not receive the prophylactic was as high as 90%. In 1838 the Prussian Government ordered the use of Belladonna during all scarlet fever epidemics after a report from their chief of physicians, Hufeland, showed it to be an effective prophylactic.

In 1831 Samuel Hahnemann prevented and treated cholera during the 1831 Asiatic cholera epidemic with the remedies Camphor, Cuprum metallicum and Veratrum album. In 1849 Dr Clemens von Boenninghausen treated and prevented untold numbers of cholera infections during the 1949 European epidemic with the above remedies recommended by Hahnemann. While a death rate of 54-90% occurred with conventional treatment, Boenninghausen’s patients had a mortality rate of only 5-16%.

In the 1800s Clemens von Boenninghausen used Thuja for both the treatment and prevention of smallpox during an epidemic. When given to uninfected family members of households with members already sick with the disease, not one of them went on to contract it. In 1902 Dr. Eaton reported that during a smallpox epidemic in Iowa, 2806 patients were treated prophylactically with homeopathic Variolinum. Of the 547 patients definitely exposed, only 14 developed the disease. The protection rate on these numbers was 97%

**Homeopathic Prevention of Polio**

In 1850 during an epidemic of poliomyelitis, Dr Taylor Smith of Johannesburg, South Africa protected 82 people with homoeopathic Lathyrus sativus. Of the 82 so immunised, 12 came into direct contact with disease. None were infected. Dr Grimmer of Chicago prophylactically treated 5,000 young children with Lathyrus sativus. None developed polio.

In 1957 a severe poliomyelitis epidemic occurred in Buenos Aires. The majority of homoeopathic doctors prescribed Lathyrus sativus as a preventative. Drug stores distributed thousands of doses to the public. None of those who used the prophylactic registered a case of contagion (Eizayaga). In 1975 during another poliomyelitis epidemic in Buenos Aires, 40,000 were given the homeopathic prophylactic Lathyrus sativus. None developed poliomyelitis (Eizayaga).
Homeopathic Prevention of Dengue Fever
In 1996 Dengueinum 30 was administered to at least 39,200 people in the Delhi area during an epidemic of Dengue haemorrhagic fever. Follow-up of 23,520 people 10 days later showed only 5 people (0.125%) had developed mild symptoms, with the rest showing no signs or symptoms of the disease (CCRH). (During epidemics of dengue, attack rates among susceptible are often 40-50 %, but may reach 80-90 %, World Health Organisation.)

Homeopathic Prevention of Japanese B Encephalitis
In 1999 the Department of Indian Medicine and Homeopathy started distribution of homeopathic immunizations for Japanese Encephalitis in a systematic way throughout the Indian state of Andhra Pradesh. JE mortality rates had touched a high of 638 deaths from 2038 cases in 1986, but fell to four from 33 cases in 2001, following the implementation of the homeopathic immunization program. Even the World Health Organisation and the Medical and Health Department acknowledge that homeopathic immunizations have been a vital factor in the sharp decline of Japanese Encephalitis cases in Andhra Pradesh.
Homeopathic Immunizations: A Proven Alternative to Vaccinations

I prepared my first formal program of homeopathic remedies to prevent infectious diseases in 1986. In the following 20+ years, tens of thousands of Australian children have been immunized homeopathically – a method called homeoprophylaxis (HP) – using programs from myself as well as other practitioners across the country. The method itself is over 200 years old, and has considerable clinical and research experience to support its claims.

In 2004, I integrated 18 years of data collection from parents of children using my program with 4 years of doctoral research at Swinburne University in Melbourne. The purpose of this article is to share with you the findings of this and other research into the effectiveness and safety of HP.

Background
The use of HP was first described by Dr Samuel Hahnemann, the founder of homeopathy, in 1801. He used the remedy Belladonna 30 to successfully treat patients with the disease Scarlet Fever, but fortuitously found that the remedy also helped to prevent the disease. He then used HP to prevent such diseases as Cholera and Typhoid. In the decades following, many leading homeopaths used HP to prevent a variety of infectious diseases, mainly in acute epidemic situations.

The largest trial of the short-term use of HP was against an outbreak of Meningococcal disease in Brazil. The researchers gave 65,826 children the homeopathic remedy Meningococcinum. Another 23,539 were not protected. The effectiveness of HP after 6 months was 95%, and after a 12 months follow-up was 91%.

Whilst many homeopaths also use HP for long-term prevention (mainly in Australia and the Indian subcontinent), there had been very little formal statistical research into the long-term use of HP prior to 1985. The data I have collected since that time provides a useful guide as to the effectiveness and safety of long-term HP. It confirms that the findings regarding epidemic use also extend to long-term use, with an average effectiveness of around 90%, and a very high level of safety. These findings are presented below.
The Effectiveness of Homeoprophylaxis

As mentioned above, we have a considerable amount of clinical evidence showing that HP provides a high level of protection against targeted infectious diseases. This is supported by a small number of statistical trials which are summarized in Table 1 below. These show an average effectiveness of around 90%, which certainly is comparable to measures of vaccine effectiveness, which range from 70% to 99%, depending on the individual vaccine, and the type of trial used to measure efficacy (real-world experiences show lower rates than clinical trials).

These figures confirm that no method of disease prevention is ever 100% effective.

No statistical study is ever perfect, and of course the reliability of my data is open to question. So as part of my Swinburne research, I applied seven statistical tests to validate the long-term data I have been collecting since 1985. These are described in detail elsewhere, and they did show a high level of reliability. For example, my single figure measure of long-term HP effectiveness was 90.4%, with 95% confidence limits of 87.6% – 93.2% (i.e. it can be stated with 95% confidence that the efficacy lies between 87.6% AND 93.2%), a very strong result.

Table 1: The Effectiveness of Homeopathic Vaccination Statistical Trials in Humans

<table>
<thead>
<tr>
<th>Year</th>
<th>Researcher*</th>
<th>Numbers of Participants</th>
<th>Length of Survey</th>
<th>Effectiveness %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1907</td>
<td>Eaton</td>
<td>2,806</td>
<td>&lt; 1 year</td>
<td>97.5</td>
</tr>
<tr>
<td>1950</td>
<td>Taylor-Smith</td>
<td>82 (12 definitely exposed)</td>
<td>&lt; 1 year</td>
<td>100.0</td>
</tr>
<tr>
<td>1963</td>
<td>Gutman</td>
<td>385</td>
<td>&lt; 1 year</td>
<td>86.0</td>
</tr>
<tr>
<td>1974</td>
<td>Castro &amp; Nogeira</td>
<td>HP 18,000 Not HP 6,340</td>
<td>3 months</td>
<td>86.1</td>
</tr>
<tr>
<td>1987</td>
<td>English</td>
<td>694</td>
<td>2 years</td>
<td>87.0 – 91.5</td>
</tr>
<tr>
<td>1987</td>
<td>Fox</td>
<td>61</td>
<td>5 years</td>
<td>82.0 – 95.0</td>
</tr>
<tr>
<td>1998</td>
<td>Mroninski et al</td>
<td>HP 65,826 Not HP 23,539</td>
<td>6 months 12 months</td>
<td>95.0 – 91.0</td>
</tr>
<tr>
<td>1997</td>
<td>Golden</td>
<td>593 children 1,305 questionnaires</td>
<td>10 years</td>
<td>88.8</td>
</tr>
</tbody>
</table>
2004 | Golden | 1,159 children | 15 years | 90.4 |
| | | 2,342 questionnaires |

* References for these studies may be found in *Vaccination and Homeoprophylaxis – A Review of Risks and Alternatives*, 6th edition

So those in pharmaceutical medicine who state that there is no evidence supporting the effectiveness of HP are clearly wrong. It is not essential to rely only on randomized clinical trials (RCTs) to provide evidence, and in fact the findings of many RCTs are shown to be questionable over time (e.g. drugs such as Vioxx that were tested in RCTs, then later withdrawn from use because of side-effects not discovered or acknowledged during the RCTs).

Thus homeopaths can confidently say that HP provides a definite level of protection against targeted infectious diseases, which is not 100%, but which is comparable to that of vaccines.

**AUTO IMMUNIZATION NELSONIAN THERAPY (AINT)**

By: W.C. Nelson M.D.

In 1994 a major AIDS conference was held in Japan. The overall conference was very successful, and many types of discoveries were encountered regarding prolonging the life of the AIDS patient. One basic conclusion arose from this convention, however. The basic conclusion reported on five major news networks was that whatever we are doing for AIDS research is not working to complete satisfaction. Thereby, a new direction is definitely needed: a new direction for diagnosis, and especially towards cure; must be investigated.

There was an overall plea made at this convention for new directions of research. The previous directions of research have all been around certain synthetic, chemical dimensions. Chemical companies are looking for a magic bullet, some type of immunization therapy from which they could profit after doing their research.

We basically feel that we have this new direction, and that this new direction lies in the field of homeopathy and electro reactivity. In our study of the electrical reactivity of AIDS patients in Budapest, Hungary, we found that there is indeed a specific profile of compounds to which the patients reacted [Studies: 4].

We also treated the patients with the homeopathic pharmaceutical technique which we have outlined in this brief paper. This is the Auto Immunization Nelsonian Technique, in which we took a drop of
Homeopathic medicines are usually prepared using a series of dilutions and succussions (firm striking of the container holding the liquid remedy against a firm surface). The remedies are called “potencies” because at each stage they become energetically stronger. After the 12c potency, no molecules of the original substance remain, yet the remedy is energetically stronger. Pharmaceutical advocates cannot understand this, because their paradigm forces them to believe that as the number of molecules of a substance decreases in a medicine, the medicine becomes weaker. This is true if the kinetic energy of the succussion is not correctly applied, and a simple dilution only is prepared. But we are making much more than a simple dilution.

