

# The Holistic Perspective on Vaccination



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## Introduction

Children's immunization is a hot topic. Like most hot topics, it has fervent advocates and equally fervent opponents. In our present environment, the advocates hold all the economic and political power, and so the majority of people only hear one side of the argument.

When I was first exposed to the idea that immunization was harmful, fifteen years ago, I could not accept it. I had been brought up with the belief that vaccines save lives and guard us from unimaginable dangers. If vaccines were abandoned, what would protect us from harm?

As I treated children, both vaccinated and unvaccinated, in the ensuing years, I could not help but notice a difference. The unvaccinated kids were more robust, responded more quickly to holistic treatment, and seemed more cheerful. As I began to research the topic of immunization, I could understand why this difference might exist. *Vaccination works by suppressing the immune system.* It is part of a vicious cycle that leads to more suppression by antibiotics and other medications.

This paper summarizes the important facts and ideas that have contributed to my understanding of vaccination. The following topics are considered:

- Toxins in vaccines
- Is vaccination safe?
- Does vaccination save lives?
- Proposed mechanism of vaccine injury
- Does vaccination protect against disease?
- Childhood diseases serve a purpose
- What's a parent to do?

## Toxins in vaccines

There has been a lot of publicity about the possible link between vaccination and autism:

The parents of 12-year old Michelle Cedillo asked a federal court yesterday to find that their child's autism was caused by common childhood vaccines, a precedent-setting case that could pave the way for thousands of autistic children to receive compensation from a government fund set up to help people injured by the shots.

-The Associated Press, June 12, 2007

Autism is a 20<sup>th</sup> century phenomenon. Only a few cases existed in the U.S. before the beginning of mass vaccination.<sup>1</sup> There is good evidence, moreover, that even the early cases were children whose parents had them voluntarily vaccinated.<sup>2</sup>

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<sup>1</sup> Coulter H. *Vaccination, Social Violence and Criminality.* Berkeley, California; North Atlantic Books, 1990, p. 49

<sup>2</sup> Coulter, op.cit., p. 52

As universal vaccination programs were introduced in the 1940s, the incidence of autism increased dramatically. Around the world, the same pattern occurred. In Japan, for example, the first case of autism was reported in 1945, a few months after the United States Occupation began compulsory whooping cough immunization for Japanese children. In China, where autism was unknown before vaccines were allowed into the country in 1990, there are now 1.8 million autistic children.

According to the Autism Society of America, over a million Americans now have some form of autism. In the period 1989 to 1999, California saw a 273% increase in the number of children with autism entering the developmental services program—1,685 cases in 1998 alone. But no one has offered a plausible explanation for this trend.<sup>3</sup>

Amy Lansky, author of a book about the recovery of her son from autism, describes the effect of a TB shot on her son<sup>4</sup>:

[...]this injection led to a marked aggravation and deterioration in Max's state. For the next week, he became increasingly sensitive, crying for no reason. The teachers at his camp and at school remarked about the change in him. He had become more withdrawn and fearful. He was not his usual self. This reaction made us wonder if, indeed, vaccination was the root cause of Max's problems in the first place. Years later, I discovered another hint of this. After going through his medical records, I realized that at age 18 months, Max had been given a dose of the MMR (measles, mumps, rubella) vaccine only one week after recovering from roseola—an ailment related to measles. Perhaps he had been in a compromised state.

Some health advocates believe that mercury, a known neurotoxin, is responsible for the neurological side effects of vaccination. Until recently, all vaccines used a preservative called Thimerosal, which is about 50% mercury. A single shot of vaccine contains 12 to 60 micrograms. The FDA has never established how much mercury can safely be injected into a small child, but according to FDA guidelines a twenty pound baby should not **eat** more than 3.6 mcg per day.

In scientific studies, on the other hand, no apparent link between autism and mercury in vaccines has been found.<sup>5</sup> If these studies are correct, then another explanation must be found for the high incidence of autism in vaccinated children.

The next time you get the flu, and you have yellow-green nasal discharge, try the following science experiment. Put some yellow-green mucus in a glass jar and add formalin (a solution of formaldehyde, water and methanol) to kill the bacteria. Shake the solution and pour it into an ampoule. You now

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<sup>3</sup> Lansky, A. *Impossible Cure*. Portola Valley, CA: R.L. Ranch Press, 2004, p. 63

<sup>4</sup> Lansky, A, op. cit., p. 61

<sup>5</sup> Hviid A, et al, Association between thimerosal-containing vaccine and autism. JAMA. 2003 Oct 1;290(13):1763-6.

have your own home-made flu vaccine, better than anything you can buy since it is free of additives such as aluminum hydroxide, ammonium sulfate, thimerosal and polysorbate 80.<sup>6</sup> The question is, would you inject this flu vaccine into the veins of someone you love?

