

THE DEFINITIVE GUIDE TO HOMEOPATHIC ALTERNATIVES TO VACCINATION

Do they work? Are they really free of adverse effects?
Notes from the www.alternative-doctor.com website .

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(comments, additions and criticisms to this booklet from informed colleagues will be welcome.
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QUOTES

"All great truths begin as blasphemies."--George Bernard Shaw..

"Let no one who has the slightest desire to live in peace and quietness be tempted, under any circumstances, to enter upon the chivalrous task of trying to correct a popular error."---(William Thoms, deputy librarian for the House of Lords, c. 1873)

"I firmly believe that if the whole of the Material Medica, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind – and all the worse for the fishes." --- Oliver Wendell Holmes MD.

Historical perspective

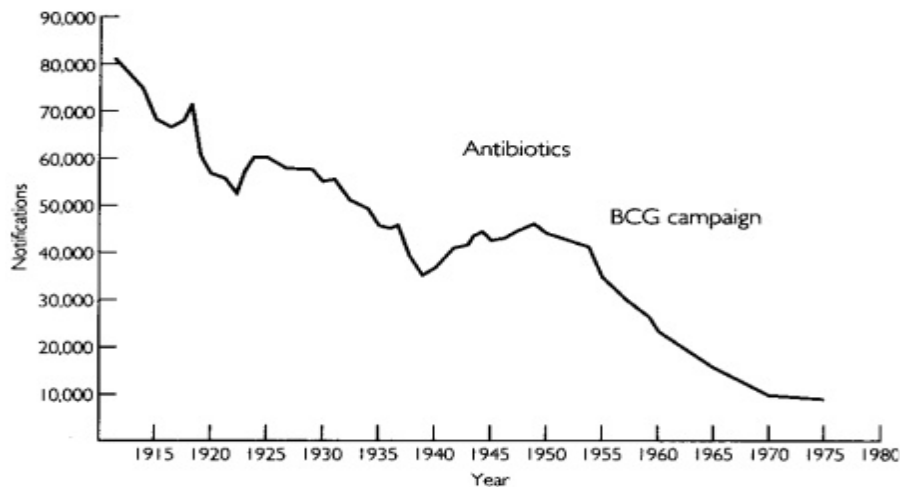
Contagious diseases have been with Man since the dawn of time. There is even a theory that evolution is all about adapting and gaining new methods of resistance to predatory organisms, such as bacteria, viruses and parasites (*The Red Queen*, Matt Ridley, Penguin). What is really obvious, even to the non-scientific enquirer, is that not everyone falls foul of these pests. There seems to be a type of individual who can resist such host invasions, even when all others around them are ill. Doctors think only of the "Germ Theory of Disease", after Louis Pasteur. But later thinkers have gone back to the idea that the microbe isn't the whole story – maybe not even that important.

It's really an issue of susceptibility. When a disease spreads in the community, not everyone will get it. Doctors are glad of this fact. Those physicians who attended the Black Death or cholera did not die automatically! In fact they were surprisingly immune; probably something to do with a positive state of mind "I can conquer this

disease” is a fundamental belief of a physician – otherwise, why attend the sick? But those who are susceptible will fall to acute illnesses which are circulating in the community. Many factors influence immunity in a negative way; the two most important are chronic disease buried deep in the body and nutritional deficiency.

The question of chronic disease genetically imprinted on the body is something I will address later, on the topic of *miasms*.

The role of nutrition is seen in the fact that tuberculosis is rampant when malnutrition is common (the so-called AIDS of “slim” disease which affects Africans is largely TB and not AIDS at all). Up until the early part of the twentieth century, the Western world was stricken with TB but it began to decline when the population became better nourished. The graph here shows that TB was steadily on the decline for many decades before the advent of antibiotics or BCG vaccination. The truth is these vaunted scientific “cures” have nothing whatever to do with conquering TB and the myth that drugs and vaccines have been the reason for its decline is a false belief and dangerous. We can even observe that during the War years, when foods were scarce, there was a temporary cessation of the fall.



It's the same with virtually every infectious epidemic scourge: smallpox, diphtheria, cholera and so on. The figures had fallen markedly without any reference to drugs or vaccinations. Improved sanitation and a nutritious diet have done more for immunity than every canned “fix” of the drug companies.

Three Histories

There are three stories pertinent to the thrust of this paper. They interrelate in a special way, which few people would have noticed. I'd like to walk you through all three and see if your views on things might change.

First, the official story of vaccination. It goes something like this:

in the late 18th century a wonderful hearty British country doctor, name of Edward Jenner, stumbled by chance upon an important observation which was to change the fight against infectious disease forever. This astute physician noticed that cow girls (we would call them "milkmaids") never seemed to get small pox. At that time smallpox was a terrible scourge of the world and killed, maimed or blinded very many people. Clever Dr Jenner asked himself: could contracting the disease cowpox perhaps protect an individual against smallpox? In which case might it not be true that, if we deliberately infect someone with cow pox, we can produce an artificial resistance to small pox; the patient would become "immune"?

To test the point, he deliberately infected a youth called James Phipps with cow pox, and then tried to infect him with small pox. It didn't take. Jenner had discovered the principle of immunization or "vaccination", as it was then known, after *Vacca*, the Latin for cow. Jenner wrote a paper and presented it to the Royal Society. Of course this wonderful discovery was so revolutionary that the old-fashioned fuddy-duddies in the Royal Society wouldn't accept it. But eventually the principles of science triumphed and vaccination became established as one of the first principles of medicine. Because of it, smallpox has been conquered. It took time, of course, but in 1977 in the hills of Somalia the last natural case of smallpox occurred, was vaccinated and then the disease passed into history (well, not quite, because stocks of the virus have been kept in laboratories).

Jenner was voted £30,000 of government money (about half a million dollars in today's terms). He deserved it. The world should be grateful. Few doctors have ever done so much for mankind.

This is the story I learned at medical school. It completely took me in, for decades. You have to look at **facts** to see the loopholes in it!

Second story. The true history of Edward Jenner's discovery:

Edward Jenner was not a doctor, but a charlatan, practising without any qualifications whatever. He set himself up as a surgeon and apothecary but never took any qualifying exams. Long after his fame, he appealed to St. Andrews University for a degree and bought one for £15 (he never took an exam). Later, on the strength of this phoney degree, he asked for an honorary MD from the University of Oxford. They refused at first but eventually gave in, after much pestering. Finally, without ever demonstrating competence in medicine to an examiner, but solely on the strength of these two bogus qualifications, Jenner petitioned the Royal College of Physicians for membership. They told him to take a hike. He never passed any qualifying examinations.

Some years before the vaccination "experiment" (today *one case* would be laughed at as a serious scientific experiment), Jenner had worked his way into the prestigious Royal Society, with a fraudulent paper on the cuckoo. He claimed it was all original observations (it was hearsay from a callow ignorant youth). After some canvassing on his behalf, he was granted a fellowship of the Royal Society. It was long after that honest wildlife observers realized that Jenner's claims were forged. Nothing he said he observed first hand was true in Nature, so he couldn't have observed it.

In short, Jenner was what the Scots call a "chancer", or Londoner's a "wide boy" – a medical con man, really. A rascal. Dr Charles Creighton called him "Vain and petulant, crafty and greedy, a man with more grandiloquence and bounce than solid attainment, unscrupulous to a degree, a man who in all his writings was never precise when he could possibly be vague, and never straightforward when he could be secretive".

But he still saved lives, smallpox was conquered, other disease scourges to which his immunization principle was applied – cholera, diphtheria, TB,- have all been reduced or all but eliminated - so what does it matter that he was a fake?

A good question: I was coming to that.

