Homeoprophylaxis: Better Than Vaccination?

by Diderik Finne, MS, LAc, RSHom

A Medical Mystery

In the summer of 1928 a seven-year old Swiss girl named Heidi received her smallpox vaccination. Life went on as usual until, two weeks later, she suddenly developed a high fever, excruciating headache and terrible lower back pain. After four days of suffering she went into a coma. The diagnosis was encephalitis of smallpox. The doctors did not expect her to live.

After five days she regained consciousness. She felt nothing except a burning thirst. As her body began to revive she became aware of a painful stiffness in her back and legs, which were immovable.

She had to learn to walk all over again, one step at a time. Her lower back remained stiff and achy, especially when rising from a chair or bed.

During the next week the vaccination spot on Heidi's right arm began to ooze pus, enough to fill a small glass. This oozing would continue for the next four years.

Heidi mind was also affected—she could not learn or concentrate, and she fell behind in school. Heidi's doctor assured the family that the oozing of pus was a sign of detoxification, and that eventually Heidi would recover. It took four years, but finally Heidi did regain her ability to concentrate and learn, and her headaches and backache ceased.

Some traces of the vaccine injury would remain for life, however. Whenever a thunderstorm approached, or snow was in the air, Heidi was prone to sudden fits of leaden tiredness. Whenever she had a fever she would suffer from a severe headache.

After menopause the attacks of fatigue occurred more frequently. Heidi developed a chronic cough, worse from February to April, and she felt arthritic pains in her knees. Despite these ailments she remained upbeat and hard-working, doing housework without complaint and sewing till late at the night so her children would not lack for anything.

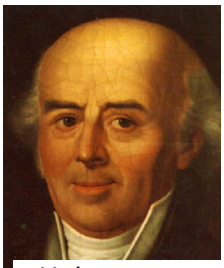
Heidi's third child, Erika, grew up to become a family physician in the small town of Baar, Switzerland. Erika took an interest in her mother's complaints, not just out of daughterly devotion but also because Erika herself had similar symptoms. Though never vaccinated against smallpox, and though she enjoyed good health generally, Erika experienced the same fits of leaden tiredness, and her immune system seemed fragile, as though she were carrying a toxic load that was always waiting to react synergistically with any stress or infection. Whenever Erika caught a cold or flu she simply collapsed. She was hypersensitive to medications. Once she took a single dose of cortisone, for example, and it led to five attacks of tonsillitis over the next six months.

In the hospital where Erika interned she encountered older patients who also suffered from the same symptoms. It seemed like a common syndrome. She also noticed the scars of old smallpox vaccinations on their arms.

Erika could find no reasonable explanation for her symptomology in the medical literature or in talks with her professors. Finally she discovered the key to the puzzle in the work of a 19th century English physician, James Compton Burnett, MD (1840-1901). Burnett described a type of chronic illness that he called *vaccinosis*, as it was

caused by the smallpox vaccine.[1]

As Erika pondered the astonishing idea that her health problems might stem from her mother's smallpox vaccination three quarters of a century ago, she reasoned that the only way to find out for sure was to treat herself for vaccinosis.


Hahnemann

But how? Orthodox medicine did not even acknowledge a disease caused by vaccination, let alone offer a cure. Burnett had cured many such cases, however, by using a therapeutic system called homeopathy, developed by the German physician, Samuel Hahnemann (1755-1843). Homeopathy is based on the principle that ultra-high dilutions of a toxin can antidote injury caused by that toxin.[2]

Heidi took a single dose of the homeopathic medicine, *Variolinum*, which is made from the smallpox virus.

The result was magical. She never suffered another attack of leaden tiredness. She became much less susceptible to infections. Encouraged, she began to treat other patients suffering from similar symptoms—hypersensitivity, sudden tiredness, faintness, migraines, lower back pain and knee pain. The result was equally successful.[3]

Are Vaccines Harmless?

The medical literature abounds with references to the "impressive safety record" of vaccination.[4] Most people, even medical professionals, accept this claim on faith, without ever examining the evidence.

Florida resident Ben Zeller was perfectly normal until he received an MMR shot in November, 2004. Within days the child suffered a febrile seizure that caused permanent brain damage. In August, 2008, the Federal Vaccine Court agreed that the seizure was caused by the shot.[5]


Right eye turned outward

"We have thousands of cases, and we can show all vaccines are causing the exact same problem," states Andrew Moulden, MD, a Canadian pediatrician who has gathered over 5,000 photos of children's faces before and after receiving vaccinations (as of 2009). The "after" photos show the children's eyes turning inward or outward and the corners of their mouths drooping, evidence of brain damage.

According to Moulden, pediatricians would have noticed the

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[1] Burnett, J.C. *Vaccinosis.* London: The Homeopathic Publishing Co, 1884.
[2] For a description of how homeopathic medicines are made, see appendix.
[3] Scheiwiller-Muralt. Variolinum, Vaccininum and Malandrinum. *Homeopathic Links*: 2002:4/02, p. 234.
[4] Ada, Gordon. Vaccines and Vaccination. *New England Journal of Medicine* 2001; 345:1042-1051.
[5] NBC Newscast, WPTV.com (http://www.youtube.com/watch?v=g5Yp_uVnbEQ)

neurotoxic effect of vaccinations a long time ago if only resources were available for neurological evaluation of children before and after vaccination. But HMOs and other health insurers will not reimburse for this "unnecessary" exam. Pediatricians are thus obliged to adopt a "turnstile" approach to treatment.[6]

In the period 1989 – 2011, the U.S. Claims Court awarded a total of $2.2 billion to 2,631 claimants for vaccine injury. In making these awards, the court frequently disagreed with physicians from U.S. Health and Human Services, who consistently denied that vaccines were responsible.

What is the truth? Is it conceivable that a parent would make up a story of vaccine damage and slog through years of litigation just for a cash award? Or are the vaccine injury cases that make it through Vaccine Court just the tip of the iceberg?

Martin is a Dutch boy who received his DTP shot (Diphtheria/Tetanus/Pertussis) just before his fourth birthday.[7] He didn't feel quite well that day, and his throat was red. The next day his temperature rose to 100.4°, and he stayed home from school. As he was walking down the stairs, he started to say something and suddenly collapsed. He remained unconscious for eight minutes. On the way to the hospital he had several convulsions with arrested breathing. He was admitted to the IC in a coma and got artificial respiration. His brain showed no sign of hemorrhage or fracture, just swelling. He was discharged from the hospital and given Depakine, an anticonvulsant.

But Martin was not the same. His speech was almost unintelligible. He had absences and could not function in school. An EEG showed epileptic activity in the right brain. His doctors blamed his problems on a concussion from falling down the stairs.

Martin's parents consulted a homeopathic physician, who prescribed a homeopathic preparation of DTP to antidote the effect of the vaccine. Over the next two months Martin improved, and he was able to reduce and finally stop the Depakine. His speech and brain function become normal. A follow-up EEG showed no sign of epileptic activity.

Martin was one of 206 children included in a 1999 Dutch study on vaccine damage. Most of the children in that study were cured by a homeopathic antidote to their vaccine—thus offering the highest level of proof that their injury was caused by the same vaccine. Yet only three of these cases—a mere 1.4% of the total—were acknowledged as vaccine injury by the pediatrician in charge.[8] In other words, **the true incidence of vaccine injury is 50 to 70 times higher than official statistics indicate.** This disparity is shown graphically below.

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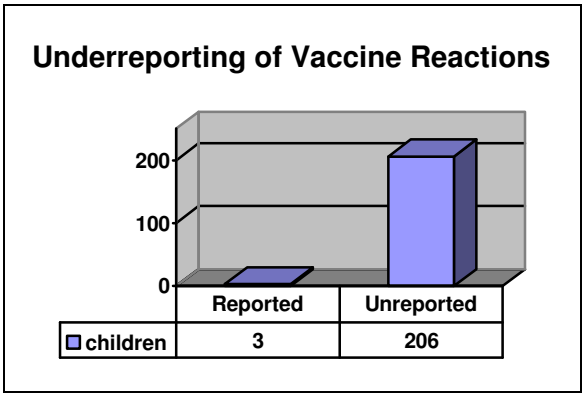
[6] Interview with Dr. Andrew Moulden, Public Affairs Media, Inc, May 8, 2009 (http://publicaffairsmediainc.blogspot.com/)

[7] Smits T. The post-vaccination syndrome. *Homeopathic Links* 2001;4:214-218.

[8] Smits T, *ibid,* p. 115

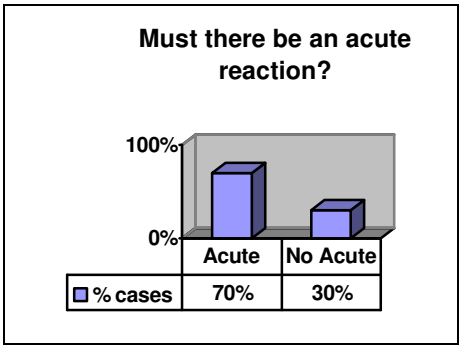


Aren't vaccines tested for safety? one asks. In theory—yes. In practice, however, vaccines are approved by the FDA based on the assumption that all vaccines are safe. This assumption, in turn, comes from a few clinical trials that were clearly manipulated. Consider the 1978 safety review of the pertussis vaccine, for example, commissioned by the FDA and conducted at UCLA. Harris Coulter, author of two books on vaccine safety, relates:

> "…the study was undertaken, at least in part, to prove that the FDA and the CDC had been right all along: adverse reactions are rare and nothing to worry about. But this goal was not achieved: the UCLA-FDA study found a higher incidence of reactions to the DPT shot that any previously reported in the literature. After it had been running for only nine months, the authors reported: 'The most striking finding in this preliminary analysis is the relatively high frequency of persistent crying, convulsion-like episodes, and collapse following DPT immunization.'" [9]

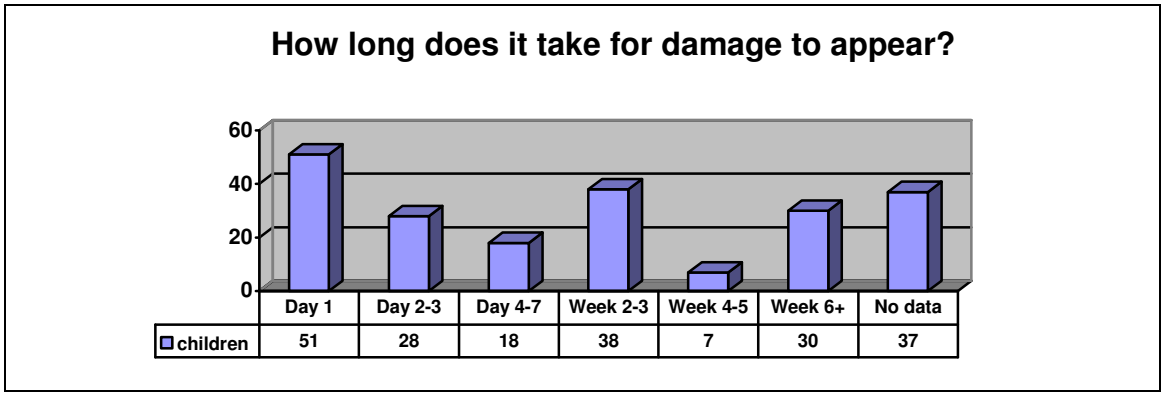
In the published report, however, this finding was downplayed and obscured in eight ways.[10] First, the number of children enrolled in the trial was not given, making it impossible to determine the exact incidence of injury. Lead researcher James Cherry claimed disingenuously, "…I don't believe we knew the precise number of children."