## **Is Vaccination Safe?**

The proof of vaccine safety rests on two types of evidence: scientific studies and a low reported incidence of vaccine injury.

A representative scientific study is the 1978 UCLA-FDA review of the whooping cough vaccine. There are four methodological problems with this study, however. First, it excluded high risk children, i.e. those with a history of problems from previous immunizations, which does not occur in real life. Second, the study limited its observations to the first forty-eight hours after immunization. Third, the study group were children at least 11 months of age, whereas babies are now vaccinated immediately after birth. Fourth, there was no "control" group of children who did not receive vaccinations.

Nevertheless, the results of the study were not reassuring. Local reactions to vaccination, like redness and swelling, occurred 64 percent of the time, and minor systemic reactions, 50 percent. Out of the 11,000 infants surveyed, nine went into convulsions, nine suffered collapse, twenty had high pitched screaming (a symptom of encephalitis), and *two died*. The conclusion of the study, however, was that the whooping cough vaccine is perfectly safe. Reason? The incidence of damage in the test group was no higher than in the general population of American children, *all of whom were also vaccinated*.

The principal investigator in the study, James Cherry, MD, was a paid consultant to many vaccine manufacturers.<sup>7</sup>

The low incidence of vaccine injury claimed by the U.S. Center for Disease Control is suspect for three reasons. First, the statistics are based on a very narrow definition of what problems can arise from vaccination. Second, only symptoms that occur within forty-eight hours after immunization are included. Third, most cases of vaccine injury go unreported.

In 1999 a group of Dutch physicians studied over two hundred cases of vaccine injury. The results challenged a four major assumptions:<sup>8</sup>

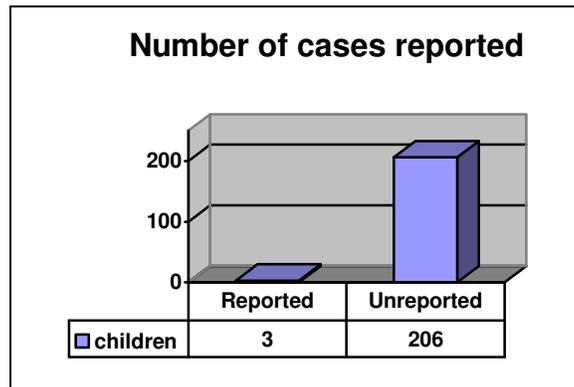
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<sup>6</sup> There is no exaggeration in this statement. Here are the stated ingredients, for example, in the Diphtheria-Tetanus-Pertussis vaccine manufactured by GlaxoSmithKline: diphtheria and tetanus toxoids and acellular pertussis adsorbed, formaldehyde, aluminum phosphate, ammonium sulfate, and thimerosal, washed sheep RBCs (red blood cells).

<sup>7</sup> Coulter, H. *A Shot in the Dark*. Garden City Park, New York: Avery Publishing, 1991, p. 181-184

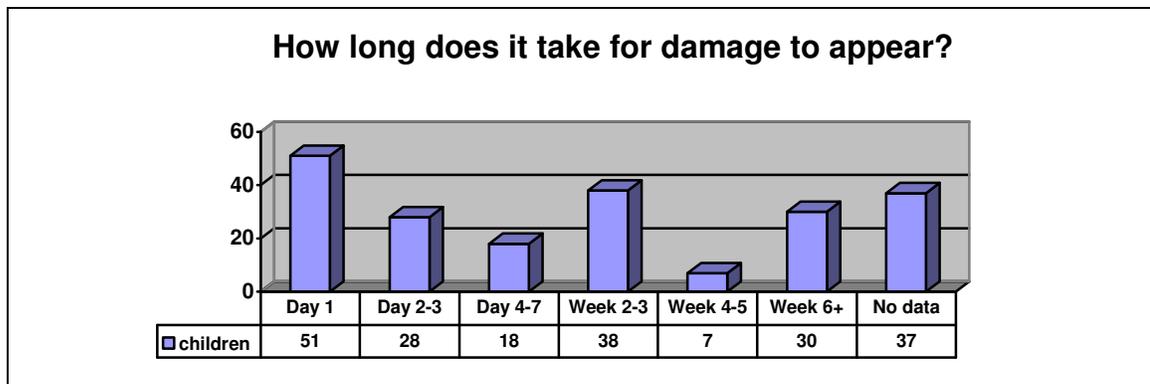
<sup>8</sup> Smits T. The post-vaccination syndrome. *Homeopathic Links* 2001:14:214-218.

