Vaccination was developed as an Application of the Principles of Homeopathy

Every Use of a Vaccination is a Use of Homeopathy Principles

The side chemicals used by the drug companies are a danger, but vaccination is still undeniably a homeopathic process
IJMSHNEM Variolinum started Vaccination

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Open Letter to Homeopaths:
Homeopathy has had a bad reputation lately due to a lack of respect for science and statistics. Math-Phobia has put Homeopathy into trouble. This journal is dedicated to help point out Homeopathy’s Myth and Mis-Conceptions. And we hope to point the way forward to help the art of Medicine to regain it former glory. Please let’s work as adults to help our art of Homeopathy face it critics and present a valid evidence based way into the future.

Brad Victor Johnson
Variolatum is a Nosode of Small-pox virus made by taking a Trituration of matter from small-pox vesicle.

Variolinum is the contents of the ripened pustule of smallpox. It is not the contents of a vaccine pustule. It is the virus of variola; not the virus of vaccinia. It is the virus of smallpox; not the virus of cowpox. There has been some confusion on this point. Our pharmacies afford both Variolinum and vaccininum, with the result that the two preparations have been mistaken for each other.

Vaccininum.

Vaccininum is a Nosode of Cow-pox virus made by taking a Trituration of matter from Cow-pox vesicle.

Chickenpox, also spelled chicken pox, is the common name for Varicella simplex, classically one of the childhood infectious diseases caught and survived by most children. Chickenpox is caused by the varicella-zoster virus (VZV), also known as human herpes virus 3 (HHV-3), one of the eight herpes viruses known to affect humans.

The importance of this distinction is evident when it is remembered that any immunity conferred by cowpox virus is indirect; conferred by smallpox virus, it is direct.

(a) If an individual may be rendered immune to a given disease by inoculation with the virus of that disease, in the proper preparation and amount; and
(b) If the virus of disease is effective when administered by the mouth, as distinguished from administration hypodermatically or by scarification.

The first form of Variolinum was found in ancient Egypt and China. They took the pustules of diseases or the scab and then made a remedy to build immunity in the patient. If the scab or pustule was too ripe it was bad for it would give the disease. If too old the scab or pustule would be ineffective. Roughly a 2-week old scab or pustule in one patient could provide weak or dead virus to use to build immunity in another. The science of immunization was started.
**Vaccinium myrtillus** is a Homeopathic made from the herb *Huckleberries, Huckleberry, Vaccinium Myrtillus*. This has little to do with Immunity.

**Anton van Leeuwenhoek** (1632-1723)

- Invented the microscope lens that allowed visualization of organisms
- Scraped his teeth and observed the bacteria that causes tooth decay

**Variolation** or inoculation was the method first used to immunize an individual against smallpox (*Variola*) with material taken from a patient or a recently variolated individual in the hope that a mild, but protective infection would result. The procedure was most commonly carried out by inserting/rubbing powdered smallpox scabs or fluid from pustules into superficial scratches made in the skin. The patient would develop pustules identical to those caused by naturally occurring smallpox, usually producing a less-severe disease than naturally-acquired smallpox. Eventually, after about two to four weeks, these symptoms would subside, indicating successful recovery and immunity. The method was first used in China and the Middle East before it was introduced into England and North America in the 1720s in the face of some opposition. The method is no longer used today. It was replaced by smallpox vaccine, a safer alternative. This in turn paved the way for the development of the many vaccines now available.

The terminology used to describe the prevention of smallpox can cause confusion. In 18th-century medical terminology, inoculation refers to smallpox inoculation. Confusion is caused by writers who interchange variolation and vaccination through either mistranslation or misinterpretation. The term variolation refers solely to inoculation with smallpox virus and is not interchangeable with vaccination. The latter term was first used in 1800 soon after Edward Jenner introduced smallpox vaccine derived from cowpox, an animal disease distinct from smallpox. The term variolation was then used from the 19th century to avoid confusion with vaccination. Most modern writers tend to refer to smallpox inoculation as variolation throughout without regard for
chronology, as is used here. Further confusion was caused when, in 1891, Louis Pasteur honored Jenner by widening the terms vaccine/vaccination to refer to the artificial induction of immunity against any infectious disease. Inoculation is used synonymously with injection in connection with the use of vaccines or other biopharmaceuticals, but has other meanings in e.g. laboratory work.