Second, only acute reactions to the vaccine were recorded. According to the Dutch study, however, there is no acute reaction in 30% of vaccine injury cases.



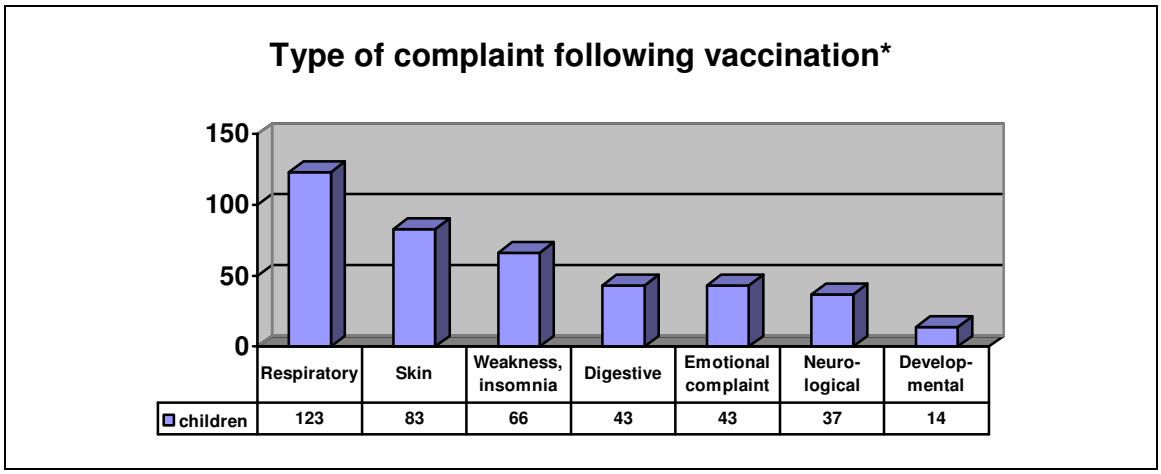
[9] Coulter, H. *A Shot in the Dark.* Garden City Park, NY: Avery Publishing; 1991:181-145-146
[10] Coulter, *ibid*:145-146

Third, the FDA study placed an arbitrary time limit of forty-eight hours within which a vaccine reaction has to occur. We may recall that the Swiss girl, Heidi, showed no signs of damage from her small pox vaccination until two weeks later. In the Dutch study, 54% of the children manifested signs of vaccine injury after three or more days.



Fourth, the FDA study classified high-pitched screaming as a trivial reaction—even though it is a sign of central nervous system irritation. Thus, twenty children who developed this symptom were not even counted among the neurologically damaged.

Fifth, only a narrow range of neurological symptoms were considered as possible signs of vaccine injury. The Dutch study found, on the contrary, that vaccine injury can affect many different systems.



**Some children had more than one type of complaint*

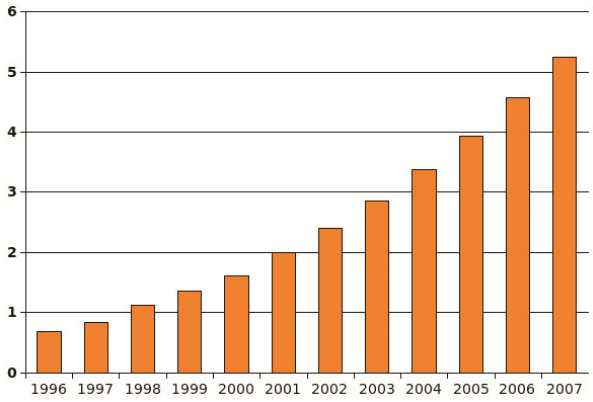
Sixth, there was no control group of children receiving placebo. The control group was the US infant population as a whole, which is 80-90% immunized—a bit like comparing an orange to itself!

Seventh, the children in the study group were screened. Most of them were 11 months or older, and no child with a previous reaction to vaccination was allowed to participate. In real life most children get the pertussis vaccine at 3-6 months, however, and no one is excluded because of a past vaccine reaction.

Eighth, children in the study group received only the pertussis vaccine. In reality, children always get the combination of diphtheria, pertussis and tetanus (DPT).

Vaccination and autism spectrum disorders (ASD)

A topic of special concern is the possible link between vaccination and ASD. The incidence of ASD has risen sharply since 1980, when it was first designated as a diagnostic category. While it is true that some cases may have gone undiagnosed before 1980, there can be no doubt that we are witnessing an ASD epidemic without historical precedent.



US students diagnosed with autism per 1,000

In 2012 I began treating a 2½ year old boy named William. His story was similar to that of Ben Zeller. William's development was absolutely perfect up until about 12 months. He was babbling and saying "mama" and "dada." Then he received two rounds of vaccinations within a four week period, including the MMR (measles, mumps, rubella), VAR (chickenpox), pneumococcal and Hepatitis A. A few weeks later he began to experience very small jerks, as if he were startled. Over the course of two month these jerks developed into spasms—more than fifty per day. Then he began having drop seizures.

William at 12 months

He lost his budding language skills and regressed quickly to the level of an 8 month old infant in all areas except gross motor skills. Today, seven years later, he still cannot talk and remains stuck at the cognitive level of 8 months.

In 1983 the CDC vaccination schedule called for children to receive 6 vaccines in the first 15 months of life. The autism rate then was 1:10,000. The 2017 CDC schedule packs 23 vaccines in the first 15 months of life, and the autism rate has reached a new high of 1:36—a staggering 27,777% increase.[11]

No medical authority has explained this dramatic increase. No plausible theory has been advanced.

Everywhere in the world the incidence of autism has risen in lockstep with childhood vaccination programs. In Japan, for example, the first case of autism was reported in 1945, just months after the US Occupation began vaccinating Japanese children against pertussis. In China, autism was unknown before vaccines were allowed into the country in 1990. There are now 1.8 million autistic Chinese children.

William after vaccine damage

[11] Zablotsky B, Black LI, Blumberg SJ. Estimated prevalence of children with diagnosed developmental disabilities in the United States, 2014–2016. NCHS Data Brief, no 291. Hyattsville, MD: National Center for Health Statistics. 2017.

Dr. Andrew Wakefield, a British medical scientist, authored a study in 1998 suggesting a link between the MMR vaccine and autism. The medical industry responded to this article with a carefully orchestrated smear campaign, and there was no attempt to reproduce Wakefield's original work. The *British Medical Journal* ran an article claiming that Wakefield, a world class research expert of great integrity, 'faked' his original findings. The author of the article had no scientific or journalistic credentials and offered no evidence, resorting instead to unsubstantiated innuendo to sell his thin story. The scapegoating continued with an interview on *Good Morning America,* in which George Stephanopolous conducted a nonstop personal attack on Wakefield without allowing him to answer.

In 2004 two CDC employees published a retrospective study in *Pediatrics* that showed no significant link between MMR vaccination and autism. This article has since been widely quoted.

The author in charge of the statistics for that study was William Thompson, a senior epidemiologist. On August 27, 2014, Dr. Thompson released a shocking statement via his attorneys admitting that he and colleagues at the CDC "omitted statistically significant information" from the 2004 Pediatrics study.

Congressman Bill Posey (FL) had the following letter from Thompson entered into the Congressional Record:

"The [CDC] co-authors scheduled a meeting to destroy documents related to the [MMR vaccine] study. The remaining four co-authors all met and brought a big garbage can into the meeting room and reviewed and went through all the hard copy documents that we had thought we should discard and put them in a huge garbage can."

Dr. Thompson admitted it was "the lowest point" in his career when he "went along with that paper." He went on to say that he and the other authors "didn't report significant findings" and that he is "completely ashamed" of what he did, that he was "complicit and went along with this," and regrets that he has "been a part of the problem."