**1. Assumption: vaccine safety statistics are accurate.**



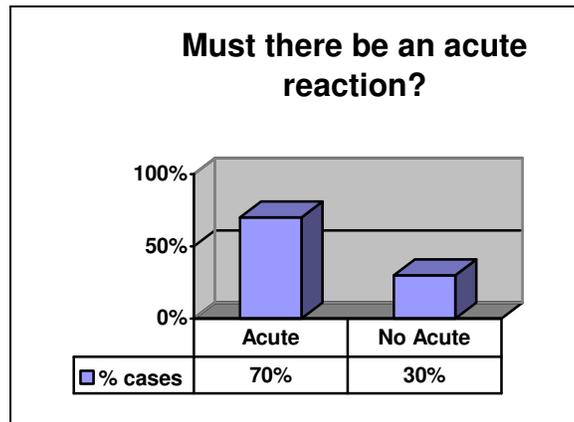
**Fact: only 1.4% of the vaccine damage cases in the study were reported to health authorities and became part of official statistics on vaccine safety.**

**2. Assumption: if a child does not show symptoms within 48 hours of vaccination, there is no damage.**



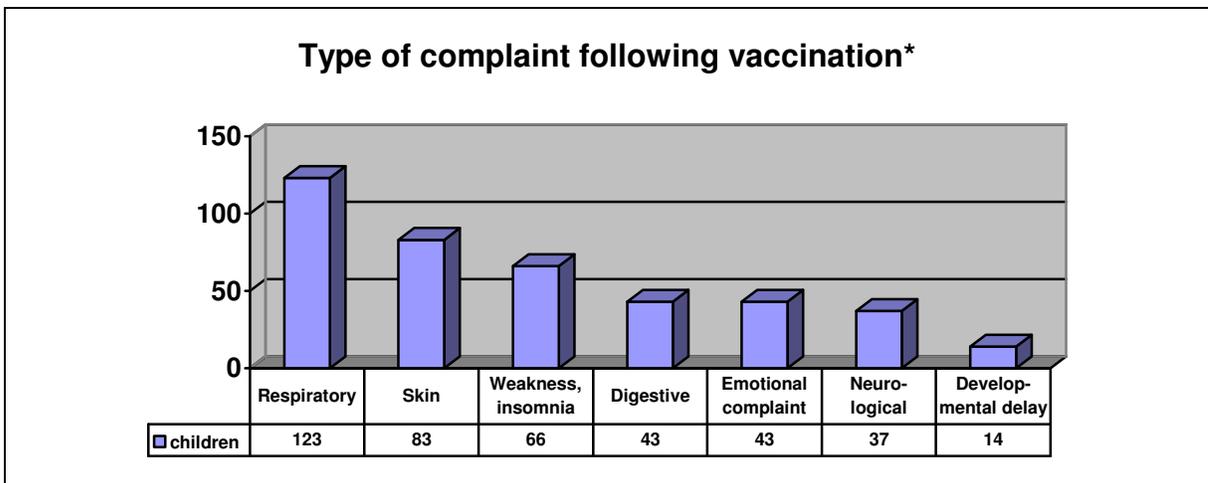
**Fact: in 54% of the cases, symptoms appeared only after 72 hours.**

**3. Assumption: vaccine injury is obvious.**



**Fact: in 30% of the cases, there were no acute symptoms such as fever or convulsions to indicate vaccine injury.**

**4. Assumption: vaccine damage is limited to those symptoms reported by the manufacturer.**



*\*A number of cases had more than one type of complaint*

**Fact: vaccine damage can affect virtually every system of the body.**

### **Sample Case of Vaccine Injury from the Survey**

Maarten got his DTP shot just before his fourth birthday. 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 fell down. 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 Maarten was not the same any more. His speech was almost unintelligible. He had absences and could not function in school. His problems were blamed on the concussion from falling down the stairs.