Doctors agree that homoeopathic potencies cannot be toxic, and so physical safety is not an issue. However, some homeopaths have expressed concerns over the years as to whether the long-term use of the remedies in my HP program is energetically safe. Many people who are not bound to the pharmaceutical paradigm understand that energy can produce real and tangible effects, and if misused can cause problems. One important part of my research at Swinburne was to check the long-term safety of HP.
This was done by examining 5 markers of overall wellbeing in children aged between 4 and 12 years of age – asthma, eczema, ear/hearing problems, allergies and behavioural problems. These were compared to a range of early childhood markers, including breastfeeding status, birthweight, APGAR scores, as well as to 4 possible immunization methods – vaccination, HP, general/constitutional prevention, and no prevention at all. That gave 20 (5 x 4) possible combinations of health conditions and immunization methods. The data was processed using Odds Ratios and Chi Squared Probability tests.

Once again, the full results are reported in detail elsewhere, but the main findings are as follows:

1. In 19 of the 20 possible measures of health, vaccinated children were less healthy than other children, usually by a significant amount (the 1 measure favouring vaccination was not statistically significant). The most dramatic single finding was that vaccinated children have a 15 times greater chance of becoming asthmatic than children using HP, with P>99%, a highly statistically significant finding.
2. Children using HP were generally at least as healthy (and often more healthy) as children who used constitutional/general immunization or no immunization at all. The HP group were not exclusively from people who were extremely health conscious. Regularly, parents using my HP program say that it is their first introduction to homeopathy and to natural medicine in general.
3. Parental estimates of general well-being were very high in the HP group – at least as high as in other groups.
4. Not all HP programs give consistent results. When comparing children using my HP program to those using other HP programs, the levels of both effectiveness and safety were lower in the group using other programs. So it is advisable to check the basis of a HP program before committing to it. Programs using daily doses of low potencies provide less effective long-term prevention than programs using infrequent doses of (appropriately selected) high potencies.

We may conclude from the parts of my data which were statistically significant (P<95%), that HP is associated with an improvement in general health, compared to other immunization methods (as well as no immunization at all), and that this figure is significantly better when compared to vaccinated children. Therefore we may conclude that the evidence suggests that the use of an appropriate long-term HP program does not lessen the health of children, and evidence suggests that it may in fact assist the maturation of the immune system by gently challenging the system in the first 5-6 years of life.
Concluding Comments

What began as a limited study 20 years ago has grown, for me, into an ongoing attempt to make parents, as well as health professionals, aware of the wonderful opportunity that homoeoprophylaxis offers to provide protection against target infectious diseases, without risking the long-term health of their children. It may be safely used by adults.

Not every infectious disease is a dire threat to a healthy infant. I personally don’t believe that immunization against every infectious disease is essential. But I do believe that the right to choose which diseases should be prevented should belong to the parents of each child. We can confidently say to parents that they can provide a high (but not complete) level of protection against targeted diseases, without risk, by using an appropriate HP program.

We can also say to those within the pharmaceutical industry who disparage HP as being untested and uncertain – take the time to study the facts available. Criticism without facts is the antithesis of the true scientific method, yet it is the response we continually get from pharmaceutical medicine when it comes to HP.

I concluded my doctoral thesis by saying that “a national immunization system, where both vaccination and HP were available to parents, would increase the national coverage against targeted infectious diseases, and reduce the incidence of some chronic health conditions, especially asthma”. The data is unambiguous, and it is time that those who run the health services of this country get serious about long-term health, and fully support the use of the best of what natural medicine in general, and homeopathic medicine in particular, has to offer.

Vaccines offer a level of protection against targeted infectious diseases, but involve a long-term risk that has never been adequately measured. Evidence shows that vaccination is a factor in the increase in asthma (and other chronic diseases) shown earlier. We can achieve a comparable level of protection, without this risk, by using an appropriate long-term HP program. It’s time that those parents who search for facts to inform themselves before vaccinating are encouraged, and not attacked by agents of the pharmaceutical industry. It’s time that parents are supported in their choice of immunization method, for the benefit of their own children and of the entire community.
HOMEOPATHIC IMMUNIZATION PROGRAM

PRODUCTS MAY BE TAKEN IN THE FOLLOWING SEQUENCE FOR NINE DAYS.

1. BAC: 3 drops, 3 times a day, for 3 days.
2. VIR: 3 drops, 3 times a day, for 3 days.
3. FNG: 3 drops, 3 times a day, for 3 days.

GENERAL DIRECTIONS:

Products should be taken for nine days, following the dosage information below. If necessary, two products may be taken during a 24-hour period. It is suggested that products be taken individually, in the order shown above. Do not take all three products (BAC, VIR and FNG) together in the same 24-hour period.

Infant to 2 Years

3 drops, 3 times a day, for nine-day cycle, each month. Administer drops into navel, using the child's finger to rub the drops into the navel.

2 to 5 Years

3 drops, 3 times a day, for nine-day cycle, every other month. Take orally.

5 to 9 Years

3 drops, 3 times a day, for nine-day cycle, every fourth month. Take orally.

9 Years to Adult

3 drops, 3 times a day, for nine-day cycle, every six months. Take orally.

NOTE:

Add Vaccinnum to sequence if vaccination is going to be used. It helps negate the side effects of vaccination. (3 drops, 3 times a day, for 3 days.)

Singulars of high-risk pathogens (Influenzinum, Parotitis, Diphtheria, etc.) can also be used in homochord potencies if there are specific diseases of concern. (3 drops, 3 times a day, for 3 days.)

Please note that this is not a recognized treatment/prevention immunization program in the United States. However, England and other places do recognize a similar approach.
ABOUT Vaccines – By Desire; Dubounet

The history of modern medicine documents the development of vaccination as one of the most significant in history. The discovery of the idea of vaccination was made by a homeopath. Jenner was a homeopath who was trying to study the idea of like treating like. This is the basis of homeopathy. When applied to medicine the antibody development can be used help develop immunity.

Vaccination is the simple procedure of briefly exposing people to all or part of the infectious agent you wish to protect them against has given us the ability to prevent such important viral diseases as smallpox, yellow fever, rabies, polio, measles and mumps. Of course vaccination is not restricted to viral diseases. It has also been highly effective against bacterial infections such as diphtheria, tetanus, cholera, whooping cough and so on. But it is probably against the viruses that the results of vaccination have been most beneficial and dramatic, particularly considering the long-standing dearth of any really effective anti-viral drugs.

Homeopaths struggle with vaccination even though it is the closest thing that allopathy does to homeopathy. When some one who is philosophically opposite to your ideas, you should applaud when he approaches your ideas. It is quite apparent that the damages from antibiotics are a million times greater (being conservative). But homeopaths see little of this. They focus in on what they see not the immense threat that is there. Vaccination works because it applies the laws of homeopathy. The only dangers of it are in using too strong a dose for antibody development.

Our studies have shown that producing antibodies to disable virus can take place with modern midrange homeopathy. The normal vaccination uses gross amounts of viruses to produce antibodies. This produces risk and uses excessively large amounts of virus. The ultra high dilutions and radionic devices produce no antibodies. Mid range homeopathy of 6x to 16x seems to have safety and efficacy while using more natural exposure to viruses.

Smallpox, for example, has been completely eradicated thanks to a global vaccination program, and many other viral infections might eventually meet the same fate if the necessary money and political will are forthcoming. But the story of vaccination is not entirely a tale of success. Some important viral infections have resisted the technique - due to some troublesome properties of the viruses concerned, the deficiencies of vaccine technology, or both. Hepatitis, herpes and influenza are just three groups of viruses that have for a long time been chapters of failure, or only partial success, in the otherwise cheerful vaccination story; and virologists are currently busy trying to develop an effective vaccine against AIDS. Overall, however, the 1980s are unfolding as an exciting and revolutionary new chapter, as developments in biotechnology promise to yield effective new vaccines for many previously intractable viral
diseases.
Many people will tell you that vaccination began in 1798 with Edward Jenner, an English
doctor with a country practice in Gloucestershire where the first really safe vaccines were
developed. We shall return to Jenner's contribution shortly, but the theory that prior
exposure to a small amount of infectious agent can subsequently protect against the full-
blown disease has been practised for thousands of years. Many ancient civilisations knew
that babies and young children could be protected against smallpox by introducing into the
bloodstream a small amount of infected material taken from a victim. This practice was
certainly very common throughout Europe in the years preceding Jenner's celebrated
experiments; and it was apparently quite successful, with relatively few mishaps. The likely
"mishap" of course, is that too much or too virulent a preparation of infected material might
be used, resulting in death from the very disease it was hoped to prevent.
Jenner's great contribution was to send the ancient procedure down the road towards safe
vaccines that could be used with little risk of the recipient becoming a victim. His interest
was aroused by the observation that infection with cowpox (a similar disease to smallpox,
but milder and not fatal to humans) appeared to bestow subsequent protection against the
more serious smallpox. Cowpox was commonly contracted by people in close contact with
cows, such as milkmaids, farmhands and so on. Jenner gained personal experience of the
protection offered by cowpox while performing the ancient procedure of inoculating people
with smallpox-infected material in order to protect them from the disease. He found it
impossible to produce the mild illness associated with a successful inoculation in a man
who had previously caught cowpox.
Jenner decided to test the potential of cowpox protection by artificially infecting a healthy
boy with matter from a cowpox-infected sore on a milkmaid's hand. The boy developed the
usual mild symptoms of cowpox and then recovered. About 6 weeks later Jenner inoculated
the boy with smallpox. Fortunately for the boy, Jenner and medicine in general, no illness
was produced. So Jenner had confirmed that you could safely protect someone with a
dangerous viral disease by infecting them with a related but less dangerous type of virus.
The significance of Jenner's work is immortalised in the very term "vaccination" (vaccinia =
cow) which now applies to "vaccines" used against many other infections that have nothing
to do with cows or cow viruses.