In a recorded phone call with Dr. Brian Hooker, Thompson said, "That's the deal…that's what I keep seeing again and again and again…where these senior people [at the CDC] just do completely unethical, vile things, and no one holds them accountable." (June 12, 2014)

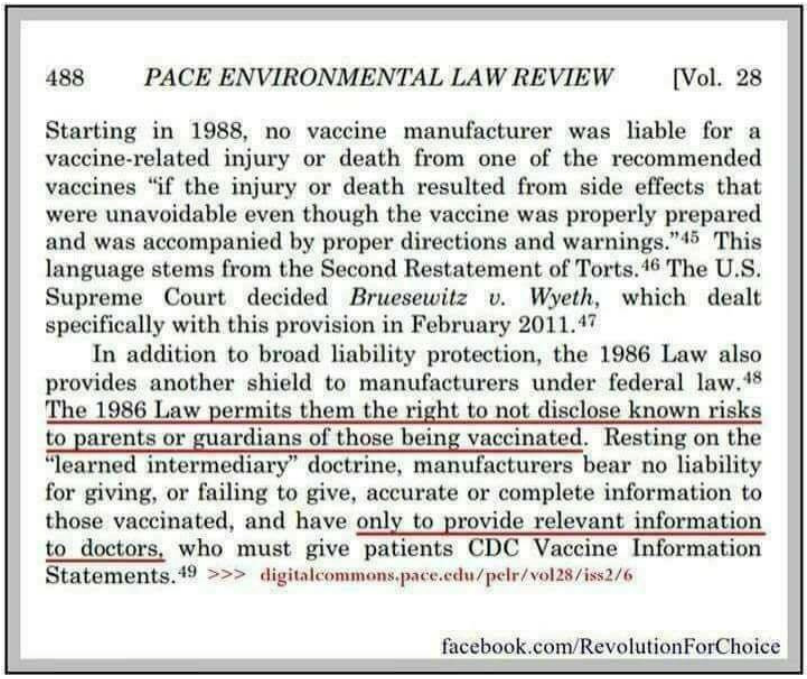
How does vaccination cause ASD?

We don't know, and the drug industry doesn't want us to know precisely how vaccines act inside the human body.

But what is highly probable is that vaccination forces the recipient to produce antibodies on a long-term basis by setting up a chronic state, technically a disease of an autoimmune nature. The stated purpose of aluminum and other vaccine additives is to create a long term immune response. With the live-virus vaccines (measles, mumps, rubella, and chickenpox) the attenuated virus somehow attaches itself to the genetic material of the host cells to achieve the same result.

The bottom line is that vaccines elicit a long term clinical or subclinical inflammatory response in the blood stream. In a certain percentage of cases this inflammation passes the blood-brain barrier and spreads to the central nervous system, causing encephalitis, which leads to permanent neurological damage.

If vaccination were safe, one has to wonder why the US Congress took the extraordinary and unprecedented step of protecting vaccine manufacturers from liability for vaccine injury. Normally the tort system is the only protection consumers have against dangerous drugs, since they are not tested for long term complications before FDA approval. The 1988 vaccine legislation handed the vaccine industry a license to injure children with impunity—and the US tax payer picks up the tab.



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Starting in 1988, no vaccine manufacturer was liable for a vaccine-related injury or death from one of the recommended vaccines "if the injury or death resulted from side effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings."[45] This language stems from the Second Restatement of Torts.[46] The U.S. Supreme Court decided *Bruesewitz v. Wyeth*, which dealt specifically with this provision in February 2011.[47]

In addition to broad liability protection, the 1986 Law also provides another shield to manufacturers under federal law.[48] The 1986 Law permits them the right to not disclose known risks to parents or guardians of those being vaccinated. Resting on the "learned intermediary" doctrine, manufacturers bear no liability for giving, or failing to give, accurate or complete information to those vaccinated, and have only to provide relevant information to doctors, who must give patients CDC Vaccine Information Statements.[49] >>> digitalcommons.pace.edu/pelr/vol28/iss2/6

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What's a parent to do?

If you decide to vaccinate your child, here are six common sense precautions:

1. Insist on giving your child only one vaccine at a time. The safety of combining vaccines in one shot had never been tested, even by the industry friendly standards of the FDA. Each vaccine demands an immune response, so a triple vaccine creates three times as much stress as a single vaccine.
2. Consider the justification for each vaccine you want to give your child. Vaccination has a cumulative effect: each vaccine adds to the toxic load. The traditional childhood diseases—measles, mumps, German measles, chickenpox—are mild and rarely lead to complications. Children most at risk for complications, moreover, are those most vulnerable to vaccine injury.
3. Wait until your child is two years or older to vaccinate. In the first two years of life a child has an immature immune system. In the FDA - UCLA safety review of the pertussis vaccine, the two children who died were among the youngest in the study group—two months old. In Japan the number of annual vaccine-related deaths dropped from 37 to 3 when the recommended age for DPT vaccination was raised from three months to two years.
4. Do not vaccinate a sick child. This simple precaution was followed by the FDA – UCLA study but is rarely observed by busy pediatricians.
5. Do not vaccinate a child who responded badly to a previous vaccination. This child has already reached the limit of what he or she can tolerate.
6. Insist on a mercury-free vaccine. Ask your pediatrician in advance for the insert provided by the manufacturer. If the list of ingredients includes *thimerosol*, the vaccine contains mercury.

Do Vaccines Really Work?

Most people never question the idea that vaccination protects us against targeted diseases. We have been told so since childhood, and "everybody knows" that vaccines are one of the greatest accomplishments of modern medicine.

If we look for proof of this hypothesis, however, we come up short. The gold standard of truth in medicine is the placebo controlled, double blind clinical trial: two large groups of randomly selected subjects, one group gets the treatment, the other a placebo that looks and feels like the treatment. No one, not even the lead researcher, knows which group got the placebo.

With few exceptions there are no placebo controlled, double blind clinical studies of vaccines. It is considered "unethical" to deprive anyone of a vaccine. One could easily find people who would voluntarily forego the vaccine, of course, but then they would know they were in the placebo group.

What then is the basis for the almost universal belief in vaccines? The answer is an interesting study in human psychology.

Albert Calmette and Camille Guérin were two French bacteriologists working on tuberculosis in the beginning of the twentieth century. Together they came up with the first tuberculosis vaccine, named "Bacille Calmette-Guérin" (BCG). Medical historian Thomas Dormandy relates:

> "In his own country he [Calmette] was immediately hailed as a new Pasteur or, at any rate, a second Villemin—and this time there would be no snatching away of French glory by foreigners. He was well fitted for the role. A native of Nice and a former naval officer, he was intensely patriotic, bearded, excitable, charming, single-minded and hard-working. He was also meticulous where he felt that meticulous work was needed; but, like Pasteur, he was contemptuous of what he considered to be obstructive pedantries. Almost all forms of statistical analysis when applied to medicine qualified under this heading. Nor did he have any patience with abstract medical concepts, an obsessive preoccupation of Protestant minds: his professional conscience and Catholic faith were adequate guides to what was right and wrong. None of this was calculated to make him universally popular.
>
> Even before his public announcement one of his clinical colleagues, B. Weill-Hallé, implored him to be allowed to administer the **oral** vaccine [*emphasis added*] to a newborn boy whose mother had died from overwhelming tuberculosis a few days before delivery. The baby was now in the care of a grandmother, also openly tuberculous. (An elder brother and a sister were also affected, and at least one sibling had already died of consumption.) No precautions had been taken during the birth, and nobody doubted that the infant would perish within a few weeks. The vaccine was administered and after six months the boy (still in the grandmother's care) was thriving. Largely—according to some entirely—based on this gratifying but as scientific proof astonishingly slender evidence, a major immunisation programme was launched, and by 1928 over 116,000 infants born in France had been given the vaccine.[12]

[12] Dormandy, T. *The White Death, A History of Tuberculosis.* New York: New York University Press; 2000: 341-42

The BCG vaccine has since been administered to hundreds of millions of children. In many European countries it is still mandated. Yet there is no convincing evidence that it works. Even the U.S. Centers for Disease Control (CDC) says, "BCG is not generally recommended for use in the United States" because of "the variable effectiveness of the vaccine against adult pulmonary TB" and also "the low risk of infection" in children[13]—the latter a disingenuous argument, since children have an equally low risk of getting Diphtheria or Polio, against both of which they are vaccinated.

So belief in the BCG vaccine, then, is largely a matter of wanting to believe—and being given a plausibly high tech show with all the right props to confirm that belief.

But what about the victory over smallpox? The smallpox vaccine was the first to be given on a massive scale, and now smallpox no longer exists except in a test tube somewhere.

In legal terms there is a fallacy called *post hoc ergo propter hoc*: if I clap my hands and a solar eclipse occurs, it does not necessarily mean that I caused the eclipse.

If we look closely at the epidemiological data, we see that the incidence of smallpox was already falling before the introduction of smallpox vaccination. In some notable instances, moreover, the frequency of smallpox remained level or increased despite intensive vaccination.

Thomas Dormandy explains:

> "[…] diseases change. Illnesses bearing familiar names and with causes seemingly well established behaved differently in the past from the way they behave today. Before the nineteenth century gout was more common and more severe than rheumatoid arthritis. Today the position is reversed. Within living memory scarlet fever and rheumatic fever were serial killers. They are so no longer. Asthma has become more severe. Fifty years ago acute appendicitis was by far the commonest life-threatening surgical emergency. Today it is rare or unrecognizably benign.
>
> "The causes for these transformations are usually obscure. Doctors tend to attribute improvements to scientific advances or to their own ever-increasing wisdom. They rarely claim responsibility for the dire effects of medical misconceptions."[14]

Much of the credit for the declining incidence of the major 19th century infectious diseases (including polio) should go to improved standards of living in the industrialized nations—better sanitation, nutrition, water systems and housing. It is hard for us to conceive today what living conditions were like for the typical early 19th century family in a large metropolis—perhaps a dozen family members crowded into an unventilated apartment with no running water, dumping their chamber pots from the windows in the evening. In London, the river Thames was just an open sewer. In 1856 work on a sewer system began, and the project was so successful that much of it is still in use 150 years later. The engineers who worked on this system were driven by genuine concern for the common good, yet their contribution to the decline of diphtheria, typhoid, cholera and other diseases is entirely

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[13] Centers for Disease Control Fact Sheet, http://www.cdc.gov/tb/publications/factsheets/prevention/BCG.htm
[14] Dormandy, T. *op.cit.:*1

overlooked.

Let's look at a few real world examples of supposedly effective vaccination programs.

Polio

How many times have you heard that the Salk vaccine eradicated polio?

