

Homeoprophylaxis: Better Than Vaccination?



by Diderik Finne, MS, LAc, CCH

Introduction: A Medical Mystery

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

After five days Heidi regained consciousness. She felt nothing except a burning thirst. As her body began to revive she became aware of a painful stiffness in her back and legs, which she could not move.

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

The spot on Heidi's right arm where she was vaccinated began to ooze pus—enough to fill a small glass. This oozing would continue for the next four years.

Heidi could not learn or concentrate, and she fell behind in school. Heidi's doctor assured the family that the oozing of pus was a sign of detoxification, and that eventually Heidi would recover. He was right. After four years Heidi regained her ability to concentrate and learn, and her headaches and backache ceased.

Some traces of her illness would remain for the rest of her life, however. Whenever a thunderstorm approached, or snow was in the air, Heidi was prone to sudden fits of leaden tiredness. When she had a fever, she also suffered a severe headache.

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

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

In the hospital where Erika interned, she met older patients with symptoms similar to her own. She also noticed the scars of old smallpox vaccinations on their arms.

Erika could find no explanation for her symptomology in the medical literature or in talks with her professors. Finally, however, she discovered the key: the work of an English physician, James Compton Burnett, MD (1840-1901). Burnett described cases of chronic illness, or *vaccinosis*, caused by smallpox immunization, which he cured with a type of noninvasive treatment called *homeopathy*.¹

¹ Burnett, J.C. *Vaccinosis*. London: The Homeopathic Publishing Co, 1884.

Homeopathy was developed by the German physician, Samuel Hahnemann (1755-1843). Ironically, homeopathy was the original *immunotherapy*, the theoretical model on which vaccination is based. Homeopathy uses only nontoxic medicines, however, which stimulate the immune system without leaving a poisonous residue.²



Hahnemann

As Erika pondered the astonishing idea that her health problems might stem from her mother's smallpox vaccination so many years ago, she reasoned that the only way to find out was to treat herself homeopathically for smallpox vaccinosis.

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

The result was magical. She never suffered another attack of leaden tiredness. She became much less susceptible to infections. Encouraged by her success, she began to treat patients in her clinic suffering from hypersensitivity, sudden tiredness, faintness, migraines, lower back pain and knee pain with the same homeopathic medicine. Their symptoms vanished.³

This paper will show that homeopathic medicines can both detoxify the body of vaccines as well as replace vaccines entirely. The following topics will be examined:

1. Are vaccines harmless?
2. Do vaccines really work?
3. Homeoprophylaxis as an alternative to vaccines
4. How homeopathic medicines are made

Are Vaccines Harmless?

The dogma

The medical literature abounds with references to the "impressive safety record" of vaccination.⁴ Most people accept this claim on faith, particularly within the medical profession.

Florida resident Ben Zeller is one parent whom experience has taught otherwise. His 11 month old son, little Ben, was perfectly normal until he received an MMR shot in November, 2004. Within days the child suffered a febrile seizure that caused permanent brain damage. In August, 2008, the Federal Vaccine Court agreed that the seizure was caused by the shot.⁵



Right eye turned outward

"We have thousands of cases, and we can show all vaccines are causing the exact same problem," states Andrew Moulden, MD, a Canadian pediatrician who has gathered over 5,000 photos of children's faces before and after

² For a description of how homeopathic medicines are made, see the addendum to this paper.

³ Scheiwiller-Muralt. *Variolinum, Vaccinum and Malandrinum. Homeopathic Links: 2002:4/02*, p. 234.

⁴ Ada, Gordon. *Vaccines and Vaccination. New England Journal of Medicine 2001; 345:1042-1051.*

⁵ NBC Newscast, WPTV.com (http://www.youtube.com/watch?v=g5Yp_uVnbEQ)

receiving vaccinations (as of 2009). The “after” photos show the children’s eyes turning inward or outward and the corners of their mouths drooping, evidence of brain damage.

According to Moulden, pediatricians would have noticed the neurotoxic effect of vaccinations a long time ago if only resources were available for neurological evaluation of children before and after vaccination. But HMOs and other health insurers will not reimburse for this “unnecessary” exam. Pediatricians are thus obliged to adopt a “turnstile” approach to treatment.⁶

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

What is the truth? Is it conceivable that a parent would make up a story of vaccine damage and slog through years of litigation just for a cash award? It is more likely that the vaccine injury cases that make it through Claims Court represent just the tip of the iceberg.

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

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

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

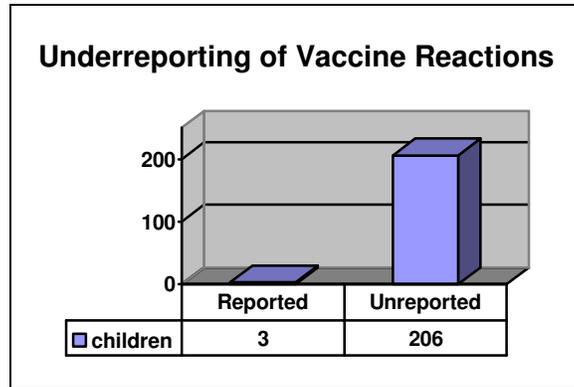
In Martin’s case, the denial that his injury was caused by vaccination cannot be attributed to mere lack of medical attention. There is a deeper, more systemic reason—blind adherence to medical dogma motivated by purely political concerns. Martin was one of 206 children included in a 1999 Dutch study on vaccine damage. Most of the children in this study were cured by a homeopathic antidote to their vaccine—thus offering the highest level of proof that their injury was caused by the same vaccine. Yet only three of these cases—1.4% of the total—were recognized as vaccine injury by the pediatrician in charge.⁸ In other words, **the true incidence of vaccine injury is 50 to 70 times higher than official statistics indicate.** This

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

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

⁸ Smits T, *ibid*, p. 115

disparity is shown graphically below.