Maarten's parents took him to a homeopathic physician, who prescribed a special homeopathic medicine to treat the effect of the DPT vaccine. Over a period of two months, Maarten was able to reduce and finally stop the Depakine. His speech and brain function become normal. A follow-up EEG showed no further signs of epileptic activity.

### **Proposed Mechanism of Vaccine Injury**

There is a rising tide of neurological problems in today's children and teenagers: epilepsy, retardation, autism, minimal brain damage, hyperactivity, attention deficit disorder, allergies and depression, to name a few. A common denominator in these disorders is demyelination of the central nervous system (i.e., the stripping off of myelin from the nerve sheath).<sup>9</sup>

Myelin is the white, fatty substance that coats nerves and insulates them, allowing for faster transmission of nerve impulses. Myelination of the nervous system begins during week 19 of pregnancy and continues after birth. Is there any link between demyelination and vaccination?

Demyelination occurs clinically in cases of encephalitis (inflammation of the brain). The leading cause of encephalitis today is vaccination.<sup>10</sup>

Imagine a wild animal gets into your house. What would you do? If you could not force it out or overcome it, the next best thing would be to contain it in a room. In the same way, the sudden invasion of toxins and foreign proteins in the bloodstream triggers an inflammatory reaction. The infant's undeveloped immune system cannot cope with all this foreign material, so the body walls it off with myelin stripped from the nerves.

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<sup>9</sup> Coulter H. *Vaccination, Social Violence and Criminality*. Berkeley, California; North Atlantic Books, 1990, p.155-159

<sup>10</sup> *ibid*, p. 155-159

## Does Vaccination Save Lives?

Vaccination is often credited with the decline in mortality from infectious diseases during the 20<sup>th</sup> century. On closer examination of historical records, however, an incongruent fact emerges:

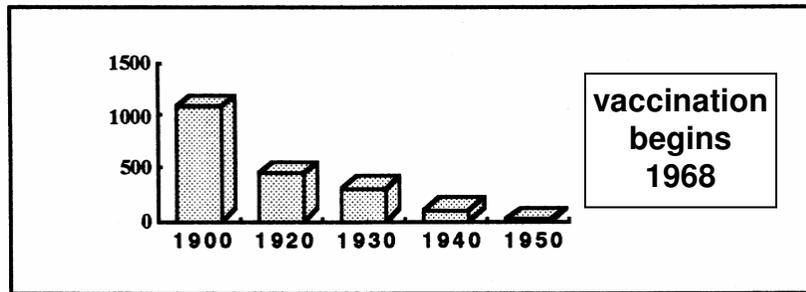


TABLE 5.12: DEATHS PER MILLION FROM MEASLES<sup>33</sup>

Graph 1: Decline in mortality from measles. From Nightingale, M, Epoch, 1982, Vol. 4

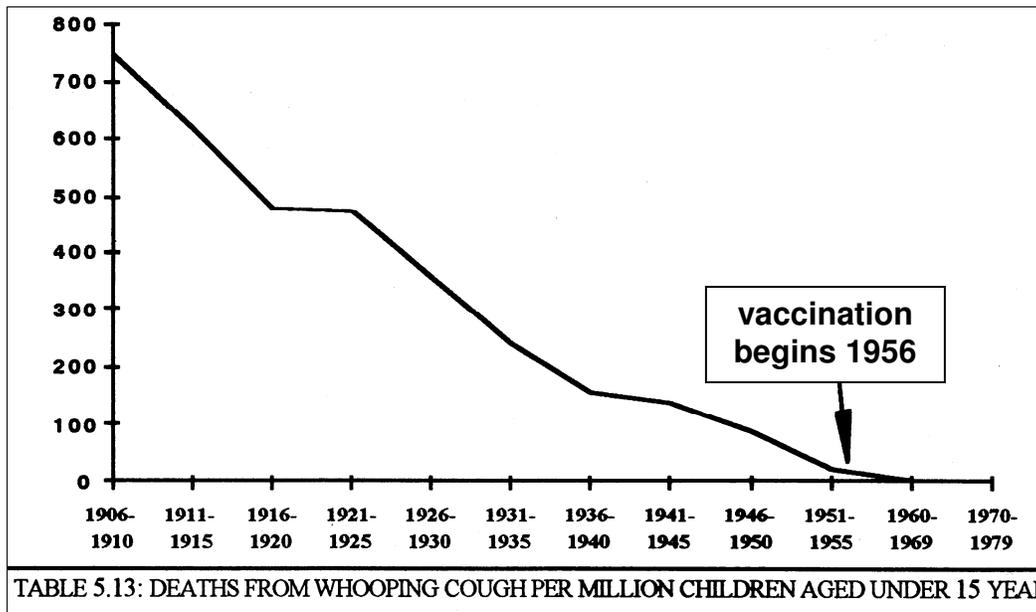


TABLE 5.13: DEATHS FROM WHOOPING COUGH PER MILLION CHILDREN AGED UNDER 15 YEAR

Graph 2: Decline in mortality from whooping cough. From Nightingale, Epoch, 1982, Vol. 4