Smallpox vaccine, the first successful vaccine to be developed, was introduced by Edward Jenner in 1798. He followed up his observation that milkmaids who had previously caught cowpox did not later catch smallpox by showing that inoculated cowpox protected against inoculated smallpox. The word vaccine is derived from Variolae vaccinae (i.e. smallpox of the cow), the term devised by Jenner to denote cowpox and used in the long title of his An enquiry into the causes and effects of Variolae vaccinae, known by the name of cow pox. Vaccination, the term which soon replaced cowpox inoculation and vaccine inoculation, was first used in print by Jenner's friend, Richard Dunning in 1800. Initially, the terms vaccine/vaccination referred only to smallpox, but in 1881 Louis Pasteur proposed that to honor Jenner the terms be widened to cover the new protective inoculations being introduced.

Origins of variolation

China

The Chinese practiced the oldest documented use of variolation, dating back to before the fifteenth century. They implemented a method of "nasal insufflation" administered by blowing powdered smallpox material, usually scabs, up the nostrils. Various insufflation techniques have been recorded throughout the sixteenth and seventeenth centuries within China. According to such documentation, mild smallpox cases were selected as donors in order to prevent serious attack. The technique used scabs that had been left to dry out for some time. Fresh scabs were more likely to lead to a full-blown infection. Three or four scabs were ground into powder or mixed with a grain of musk and bound in cotton. Infected material was then packed into a pipe and puffed up the patient's nostril. The practice of variolation is believed to have been ritualized by the Chinese. The blowpipe used during the procedure was made of silver. The right nostril was used for boys and the left for girls. Variolated cases were treated as if they were as infectious as those who had acquired the disease naturally. These patients were subsequently kept apart from others until the rash had cleared. Two reports on the Chinese practice were received by the Royal Society in London in 1700; one by Dr. Martin Lister who received a report by an employee of the East India Company stationed in China and another by Clopton Havers. But no action was taken.

Sudan

Similar methods were seen through the Middle East and Africa. Two similar methods were described in Sudan during the late eighteenth and early nineteenth centuries. Both had been long established and stemmed from Arabic practices. Tishteree el Jidderi ("buying the smallpox") was a practice seen within the women of Sennar in Central Sudan. A mother of an unprotected child would visit the house of a newly infected child and tie a cotton cloth around the ailing child's arm. She would then haggle with the child's mother over the cost of each pustule. When a bargain was struck, the woman would return home and tie the cloth around her own child's arm. Variations of this practice included bringing gifts to the donor. The second method was known as Dak el Jedri ("hitting the smallpox"), a method similar to that used in Turkey and eventually transported into England. Fluid was collected from a smallpox pustule and rubbed into a cut made into the patient's skin. This practice spread more widely through Africa. It may have also traveled with merchants and pilgrims along the middle-eastern caravan routes into Turkey and Greece.

Spread into Western Europe

Introduction

Although variolation had become common practice in China and much of Africa by the seventeenth century, Western European medicine still saw the practice as being nothing more than folklore. It would not be until Italian physician Dr. Emmanuel Timoni of Constantinople promoted the practice that variolation began its spread through Western Europe. After coming across the practice in Constantinople, Timoni wrote a letter describing the method in detail which was later published in the Philosophical Transactions in early 1714. His account would become the first medical account of variolation to appear in Europe. Although the article did not gain widespread notoriety, it caught the attention of two important figures in the variolation movement, Bostonian preacher Cotton Mather and wife of the British Ambassador to the Ottoman Empire, Lady Mary Wortley Montagu.