Of course when Jenner developed his smallpox vaccine he did so in complete ignorance of
both the nature of the infectious agent causing the disease and the way in which his
technique worked. His research was a triumph for the sort of experimental approach that
even today allows us to produce effective therapies for diseases that not yet fully
understood. Let's now leave the mysterious world of Edward Jenner and jump back to the
present, looking at the practice, problems and future potential of vaccination in the light of
modern knowledge about viruses

![Immunity Diagram](image)

**Immunity**

- **Active**
  - Natural
  - Artificial

- **Passive**
  - Natural
  - Artificial
and how the body's immune defenses work.

**Strategies**

Armed with the information the way in which vaccination works should be easy to understand. We know how the immune system can "remember" a previous infection, allowing it to quickly overcome any subsequent infection caused by the same organism. The "memory" of course, simply takes the form of an expanded population of T- and B-cells ready to recognize the organism and initiate the amplified immune response found in an "immunized" individual. The trick of safe vaccination is to expose the body to viruses (or other micro-organisms) in a form that triggers the immune system without causing any serious disease.

The ancient practice of using small amounts of a living virulent virus as the necessary trigger walked a chancy tightrope on which loss of balance by using too much virus could result in death. Jenner's safe vaccine exploited the fact that an immune response against the relatively harmless cowpox virus will produce an immune memory that is also effective against smallpox virus. For Jenner's procedure to work, some crucial antigens carried by the cowpox virus obviously had to be identical or very similar to antigens on the smallpox virus - so similar, in fact, that the cells of the immune memory could not really tell the difference between the viruses. With viral antigens we have arrived at the crucial determinants of the success of any vaccine.

Immunity, remember, is mediated by receptors on T- and B-cells that can bind to appropriate antigens (usually proteins or glycoproteins) on the surface of a virus. It is the viral antigens that are important, not the whole virus. The challenge facing the vaccine designer is to produce a preparation of suitable viral antigens that can stimulate an immune response without causing either a serious infection or any other damaging side effects.

There are several fairly obvious ways to attempt to achieve the vaccine designer's aim. Firstly, you could use the viruses related to the target virus that stimulate the immune system but do not cause serious disease (Jenner's approach). Modern anti-smallpox vaccines are also of this type, consisting of a living virus (called "vaccinia" virus) that is derived from smallpox or cowpox virus and may be a hybrid between the two. Secondly, could artificially create modified or mutant viruses that have lost their ability to cause serious illness but which still carry the antigens needed to stimulate the immune system. Such "attenuated" (weakened) live viruses are used in the modern vaccines against measles, polio, mumps and German measles. Producing a suitably attenuated form of a virus is traditionally a rather imprecise, fortuitous process. It has been discovered that when viruses are propagated in the artificial conditions of cell cultures, they gradually become specialised to multiply in these cultures and become less proficient at multiplying within the body (a process that presumably
involves the generation of new mutant viruses). So to produce an attenuated virus you just grow the original virus in some artificial culture conditions and keep testing to see if it has changed into a form suitable for a vaccine. The virus used for most polio vaccines was produced by growing polio virus in culture monkey kidney cells. For mumps vaccine the mumps virus was grown in chicken embryo cells and so on.

A third approach to vaccine production is to "kill" the virus concerned in some way before using it as a vaccine. Remember that only the viral antigens are needed for the vaccine. Remember that only the viral antigens are needed for the vaccine. So if a virus is "killed" (for example by using ultra-violet light or chemicals to wreck its genetic material and destroy its overall integrity) then the necessary antigens may remain intact while the virus will obviously be unable to multiply or cause disease. Anti-rabies vaccine is prepared by killing rabies virus with a chemical called beta-propiolactone. Killed viruses are usually less efficient than live virus vaccines since the viruses obviously cannot multiply at all after administration, so they generally induce a weaker immune response. For this reason killed virus vaccines often need to be given at regular intervals to maintain effective immunity. A single dose of some live vaccines, on the other hand, can give protection for many years or even a lifetime.

Finally, taking the principle that it is only the viral antigens that really matter to its ultimate conclusion, it is sometimes possible to make effective vaccines out of fragments of a virus or even the purified viral proteins. Obviously the safest type of vaccine would contain no viral genetic material whatsoever, ensuring that no unwanted infection could possibly arise. Some anti-influenza vaccines consist of fragments of the virus's protein coat that have been extracted from the virus into the solvent ether. We will meet such protein-only vaccines again when we come to consider the most recent developments in vaccine technology. Regardless of the methods used to produce a vaccine, the sought-for properties are all the same. Obviously the vaccine must be effective at stimulating the immune system, producing an immunity that is as long-lived as possible. There should be no unacceptable side-effects of the vaccine; and if the vaccine is going to be of benefit world-wide then it must be cheap and stable for long periods of time (preferably without the need for refrigeration). These last two requirements are particularly important if the vaccine is to be successfully used in the Third World; where money is scarce, temperatures often high and refrigerators few and far between.

The vaccines commonly in use today are by no means perfect, but they usually do fulfill many of the ideal requirements given above. To gain an insight into the potential benefits of effective vaccines we need only consider the remarkable tale of smallpox. For millennia, smallpox has been one of the greatest infective scourges of mankind, entering the body via the respiratory system, then multiplying and spreading by way of lymph and blood to cause high fever and
death in up to half of all its victims. Even those who survived were usually severely disfigured by horrific scarring of the face, sometimes accompanied by blindness. Throughout the early 1960s over 15 million people a year were falling victim to this terrible virus, and yet on May 8th 1980 the World Health Organisation was able to triumphantly declare that it had been conquered. Not just controlled but completely eradicated; hopefully never to return.

Smallpox
The story of mankind's victory over the smallpox virus is an inspiring tale of global-cooperation towards a single goal. It began in 1959 when the World Health Organisation (WHO) decided that a world-wide effort to eradicate smallpox virus was feasible and should be undertaken. The strategy was to be one of mass vaccination, accompanied by the identification of cases as soon as they occurred, isolation of the victims and vaccination of all their contacts. In this way it was hoped to deprive the virus of any susceptible hosts in whom it could multiply. WHO officials were encouraged to believe that global eradication was possible by the previous success of national eradication programmes undertaken by the richer nations. By 1959, for example, smallpox had already been virtually eliminated from the whole of Europe.

For the next 7 years the WHO's ambitious programme proceeded throughout the target areas (particularly Africa, South-East Asia and Brazil) but the results were disappointing. The hoped-for dramatic decline in smallpox cases did not occur. This initial failure, despite the vaccination of millions of people, could well have finished off the project altogether. But fortunately the WHO persevered and in 1966 resolved to step up and re-organise its efforts. About 5 per cent of the organisation's budget (of around $50 million) was committed to the smallpox programme and a much more reliable reporting system was set up to identify and then eliminate the outbreaks of the disease. From 1966 onwards the entire Third World was scoured literally village by village in search of the dreaded virus. In India, for example, over 100,000 health workers set aside 1 week per month for the smallpox search and their progress was aided by the offer of cash rewards for the discovery new cases. I should add that financial reward was probably also a major incentive encouraging the richer countries to underwrite the costs of the programme. Prior to eradication it was apparently costing millions per year to keep the richer nations free from smallpox by vaccination, maintaining quarantine barriers and so on - money that would be saved if the programme succeeded.

And from 1967 onwards it certainly did succeed. There was a sharp decline both in individual cases and the number of countries afflicted by the virus. The last-ever smallpox case in Brazil was registered in 1971. By 1975 Asia was smallpox-free and then on October 26th 1977 hopefully the last-ever naturally occurring case of smallpox was reported to the WHO. On 25th
July 1978, however, a medical photographer contracted the disease by her contact with a
Birmingham University research laboratory in which the smallpox virus was being studied.
This victim eventually died, some time after the scientist in charge of the laboratory had
taken the blame for the incident and killed himself. This tragic episode highlighted the
dangers of the stocks of smallpox virus held at a small number of research centres
throughout the world and brought about calls for these stocks to be destroyed. But provided
such accidental infections can be avoided in the future, and provided governments do not
turn to the smallpox virus as an instrument of war, then mankind will for the first time have
completely conquered an infectious disease of major importance.
Obviously the stunning success of the battle against smallpox not only testifies to the value
of the WHO, but also points the way forward to future battles against other viral infections.
Polio, measles and mumps might be suitable targets and the WHO have initiated the field
trials of vaccines against hepatitis B virus (and therefore hopefully much liver cancer)
already mentioned. But any optimism about future eradication programmes should be
tempered by the realisation that in many ways smallpox virus was an *ideal* candidate for
eradication - other viruses might not be so "easily" defeated.

In what way was smallpox virus an ideal candidate? Well first of all it cause an acute and
dramatic illness which could be easily identified, not only by trained medical worked but also
by uneducated villagers. This made it much easier to isolate and try to contain new
outbreaks than would be possible with a less obvious infection. Next, victims did not
become able to pass the disease on until the characteristic rash had begun to appear, so
there was no long period during which an unidentified victim could unwittingly infect large
numbers of other people. Perhaps most importantly, the virus did not *persist* in any of the
victims who recovered from the acute disease, so the problem of persistent carriers (found
for example with hepatitis B) did not arise. Unapparent infections were fortunately rare,
again reducing the possibilities for unnoticed spread of the disease. And there was no major
non-human animal "reservoir" available for the virus to multiply within. Many viruses, such
as influenza and rabies, naturally infect not only humans but also other animals with which
we regularly come into contact. With such viruses vaccination program would also need to
be directed against the animals concerned - a formidable proposition. Finally, only one form
of smallpox virus existed (at least as far as the immune system was concerned) so a single
form of vaccine was sufficient, and a very stable and efficient vaccine was available. The
preparation of dried but still "live" virus that was used as a vaccine could remain potent
without refrigeration for at least a month; and a health worker's supply for a week could fit
into a shirt pocket. All these different favourable features of both smallpox virus and the
available vaccine were undoubtedly a great help in taking the vaccination program to the
most remote and inhospitable parts of the world.
Most other important viral infections do not demonstrate such a happy
combination of favorable features to assist in future eradication efforts. Hepatitis B infection, for example, can persist, often goes unnoticed and has provided a major challenge to the vaccine designers. Many other infections are also often inapparent, or perhaps infectious before symptoms develop. Influenza viruses keep changing, as we saw earlier, and can multiply in at least one animal reservoir (the duck) and at least 100 different viruses cause the common cold and it hardly seems feasible to vaccinate ourselves against them all. Despite such problems several other viral diseases may well be eradicated over the coming decades, with yellow fever, polio and mumps as three of the most likely and worthwhile targets. Without doubt the efforts to consign more viruses to the WHO's dustbin will be assisted by new developments in "biotechnology" - the detailed manipulation of biological systems on an industrial scale.