Mortality from other infectious diseases, such as chickenpox, smallpox, diphtheria, mumps, rubella, and polio, also declined substantially in the 20<sup>th</sup> century before the introductions of their respective vaccines. The real credit for these trends belongs not to immunization, then, but to improvements in sanitation, nutrition, and housing.

A few exceptions to the general trend support this hypothesis. In Germany during the poverty stricken 1930s, for example, mortality from diphtheria rose despite mass vaccination.<sup>11</sup> Similarly, deaths from polio continued to

<sup>11</sup> Shepherd D. *More Magic of the Minimum Dose*. Saffron Walden, England: C.W.Daniel Co. Ltd., 1992, p. 154

increase in underdeveloped countries in Africa, Asia and South America in the 1970's, even after mass immunization with the polio vaccine.<sup>12</sup>

Despite these facts, health authorities issue warnings like the one below, from Donna Shalala, U.S. Secretary of Health in the Clinton administration:

Children need at least 11 shots before their second birthday. As recently as three years ago, a measles epidemic swept the country. Eighty children died, and thousands were hospitalized. These tragedies were preventable.

-Dec. 15, 1994<sup>13</sup>

The implication is that the children who died from this epidemic could have been saved if they had been vaccinated. *But nowhere does Shalala state that the children were not vaccinated.* It is an unstated assumption. In epidemics of childhood diseases, however, the rule is that *at least half the children have been previously vaccinated.* Of all 1984 cases of measles in the U.S., for example, 58 percent of the children were adequately vaccinated.<sup>14</sup> According to Dr. Atkinson of the Center for Disease Control, "measles transmission has been clearly documented among vaccinated persons. In some large outbreaks [...] over 95 percent of cases have a history of vaccination."<sup>15</sup>

Likewise, whooping cough is on the rise in the United States across all age groups, despite mass immunization since 1956 (National Foundation for Infectious Diseases). More than 20,000 cases were identified in the U.S. in 2005, and many cases go unreported.

Another omission in Secretary Shalala statement is the possible link between vaccination and complications from measles epidemics. Vaccination actually *increases* the danger of epidemics by pre-sensitizing a child to the disease. Harris Coulter, author of two books on vaccine injury, writes:

[...] the level of allergic sensitization of the American population is being steadily enhanced by the vaccination programs which commenced in the beginning of the century. Prior to 1900 encephalitis [*inflammation of the brain*] from childhood diseases was an almost negligible danger. After 1920 it was encountered more and more frequently.<sup>16</sup>

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<sup>12</sup> World Health Organization Bulletin, 1980

<sup>13</sup> From a letter to Ann Landers, printed in the Washington Post, December 15, 1994

<sup>14</sup> Frank J, Jr., et al. May 6-9, 1985. *Measles Elimination—Final Impediments.* 20<sup>th</sup> Immunization Conference Proceedings

<sup>15</sup> Bedayn, G, "An Interview with Dr. Richard Pitcairn," *The American Homeopath*, vol. 2, 1995, p.31

<sup>16</sup> Coulter H. *Vaccination, Social Violence and Criminality.* Berkeley, California; North Atlantic Books, 1990, p. 160

## Does Vaccination Protect Against Disease?

In theory, immunization stimulates an immune response (production of antibodies) that confers immunity. The theory of immunization does not explain, however, why people still get the disease against which they have been vaccinated. Nor does the theory explain why booster shots are needed.

Immunity is a complex of many different types of defenses, of which antibodies (the "Humoral Immune Response") are only one component. The non-humoral defenses, including various cell-mediated responses, are collectively termed "non-specific" or "innate" immunity.

When we go through the natural process of having a childhood disease such as chickenpox, on the one hand, we develop life-long immunity to that disease. When we are vaccinated against chickenpox, on the other hand, the "immunity" soon wears off. Logically, then, immunity to a disease is not just a function of antibodies. During the process of going through a disease, we develop our innate immunity in ways that vaccination cannot duplicate.