A thoroughly dishonest cheat, Jenner was not above massaging the facts to suit himself, as the pro-vaccination lobby has seemed wont to do ever since. He produced a number of cases of people who had contracted cow pox and subsequently never had small

pox. But he conveniently ignored *thousands* of cases who DID get small pox after having cow pox! Not only that but tens of thousands of cases got smallpox after Jenner's vaccination. The way this was explained away. If Jenner made any major discovery, it was how to lie with brazen massaging of statistics, a practise which has dogged vaccination studies ever since. No wonder the Royal Society did not accept his paper as having any science behind it!

When it began to emerge that many hundreds of cases which had contacted cow pox had nevertheless had smallpox, Jenner started to change his story. There are two kinds of pox he said, the genuine one and the spurious. Only if the person had had the genuine pox would immunity be conferred (today we would call this spin doctoring, but the scientific community was fooled). But desperate to plug the gaps in his story, Jenner went for a new kind of vaccine which he said was the real thing: "horsegrease cow pox" from the hooves of filthy horses. This, said Jenner, "is the life saving fluid". But he gave it to a poor boy from the workhouse who promptly died of the contagious fever contracted from being inoculated with this filth.

Undeterred, Jenner went on to inoculate six other helpless children (who had no guardians or lawyers to represent them or give consent). Then, without even waiting to see the result, Jenner announced the complete success of this new treatment and, astonishingly, the medical profession again accepted this outrageous lie. It was not necessary to wait and see, declared Jenner, because abundant proof already existed. He unwisely disparaged the old cow pox treatment and stated that it had no protective properties whatever.

You still think that Jenner was a kind, caring, conscientious and brilliant physician, under some odium? (you've not been paying attention!).

OK. The public refused this new treatment outright. Because he was vain and greedy, thoroughly dishonest, the wobbly Mr Jenner (sorry, *Doctor Jenner*), now reverted his story and said that the cow pox vaccine did work after all. It had been a mistake. Science was fulfilled. Cow pox vaccine was back on sale; it was business as usual.

The whole outrageous superstition of cow girls, that cow pox protected against small pox, had been foisted on the miserably

inattentive medical establishment and it was here to stay. It's just a legend but two hundred years later it is still being taught in serious pro-scientific establishments, such as medical schools. I believed it, unhesitatingly, until I looked at the facts. So I have sympathy with the many doctors who just go for the official story and never take time to check it out.

Surprisingly, Jenner's other brilliant medical breakthrough, a treatment for rabies never caught on: the patient was strapped into a chair and ducked underwater over and over, until he nearly drowned. Jenner said he *never knew it to fail under any circumstances* (it is doubtful if the man ever saw a single case of rabies but he was a consummate liar).

And yes, I am being sarcastic. But there is just as little science behind the one "breakthrough" as there is behind the other.

This isn't possible: how could a man fool the medical profession in this way?

To answer that question, you need the context. In the eighteenth century, smallpox was a real scare. People did die, people did go blind if they survived. Smallpox also produced bad scarring.

People were so afraid of death or mutilation they took to the idea of inoculation, first practiced in India. That meant administering to a patient scrapings from the pox vesicles of a diseased individual. It meant he or she would contract smallpox; hopefully not so severely. In reality, a lot of people developed smallpox and were sick or died (this is true **inoculation**, not to be confused with so-called "immunization" or "vaccination"). One of the reasons vaccination looked good it that it drove away the crazy and dangerous method of inoculation.

To see if Jenner's method really works, it is important to compare like with like, something the medical profession has always failed to do. Rather than compare vaccination with inoculation, which is what the broad statistics of the time tended to do, it is correct to compare populations who had not been interfered with *in any way*, with those who had been given the **disease** of vaccinia (cow pox).

Here the problem is immediately obvious: despite the strongly established superstition that immunization against smallpox works, was safe and that it was a wicked sin not to do it, the opposite

truth was blatantly obvious. Long after smallpox vaccination became compulsory in Britain (1853), and a large proportion of the population had been vaccinated, a terrible epidemic took place which costs thousands of lives. In 1871- 72

Even if the epidemic had been a freak, the overall picture still tells a tale of failure.

The return of the Registrar General for England and Wales, No 433, Session 1877, stated that:

Prior to Vaccination Acts 1847- 53:

Infants died, 1847, 62,619 (out of 17,927,609).

After obligatory vaccination, 1854- 1867:

Infants died, 1854, 73,000

Ditto, 1867, 92,827

Vaccination enforced, 1868- 1875:

Infants died, 1868, 96,282

Infants died, 1875 106,173

The rise is not accounted for by rise in population. The respective population figures are:

1867 20,066,224

1875 22,712,266

In other words the predicted figure for deaths by 1875 would be 80,000. Yet there were 106,000 deaths. **Ergo vaccination led to 26,000 extra dead children and not a reduction in mortality, as is constantly claimed.**

The same return reveals another noteworthy fact: that out of 80,000 deaths from smallpox, 43,000 were under 5 years of age – when they would be fresh vaccinated. No argument it had “worn off”. No mystery why this return was never referred to in Parliament or by the pro-vaccination lobby! Such inconvenient data was simply suppressed.

So fixed was the prejudice of the majority view, however, that the authorities and even prominent figures of the day were prone to massage statistics to “prove” what they wanted to think. Sir Lyon Playfair, a pro-Jenner government spokesman, offered in defence of vaccination this extraordinary manipulation of statistics:

	Deaths per million	period
1847- 53	305	7 years
1854- 71	223	18 years
1872- 80	156	9 years

Looks great on a casual glance. But by what merit does he divide the accounting into periods of 7, 18 and 9 years? Why not 10, 10 and 10? To fake the figures, of course!

It dilutes the effect of the terrible epidemic of 1871- 72th, when 42,000 people died, **while vaccination was being enforced and coverage was at its height!** It puts the 1871 deaths (23,062) with the previous years and dilutes it, because the figures show that the mortality was far lower than when vaccination became enforceable by law. It's a scientific outrage and yet it goes on continuously.

The pattern was repeated time and again throughout 19th century Britain. Whenever the death rate from smallpox fell, vaccination was given credit, even if vaccination had been at a low level in the previous years and the (many) periods when the death rate soared, despite heavy invaccination percentages of the population, these damaging statistics were removed, ignored, or massaged into something which disguises the failure of vaccination.

The second trick was to fail to record a death in someone vaccinated as what it was. Instead the official recorder would put down *?unknown* or *?doubtful*, as the vaccinated category and these were subsequently classified with the unvaccinated group. A very convenient way of getting rid of the credibility problem that vaccinated cases died and, moreover, died in greater numbers than those left alone. However, the truth can be found buried in the official records – for example Army, where revaccination was compulsory and ran at virtually 100%. Yet

There is also a trend, which has continued to the twentieth century, to blame death **caused by the vaccine** on the disease itself and then to attribute such figures to death in the unvaccinated category! (well, the argument goes, they weren't properly immunized, were they? They had only just had their first vaccines!).

Of course what nobody can argue with is that smallpox deaths fell steadily, until the disease was finally eliminated in 1977, when the last recorded death from natural smallpox took place in

Somalia. But was vaccination *really* the reason? Dr Viera Scheibner says not: "Smallpox was on the way out, indeed epidemics disappeared decades before the WHO decided to conduct the final "eradication" campaign. It is also well-documented that the largest epidemics occurred in the most highly vaccinated populations, while those who were unvaccinated, did not have the same epidemics."

Misinformation can actually be dangerous, since it by definition, obscures the real truth. In the words of Dr. M. Beddow Bayly: "Perhaps the greatest evil of immunization lies in its diversion of public attention from true methods of disease prevention. It encourages public authorities to permit all kinds of sanitary defects and social problems to remain undressed, particularly in schools. It ignores the part played by food and sunlight and many other factors in the maintenance of health. It exaggerates the risk of diphtheria and works upon the fear of parents. The more it is supported by public authorities, the more will its dangers and disadvantages be concealed or denied."

What about polio? Wasn't that controlled by better hygiene standards? Or was it the "miracle" of the anti-polio vaccine?