There are many targets for the biotechnologist interested in vaccine production to aim at. There is the new challenge of AIDS, of course, and hepatitis B, herpes and influenza have been cited as examples of important types of virus that have proved difficult to vaccinate against. Even some of the quite successful existing anti-viral vaccines could be improved in various ways. Few current vaccines meet all the ideal requirements of life-long efficacy, cheapness, stability and freedom from side-effects.

Unwanted side-effects are probably the most publicized deficiencies of some modern vaccines. Obviously, if a virus used for vaccination is insufficiently attenuated or incompletely inactivated then in rare cases the vaccine may cause disease instead of preventing it. In the past, incompletely killed poliovirus vaccines (not the attenuated live vaccines more common today) have produced paralytic polio in large numbers of children. Another problem might be contamination of a vaccine with unrelated microorganisms. During the war, for example, thousands of American servicemen were infected with hepatitis B virus carried in a contaminated yellow fever vaccine. Some vaccines can also induce serious allergic and autoimmune responses and many cannot be given in pregnancy (for fear of damaging the relatively unprotected fetus) or in illness. Any illness that diminishes the potency of the immune system, for example, might allow a normally safe live virus vaccine to multiply and cause disease.

So there are considerable incentives not only to produce vaccines effective against previously resistant diseases, but also to improve the efficacy and safety, and reduce the cost, of existing vaccines. The traditional approaches to vaccine design outlined in figure 11.1 will probably continue to play an important part in the development of future vaccines, but they will be increasingly supplemented by some of biotechnology's powerful new techniques.

Antigens unlimited
Everyone interested in science must be aware that the past decade has seen a
revolution in mankind's ability to produce large amounts of natural protein molecules. This is the most celebrated achievement of various new techniques in molecular genetics that have been collectively dubbed "genetic engineering". Genetic engineers can now extract a particular gene from one type of organism and insert it into the genome of a quite different organism. The gene for a desired human protein, for example, can be put into bacterial DNA. The "engineered" bacteria can then be easily grown in large quantities - all the time producing the wanted protein within the bacterial cells. The protein can then be isolated from the bacteria and put to work. Such medically important proteins as insulin, interferon and growth hormone are now being cheaply manufactured in bulk in this way. Genetic engineering is allowing rare proteins to be manufactured in quantities undreamt of during earlier times, when laborious purification from human or animal tissue was the only source of supply.

Viral antigens are usually proteins too, so the advent of genetic engineering has made it possible to put the genes for specific viral antigens into bacteria, yeasts, or cultured cells; and then grow up the recipient cells to produce cheap and very pure antigen preparations for use in new vaccines. Genetic engineering's first important success in vaccine production is likely to be the development of cheap, safe and effective vaccines to combat hepatitis B. The drug company Merck, Sharp and Dohme, and the young biotechnology outfit Biogen, have both produced experimental anti-hepatitis B vaccines composed of a pure viral coat protein ("surface antigen") manufactured in genetically engineered yeast cells. These vaccines have been tested in chimpanzees and found to give good protection against the hepatitis B virus. Clinical trials on humans are the next stage. Vaccines against hepatitis B have also been recently developed by more conventional techniques such as the purification of viral antigens from infected blood; but the cheapness and purity of the genetically engineered products might well make them the first vaccines suitable for a global vaccination campaign against hepatitis B. Such optimism, of course, assumes that the vaccine will prove to be at least as effective in humans as they are in chimpanzees.

The basic techniques used to produce hepatitis B vaccines by genetic engineering can, of course, also be used to make vaccines targeted at other viruses. The insertion of viral genes into bacteria, yeasts and other cultured cells, and the subsequent purification of large quantities of viral protein after a period of recipient cell multiplication, will become increasingly common through the mid and late 1980s. At least some of the viral proteins produced in this way should make better vaccines than are available today.

Building peptides
Genetic engineering promises unlimited supplies of pure viral proteins for vaccine...
production, but the process of refinement can be taken one step further. Within any particular protein it is usually only a small portion of the molecule as a whole that actually acts as an antigen. If it were possible to identify the short sequences of linked amino acids (peptides) that fold up to form the actual antigens of proteins, then these small peptides rather than the entire proteins could perhaps be used as vaccines. The favoured approach towards this aim is not to snip out the antigenic peptides from their parent proteins; but rather to start from scratch, building up the peptides from their amino acid building-blocks.

First of all you have to take a close look at the proteins belonging to the virus you wish to vaccinate against. A protein that acts as an effective antigen must be selected and then the sequence in which its amino acids are linked up should be worked out (the techniques to do this were first developed in the 1950s and have now become routine). Having deduced the amino acid sequence of the protein as a whole, you would then manufacture peptides perhaps 10 to 50 amino acids in length that match different regions of the viral protein. The chemistry required for such peptide manufacture is again becoming fairly routine. Hopefully one or more of the synthetic peptides will fold up to form a potent antigen, mimicking an antigenic site present on the protein. The potential of the various peptides could be tested by injecting them into animals to find out which ones stimulate an immune response effective against the virus as a whole. Any successful peptides may then be used as vaccines.

In practice a combination of different peptides might be best, and they will probably need to be linked to large inert "carrier" proteins if they are to efficiently stimulate the immune system. Also, they may need to be administered along with chemicals known as "adjuvants" that enhance the immune response, perhaps by ensuring a slow and steady release of antigen from an adjuvant/antigen complex.

The main potential advantages of the peptide approach to vaccine design are low costs and the relative ease of vaccine production on a large scale. It also offers precise control over the immune response generated by a vaccine, allowing it to be "fine-tuned" by varying the peptide structure until the most effective possible response is generated. Such fine-tuning is also becoming feasible with the whole protein vaccines produced by genetic engineering, since the techniques required to tinker with the fine structure of the genes that encode the proteins are also developing fast.

Synthetic peptide vaccines are still largely at the experimental stage. Vaccines against foot-and-mouth disease in animals have been produced and research towards anti-influenza, polio and hepatitis B vaccines for use in humans is currently under way. It will be a few years before we see whether or not the theoretical potential of peptide vaccines is actually fulfilled in practice.
Rebuilding viruses
Pure viral proteins produced by genetic engineering and synthetic peptides that mimic viral antigens are perhaps of great potential benefit to vaccine designers, but they fall a long way short of the elusive "ideal" vaccine. One particular deficiency is their inability to multiply after administration, which might make repeated vaccinations necessary throughout a person's life. The ultimate answer to the vaccine designer's dreams would be the ability to construct novel live viruses which could be tailor-made to stimulate immunity without any risk of disease. Various research groups have recently taken the first steps towards this goal, not by constructing viruses anew, but by rebuilding existing viruses into forms that are more suitable for use as vaccines.
Once again it is genetic engineering that is clearing the way. Many different complex and versatile techniques are covered by the blanket term "genetic engineering". It would be inappropriate to go into all the details here but I can certainly summarise the things that genetic engineering makes possible. Very simply, it is gradually giving us mastery over the genomes of all organisms, allowing us to transfer genes between organisms, modify existing genes, and even create entirely novel genes by linking up the appropriate nucleotides into any desired sequence.
Given that the genome contains all the information needed to make any organism into what it is, the potential of genetic engineering can hardly be overstressed. Ultimately it offers us almost complete control over the nature of life on the planet. Of course at the moment the things that can be done are still somewhat restricted - genes can only be transferred between certain organisms, the expression of engineered genes is sometimes difficult to control, the possible modifications and novelties are sometimes limited. But all the time the barriers between our present abilities and complete mastery are being steadily surmounted.
If viruses are accepted as "organisms" then they are clearly the simplest organisms of all, so we might reasonably expect that the viruses might be among the first organisms to be re-designed by genetic engineering. This is proving to be the case. For example, various researchers are trying to change vaccinia virus, of anti-smallpox fame, into a versatile live virus vaccine effective against other diseases. The basic approach is very simple - purify the genes that encode antigenic proteins of other viruses and then "stitch" them into the genome of vaccinia virus. This will produce a "recombinant" vaccinia virus whose genome will hopefully now produce proteins native to the target virus. The gene encoding the surface antigen of hepatitis B virus has been inserted into the vaccinia virus genome in this way; the hepatitis virus protein was produced in cells infected with the recombinant virus and vaccination with the virus successfully protected chimpanzees against hepatitis B.
Other scientists have put the genes for influenza virus of herpes virus coat proteins into the vaccinia virus genome, again producing promising recombinant virus vaccines; and it might also be possible to put coat protein genes from several different viruses into the one recombinant vaccinia virus, allowing one virus to perhaps protect against several dangerous viral diseases.

