IMUNE ON VACCINATION

Vaccines for Children
20 years of protecting America's children

The Vaccines for Children program was established in 1994 to make vaccines available to uninsured children. VFC has helped prevent disease and save lives...

CDC estimates that vaccination of children born between 1994 and 2013 will:

- prevent 322 million illnesses
- help avoid 732,000 deaths
- save nearly $1.4 trillion in total societal costs (that includes $795 billion in direct costs)

www.cdc.gov/features/vfcprogram

??? To Stab or NOT to Stab???

That is the question, so what does the logical scientific evidence say
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IMUNE
Evidence Based Natural Energetic Medicine Education
WHAT IS Vaccination: Vaccination is a form of Natural Medicine where an Injection of a killed naturally occurring microbe is put into your body in order to naturally stimulate your immune system to naturally defend against the microbe, thereby preventing future disease naturally. Vaccinations, or immunizations, work by stimulating the natural immune system to recognize then attack the microbial intruder by stimulating the natural disease-fighting immune system of the body. Vaccines are all designed to stimulate the body’s own natural immune system.

Homeopathic companies that use 7x to 10x of the natural microbe with only alcohol and water as the agent have GREAT success in vaccination. As our research will show.

Chemical companies have bastardized the idea of vaccination by using too much of the microbe to exceed natural exposure, and the chemical companies use SINthetic compounds to make vaccinations that have negative side effects on a child’s developing nervous system.

If you give vaccination to 1000 children with SINthetic drugs and no vaccination with SINthetic drugs to 1000, there will be no difference in the autistic population. Both groups get SINthetic drugs and chemicals there is no difference in autism.

If you give SINthetic drugs to 1000 mothers carrying a child and no SINthetic drugs to 1000 other mothers, there will be a big difference in the autistic population. The SINthetic drug population will make at least 19 out of 1000 children have autism. The NO SINthetic chemical group will have surprisingly NO (let’s repeat NO) Autism.

If you give vaccination to 1000 children with SINthetic drugs to mothers and vaccination with NO SINthetic drugs to 1000, there will be a big difference in the autistic population. The SINthetic drug population will make 20 out of 1000 children have autism. The NO SINthetic chemical group with vaccination will have surprisingly NO (let’s repeat NO) Autism. Vaccination has a small effect on autism but might be the aggressor that activates the autism. We must learn more.
IMUNE ON VACCINATION

If we look at the data with open educated eyes there are statistics that are quite convincing.

Low Cost Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>$60</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>$100</td>
</tr>
<tr>
<td>Hepatitis A and B</td>
<td>$160</td>
</tr>
<tr>
<td>Meningitis</td>
<td>$200</td>
</tr>
<tr>
<td>Gardasil</td>
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<tr>
<td>MMR</td>
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<td>Polio</td>
<td>$85</td>
</tr>
<tr>
<td>Tetanus</td>
<td>$70</td>
</tr>
<tr>
<td>Flu shot</td>
<td>$14.99</td>
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</tbody>
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7x - 10x Homeopathy


http://medicalexposedownloads.com/PDF/Measles%20vaccination%20may%20help%20preserve%20defences%20against%20other%20ills.pdf
IMUNE ON VACCINATION

George Carlin on Immunity -  https://www.youtube.com/watch?v=PxgFwHwN5HQ

Louis Pasteur (a MicroBiologist not a Doctor) advances Germ Theory in 1865. Pasteur develops many Vaccinations in 1870 for such diseases as Anthrax, with limited success, thus a need for more laws + stiffer controls.

Louis Pasteur made the World aware of Micro-organisms and this was a revolution leading to the Modern Germ Theory.

but on his deathbed Pasteur said it was the Fauna NOT the Flora.

In other words it is the Immune System that is More Important.

http://www.downloads.imune.net/medicalbooks/ConciseHistoryImmunology.pdf
IMUNE ON VACCINATION

Read how the FDA is started -- http://medicalexposeddownloads.com/PDF/FDA%20history.pdf

The real cause of autism is SINthetics (that is absolute), and GMO SINthetics like glyphosate are also a main cause of autism,

Vaccination is mostly natural by definition they must use the natural infectious agent to make a vaccine, Vaccination is most often the closest a Medical Doctor gets to using natural medicine. I would never argue with a doctor over vaccination. He is doing natural medicine and there is no clear evidence against it. All of the evidence when we look at it, it is the SINththetic chemicals that cause the damages.

But if I argue with the doctor about using SINthetics, he will cower and piss in his pants, he knows of the massive damages caused by SINthetic drug side effects. He uses them only because if he does not he loses his license.

The Chemical companies use small amounts of SINthetics left in the vaccination product so they can get a patent and then they use too much of the dead agent over challenging the immune system, So the chemical company vaccinations are an aggravation to the child's nervous system and if the child has been exposed to glyphoshates and other SINthetics the vaccination might be enough to push them over the limit.

But on their own the Chemical companies vaccination themselves do not cause autism,

Looking at the MTHFR genetic mutation, among other genetic effects. The mutated body is unable to detox "toxins". Over 90% of children with autism are supposed to have this gene.)

Now think of what this says about vaccination. The genetic change comes from the mutagenic properties of the SINthetic drugs of GMO foods taken by the mother carrying her child. This causes autism. The vaccinations are often just the straw that broke the camel's back. Don’t blame the last straw, blame the SINthetic chemical mutagenic compounds we all have let fill up our world.
Homeopathic vaccinations of 7x to 10x are safe and effective, but hardly ever used, But the bottom line is the culprit is the Sinthetic chemical companies putting their evil poison into our environment and children. And this evil flourishes when good people do nothing.

Time to quit pointing the finger at vaccination and point the whole hand and even the foot at the Sinthetic Patent medicines.

**If we want to look at the worst health problems, well science will show us. Here are the Number 1-5 health problem killing people and making disease we need to pay for:**

1. **Smoking- The Evil Big Tobacco** controls the FDA, the media, the law itself. No prosecutor has ever sued a parent for willful neglect or reckless endangerment in letting their under the age of consent child become addicted to an expensive enslaving drug that will take 15 to 20 years off of their life and over half a million dollars out of the pocketbook. But over 75 parents have been sued for not giving their children meat. Over 6 million dead and over 500 million sick and diseased from Big Tobacco each year. And the Police, Prosecutors, Governments and all of the Law fear and they are controlled by the Ultra-Rich and Big Tobacco

http://medicalexposeddownloads.com/PDF/Big%20Tobacco%20the%20Evil%20that%20does%20not%20die.pdf

2. **Big Sugar makes millions** selling all kinds of disease causing compounds and they use CANDY HOLIDAYS to sell their disease aggravating compounds. Over 35 million dead each year and near a billion sick and diseased.  
http://www.dailymail.co.uk/debate/article-2096088/Pure-white-deadly-No-cocaine-sugar.html

3. **BIG Pharma kills** Over 50,000 people who die from prescription drugs each year. The side effects are too high a staggering cost to estimate.  
http://medicalexposeddownloads.com/PDF/Prescription%20Drugs%20Outpace%20Car%20Accidents%20-%20Leading%20cause%20of%20accidental%20death(1).pdf

4. **Alcohol** Harmful use of alcohol results in the death of 2.5 million people annually, causes illness and injury to millions more, and increasingly affects younger generations and drinkers in developing countries. Nearly 4% of all deaths are related to alcohol.  

5. **Junk food kills** over 40,000 a year directly and makes billions of people sick.  

6. Over a thousand children a year are killed by SINthetic chemical vaccination. while homeopathic vaccination has never killed or hurt anyone.
Vaccinated vs Unvaccinated kids

If a discussion of autism goes on long enough in the online parent community, the question of vaccines will almost certainly come up. (I'll note that in real life it rarely, almost never, comes up). If the vaccine topic takes over the discussion, one is very likely to hear the call for a “vaxed/unvaxed” study: a comparison of health outcomes for kids who were vaccinated compared to kids who were not vaccinated.

There are at least three such studies in the works. Two are being funded by groups antagonistic to vaccines. The self-named “National Vaccine Information Center” is funding a project at George Mason University. Said study is, I believe, run by someone from NVIC. Generation Rescue is funding a project at Jackson State University, “Researching into the causes of autism”. In previous years, Generation Rescue was funding Jackson State for a project “vaccination status and health outcomes among homeschool children in the United States”, which is likely the same project just with a different name. Perhaps that’s the same study that the founder of “Focus Autism” is complaining about here. Either way, there are two, maybe more, vaccinated/unvaccinated studies that have been underway for a few years, funded by groups generally antagonistic towards vaccines.

As an aside— in online discussions, the people calling for a vaxed/unvaxed study are connected to Generation Rescue and NVIC. And yet they act like no one is doing such a study.

Back to the topic at hand: there is another vaccinated/unvaccinated study in the works. A large study. In discussions at an IACC meeting this year, Tom Insel responded to a statement about a vaccinated vs. unvaccinated study:

Dr. Insel: So I might add, we have just done that study looking at, in this case, tens of thousands of children in a large health care system — younger siblings, many of whom did not vaccinated. So we could, whether you like it or not, compare what the risks are, both the risk for autism and the risks for medical consequences for not being vaccinated versus being vaccinated in children who have presumably some genetic risk because they’re young sibs.

And those data are submitted for peer review. We should — maybe by July we’d be able to have that presented here. So I’ll be happy to, since we’ve funded that through, be happy to ask the authors to come and talk to us about the results.