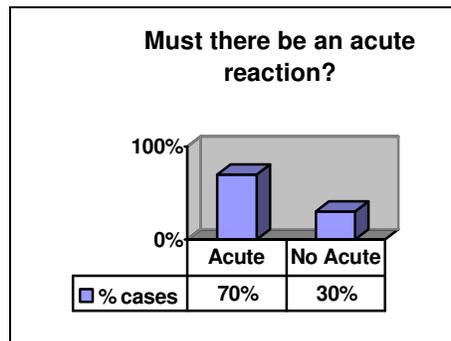
Testing vaccines for safety

Aren't vaccines tested for safety before they're recognized by the FDA? In theory—yes. In practice, however, these tests are often manipulated. Consider the 1978 safety review of the pertussis vaccine, for example, commissioned by the FDA and conducted at UCLA. Harris Coulter, author of two books on vaccine safety, relates:

"...the study was undertaken, at least in part, to prove that the FDA and the CDC had been right all along: adverse reactions are rare and nothing to worry about. But this goal was not achieved: the UCLA-FDA study found a higher incidence of reactions to the DPT shot that any previously reported in the literature. After it had been running for only nine months, the authors told participants in the 1978 FDA Pertussis Symposium, 'The most striking finding in this preliminary analysis is the relatively high frequency of persistent crying, convulsion-like episodes, and collapse following DPT immunization.'"⁹

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

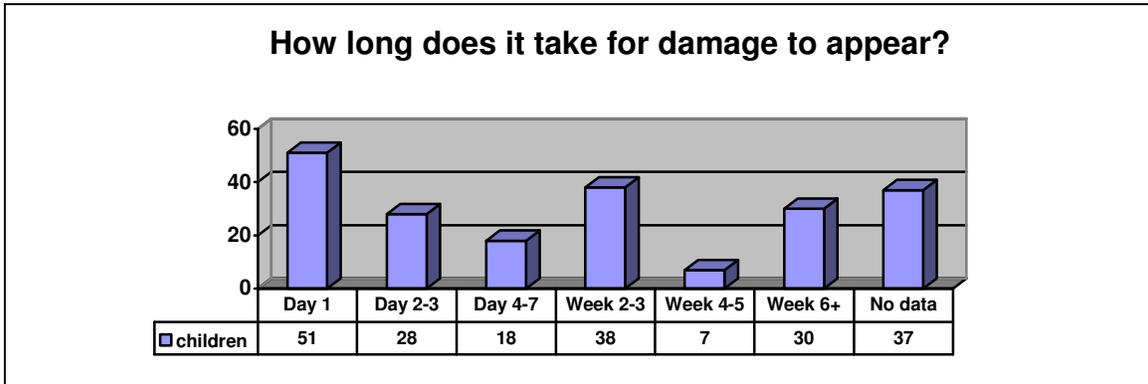
Second, only acute reactions to the vaccine were recorded. According to the Dutch study, however, there is no acute reaction in 30% of vaccine injury cases.



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

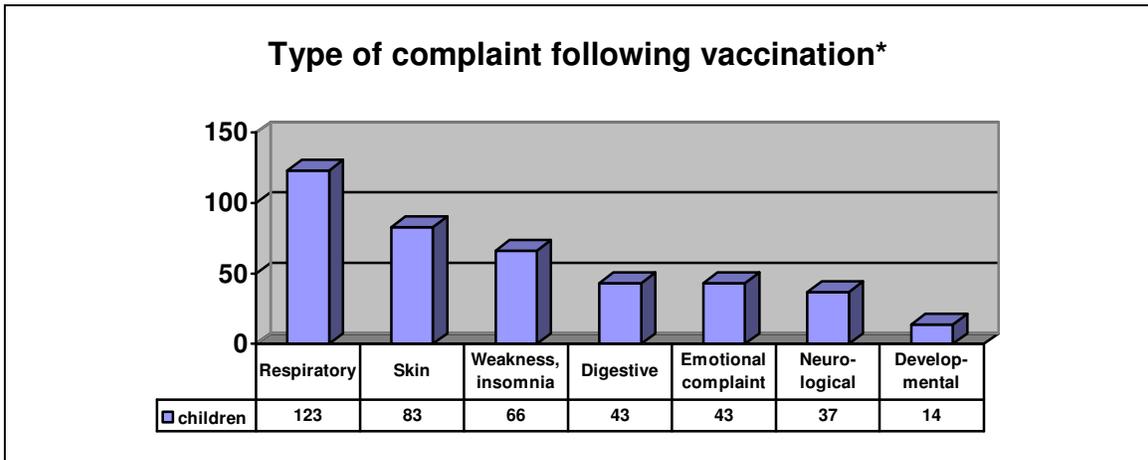
¹⁰ Coulter, *ibid*:145-146

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



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

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



*Some children had more than one type of complaint

Sixth, there was no control group of children receiving placebo. The study group was compared to the US infant population as a whole, which is 80-90% immunized—a bit like comparing an orange to itself! The children in the study group were screened, moreover; most of them were 11 months or older, and all of them had no past history of vaccine reaction. In real life most children get the pertussis vaccine at 3-6 months, and no one is excluded because of a past vaccine reaction.

Seventh, children in the study group received only the pertussis vaccine. In reality, children almost always get the combination DPT shot (diphtheria, pertussis, tetanus).

Vaccination and autism spectrum disorders (ASD)

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

Prior to 1980, it was rare to find a student with autism in a public school.

Today one in 150 American children is diagnosed with ASD. This is a huge number! If the functional autistics were included, children who can get by without special classes or therapy, the number would be much, much larger.

No one in the medical establishment can explain the dramatic increase in the incidence of autism. No plausible theory has been advanced.

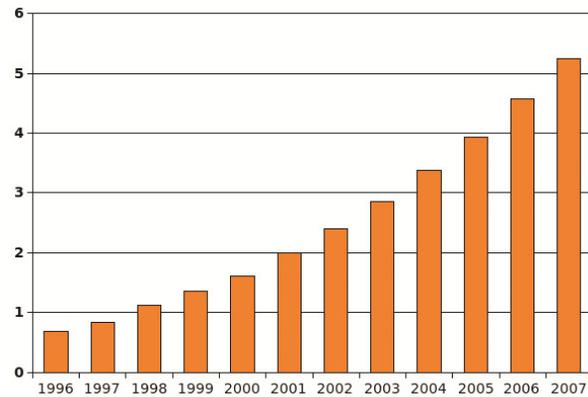
When an infection occurs, there is inflammation at the point of entry into the body, generally the sinuses, throat, or ears. The situation is analogous to the invasion of a country by a foreign army. The "hot spots" will be the border towns where the enemy is first encountered and engaged by the host country's defenses.

The human body is designed to keep germs of the blood stream. If a germ succeeds in penetrating the body's external defenses and entering the blood, it is a very serious matter—malaria, Lyme disease and Hepatitis C are common examples. All of these diseases gain access to the blood by means of a hypodermic—mosquitoes and ticks are "insect hypodermics." The immune system has to fight against these viruses in the center of the body, endangering the internal organs and the nervous system.

Supposedly vaccines are harmless because they contain weakened or dead germs. Imagine for a moment what you would do if an intruder got into your own home. Even if the intruder were weak or dead, how would you get rid of him?