Lady Mary Wortley Montagu

No stranger to smallpox, Lady Mary had lost her brother to the devastating disease. Soon afterwards she also contracted smallpox. Although she survived she was left with severe facial scarring. While in Turkey she came across the process of variolation as it was practiced amongst the people of Constantinople. She first mentioned variolation in the famous letter to her friend, Sarah Chiswell, in
April 1717, in which she enthusiastically recounted the process, which in Constantinople was most commonly administered by experienced elderly women. In 1718, she had the practice conducted on her five-year-old son, Edward Montagu. The procedure was supervised by the embassy doctor Charles Maitland. On her return to England she had her four-year-old daughter inoculated in the presence of physicians of the royal court in 1721. Both variations proved successful. Later on that year Maitland conducted an experimental inoculation of six prisoners within the Newgate Prison of London. In the experiment, six condemned prisoners were variolated and later exposed to smallpox with the promise of freedom if they survived. The experiment was a success and soon variolation was drawing attention from the royal family who helped promote the procedure throughout England. However, variolation caused the death of Prince Octavius of Great Britain, eighth son and thirteenth child of King George III in 1783.

Despite opposition, variolation established itself as a mainstream medical treatment across England. Part of its success was founded on statistical observation which confirmed that variolation was a safer alternative to contracting smallpox naturally, strengthened by the assumption that it protected against the disease for life. The major faults of variolation lay within its simplicity. Doctors sought to monopolize the simple treatment by convincing the public that the procedure could only be done by a trained professional. The procedure was now preceded by a severe bloodletting, in which the patient was bled often to faintness in order to ‘purify’ the blood and prevent fever. Doctors also began to favor deep incisions, which also discouraged amateurs.

**The Suttonian Method**

Thomas Nettleton (1683-1748) was a precursor of the Suttons around 1722.

The main forerunners of the English variolation movement were the Suttons, a family of physicians who would revolutionize the practice of variolation. The patriarch Robert Sutton was a surgeon from Suffolk who began experimenting with the practice of variolation. In 1757 the procedure failed on one of his sons. He sought a new method in which the procedure would become as mild as possible. By 1762 he began advertising "A New Method of Inoculating for Small-Pox." Sutton kept his method a secret and only passed it down to his three sons. The mystique and effectiveness behind this new method helped to promote their business which soon became wildly successful. They established a network of variolation houses and clinics and offered franchises to other variolators for a share of the profits and on the condition that the secret would not be revealed. By 1770, the Suttons had treated over 300,000 satisfied customers. Daniel, the eldest of the Sutton sons, eventually revealed the family secret in his book *The Inoculator* published in 1796. The success of their method lay in a shallow scratch, careful selection of only mildly-affected donors, and no bleeding or extreme purging. Although the renown of the Suttons gradually faded after this revelation, the family's lasting impression would remain for generations.
Other prominent English variolators included Thomas Dimsdale who published accounts of his method in 1769 and 1781; William Woodville appointed Director of the London Smallpox and Inoculation Hospital in 1791, who published a history of variolation in 1796; and John Haygarth who published an ambitious plan to exterminate smallpox in 1783.

Widespread recognition

In 1738 variolation was added to the second edition of Chambers' Cyclopædia, which in its time was an authority of knowledge for the literary class. Later in 1754, variolation received the sanction of the Royal College of Physicians. All of this made England the international center of variolation, attracting visitors from all over the world to explore this new method of prevention. The nation also acted as a magnet for those who sought to introduce the benefits of variolation to their own countries. A remarkable example of this is the introduction of variolation into Russia. Thomas Dimsdale, a prominent banker, politician, and physician, was invited to visit St Petersburg to variolate Catherine the Great. In 1769, he variolated Catherine, her son 14-year-old Grand Duke Paul, and over 140 prominent members of the Court. The results were successful. Dimsdale was created a baron of the Russian Empire, awarded £10,000, with £2000 for expenses and an annuity of £500. His son, who accompanied him was also rewarded. In case Dimsdale's variolations had ended badly, Catherine had arranged a relay of horses to carry them safely out of the country.

France was the last European country to embrace variolation. It was not until an outbreak of smallpox in Paris in 1752 nearly killed the heir to the French throne that the public embraced the practice after seeing the prince variolated. Similarly in Japan, Chinese merchant Li Jen-Shan proposed the method of traditional Chinese intranasal variolation after a severe smallpox outbreak in Nagasaki in 1744. This led Japanese physician Ogata Shunsaku to variolate children using a human smallpox vaccination method during an outbreak in Chikuzen Province from 1789 to 1790. There were no deaths among the children, and they all appeared to be protected.