The possibilities in vaccine design opened up by genetic engineering are truly unlimited. Obviously vaccinia virus is not the only candidate for a safe virus into which the coat protein genes of more dangerous viruses could be inserted. Over the next few years many viruses that themselves cause only trivial infections will be closely examined for their potential to be changed into recombinant virus vaccines. Other scientists are investigating completely different approaches such as removing the genes that make a virus dangerous and leaving the ones that allow it to stimulate an immune response; or creating hybrids of two dangerous viruses that retain the immune-stimulating properties of both and the dangerous properties of neither. Overall, the previously haphazard and fortuitous approach to the production of attenuated live virus vaccines is going to be steadily replaced by the methodical alteration of viruses towards precisely defined aims.

As always, however, there are possible dangers and problems, particularly the fear that any viruses scientists "create" might be able to integrate into cellular DNA and cause cancer, or initiate other poorly understood diseases. The understandable excitement of scientists when presented with all the new possibilities will need to be restrained by rigorous checks to ensure safety.

Genetic engineering might well provide us with the "ideal" vaccines that previously existed only in vaccine designers' dreams, or alternatively its value might turn out to be rather more limited. But we can be sure of one thing - it will make an impact. Genetic engineering will permanently change the way in which many vaccines are made.
Doctors warn over homeopathic 'vaccines'

By Samantha Poling Investigations correspondent, BBC Scotland

Many homeopaths believe that remedies can help lessen the side effects of conventional vaccination.

Homeopaths are offering "alternative vaccinations" which doctors say could leave patients vulnerable to potentially fatal diseases, a BBC investigation has found.

Three practitioners admitted giving patients a homeopathic medicine designed to replace the MMR vaccine. Inverness-based Katie Jarvis said she only offered "Homeopathic Prophylaxis" to patients who expressed an interest. But the discovery has prompted a shocked reaction from doctors.

When asked about the practice, Ms Jarvis said: "The alternative that I would offer would be a homeopathic remedy made from diseased tissue, that comes from someone with that disease, and then made into potentised form so that is given in a homeopathic remedy. "It can be given instead of, or as well as, the vaccination."

Magic or Medicine - Homeopathy and the NHS which will be shown on BBC One Scotland on Monday, 13 September at 1930 BST "I'm not advocating that they do not take the vaccination, I am providing support for those who choose not to by giving them an alternative."

When asked if the homeopathic remedy offered the same protection as the MMR, she replied: "I'd like to say that they were safer, but I can't prove that."

However, the BMA's director of science and ethics, Dr Vivienne Nathanson, said: "Replacing proven vaccines, tested vaccines, vaccines that are used globally and we know are effective with homeopathic alternatives where there is no evidence of efficacy, no evidence of effectiveness, is extremely worrying because it could persuade families that their children are safe and protected when they're not. "And some of those children will go on to get the illness, and some of those children may go on to get permanent life-threatening sequelae, or even to die, and that's a tragedy when the family think they've protected their children."
Katie Jarvis said she had protected herself against flu with homeopathic treatments. Sequelae is a pathological condition resulting from a previous disease or injury. The practice of replacing conventional vaccines with homeopathic alternatives has been condemned by the Faculty of Homeopathy.

It said there was no evidence for homeopathic treatments being able to protect against diseases, and said patients should stick to conventional medicines. Replacements for vaccines were also dismissed by the UK and Scottish governments but many homeopaths believe that remedies can help lessen the side effects of conventional vaccination.

The BBC Scotland programme examined claims that members of a small organisation, the Homeopathic Medical Association - which has about 300 members across the UK - were offering replacement vaccines.

It approached the association's six members in Scotland. Three of them said they provided the MMR remedies to patients and said they would be happy to do so again. Ms Jarvis also claimed she could protect patients against other diseases, like polio, tetanus and diphtheria. She claimed she had protected herself against flu with homeopathic treatments. NHS Highland - the health board covering Inverness - said it was considering withdrawing funding for homeopathic preparations.

Bosses will make a decision on the matter at the board's meeting in October. Chief operating officer Elaine Mead said: "It is important that NHS Highland can demonstrate the quality and clinical effectiveness of all of the treatments currently provided at times of more scarce resource."

It is right that we re-look at any investment in this area in the light of the current debate between clinical groups."
How to make a Homeopathic Immunization formula

1. Get a sample of an infected person’s nasal mucous from their sinuses
2. Put into a one oz bottle of 40% good vodka like Finlandia
3. Succus for 15 times every 3 hours over 24 hours in a cool place
4. Dilute by putting one ounce of pure water in with the mixture
5. Succus again 15 times
6. Now use 4 drops into the nasal mucosal area of the person twice a day for three days
Homeopathic vaccines under attack

Mark Gertsik

THE complementary medicines industry has stopped short of backing the use of homeopathic vaccines in light of a renewed attack on the products in the mainstream media.

"There is definitely a place for homeopathy in the treatment of disease states in Australia," Complementary Healthcare Council (CHC) executive director Dr Wendy Morrow told Pharmacy eNews.

"Whether or not it should be used in vaccinations is an issue that is very vexatious but it is not a use that the CHC would support."

Writing in the The Australian on the weekend, prominent pharmacy consultant Ron Batagol criticised the Therapeutic Goods Administration (TGA) for allowing the sale of homeopathic vaccines which, he claimed, could lead to life-threatening situations if they were relied upon.

"One shudders to think of the danger that pharmacists and other health professionals could, however unwittingly, be complicit in, even legally liable for, if they don’t advise parents to seek medical advice where this is clearly warranted, or suggest appropriate, symptomatic treatment with a pharmacy-based over-the-counter medication in the first instance, rather than selling or, heaven forbid, recommending homeopathics for use by children or infants. Mr Batagol wrote.

"So, I have just one question for our health regulators: how do you sleep at night knowing you continue to allow homeopathic products to be legally peddled in the healthcare marketplace as substitutes for effective therapeutic treatment for the most helpless and vulnerable members of the community, our children?"

However, Dr Morrow said the onus was on the individual to decide whether to take a homeopathic vaccine.

"Individuals do have a right to make a choice," she said.

"The issue becomes not the availability of homeopathy but in the way in which it is used by individuals. We don’t believe that complementary medicines should be an alternative to Western medicines. We believe that it should be complementary to Western medicine but in one sense it really is up to the individual to use the tools that are available to them in the best possible way."

Despite that, Dr Morrow signalled that the TGA did have a role to play in curbing the promotion of homeopathic vaccines.

"I remain unconvinced that the TGA has a role to play in telling people to be vaccinated or not," she said.

"I believe that is a professional issue and not a production issue per se, although homeopathic medicines should not be advertised for vaccination use."

To comment click here.

Revlimid listing to cut $104m hole in PBS

The Rudd Government will spend $104 million over the next four years subsidising a drug that will help treat sufferers of multiple myeloma.

Revlimid (lenalidomide) will be listed on the PBS from the start of November but while the drug is expected to provide patients with an 11-month extension of quality life, medical specialists have warned the cost of advanced drugs would rise as the community finds ways to pay for them.

"There are so many of these [new drugs] coming along," president of the Clinical Oncological Society of Australia Bruce Mann told the Sydney Morning Herald.

"If our society pays for every Medicare card holder to get access to medicines they can benefit from, then we’re going broke. This is a really hard area. It’s where money meets human life."

The treatment helps control the disease, which is the second most common type of cancer of bone marrow and currently has no long-term cure.

About 1,200 people a year are diagnosed with multiple myeloma, which damages a patient’s bones, resulting in pain, fractures and high blood calcium levels.

Acting Health Minister Justine Elliot said the listing was only possible because the Government was introducing "cost recovery" of the PBS evaluation and listing process from 2010.

"From this date, fees will be payable by pharmaceutical companies for submissions lodged with the Pharmaceutical Benefits Advisory Committee to recover the costs of evaluating a medication before it can be listed on the PBS," she said.

To comment click here.
Measles in the US on the Rise
The number of measles cases in the US has reached its highest point in more than a decade, a trend that is largely the result of parents refusing vaccinations for their children. Recent questions regarding vaccine safety and links to autism have led many parents to leave their children unvaccinated. While the number of cases remains relatively small, just 131 so far, there were only 42 cases reported in all of 2007. Health officials insist that the vaccinations are safe and that there is no strong scientific evidence linking either the measles vaccine or a mercury-based preservative once commonly used in vaccines to autism. More ...

Jump in US measles cases linked to vaccine fears

By MIKE STOBBE – 1 day ago

ATLANTA (AP) — Measles cases in the U.S. are at the highest level in more than a decade, with nearly half of those involving children whose parents rejected vaccination, health officials reported Thursday.

Worried doctors are troubled by the trend fueled by unfounded fears that vaccines may cause autism. The number of cases is still small, just 131, but that's only for the first seven months of the year. There were only 42 cases for all of last year.

"We're seeing a lot more spread. That is concerning to us," said Dr. Jane Seward, of the Centers for Disease Control and Prevention.

Pediatricians are frustrated, saying they are having to spend more time convincing parents the shot is safe.

"This year, we certainly have had parents asking more questions," said Dr. Ari Brown, an Austin, Texas, physician who is a spokeswoman for the American Academy of Pediatrics.

The CDC's review found that a number of cases involved home-schooled children not required to get the vaccines. Others can avoid vaccination by seeking exemptions, such as for religious reasons.

Measles, best known for a red skin rash, is a potentially deadly, highly infectious virus that spreads through contact with a sneezing, coughing, infected person.

It is no longer endemic to the United States, but every year cases enter the country through foreign visitors or Americans returning from abroad. Measles epidemics have exploded in Israel,
Switzerland and some other countries. But high U.S. childhood vaccination rates have prevented major outbreaks here.

In a typical year, only one outbreak occurs in the United States, infecting perhaps 10 to 20 people. So far this year through July 30 the country has seen seven outbreaks, including one in Illinois with 30 cases, said Seward, of the CDC's Division of Viral Diseases.

None of the 131 patients died, but 15 were hospitalized.

Childhood measles vaccination rates have stayed above 92 percent, according to 2006 data. However, the recent outbreaks suggest potential pockets of unvaccinated children are forming. Health officials worry that vaccination rates have begun to fall — something that won't show up in the data for a couple of years.