That statement was in April. We just had the July IACC meeting but the results were not presented. The study is in the works, though. At the time Dr. Insel made that statement it struck me that this study was likely a part of a project by the Lewin Group. The Lewin Group presented at the IACC in early 2013. That project has not yet been published, but the results presented last year were very
interesting, so I’ll take some time to go through those results here. Keep in mind that it’s possible the upcoming vaccinated/unvaccinated study is not by the Lewin Group. The Lewin Group study population was large and included a large cohort of siblings of ASD kids:

<table>
<thead>
<tr>
<th>Sample Description</th>
<th>Sample Size (ASD)*</th>
<th>Comparison Group (no ASD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>46,236</td>
<td>138,876</td>
</tr>
<tr>
<td>Parents of children</td>
<td>80,164</td>
<td>232,229</td>
</tr>
<tr>
<td>Siblings of children</td>
<td>57,056</td>
<td>195,868</td>
</tr>
</tbody>
</table>

When I read or hear “comorbid conditions” discussed by advocacy groups or parents, they are almost always those conditions which those groups feel are part of their “vaccines cause autism” picture. Gastrointestinal complaints—falsely linked by Andrew Wakefield to the MMR vaccine and autism. Mitochondrial/metabolic disorders, brought to prominence by a famous vaccine court case.

Yes, in this study metabolic dysfunction and gastrointestinal/nutritional conditions are about 4.5 times more common in ASD kids. About 20% of kids are in the gastrointestinal/nutritional conditions group (I wonder how that breaks down into GI and nutritional as separate groups). About 5% have metabolic conditions.

But what if I were to tell you that these are not the most common comorbid conditions in ASD children (and ASD adults are yet another story)? Not by a long shot.
About 70% of ASD kids have neurological disorders. About 70% have mental health conditions. 70%. 24 times higher than the general population for each condition.

You just don’t hear that from groups promoting vaccine causation. Groups like SafeMinds. Which brings us back to the vaccinated/unvaccinated study SafeMinds is concerned about. SafeMinds is preparing its readers for the vaccinated/unvaccinated study. Although they’ve been calling for this study for a long time, a fact they remind us of this fact in their article: The NIH is slated to release the results of a study on autism in vaccinated, partially vaccinated, and non-vaccinated children. Here’s what you need to know BEFORE it comes out.
SafeMinds begins their article comes with what I consider a rather ironic graphic:

Research shows that children with vaccination have less health problems and research also shows that those with no vaccination have fewer problems. We post both research for you to peruse. You must judge these issues for personal reflection.

Why is this ironic? SafeMinds relies upon poorly done research to support their arguments about vaccines, mercury and autism. For example, their non-peer reviewed *Autism: A Novel Form of Mercury Poisoning* is one of the papers that first made me question the purported vaccine/autism link. It was never very good and really should be discarded. As another example, if you go the SafeMinds web page *Correlation Between Increases in Autism Prevalence and Introduction of New Vaccines* you will find this graph:
If you think that graph looks old, you’d be correct. It’s at least 10, if not 15 years old. It takes California Department of Developmental Services (CDDS) administrative data, pretends it’s actually autism prevalence, and graphs it against the mercury exposure from infant vaccines during the 1990’s and leads the reader to the idea that mercury exposure and autism are correlated and also related. But they aren’t correlated. That’s what happens when you use a 15 year old graph. California removed thimerosal from infant vaccines, even the flu shots, and also for vaccines for pregnant women. And what happened to the autism rate? It kept going up. Schechter and Grether published this in 2008 in *Continuing increases in autism reported to California’s developmental services system: mercury in retrograde*. In 2013, I showed that the increase was still going on. But SafeMinds is acting like the last decade didn’t happen. They tell us: Autism prevalence increased rapidly in the late 1980s. The epidemic increased simultaneously in states across the United States, indicating that U.S. children were exposed to toxins in a consistent manner across the entire country. Due to the high adherence amongst the states to the CDC-recommended vaccination schedule, vaccines typically introduce a new exposure to children simultaneously throughout the country.

For people who actually looked at the CDDS data, we know the idea that autism was rising in the same way in various locations wasn’t true. The whole basis for a universal exposure causing the rise in identified autism was false. It’s one of those facts that made me question the vaccine hypothesis long ago. CDDS data even in 2000 showed autism rates varied wildly across the state of California and the increase was not the same from region to region within the state. Special Ed data (which has major limitations but is likely the data SafeMinds was using to make the above statement) showed large variation from state to state in the number of people getting services under the autism label. There is not and never was data to support the assertion SafeMinds makes above that the rates of autism increased simultaneously across the US.

All this is my long-winded way of saying, I find it more than ironic that SafeMinds wants to warn me about flawed research leading to bad conclusions.
So, let’s ask ourselves: why would SafeMinds be concerned enough about this new vaccinated/unvaccinated study? Well, siblings of autistic kids are (a) more likely to be unvaccinated and (b) more likely to be autistic, like 20 times more likely to be autistic (here and here).

The Lewin group reported that younger siblings were less likely to be vaccinated:

In addition, an unpublished study from 2011 compared vaccination status among ASD kids, their siblings and non-relatives. The authors found:

Instead, because siblings of children with autism were less likely to be vaccinated according to the recommended schedule, both correlations and multiple regressions revealed a significant relationship between higher rates of vaccination and non-ASD behavioral outcomes.

Or, to put it simply, if you look at younger siblings, they get fewer vaccines than the general public and have a higher rate of autism. If correlation is causation, this would mean that vaccines prevent autism. Which, in at least one case, is true. Correlation is not causation, though. The new study will likely find that delaying or forgoing vaccines does not reduce autism risk. And that, in my view, would concern SafeMinds. Enough that they want people prepared in advance for what to them will be “bad” news.

—

Evidence Based Natural Energetic Medicine Education
Autism, Denmark and again no link with vaccines.

For a while now, I’ve been hoping that someone would publish data on the current state autism prevalence by birth year in Denmark. Denmark has been used for epidemiological studies for autism since their is a national database for health care. Thus, one can obtain a count of all people in Denmark who have been diagnosed with autism. Which is not the same thing as saying they have a count of all people in the country who are autistic. One can be autistic and not be diagnosed, as we will see.

A recent study using the Danish database is Recurrence of Autism Spectrum Disorders in Full- and Half-Siblings and Trends Over Time: A Population-Based Cohort Study. It’s an interesting study and I feel somewhat guilty for pulling the time-trend data out for my own discussion. In short, the study found that if a family has one child who is autistic, the chance for a subsequent child to be autistic is about 7 times higher than for families without an autistic child. This is fairly consistent with many other sibling studies over the years, but much lower than found in the recent baby siblings study out of the MIND Institute. That might be due to the active surveillance used by the team at MIND. I.e. they were actively monitoring and testing baby siblings.

Much more, they conclude:

Although the results from our comparison of recurrence in full- and half-siblings support the role of genetics in ASDs, the significant recurrence in maternal half-siblings may support the idea of a contributing role of factors associated with pregnancy and the maternal intrauterine environment. Finally, the lack of a time trend in the relative recurrence risk in our data suggests that the likely combination of genetic and environmental factors contributes to the risk for ASD recurrence in siblings or that the risk for recurrence because of such factors has not been affected by the rise in the ASD prevalence.

Very interesting—whatever is behind the higher prevalence among younger siblings, it seems to be the same today as 30 years ago.

What’s the overall prevalence of autism in Denmark according to this study? For childhood autism, they report 0.3%. For all ASD’s, 1.2%.

Autism, we are told by those promoting the autism/vaccine link, is unmistakable. Each autism prevalence report is not an estimate, but an accurate count of every autsitic because there is no way to miss an autistic. Back in the day, Rick Rollens was a constant fixture in the news on autism. He was a strong proponent of the idea that one could not miss autism.
WATSON:  
Like many parents, Rick is convinced that Russell was damaged by a series of vaccinations. He strongly rejects the idea that the epidemic of autism can be entirely explained by poor diagnosis in the past because numbers have rose over the last few years.

ROLLENS:  
Missing child with autism is like missing a train wreck. For us now to now think that somehow we have better identified a child who can’t talk, who has repetitive behaviour. Who makes no eye contact. Who is self-involved and in many cases self-abusive just defies logic.

Mr. Rollens was wrong on two counts (leaving aside his inflammatory and derogatory language). First, autism is not just the child who can not talk, self-involved and self-abusive. Second, yes, a lot of autistics have been missed. We’ve seen that time and time again. Look at the same population at different times and the later study will have found more autistics. An this goes for autistics with intellectual disability, as shown in the recent UCLA/Utah autism followup: “Today's diagnostic criteria applied to participants ascertained in the 1980s identified more cases of autism with intellectual disability.”

But, what about Denmark? A study from 10 years ago looked at autism incidence following the removal of thimerosal in Denmark in 1992. Thimerosal and the occurrence of autism: negative ecological evidence from Danish population-based data

In that study they found 956 children born in their study period who were diagnosed with autism by 2000:

A total of 956 children with a male to female ratio of 3.5:1 had been diagnosed with autism during the period 1971–2000.

The current Denmark study included individuals diagnosed until the end of 2010. I.e. there were 10 more years of followup. In those 10 years a lot more people were diagnosed. Where there were 956 diagnosed with autism by 2000 (for birth years 1971 to 2000), 2321 were diagnosed by 2010. That’s an increase of 240%. And the new study focused on birth years 1980 to 1999. I.e. the entire 1970’s birth cohort is not included in this count, and they still found over twice as many autistics. Where were they in 2000, when the previous study was performed? Living in Denmark, not identified as autistic.

There are a few factors which are likely behind this increase, but here we have a great example of “increased awareness” affecting autism prevalence.

And, those numbers were for childhood autism. For ASD, the increase is even larger. 10,377 Danes had an autism spectrum disorder diagnosis (for birth years 1980-1999) in the new study (the previous study included none). That’s a whopping 1080% increase. Again, there are a few reasons for
this (including the increased awareness above), but here’s what “expanding the definition” does to autism.

Those increases would be an “epidemic” to some if it weren’t for the fact that those autistic Danes were there all along. They just weren’t diagnosed in 2000.

For many years, groups touting the idea that vaccines cause autism have pointed to Denmark as part of their argument. Denmark uses fewer vaccines than the U.S..

Comment: Denmark is a first world country based in Western Europe. Their schedule appears far more reasonable than ours. They have also been reported to have a much lower rate of autism than the U.S. Do they know something we don’t?