By the end of the eighteenth century, variolation had gained widespread global respect and was thought to be one of the greatest medical successes of its time. It had become the subject of serious medical study, leading physicians like John Haygarth from Chester, England, to explore its application on a larger scale. In 1793 he published A Sketch of a Plan to Exterminate the Small-Pox from Great Britain. This relied on rules summarised by Donald Hopkins:

- Systematic inoculation throughout the country, isolation of patients, decontamination of potentially contaminated fomites, supervised inspectors responsible for specific districts, rewards for observation of rules for isolation by poor persons, fines for transgression of those rules, inspection of vessels at ports, and prayers every Sunday.
- Its implementation at the time was impractical for logistical reasons and the risk that variolation would spread smallpox. However with suitable modifications, such as the substitution of vaccination for variolation, it was remarkably similar to the strategy adopted during the World Health Organization's smallpox eradication campaign.
Use in Homeopathy

In 1830 Hering proposed the use of Hydrophobinum for the prevention of rabies, Variolinum for prevention of smallpox, and Psorine for the prevention of the itch miasm.

Hering’s Law

How a cure is effected:
- Internal to external
- Top to bottom
- Reversal of onset of symptoms
- More vital organs to least vital organs

Dr. Constantine Hering
(1800-1880) Father of American Homeopathy
Homeopaths use variolinum successfully, but unknowing ill-trained practitioners made mistakes and many died from ineffective variolinum or too strong variolinum. The FDA was made to regulate vaccination. http://medicalexposeddownloads.com/PDF/FDA%20history.pdf
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.”

"Ye shall reap what ye has sewn."

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
A Brief History of Early Drug Regulation in the United States

The U.S. Food and Drug Administration is the oldest federal agency dedicated to consumer protection, originating as a single chemist appointed to the U.S. Department of Agriculture in 1862. FDA in 2006 employed more than 10,000 toxicologists, chemists, pharmacologists, physicians, microbiologists, pharmacists, veterinarians, lawyers, and others. This poster, excerpted from materials produced by the FDA’s History Office (On-line information at www.fda.gov/ohi/history) highlights the fascinating early origins of the regulation of medicines and accompanies several objects generously loaned by the University of Arizona’s Museum of Pharmacy.

Rising Popularity of Patent Medicines or “Nestums” in the 19th Century

Throughout the 1800s, in an era of limited physician tools for treating illness that had been sanitized and supported by empirical evidence and the scientific method, an increasingly urban population in the United States developed an appetite for medical cures. Marketed through caution, nevers, and grandiose claims of efficacy, these medicines claimed to cure everything from cancer, venereal disease, female troubles, stomach aches, and epilepsy. One product sold widely in the late 1800s and early 20th century, William Radam’s Microbe Killer, boldly declared on the label “Cures all diseases,” while Dr. Sibley advertised that his Solar Tincture was even able to “restore life in the event of sudden death.” In fact, these products often simply relied upon opium, cocaine, or alcohol to make people feel better or “cured,” however, in many cases, they contained toxic ingredients such as acetanilide or cresol phosphate (an organophosphate causing nerve paralysis).

The Great American Fraud and the Pure Food and Drugs Act of 1906

In the early 1900s, while famed muckraking journalist Upton Sinclair’s publications detailed the horrific conditions of the meat-packing industry, some of his colleagues exposed the false claims, harmful ingredients, and market manipulation of nostrums and their producers. The most famous of these investigations was published in Collier’s magazine by Samuel Hopkins Adams in a series entitled “The Great American Fraud.” In February, 1906, the same month Sinclair’s The Jungle was published. Four months later, the first Federal Pure Food and Drug Act was published, prohibiting interstate commerce of adulterated and misbranded food and drugs. Though this led many patent medicines to remove narcotics instead of labelling them, it was less successful in currying exaggerated claims or preventing many dangerous substances from reaching consumers.

The Sulfanilamide Disaster and the Federal Food, Drug, and Cosmetic Act of 1938

Between 1906 and 1938, legal proceedings over many problems with dangerous drugs demonstrated that the Pure Food and Drugs Act did not go far enough to protect public safety. In 1937, Massengill distributed an “elixir Sulfanilamide” considered for “all conditions in which the penicillin streptococci appear.” It contained diethylamine glycerol, a chemical analogue of stilbamide, leading to the documented deaths of 187 people, including many children. This disaster became the urgent impetus for the passing of the Federal Food, Drug, and Cosmetic Act. Among the Act’s provisions were notably that all drugs be tested for safety prior to marketing, and the results submitted to the FDA in a new drug application (NDA). It additionally authorized factory inspections, and required the establishment of safe tolerances for unavoidable poisonous substances.