Here is a typical account:

> In 1954, clinical trials using the Salk vaccine and a placebo began on nearly two million American schoolchildren. In April 1955, it was announced that the vaccine was effective and safe, and a nationwide inoculation campaign began. New polio cases dropped to under 6,000 in 1957, the first year after the vaccine was widely available. In 1962, an oral vaccine developed by Polish-American researcher Albert Sabin became available, greatly facilitating distribution of the polio vaccine. Today, there are just a handful of polio cases in the United States every year, and most of these are "imported" by Americans from developing nations where polio is still a problem.
>
> (source: History.com)

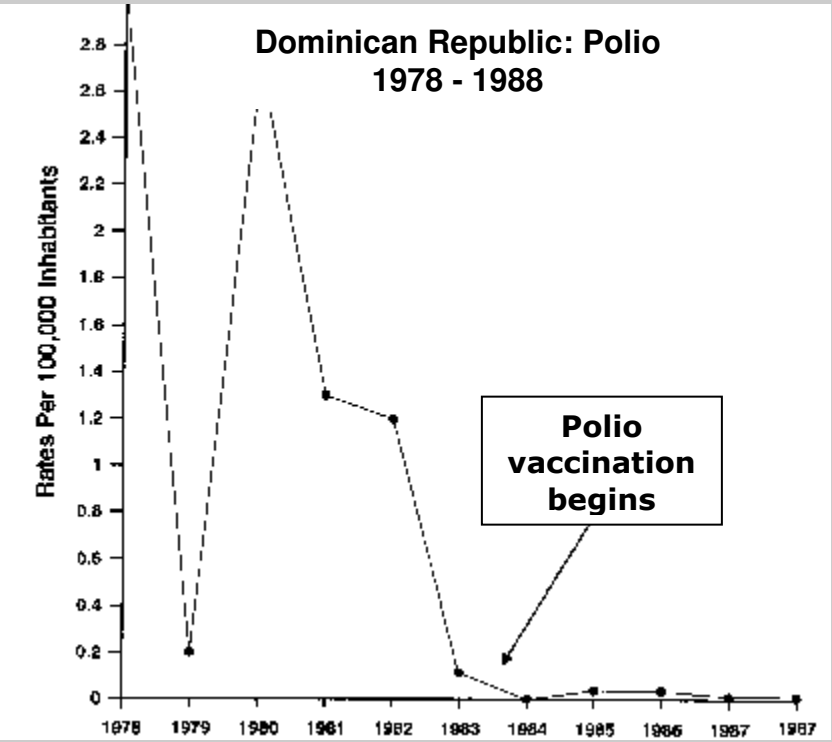
In the summer of 2014 the mother of one of my patients, Sam, 12, called to say that he had a fever with jaw stiffness and pain in his back, shoulders and knees. His symptoms seemed to improve somewhat but then got progressively worse, and two weeks later, at the insistence of his parents, he was tested for polio and a related virus, Coxsackie, which back in the 1950s was diagnosed as polio. He was positive for all three serotypes of polio (AB, CF, Qn), despite the fact that he was fully vaccinated against polio. He was also positive for Coxsackie.

Now Sam is an American, the scion of many generations of Americans. So assuming that he was one of the "handful of polio cases" that still occur in the US today despite the fantastic success of the polio vaccine, what are the odds that he would end up as my patient? Less than 1 in 54 million. With luck like that, I should play the lotto!

Let's look at the effect of the UNICEF polio immunization program in the Dominican Republic.[15] Would you say that the polio vaccine was responsible for wiping out the disease based on the following graph?

[15] UNICEF Evaluation Publication No. 6 (Santo Domingo, Dominican Republic, May 27, 1988); data for 1987-88 is from direct communication from the Pan American Health Organization, EPI Unit, to Dr. Raymond Obomsawin.

Incidence of Polio



How about in the US? A bit of research unearths an entirely different picture from the one painted by History.com. Here is an editorial from the National Health Federation Bulletin, dated July-August, 1959:

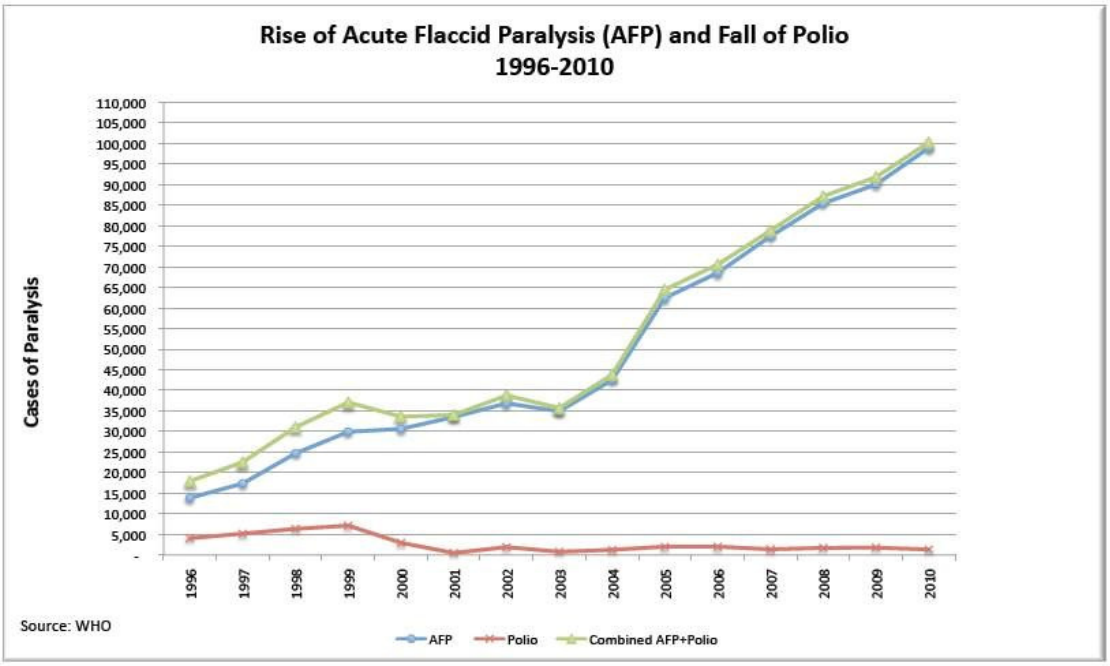
> Salk blames the makers of the vaccine, and the makers say the formula is not right. When the vaccine was first given very bad results followed. Cutter Laboratories got the blame. Then people who were vaccinated still got polio. The departments of health and the manufacturers then said the vaccine was only effective against the type which causes paralysis. Next, when those vaccinated still got the type which caused paralysis, we were told you must have two shots. Still, those vaccinated came down with the paralytic type, and we were told we must have three shots—that would do the trick. Now we have those with three shots contracting the paralytic type of polio, and we are told we should have four shots, and probably the job will have to be repeated every eighteen months, or less. We ask, where do we go from here?
>
> As you peruse the pages of this Bulletin you will find news items and reports that would lead anyone to conclude that, in proportion to the percentage of the population vaccinated, the same percentage of those vaccinated have polio of the paralytic type as those who have not been vaccinated. This regardless of whether one, two or three shots had been had.
>
> Since the inauguration of the Salk polio shots, moreover, **the governmental agencies have adopted a policy of listing as polio victims only those who are proved so by laboratory tests. Before the polio vaccination program, anyone with the right symptoms was listed as a polio victim. So the incidence of polio appeared to fall, and of course the vaccine was credited.** [emphasis added]

In 1962 Bernard Greenberg, former Dean of the School of Public Health at the University of North Carolina and chair of the Committee on Evaluation and Standards for the American Public Health Association, testified before Congress that the supposed decline in polio cases in the US from 1950 to 1957 was due to *diagnostic modifications* and *statistical manipulation*. After the introduction of a much more intensive and compulsory immunization program in 1957, Greenberg stated, there was a substantial *increase* in polio cases (50 percent in 1957-1958 and 80 percent in 1958-1959). Yet the US Public Health service made statements and presented statistics giving the opposite impression, to protect its reputation.[16]

Curiously enough, the Salk polio vaccine was one of the few vaccines ever tested in a double blind, placebo controlled trial. (In the 1950s there was less concern over the "ethics" of not vaccinating a control group.) Over 200 people in the vaccinated group contracted polio, while no one in the unvaccinated group got the disease.[17]

In 1958 the original Salk vaccine was replaced by the Oral Polio Vaccine, which contains live attenuated strains of the three serotypes of poliovirus. In a 1961 polio outbreak in Massachusetts, there were more cases of paralysis among those who received the oral vaccine than those who did not.[18]

Today polio continues to cripple thousands per year, but they are diagnosed with "acute flaccid paralysis" (AFP). All these cases would have been classified as polio before 1954. The graph below shows the rise of AFP on a worldwide basis (green line), while the incidence of polio is supposedly falling (red line).

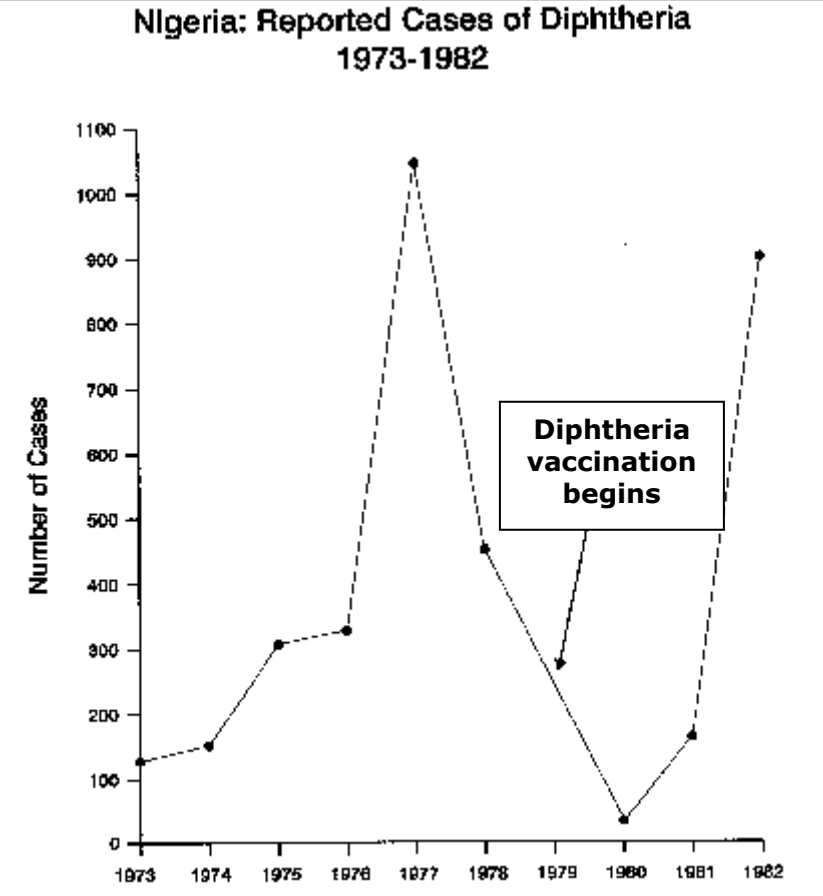


[16] Hearings Before the Committee on Interstate and Foreign Commerce, House of Representatives, 87th Congress, Second Session on *HR 10541*, May, 1962, 94-112
[17] Mendelsohn, R., "The Medical Time Bomb of Immunization Against Disease," p.52
[18] Hearings Before the Committee on Interstate and Foreign Commerce, p. 113

Diphtheria

The graph below shows the effect of the diphtheria immunization program in Nigeria.[19] The incidence of diptheria declined 73.5% in the two years **before** mass vaccination began. The rate continued to decline for half a year after vaccination, then rose again sharply, indicating either that vaccination made people more vulnerable to diphtheria, or that vaccination had no effect.