The live virus vaccines such as measles, mumps, rubella, and chickenpox are of course the most dangerous. The virus lives in vaccinated children for years and can be transmitted through coughing or kissing. Biomedical researcher Allen D. Allen of Algorithms. Inc. of Northridge, California, blames Chronic Fatigue Syndrome on the mumps and rubella vaccines introduced in the late 1970's. Allen says, "I can say all this attention to the (Epstein-Barr) syndrome. the public awareness. started in the early 1980's. right after these vaccines came out. Young adults. the ones most likely to be in contact with young children, are the primary targets. It's too much of a coincidence to ignore."¹¹

But even non live virus vaccines contain many toxins. For example, the list of ingredients for the newly approved vaccine, Pediarix, (diphtheria, tetanus, pertussis, hepatitis B and polio, manufactured by GlaxoSmithKline), includes:



US students diagnosed with autism per 1,000

¹¹ San Diego Tribune (September 30, 1987)

- Aluminum hydroxide, which is added to provoke a stronger immune reaction. Aluminum is toxic even in small amounts, only slightly less dangerous than lead or mercury.
- Formaldehyde, used to weaken the virus. Remember formaldehyde from your school biology lab? That was the liquid in which dead frogs and other animal specimens were floating. Formaldehyde causes cancer in laboratory animals and may cause cancer in humans. There is no known safe level of exposure. The World Health Organization recommends that exposure not exceed .05 ppm.
- Glutaraldehyde, to sterilize the vaccine. This chemical causes severe eye, nose, throat and lung irritation, along with headaches, drowsiness and dizziness; also, birth defects in experimental animals. There is no Occupational Safety and Health Administration (OSHA) permissible exposure limit. The National Institute for Occupational Safety and Health (NIOSH) recommends that exposure to glutaraldehyde be under 0.2 ppm.
- 2-Phenoxyethanol, a glycol ether used as a preservative. Glycol ethers are used to make antifreeze for your car. The vaccine contains 2.5 mg of this compound.
- Thimerosal, a preservative that contains 50% mercury. The medical industry has consistently denied that mercury in vaccines is harmful—but has quietly begun replacing Thimerosal with other preservatives.

According to the American Academy of Pediatrics, "Parents should be reassured that quantities of mercury, aluminum and formaldehyde contained in vaccines are likely to be harmless, on the basis of exposure studies in humans or experimental studies in animals." Human exposure studies? Really? Can studies on adults exposed once to a single toxin be applied to babies injected with 36 vaccines over a two year period?

In effect, the entire vaccination program is a human exposure study being conducted on the world's children without the knowledge or permission of parents. Unfortunately, no one is even paying attention to the results. In Japan, for example, the first case of autism was reported in 1945, just a few months after children were vaccinated against pertussis by the US Occupation. In China, autism was unknown before vaccines were allowed into the country in 1990; there are now 1.8 million autistic Chinese children.

Over the last three decades, the number of doses of vaccines given to children has more than tripled. In addition, children are being vaccinated at a younger age than ever before. In different degrees, children have the ability to bounce back from vaccination. But few today can tolerate the recommended vaccine schedule.

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

What's a parent to do?

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

1. Insist on giving your child only one vaccine at a time. The safety of combining vaccines in one shot had never been tested, even by the indulgent standards of the FDA. Imagine having to deal with five intruders inside your home at once!
2. Consider the justification for each vaccine you want to give your child. Vaccination has a cumulative effect: each vaccine adds to the toxic load. The traditional childhood diseases—measles, mumps, German measles, chickenpox—are mild and rarely lead to complications. The children most at risk for complications, ironically, are also those most at risk for severe vaccine reactions.
3. Wait until your child is two years or older to vaccinate. In the FDA - UCLA safety review of the pertussis vaccine, the two children who died were among the youngest in the study group—two months old. In Japan, when recommended age for DPT vaccination age was raised from three months to two years, the number of annual vaccine-related deaths dropped from 37 to 3.
4. Do not vaccinate a sick child. This simple precaution was followed by the FDA - UCLA study but is rarely observed by busy pediatricians.
5. Do not vaccinate a child who responded badly to a previous vaccination. This child has already reached the limit of what he or she can tolerate.
6. Insist on a mercury-free vaccine. Ask your pediatrician in advance for the insert provided by the manufacturer. If the list of ingredients includes *thimerosal*, the vaccine contains mercury.

Do Vaccines Really Work?

Most people never question the premise that vaccines prevent disease. We have been told so since childhood; "everybody knows" that vaccines are one of the greatest accomplishments of modern medicine.

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

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

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

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

"In his own country he [*Calmette*] was immediately hailed as a new Pasteur or, at any rate, a second Villemin—and this time there would be no snatching away of French glory by foreigners. He was well fitted for the role; a native of Nice and a former naval officer, he was intensely patriotic, bearded, excitable, charming, single-minded and hard-working. He was also meticulous where he felt that meticulous work was needed; but, like Pasteur, he was contemptuous of what he considered to be obstructive pedantries. Almost all forms of statistical analysis when applied to medicine qualified under this heading. Nor did he have any patience with abstract medical concepts, an obsessive preoccupation of Protestant minds: his professional conscience and Catholic faith were adequate guides to what was right and wrong. None of this was calculated to make him universally popular.

Even before his public announcement one of his clinical colleagues, B. Weill-Hallé, implored him to be allowed to administer the **oral** vaccine [*emphasis added*] to a newborn boy whose mother had died from overwhelming tuberculosis a few days before delivery. The baby was now in the care of a grandmother, also openly tuberculous. (An elder brother and a sister were also affected and at least one sibling had already died of consumption.) No precautions had been taken during the birth, and nobody doubted that the infant would perish within a few weeks. The vaccine was administered and after six months the boy (still in the grandmother's care) was thriving. Largely—according to some entirely—based on this gratifying but as scientific proof astonishingly slender evidence, a major immunisation programme was launched, and by 1928 over 116,000 infants born in France had been given the vaccine.¹²