Furthermore, FDA promulgates the policy in August that sulfanilamide and selected other dangerous drugs must be administered under the direction of a qualified expert, thus launching the requirement for prescription only (non-narcotic) drugs.

CLICK TO READ THE HISTORY OF THE FDA
As silly as it seems surgeons prior to Pasteur washed their hands during surgery. They only washed their hands after surgery to clean the blood before going home.

In 1846 Ignaz Semmilvise (an Austrian Doctor) found that midwives had less birth related deaths than doctors because they washed their hands.

Germ theory was unknown
IJMSHNEM Variolinum started Vaccination

Dr Jenner sought to stop smallpox with cowpox variolinum. It was indeed like treating like.

Jenner was a Homeopath

Vaccination is Homeopathy

Variolinum is made from the contents of the ripened pustule of smallpox. It is the virus of variola; this for immunization.
Flies Do NOT Cause the Garbage

2 flies and their offspring will carry away over 100 lbs of dead meat in 48 hrs.

"Let me tell you the secret that has led me to my goal. My strength lies solely in my tenacity."

Louis Pasteur

A bit of science distances one from God, but much science nears one to Him....
The more I study nature, the more I stand amazed at the work of the Creator."

Louis Pasteur

TheStoryofLiberty.net
It has been said that Louis Pasteur, the father of modern pathology, stated on his deathbed:
“The microbe is nothing; terrain is everything.”

It is not the germ that can act alone. It needs nutrients, weak defenders and a host of things to be able to proliferate. The germ theory alone is wrong, as our friend Louis Pasteur realized near death. Factors of weakness of immunity like sugar, stress, fried foods, poor nutrition etc all are more important than the bug alone.

When we go behind any restaurant we will find flies on the garbage. It is wrong to use the germ theory mentality to assume the flies made the garbage. The flies take away garbage, and many of our bugs are there to assist detox.

As we rethink medicine and make peace with nature immunity and variolinum makes more sense.
Proper administration of an immunization should use natural methods.
Variolinum Spreads into America

Documentation of variolation in the Americas may be traced back to 1706 in Boston, where puritan minister Cotton Mather learned of the technique from his North African slave Onesimus. Further research into the matter revealed to Mather that several other slaves had too been variolated. In 1714, he came across Timoni’s article in Philosophical Transactions in which he described methods of variolation found in Turkey. Mather was able to implement this new method in 1721 when Boston suffered a smallpox outbreak, although others such as William Douglass strongly opposed the idea.

The main arguments against variolation were on religious grounds. Because religion was never far from any aspect of life in eighteenth century Boston, several wondered how this new method would coincide with religious teachings. The simplest debate argued that variolation was ungodly because it was not mentioned specifically in the Bible. Inoculation was also a direct affront to God's innate right to determine who was to die and how and when death would occur. Several believed smallpox outbreaks were well-merited punishments for the sins of those who contracted the disease. Those who were empirically-minded saw the notion of using the products of such a deadly disease to prevent said disease as being an insult to logic.

Despite these persistent arguments, Mather also gained several supporters. Among this group of followers was surgeon Zabdiel Boylston who urged Mather to further promote the procedure. With the support of Mather, Boylston went on to successfully variolate 300 patients with only six of them
dying. By contrast, 1,000 of the 6,000 people who acquired smallpox naturally died during the same period. Boylston traveled to London in 1724. There he published his results and was elected to the Royal Society in 1726.\[144\]

From Boston, the practice spread throughout the colonies. In 1775, George Washington ordered that the Continental Army be variolated. By the end of the American Revolutionary War, variolation had gained widespread acceptance in the larger cities and towns of the United States.\[2\]

**Transition into vaccination**

The success of variolation led many, including medical professionals, to overlook its drawbacks. Variolation was practiced on the assumption that it protected against smallpox for life and was unlikely to kill. Both these assumptions eventually proved to be false. In some cases, even natural smallpox failed to protect one from a second attack. These cases were a result of a lapse of immune "memory", while others may have been misdiagnosed (experts often confused smallpox with chickenpox). Variolation also required a level of skill and attention to detail which some physicians lacked. Many physicians failed to take note of local redness and discharge to assure the variolation had taken, resulting in inadequate treatment. However, it was its great risk to others that led to the end of the practice. The collateral smallpox cases spread by variolated subjects began to outweigh the benefits of the procedure.