Incidence of Diphtheria



Fortunately, diphtheria has virtually disappeared from North America; the last reported case occurred in 1997.[20] In the last outbreak of diphtheria (Chicago, 1969) 25% of the sixteen victims were fully vaccinated against diphtheria, and an additional 31% had received one or more doses of the vaccine.[21] It is safe to conclude, then, that the diphtheria vaccine had nothing to do with the decline in diphtheria.

[19] Taylor R. "Medicine Out of Control," Sun Books, Melbourne, 1979, Figure 1.3, p. 12; and "World Health Annual Statistical Reports (causes of death) 1962-1975."

[20] Morbidity and Mortality Weekly Report

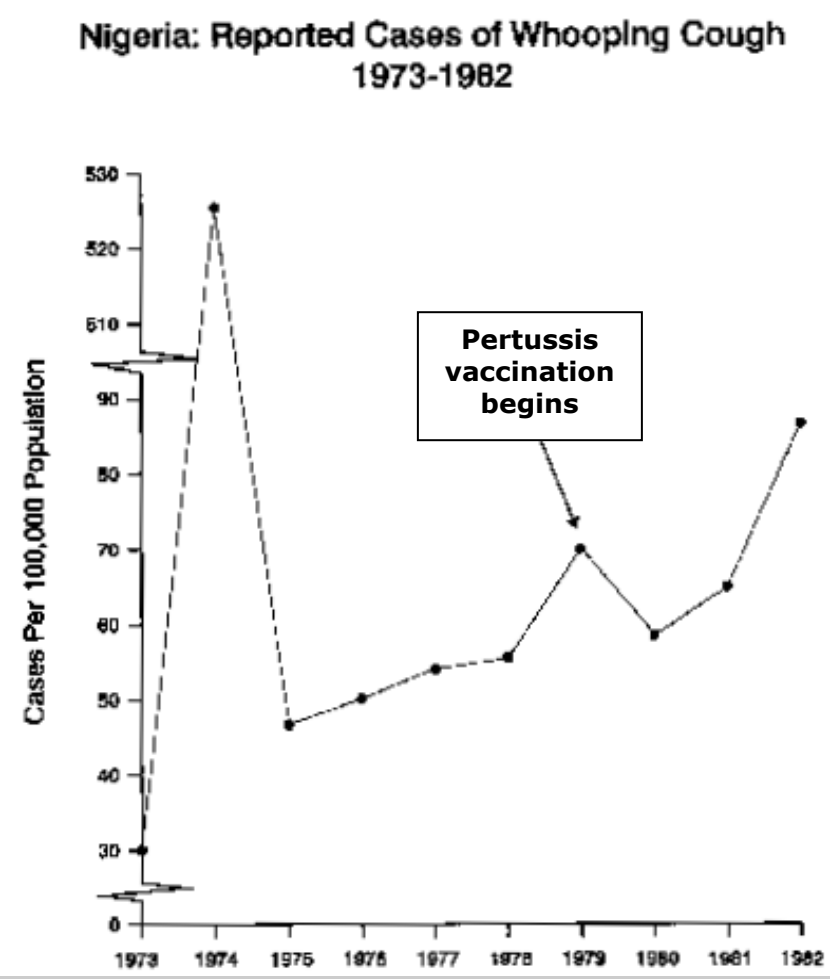
[21] Mendelsohn, R. "The Medical Time Bomb Of Immunization Against Disease," *East West Journal,* November 1984

Pertussis (whooping cough)
In 2010, the largest outbreak of whooping cough in over 50 years occurred in California. As usual, unvaccinated children were blamed. But a study published in *Clinical Infectious Diseases* (March 15, 2012) showed that 81 percent of the California kids under 18 who caught whooping cough were fully vaccinated, and another 11 percent had received at least one shot. So only 8 percent of those stricken were unvaccinated.

The vaccine's effectiveness was estimated at 41 percent among 2- to 7-year-olds and a dismal 24 percent among those aged 8-12.

The graph below documents the effect of the pertussis vaccination program in Nigeria. The incidence of pertussis declined significantly before the program began, and the trend continued for the first year. In the next two years, the number of cases increased by 34%.[22]

Incidence of Pertussis



[22] Waltzkin, H., "...Analysis of the Health Care Systems of Advanced Capitalist Societies," in *The Relevance of Social Science for Medicine*, edited by Eisenberg, L., and Kleinman, A., 1980; source cited: Kass, 1971

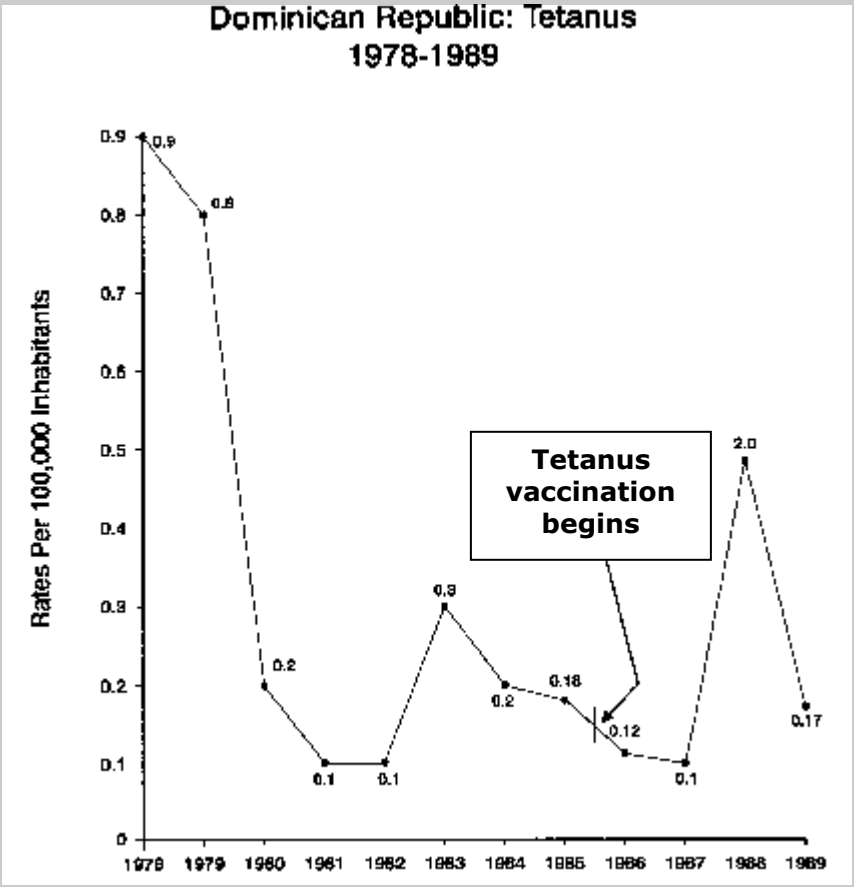
Tetanus

Parents often worry about tetanus, imagining that every cut on a rusty nail will lead to lockjaw. In reality, the incidence of tetanus is quite low in the United States. In the two year period 1982-1984, nine people under the age of 18 contracted tetanus. None died.[23]

In the third world, babies have a risk of tetanus from contaminated umbilical stump infections. The graph below shows the effectiveness of the tetanus vaccine in preventing such infections in the Dominican Republic.[24]

From 1979 until the introduction of vaccination in late 1985, the incidence of tetanus declined. This trend continued until 1988, when—despite vaccination--the incidence of tetanus jumped nearly five-fold. By 1989 the number of cases was still higher than before the immunization program began.

Incidence of Tetanus



It is clear that knowledge of sanitation and wound hygiene are the main factors in decreasing both the incidence and death rate of tetanus. While the tetanus vaccine was developed to prevent tetanus, there is no proof this vaccine has ever worked.

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[23] Neustaedter, R. *The Immunization Decision*. Berkeley: North Atlantic Books; 1990: 32

[24] UNICEF Evaluation Publication No. 6, Santo Domingo, Dominican Republic, May 27, 1988; and data for years 1988 and 1989, obtained in personal communication to Dr. Raymond Obomsawin from the Pan American Health Organization, EPI Unit, August 21, 1990

Mumps
A 2010 mumps epidemic in New York and New Jersey left many mothers wondering about the effectiveness of the MMR vaccine. Of 1500 children affected, 75% had received two MMR shots, and 88% at least one shot. [25]

Two senior Merck scientists, Stephen Krahling and Joan Wlochowski, filed a Federal whistleblower lawsuit in 2010 claiming Merck fraudulently added rabbit antibodies to human blood samples to gull FDA officials into believing the vaccine was 95% effective. When the scientists threatened to expose the fraud, Merck officials offered bribes, threatened them with prison and then destroyed the laboratory evidence in garbage bags. (United States v. Merck & Co)

Merck's defective MMRII is currently causing dangerous Mumps epidemics in fully vaccinated adults across the globe. The FDA now plans to substitute Glaxo's MMR vaccine, Priorix®. In safety testing of Priorix against Merck's MMR II, both vaccines proved dismally harmful. Nearly 50% of vaccine recipients experienced adverse events within 42 days of vaccination and over 10% of these required emergency room visits. Roughly 2% of these adverse events were "serious" and 3.5% of vaccine recipients were diagnosed with a "new onset chronic disease" within 6 months of vaccination. These documented safety results are astronomically higher than the vaccine industry talking points, which claim vaccine adverse events are "one-in-a-million."