"That the polio virus is the sole cause of polio is accepted by most people as gospel, and that the Salk and Sabin vaccines eradicated polio in the western world is etched into our collective consciousness as the major medical miracle of our time. But the history of polio and its vaccines is shrouded in a murky mist of politico/scientific manipulation, altered statistics, redefinition and reclassification of the disease, increased cases of vaccine induced paralytic polio, and monkey viruses transmitted by contaminated vaccines to millions of people worldwide." (Edda West).

What we are not generally told is that polio vaccine is banned in several Scandinavian countries. They say it's not safe. Our government says it's effective and harmless. Who is right?

Which brings me to my third story. Edward Jenner with his hoax and lies was embraced wholeheartedly by the medical profession. Two hundred years later it still passes for science. The real breakthrough of 1796 has been fought tooth and nail ever since....

The Safety of the Low Dose

In 1796, the same year that Jenner inoculated filth and disease into James Phipps (who later died by the way!), William Hahnemann had showed that using small doses of a pathogenic substance (*pathogenic*= "disease producing") could prevent a disease or even cure it, once established. He called his subject "homeopathy" from the Latin *homo*, meaning "the same as". He used very small doses of the pathogen to gain control over the disease itself, a principle which we call a nosode. Very few doctors today would recognize *this was the exact same process that Jenner stumbled upon!* It is curious that the medical establishment so avidly supports the one and soundly derides the other.

Medical politics won't go away, so we ignore the bigotry masquerading as science. The question is: can the homeopathy super-low dose approach work in preventing major epidemic disease and is it safe? We will now address these issues.

An animal perspective

Consider Dr. R Horace B F Jervis's account of the use of a nosode to treat canine distemper (*Distemperinum*). In 1929, he published a monograph entitled *Treatment of Canine Distemper with the Potentized Virus* in which he describes the tremendous success he had. Quote: "After a period of about twenty-five years of fruitless struggling with distemper, having to contend with it day after day in an (extensive) small-animal practice ever and always having the same disappointing results, losing the same large percentage of my patients all the time, I was led to earnestly seek some way out of this most trying predicament so of late years I have turned absolutely from the old and dominant school of medicine, and have taken up the study in earnest of homeopathy. And right here I wish to say that my one regret is that I did not take it up years before... I became intensely interested in the subject and bent all my energies to the study of it. My results were, and are, so much beyond my expectations that I am sorry not to be able to interest more veterinarians to take it up and give it a trial. Anyone doing so, I venture to say, will never go back to the old school again..."

Distemper in dogs, of course, is almost uniformly fatal: "This condition of affairs to one who besides being a veterinarian, is a great lover of the dog is most disconcerting. To have case after case brought to one and see so many, despite ones earnest efforts, die, whilst one stands by without any way of stopping this terrible arch-fiend, is simply heartbreaking to say the least. How often has the

earnest practitioner asked himself: Cannot some means be devised to put a stop to this feeling of helplessness? Cannot the ravages of this enemy be stopped by some means? Where is one to turn? The thought naturally came to me that as I had taken up the practice of homeopathy, why not turn to her in my dilemma?... I took the matter up in real earnest, feeling convinced that the fruit of the great Hahnemann should throw light on the subject. I accordingly bent every effort and spare moment from a busy practice, and I herewith append the results of my labors: truly a labor of love, at that, as it meant the possible saving of many a sweet little dog who otherwise would be swept away by this ruthless disease."

Jervis had some distemper virus potentized by Ehrhart and Karl, of Chicago, in the 30th, 200th, and 1,000th potencies. "Since commencing the use of this product the death rate in my distemper ward has been very materially decreased, and I have really for the first time in my years of practice felt a sort of load being lifted from my shoulders."

Can we apply this principle to humans?

Well, of course, the argument is that what applies to animals doesn't necessarily apply to humans. Can you believe that, with all the animal laboratory testing that goes on and the torrent of scientific papers using animal studies which purport to be relevant to human medicine?

Understandably, some doctors will be extremely wary in taking the anti-vaccination line, because, as practising physicians, they face severe censure by colleagues and may be disbarred, for daring to suggest that vaccination is risky (which is bad enough) and that the dreaded homeopathy may offer a possible workable alternative (which is even worse).

As a non-practising doctor, I can take that position and state plainly that in my view homeopathic nosodes offer a very viable alternative in vaccination in the treatment and prevention of common contagious diseases. If you dare not accept this radical view but are unhappy with the dangers of vaccination, which no right-minded person can deny exist, there is still good news: **the combination of homeopathic treatment with conventional vaccination does very well at damping down or eliminating the unpleasant after effects of a vaccination shot.** That's not saying you get the best of both worlds, but it is a valid stance for the caring parent, who faces extremely difficult decisions, in the light

of present knowledge and the mafia-like bullying and know-best of medical authorities.

The concern is that vaccination can make patients, especially young children, seriously ill, sometimes just as sick as the disease itself. Modern vaccines are rather prone to do this; side effects and complications are not rare. They may also have given rise to an "allergy epidemic", through damaging the immune system, as I wrote in the 80s. It is beginning to emerge that Gulf War syndrome, although undoubtedly characterized by chemical sensitivity and fatigue, is really a complication of the many vaccines forced on the soldiers all at once and in a misguided overwhelm of the immune system. Furthermore, not all vaccines work effectively. It now appear that the measles vaccine only displaces the natural virus and instead gives rise to a new rogue variant, which itself is pathogenic. More to the point, MMR doesn't seem to actually block measles, only to pervert its course into a new disease.

The trouble, as so often, begins with official fudging and denials. Even the average doctor is kept in the dark about possible complications and it must be appreciated that the vast majority of physicians give vaccines in good faith, having been reassured they are safe and problems "only mild". That's why it is vital that the voice for reason and caution remains calm, objective and non-accusatory. Otherwise it will not be seen as a credible voice, just emotional overreaction by non-medical laypeople.

Official distortion of the facts goes back a long time. One strategy has been the entrenched refusal to classify cases as diphtheria among the immunised, on the ground that they only present mild symptoms. According to the Medical Officer of Health for Ipswich (see *East Anglian Times*, February 22nd, 1934), it has become the practice not to regard as diphtheria persons who, after immunisation, develop sore throats even though the presence of the Klebs-Loeffler bacillus (hitherto considered to be diagnostic of the disease) can be demonstrated in them.

Such a manoeuvre is not only bound to falsify all subsequent vital statistics [*to make immunisation look good. KSM*], but can be shown to be unjustifiable on grounds of medical pathology, for the assumption that mild cases are not likely to be diphtheria is not borne out by historical records. This is a classic case of "It can't happen, so it didn't" and just to maintain the status quo, evidence that shows it DID happen is "edited" and suppressed.

Commenting upon the advocacy of compulsory immunisation by Dr. H. E. Marsden in the *Medical Officer* on January 29th, 1938 and the *Medical Times*, March, 1938, declared: "With the above recommendation we entirely disagree. We now know that diphtheria, like smallpox vaccination is not altogether free from risks. Dr. Marsden's suggestion is, therefore, a most unwise one, and ought to receive no support from at least the more far-seeing members of the medical profession."

Unfortunately, the more far-seeing members of the medical profession were not listened to and mass vaccination went ahead in 1940.

Yes, the risks are high. Children have died in large numbers from vaccination "accidents". I am talking now of official figures, not the vociferous contentions of the angry public. Not really surprising, since vaccines may contain animal brains (BSE), animal faecal tissue (polio) and poisonous metals (mercury as *thimerosal*). But an ordinary doctor, no better informed, might think that the risks were "acceptable" because they were few and the potential benefits great. Now there is new politically correct pressure, which is that it is unethical and irresponsible to not be vaccinated, because you will be putting others at risk, by allowing a population to develop without immunity.