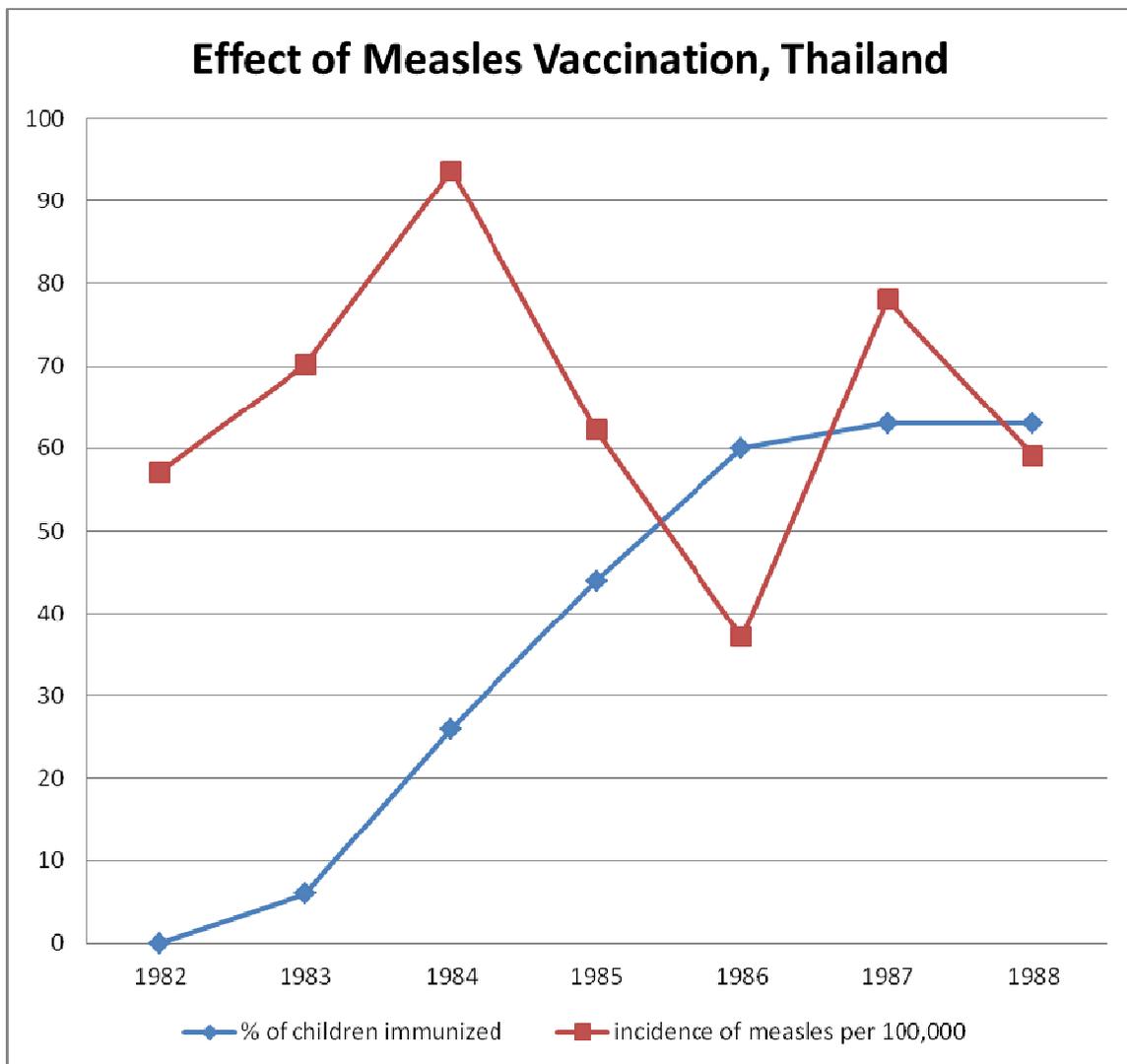
The BCG vaccine has since been administered to hundreds of millions of children. In many European countries it is still mandated. Yet there is no convincing evidence that it works. Even the U.S. Centers for Disease Control (CDC) says, "BCG is not generally recommended for use in the United States" because of "the variable effectiveness of the vaccine against adult pulmonary TB" and also "the low risk of infection" in children¹³—the latter a disingenuous argument, since children have an equally low risk of getting Diphtheria or Polio, against both of which they are vaccinated.

Let's take a look at the measles vaccine, which is has the CDC seal of approval. In the absence of placebo controlled, double blind clinical trials, the only way to show that the measles vaccine works is to give it to a population of children and see what happens.

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

¹³ Centers for Disease Control Fact Sheet, <http://www.cdc.gov/tb/publications/factsheets/prevention/BCG.htm>

As part of a UNICEF project to aid the children of Thailand, a measles immunization program was initiated in January, 1982. The graph below is based on data from the UNICEF *Fourth Progress Report CUC/CIDA Development of Basic Services for Children in Thailand*.



The blue line beginning at the bottom of the graph shows the gradual increase in the percentage of Thai children vaccinated. By 1987, 63% of the children were vaccinated. The red line beginning at 57 shows the incidence of measles per 100,000 Thai children. In the first three years of the immunization program, the incidence of measles increased from 57 to 94. Then, as expected, the incidence began to drop, to a low of 37 in 1986. But how can we explain the subsequent rise in incidence back to 59 in 1988? With millions of Thai children vaccinated, the incidence of measles was slightly higher than when no one was vaccinated!

UNICEF finds an interesting way to explain this fact: it is simply ignored. The UNICEF report reads: "[...] the immunization coverage for measles has increased from 6 percent in 1984 to 63 percent in 1988, leading to a reduction in measles prevalence from 93.7/100,000 in 1984 to 37.1/100,000 in 1986."

Although UNICEF does not invoke it, there is a standard explanation. According to

the CDC, the vaccination rate must exceed 95% for the incidence of measles to diminish. The premise behind this statement is a concept called “herd immunity,” a clever piece of circular logic. Vaccinated children do contract measles, the CDC concedes, but if everyone is vaccinated, the odds of a measles outbreak are lower. In essence, a new category of immunity has been created—“semi-immunity,” it might be called.

Immunity is defined by Webster’s as “a condition of being able to resist a particular disease.” There is no mention of having a slightly better chance of resisting. When a child has natural immunity to measles—after having the disease—he or she will not get measles no matter how many other children have it.

The semi-immunity conferred by the measles vaccine is actually just another term for **immune suppression**. Yes, the vaccine triggers the production of antibodies. No, antibodies do not equal immunity. Sir MacFarlane Burnett, author of a classic textbook on immunology, cites the example of children with agammaglobulinaemia, a disease that prevents the formation of antibodies, who nevertheless acquire immunity to measles after they have had it.¹⁴ Immunity is based on a complex of factors, not just antibodies.

How does immune suppression work? Disease symptoms such as fever, inflammation, pain, swelling and congestion are the result of the immune system battling against a virus or bacteria in the body. The immune system is programmed to attack any foreign protein. Immune suppression inhibits this response, so even if germs are present in the body they are not attacked. In the same way, recipients of organ transplants take immunosuppressant drugs to prevent rejection of the organ.

The supposed efficacy of vaccination, then, is based on this temporary immunosuppressant effect. If a child recovers from the suppression, he or she will again be able to mount an immune response to the natural disease. Hence, a child requires booster shots for life. Today, booster shots for prevalent diseases such as measles are required even for college students. In the 1980s there were massive epidemics of measles at American colleges.