What was that Danish vaccine schedule that Generation Rescue recommended?

*DTaP at 3, 5 and 12 months*
*Hib at 3, 5 and 12 months*
*IPV at 3, 5 and 12 months, plus 5 years*
*MMR at 15 months and 12 years*

No mercury (Denmark phased that out in 1992). No birth dose of Hepatitis B. Fewer vaccines overall than in the U.S. And the same autism prevalence of about 1%.

If you dive into more details, it gets even worse for the vaccines and/or thimerosal cause autism argument. Let’s look at the prevalence as a function of birth year for childhood autism and ASD from the recent study:

Consider this statement from a previous study:
This means that children who followed the full vaccination program during the period 1961–1970 had received a total of 400 g of thimerosal or 200 g of ethyl mercury by the age of 15 months and during the period 1970–1992 they had received a total of 250 g of thimerosal or 125 g of ethyl mercury at 10 months of age. In March 1992 the last batch of thimerosal-containing vaccine was released and distributed from Statens Serum Institut in Denmark.

The thimerosal exposure was higher prior to 1992 than after. But the prevalence of both childhood autism and ASD is higher after the removal of thimerosal. This is the same result as shown in the 2003 study. The number of vaccines seems to be constant over this time period, so number of vaccines/aluminum/too-many-too-soon or other arguments don’t work either.

How about taking just a single year. The prevalence for ASD in 1996-97 was 1.4%. What is the autism prevalence in the U.S. for that year? To answer accurately, I’d contend we need a count today, not an old one. But people promoting the idea that vaccines cause autism take the CDC reports as absolute measures of autism, comparing each report and telling us all about the epidemic. So, let’s take the CDC number for kids born in 1994: 0.8%. That study was reported in 2009.

So, we have 1.4% in Denmark and 0.8%, nearly half the Danish prevalence, in the U.S.. Denmark had no thimerosal, no Hepatitis B shot (birth or otherwise), fewer vaccines and less aluminum exposure. And much higher reported autism prevalence.

Oddly enough, even though there have been many prevalence studies out of Denmark, Tomljenovic and Shaw didn’t include Denmark in their study “Do aluminum vaccine adjuvants contribute to the rising prevalence of autism?” My guess is that Denmark didn’t fit their conclusion then, and, like Iceland, would make their analysis fall apart now. It is even more odd that Tomljenovic and Shaw didn’t use Denmark as Denmark was used in a faux-study put out by Generation Rescue. In AUTISM AND VACCINES AROUND THE WORLD: Vaccine Schedules, Autism Rates, and Under 5 Mortality Someone at Generation Rescue made the first attempt at the sleight of hand of comparing the autism prevalence in various countries vs their vaccine schedules. At that time, 2009, Generation Rescue claimed that the autism prevalence in Denmark was 1 in 2,200, misrepresenting the 2003 study discussed here. The raw prevalence in this 2008 study was 0.65% or about 1 in 153. That value didn’t fit the thesis that the Generation Rescue author wanted to convey.

One argument found on the internet is that the 2003 Denmark paper fudged the results by clipping the last years off the data presented. An email involving people involved in the study is quoted as saying, “But the incidence and prevalence are still decreasing in 2001”. Oh, my, we are told, the autism prevalence and incidence actually went down after the removal of thimerosal!

But, it didn’t. The prevalence of childhood autism (basically what was studied in the 2003 paper) in Denmark is flat from birth cohorts 1996-2004. Flat. The prevalence of ASD’s do see a decline. That must be it! Evidence that thimerosal was causing autism in Denmark! But it isn’t. The prevalence of ASD in 2003-04 is the same as that in 1990-91, before thimerosal was removed. Why does the ASD prevalence go down? We can’t say for sure, but my strong suspicion is that it’s the same reason why the authors in 2003 were seeing a decrease: too few years of follow up. Autistic kids are typically
diagnosed earlier than those with other ASD’s, but the average age was about 5 in Denmark in 2003 (as I recall). ASD kids can have an average age of diagnosis of 8. Recall that the recently released study followed kids up to the end of 2010. It’s no surprise to me that the estimated prevalence for ASD kids born in 2002 is lower than that for kids born in 2000 in this study. And this is consistent with the flat prevalence for kids with childhood autism diagnoses, as they are typically diagnosed earlier and 8-9 years would be enough to find the majority of the autistics in that population.

What about the idea that there’s a “changepoint” in the autism prevalence in Denmark and California pointing to some event in the late 1980s that’s contributing to autism prevalence? For one thing, the present study notes that the recurrence risk doesn’t change with time, so that’s good evidence against such an idea. **There is no changepoint in the California data in the 1980’s**, as it is exponential and fitting it to two straight lines is just a mistake. What about the prevalence data just released? The data are not finely spaced in birth years, in my opinion, to give a good idea of any “changepoints” in the 1980’s. But there is a changepoint of sorts in the childhood autism data in the 1990’s. The data plateau at about 1996. But, as already noted, this doesn’t coincide with anything related to vaccines. The ASD prevalence appears to peak at about 1994, but, again, this doesn’t coincide with vaccine events and, I suspect, results largely from lack of follow up for the kids in the later birth years.

How about the MMR vaccine? MMR uptake for young children (MMR1) was **basically flat from 1987-1997**. Uptake rose somewhat after that. So, during the period that the estimated prevalence was increasing, MMR uptake was basically flat. During the time that the estimated prevalence was either flat (childhood autism) or decreasing (ASD’s), the MMR uptake was increasing. So if we were to play the “correlation equals causation” game, MMR prevents autism. (two notes, preventing rubella infections most likely does prevent some autism and the link above shows a nice example of rubella infections going down after MMR was introduced in 1987. The two points are not linked because most women in Denmark who were infected with rubella before 18 weeks gestation chose abortion, resulting in a low congenital rubella syndrome prevalence).

How about the “fetal cells in vaccines cause autism” argument? It’s one without biological plausibility, but then so was the thimerosal idea. I’d be interested in seeing how the vaccines were produced in Denmark in the 1990’s, but at present, the MMR vaccine there is developed using chicken eggs, not fetal cell lines. And they don’t routinely vaccinate against chickenpox, another vaccine in the U.S. using fetal cell lines. It looks like at least **as far back as 1999** they were using egg-based vaccine production for MMR.

So, it appears we have a country with no vaccines grown in fetal cell lines with an autism prevalence as high or higher than that in the U.S.. In other words, the “vaccines from fetal cell lines caused the ‘autism epidemic’ theory” also appears to be debunked by the Denmark data.

In case you are looking for correlations with the vaccine program, **here’s the history in Denmark**. So, how about the rise in estimated prevalence in the 1980’s. Is it “real”, as in does it represent an actual increase in the fraction of autistics in the population? It’s a good question and one which could be answered by performing a real study of autism prevalence in adults. The sort of study I and others have called for in the U.S., but that most autism-parent advocacy groups have refused to support.
Such a study would not only answer the question of the prevalence, but it would give us valuable data on what has led to success and failure among the autistic adult population.

For those promoting the idea that environmental mercury emissions are a factor in the increase of autism rates, if you have data for Denmark, I’d love to see it. In the U.S., environmental mercury emissions dropped by over 50% in the 1990’s.

Lastly, let’s discuss a comment statement one will read or hear. It goes something like “the autism prevalence was 1 in 10,000 in 1980 and it’s 1 in 1,000 today”. This involves a number of sleights of hand. First, the autism prevalence wasn’t 1 in 10,000 in 1980. It was a few in 10,000 (Wing and Gould reported about 5/10,000). Doesn’t sound like a big deal, but when people start taking ratios (it went up a gazillion percent) a factor of 2 or 3 in the denominator makes a difference. Second, this was the estimated prevalence based on the number of autistics diagnosed at the time. As shown above, the childhood autism prevalence estimate for Denmark in the 1980’s increased by 240% in the past decade. This was not a real increase, but better identification. Third, the comparison is between autism (childhood autism, DSM-III autism or some other restrictive definition) vs. autism spectrum disorders. Also shown above was that the prevalence of ASD’s in the 1980’s increased by a factor of 10, increasing only in the past 10 years. A factor of 10 in the numerator, a factor of 3 or 4 in the denominator and pretty soon you are talking about a big part of the increases observed.

In the end, none of the above arguments are that new. Or, to put it better, none of the vaccines-cause-autism arguments had much real support. The mercury idea has lost much of the support it had 10 years ago in the parent community, but it persists. The aluminum in vaccines idea has risen to try to take the place of the mercury hypothesis, but it is based on the exact same smoke and mirrors. The idea that the increase in autism is due to the MMR has been scientifically dead for years. And, yet, these ideas persist. And they cause harm, both to the community at large and to the autism community.

By Matt Carey
(REFUSERS) – (Comment) The Council on Foreign Relations (CFR) recently published a disease map purporting to show that disease outbreaks are the fault of the unvaccinated. While the mainstream media like PBS ran the story, they missed the fact that the CFR map shows the highest disease outbreaks in the most-vaccinated populations.

Those countries where vaccines are given routinely or forced upon children and their parents, often under threat of law, experience the lion’s share of communicable diseases. Why? What’s happened with “herd immunity”?

by Catherine J. Frompovich

Right off, and at the very beginning, I say this article will cause rumblings and a stir amongst many, if not all, on both sides of the vaccine safety issue, especially with vaccine apologists. My reason for saying that is because what I discuss is strictly my evaluation of the interactive data map showing communicable infectious diseases globally, as prepared by the Council on Foreign Relations (CFR),
which points out some grave problems regarding vaccine statistics, in my opinion. Please study the map before reading on.

The only request I make is that every reader consider the information with an open mind, not one influenced or prejudiced by pseudo-science. One statistic that the data show is this: the most vaccinated population countries have the most outbreaks of those same diseases for which vaccines are pushed on populations supposedly to engender what’s called “herd immunity.”