The issue is not really one of risks. There is a risk in every medical treatment; this does not make the doctor or surgeon guilty of evil. **It is really a matter of informed consent.** Parents should be told *everything* about immunization and then allowed to choose. The bullying of the medical fascists and their government lackeys is what the concerned and dissenting doctor finds most exasperating. If everyone is *forced* to endure vaccination, then those who suffer are technically violated and assaulted. Only if parents may choose and then there are unfortunate complications, it's just bad luck and a tragedy. But not a reason for litigation. In neither case is the conscientious doctor the target.

In this connection the unusually frank words of C. C. Okell, a member of the prestigious Royal College of Physicians and late bacteriologist to University College Hospital, are particularly significant. Writing under the caption "Grains and Scruples" in the *Lancet*, January 1st, 1988, he said "On the whole diphtheria immunisation has proved a fairly safe affair, but suppose we included in our propaganda a candid account of the various untoward accidents which have accompanied the procedure . . . If we baldly told the whole truth it is doubtful whether the public would

submit to immunisation.... Accidents and mistakes must inevitably happen and when they take place, what might have been a highly instructive lesson is usually suppressed or distorted out of recognition. Those who have had to take notice of the immunisation accidents of the past few years know that to get the truth of what really went wrong generally calls for the resources of something like a secret service. And if the technical experts have often been furtive and disingenuous in their methods, *the public in its turn is unfair and vindictive.*" (p. 48.) [*my italics, KSM*].

Please don't let the description "unfair and vindictive" apply to you.

What can homeopathy offer?

We come then to the big question addressed in this article. If you are concerned about the efficacy and safety of immunization what can you do to protect your child? Does homeopathy have anything to offer, other than just an avoidance strategy. There is no need to address here the question that homeopathy is effective; that has been proven over and over (see *Lancet*, 1994;**344**;1601- 06). *Diphtherinum*, the diphtheria nosode, is an excellent preventive and was used by homeopathic physicians at the Homeopathic Hospital in Glasgow during a post-war epidemic, in which there were many fatalities, yet not one single case died in the homeopathic hospital!

But what about homeopathy as an immunisation? Records have been published by Dr. Paterson of Glasgow of the results obtained at the Mount Vernon Hospital for Children (Homeopathic). *Diphtherinum* in the 200th potency produced definite immunity, as shown by the Schick test turning negative within nine weeks, and some as early as three weeks. [*The Schick test is the injection (intracutaneous) of a quantity of diphtheria toxin equal to one fiftieth of the minimal lethal dose diluted in salt solution. If the patient is not immune to diphtheria, then the injection site becomes inflamed. A "negative" Schick test is therefore a good thing, it means the patient is immune by scientific standards. KSM*].

Moreover, Dr. Mitchell reports three children who were found to be Schick positive; two doses of *Diphtherinum* nosode were given; two weeks later two of the children were Schick negative, the third became Schick negative a few weeks later, before orthodox immunization, so it does seem that homeopathic nosodes will *gently* stimulate the immune system to respond and produce defences. This is so alien to conventional doctors, they cannot accept it. Of course

major trials are needed to convince the profession and these are not likely to happen in the present climate of medical fascism.

Two words of caution: Dr. Paterson was most emphatic in urging that serum should not be given after a homeopathic remedy. Very bad results had followed this method; other doctors stated that when the serum was given first, and the homeopathic remedy second, no adverse effects had followed. Secondly, the Schick test itself is considered by many to be unreliable in diagnosis [KSM].

Let us read together some words from a wise old lady, one of the leading figures of homeopathy, who learned her trade before the rise of industrialized, chemical medicine, Dr Dorothy Shepherd (*Homeopathy in Epidemic Diseases.1967, pp.14-16*)

Shepherd on Prophylaxis

"Epidemic diseases treated and nursed at home raise the problem of prophylaxis or prevention. Here again homeopathy offers the best solution. Believe me, it has been shown again and again that our medicines given intelligently and according to our law that 'like cures like' do not only cure infectious diseases speedily and easily without the development of any complications, but they also prevent these same diseases. This is of great importance, particularly in the case of infants who have not enough stamina to stand up to an onslaught of whooping cough or measles or diphtheria, or infantile paralysis.

"If one can prevent these diseases until the children are over five years of age, the disease is usually not so fatal, and the children stand a better chance.

"Of course, the modern methods of prevention of disease occupy much space in our medical literature, and apparently they are successful to a degree. The agents used in prophylaxis resemble crudely the medicines used in homeopathy, and some homeopathic physicians have been somewhat led astray by this similarity to the homeopathic principle, and recommend the present orthodox methods.

"Are the inoculations against the various infectious diseases 100 per cent foolproof? Do they not in some cases lead to serum or vaccine disease? Is it not a fact that they often produce severe reactions? Indeed, they have been known to lead to fatal consequences. Have I been more unfortunate than the average

homeopathic physician in seeing the negative or disease-producing effects of orthodox prophylaxis [*vaccination*]?

Indeed I was not biased either way in the beginning. I was extremely interested in prevention of such diseases as diphtheria and measles and the rest. It was a great disappointment to me to observe the frequent severe reactions in the wake of immunization against diphtheria, and later on the uncertain effects of inoculations against measles, whooping cough, and scarlet fever.

"Now some of my fears of the dangers inherent in the modern methods of inoculations have been proved to be well rounded and correct. Some impartial medical observers in Australia have found that the incidence of poliomyelitis, the modern infantile paralysis, has vastly increased since whooping cough and diphtheria inoculations have become more popular, and that the incubation period of infantile paralysis corresponds closely to, and follows exactly on the correct day after the inoculation has been made. It might have been coincidence, if it had only happened in one or two cases, but unfortunately it has happened in more than 5 per cent of the cases. (Note: I have seen the same relationship between Feline Leukemia vaccine and the occurrence of Feline Infectious Peritonitis, which seems to follow the vaccine at a much higher incidence than one would expect)

"At the moment doctors are advised not to immunize at the danger periods of the year, when infantile paralysis is most prevalent. Whether this is the first step in giving up the dangerous method of immunization, one does not know.

"My own personal opinion is, that inoculation with any type of serum in any of these infectious diseases is harmful and can easily and safely be replaced by a remedy or remedies, proved according to our Law of Similars that 'like cures like' on healthy individuals. Nosodes or disease products of the actual disease are often most active preventives. This will sound revolutionary to many doctors, but for years I have been in the position to watch the results and after-effects, early as well as late, of immunization against diphtheria, and I have not been impressed.

"For years I worked in closest contact with an immunization clinic and had to convince the mothers of the great advantage that would ensue. It was somewhat difficult to deal with irate parents later on, when they had been told that the operation was painless, and they saw the swollen, congested arms which occasionally cropped up.

And it was even more difficult when a child developed diphtheria after it had finished its course of inoculation! And as for that mother who lost her child of a fulminating attack of diphtheria within eight hours after the disease started when a certificate of safety had been issued from the clinic; I do not know how the immunizing doctor got over that (obstacle)!

"I was very unpopular, I remember, when the Medical officer of Health was told about this fatality from diphtheria, and he remarked "This would not have happened, if the mother had the child immunized", and I retorted that she had been well and truly (vaccinated) six months previously. I used to receive all the official publications on diphtheria immunization from the said doctor after this little contretemps, as if he was trying to shelter himself behind the official acts.

"I therefore have no hesitation in stating that from my own experience and observation, the homeopathic preventives are much safer in use, and absolutely certain in their effects. Even should the infectious disease develop, it will be in a much milder form."

Shepherd on Whooping Cough

"(For a time) in my professional life I had no opportunity to treat whooping cough. Parents accepted as a fact that whooping cough lasted at least six weeks, or until well on in May, and as it could not be cured it just had to be endured. A doctor was rarely called in. One day I procured a copy of Dr. Clarke's monograph on *Pertussin*, the nosode of whooping cough (the potentized serum of this disease). My eyes were opened to the possibilities of cutting short an epidemic of this dread disease.