Needless to say, immune suppression is a grossly inefficient and dangerous way to prevent disease. The CDC estimates that 58 percent of U.S. children who get measles have been fully vaccinated.¹⁵ Dr. Atkinson of the CDC states: “Measles transmission has been clearly documented among vaccinated persons. In some large outbreaks [...] over 95 percent of cases have a history of vaccination.”¹⁶

What are the signs and symptoms of immune suppression? It is like being chronically ill—a condition I see frequently in children today. Often these illnesses are given diagnoses such as Chronic Fatigue, Lyme disease, allergies, etc. Here is one mother’s observation of her 21 month old son after an MMR vaccination:

I saw that my son didn’t feel well. His eyes were so faint. Usually, he has a very lively look, and now it was gone at once.[...] I had the impression he would get a false croup. It seemed to go in that direction, a kind of allergic affection in his tracheal tubes. But it went away after one month. [...] It started one week

¹⁴ Burnett, M., *Auto Immunity and Auto Immune Disease*. Lancaster: Medical and Technical Publishing; 1972: Chapter 3

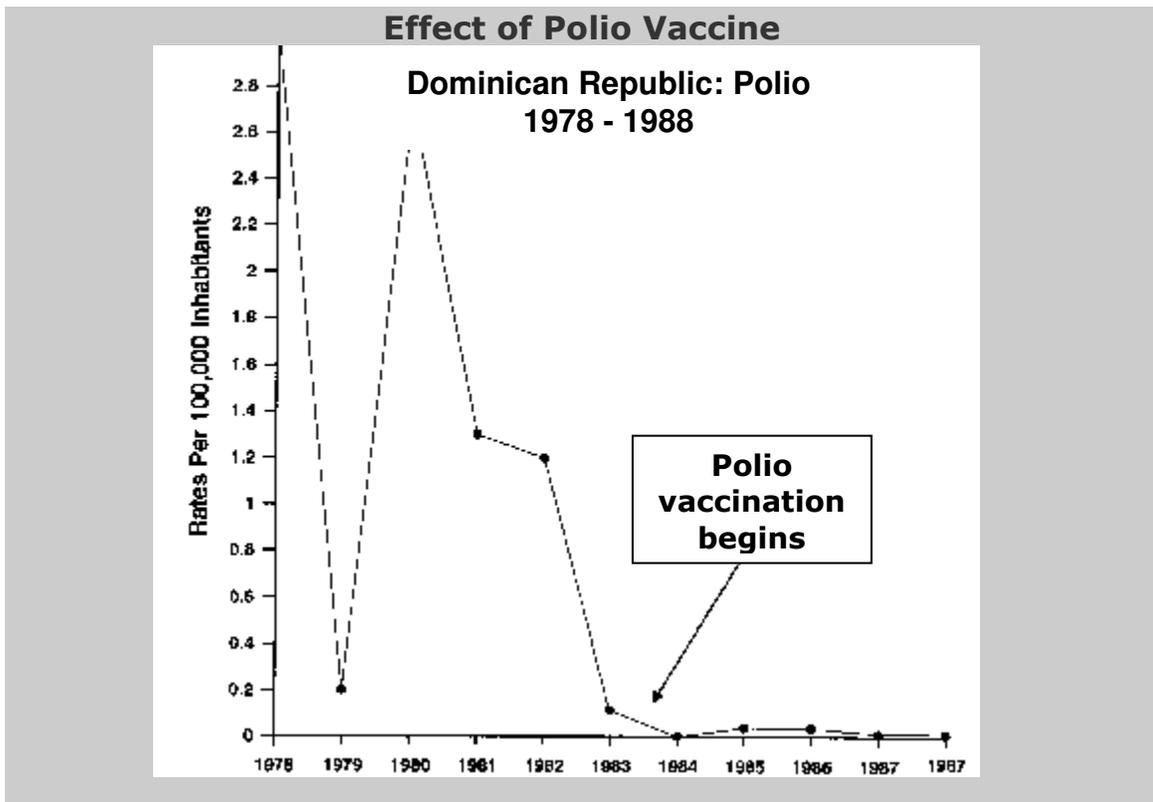
¹⁵ Frank J, Jr., et al. May 6-9, 1985. *Measles Elimination—Final Impediments*. 20th Immunization Conference Proceedings

¹⁶ Bedayn, G, “An Interview with Dr. Richard Pitcairn,” *The American Homeopath*, vol. 2, 1995, p.31

after the injection. In fact, he didn't feel well very soon after the vaccination. Sometimes it was better, but sometimes he was really miserable. [...] I didn't recognize my child anymore. [...] From my perspective, he had the measles in a prolonged form, without eruptions. [...] When you have the measles you are ill for about two or three days, as my parents told me. But he was really restless for one month. [...] I thought he was slower in his movements. In that period he didn't learn anything. Normally, he learns very quickly. When I do something he can do it himself very quickly, but I found that he didn't develop at all during that month.¹⁷

Let's take a look at a few more epidemiological studies.

Polio: the graph below shows the effect of the UNICEF polio immunization program in the Dominican Republic. The data is taken from the UNICEF Evaluation Publication No. 6 (Santo Domingo, Dominican Republic, May 27, 1988); data for 1987-88 is from direct communication from the Pan American Health Organization, EPI Unit, to Dr. Raymond Obomsawin.



The graph shows a dramatic decline in the incidence of polio *before immunization began in mid-1983*. After the start of vaccination, the incidence of polio declined to zero, then rose slightly in 1985 and 1986 before dropping back to zero.

How did the incidence of polio in the Dominican Republic drop so dramatically without any vaccine at all? How did the incidence of polio in Europe decline in the

¹⁷ Gaublomme, K. "Eczema, child, 21 months old," in *Small Remedies Seminar*, VZW Centrum voor Homeopathie, Belgium, 1991; 243-244

1940s and 50s without mass immunization?¹⁸ Does the vaccine really deserve the credit?

Medical historian Thomas Dormandy explains:

"[...] diseases change. Illnesses bearing familiar names and with causes seemingly well established behaved differently in the past from the way they behave today. Before the nineteenth century gout was more common and more severe than rheumatoid arthritis. Today the position is reversed. Within living memory scarlet fever and rheumatic fever were serial killers. They are no longer. Asthma has become more severe. Fifty years ago acute appendicitis was by far the commonest life-threatening surgical emergency. Today it is rare or unrecognizably benign.