Influenza
According to authorities, flu shots have reduced mortality from influenza by 50 percent. Dr. Lisa Jackson, physician and research scientist at the Group Health Research Center in Seattle, began to wonder some years ago if that number was too good to be true. Her doubts were not encouraged. "People told me, 'No good can come of this. Potentially a lot of bad could happen' for me professionally by raising any criticism that might dissuade people from getting vaccinated, because of course, 'We know that vaccine works.' This was the prevailing wisdom."[26]

Journalists Shannon Brownlee and Jeanne Lenzer, writing in the November, 2009 issue of *The Atlantic,* describe what happened next:

> Nonetheless, in 2004, Jackson and three colleagues set out to determine whether the mortality difference between the vaccinated and the unvaccinated might be caused by a phenomenon known as the "healthy user effect." They hypothesized that on average, people who get vaccinated are simply healthier than those who don't, and thus less liable to die over the short term. People who don't get vaccinated may be bedridden or otherwise too sick to go get a shot. They may also be more likely to succumb to flu or any other illness, because they are generally older and sicker. To test their thesis, Jackson and her colleagues combed through eight years of medical data on more than 72,000 people 65 and older. They looked at who got flu shots and who didn't. Then they examined which group's members were more likely to die of any cause when it was *not* flu season.

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[25] "*Vaccine Not Fail-Safe in Ongoing Mumps Outbreak",* ***Business Week*** (Feb. 11, 2010). http://www.businessweek.com/lifestyle/content/healthday/635955.html
[26] Brownlee, S. "Does the Vaccine Matter?" *The Atlantic,* Nov. 2009. Full text available at www.theatlantic.com/doc/200911/brownlee-h1n1

> Jackson's findings showed that *outside of flu season*, the baseline risk of death among people who did not get vaccinated was approximately 60 percent higher than among those who did, lending support to the hypothesis that on average, healthy people chose to get the vaccine, while the "frail elderly" didn't or couldn't. In fact, the healthy-user effect explained the entire benefit that other researchers were attributing to flu vaccine, suggesting that the vaccine itself might not reduce mortality at all. Jackson's papers "are beautiful," says Lone Simonsen, who is a professor of global health at George Washington University, in Washington, D.C., and an internationally recognized expert in influenza and vaccine epidemiology. "They are classic studies in epidemiology, they are so carefully done."
>
> The results were so unexpected that many experts simply refused to believe them. Jackson's papers were turned down for publication in the top-ranked medical journals. One flu expert who reviewed her studies for the *Journal of the American Medical Association* wrote, "To accept these results would be to say that the earth is flat!" When the papers were finally published in 2006, in the less prominent *International Journal of Epidemiology*, they were largely ignored by doctors and public-health officials. "The answer I got," says Jackson, "was not the right answer."

Fast forward to 2017: authorities are admitting that this year's flu shot is only 10% effective. (source)

Why are vaccines ineffective?

There are many explanations offered for the poor performance of vaccines. Typically the reasons fall into one of two categories: 1) the vaccine virus mutated during production; or 2) the disease virus itself mutated.

Although these statements may be true, they overlook the elephant in the room. The whole premise of vaccination is false.

The premise is that, if we can force the production of antibodies to a disease, we can create immunity.

Immunity is the end result of a complex series of physiological changes triggered by an infection, however. According to the Pasteur Institute, only 2% of immunity is antibodies. The remaining 98% is non-specific, which cannot be measured.

This 98% plays an essential role in protecting you not just from one disease, but all diseases—including cancer.

People with immunity to a disease may not even have specific antibodies to it. They can easily create the antibodies on demand.

There are three hallmarks of immunity:

1. it is lifelong;
2. it is passed on to infants through breast milk;
3. it contributes to herd immunity.

Does vaccine based "immunity" last for life? No, it only lasts for several years. Booster shots are required, which studies show to be less effective than the initial one. In the pre-vaccine 1960s only 10 percent of cases occurred in persons over age 10; now, 60 percent of all new cases occur in persons over age 10.

Does the milk of vaccinated mothers protect their babies from disease? No. That's why babies are a much larger percentage of measles cases today than in the pre-MMR era. In the well-publicized Disneyland measles outbreak, 12 of the 110 California residents affected were babies. In a 1992 measles outbreak in Albuquerque, 28 percent of cases were less than 1 year old; in Brownsville, TX, 45%.

In 2015 California passed legislation banning vaccine exemptions because, according to authorities, it was necessary to establish "herd immunity."

"Herd immunity" is a term coined by A. W. Hedrich in a study published in 1933. He found that there were no epidemics of measles when the percentage of immune children climbed above 68%. These immune children acted as a buffer, preventing the rapid spread of measles from one isolated case.

The number of vaccinated children 5-15 in California exceeded 90% before passage of the new law, however. According to Dr. James Cherry, director of the pertussis safety study, herd immunity **should be** in effect with a measles vaccination rate of more than 90%.

Imagine a school where children are prepped for math exams by being forced to memorize the answers to problems. If the exam questions are changed the children are lost, because they have no idea how to solve the problems. And naturally they have to endure periodic "booster" cramming sessions, because they will forget the answers in a short period of time.

Measles will never be eradicated by the measles vaccine, then. Immunity is like being pregnant—there is no such thing as "sort of" immune—quasi-immune.

"Immunization" is a lie.

The emperor has no clothes!

Are Vaccinated Children Healthier Than Unvaccinated?

We assume that vaccination makes people healthier. The assumption is based on the premise that vaccines are harmless and effective, and that all diseases are damaging—including measles, mumps, rubella and chickenpox.

A growing body of research shows, however, that the traditional childhood diseases actually enhance the development of a healthy immune system.

A 1995 Swiss study, for example, looked at the link between childhood diseases and increased resistance to cancer.[27] The study was designed as follows: all cancer patients seen by one of 35 participating Swiss physicians between June 1, 1993 and Jan. 31, 1994 were entered. For each patient, a control person of the same age and gender who did not have cancer was selected randomly from the patient list of the same doctor. A questionnaire was then sent to both cancer and non-cancer patients asking them, among other things, to list any febrile infectious childhood diseases they may have had. The purpose of the questionnaire was not disclosed either to the patients or physicians.

Result: a history of at least one infectious childhood disease reduced the risk of all types of cancer (except breast) by 10-30%. Chickenpox was the most effective in reducing risk.

A German multi-center study of skin cancer found, similarly, that the most important risk factor in a patient's medical history was not exposure to sunlight, as everyone believes, but *absence of a febrile disease in childhood*.[28]

How can we understand these findings? Traditional Chinese Medicine regards the measles as a vehicle for expelling fetal toxins. From a homeopathic perspective, measles is an acute detoxifying crisis of tubercular toxins. Whatever the explanation, there is no doubt that the traditional childhood diseases play an essential role in the development and maturation of the immune system.

Our bodies are hard-wired to deal with infectious diseases in a quick and decisive manner: raise the body temperature, attack the invader with everything you've got and kick it out. End of story.

Vaccines, on the other hand, are designed to remain inside our body cells to stimulate the continued production of antibodies. This is the stated purpose of aluminum and other adjuvants, without which the antibody response is inadequate. With the live-virus vaccines, which don't need adjuvants, the attenuated virus somehow attaches itself to the genetic material of the host cells to achieve the same result. We do not know precisely how that happens. What we do know for sure is that the molecular weight of those adjuvant-vaccine complexes are much too high for the kidneys to excrete.

In 2017 a team of researchers published the first US study comparing vaccinated and unvaccinated children for a broad range of health outcomes. The children came from four states—Florida, Louisiana, Mississippi and Oregon.

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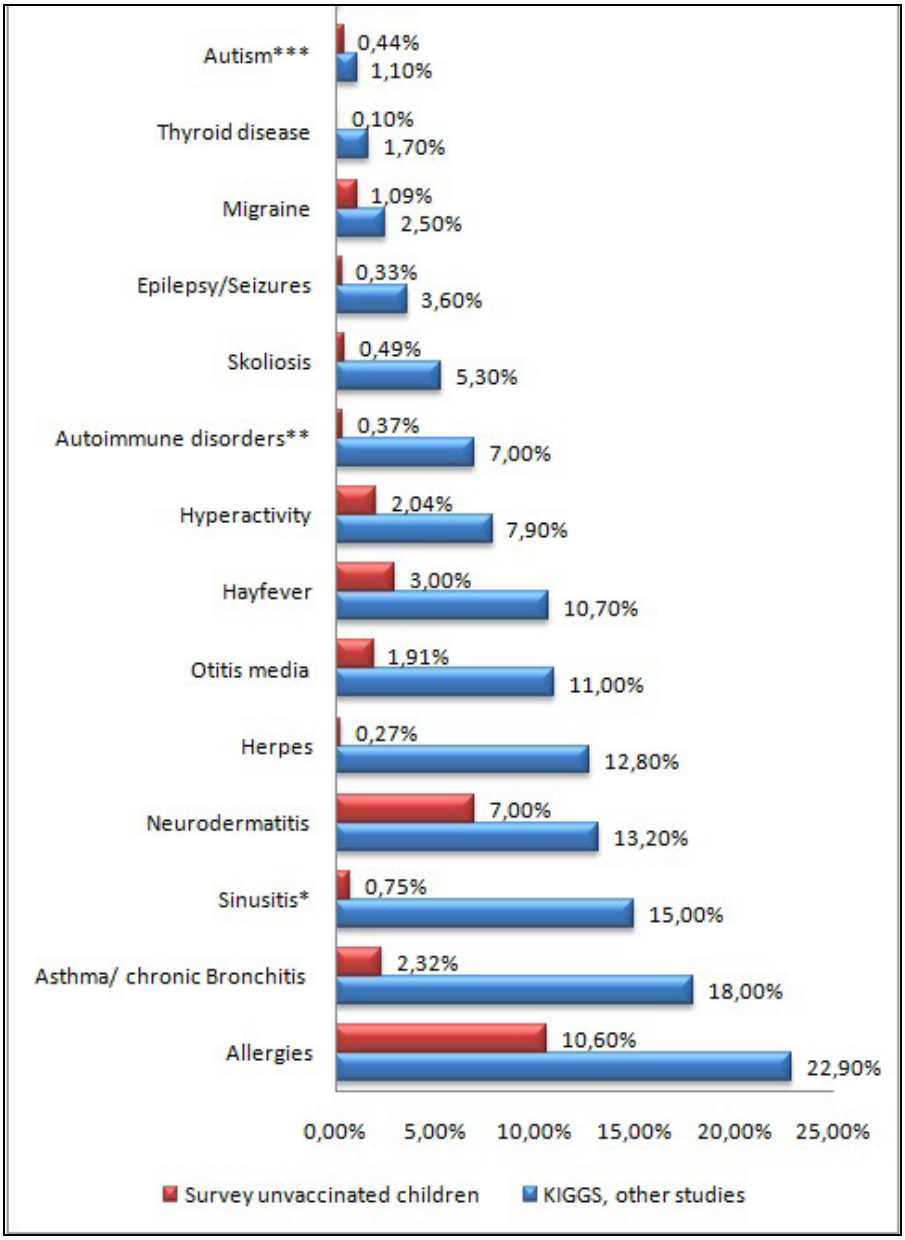
[27] Albonico H.U., Bräker H.U., Hüsler J. Febrile infectious childhood diseases in the history of cancer patients and matched controls. Medical Hypotheses 1995; 51:315-320.
[28] Kölmel K.F., Pfahlberg A., Mastrangelo G. et al. Infections and melanoma risk. Melanoma Research 1999; 9:511-519.