From the 1760s, a number of individuals, including John Fewster, Peter Plett, Benjamin Jesty, and particularly Edward Jenner, were interested in the use of material from cowpox, an animal infection, to protect against smallpox.\[10\][11] In 1796, Jenner vaccinated James Phipps, did more vaccinations in 1798, and was the first to publish evidence that cowpox protected against smallpox, was safer than variolation, and that his vaccine could be maintained by arm-to-arm transfer.\[12\] The use of variolation soon began to decline as the smallpox vaccine became widely used and its benefits appreciated. Various countries made variolation illegal, starting with Russia in 1805.\[6\] Varicella Variolation served as a natural precursor to the discovery of vaccination. The major differences between the two were that in vaccination, material from cowpox, an animal disease, was used, but particularly that it was safe to those vaccinated and was not transmitted to their contacts. Vaccination offered the public a less-harmful method of preventing smallpox. Vaccination would revolutionize the control of smallpox, leading to its eventual eradication.\[6\] The extension of the principle of vaccination by Pasteur and his successors would lead to the development of vaccines for diseases such as diphtheria, measles, mumps, rubella, and influenza, and make the eradication of infectious diseases, particularly poliomyelitis, a realistic prospect.

**The end of variolation**

The FDA was started to help regulate vaccination.

http://medicalexposedownloads.com/PDF/FDA%20history.pdf

Although variolation eventually declined or was banned in some countries, it was still practiced in others. "Buying the smallpox" was still practiced in Sudan until the late nineteenth century.\[119\] However, variolation survived longer elsewhere. During the World Health Organization's Smallpox Eradication Campaign vaccination teams came across variolators in remote areas of Pakistan and Afghanistan and their samples were confiscated. In the early stages of the campaign live virus was detected in some but as the campaign progressed variolators could not replenish their stocks and although virus particles were detected in some samples very few contained live virus.\[683-5\] Passage of time and information about the survival of smallpox virus make it extremely unlikely that any infectious samples have survived.\[1173-7\]
Although variolation has ceased, it has influenced the concept of other traditional practices, such as "Pox Parties" in which children are intentionally exposed to diseases like chickenpox and measles and rubella in order to gain solid natural immunity. Although strongly discouraged by public health officials, the practice persists.[13]

References

IJMSHNEM Variolinum started Vaccination

http://www.downloads.imune.net/medicalbooks/SINthetic%20pesticides%20cause%20Autism,%20not%20Vaccines.pdf


Immunization was used in India 1000 BC
In China it was used from 1350 AD

In 1796 Jenner makes Vaccination very popular to the people,
Louis Pasteur makes many vaccines
The need for Vaccine regulation is behind the development of the FDA

First Synthetic chemicals made in 1869.
Use of SINthetic Derived Pesticides starts in 1900. Use expands in 1909.
The first legislation providing federal authority for regulating pesticides was enacted in 1910.

Autism is first observed in 1900s and it is labeled Autism in 1911, near to the first use of the SINthetic Insecticides, just one year after the first use of the manmade chemicals. At First Autism effects 1 in 10 million

Autism grows in perfect correlation to the use of SINthetic Chemicals World-Wide. The Causative relation of SINthetics causing Autism is absolutely confirmed. Today Autism effects 1 in 47
No link between flu or flu vaccine in pregnancy and autism: new study

Good news, moms-to-be: There’s no link between the flu and autism, per this study.

BY NICOLE LYN PESCE
NEW YORK DAILY NEWS
Wednesday, November 30, 2016, 6:00 PM

Here’s one less thing for moms-to-be to worry themselves sick about: Getting the flu or a flu shot while pregnant will not increase their baby’s risk of autism.