"At that time there was a small outbreak in the neighborhood of the clinic, so with the help of the visitors and nurses, we coaxed the mothers to bring the little sufferers to the clinic for treatment before the commencement of the session to avoid infecting others. The results with *Pertussin* in potency were so striking that I soon used it in all the clinics and nurseries I attended, both as a prophylactic and as the curative remedy after the disease had started.

"During the four years before the Second World War, 950 cases were treated with the following results. One baby five months old died. Two mothers, having four children between them, did not carry on with the treatment after twenty-four hours, preferring their children to be sent to an (allopathic) hospital. These four youngsters

were away from their homes for well over four months and came back a mere shadow of their former selves, requiring several months' convalescence at the seaside, while the children in the same street who had been dosed with the small pillules of *Pertussin* were fully recovered after only a fortnight.

"It created quite a stir in that neighborhood at the time, I believe. The severity of the attacks was mitigated at once. They diminished in frequency as well. Vomiting became less violent, and the duration was considerably shortened. It depended largely on the stage of the disease at which the treatment commenced. It was aborted under a week if seen within the first day or two. If seen at its height, it would take another ten to fourteen days at the most, with greatly diminished severity. All the children escaped the usual complications. No broncho-pneumonia followed, and we saw no wasting and no marasmus. It was indeed surprising how well they looked at the end of the attack - they were often better after the whooping cough than they had been before.

"On another occasion 364 cases were given daily doses of *Pertussin* for two weeks after contact. Many of these cases were seen in the day nurseries under my care - not one of these children developed the disease. As two of the nurseries took in children from two weeks old, it was most essential that they should not be exposed to the infection, and it was gratifying to find that *Pertussin* was a means of preventing the spread of the disease. To quote an early experience - when I was not sure yet of the power of *Pertussin* in preventing the disease, a girl of five years old attended a private school. Of the twenty-one children in her class, eighteen were infected with a severe type of whooping cough. Only three escaped - two had had whooping cough a year before, and the third was my little friend. How anxious I was whether my little doses would work, and great was the triumph when we were successful.

"The school doctor, whose own two children were attacked with a particularly severe variety of whooping cough after doses of prophylactic serum administered by himself, was wrath with the little girl's mother, because he would have it that the little one must have had whooping cough the year before without the mother knowing! He accused her of not being exactly truthful as it was impossible to prevent whooping cough.

"In another private school, a child came back after the holidays with a fully developed whooping cough, in spite of carrying a doctor's certificate as being free from any infectious disease. All the

twelve children in her class were infected. The headmistress, on my advice, gave *Pertussin 30* four-hourly, and the children had the mildest attack of whooping cough she had ever seen. They enjoyed being ill, playing all the time in the orchard and in the big old barn instead of having lessons. Ten years previously, she told me, whooping cough was inadvertently taken to her school. Weeks of great anxiety and hard work followed. Several night and day nurses had to be called in - it was a nightmare time for her. She was grateful to homeopathy, and to the nosode *Pertussin* for turning so serious a disease into a mild one.

Shepherd on Diphtheria

"I must say a few words on *Diphtherinum* - the diphtheria nosode - and its use as a prophylactic instead of the popular immunization of the orthodox school. Our homeopathic prophylactics are far safer and are not complicated by any early or late after-effects.

Diphtherinum, the diphtheria nosode, is an excellent preventive and has been used by other homeopathic physicians as well as by myself in hundreds of cases, with success.

"I have given *Diphtherinum CM* in unit doses and occasionally *Diphtherinum 30* in weekly doses for four to six weeks, and I have not heard of any failures. Of course, it may be argued that these children might not have developed it in any case - which may be true.

"I am chary of advising diphtheria inoculations as a method of prevention of the disease. I was medical officer at a children's clinic which served a crowded area in South London within the reach of eight big schools, with a population of several hundred scholars in each. We had a daily attendance of over a hundred children for treatment. We always knew when there had been an immunization session at any of the schools nearby, for they flocked in their dozens to us, having their swollen arms, the septic sores, and the dermatitis dressed within a few days. We used to give them - as a matter of routine - *Diphtherinum 30* in daily doses, and got rapid healing and disappearance of the lesions. Later results in many of the children who bore the brunt of the inoculations well in the early days, were crops of multiple warts on hands, arms, and in their hundreds on the cheeks and face, peculiar dark brown, almost black, minute warts, which went on for months, but cleared up, almost overnight, at any rate in a week or two, with repeated doses of *Diphtherinum 30*."

WHAT CAN YOU DO?

OK, armed with a belief in the viability of alternatives, what can you do to protect your child from infectious disease and/or protect the child from blood poisoning by the meddling vaccinators?

Suggested Dosage Regimes

There are several approaches in using homeopathy as an aspect of managing serious and potentially fatal childhood illness:

- As a stand-alone alternative to immunization (**homeoprophylaxis**)
- As an adjunct, to quieten the side effects of immunization
- As a disease treatment, once established
- As a means of altering the body's susceptibility to infectious diseases (fortifying the immune system)
- Using it to effect changes **if your child has already been damaged by vaccination**

IMPORTANT: a nosode is the potentized homeopathic form of a disease tissue. It is a remedy made from the *products* of a disease, e.g., a secretion, discharge, or lesion. It is not made directly from a culture of the disease agent or from a vaccine. This is an important point as there is a great difference in efficacy between a proper nosode and a remedy made from a culture or vaccine (which is generally ineffective in prophylaxis).

A nosode in turn must be carefully distinguished from a potentized version of a vaccine. In the latter case it is the actual vaccine (with thimerosal, other adjuvants, culture medium and all included) which is prepared medicinally as an antidote to the bad effects of the vaccine. Beware: there is a great deal of ignorance about these details, especially among inadequately trained people professing to be homeopaths.

For reference purposes, there is a table of nosodes overleaf:

TABLE OF NOSODES

The homeopathic nosodes which correspond with the different vaccines and their diseases are tabulated below.

Vaccine or disease	Corresponding nosode
Diphtheria	Diphtherinum
Pertussis	Pertussis
Tetanus	Tetanus toxin
Tuberculosis	Bacterinum or Bacillinum
Polio	Polio and/or <i>Lathyrus sativus</i>
Measles	Morbilli
Mumps	Varicella
Rubella	Rubella
Vaccinia (cow pox)	Vaccininum
Smallpox	Variolinum

If you don't know anything about homeopathic potency scales, a helpful box follows:

THE HOMEOPATHIC POTENCY SCALES

There are two main sequences of dilutions used in homeopathy. The first is decimal scale. The active substance is diluted 10 times; the result is diluted a further 10 times (2X), the next step a further 10 times (3X) and so on. Thus 10X is a dilution of 1×10^{-10} or one thousand million in words. In Europe this sequence is labelled D for decimal (D4, D200 and so on).

The second scale is centesimal (C). Thus 6C, a commonly used potency, has been diluted $100 \times 100 \times 100 \times 100 \times 100 \times 100$ times. 30C and 200C are also recognized as highly workable.

Very high dilutions come at 1M (1,000C), 2M, 10M and even LM (500 x 1000C) and beyond.

There are several vaccinations to consider, regarding childrens' immunization programmes: diphtheria, meningitis, whooping cough (pertussis), tetanus, TB, polio, measles, rubella and mumps. Personally I would not recommend to even bother with polio in Europe. The natural disease is extinct. Only the weird variant *caused* by polio vaccines is encountered, producing chronic fatigue states and post-viral syndrome.

In general, higher potencies are used to treat the disease; only moderate doses are used as a prophylactic. If you want to substitute homeopathy nosodes for any vaccination, not under the guidance of a skilled homeopathic **doctor**, you are advised to use 30C of the nosode, taken as a pill or a few pillules, or droplets in water, taken twice on day one and twice on day two. Thereafter, administer it one day each month, two doses on that day.

Alternatively, and I use this along with most German homeopaths, a chord or mixture of potencies of the nosode, typically D12, D30 and D200 together, taken every day for a week, then weekly for a month, then every month for as many years as you care to use it.