The vaccine is considered highly effective but not perfect; 11 of this year's cases had at least one dose of the vaccine.

Of this year's total, 122 were unvaccinated or had unknown vaccination status. Some were unvaccinated because the children were under age 1 — too young to get their first measles shot.

In 63 of those cases — almost all of them 19 or under — the patient or their parents refused the shots for philosophical or religious reasons, the CDC reported.

In Washington state, an outbreak was traced to a church conference, including 16 school-aged children who were not vaccinated. Eleven of those kids were home schooled and not subject to vaccination rules in public schools. It's unclear why the parents rejected the vaccine.

The Illinois outbreak — triggered by a teenager who had traveled to Italy — included 25 home-schooled children, according to the CDC report.

The nation once routinely saw hundreds of thousands of measles cases each year, and hundreds of deaths. But immunization campaigns were credited with dramatically reducing the numbers. The last time health officials saw this many cases was 1997, when 138 were reported.

The Academy of Pediatrics has made educating parents about the safety of vaccines one of its top priorities this year. That's partly because busy doctors have grown frustrated by the amount of time they're spending answering parents' questions about things they read on the Internet or heard from TV talk shows.

In June, the CDC interviewed 33 physicians in Austin, suburban Seattle and Hollywood, Fla., about childhood vaccinations. Several complained about patient backlogs caused by parents stirred up by information of dubious scientific merit, according to the CDC report.

Questions commonly center on autism and the fear that it can be caused by the measles shots or by a mercury-based preservative that used to be in most vaccines. Health officials say there is no good scientific proof either is a cause. Also, since 2001, the preservative has been removed from
shots recommended for young children, and it was never in the measles-mumps-rubella combination vaccine. It can still be found in some flu shots.

Brown said she wrote a 16-page, single-spaced document for parents that explains childhood vaccinations and why doctors do not believe they cause autism. She began handing it out this spring, and thinks it's been a help to parents and a time-saver for her.

"People want that level of information," she said.

At least one outbreak this year of another preventable disease was blamed on lack of immunizations. At least 17 children were sick with whooping cough at a private school in the San Francisco Bay area, and 13 were not vaccinated against the disease, which can be fatal to children.

Associated Press writer Marcus Wohlsen in San Francisco contributed to this story

Courts once again side with the Drug companies

In the 2009 ruling Special Master Denise Vowell (sitting on the left) wrote, without listening, that the evidence "is weak, contradictory and unpersuasive. Sadly, the petitioners in this litigation have been the victims of bad science conducted to support litigation rather than to advance medical and scientific understanding" of the disease of autism. We have to ask what understanding trully is.
Dr. Edward Jenner was born in the town of Berkeley, Gloucestershire of England on the 17th of May, 1749. He lived through a tragic childhood, for at the age of five both of his parents passed away. Jenner was raised by his sister, who was to marry the soon-to-be vicar Reverend G. C. Black (Jenner’s father had been the vicar of Berkeley before he passed). While growing up, Jenner expressed a high amount of interest towards rural topics and country matters. He often visited the Severn River to collect shells and anything else that caught his eye. As he grew older, this simple interest blossomed into a thirst for medical and basic scientific study. He was inoculated to smallpox in his preteens, pushing his medical interest even further. After being schooled in Wotton-under-Edge and Cirencester, he became an apprentice to the wise Dr. Daniel Ludlow. Through Ludlow, he gained the initial experience needed to be a surgeon. But later, in 1770, he moved to London, seeking the famous John Hunter, an excellent surgeon and experimentalist. He quickly developed a strong relationship with Hunter as he and Jenner became very good friends amongst the study of the human anatomy and medical sciences. After three years of training under Hunter, Jenner moved back to Berkeley and became the local practitioner and surgeon, which was very convenient to the townspeople and ill travelers.

As a general practitioner, he faced many illnesses and patients, and his doctoring proved very effective against their ailments. He would always do his best to aid another. Once, he even braved a blizzard to get to a very sick patient and nearly lost his life due to over-exposure. He also made a very productive surgeon and saved many lives. In addition to doctoring, he still had much interest in geology, specifically fossils. Despite his huge medical career, he made a dynamic find in uncovering the remains of a Plesiosaur, a prehistoric dinosaur. His thoughts of geology expanded more and more until his main interests were doctoring and geology. His extra-curricular thoughts were always an inspiration to others, triggering many geological and fossil-related finds and discoveries. Jenner achieved many things, such as his study of the cuckoo bird and his eventual acceptance into the Royal Society, making him a “Fellow” of the Royal Society. But,
his greatest achievement is that of the vaccination of smallpox and the later eradication of the disease itself.

Smallpox is a disease triggered by the viral strain variola. It enters the body through the lungs and is carried in the blood to the internal organs, which the virus periodically infects. Later in the sequence, the virus spreads to the skin, which breaks out in a hideous rash. It is characterized by several symptoms: fever, headache, backache, and vomiting (twelve days after exposure). In less serious cases, the rash occurs, starting out small, then the pustules grow larger until they are intensified blisters, then they retreat and leave deep scars in the victims skin. In more severe cases (much more common) the victim usually dies of internal bleeding or more secondary infections. It was a very common disease in different eras, climbing to “epidemic” class over time. It was extremely contagious and deadly, and most cities frantically searched for a cure or prevention. In this frantic search, Jenner began his quest for the cure of smallpox.

It started with Jenner giving common inoculations (specifically called variolations for the specific strain of the smallpox virus, hence variola). By drawing blood from his patients and deliberately giving them smallpox under the right body conditions, the patients were quarantined in stables and therefore gave their systems a chance to develop immunity. With the process being very brutal, and sometimes fatal, Jenner strived for a more efficient and safe method. This led him to using cowpox as a solution. He discovered cowpox, a mild viral infection of bovines, which was a simpler strain of variola. This virus merely caused outbreaks on the hands instead of the gruesome rash and such, therefore was safer to use on patients and more effective, giving the body a better chance to overcome this weak virus and build up an immunity to the strain. He called this process vaccination, after the Latin word vacca meaning “from a cow”. Some protested against his method and refused to be vaccinated, mostly because some thought the “white man” were the ones who made the disease the problem in the first place. But, Jenner’s innovative method eventually put an end to the epidemic of smallpox once and for all, even though very mild cases still occur.

Jenner’s work was so fantastic, that hundreds of thousands of people admired him for his discovery, as well as many prominent societies and colleges. Even during the war between Britain and France, the great Napoleon, when Jenner asked him to release some British prisoners of war, replied, “Ah, Jenner, I can refuse him nothing.” Napoleon, being an enemy of Jenner’s country, even minted him a specialized medal commemorating him for his solution to the smallpox issues. In his time, Jenner became a significant leader in the field of science, inspiring many to expand their ideas. I also think it was admirable of him to have extracurricular studies of geology and birds, specifically the cuckoo. His leadership is what I admire him for mostly, but there are many other things. By excelling in productivity and quick thinking, he accomplished the unthinkable by creating a vaccination for smallpox, proving highly beneficial to society. Think of what the world would be like with the smallpox virus untamed. People would still be isolating or even burning corpses, being extra careful of contact with others, and basically just fearing infection of smallpox every moment of their lives. We owe Jenner so much for his leadership, productivity, and his quick thinking, and I am proud to admire him as my true hero.
Although women were known as healers for centuries, they were not allowed to attend medical school. After many refusals from medical schools, Elizabeth Blackwell (1821-1910), was finally graduated from Geneva Medical College in 1849 and became the first woman to earn an M.D. degree. In 1857, she opened the New York Infirmary to serve poor women and children, and to provide more women opportunities to study medicine and nursing.

Across the Atlantic Ocean, another woman faced prejudice, not because of her gender but because of the color of her skin. Mary Seacole, a Jamaican nurse, went to Britain to assist in the Crimean War. When the war office refused her, she established a hotel to feed and care for sick and wounded soldiers. On the battlefield, she was known as “Mother Seacole.”

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SMALLPOX THE WEAPON

"Ye shall reap what ye has sown."

by Dan Eden

**IMMUNIZATION -- Our Front Line Defense?**

In the 18th Century, smallpox was so deadly that almost half of those contracting the disease died. The disease was most lethal in children and the elderly, but some adults seemed to have relatively milder symptoms from the disease.

The breakthrough for effective prevention of smallpox came in 1796 through an Englishman named Edward Jenner. Jenner was a physician who practiced as a country doctor. Smallpox ran rampant during most of the eighteenth century and was a major plague in Europe. It was a highly contagious disease. Its victims had symptoms similar to the flu. However, with smallpox, the victims would develop a rash of odorous, pus-filled blisters all over their body. The blisters would then turn into crusty scabs, would fall off and leave the victim's body scarred. This disease also lead to blindness, pneumonia, and commonly, death.

One day, Dr. Jenner overheard a girl say that she could not get the dreaded smallpox disease because she had already had another disease known as cowpox. This remark stuck with Dr. Jenner and he subsequently moved to London where he researched and experimented with the cowpox disease for several years. He found out there were actually two forms of cowpox, but only one form could possibly provide a human body with an immunity to smallpox.

On May 14, 1796, a milkmaid named Sarah Nelmes visited Dr. Jenner for the treatment of cowpox. Dr. Jenner decided it was time to test his vaccination, and he tested it on his gardener's son, an eight-year-old boy named James Phipps. The boy did contract cowpox, but he recovered from it within a few days. Dr. Jenner then waited eight weeks for the
boy's body to build an immunity. To complete his experiment, Dr. Jenner exposed James to smallpox. Amazingly, the boy did not contract the deadly disease, and the doctor claimed success.

The medical community turned its back on Jenner's claims, and it refused to even listen to him. Finally, he got his big break when a similar experiment in London with cowpox and smallpox proved that Dr. Jenner was right.