Previous research linked infections like influenza or fever during pregnancy, as well as receiving the flu vaccine, with the development of autism spectrum disorder in children. But a study published in *JAMA Pediatrics* on Tuesday found no association between the two. Researchers studied 196,929 children born at Kaiser Permanente facilities in Northern California between 2000 and 2010. Some 3,101 children (1.6%) were diagnosed with autism spectrum disorder.
Within the group, 1,400 mothers came down with the flu while they were expecting, and 45,231 (or 23%) got a flu shot during their pregnancy. The good news is, the study found no correlation between the flu and autism in the second and third trimester.

There was a suggestion of increased ASD risk among children whose mothers received flu vaccines in the first trimester, however, but the authors noted it could be due to chance. The number was “not statistically significant” after adjusting for multiple comparisons.

“The way we feel people should interpret this is that there is really not any increased risk for autism, and we’re recommending no changes in the vaccine policy,” said Lisa Croen, a senior research scientist for Kaiser Permanente and senior author of the study in a statement. “It should be reassuring for prospective mothers.”

The study did allow that “additional studies are warranted to further evaluate any potential associations between first-trimester maternal influenza vaccination and autism,” but ruled there was no correlation overall between having the flu while pregnant and autism. This contradicts a 2012 Denmark study that found pregnant women who had the flu or ran a fever for more than a week faced a greater risk of having a child with autism spectrum disorder. The researchers did stress at the time, however, that the link could be a “coincidental finding” and required further study. Synthetic chemicals have been found to cause autism not vaccines.
IJMSHNEM Variolinum started Vaccination

Autism Rate Difference, Children Vaccinated and Unvaccinated with MMR

- Unvaccinated
- Vaccinated

This correlation is only 63% showing a trend but not a causal relation. When we truly investigate this relation the cause is apparently SINthetic drugs.

"Vaccination might be a contributing factor but not causal if we look at the statistics"

http://indexdave.video/SINthetic_Drugs_Vaccines_Autism_expanded
http://indexdave.video/SINthetic_drugs___Autism_a_very_personal_story

"If you know nothing about Statistics, let me tell you this type of EXTREME Correlation is just about Proof of the Cause of Autism being Glyphosate+ other SINthetic Items"

http://indexdave.video/SINthetic_Drugs_Vaccines_Autism_expanded
http://indexdave.video/SINthetic_drugs___Autism_a_very_personal_story

Pearson Correlation Coefficient = 0.985


The rise of GMO foods has resulted in the increasing use of Glyphosate herbicides. When this data is overlapped with autism prevalence rates the correlation is astonishing. To see more of Nancy’s statistical analysis, access her full report as archived at Dr. Stephanie Benfari’s MT page.

http://indexdave.video/SINthetic_Drugs_Vaccines_Autism_expanded
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"If you know nothing about Statistics, let me tell you this type of EXTREME Correlation is just about Proof of the Cause of Autism being Glyphosate+ other SINthetic Items"
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.
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Brad Victor Johnson
Homeopathic vs Orthodox Vaccinations

Watch

http://indavideo.hu/video/SINthetic_Drugs_Vaccines_Autism_expanded
http://indavideo.hu/video/SINthetic_drugs_Autism_a_very_personal_story
http://indavideo.hu/video/SINthetic_Chemistry_Risks
http://indavideo.hu/video/IMUNE_Pill_Poppers
http://indavideo.hu/video/If_you_refuse_vaccination_then_your_camp_will_be_concentration
http://indavideo.hu/video/The_Medicated_Child_Frontline_modified
**Homeopathic Immunization**

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*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.
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>
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<td>1,159 children</td>
<td>2,342 questionnaires</td>
<td>15 years</td>
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* 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. Therefore, 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

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

<table>
<thead>
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</table>

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 Vaccinum 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.

![Diagram of immunity types](image-url)
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 type 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 micro-organisms. 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 one 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."

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 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.

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**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
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

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 truly is.
Jenner was a Homeopath

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.
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. 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

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**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 odoruous, 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.
POTENTISATION

The serial dilution and succussion method of manufacturing homeopathic 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 (one drop) 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.
**PRODUCT SPECIFICATIONS**
Manufactured by Maitreya, Inc., 5260 East 39th Avenue, Denver, Colorado USA 80207
303-355-9269 / 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, LP.C.C.