Important: don't touch the remedy with your fingers and do not give it close to eating. Avoid any contamination with coffee, peppermint and strong herbs or spices.

SIDE EFFECTS: Yes, there can be side-effects from homeopathy! We see this as the disease process being forced on the run in the body. But tissue reactions sometimes result from the fight which goes on inside our bodies. This is natural and healthy and has nothing to do with drug side-effects, which are essentially matters of poisoning.

Homeopathic effects are usually mild but can be quite striking. From TB nosode or *Medorrhinum* (see later section), the child may become fractious or in a very bad temper, typically on day 4, day 10 and day 14 after the initial dose. Day 10 is usually the worst. Don't worry, don't stop the treatment and **don't do anything to treat this reaction or you will block the process (a common mistake that doctors make)**.

Homeoprophylaxis

Here is a table of Suggested Doses over the first few years of life:

Age Recommended	Remedy	Potency
1 month	<i>Pertussin</i>	200
2 months	<i>Pertussin</i>	200, M, 10M
4 months	<i>Lathyrus Sativus</i>	200

5 months	<i>Lathyrus Sativus</i>	200, M, 10M
6 months	<i>Haemophilis</i>	M
7 months	<i>Haemophilis</i>	M, M, M
9 months	<i>Diphtherinum</i>	200
10 months	<i>Diphtherinum</i>	200, M, 10M
11 months	Tetanus Toxin	200
12 months	Tetanus Toxin	200, M, 10M
13 months	<i>Pertussin</i>	200, M, 10M
14 months	<i>Morbillinum</i>	200
15 months	<i>Morbillinum</i>	200, M, 10M
16 months	<i>Lathyrus Sativus</i>	200, M, 10M
17 months	<i>Haemophilis</i>	M, M, M
19 months	<i>Parotidinum</i>	200
20 months	<i>Parotidinum</i>	200, M, 10M
22 months	<i>Diphtherinum</i>	200, M, 10M
24 months	Tetanus Toxin	200, M, 10M
26 months	<i>Lathyrus Sativus</i>	200, M, 10M
28 months	<i>Haemophilis</i>	M, M, M
32 months	<i>Pertussin</i>	200, M, 10M
41 months	Tetanus Toxin	200, M, 10M
46 months	<i>Haemophilis</i>	M, M, M
50 months	<i>Diphtherinum</i>	200, M, 10M
54 months	<i>Morbillinum</i>	200, M, 10M
56 months	<i>Lathyrus Sativus</i>	200, M, 10M
60 months	Tetanus Toxin	200, M, 10M

Suggestions from Isaac Golden, who concludes the following:

"My survey suggests that homeoprophylaxis (HP) provides an 89% rate of protection. This includes reports of diseases which were so mild that at times there was uncertainty whether the child had actually contracted the disease mentioned. I believe that 89% is a conservative estimate of efficacy.

"This level of efficacy is more than comparable with the rates of protection for vaccines suggested in medical journals. These rates range from 75% to 95%, and may be considered best estimates. Nothing on this planet can offer 100% protection against an infectious disease.

"The real importance of my study is that it supports the historical evidence of the efficacy of HP. Even though no other major long-term studies have been undertaken there is considerable clinical evidence over 200 years showing a high level of protection using HP.

"My own study and experience, as well as that of others, strongly suggests that HP does offer a higher level of disease-specific prevention than methods of general prevention which do not target specific diseases."

Visit Dr Golden at:

<http://www.lyghtforce.com/homeopathyonline/text/golden.htm>

Homeopathy in conjunction with immunization injections

Prepare the patient with Thuja 30C for 5- 7 days beforehand plus the potentized vaccine (not higher than 30C), dose= twice a day. DO NOT ADMINISTER THE ACTUAL DISEASE NOSODE BEFORE THE INJECTION.

Flood the child's tissues with vitamin C. One of the common adverse effects of vaccination, sudden infant death syndrome (SIDS or cot death) or respiratory distress is eliminated by this detox (note: the patchy haemorrhages seen in the lungs and liver of cot deaths are very like the condition of scurvy. Some of believe that chronic vitamin C deficiency is a major susceptibility to toxins and infections). **DOSE: 100 mgms per month of age; administered for 5 days prior and at least 21 days after the vaccination (Dr**

Viera Scheibner has shown a conclusive increase in risk of respiratory distress around 4- 5 days and 16- 18th days).

Most brands of baby food contain virtually no vitamin C. On lab test the best was 10 mgms per 100 mls. The minimum would be 100 mgms per 100 mls. If you breast feed or plan to breast feed mother should take 4- 6 grammes a day of vitamin C. Start before birth for a healthy bouncing child!

After the injection (same evening or starting next morning) give the potentized vaccine (eg. DPT 30C or chord of D12, D30 and D200). Use a once a day dose unless symptoms of a reaction develop. If there is a reaction, it's a disease mimic, the so-called "healing reaction" and it needs treating with a mild form of the actual nosode, say 30C.

While DPT is best taken as a composite, I recommend that you take the parts of the MMR vaccine individually. *Morbilli* is the measles nosode and the important one. But homeopathic pharmacies will potentize most things, including the MMR, if asked.

Generally, reactions can be prevented by using "drainage remedies" both before and after administering nosodes, which comes into **homotoxicology** (see later)

With or without immunization, your child may develop one of these diseases. Don't panic! Nature is on your side. The disease is almost invariable mild if the child is well-nourished and not already chronically sick. **The most crucial event for a true and skilled holistic doctor is that the body goes all the way through the healing reaction to a disease process. It should not be blocked because that sends the disease into hiding and it can emerge decades later as something disastrous.**

The recovery process can be aided by the use of a mid-range potency, about 200C, of the proper nosode (**not** the potentized vaccine). Remember potentized vaccines do not confer immunity or treat disease. They are used **only** to calm the possible after effects of an immunization shot, if you have chosen to go that route.

But there are also specific compound and highly effective formulations for treating the diseases. Since this domain also is about altering susceptibility or treating the terrain (treatment approach 4 above). It is called homotoxicology.

OK. What's Homotoxi- thingummy?

Despite a clumsy name, homotoxicology is a wonderful natural healing science. It is a therapeutic branch which enables deep cleansing of the body tissues, removing old toxins, disease processes and degenerative debris, leaving the fluids clean, fresh and able to function as intended.

Based on homeopathy, but not quite the same thing, **homotoxicology** is the brain child of German doctor Hans-Heinrich Reckeweg (1905-1985). Knowing homeopathy and drawing on a vast knowledge of herbal lore and medicines, he compounded a store of remedies which trod a line between folk medicine and basic plant pharmacology. In the course of time it has proved itself so well that tens of thousands of German doctors use it in daily practice, although less well known in the rest of the world. It has been also called the German system of homeopathy, though this is slightly comical, since the original system of homeopathy was also invented by a German, William Hahnemann.

Whereas so much molecular medicine is aimed at the cell, as if it were the sole seat of disease, Dr. Alfred Pischinger, then professor of Histology and Embryology in Vienna, saw with great insight that the extracellular fluids were the key to health. These fluids, which Pischinger called the "matrix", or ground regulation system, because it supports everything else, brings nutrition, oxygen, hormone messengers and other vital substances to the tissues and removes excretion products, toxins and the residue of old diseases. Cells may be important but not a separate entity, because they cannot exist without being nurtured in this matrix. Reckeweg pursued Pischinger's matrix model and devised ways to use natural substances to support, clean and revitalize the extracellular matrix. Most of the classic homeopathic remedies are still there, though used slightly differently.

Mixtures

The characteristic difference is the use of mixtures, which classic homeopaths frown upon. But Reckeweg ignored the dogma and carried out decades of practical research, demonstrating conclusively that the formulations worked and worked well. He made compounds which would support the liver and kidneys, which would work for flu, diabetes, women's problems, stimulate metabolism, tone up the immune system, retard tumours, repair inflammation, act as pain-killers and so on. In other words these are function-based

medicines. The mixtures give rise to yet another name you may encounter "complex homeopathy". Not all remedies are mixtures of substances however; some are single remedies in a mixtures of potencies (called a "chord", after the musical term for several notes sounding at once).