Before Jenner's discovery, the standard means of protection against smallpox was inoculation - deliberately infecting a healthy person with matter from someone suffering from a "mild attack" of smallpox. Usually this resulted in the inoculated person also suffering a mild infection, which then gave immunity against future more virulent attacks. But it was a risky procedure. Sometimes the resulting infection was not mild at all, but fatal.

The word "vaccinate" is derived from "vacca" -- the Latin word for cow. The vaccinia virus used today to immunize humans against smallpox is a variant of the common cowpox virus initially used by Jenner. It is presently only given to certain laboratory workers who might become exposed to smallpox in their work. The vaccinia strain is believed to be effective against the generic smallpox disease but there has been growing doubt that it will be effective against the smallpox strains (India 1, for example) developed for weaponized use. Information about this is difficult to obtain since most of this work is classified and secret. If the vaccinia vaccines are effective, which is presently not certain, the next question is who will get the vaccine if it is used by terrorists?

The New York Times has reported that the CDC plans to increase the number of "first responders" who receive the vaccination to 500,000 from the agreed-to 15,000. Preparations are also underway for rapid mass vaccination of the general public. The more extensive vaccination plan is possible because supplies are increasing. The government spent more than $780 million to develop its present vaccination arsenal.

In addition to "medical first responders," it has been suggested that first responders should also include a class to be defined as "economic first responders," those who would be necessary in keeping the economy moving in the event of a nationwide "lock down" caused by an outbreak.

This group would include pilots, truck drivers, food handlers, etc. It is the "etc." that is of concern. Where do you draw the line? Obviously, the line will be drawn after Tommy Thompson's vision of a "vaccine for every man, woman and child" has been fulfilled. One of the major problems is the lack of vaccinia immune globulin (VIG), the "antidote" that is needed for those who experience a severe reaction to the vaccine. The Times article reports that there are only 700 doses currently available. Dr. Tom Mack, among others at the CDC warned that, "in the absence of VIG, extensive vaccination would be extremely dangerous."

The vaccinia virus used in the vaccine has been known to cause encephalitis and other neurological problems, including death, in a portion of those given the vaccine. In fact, history shows that immunization has caused many problems in the past.
The worst smallpox disaster occurred in the Philippines after a 10 year compulsory US program administered 25 million vaccinations to its population of 10 million resulting in 170,000 cases and more than 75,000 deaths from "smallpox", in a country having only scattered cases in rural villages prior to the onslaught of vaccines.

Another worry is the fact that infected people may rush to a hospital where they could expose many otherwise sick patients and staff. Since there is no real treatment other than isolation, it has been suggested that traditional medical facilities could become a major source for spreading this disease. This point has not been widely discussed and health officials worry that the public will need to be given special instructions to "stay at home" and "remain indoors."

In the end, the public may have to make the final decision whether to be immunized, re-immunized, or to take their chances with the new world order we have created.
The serial dilution and succussion method of manufacturing homoeopathic medicines.
STIMULATION OF MOTILITY FACTORS IN NEUTROPHILS

This study was performed in 1994 at the Homeopathic Research Facility in Budapest, Hungary. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeopathic Clinic in Budapest, Hungary, and by the doctors listed above. This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1994.

ABSTRACT

In 1987 a department of scientific research in Germany published the first part of this study [Studies: 5]. In this study a sample of patients' blood was taken by finger prick, and put onto an inverted slide. The inverted slide allowed for motility of the white blood cell underneath the cover slip. When viewing blood normally, using a noninverted slide, the cover slip would produce pressure on the white blood cell and restrict its movement.

A sample of various bacteria was put into the blood sample, comprised of streptococcus. The mobility and motility of the white blood cell was then studied under the microscope. This was done using a dark field at 1500x to minimize the effects of excess infrared radiation. However, the temperature of the blood was always maintained within one degree of body temperature (98.6°F, 37.5°C).

The speed of the white blood cell was then measured in seconds per 10 μm, as well as the ability of the white blood cell to produce phagocytosis around the bacteria. The baseline was thus established by observing multiple white blood cells in the patients. One group of patients was then given a placebo of water and alcohol (ten drops) orally, and another group was given a sample of a complex homeopathic designed to stimulate the white blood cell towards bacteria. Blood was taken thirty minutes after administration of the placebo or homeopathic.

In the treatment group there was virtually no change from the initial pre-test. In the homeopathic group there was an increase. In the homeopathic treatment group there was a thirty-five percent increase in the motility and mobility factors of the leukocytes.

This initial American study of 1987 has been duplicated using an additional ten subjects with fungus instead of bacteria, and fifteen subjects have recently been added to the study population from Hungary. This makes a sum total of thirty-five subjects who participated in our study.
A SHORT STUDY OF COMPARISON FACTORS OF HOMEOPATHIC TREATMENT VERSUS ENZYMATIC TREATMENT OF INTESTINAL PARASITES

ABSTRACT

In this study a group of patients from ages twenty-five to fifty were chosen who displayed signs of worm eggs on coprolith (stool) analysis. The patients were divided into two groups of ten patients each. One group received treatment with a combination homeopathic product known as Vermex, which contains various homeopathics that stimulate the defenses of the system against parasitic intrusion, and also homeopathics that help to flush out the intestinal tract. The other group was given Standard Process enzyme therapy in a pill called Zymex, whose ability to rid the system of parasites through its enzymatic effects was claimed by various doctors.

The patients in each group were then remeasured. It was found that the Vermex product was successful in treatment, whereas the Standard Process product seemed to show no positive effect.
ENDOTOXIN

NDC 55541-2140-1

Product Specifications: Manufactured by Maitreya, Inc., 5260 East 39th Avenue, Denver, Colorado USA 80207
303-333-9269 / 800-283-4533 / FAX 303-355-415

ACTIONS

Endotoxin functions as a non-specific immune enhancer. Experimental research indicates that the constituent responsible for this immuno-stimulation is the lipopolysaccharide released from the bacterial cell walls upon lysis. Clinical trials indicate this non-specific stimulation includes increased antibody production and macrophage motility, and enhanced B and T cell activity.

NOTE: Lipopolysaccharides have been shown to be toxic at higher concentrations, while at ultra-high dilutions, they test unstable and results obtained are inconsistent. The midrange potencies contained in Endotoxin have demonstrated stable, safe and highly effective properties.

It is also important to note that the formula does not contain whole organisms or viable populations of any bacteria. Processing techniques prior to manufacturing ensure the bacteria used for this formula are completely destroyed.

INDICATIONS

Endotoxin is most useful in the effective management of mild to moderate bacterial and viral infection. It may, however, be effectively used for both chronic and acute conditions. Commonly used antibiotics routinely circumvent the reticuloendothelial system and focus directly on disrupting bacterial replication.

Endotoxin is designed to stimulate the immune system to properly respond to the challenge of general microbial infection. May be used concomitantly with antibiotics for prolonged or especially resistant infections. Endotoxin is also very effective when used as a preventative. By assisting the innate biological intelligence that already exists in the organism, Endotoxin tones the entire immune system and enhances subsequent immunological responses.
HOMEOPATHIC AND HERBAL TREATMENT OF AMOEBA INFECTIONS

By: W.C. Nelson, L.P.C.C.

INTRODUCTION

Amoeba is a one-celled organism that can cause a parasitical or protozoa disease. The amoeba motivate by extending and contracting their protoplasm. There are a host of types of amoeba as well as a multitude of other protozoa diseases. These diseases were thought of as being rare for many years but due to better diagnosis and detection we see today more and more of these diseases. The usual contact is with bad food or water. The initial exposure usually results in dysentery or what we refer to in Mexico as Montezumas revenge. This is usually treated symptomatically which produces relief. But the unconquered organism can proliferate and lead to other diseases. They can cause ulcerations in the colon and digestive tract. Most often the ulceration is in the lower bowel. Often the protozoa can proliferate in the mouth, bowel or spread to other areas. The proliferation of these intruders is slow and often takes 4 to 5 years before other symptoms result. The amoeba can occupy places in the synovial fluid of the joints and cause arthritis or articular disease. In the joints they will cause distortion of the joint and distention of the joint sack. Many arthritic deformed joints in the fingers are a result of ameobic proliferation. They can cause hepatic abscesses in the liver or other organs. Since they shrink when exposed, to saline solution (from the isotonic effect) they can be difficult to diagnose. The electro reactivity Xrroid can detect the ameobic disease with some accuracy. In recent years in clinical practice I have seen more and more Amoeba infections in Northern areas. In fact the further North I go the more amoea I see.

I can speculate that this is some how related to changes in the ultra violet light and the reduction in Amphibian populations.

TREATMENT

The human immune system does not have a developed system for dealing with this protozoa disease. All attempts to correct this with classical homeopathy, nutrition, and behavioral therapy come up empty. The patient needs more refined and direct therapy. So to help the system to deal with this disease we developed a nosode treatment with some herbal therapy that could disable any flagellated bacteria such as Giardia or the motived Amoeba.

The formula is made with the patented activation process at New Vistas which appears to increase the clinical results significantly. The formula contains nosodes from over 8 forms of Amoea and other Protozoa. In Addition herbal forms of Diloxamide Furoate, Metronidazole, and absinthium are at lower potencies.
ELECTRICAL REACTIVITY AS A PRESCREEN OF HIV INFECTION PATIENTS


ABSTRACT

Twenty-two ambulatory AIDS patients in Budapest were studied for xrroid electrical reactivity readings. The electrical reactivity patterns and reactive substances that were in the highest faction of reactivity. In other words, those reactants that were statistically significant are compared in the groups of the AIDS patients taking the AZT as well as the AIDS patients that were treated with homeopathic and nutritional items. The purpose of the study was to analysis similarities and consistencies in their electrical reactivity patterns over the course of four measurements. This took place during the 4th, 5th, 6th and 7th month of 1994. During these months there was also a homeopathic and nutritional intervention done on several of these patients to see the effect on blood chemistry profiles denoting aids risks and the homeopathic and nutritional intervention are described in the article known as the comparative results. Reductionistic techniques of synthetic chemistry have failed with HIV. This study charts a non-reductionistic system of analysis of the electrical reactivity patterns of the study participants.