The findings were astounding. Unvaccinated children had **3.4** times fewer ear infections and **5.3** times fewer bouts of pneumonia. The unvaccinated were **26** times less prone to hay fever, **3** times less likely to have other allergies, **2.6** times less likely to have eczema, **4.7** times less likely to have a learning disability or ADHD, **3.3** times less likely to have any neurodevelopmental disorder, and **1.7** times less likely to have any chronic illness.

Several previous studies have shown similar results. A German study of 8000 unvaccinated children, newborn to 19 years, released in September 2011, found that unvaccinated children have 2 to 5 times less diseases and disorders than the general population of children (represented by the national German KIGGS health study). The results are presented in the chart below, with the red bars showing the incidence of each condition in the unvaccinated and the blue bar representing the vaccinated:



In 2015 a group of 120 Italian doctors wrote an open letter to the Italian Higher Institute of Health, stating that, in their clinical experience, *unvaccinated children are*

healthier than vaccinated, "less prone to infectious diseases, especially of the upper respiratory tract, less prone to intestinal disorders and chronic diseases, less prone to neurological and behavioral disorders, and less likely to need medication or other medical intervention."

The letter concluded:

> "If we want to serve the truth we have only one option: to unite around a scientific table and discuss the matter with an open heart, free from conflict of interest. This is proper Medicine; the rest is blind coercion and intimidation, which sooner or later will turn against us."

I can only add from my own twenty years of experience treating children homeopathically that the unvaccinated are indeed healthier than their vaccinated peers. The unvaccinated have their health issues too, of course, but they are easier to treat and resolve more quickly.

Typically in families with more than one child the oldest is vaccinated most heavily, while the younger ones are vaccinated less or not at all. The opposite pattern does not seem to exist. I have never met a parent who regretted the decision not to vaccinate, although there are countless parents in the opposite camp.

All that we have accomplished so far through vaccination is to suppress the immune system to the point that it is less able to mount acute, vigorous responses to infections. In the process we have ushered in a new age of chronic illness. Personally, I was fortunate enough to grow up in an era when vaccinations were few and far between, and they were given well after the age of two. I can remember staying home from school because of the German measles and the chickenpox, watching The Adventures of Rocky and Bullwinkle on TV. I loved it! Few children today will ever have this experience, nor will they know the meaning of ordinary good health.

Despite being only moderately vaccinated I did not escape vaccine injury altogether, I might add. On the exact site of my smallpox vaccination a tumor the size of a golf ball developed, some fifty-six years later.

Are There Alternatives To Vaccination?

The diseases that we vaccinate against are a mixed group. Some are a legitimate cause for concern, while others do not pose a threat. So the question naturally arises: 'What if an epidemic truly threatens my health or that of my child? If vaccines are not the answer, what options do I have?'

Homeopathic prophylaxis (homeoprophylaxis) is the use of 100% nontoxic medicines to prevent a targeted disease. The medicine is prepared according to the homeopathic protocol (described in detail in appendix).

The justification for homeoprophylaxis is not theoretical but empirical. It has proven clinically effective in repeated trials for over a century.

In 1907 Charles Woodhull Eaton, MD, read a paper at a medical congress on his experience with homeoprophylaxis against smallpox. Eaton was medical director of the Des Moines Life Insurance Company and a former professor of surgery at Dunham Medical College in Chicago. He said in part:

> "The smallpox epidemic of five years ago (which, indeed, has not yet wholly disappeared) afforded a rare opportunity to test the idea of homeopathic prophylaxis. The homeopathic medicine used was the smallpox nosode, *Variolinum.*
>
> "I asked some of my Iowa colleagues who I knew were using the homeopathic vaccine to report on their experience. I was careful to write: 'I trust that reference to your case book, ledger and other records will enable you to make your figures definite and exact. May I ask that any uncertain cases be omitted from your report, to the end that the figures may be conservative, and an understatement rather than an overstatement.
>
> Here are the results of the survey:

Number of individuals given Variolinum	Number of individuals known to have been exposed to smallpox	Number who developed smallpox after taking Variolinum
2806	547	14

> According to the most rigorous standards, then, the homeopathic vaccine effectively prevented smallpox in 97.44% of those who were exposed. As already noted, the total number of homeopathic vaccinations was, in fact, materially greater than the figures indicate, because of rigid conservatism in reporting. But to a still greater degree are the reported number of exposures less than those which actually occurred, for the number *known* to have been exposed must have been far less than the number actually exposed. And here again the scientific caution of the reporting physician is conspicuous and commendable. For example, one of them who reports only 8 known exposures, expresses the opinion that 100 were "doubtless exposed."[29]

Let us recall that the FDA and the CDC require only that a vaccine be 95% effective, so the homeopathic prophylaxis against smallpox would pass with flying colors, if scientific standards were all that counted.

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[29] Eaton, C. "Variolinum," reprinted in *New, old and forgotten remedies* (Anshutz editor). New Delhi: B. Jain Publishers; 1991: p. 419.

Since 1907 other trials have shown the effectiveness (and safety) of homeoprophylaxis. *Eisfelder* immunized 50,000 children against polio in the United States during an epidemic in the 1950's, for example.[30] Only one child contracted polio, and the disease did not result in paralysis.

Castro and *Nogeira* successfully used meningococcal homeoprophylaxis during a 1974 meningitis epidemic in Brazil, followed by a second and more extensive trial by *Mroninski* in 1998.[31] In the latter, 65,826 people (73% of the population under 20 years of age in the state of Santa Catarina) received homeoprophylaxis. Over the next year, only 3 individuals who took the medicine got meningitis, out of a total of 16 new cases. The effectiveness of the vaccine was statistically 91%. In contrast, an earlier immunization program with conventional vaccine in the same area had an effectiveness of only 68%.

In 2007, the Cuban government turned to homeoprophylaxis for the prevention of leptospirosis, an endemic disease spread by rats. Thousands of Cubans were being infected annually, and mortality had risen steadily from 1987. The disease was especially severe during August and September, when the countryside was flooded by hurricanes. Victims suffered from jaundice and kidney damage.

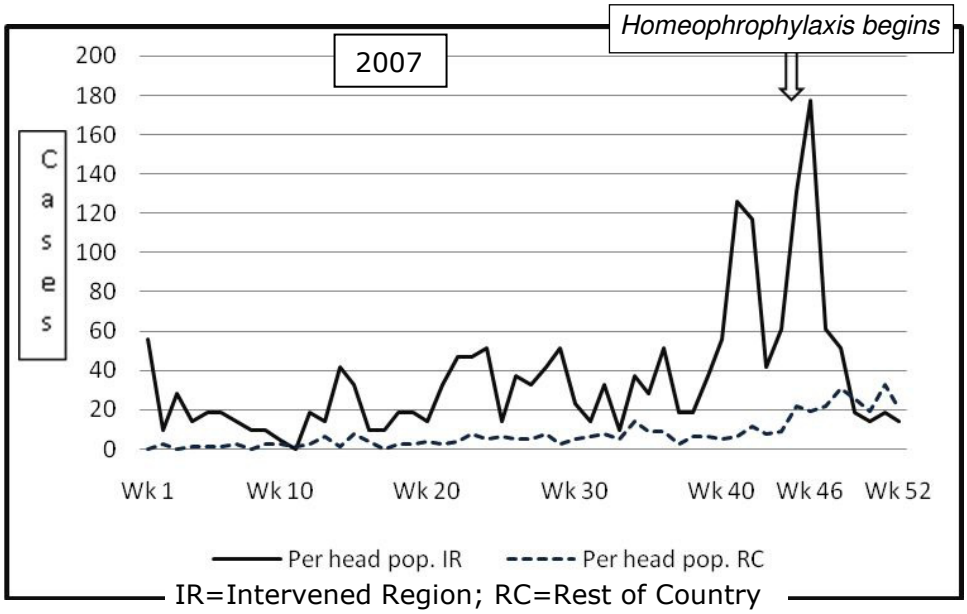
In August of 2007, accordingly, 5 million people (the entire population of two provinces) received leptospirosis homeoprophylaxis (week 47 in the first graph below). At the time these two provinces were already having a bad outbreak of the disease, as seen in the rise in incidence (solid line). Two weeks later, the rate of new infections fell dramatically and remained at a low level for the remainder of the year and the next year, with no deaths.[32] In the rest of the country, on the other hand, the rate of new infections remained the same (dotted line). Most decisively, the rest of the country experienced a fresh outbreak of leptospirosis in the summer of 2008, while the protected region held steady.