In the 1920s, Austrian Nobel prize winner Wagner von Jauregg demonstrated that syphilis could be "cured" by injecting patients with malaria. As long as they remained sick with malaria, no symptoms of syphilis were evident.<sup>17</sup> Once they recovered from malaria, on the other hand, syphilis returned. Reason: the immune system can only fight one battle at a time.

Vaccination works according to this same "Distraction Principle." An artificial disease is inflicted on an individual, who is then "protected" from the natural disease. When the artificial disease wears off, susceptibility to the natural one resumes.

### Vaccination as Distraction<sup>18</sup>

The following is a transcript of a consultation between the mother of a boy with eczema and Kris Gaublomme, MD.

Doctor: Has he ever been vaccinated?

Mother: He got all of the vaccinations. He has been very ill with the last vaccination for measles. I will never allow them to vaccinate him again.

Doctor: Tell me something about it.

Mother: In fact, I was against it. But a nurse came to my home, and a few times I found some excuses to postpone the vaccination, because I heard that they can make the child very ill. Then she finally gave him the measles vaccination. He didn't feel well soon after, and three or four days later he became seriously ill. He suffered for three weeks from it.

Doctor: What happened initially?

Mother: He got high fever and became really ill. He became restless, constantly he had fever of 100.4° to 102°. I saw that he didn't

<sup>17</sup> Quetel, Claude. *History of Syphilis*, Baltimore, Johns Hopkins Press, 1990; p198

<sup>18</sup> Gaublomme, K. *Small Remedies Seminar*, conference held in Hechtel, Belgium, Feb. 5-9, 1990, published by VZW Centrum voor Homeopathie, Hechtel, Belgium.

feel well. His eyes were so faint. Usually, he has a very lively look, and now it was gone at once. I would never do it again.

Doctor: What else did you notice in his behavior?

Mother: He just sat, he was very still.

Doctor: He had no spunk?

Mother: No. I didn't recognize my own child anymore.

Doctor: He was not ill before the vaccination?

Mother: No.

Doctor: Did this happen after the other three or four injections?

Mother: I can't tell anymore. He was such a small baby. I didn't notice it so much.

Doctor: Do you remember if he had a fever?

Mother: No, I don't think so.

Doctor: How old was he when he got the measles injection?

Mother: He was 15 or 16 months. The nurse said he needed that injection and things like that. She said he had to get the injection because measles is a very serious disease. I don't understand this, in my home everybody got the measles, I had it myself without any problems. I think my boy suffered far more, he had the measles without the eruptions.

Doctor: Did he suffer from stomach problems as well?

Mother: Yes, he didn't eat well.

Doctor: Did he cry much?

Mother: Yes, he did.

Doctor: Did he have problems with sleeping?

Mother: Yes, he got shortness of breath. He woke up because his nose was obstructed. I put an onion beside his bed and it went away.

Doctor: Did you notice anything about his muscular development?

Mother: Yes, I thought he was slower in his movements. For one month, he didn't learn anything. Normally, he learns very quickly. When I do something, he can do it himself very quickly, but he didn't develop at all during that month. He is very lively, has a very clear face. That month he looked very dull.

*A homeopathic medicine, Mezereum, was prescribed for the eczema and the side effects of the vaccination. Follow-up six weeks later:*

Doctor: What is better?

Mother: He is not so easily irritated. He doesn't scream so much anymore, he still does but not so much. He has developed. I don't know whether it has to do with his age, but I think he is another child. Everybody tells me, even the baby-sitter, she didn't know what was going on. In a very short time he learned very much.

Doctor: Like what?

Mother: For example: talking, he uses little sentences. He sleeps much better during the day. After his afternoon nap he is more refreshed.

Doctor: What about at night?

Mother: He always slept rather well at night.

Doctor: Something else?

Mother: His eczema is nearly gone. There is still a bit on his legs.

## Childhood Diseases Serve a Purpose

A Swiss study compared the incidence of cancer in adults (malignant, solid, epithelial tumor) with past history of childhood diseases. 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 to list any febrile infectious childhood diseases they may have had. The purpose of the questionnaire was not disclosed either to patient or physician.

Finding: 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.<sup>19</sup>

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, but absence of a febrile disease in childhood.<sup>20</sup>

These and other studies suggest that children may enjoy a symbiotic relationship with the traditional childhood diseases which fosters development of innate immunity.