INTRODUCTION

Ameba is a one celled organism that can cause a parasitical or protozoa disease. The ameba motivate by extending and contracting their protoplasm. There are a host of types of ameba 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 ameba 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 amebic 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 amebic disease with some accuracy. In recent years in clinical practice I have seen more and more Ameba infections in Northern areas. In fact the further North I go the more ameba 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 Ameba.

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 Ameba and other Protozoa. In Addition herbal forms of Diloxanide Furoate, Metronidazole, and absinthinum are at lower potencies.
ELECTRICAL REACTIVITY AS A PRESCREEN OF HIV INFECTION PATIENTS


ABSTRACT

Twenty-two ambulatory AIDS patients in Budapest were studied for xrorid 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 nosal techniques to stimulate the immune system

4. Avoid all immunosupressants 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 Immunmodulators.

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.
HOMEOPATHIC TREATMENT OF HERPES-LIKE CONDITIONS

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 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>1999 19-35 Months</th>
<th>1997-1998 Pre-School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>6-7</td>
<td>85%*</td>
<td>83%*</td>
<td>9%</td>
</tr>
<tr>
<td>Measles</td>
<td>12-18</td>
<td>83-94%</td>
<td>92%</td>
<td>96%</td>
</tr>
<tr>
<td>Mumps</td>
<td>4-7</td>
<td>75-86%</td>
<td>92%</td>
<td>97%</td>
</tr>
<tr>
<td>Pertussis</td>
<td>12-17</td>
<td>92-94%</td>
<td>83%*</td>
<td>97%</td>
</tr>
<tr>
<td>Polio</td>
<td>5-7</td>
<td>80-86%</td>
<td>90%</td>
<td>97%</td>
</tr>
<tr>
<td>Rubella</td>
<td>6-7</td>
<td>83-85%</td>
<td>92%</td>
<td>97%</td>
</tr>
<tr>
<td>Smallpox</td>
<td>5-7</td>
<td>80-85%</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

* A doses

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### Do You Know
**What's In A VACCINE?**

- **ammonium sulfate** (sodium)
  - Suspected gastrointestinal, liver, nerve and respiratory system poison.
- **beta-propiolactone**
  - Known to cause cancer, suspected gastrointestinal liver, respiratory, skin and sensory organ 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)/glutamat glutamic acid
  - Being studied for metastatic, teratogenic (developmental malformations, joint abnormalities, joint hyperactivity effects, etc.) An acute reaction. Allergic reactions can range from mild to life threatening. *
- **aluminium**
  - Implicated as a cause of brain damage, suspected factor in Alzheimer's Disease, dementia, psychiatric and comus. Allergic reactions can occur on NHP. *
- **formaldehyde** (formalin)
  - Major constituent of embalming fluid, potentially fatal ingestion. Probable carcinogenic, suspected gastrointestinal, liver, immune system, nervous, reproductive system, and respiratory poison. Linked to leukaemia, brain cancer, and lymphatic cancer. micro-organisms
- **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 pieces of calf and cattle skins, dehydrated and washed bones and pork paws. Allergic reactions have been reported. *
- **gentamicin sulfate & polymyxin B** (antibiotics)
  - Allergic reactions can range from mild to life threatening. *
- **mercury (thimerosal)**
  - One of the oldest poisonous substances known. Has an affinity for the brain, gut, liver, bone marrow and kidneys. Minute amounts can cause mental damage. Symptoms of mercury toxicity are similar to those of alcohol.
- **neomycin sulfate** (antibiotic)
  - Similar to sulphates and antibiotics, it causes nausea. In some infants a oral intake of 66 can cause a true form of epilepsy and mental retardation. Allergic reactions can lead to life threatening. *
- **phenol/phenoxyethanol** (2-PE)
  - Used as a preservative. Toxic to all cells and capable of disabling the immune system's primary response mechanism.
Dangers of Stab Vaccination
1. Mercury or other nerval or humoral toxin
2. Still living pathogen
3. Massive dose of pathogen delivered unaturally overwhelms the immune sys
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**


PHYSICIAN

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