Homeopathic and Naturopathic Treatment of AIDS:

So in conclusion to treat this disease naturally we must do the following

1. Use herb blends that directly interfere with the Virus. Hemo A or Chan Bai San

2. Treat the infections with natural means BAC, FNG, VIR

3. Use homeopathic Auto nosodical techniques to stimulate the immune system

4. Avoid all immunosuppressants AVOID
   - A: Processed Sugar And flour
   - B: Antibiotics
   - C: Excess Stress
   - D: Excess Alcohol
   - E: Street Drugs

5. Stimulate the immune system with herbs, soups, vitamins and Natural Immunomodulators.

6. Use the Mind to help with Neuro-Immuno-Stimulation.

7. Healthy Bowel Flora and Bowel Function, with Healthy Lymphatic functioning.

I hope that this report can help science to recognize the natural potentials.
INTRODUCTION

Herpes sores develop for many reasons. The herpes virus gets into cells, and can produce these sores. There are several types of herpes including simplex, genitals and zoster. There are many types of virus associated with these. These viruses often hide in connective tissue, especially around the spine, and then come out when there are periods of stress or metabolic imbalances that produce the right environment for them to leave. Once they leave the spine and go into an area such as the mouth, nose, vagina, penis, or other attack area, the herpes virus is ripe for disablement by the immune system. The key factors of the immune system that deal with this are B cells and their antibody activity.

TREATMENT

Herpes virus does not like cold. Often we see heat produced in the area before herpes strikes, and heat afterwards. When we place a cold source onto the actual lesion, we can observe that it might take several ice
HOMEOPATHIC TREATMENT OF EPSTEIN-BARR VIRUS INFECTIONS

Nosodal Therapy for Viral Chronic Fatigue
Chief Editor: N Vilmos, M.D.; Independent Medical Editor; Budapest, Hungary

Developed By: The staff of Maitreya, Limerick, Ireland

This study was performed in 1987 at the Survival Center Clinic in Ravenna, Ohio, U.S.A. Revalidation and further clinical testing are currently being performed by medical doctors at the Clinic in Budapest, Hungary, and by the doctors listed above.

ABSTRACT

Homeopathy has been proven effective historically in many different viral conditions. Recent experimental evidence has shown homeopathy to be effective for flu, measles, AIDS, and other viral conditions. In this article we review some of this literature and research, and we explore homeopathic treatment of Epstein barr and mononucleosis conditions.
HOMEOPATHIC STIMULATION OF WHITE BLOOD CELL MOTILITY AS ANALYSED UNDER THE MICROSCOPE

(A Proposed Mechanism of Homeopathic Immune-Stimulation)

Chief Editor: N. Vilmos, M.D.; Independent Medical Editor: Budapest, Hungary.
Developed By: The staff of Maitreya; Limerick, Ireland and William Nelson L.P.C.C.

This article was presented at the Pharma Expo in Budapest, Hungary; an international pharmacy exposition presented on November 10 - 13, 1994. Revalidation and further clinical testing are currently being performed by medical doctors at the Homeopathy Clinic in Budapest, Hungary, and by the doctors listed above.

ABSTRACT

The dynamic factors of life seem to be dependent on photons. This has been developed through quantum electrodynamics, which has been applied to biology by many researchers. In this study we microscopically analyzed the white blood cell's recognition and motility factors for bacteria and fungi. By then observing how the white blood cell moves towards the bacteria and fungi we are able to analyze one factor of immunity.

A key question in biology must be: How do the white blood cell and the immune system find and isolate the microorganism intruder?

A thermodynamic and/or chemical mechanism is not a complete analysis. In this paper we bring forth the treatise that the white blood cell has some photon receptors and a type of vision which allows it to find these intruders and thereby destroy them.

In this study we then gave the patients a treatment of water and alcohol, and/or a homeopathic of various microorganisms. This was performed in a double-blind fashion. In the placebo group there was virtually no change from the baseline reading in the motility recognition factors. However, there was a thirty-five percent increase in recognition and motility of the white blood cells in the blood samples of the patients receiving the homeopathic treatment.

The conclusions of this study are drawn through a dynamic, quantum, photon system of understanding of biology, which then helps us to understand some possible mechanisms of homeopathy. In the conclusions of the study we further show that homeopathy not only is a safe but also an effective and natural process of not defeating the organism directly, but stimulating the immune system to do its job better in defeating the microorganism intruder. Thus homeopathy offers a more natural way to stimulate the immune system of the host rather than a way to defeat the intruder directly, as in antibiotic treatment.
THE HOMEOPATHIC TREATMENT OF INFLUENZA

Surviving Influenza
Epidemics and Pandemics
Past, Present and Future
with Homeopathy

Special Bird Flu Edition

Sandra J. Perko, Ph.D., C.C.N.
Natural immunity
This is the immunity that we are born with. Resistance to antigens does not increase with repeated infection.

Acquired immunity
This is the immunity that develops after infection with different antigens. Starts working if natural immunity cannot deal with a particular type of antigen.

Happens Naturally From Exposure to Nasal Pharynx

Active immunity
Mumps 12/9/79
Naturally acquired
Artificially acquired

Passive immunity
Naturally acquired
Artificially acquired

Homeopathy Safe + Effective
Homeopathy of 6X to 10X has been shown to increase anti-bodies more safely than traditional Vaccination.
**Herd Immunity Thresholds for Selected Vaccine-Preventable Diseases**

<table>
<thead>
<tr>
<th>Disease</th>
<th>$R_0$</th>
<th>Herd Immunity</th>
<th>Immunization Levels</th>
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</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>6-7</td>
<td>85%*</td>
<td>1999 19-35 Months</td>
</tr>
<tr>
<td>Measles</td>
<td>12-18</td>
<td>83-94%</td>
<td>1997-1998 Pre-School</td>
</tr>
<tr>
<td>Mumps</td>
<td>4-7</td>
<td>75-86%</td>
<td>1999 19-35 Months</td>
</tr>
<tr>
<td>Pertussis</td>
<td>12-17</td>
<td>92-94%</td>
<td>1997-1998 Pre-School</td>
</tr>
<tr>
<td>Polio</td>
<td>5-7</td>
<td>80-86%</td>
<td>1999 19-35 Months</td>
</tr>
<tr>
<td>Rubella</td>
<td>6-7</td>
<td>83-85%</td>
<td>1999 19-35 Months</td>
</tr>
<tr>
<td>Smallpox</td>
<td>5-7</td>
<td>80-85%</td>
<td></td>
</tr>
</tbody>
</table>

* denotes doses

**Do You Know WHAT’S IN A VACCINE?**

- **ammonium sulfate** (salt)
  Suspected gastrointestinal, liver, nerve and respiratory system poison.

- **beta-propiolactone**
  Known to cause cancer; suspected gastrointestinal liver, respiratory, skin and sensory system poison.

- **genetically modified yeast, animal, bacterial & viral DNA**
  Can be incorporated into the recipient's DNA and cause unknown genetic mutations.

- **latex rubber**
  Can cause life threatening allergic reactions.*

- **monosodium glutamate** (MSG/glutamate/glutamic acid)
  Being studied for metastatic, teratogenic (developmental malformation), and immunosuppressive and neurotoxic effects.

- **aluminium**
  Implicated as a cause of brain damage; suspected factor in Alzheimer's Disease, dementia, encephalitis and coma. Allergic reactions can occur on skin.**

- **formaldehyde** (formalin)
  Major constituent of embalming fluid; poisonous if ingested. Probable carcinogenic; suspected gastrointestinal, liver, immune system, nervous, reproductive systems, and respiratory poison. Linked to leukemia, brain cancer, and lymphatic cancer.

- **phenoxyethanol (2-PE)**
  Used as preservatives. Toxic to all cells and capable of disabling the immune system's primary response mechanisms.

- **polysorbate 80**
  Known to cause cancer in animals.

- **tri (n) butylphosphate**
 Suspected kidney and nerve poison.

- **glutaraldehyde**
  Poisonous if ingested. Causes birth defects in experimental animals.

- **gelatin**
  Produced from selected species of calf and cattle skins. Extensible and water soluble and pork pass. Allergic reactions have been reported.*

- **gentamicin sulfate & polymyxin B (antibiotics)**
  Allergic reactions can range from mild to life threatening.*

- **mercury (ammoniated)**
  One of the oldest poisonous substances known. Has an affinity for the brain, gut, liver, bone marrow and kidneys. Minute amounts can cause mental disturbances. Symptoms of mercury toxicity are similar to those of arsenic.

- **neomycin sulfate (antibiotic)**
  Intolerable with vitamin B6 administration. An increase in the uptake of 66 can cause a rare form of epilepsy and mental retardation. Allergic reactions can be mild to life threatening.*

- **phenol**
  Used as antiseptic, toxin to all cells and capable of disabling the immune system's primary response mechanisms.
Dangers of Stab Vaccination

1. Mercury or other nervous or humoral toxin
2. Still living pathogen
3. Massive dose of pathogen delivered unaturally overwhelms the immune system
4. The immune system is already immune
Homeopathic Vaccination

References
Eaton, Dr. C. W., *Variolinum*. (a paper read before the American Institute of Homeopathy), 1907.


**References 2**


The world is awakening to WELLNESS. This was not even a word until recently. Now it is a world wide movement, people want to become WELL. Desiree has developed and credentialled a new Doctorate in Wellness to awaken people and teach the art of making themselves and others WELL. For more details go to the International University at www.imune.net