First, let’s see how many vaccinations were mandated for children in several countries of the western meme according to data available in 2009. Sweden and Japan had 11 vaccines, Finland 12, Norway 13, Switzerland 16, Australia 27, Canada 28, and USA 36. It is safe to say that, if anything, more vaccines have been added to those schedules since 2009, especially the HPV vaccine for both girls and boys. But, for the sake of ‘argument’ and graphics available, I will use the chart below as a reference alongside the CFR’s map.
Graphic Source in Notes

One readily can see that the USA had/has the most number of mandated vaccines, which has increased dramatically in numbers since 2009 for children birth to 18 years of age as confirmed by the CDC’s "Recommended Immunization Schedule for Persons Age 0 Through 18 Years United States, 2014."

Before I go further in my interpretation of the map and data, let’s consider what the map offers:

1. Disease color-coded dots designating Measles, Mumps, Rubella, Polio, Whooping cough, and Other
2. Countries with an inordinate amount of dots are: the USA, the European Union (EU), Australia, New Zealand, Japan, Canada to some extent, plus Equatorial Africa and India where GAVI [Global Alliance for Vaccines and Immunisation] has implemented vaccination campaigns.
3. The South American continent is almost void of any communicable disease dots. Interesting? Wait until some vaccination campaign strategy takes off there. It’s only a matter of time, I’d say.
4. Several countries have no dots representing diseases.
5. China, which often is touted as a growing hotbed of communicable diseases, shows Measles and Other, if I’ve interpreted the color code correctly as Polio and Other are too closely related in colors. Is that color scheme a favorable coincidence?
6. The predominant diseases globally, according to dots on the map, are: Measles and Whooping cough, which are the vaccines children everywhere are vaccinated with.

Now, I’d like to discuss my interpretation of what the map represents:
Those countries where vaccines are given routinely or forced upon children and their parents, often under threat of law, experience the lion’s share of communicable diseases. Why? What’s happened with “herd immunity”? It just doesn’t add up, especially since in the USA there is over 90% childhood vaccination compliance! According to the U.S. CDC’s MMWR (Mortality and Morbidity Weekly Report) 2012—13 School Year for Kindergarten, for example,

This report summarizes vaccination coverage from 48 states and DC and exemption rates from 49 states and DC for children entering kindergarten for the 2012–13 school year. Forty-eight states and DC reported vaccination coverage, with medians of 94.5% for 2 doses of measles, mumps, and rubella (MMR) vaccine; 95.1% for local requirements for diphtheria, tetanus toxoid, and acellular pertussis (DtaP) vaccination; and 93.8% for 2 doses of varicella vaccine among awardees with a 2-dose requirement. Forty-nine states and DC reported exemption rates, with the median total of 1.8%. Although school entry coverage for most awardees was at or near national Healthy People 2020 targets of maintaining 95% vaccination coverage levels for 2 doses of MMR vaccine, 4 doses of DtaP† vaccine, and 2 doses of varicella vaccine (2), low vaccination and high exemption levels can cluster within communities, increasing the risk for disease. [CJF emphasis added]

Take a look at those vaccination percentage rates: 94.5% for MMR, 95.1% for DtaP and 93.8% for chickenpox (varicella), and still there are outbreaks of measles and pertussis. There IS something dramatically wrong with vaccines and their effectiveness, I contend, if that number of children is an example of vaccination rates in the USA that can be interpolated for comparisons of vaccinated versus non-vaccinated. Furthermore, only a medium total of 1.8% was exempt from vaccinations.

**Question:** Is 1.8% a high exemption level? I don’t think so, as it falls well within the 5% target range of exemptions for non-vaccinated as found in Healthy People 2020.

The CDC/FDA, medicine, pharmacology, and vaccinology, in particular, are dead wrong regarding vaccines, I do believe. The more children receive vaccines and boosters, undoubtedly, the more communicable infectious diseases are surfacing. What does the CFR map tell?

In my opinion, one of several physiological occurrences, or all, may be happening:

1. Vaccines aren’t working and cause immune dysfunction.

2. Vaccines are damaging the immune system so much that it cannot function as Nature intended and designed due to vaccine antigen responses that undoubtedly are reprogramming it.

3. Disease microorganisms are becoming sophisticated — similar to bacteria due to too many antibiotics prescribed for just about every malady plus those in the food chain — so that microorganisms are morphing into new strains for which vaccinology either hasn’t realized what’s going on or can’t keep up with various or newer strains and antigens. See this:

   "There are currently eight species in the *Bordetella* genus. Three species in this genus are known to be pathogenic to humans. *B. pertussis* and *B. parapertussis* are very similar species. Both species cause pertussis (whooping cough) in humans and are separated merely by the toxins they release during infection. *B. parapertussis* releases toxins that seem to cause a milder form of pertussis (whooping cough). *B. bronchiseptica* causes respiratory disease in various mammals and occasionally in humans. The species is further separated from *B. pertussis* and *B. parapertussis* by being motile. The human
IMUNE ON VACCINATION

pathology of the remaining five species is relatively unknown. B. avium and B. hinzii, are known to cause respiratory disease in poultry. [2] [CJF emphasis added]

4. A large percentage of vaccinated children in the USA now experience some form of illness or disease that is NOT a communicable disease, which manifests either as chronic or neurological. Something authorities want to deny is that since numerous vaccines have been mandated for children since the 1980s, so have autism [neurological] rates skyrocketed from one in 10,000 [1970s] to 1 in 50 children in the USA as of March 2013 reporting! [1]

While writing this article I received this information:

The new ‘official autism’ numbers were released minutes ago by the Centers for Disease Control and Prevention, 1 in 68 among all eight-year olds evaluated in 2010, 1 in 42 boys, and 1 in 189 girls, more than a million children. The last time the CDC released these numbers in 2010 the numbers were 1 in 88, and 1 in 54 boys. Undoubtedly the real numbers today are much higher than this 4-year old data.

Along with that information, a request came to call the White House (202) 456-1111 and ask President Obama what is he going to do about it.

Special Notation should be made of the variances in the CDC report as referenced in the article Notes below (1) [3/20/13] and the information I just received. Isn’t it a hornet’s nest to figure out? In the Reference section of that report (pg.2) it states: “This prevalence estimate (1 in 50) is significantly higher than the estimate.” Somehow to me, their figures don’t seem to be coherent. Don’t they know what they are doing, or is it on purpose to add confusion to the issue?

Autism is not the only health problem since vaccines took off like greased lightning. The USA Today reported this: “More than half of children ages 8 to 14 have had a long-term health problem at some point, such as obesity, asthma, a learning disability or other ailment, a study shows.” [3]

The sad part, though, is that no one is investigating correlation and causation with regard to the inordinate number of vaccines prescribed during the first two years of life starting at birth!

In the USA alone, measles and whooping cough outbreaks occur in 90% or more of those contracting the diseases and fully vaccinated. See my blog “Mumps Breakout in Ohio May Prove Something.”

B. Even if non-vaccinated children were responsible for spreading those diseases, how come fully-vaccinated children and other vaccinees are contracting the very diseases for which they have been vaccinated IF vaccines were efficacious? Current disease-contracting statistics prove just how false the vaccine paradigm truly is! Scare tactics are employed to vaccinate, whereas vaccines fail those vaccinated! How does that make sense?

C. As an example, the charts below indicate the factual reality of vaccinated versus non-vaccinated health status of children in the first five years of life in the Netherlands (2004), one of the countries that make up the European Union. You can see on the CFR map that measles is a dot in that EU geographical location.

In the charts we see dramatic contrasts for ear infections, inflammations of the throat, aggressive behavior, convulsions/collapse, antibiotics administered, sickly, eczema, asthma/chronic lung
disease, allergic reactions, and difficulty sleeping. The charts indicate that vaccinated children are twice as likely – or more – as non-vaccinated children to experience the health problems enumerated in the charts.
Graphic Source in Notes

The information offered by the CFR map is rather significant and I think speaks for itself, i.e., the more vaccinated the population, the more likely to contract the very diseases for which they are vaccinated. How in the name of non-vested-interest-science are they still getting away with such sleight of pseudo-science, together with ruining the human immune system?

Just because they say so dogmatically, doesn't mean it's factually and scientifically so! Do your research and learn the real science behind vaccines in order to educate everyone: pediatricians, nurses, schools, health agency personnel at all levels of government, and even Congress, who I contend gave us this vaccine mess by passing The National Childhood Vaccine Injury Act (NCVIA) of 1986 (42 U.S.C. §§ 300aa-1 to 300aa-34).

The NCVIA is in desperate need of being revisited, if not repealed, in my opinion. NCVIA gives vaccine makers what some call a “get out of jail free card” that exonerates them of all liability, something no other industry has.

Furthermore, with all the health damages and problems vaccines have been causing for now going on two or three generations – see the VAERS reports in the hundreds of thousands – Congress needs to seriously investigate the autism problem, neurotoxic and other toxic vaccine ingredients, and stop taking those handsome monetary gifts from Big Pharma lobbyists that apparently influence their observable lack of oversight, I contend. In 2013, pharmaceutical manufacturers paid out $227.5 Million lobbying on behalf of their products and corporate interests. [4] What does that tell you?

Lastly, an incredible story about how pseudo-science is pulled off is reported in “Academia hoaxed by fake scientific papers auto-generated by gobbledygook text generators.”

Personally, I’d like to see shakeups at all federal and state health agencies regarding vaccinations, their ‘science’ and, most of all, their toxic ingredients. It’s long overdue.

The issue of how we protect ourselves and our children against targeted infectious diseases (immunisation) is one of the most controversial in modern medicine. Many orthodox health authorities believe that vaccination is the most successful public health intervention ever undertaken, and it is true that many thousands of lives have been saved by vaccination. It is also true that definitive studies of the long-term safety of vaccination either have never been undertaken or if they have, they have never been published. This means that the number of lives lost and long-term chronic illness caused as a result of vaccination has never been properly quantified.