In my experience, however, allowing children to go through the childhood diseases is not enough. They must also be treated holistically, to relieve suffering and enhance recovery. If they are given antibiotics, on the other hand, their immune development is impeded.

There are different types of holistic treatment. I have been treating children for over ten years with homeopathic medicines. Children respond to these medicines quickly; within 12 hours the fever comes down and other symptoms are ameliorated. After going through the usual childhood diseases, moreover, these kids *almost never get sick*. It's really rather astonishing to watch them remain healthy even as family members and classmates catch highly infectious diseases.

When a human or animal population is exposed to a new epidemic, less than fifty percent of the individuals exposed actually become infected. Of those



*Oakley Griffen, 3, of Palenville, NY, is a healthy toddler who has never been vaccinated. At twelve months Oakley had the chicken pox, but he was too busy playing to notice. Oakley has never taken any medicine, except homeopathic remedies.*

<sup>19</sup> 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.

<sup>20</sup> Kölmel K.F., Pfahlberg A., Mastrangelo G. et al. Infections and melanoma risk. *Melanoma Research* 1999; 9:511-519.

who do, their symptoms range from mild to severe. Why this variation between individuals? The reason is innate immunity. The best possible protection you can give your child against disease, then, is to allow the development of innate immunity.

There is a window of opportunity for children to develop innate immunity. The beneficial effects of having chickenpox, for example, are far greater for a two-year old than for a teenager. The greatest damage of childhood vaccination is not the side effects of the vaccines, in truth, but the opportunity cost of not laying the foundation for life-long robust health.

### **Conclusion: What’s a Parent to Do?**

Increasing numbers of parents today decline immunization for their children, despite pressure from day-care centers, schools and their own doctors.

The vaccination decision is one of the most important choices you face regarding the future health of your baby. If you are still unsure, do some more research. Take a look at the paper, “A Second Opinion about Immunization,” by Robert Mendelsohn, MD (available from my website). There are many websites, books and magazine articles that provide factual, unbiased information. The following resources are recommended:

### **Resources**

|                               |  |
|-------------------------------|--|
| book                          | <i>The Immunization Decision</i> , by Randall Neustaedter  |
| DVD                           | <i>Vaccines—The Risks, the Benefits, the Choices</i><br>(both available from: <a href="http://www.minimum.com">www.minimum.com</a> )   |
| websites                      | <a href="http://www.thinktwice.com/support.htm">www.thinktwice.com/support.htm</a><br><a href="http://www.whale.to/vaccines/ivn.html">www.whale.to/vaccines/ivn.html</a><br><a href="http://www.vaccinedamage-prevention.org">www.vaccinedamage-prevention.org</a><br><a href="http://www.mothering.com/discussions/index.php">www.mothering.com/discussions/index.php</a> |
| about homeopathy              | see my website; also, <i>Impossible Cure</i> , by Amy Lansky   |
| your legal rights in NY state | <a href="http://www.nyvic.org">www.nyvic.org</a><br><a href="http://www.cfic.us">www.cfic.us</a>   |

Day-care centers and schools are required by law in all states to recognize a religious exemption from immunization. For a sample application for religious exemption, you can download “How to Obtain a Vaccination Exemption” from my website.

If—for whatever reason—you vaccinate, at least take these five precautions:

- 1) Wait until your child is two years or older. *Vaccines have never been tested on infants younger than twelve months.* When the age for DPT vaccination was raised in Japan from three months to two years, the number of vaccine-related deaths dropped from 37 to 3.<sup>21</sup>

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<sup>21</sup> Why are children vaccinated so young? It is purely a compliance issue. Once a child has reached two years of age, parents see little reason to visit the pediatrician unless there is a problem.

- 2) Request a mercury free vaccine.<sup>22</sup>
- 3) Ask your pediatrician to inject only one vaccine at a time—for example, first diphtheria, then pertussis at the next visit, then tetanus at the next—rather than combine all three vaccines in one shot, as is normally done. The practice of combining vaccines has never been tested for safety.
- 4) Carefully consider your justification for each vaccine. Immunization is not an all-or-nothing decision. The less you vaccinate, the easier it will be for your child to tolerate.
- 5) **If your child has a weak immune system, allergies, neurological symptoms, or a history of adverse reaction to prior immunization, discuss with your pediatrician beforehand the potential dangers of vaccine damage.**

It is true that some children seem unaffected by immunizations. A child with a strong constitution has reserves that can be used to overcome the stress of vaccination. The irony is, such a child can also sail through the childhood diseases without difficulty. The only children who need the “protection” promised by vaccination are those most at risk for vaccine damage.