"The causes for these transformations are usually obscure. Doctors tend to attribute improvements to scientific advances or to their own ever-increasing wisdom. They rarely claim responsibility for the dire effects of medical misconceptions."¹⁹

The credit for the decline in all the major 19th century infectious diseases, including polio, belongs in fact to the improving standard of living in the industrialized nations—better sanitation, nutrition, water systems, housing, and so forth.²⁰ This same decline occurs in third world countries as living conditions improve there. If living conditions worsen for whatever reason, mortality from infectious diseases increases again. In Germany during the poverty stricken 1930s, for example, mortality from diphtheria rose despite mass vaccination.²¹

The polio vaccines actually caused a marked increase in polio cases throughout the US in the mid 1950's. So obvious was this fact that on July 1st, 1955, the Health Director for the State of Idaho halted the polio vaccine program. Even more boldly, the Health Director held the Salk vaccine and its manufacturers responsible. The medical industry covered up the increase in polio cases by reclassifying them as cases of "aseptic meningitis."

Bernard Greenberg, former Dean of the School of Public Health at the University of North Carolina and chair of the Committee on Evaluation and Standards for the American Public Health Association, testified before Congress in 1962 that the supposed decline in polio cases in the US from 1950 to 1957 was due to *diagnostic modifications* and *statistical manipulation*. After the introduction of a much more intensive and compulsory immunization program in 1957, Greenberg testified, there was a substantial *increase* in polio cases (50 percent in 1957-1958 and 80 percent in 1958-1959). Yet the US Public Health service made statements and presented statistics giving the opposite impression.²²

¹⁸ James, W. *Immunization*. Westport, CT: Greenwood Publishing; 1995: 28

¹⁹ Dormandy, T. *op.cit.*:1

²⁰ Presidential Address to the British Association for the Advancement of Science, 1971

²¹ Shepherd D. *More Magic of the Minimum Dose*. Saffron Walden: C.W.Daniel Co. Ltd.; 1992: p. 154

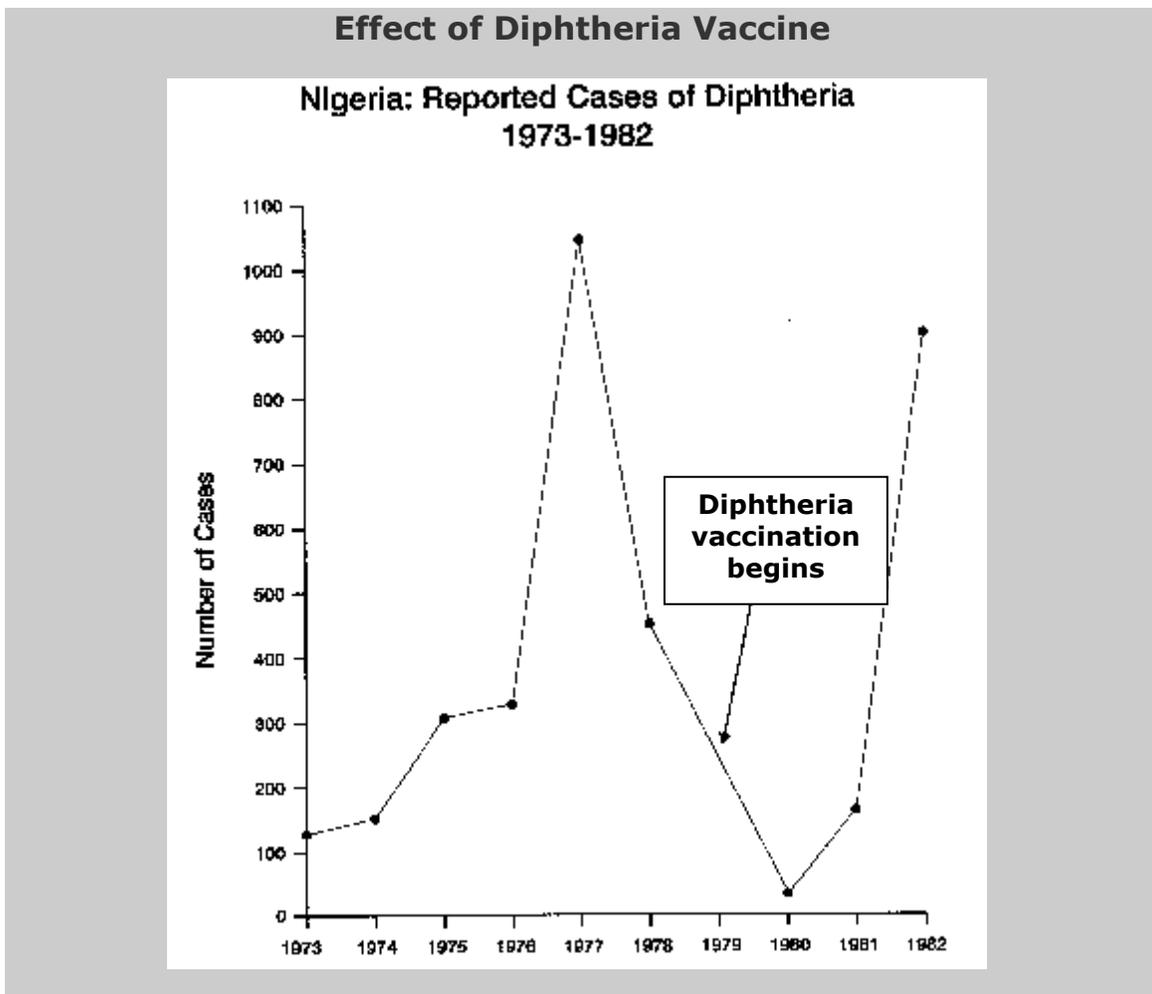
²² Hearings Before the Committee on Interstate and Foreign Commerce, House of Representatives, 87th Congress, Second Session on *HR 10541*, May, 1962, 94-112

The Salk polio vaccine was one of the few vaccines ever tested in a double blind, placebo controlled trial. (In the 1950s there was less concern over the "ethics" of not vaccinating a control group.) In this trial, over 200 people in the vaccinated group contracted polio, while no one in the unvaccinated group got the disease.²³

By 1958 the original Salk vaccine was replaced by the Oral Polio Vaccine, which contains live attenuated strains of the three serotypes of poliovirus. In a 1961 polio outbreak in Massachusetts, there were more cases of paralysis among those who received the oral vaccine than those who did not.²⁴

In 1994, the World Health Organization declared the Western Hemisphere free of polio. The only cases that have appeared since then have been vaccine induced.

Diphtheria: the graph below shows the effect of the diphtheria immunization program in Nigeria.²⁵ The incidence of diphtheria declined 73.5% in the two years before mass vaccination began. The rate continued to decline for half a year, then rose abruptly.



²³ Mendelsohn, R., "The Medical Time Bomb of Immunization Against Disease," p.52

²⁴ Hearings Before the Committee on Interstate and Foreign Commerce, p. 113

²⁵ Taylor R. "Medicine Out of Control," Sun Books, Melbourne, 1979, Figure 1.3, p. 12; and "World Health Annual Statistical Reports (causes of death) 1962-1975."