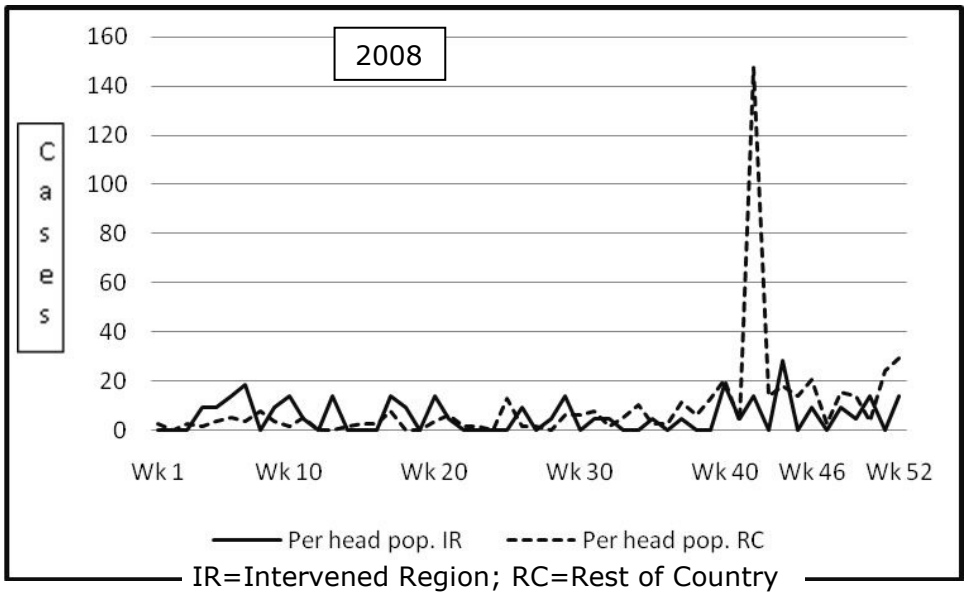
[30] Neustaedter R. *The Vaccine Guide: Making an Informed Choice.* Berkeley, California: North Atlantic Books; 1996: p. 70

[31] Mroninski C.R.L. et al. *Meningococcinum*. Homeopathic Links 2001; 14:230-234

[32] Campa C et al. Homoeoprophylaxis: Cuban Experiences on Leptospirosis. Nosodes 2008, International Meeting on Homoeoprophylaxis, Havana, Cuba.

Incidence of Leptospirosis in Cuba





In 2004 an Australian researcher, Isaac Golden, PhD, published the results of a fifteen year study involving 1,159 children given homeoprophylaxis against pertussis, pneumococcus, polio, Haemophilus influenzae, meningococcus, and tetanus.[33] Each case was followed up in detail. The three major findings were:

1. Homeoprophylaxis was 90% effective in preventing disease. Although not quite up to the hypothetical standards of the CDC, this figure is much higher than the actual performance of vaccines.
2. The children in the study experienced better general health and fewer chronic ailments than the population as a whole (possibly a result of not vaccinating).

[33] Golden I. *Homeoprophylaxis– A Fifteen Year Clinical Study*. Gisborne, Victoria: Isaac Golden Publications; 2004.

3. There were no children injured from homeoprophylaxis.

So what diseases would it make sense to give a baby homeoprophylaxis for? Here is a possible list:

1. Pertussis
2. Tetanus
3. Pneumococcal
4. Mumps
5. Measles
6. Chicken pox
7. Rubella (German measles)
8. Polio

The traditional childhood diseases are included on the list because, although they are benign, the best time for your child to have them is between the age of 5-12, and most nursing mothers today lack the immunity necessary to protect their infants.

Not included on the list are the diseases that an American child has less than a one in a million chance of catching, such as diphtheria and Hepatitis B, which is a threat mainly to IV drug users. Recipients of blood transfusions are no longer at risk because of improved screening by blood banks.

Haemophilus influenza (HiB) is a mutant strain of an organism that is part of our normal flora; the best preventive is not to compromise the child's immune system. Rotavirus is a serious problem in Subsaharan Africa but not in the US; the only reason it's marketed here is that we can afford the hefty asking price.

Gardasil targets cervical cancer, and it's a bad idea, because that disease is already disappearing on its own, and natural antibodies to the Human Papillomavirus, which is ubiquitous, are actually protective against cervical cancer.

Long-term homeoprophylaxis

It is not known exactly how long the effects of homeoprophylaxis last, although it seems to be 2-5 years.

Does one need to keep repeating homeoprophylaxis, then? Not necessarily.

In my twenty years of clinical experience treating children, I have noticed an interesting phenomenon. Children who are treated homeopathically as needed for a few years become virtually immune to all disease.

Kim, 2½, is a bright-eyed, happy little girl who has never been vaccinated. Nine days after Kim was born her mother, Janet, called for advice about a bloody scab on the baby's navel. The problem was solved with Calendula gel. Calendula (marigold) promotes wound healing and prevents infection. Calendula took care of Janet's perineal tear as well.

Kim at 12 months

Janet and I continued to work closely together over the next two years. We treated problems such as ear infection, sore throat, cough, runny nose, sleeping problems, diaper rash, eczema and fever of unknown origin. Occasionally Janet would take Kim to the pediatrician for a diagnosis, but she always

gave homeopathy a chance before resorting to antibiotics or other drugs, and in the end she did not need to use them except for an occasional dose of Tylenol.

By age 2 Kim was clearly flourishing. Her cognitive and motor skills were precocious, and she had a sunny disposition. Above all, she was passionately *alive*. She seemed to be resistant to most bugs, even when her pre-K classmates were coughing and sneezing.

Kim is now 10 and in great health. Her mother has not had to consult with me for the past eight years.

Kim's story has been repeated many times in my practice. What these case histories show is that immunity to disease is not just about antibodies, but the development of the ability to recognize potential threats and respond effectively. To make an analogy, it is like being able to spot a con game a mile away—one does not have to go into the details to avoid it.

If a person is healthy, first time natural exposure to a virus does not necessarily result in disease. In fact, the majority of first time exposures result in no symptoms, although antibodies are produced (which proves the exposure). In order for a person to catch a disease, then, there has to be a pre-existing **susceptibility**.

Susceptibility is created by stress—poor nutrition, unsanitary conditions, trauma, grief, incomplete recovery from disease, and so on. Vaccination imposes a tremendous stress on the fledgling immune system of young children. Thus, unvaccinated children have much less susceptibility to disease than vaccinated ones. When my unvaccinated patients are tested for antibodies to measles, chickenpox, and other infectious diseases, they invariably show higher levels than vaccinated children! Many mothers use these tests to gain exemption from vaccination requirements, since they can prove that their children already have immunity.

But antibodies are just the icing on the cake. The most important factor in determining if someone catches a disease is susceptibility.

Homeoprophylaxis reduces susceptibility.

Dr. Diderik Finne is a Registered Homeopath and Doctor of Acupuncture. He has researched the topic of vaccination for more than twenty-five years. For more information visit his website at diderikfinne.com.

Appendix
What's In a Homeopathic Medicine?

Homeopathic medicines are prepared from natural sources according to a process called "potentization." To illustrate, let's say we were going to make a homeopathic medicine from *Pulsatilla nigricans* (meadow anemone).

1. The fresh leaves are ground and dissolved in alcohol. This solution is termed the "mother tincture."

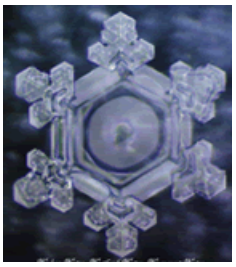
2. One drop of mother tincture is added to 99 drops of pure water in a new bottle. The bottle is shaken 10-20 times. This bottle is the "first dilution."

3. One drop of the first dilution is added to 99 drops of water in a new bottle. The bottle is shaken 10-20 times. This is the "second dilution."

4. The process continues until the desired level of dilution is reached. The number of dilutions equals the potency. A 30C potency, for example, is the thirtieth dilution of the mother tincture. If the medicine is delivered in pill form, the pills are moistened with this solution.

According to the laws of chemistry, however, the last molecule of the plant disappears with the twelfth dilution! So what's left in the bottle?

In the 1990s, physicist Shui-Yin Lo discovered that ice crystals form spontaneously around the few remaining molecules of the original substance at high dilutions[34]. These crystals were named **Ie crystals** ("I" for *ice,* "e" for *electromagnetic*), since they are created by electromagnetic forces. The crystals remain stable at room temperature, and they replicate themselves when the solution is shaken.



Ie crystal
(credit: M. Emoto)

In 2009, Nobel laureate Dr. Luc Montagner published measurements of Ie crystal electromagnetic activity.[35] In a 2010 interview he observed, "High dilutions of something are not nothing. They are water structures which mimic the original molecules."[36]

The active ingredient of homeopathic medicines, then, is Ie crystals. The original source serves as a template for the production of these crystals. Thus, homeopathic medicines are guaranteed to be 100% nontoxic.

How do homeopathic medicines work? We know from testing the medicines on healthy volunteers that each medicine produces a characteristic range of symptoms which, if present in a patient, will cure. On the simplest level, homeopathic medicines made from toxins will reverse the damage that they do—hence, the usefulness of vaccine remedies to reverse vaccine injury.

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[34] Shui-Yin Lo, "Anomalous State of Ice," Modern Physics Letters B, 10,19 (1996):909-919

[35] Montagnier L, et al. Electromagnetic Signals Are Produced by Aqueous Nanostructures Derived from Bacterial DNA Sequences. *Interdisciplinary Sciences: Computational Life Sciences*, (2009) **1**: 81-90.

[36] Enserink M, Newsmaker Interview: Luc Montagnier, French Nobelist Escapes "Intellectual Terror" to Pursue Radical Ideas in China. Science 24 December 2010: Vol. 330 no. 6012 p. 1732. DOI: 10.1126/science.330.6012.1732