Perhaps the most frightening aspect of vaccination is that one cannot really judge the damage. Infants are immunized at such a young age that a mother will never know what her child would have been like without vaccines. Moreover, the link between vaccination and a later disease is difficult to establish. J. Compton Burnett, M.D., writing a century ago about the smallpox vaccine, states: “...it often *does* take deep hold of the constitution without calling forth any local phenomena, and, not only so, but such cases may be even very serious in their *internal* developments, manifested by the supervention of various morbid symptoms after vaccination.”<sup>23</sup>

In vaccine trials, only one parameter is evaluated: ‘did the incidence of the targeted disease decline?’ But what of the effect on the overall health of the child?

The debate over immunization is heavily censored by the federal government, the AMA and the pharmaceutical industry. The financial and political stakes are, after all, enormous. The science game can be brutal; any researcher with the intellectual honesty to investigate the vaccination question properly risks ostracism and loss of funding. But three facts cannot be overlooked:

1. all vaccines are toxic
2. autism and other neurological disorders do not happen accidentally
3. if some children are severely handicapped by vaccination, all children are damaged to some degree.

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<sup>22</sup> In 2005, New York congresswoman Carolyn Maloney introduced the “Mercury-Free Vaccines Act of 2005,” which would eliminate mercury from U.S. vaccines.

<sup>23</sup> Burnett, J.C. *Vaccinosis*, New Delhi, B. Jain Publ., 2006; p. 20-21

## Childhood Immunization Schedule Reconsidered

| Vaccine                           | Age         | Does It Make Sense? <sup>24</sup>   |
|-----------------------------------|-------------|---|
| Hepatitis B                       | after birth | Hospitals now routinely give new born babies a Hep B vaccination. This practice is, quite frankly, institutionalized child abuse. Parents will never know what a normal baby is.  |
| Hemophilus Influenza Type b (Hib) | 2-15 mos    | Hib rates jumped 400 percent between 1946 and 1986. No one knows why, but the childhood immunization programs began in the 1950s.   |
| Pneumococcal                      | 2-15 mos    | Most children and adults harbor pneumococcal organisms in their noses and throats. It is not clear why some individuals will develop severe pneumococcal disease while others do not, but children with a weakened immune systems are at very high risk.  |
| Polio                             | 2-18 mos    | <i>The only way to contract polio in the U.S. today is from the vaccine</i> , according to the Center for Disease Control (1992). During the period 1980-89, only five Americans caught polio "naturally" while traveling abroad, of whom three were fully vaccinated against polio.  |
| MMR                               | 2-18 mos    | Measles, mumps and rubella (German measles) are benign and less dangerous than their vaccinations.  |
| DPT                               | 2-18 mos    | The last few cases of diphtheria in the U.S. occurred before 1982. Statistics show diphtheria was declining sharply before the introduction of mass vaccination.<br><br>Pertussis (whooping cough), once widely feared, is no longer dangerous in the West. In Sweden, where pertussis immunization was stopped in 1979, there has not been one death from pertussis in the past 34 years. The pertussis vaccine is the most hazardous of all vaccines because it uses whole cell pertussis antigen.<br><br>Tetanus is a disease of older adults, primarily farmers. There are about 100 cases a year in the U.S., so your child has less than a one in ten million chance of getting it. There are ways to prevent tetanus (see my paper, <i>Homeopathic First Aid</i> , available on website). See also the overview of the tetanus vaccine by Kris Gaublomme, MD, on my website. |
| Varicella                         | 12-18 mos   | Varicella (chickenpox) is a benign childhood disease.   |

Dr. Diderik Finne is a Certified Classical Homeopath and a Doctor of Acupuncture. He has been in private practice in New York City since 1997 and consults with patients from all over North America. This paper on vaccination is the product of more than fifteen years of research. It is intended to help parents make an informed choice regarding immunization and should not be construed as medical or legal advice. It is available on Dr. Finne's website (google "Diderik Finne")."



<sup>24</sup> For a more complete discussion of the pros and cons of each vaccine, see "A Second Opinion about Immunization" by Robert Mendelsohn, MD and *The Immunization Decision*, by Randall Neustaedter.