The purpose of this page is to provide readers with factual information to assist in making an informed decision about the health of your family. I will deliberately not give you opinions, just information.
It is important that Australian readers know that the Law does not require parents to vaccinate their children. However if you want to send your child to school, or to receive some parenting payments from the Government, you are required to complete and lodge specified paperwork. Apart from that, you are legally entitled to act as you choose. However from May 2013, campaigns were started in the mass media to prevent unvaccinated children from playing with vaccinated children (apparently vaccines are not able to protect those who are vaccinated??). The NSW government introduced legislation into the State parliament to discriminate against the children of parents who have made a considered and informed decision not to vaccinate their children, and this was duplicated in the Queensland parliament.

Then during the 2013 election campaign the Labour Prime Minister stated that if re-elected all children would have to be fully vaccinated in order to receive the Family Tax Benefit Part A end-of-year supplement. Parents who register as “conscientious objectors” would no longer be eligible to receive the payment. The leader of the opposition spoke positively about the proposal. The Greens health spokesperson supported the proposal. So in just a few months the legal situation in Australia has changed, and a level of social and legal discrimination supported by most politicians has appeared, despite the fact that Australia does not have a vaccine damage compensation scheme. In other words, Australian politicians support the economic coercion of low income families to force their children to undergo a potentially damaging invasive health procedure against the wishes of the parents without providing a formal vaccine damage safety net.

For information and advice from the Australian Govt on vaccinations please visit:

[Review Australian Government advice and information about Vaccination](#).

Parents who decide not to vaccinate do need to fill out an Australian Government conscientious objection / exemption form to qualify for education, benefits and support. This form must be signed by a vaccine provider (usually a GP).

[Download the Immunisation Exemption Form](#).

If you collect available information and make a reasoned and logical decision then you are acting in an informed and responsible manner. No parent can do better than that, and no parent who acts responsibly deserves to be criticised by others, especially when such critics are all too often ill-informed.

**THE FACTS**

If you wish to maximise protection against a targeted infectious disease then you need to use disease-specific protection. Whilst living in a way that maximises your general health will help a little and will certainly assist in healing more rapidly if you acquire a disease, we know that even very healthy people contract infectious diseases. To my knowledge there are only two disease-specific methods of immunisation - vaccination and homoeoprophylaxis (homeopathic immunisation). We shall look at information relating to the safety and effectiveness of both methods.

1. **THE SAFETY OF VACCINATION**

**SHORT-TERM:** We know that most short-term reactions are fairly mild, including sleeplessness, screaming, tremors, rashes and so on. However we also know that occasionally people are killed or
permanently brain damaged by vaccines. Many developed countries (not Australia) have vaccine-damage-compensation schemes. In the USA for example over 2.5 billion dollars has been paid out in vaccine damage compensation payments and hundreds of millions of dollars paid in countries such as the United Kingdom and Japan. Government figures are readily available for those who wish to verify this fact. It is also worth looking at the VAERS website (the USA vaccine adverse event reporting service) as this provides an insight into the short-term safety of most vaccines.

**LONG-TERM:** To assemble relevant information about long-term vaccine safety it is necessary to collect data with the following characteristics: (i) examine the complete health of participants including intellectual, emotional as well as physical aspects; (ii) compare fully vaccinated and fully unvaccinated participants (the inclusion of “partially vaccinated” participants means that people who have received only one or two vaccines will be included and this may well bias results, as will the failure to make comparisons with children who have received no vaccines at all); (iii) consider only age appropriate participants (the inclusion of very young infants will not provide a reliable indication of chronic health - usually ages between 4 and 14 years of age are considered appropriate). I have never seen a significant study published in orthodox medical journals which complies with these three requirements (Note: I always ask orthodox scientists for this evidence and have never had a meaningful reply - however if someone can provide details of complete and appropriate long-term safety studies I will change the statement I have made). Therefore we do not know with scientific certainly the true long-term impact of vaccination on our complete health.

2. **THE SAFETY OF HOMOEOPROPHYLAXIS**

Homeopathic medicines are prepared using a process of dilution and succussion (the firm striking of the solution against a hard surface (the remedy does not develop medicinal powers without this action at every stage of dilution). Once a remedy is prepared past the 12th centesimal potency there are no molecules of the original substance left according to Avogadro's Law in science. So there is agreement that homeopathic potencies are not toxic. However this is also why many orthodox scientists believe that they cannot work as they do not contain molecules of the original substance. This becomes a matter of evidence, which we shall discuss shortly. As part of my doctoral studies I examined the long-term health of children who used vaccination and homoeoprophylaxis as well as those who used constitutional methods to improve health and those who did nothing at all to prevent infectious diseases. The homoeoprophylaxis group was the healthiest, as measured by having the lowest long-term incidence of five conditions, suggesting that it is not only non-toxic but energetically safe.

3. **THE EFFECTIVENESS OF VACCINATION**

The National Health and Medical Research Council produces a book called *The Australian Immunisation Handbook* which is regarded as the definitive reference regarding vaccination in Australia. Looking at the 10th edition released in 2013 we see that the effectiveness of all vaccines ranges between 44% and 99% depending on the vaccine (or 71% to 99% for the vaccines used in our current schedule). It should be noted that these are best-estimates usually derived from clinical trials, and that even vaccines which are shown to be highly effective vaccines in trials are often shown to be less effective in real-world outbreaks.

4. **THE EFFECTIVENESS OF HOMOEOPROPHYLAXIS**

We know that homoeoprophylaxis (HP) is non-toxic so the crucial question is “does it work?” Put simply, there is no point in using something which is safe if it doesn’t work. There are four types of evidence now available.

(i) **Historical Evidence:** Vaccination was first used in 1796 and HP was first used in 1798. There is over 200 years of recorded clinical evidence showing the real-world effectiveness. The founder of Homeopathy, Dr Samuel Hahnemann, was the first to use HP in epidemic situations and it has been
used by many masters of homeopathy since then. However much of this information is not collected into statistical studies and does not suggest rates of effectiveness. It has value, but we shall next examine statistical studies.

(ii) Epidemic Studies: There have been a number of studies published in English describing the effectiveness of HP in epidemic conditions. Most have found an effectiveness of around 90%. Other studies from South America and India have yet to be translated. The most thorough study in English undertaken by orthodox practitioners and scientists was from Brazil in 1998.

The Brazilian Experience
In 1998 there was an outbreak of meningococcal meningitis type B in a region of Brazil. Many doctors in that country are also homeopaths. There was no vaccine available at the time there is still no vaccine available for Meningococcal type B in Australia), so a group of doctors who worked in the region used the meningococcal Nosode to immunize 65,826 children. Another 23,539 children in the region were not immunized. The doctors followed the two groups for 12 months. The efficacy of homeoprophylaxis was 95% after six months and 91% after 12 months. It was a complete and statistically rigorous report and was published in a leading peer reviewed Homeopathic journal, and is available for study (reference: Mroninski C, Adriano E, Mattos G (2001) Meningococcinum: Its protective effect against meningococcal disease. *Homoeopathic Links* Winter Vol 14(4); pp. 230-4).

(iii) Long-term Endemic Studies: My own research into a long-term HP program for use against potentially serious infectious diseases commonly present in the Australian community collected and examined data from 1986 to 2004. The results of the research have been published and are now available. [Please click here to visit the publication site. Please click here to see the list of articles written by Dr Golden.](#)

The research which has been completed comprised two parts:

a. A National Health Survey - this research studied 781 children between 5 and 10 years of age. Through a questionnaire completed by parents, measures of each child's general immune competence (using the diseases of asthma, chronic eczema, chronic ear infections, allergies and behavioural problems) were compared to the method of disease prevention which the child used, including vaccination, homeopathy, general constitutional treatment, no method at all, or a combination of all of these. The relative safety and effectiveness of the different immunisation methods studied was then calculated.

b. A Twenty Year Clinical Study - using responses from parents whose children used my 5 year homoeoprophylactic program for disease prevention from 1985 to 2004. 2,342 responses were collected, each one covering one year of a child's life. The effectiveness and safety of the homoeopathic option to vaccination is fully discussed, and the actual comments by parents are reported. The single figure measure of effectiveness is 90.4% (95% confidence limits 87.6% - 93.2%). Using national attack rates as a control HP efficacy for three diseases was whooping cough - 86.2%; measles - 90.0%; mumps - 91.6%.

The purpose of this research has been threefold:

1. To provide parents with objective data on which to base what is often the most difficult health decision a parent must make - how to safely and effectively immunize their child.
2. To provide data on which health professionals can base their advice to parents.
3. To provide both State and Federal governments with data that shows that vaccination is not the only valid option to prevent targeted infectious diseases. In fact my doctoral thesis submitted concluded that the best possible system would involve a dual system of immunisation, where parents were freely able to choose either vaccination or homoeoprophylaxis. Figures clearly showed that this would
increase the national coverage against targeted diseases (increase herd immunity), and lower the national incidence of certain chronic illnesses, such as asthma and eczema, as well as reduce behavioural problems associated with vaccination.

It is important to note that no one piece of research on its own can ever provide sufficient information - but a base of research is made up of individual studies and allows researchers to see if there is consistency in findings from a variety of independent studies. This is where this part of my research is relevant - it shows a consistency of findings over a variety of studies of around 90% effectiveness.

For interested readers, the following article gives a summary of my research - enough to show readers whether they would like to pursue their study of the option further [Click here to see the article](PDF, 32k).

[Click here to see the choices you have.](PDF, 20k)

It should be noted that the Australian Register of Homeopaths directs homeopaths not to make recommendations against vaccination, and to provide patients with balanced information about HP and sign a statement saying that they have received balanced information from their practitioner [Click here to see the AROH position]. I fully support the AROH position. It is not up to any type of practitioner to direct parents, but to support them with objective data.