NOW you understand the term homotoxicology. It is the investigation and removal of auto-toxins, that is self-generated toxins which accumulate within the body and cause damage. NOT homeopathy, as such, you will readily see. But a keenly related discipline.

What Has All This to Do With Immunization?

Simple. Immunization is all about rendering the body's defences hostile to any potential intruder. So is homotoxicology.

Without taking any specific disease treatment, homotoxicology can dramatically increase the body tissues' potential for resistance to infective organisms. But more than that, we can address the matter of the vaccine poisons lingering in the system. **We can cleanse away the after effects of an immunization programme**, which is good news. And make no mistake, this can be important. Time and again in my investigations with a bioenergetic detector system, I would come up with one or other childhood vaccination as the item underpinning adult ill health. When the antidote is given, the patient begins to recover (if you are interested in learning more bioenergetic detector systems and the way they can identify sound remedies, this is covered in great detail in my book [VIRTUAL MEDICINE](#)).

The important point however is fixing the damage before it occurs. You can prepare your child for a vaccination, by building up maximum resistance, using homotoxicology formulas. The most important one in this respect is Lymphomyosot, which stimulates the lymphatic system and provokes the removal of toxins, and Engystol, which helps prevent allergies and aids recovery from former viral illnesses. Both are about strengthening defences.

There are a great many of these compounds and knowledge of them in detail is really a skilled homeopathic physician's intellectual property. If you have difficulty finding a practitioner with knowledge of this system, I have said that I will help with prescriptions on-line (no fee), subject to certain terms and conditions. To access this information, you will have to go to this web page www.alternative-doctor.com/vaccine_gateway.htm and subscribe to the alternative-doctor website (no charge but we need your e-mail address). I

cannot undertake any advice free by mail or telephone (but I do have a consultation system).

ADMINISTRATION:

All complex homeopathic remedies are easy to take. You simply place a few drops in water and swallow. They can be mixed together. Some formulations require you dissolve the remedy in a half-litre or so of water and drink that throughout the day, then skip 2 days and repeat (one day on, two days off, if that's easier)

A Word About Miasms

Earlier I mentioned chronic disease within the body. Homeopaths think of genetic imprints or "shadows" which linger and are transmitted down through the generations. This can make an individual very susceptible to acute infectious diseases, such as diphtheria and measles.

Some of these disease processes go back a long time. The most infamous is Psora, which dates from the time of the Black Death. In a present-day human, the psora miasm tends to produce bad skin (as did the Black Death). *Psorinum* is made from scrapings of scabies, if you know this condition it will tell you what the Psora miasm does.

The other important miasm for vaccinated children is *Medorrhinum*. This is made from gonorrhoea discharge (sounds horrible but it is quite hygienic, you can be assured). *Medorrhinum* (also known as *Sycosis*) is about people with suppurating discharges and if your child developed snuffly runny nose, glue ear and coughs after immunization, this is probably the one to take.

If you are finding this torrent of information a bit overwhelming by the way, don't worry. I like to give added-value! I've posted a summary table of what doses to take on the website. Pick the programme you want. I've also listed suppliers with which I am affiliated. Try to use them since that supports the work I am doing. Enter via www.alternative-doctor.com and click on the BODY STUFF button (to the left of Thought for the Day). Search the page which comes up for the link to the vaccination recommendations.

Finally, and dearest to many, we come to:

What can you do if your child has already been damaged?

This is where I entered the field in the late 70s. I began to see kids with autism and related disorders in my international allergy clinic. I was astonished how many of them improved on the right diet, eliminating allergy or "stress" foods. I wrote about one of these cases in THE FOOD ALLERGY PLAN (available as a download from the website), a youngster with "disintegrative psychosis", a severe form of autism. At this time I also began seeing more and more kids damaged by vaccinations and was being asked to help. I began writing and broadcasting about it but always met resistance from programme controllers, who would not allow me to say outright that vaccination causes autism and the like (because it wasn't "scientifically-proven").

Recovery through diet I was getting is quite logical: if the body and brain are overburdened, then simply reducing the load will allow the tissues to cope better. Brain allergy is a subject which I became very involved in over the years. In 1988 I made medico-legal history when a judge in a UK Crown Court accepted my evidence that food allergy can make a person violent. A youth had been charged with attempted murder. He was given a conditional discharge by the judge, the condition being that he sticks to the "scott-mummy diet plan". The whole thing caused quite a stir and warranted a 25-minute slot on prime time TV in Britain (it turned out later that the judge had sat and watched the whole programme, before giving his sentence!).

In time I came to realize that "brain allergy" can make any condition (including autism, dyslexia and ADD) much worse.

The subject of brain allergy is covered in more detail on the website and you should go there for extra information, otherwise this handbook will get too much (www.alternative-doctor.com/allergydotcom/index.htm).

Some of the recoveries were dramatic indeed. In 1987 a young boy from Ireland was brought over to see me with disintegrative psychosis. He was a very difficult child to manage. You know the old jokey phrase about having to nail down the furniture: in this case the parents *really did* have to nail down furniture. He was so strong and violent that he ripped a door off its hinges (4 years old!). Fortunately, he improved dramatically on my diet plan (wheat was

the main offender). The next thing is, it came to the attention of Gay Byrne, Ireland's answer to Larry King. I was invited onto his radio show, which had a huge audience. I wanted to say in the on-air discussion that this young lad had begun to deteriorate within hours of his measles vaccine but again we had to hedge it round with "it seemed as if..." type phrases.

Nevertheless, the seed was planted. We got a huge response and I opened a third clinic in Dublin. That's all history now. But I've been saying these things for over twenty years and at last the ground swell is beginning to gain momentum. We might see action, even in my lifetime (that's fast progress in medicine!).

I'm saying all that to say this: **do not forget the routine health approaches, no matter how desperate the case.** Any good health measure is good for the case. Another of my public *cause célèbres* (one which ultimately got me in a lot of trouble) was a cerebral palsy girl. She began to speak at the age of 18 years, after I treated her! It did her paralysis not the slightest good but she suddenly started to speak. She was very much at home with the lights on all those years and nobody had noticed. What was a miracle to me was that she did not start to *learn* to speak but already had her language: her first words were "Mummy I love you" (can you imagine her parents reaction?), closely followed by "I want to go to the movies". She had understood language all along but gone for 18 years without being able to clear her brain enough to use it, till we reduced her brain/food overload.

So, no matter how ill and problematic your child, avoid junk food and give plenty of vitamins and minerals and offer warm appreciative love and emotional calm. You don't know how much this approach will help your child, till you try. But frankly, these are the best medicines we have.

Now couple this with homeopathy and/or homotoxicology

If your child has been damaged in any way by vaccines, you need to restore the healthy tissues that have been poisoned. In this respect at least I put homotoxicology principles ahead of homeopathy. For simplicity, if you can't get help, I suggest the following 5-step plan:

1. General drainage, using *Lymphomyosot* or similar (eg. *Pascotox*), 3 drops 3 times a day, in water, for one month.
2. A detox mix, adding berberis (kidney drainage) and nux vom (bowel drainage of mercury etc), each 3 drops 3 times a day.

HEEL do a convenient three-remedy pack called the detox pack, which answers this stage nicely.