In North America, diphtheria has virtually disappeared; the last reported case occurred in 1997.²⁶ The last outbreak was in Chicago in 1969. The city board of health reported that four of the sixteen victims were fully vaccinated against diphtheria, and five others victims had received one or more doses of the vaccine. Two of the latter showed evidence of full immunity; in other words, they had all the antibodies necessary.²⁷

Pertussis (whooping cough):

In recent years the incidence of pertussis in American children has been rising despite the fact that they are fully immunized. An article in The New York Times on March 5, 2012, announced: **Vaccination Is Steady, but Pertussis Is Surging.**²⁸

Highly contagious, spread by coughs and sneezes, *pertussis is now epidemic in California*, with 2,774 confirmed cases in 2010 — a sevenfold increase from last year, putting the state on track for the worst outbreak in 50 years. Seven infants have died.

This month, the Pennsylvania Department of Health *issued an alert* to physicians, and a top health official noted an unusually high rate of pertussis among 8- to-12-year-olds in the Philadelphia suburbs — including, incidentally, the county where I live. Outbreaks have also been reported in upstate New York, South Carolina and Michigan.

No one knows exactly why this is happening. In the 1920s and '30s, pertussis was a feared childhood killer, with an annual toll as high as 250,000 cases and 9,000 deaths, according to the Centers for Disease Control and Prevention. In the 1940s, health authorities introduced a combined vaccine against diphtheria, pertussis and tetanus (often called D.P.T. or DTaP), and by 1976 pertussis was virtually eliminated, with just 1,010 reported cases.

But since the 1980s, *it has been rising*, albeit in cycles, despite the introduction of new vaccines with far fewer side effects and a C.D.C. recommendation for adolescents and adults to get a booster.

In 2008, there were 13,000 cases, and health authorities said the actual figure might be far higher—*800,000 to 3.3 million a year*—because reported cases reflect only those confirmed by testing, and many adult and adolescent cases go undiagnosed.

There are several explanations for the rise in pertussis, but the most likely is waning immunity after vaccination. "Immunity wears off, especially for adults who are decades past their most recent vaccination," said Dr. Tom Clark, an epidemiologist with the C.D.C.

The rise in pertussis doesn't seem to be related to parents' refusing to have their children vaccinated for fear of potential side effects. In California, pertussis rates are about the same in counties with high childhood vaccination rates and low ones. And the C.D.C. reports that pertussis immunization rates have been stable or increasing since 1992.

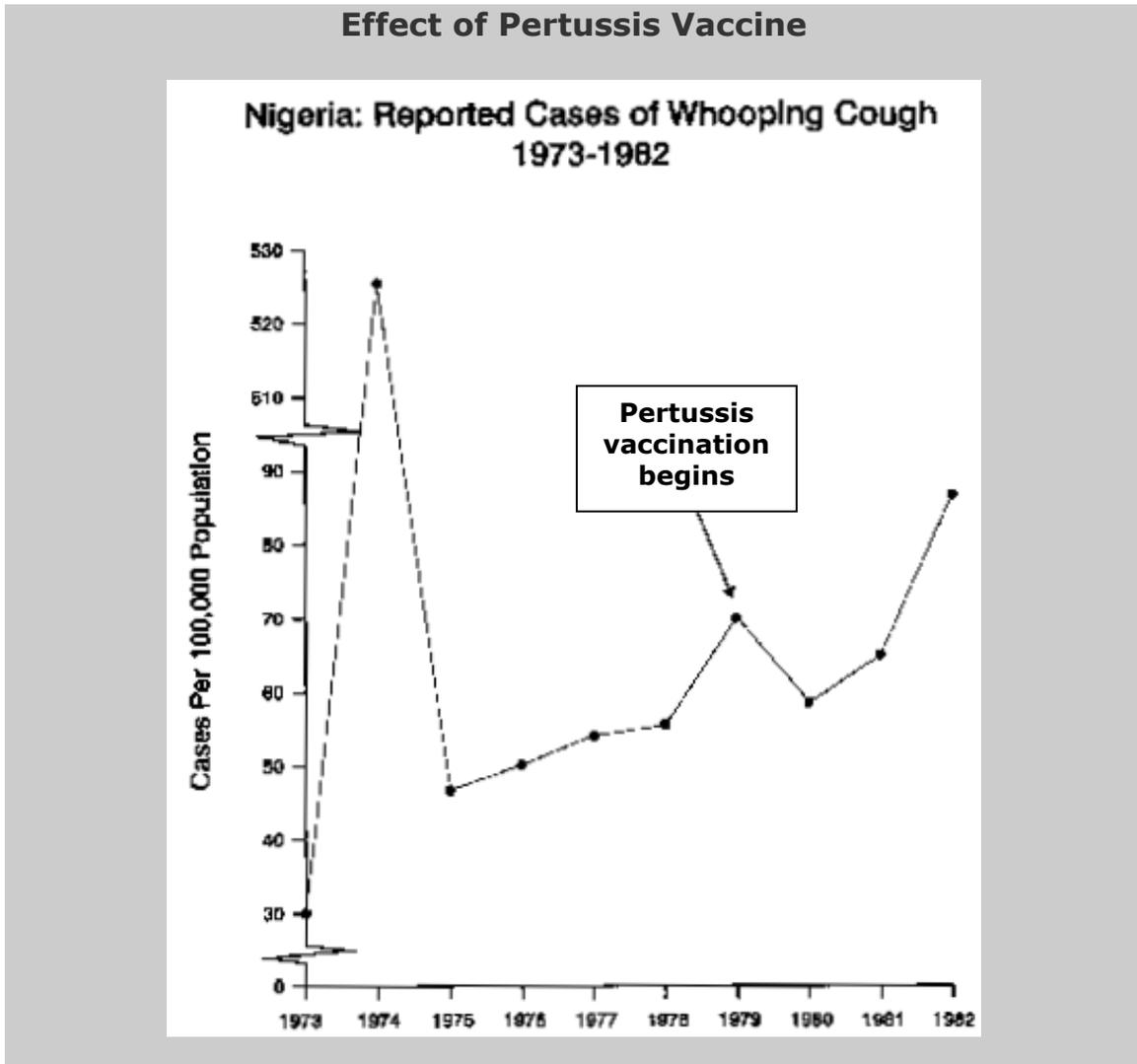
²⁶ Morbidity and Mortality Weekly Report

²⁷ Mendelsohn, R. "The Medical Time Bomb Of Immunization Against Disease," *East West Journal*, November 1984

²⁸ <http://well.blogs.nytimes.com/2010/08/16/vaccination-is-steady-but-pertussis-is-surging/>; accessed March 5, 2012

Despite the fact that the pertussis vaccine is not working, the medical industry is calling for more vaccination.