(iv) Regional and National Experience: Most studies have been in limited numbers of people, but since 2007 we now have evidence involving the use of HP in millions of people in Cuba. Because of the 50 year USA embargo on Cuba it has needed to become self-sufficient in medical education and medical supplies. In fact recent data shows that Cuba now has a lower infant mortality rate than the USA, a real credit for a country which has a per-head GPD (a measure of wealth) of 1/4th of that in the USA. The Finlay Institute in Cuba is a W.H.O. registered vaccine manufacturer and supplies vaccines to South America and Africa. The people who conducted the HP interventions described below were not homeopaths but orthodox scientists and doctors.

The Cuban Experience
In October and November 2007, three provinces of the eastern region of Cuba were affected by strong rainfalls causing widespread floods severe damage to sanitary and health systems. The risk of leptospirosis infection was raised to extremely dangerous levels with about 2 million of people exposed to potentially contaminated water. The Finlay Institute (which manufactures vaccines for South America and Africa) prepared a leptospira nosode 200 CH using 4 circulating strains and following international quality standards. A multidisciplinary team travelled to the affected regions to conduct the massive administration of the nosode. Coordinated action with public health system infrastructures allowed the administration of a preventive treatment. Prevention consisted of two doses (7- 9 days apart) of the nosode to over 2.2 million of people (4.5 million doses). The coverage of the intervention rose up to 95% of total population of the three provinces most at risk.

The epidemiology surveillance after the intervention showed a dramatic decrease of morbidity two weeks after and a reduction to zero mortality of hospitalized patients. The number of confirmed leptospirosis cases remains at low levels, and below the expected levels according to the trends and rain regimens. A reinforcing application of nearly 4,500,000 doses was given in 2008 after the hit of the hurricane IKE but using the nosode potentized to 10-MCH. Strict epidemiologic surveillance was carried out on the targeted provinces. Published results show that the incidence of the disease was unchanged in the three intervened regions (the 3 regions most at risk due to the greatest level of hurricane damage), but rose significantly in the rest of the country where the HP program was not used. It provided overwhelming evidence of the effectiveness of the HP intervention. As a consequence, the Cuban Government directed the Finlay Institute to homeopathically immunise the entire country over 12 months of age against Swine Flu in 2009/10 (over 9.8 million people).
More data from Cuba will be released in the coming years regarding the leptospirosis and other interventions, such as their new HP immunisation against Dengue Fever (for which there is no vaccine available).

### Research Shows Homeopathy to be an Effective System of Prophylaxis

A study in Cuba shows homeopathy to be an extremely effective system of prophylaxis while treating leptospirosis (a spirochete infection).

The study consisted of the treatment of approximately 2.4 million people in Cuba, after tropical flooding. Due to the homeopathic treatment of patients through the use of nosodes, only 10 cases of leptospirosis were reported, as opposed to the typical several thousand cases common in post-tropical flooding conditions in Cuba.

On December 10-12 2008, Director General of the Finlay Institute, Dr. Concepcion Campa Huergo, gave a stunning presentation on homeopathy as a system of prophylaxis by controlling the epidemic of leptospirosis by using a Leptospira nosode.

The results were astonishing.

But first, here is a little background on leptospirosis.

According to the European Committee for Homeopathy (ECH), “Leptospirosis is an infectious disease caused by the spirochete Leptospira transmitted to humans from rats” (1). During tropical flood periods in Cuba, this infectious disease drastically increases in humans. If the disease is not treated, the patient can develop “kidney damage, meningitis, liver failure, and respiratory distress” (1).
Cuba has a yearly outbreak of this disease due to the annual hurricane weather, and subsequent floods. People are left homeless, without food, and under the stress and trauma of a post-flood world.

Cuba finds itself in a unique position for treating patients on a mass scale with homeopathy. The country is denied by the United States, and “multi-national” pharmaceutical juggernauts do not have the same power over the healthcare field as they do in the U.S. (1). For this reason, homeopathy, and more specifically the leptospirosis project, has been able to be conducted on larger scales than ever before possible in the realm of western medicine.

The study being discussed here is based on heavy rainfall between October & November, 2007, in three provinces in the eastern region of Cuba. The exposure to contaminated water rose drastically, and thus, the chances of leptospirosis were extremely high among people.

“Considering this situation, the Finlay Institute prepared a leptospira nosode 200 CH using 4 circulating strains and following international quality standards” (1)

With the help of the public health system infrastructure, and a multidisciplinary team, 2.4 million patients could be treated with two initial does of the leptospirotic nosode.

Eventually the range of coverage rose to 95% of the population of the three regions, and another, more potent (10 M) dose was given to the population right before the hurricane Ike hit Cuba.
“The epidemiology surveillance after the intervention showed a dramatic decrease of morbidity two weeks after and a reduction to zero mortality of hospitalized patients” (1).

Those are some amazing results for a medicine that is often blamed for being “placebo”, or “unscientific”! **And further, the costs of the homeopathic nosodes were far lower than that of conventional vaccination, racking in at $200,000, as opposed to the $3,000,000 (just for the highest risk patients) it would have cost otherwise.**

For more specific information, go to the source of this study by clicking on the link below:

Learn more!

The **Integrative Medicine & Holistic Healthcare Association** loves this medicine! **Homeopathy**, and those who practice it, are exactly what the IMHHA wants and needs. This medicine is proving to be both more cost effective, safer, and has excellent health outcomes as demonstrated in this huge “real-world study”! The IMHHA wants to see it become the future of healthcare in the United States. **Practitioners of homeopathy would benefit greatly by becoming a FREE member in the IMHHA**, as they would be able to collaborate with others that understand their medicine, and want to see it realized as true healthcare!


This immunization program undertaken by the Finlay Institute (a W.H.O. registered vaccine manufacturer) cost around $400,000US. It indicates that the entire population of Australia could be homoeopathically immunised for around $10,000,000. This cost applies for homeopathic immunization against any infectious disease. In 2009, the Australian Government spent $200,000,000 to purchase vaccines (mostly unused) to vaccinate the Australian population against Swine Flu. In fact, most of this expenditure could have been saved using homeopathic immunization against Swine Flu, and this calculation can be repeated many times given the large vaccination schedule now current in Australia. But further, the homeopathic option is non-toxic, and would remove the risk of using a little tested vaccine. We know in America when mass swine flu vaccination was last used that people died from the vaccine and hundreds were permanently damaged, costing the American Government billions in compensation.

“See a video interview with Dr Isaac Golden, plus Dr Golden interviewing Dr Gustavo Bracho from Finlay Institute, Cuba”.
The Indian Experience
For many years the disease Japanese Encephalitis has been endemic in parts of India. In Andhra Pradesh province in 1999 cases had risen to 1,036, with 203 deaths, principally in children. The Government directed medical homeopaths to immunise children in the province 14 years and under, roughly 20million young people. A three year program was begun in 1999, and by 2003 both notifications and deaths had fallen to zero. Comparing this experience with provinces surrounding Andhra Pradesh which had not used HP showed that the incidence of Japanese Encephalitis remained high in these other provinces. The Government directed intervention was once again an unambiguous success, and showed the potential value of HP as a safe, comparably effective, and a cost-effective option to vaccination.

CONCLUSION

You now have a range of published information which hopefully will assist you in making an informed decision regarding the comparison between the safety and effectiveness of vaccination and homoeoprophylaxis. If you want to check the references to the facts noted above they can be found in my book Vaccination & Homoeoprophylaxis: A Review of Risks and Alternatives 7th edition (there are more details on the Publications page of this site).

As I said earlier, no parent can do better than seek out objective information based on appropriate research and analysis, and make an informed and considered decision. I have patients who vaccinate their children and others who use homoeoprophylaxis. They both have my support. My hope is that the above information will assist you in your personal and important journey.

DISCUSSION WITH DR GOLDEN: If you (and your partner) wish to book a 30 minute telephone discussion regarding immunisation options with Dr Golden, please email admin@homstudy.net to arrange a time.

IMUNE ON VACCINATION

Autism Rate Difference, Children Vaccinated and Unvaccinated with MMR

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

Glyphosate and Autism*

"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"

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 on Dr. Stephanie Seneff’s MIT page

http://indavideo.hu/video/SINthetic_Drugs_Vaccines_Autism_expanded

http://indavideo.hu/video/SINthetic_drugs_Autism_a_very_personal_story


http://www.downloads.imune.net/medicalbooks/ADHD%20SCIO%20Eductor%20EEG.pdf
The Latest in Atroic Supreme Court Decisions - Only 2 Justices Stand Up for Your Rights...

March 22, 2011 | 113,031 views

A U.S. Supreme Court decision has just given drug companies total liability protection for injuries and deaths caused by government mandated vaccines. The National Vaccine Information Center (NVIC) called the decision a "betrayal" of the American consumer.

In a 6-2 decision, the Court majority voted to reject substantial evidence that current law was fully intended to protect an American's right to sue a pharmaceutical corporation for injuries that could have been prevented if the company had elected to make a safer vaccine.

The court decision leaves parents with no way to hold vaccine makers accountable and no feasible way to get compensation for the injuries suffered by their children; furthermore, the decision removes all financial incentive for multi-national drug companies to make vaccines as safe as they can be.

According to EON:

"Hannah Bruesewitz was brain injured by DPT vaccine as a child but she was denied compensation by the U.S. Court of Claims, which administers the federal vaccine injury compensation program created by the 1986 Act that has turned away two out of three plaintiffs."

What is Glyphosate

What is Glyphosate \((\text{N-(phosphonomethyl)glycine})\) is a broad-spectrum systemic herbicide (Roundup) used to kill weeds, especially annual broadleaf weeds and grasses known to compete with commercial crops grown around the globe. It was discovered to be an herbicide by Monsanto chemist John E. Franz in 1970.\[^3\]\(^4\) Monsanto brought it to market in the 1970s under the trade name Roundup and Monsanto's last commercially relevant United States patent expired in 2000. It is now reproduced in bulk by other SINthetic Chemical companies.