3. After a month on the detox, if your child has been chronically sick for any reason (not just vaccine damage), drop the detox (but not the *Lymphomyosot*) and switch to a miasm remedy. You may get a skilled homeopath to prescribe for you. But a good answer is HEEL's product *Psorinoheel*, because it includes all the common miasms. Then, after one month, go to step 4.
4. If your child has continued physically vigorous, not sick and weak, then go straight to the potentized vaccine of what did the damage (DPT, MMR, whatever). You must keep up the *Lymphomyosot* drainage at this time, to avoid stirring up symptoms. If the child appears to become sick **similar to the first reaction to the vaccination** this is good news (a "healing crisis"). Just step up the *Lymphomyosot*, go back on the detox of step 2, but keep going with the nosode until there is no longer any reaction. If a skin rash develops, that is also good news: Hering's Law of healing says that in eradicating disease, healing takes place from the inside out. In other words the disease process (vaccine toxins) are coming to the surface and will eventually clear.
5. When symptoms have ceased, or after one month, switch to *Engystol N*. This slightly different formulation comes in glass ampoules. Every 3 days break an ampoule into a pint of water and give the child this to drink, throughout the day (not all at once). Skip 2 days and then repeat (1 day on and 2 days off).

At this stage you then need to review. It is very unlikely you got no change at all. But what you do next really depends on what progress you made to this point. You can always ask for on-line prescribing. Also, a good book by a mother who learned to cure her child's autism using homeopathy is featured on the website (reviewed by Dr. Joe Mercola) at: www.alternative-doctor.com/body_stuff/homautism.htm

Finally, I welcome all stories and testimonies, if I can use them to spread the word and teach other struggling unhappy parents the possibilities. People always like human stories that they can identify with. It's a great way to campaign. Send them to me at: doc@scott-mumby.com

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Addendum 1: How to minimize adverse effects of vaccination

by the European Forum of Vaccine Vigilance

- Indiscriminate vaccination should be avoided. The necessity of each vaccine should be discussed in every case. Consider the possible harm that may be caused by the vaccine vs. its benefit. Every case should be considered individually.
- Parents should be able to observe their infant for more than only a few months in order to experience their natural health status.
- For most children we recommend avoiding vaccination during the first year of life. We recommend seeing the child at the age of one year and then deciding upon which vaccines to give. This will depend on the general health of the child, his hereditary state, environmental conditions etc.
- Some vaccines should be delayed until an older age and may even be unnecessary. Every case should be considered individually.
- Vaccination should only be carried out when the child is in a healthy, stable state. The child should be healthy for preferably three months prior to any vaccination.
- Vaccination should not be carried out close to other potentially stressful times eg: the time of weaning, or leaving the home for the first time (nursery or kindergarten), dentition etc.
- We advise breast-feeding as an important protective factor for the health and well being of the child. Apart from other benefits, greater protection from disease is given by way of maternal antibodies.
- The child should not receive several vaccines at a time; they should be given separately wherever possible.
- Indiscriminate boosting of vaccines should be avoided. The number of boosters needed should be considered. Every case should be considered individually.
- The interval between every vaccination should be at least a few months.
- If there is a reason to suspect that a child reacted strongly to a vaccine, repetition of this vaccine should be avoided and the administration of the next scheduled vaccine should be postponed to an older age.
- Especially in children with suspected or diagnosed neurological conditions (hypotonia, hypertonia, slow development, complications from birth etc.), postponing vaccination is important. The possibility of forgoing them completely should also be considered.
- When one child in the family has suffered some vaccine damage, greater care must be taken with the other children. The best approach should be seriously discussed with the therapist.
- If the child seems to be suffering from vaccine damage, professional medical help (including Homeopathy, Naturopathy, or other) should be sought immediately.
- In any case of ill health developing during the first year of life, careful consideration should be given to the possibility that vaccination may have been either a causative or a contributing factor.

- Professional medical help (including Homeopathy, Naturopathy, or other) should be sought if a child gets a disease for which vaccination is available.
- The indiscriminate use of antipyretics, antibiotics and other suppressing drugs, should be avoided in order not to compromise the immune system. Fever should be respected as a natural defense mechanism.
- Advice on fever management and other health problems can be sought from holistic therapists such as homeopaths, naturopaths etc.

Addendum 2: Retrospective and descriptive research Holland 1999

All homeopathic doctors, members of the Dutch Association of Homeopathic Doctors (VHAN) were invited to fill in a form with 20 questions for all the new patients seen in 1999 which they believed to have health problems related to vaccination. In the questionnaire three main questions were at the forefront:

1. Are health problems after vaccination more frequent than generally believed?
2. What kind of problems are at stake and with which vaccinations they are related?
3. What kind of treatment was used and what were the results? We received 209 cases, what is a very satisfying number.

Results. Most patients/parents came on their own initiative (173), 11 were referred by doctors, no paediatrician! There was no significant difference between males and females. Most patients are children under two years. The probable diagnosis was made mostly because the complaints started after the vaccination (133) or because of the increase of existing complaints after vaccination (35), only in 10 cases the diagnosis was made on the clinical picture. The responsible vaccination was DTPP/Hib in 114 cases, DTPP in 31 cases, MMR in 60 cases, DTPol 14, DTP/MMR 3, Influenza 5, HIB 6, tropical vaccinations 4, BCG 3, Hepatitis B 2, tetanos 1.

To understand these numbers it is important to know that DTPP/HIB vaccination is given 4 times (in the first year), that the HIB is given rarely alone, that the DTPol is given only once alone (4 year) and once together with MMR (9 year), that the MMR is give twice, alone at 14 months and combined with DTP at 9 years, that there is no mass vaccination of BCG, that only medical professionals and people at risk get a Hepatitis B vaccination. Interesting question was: How long after vaccination the complaints or aggravation of complaints manifested itself for the first time? On the first day 51, on the second or third day 28, on the 4th to 7th day 18, in the second and third week 38, in the 4th and 5th week 7, in the sixth week or later 30.

In many countries complaints arising after more than three days after vaccination are not considered any more to have any relation with the precedent vaccination. On our research that would mean that 54% would be rejected unjustly. The main complaints after vaccination are skin problems 40%, respiratory problems 56%, digestive problems 21%, neurological complaints 18%, development complaints 7%, emotional complaints 21%, general complaints (malaise, weakness, sleeplessness, immunologic problems, etc.) 32%. The lapse of time between the beginning of the complaints and the first homeopathic consultation was quite long, most patients/parents have a long way to go before finding help probably due to failure of a correct diagnosis. Less than one week 8, one to four weeks 13, one to three months 35, four to twelve months 60, more than one year 92 (44%).

Important is also to realise that the presence or absence of an acute reaction in chronic complaints is not a good indication for causality. In 30% there was no acute reaction. The duration of the acute reaction was less than one day in 32%, one to three days in 46% and longer than three days in 22%. Only three cases were reported to the administration of side-effects of vaccination (RIVM) (2%). In far the most cases (141) nobody (patient, parents or doctor) had thought that there was any relationship with vaccination, in 32 cases the patient/parents thought there was an relationship but not the doctor, in 11 cases both patient/parents and doctor agreed about a probable relationship.

The homeopathic treatment was mainly done with potentised vaccines (94%), in 62% there was also a constitutional treatment during or after the treatment with potentised vaccines. The treatment with Thuja was only applied in 2% of the cases. In 73 % homeopathy was the only treatment, in 27% the patient got also another treatment, most of time bronchodilators, corticosteroids, anti-epileptics, Ritalin, etc.

The results of homeopathic treatment are interesting. In most cases there was no or only a slight initial aggravation (161), but **in 41 cases the aggravation was quite strong**. 64 patients cured completely (31%), in 89 cases there was a strong amelioration (43%). That means that 74% was cured or strongly ameliorated what is a very good result. In 32 cases there was only a slight amelioration, 17 no result at all, in 3 cases there was rather an aggravation of complaints.. These results were obtained after an average of 63 days. In 48% of the cases the follow-up is more than a half year. The probability of the relationship of the complaints with a preceded vaccination, estimated before the treatment, was in 86 cases very probable, in 86 probable, in 30 no opinion. After the treatment in 135 cases the probability was very strong, in 43 cases probable, in 6 cases no opinion and in 12 cases improbable and in 4 very improbable. This means that the number of pronounced opinions increased strongly and this confirms that the use of potentised vaccines is seen as a diagnostic tool by homeopathic doctors.

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