Glyphosate was quickly adopted by farmers, even more so when Monsanto introduced glyphosate-resistant crops, enabling farmers to kill weeds without killing their crops. In 2007, glyphosate was the most used herbicide in the United States agricultural sector, with 180 to 185 million pounds (82,000 to 84,000 tonnes) applied, and the second-most used in home and garden market where users applied 5 to 8 million pounds (2,300 to 3,600 tonnes); in addition, industry, commerce, and government applied 13 to 15 million pounds (5,900 to 6,800 tonnes).\[^4\] With its heavy use in agriculture, weed resistance to glyphosate is a growing problem. While glyphosate and formulations such as Roundup have been approved by regulatory bodies worldwide and are widely used, concerns about their effects on humans and the environment persist.\[^5\]

Glyphosate's mode of action is to inhibit a plant enzyme involved in the synthesis of the aromatic amino acids: tyrosine, tryptophan, and phenylalanine. It is absorbed through foliage, and minimally through roots,\[^6\][^7][^8\] and translocated to growing points. Because of this mode of action, it is only effective on actively growing plants; it is not effective as a pre-emergence herbicide. Some crops have been genetically engineered to be resistant to glyphosate (i.e., Roundup Ready, also created by Monsanto Company). Such crops allow farmers to use glyphosate as a postemergence herbicide against both broadleaf and cereal weeds, but the development of similar resistance in some weed species is emerging as a costly problem. Roundup Ready soybean was the first Roundup Ready crop.

Many regulatory and scholarly reviews have evaluated the relative toxicity of glyphosate as an herbicide. The German Federal Institute for Risk Assessment published a toxicology review in 2013, which found that "the available data is contradictory and far from being convincing" with regard to correlations between exposure to glyphosate formulations and risk of various cancers, including non-Hodgkin lymphoma (NHL).\[^9\] A meta-analysis published in 2014 identified an increased risk of NHL in workers exposed to glyphosate formulations.\[^10\] Studies have proven it’s direct causal link to autism. And GMO food engineered to deal with Roundup also cause autism. In March 2015 the World Health Organization's International Agency for Research on Cancer published a summary of its forthcoming monograph on glyphosate, and classified it as "probably carcinogenic in humans" (category 2A) based on epidemiological studies, animal studies, and \textit{in vitro} studies.\[^9\][^11][^12\]
Glyphosate was first synthesized in 1950 by Swiss chemist Henry Martin, who worked for the Swiss company Cilag. The work was never published.[13] In a case of parallel invention, glyphosate was independently discovered at Monsanto in 1970. Monsanto chemists had synthesized about 100 analogs of aminomethylphosphonic acid as potential water-softening agents. Two were found to have weak herbicidal activity, and John E. Franz, a chemist at Monsanto, was asked to try to make analogs with stronger herbicidal activity. Glyphosate was the third analog he made.[13:1–2,14]

Glyphosate kills plants and many bacteria by interfering with the synthesis of the aromatic amino acids phenylalanine, tyrosine, and tryptophan. It does this by inhibiting the enzyme 5-enolpyruvylshikimate-3-phosphate synthase (EPSPS), which catalyzes the reaction of shikimate-3-phosphate (S3P) and phosphoenolpyruvate to form 5-enolpyruvyl-shikimate-3-phosphate (EPSP).[23]

\[
\begin{align*}
\text{shikimate-3-phosphate} + \text{phosphoenolpyruvate} & \rightarrow \text{EPSP synthase} \\
& \rightarrow \text{5-enolpyruvylshikimate-3-phosphate}
\end{align*}
\]

EPSP is subsequently dephosphorylated to chorismate, an essential precursor for the amino acids mentioned above.[24] These amino acids are used in protein synthesis and to produce secondary metabolites such as folates, ubiquinones, and naphthoquinone.

X-ray crystallographic studies of glyphosate and EPSPs show that glyphosate functions by occupying the binding site of the phosphoenolpyruvate, mimicking an intermediate state of the ternary enzyme substrates complex.[25][26] Glyphosate inhibits the EPSPS enzymes of different species of plants and microbes at different rates.[27]

EPSPS is produced only by plants and micro-organisms; the gene coding for it is not in the mammalian genome.[28][29] Gut flora of some animals contain EPSPS.[30]

Glyphosate is absorbed through foliage and minimally through roots. Because of this mode of action, it is only effective on actively growing plants; it is not effective in preventing seeds from germinating.[7][8]
The half-life of glyphosate in soil ranges between 2 and 197 days; a typical field half-life of 47 days has been suggested. Soil and climate conditions affect glyphosate’s persistence in soil. The median half-life of glyphosate in water varies from a few to 91 days.[7]

According to the National Pesticide Information Center fact sheet, glyphosate is not included in compounds tested for by the Food and Drug Administration's Pesticide Residue Monitoring Program, nor in the United States Department of Agriculture's Pesticide Data Program. However, a field test showed that lettuce, carrots, and barley contained glyphosate residues up to one year after the soil was treated with 3.71 lb of glyphosate per acre (4.15 kg per hectare).[7]

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7. ^ to‡‡‡‡‡‡ National Pesticide Information Center Technical Factsheet on: GLYPHOSATE
IMUNE ON VACCINATION

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35. Luijendijk CD et al. Measures to reduce glyphosate runoff from hard surfaces. Plant Research International B.V., Wageningen May 2005

France removes Glyphosate (ROUND-UP) From Garden Stores

The move follows the World Health Organization’s finding that Monsanto’s Roundup is a probable carcinogen and neuro-toxin that causes autism.

(Photo: Phillipe Hugen/Getty Images)

JUN 15, 2015

Taylor Hill is TakePart's associate environment and wildlife editor, for Med Expose’

Walk into any neighborhood garden store and you’ll most likely find weed-killing jugs of chemicals right next to the tulips, daisies, and bird feeders.

But that will no longer be the case in France.
On Sunday, Ségolène Royal, the environment and energy minister, announced a plan to ban Roundup from all garden=store shelves in the country.

The reason? The world’s most popular weed killer contains glyphosate—a chemical the World Health Organization in March determined to be “probably carcinogenic” to humans.”

“France must be on the offensive with regards to the banning of pesticides,” Royal said Sunday on French 3TV.

It’s a blow to U.S.-based biotech giant Monsanto, which first developed glyphosate-based Roundup products 40 years ago. In the 1990s, the company introduced “Roundup Ready” genetically modified crops that can withstand glyphosate. That led to widespread use of the herbicide in corn and soybean fields around the world. Now, the International Agency for Research on Cancer says there’s “limited evidence” that exposure to Roundup aids in the formation of non-Hodgkin lymphoma in humans, based on studies conducted on farm workers in the U.S., Canada, and Sweden.

RELATED: In the Midwest, It’s Monarchs Versus Monsanto

“Under the conditions recommended on the label, the product does not present any particular risk for the user,” a company representative said to Reuters in an email. Monsanto executives contend that the IARC’s findings on glyphosate didn’t include the “full body of science” on the herbicide.

“In total, 160 nations have reviewed the scientific record and have concluded that glyphosate is safe for use,” Monsanto states on its website—but that should probably be changed to 159 now.
Glyphosate now shows up in everything from honey to soy sauce and flour, said Paul Towers, spokesperson for the Pesticide Action Network North America.

“The international community has sent a wake-up call to the U.S., underscoring the point that industrial agriculture is a disaster in the making,” Towers said.

So, Why Should You Care? As weeds become more resistant to herbicides like glyphosate, the spraying of glyphosate-based Roundup has increased. More than 88,000 tons of glyphosate were used in the U.S. in 2007, compared with 11,000 tons in 1992. That means more human exposure to a potentially carcinogenic chemical.

Glyphosate has also been linked to the precipitous decline in monarch butterflies. The herbicide can kill milkweed, which is monarch caterpillars’ sole food source.

From Big-Box Stores to Organic Boutiques, Bee-Killing Pesticides Are Vanishing From Shelves
“Eliminating Roundup, as France has done, will help protect the iconic monarch butterflies, and we believe that other countries, including the U.S., must address Roundup and glyphosate use…as it has essentially wiped out milkweed,” said Tiffany Finck-Haynes, a pollinator expert at Friends of the Earth.

President Obama’s national pollinator strategy, released last month, didn’t propose curtailing glyphosate or other chemicals known to be harmful to pollinators. Instead, it focused on setting aside “pollinator friendly” land while inviting more research on a class of pesticides called neonicotinoids.

“There is a need for a countrywide transition to least-toxic ecological weed management,” Towers said. “The new plan must break the cycle of weed resistance that keeps farmers on a pesticide treadmill and phase out reliance on health-harming herbicides.”

Measles vaccination may help preserve defenses against other ills

By preventing measles, 'you preserve your ability to fight off all of these other infections,' researcher says


- Measles: What you need to know
- Public health officials say Joliette measles outbreak is over
- Measles outbreak: The loopholes in Canada’s vaccination laws
- The long history of the anti-vaccination movement

External Links

- Long-term benefits of measles vaccination to prevent childhood disease, Science
A new study suggests the measles shot comes with a bonus: By preventing that disease, the vaccine may also help your body fight off other illnesses for years.

It's long been known that contracting measles weakens the immune system for weeks or months, putting people, especially children, at increased risk for potentially fatal infection by a host of germs.

Now, scientists find that this vulnerable period goes on much longer than thought, up to three years. So the benefit of avoiding measles also extends longer than was appreciated. Researchers also found that measles vaccination campaigns were followed by a drop in deaths for other infectious diseases.

- Measles: What you need to know
- The long history of the anti-vaccination movement

Experts said the work is a wake-up call to parents who don't vaccinate their children out of unfounded fears about a link between vaccines and autism.

“The message is clear,” said Dr. Richard Wenzel, an infectious disease specialist at Virginia Commonwealth University who was not involved in the study. Not only is the vaccine safe and effective against measles, he said, but it may also save a child's life by helping to guard against other infections.

Debate about the measles vaccine came into focus this year after a large outbreak tied to Disneyland sickened 147 people in the U.S., including 131 in California. Infections also spread to Mexico and Canada where 159 people fell ill in Quebec. Many stricken with measles were not immunized because of personal reasons or their age.
Measles, marked by fever, cough and a blotchy rash, has been eliminated in the U.S. for more than a decade thanks to an aggressive vaccination effort. Outbreaks still crop up when Americans or foreign visitors become infected overseas and spread the virus among populations that are not vaccinated.

In the latest study, an international team of researchers analyzed measles cases and death rates from other infections before and after widespread measles vaccination campaigns in the U.S., England and Wales, and Denmark.

**After vaccinations, measles cases declined in all the countries.**

**Deaths from non-measles infections also dropped.**

In the U.S., deaths from infections such as respiratory or diarrheal disease fell from 18 per 100,000 before vaccination to 6 per 100,000 after vaccination. Researchers attribute the drop to fewer measles cases caused by the introduction of the vaccine.

Using mathematical modeling, the team also found it took two to three years after getting measles for the immune system to rebuild itself. The study, released Thursday by the journal Science, was funded by the Bill and Melinda Gates Foundation and federal grants.

By preventing measles, "you preserve your ability to fight off all of these other infections," said Michael Mina, a medical student at Emory University who led the study while at Princeton University.

While vaccination played a role, other factors such as **better nutrition** and smaller family size may also explain the drop in non-measles infections, said Dr. James Cherry, a pediatric infectious disease expert at the University of California, Los Angeles, who had no role in the study.
Long-term measles-induced immunomodulation increases overall childhood infectious disease mortality

1. Michael J. Mina\textsuperscript{1,2,*},
2. C. Jessica E. Metcalf\textsuperscript{1,3},
3. Rik L. de Swart\textsuperscript{4},
4. A. D. M. E. Osterhaus\textsuperscript{4},
5. Bryan T. Grenfell\textsuperscript{1,2}

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\textbf{ABSTRACT}

Immunosuppression after measles is known to predispose people to opportunistic infections for a period of several weeks to months. Using population-level data, we show that measles has a more prolonged effect on host resistance, extending over 2 to 3 years. We find that nonmeasles infectious disease mortality in high-income countries is tightly coupled to measles incidence at this lag, in both the pre- and post-vaccine eras. We conclude that long-term immunologic sequelae of measles drive interannual fluctuations in nonmeasles deaths. This is consistent with recent experimental work that attributes the immunosuppressive effects of measles to depletion of B and T lymphocytes. Our data provide an explanation for the long-term benefits of measles vaccination in preventing all-cause infectious disease. By preventing measles-associated immune memory loss, vaccination protects polymicrobial herd immunity.
training of the innate immune system through epigenetic reprogramming. Hence, epidemiological findings are backed by immunological data. This generates a new understanding of the immune system and about how it can be modulated by vaccines to impact the general resistance to disease.

"In other words, reducing measles incidence appears to cause a drop in deaths from other infectious diseases due to indirect effects of measles infection on the human immune system. At the population level, the data suggests that when measles was rampant, it may have led to a reduction in herd immunity against other infectious diseases."

Vaccinating kids against measles could protect them from other diseases as well, a new study suggests.
Measles vaccine protects against other deadly diseases

By

Mitch Leslie

7 May 2015 2:00 pm

Measles kills about 140,000 people worldwide every year, but the millions of kids who have survived the disease aren't in the clear. A new epidemiological study suggests that they remain susceptible to other infections for more than 2 years, much longer than researchers anticipated. The results bolster a hypothesis that the measles virus undermines the immune system’s memory—and indicate that the measles vaccine protects against other deadly diseases as well.

Researchers have long known that measles inhibits the immune system, but they generally thought this effect wore off after a few months at the most. However, studies of children in developing countries, where most cases occur, found that measles vaccination reduces the overall death rate from infections for up to 5 years, suggesting that preventing the disease somehow provides protection against other illnesses.

One possible explanation for this benefit is that the measles vaccine somehow spurs the immune system to produce defenses against these other diseases. But work on monkeys recovering from measles spawned an alternative hypothesis. In 2012, Rik de Swart of Erasmus MC in Rotterdam, Netherlands, and colleagues revealed that the measles virus kills large numbers of memory cells, white blood cells that prevent subsequent infections by the same pathogen. Thus, the measles virus might cause what the scientists termed immunological amnesia, impairing the immune system’s ability to remember and quickly eliminate other microbes it has already beaten. As a result, “you are vulnerable to diseases you shouldn’t be vulnerable to,” says Michael Mina, lead author of the new paper and a medical student at Emory University School of Medicine in Atlanta.

To test this explanation, a team that included De Swart and Mina, then a postdoc at Princeton University, obtained data on the numbers of measles cases and deaths from other infectious diseases in the United States, Denmark, and part of the United Kingdom. Measles vaccination started in the 1960s in the United Kingdom and United States and in the 1980s in Denmark, and the researchers had statistics from before and after its introduction.
The team’s mathematical analysis tried to determine whether there was a relationship between the number of measles cases and the number of kids who died from other diseases. If the virus inhibits immunity for only a short time, for example, the number of deaths from other infections in a specific year might correlate to the number of measles cases in that year. But if the virus triggers a prolonged immune amnesia, the number of deaths in a particular year might correlate to the total number of cases in that year and the previous year or two.

Using this approach, the researchers calculated that children who survive measles remain vulnerable to other diseases for an average of 2.5 years. The value was almost the same for all three countries, the team reports online today in *Science*. “Our results suggest that the adverse effects of measles are much more lasting,” Mina says.

To check that the immune impairment resulted from measles, the researchers analyzed statistics for whooping cough, which doesn’t suppress the immune system. They found no link between the number of whooping cough cases and mortality from other infectious diseases.

Mina and his colleagues also determined that the length of susceptible period didn’t change in any of the three countries after introduction of vaccination. That finding supports the idea that the measles vaccine benefits children not just because it prevents them from getting measles, but also because it provides protection against the other diseases. In the days before vaccination, measles was responsible for about half of childhood deaths from other illnesses, the team says. With that many dead children, why didn’t researchers detect this connection before? Many assumed that measles’ impact on the immune system quickly faded, Mina says. “So when a kid gets pneumonia 6 months later, nobody would link that to measles.” Other studies of children in West Africa didn’t show a lasting “measles shadow.”

Mina and colleagues note that half of the kids in these studies died from other diseases within 2 months after they had measles, which would have made it difficult to detect a long-term effect.

“That there could be a prolonged immunosuppression is possible,” says vaccine immunologist Katie Flanagan of Monash University in Melbourne, Australia. But the study “is a long way from really proving it.” For example, researchers need to show that the kids who had measles are the ones dying from other illnesses, she says.

“It is indirect evidence,” says William Moss, an epidemiologist at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland. But he says that the results are “highly suggestive” that measles is contributing to this longer period of immune suppression. And if the researchers are right, he says, “the benefits of measles vaccination are far greater than simply the reduction in measles deaths.”
THE EFFECT OF ENDOTOXIN TOLERANCE OF THE LEAD ACETATE-INDUCED ENDOTOXIN HYPERSENSITIVITY OF RATS

By
L. BERTÓK and I. BERZÉ

“Friedrich Joliot-Curie” National Research Institute for Radiobiology and Radiohygiene and Veterinary Research Institute of the Hungarian Academy of Sciences, Budapest, Hungary

As is well-known, the parenteral (i.v. or i.p.) administration of a rather small dose of endotoxin renders the animals for a certain time tolerant to a lethal endotoxin dose, increases their natural resistance i.e. elicits a so-called endotoxin resistance to the lethal dose of living bacteria, too [1, 3]. According to our experiences, a single small dose of i.v. or i.p. administered endotoxin duly developed resistance in 24 hours, which then lasted for 14-16 days against to the lethal doses of endotoxins or living bacteria [2]. On the other hand, as known by previous experiments, the endotoxin sensitivity of rats might be increased to its 10,000 to 100,000 fold by the previous administration of a normally well tolerated dose of lead acetate

<table>
<thead>
<tr>
<th>Group</th>
<th>M (g)</th>
<th>Endotoxin (µg)</th>
<th>Temperature (°C)</th>
<th>Mortality %</th>
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<tr>
<td>2</td>
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<td>Endotoxin 50 µg l.v.</td>
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<td>3</td>
<td>50</td>
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<td>Lead acetate 5 mg l.v.</td>
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<td>4</td>
<td>50</td>
<td>Endotoxin 50 µg l.v.</td>
<td>Endotoxin 5 µg l.v.</td>
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Dr. Burtok, Berczi, Selye and Nelson had proven just how immunization or endotoxin tolerance to certain nosodes could produce cross immunity to others. By using endotoxins to stimulate immunity and immune defense there are cross immune stimulation to other nosodes

E-coli had the largest full band of immuno stim adding a touch of heavy metal lead intensified the effect

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**A Balanced Immune System**

**Internal Threat**

- Autoimmune problem (Hashimoto’s Thyroiditis, Rheumatoid Arthritis, Lupus, Inflammatory bowel disease, Type 1 Diabetes)

**External Threat**

- Allergic Reaction (food sensitivities, allergies, eczema, asthma, sinusitis)

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**Immune Over-reaction**

- Balanced Immune System = Optimal Effectiveness

**Immune Under-reaction**

- Cancer (Hepatitis, HIV, Shingles, TB)

- Infection (Bacteria, Mold/Fungus, Parasites, Viruses)
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 are of the person twice a day for three days

The researchers could only find a link between measles infection and an increased risk of other infectious diseases. The study wasn't able to prove a cause-and-effect relationship.

References:

Definition of Stupid: Knowing the truth, seeing the truth, but still believing the lies.

If you correct your mind, the rest of your life will fall into place.
~Lao Tzu
When small minds attack
Natural Medicine IMUNE stands
Firm on the Bridge and Says
"You will NOT Pass"