The graph below documents the effect of the pertussis vaccination program in Nigeria. The incidence of pertussis declined significantly before the program began, and the trend continued for the first year. In the next two years, the number of cases increased by 34%.²⁹

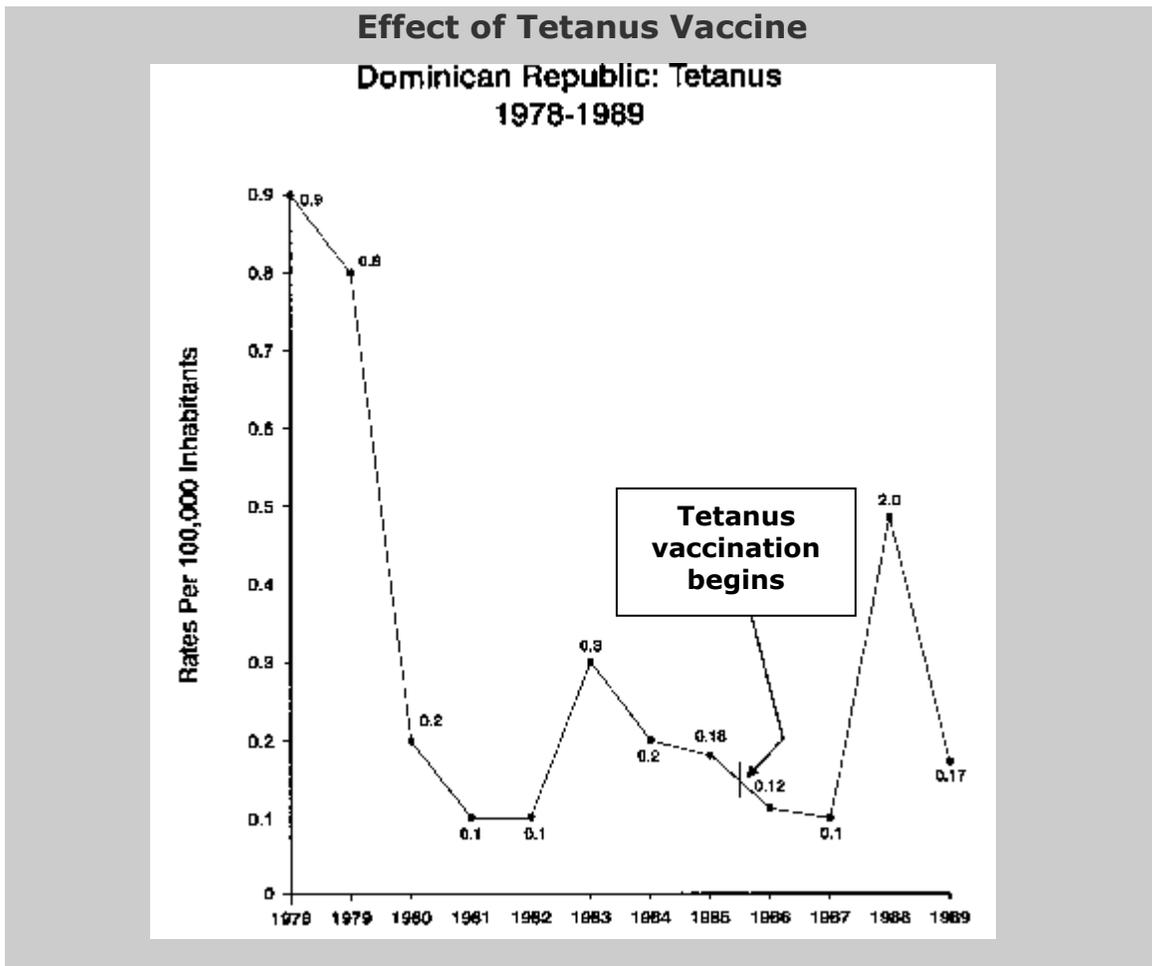


²⁹ Waltzkin, H., "...Analysis of the Health Care Systems of Advanced Capitalist Societies," in *The Relevance of Social Science for Medicine*, edited by Eisenberg, L., and Kleinman, A., 1980; source cited: Kass, 1971

Tetanus: parents often worry about this disease, imagining that every cut on a rusty nail will lead to lockjaw. In reality, the incidence of tetanus is quite low in the United States. In the two year period 1982-1984, nine people under the age of 18 contracted tetanus. None died.³⁰

In the third world, babies have a risk of tetanus from contaminated umbilical stump infections. The graph below shows the effectiveness of the tetanus vaccine in preventing such infections in the Dominican Republic.³¹

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



³⁰ Neustaedter, R. *The Immunization Decision*. Berkeley: North Atlantic Books; 1990: 32

³¹ UNICEF Evaluation Publication No. 6, Santo Domingo, Dominican Republic, May 27, 1988; and data for years 1988 and 1989, obtained in personal communication to Dr. Raymond Obomsawin from the Pan American Health Organization, EPI Unit, August 21, 1990

Mumps: a 2010 mumps epidemic in New York and New Jersey left many mothers wondering why they had vaccinated their children. Of 1500 cases reported, 75% had received two MMR shots, and 88% at least one shot.³²

Influenza: according to the medical industry, flu shots have reduced mortality from influenza by 50 percent. Dr. Lisa Jackson, physician and research scientist at the Group Health Research Center in Seattle, began to wonder some years ago if that number was too good to be true. Her doubts were not encouraged. "People told me, 'No good can come of this. Potentially a lot of bad could happen' for me professionally by raising any criticism that might dissuade people from getting vaccinated, because of course, 'We know that vaccine works.' This was the prevailing wisdom."³³

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

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

Jackson's findings showed that *outside of flu season*, the baseline risk of death among people who did not get vaccinated was approximately 60 percent higher than among those who did, lending support to the hypothesis that on average, healthy people chose to get the vaccine, while the "frail elderly" didn't or couldn't. In fact, the healthy-user effect explained the entire benefit that other researchers were attributing to flu vaccine, suggesting that the vaccine itself might not reduce mortality at all. Jackson's papers "are beautiful," says Lone Simonsen, who is a professor of global health at George Washington University, in Washington, D.C., and an internationally recognized expert in influenza and vaccine epidemiology. "They are classic studies in epidemiology, they are so carefully done."

The results were also so unexpected that many experts simply refused to believe them. Jackson's papers were turned down for publication in the top-ranked medical journals. One flu expert who reviewed her studies for the *Journal of the American Medical Association* wrote, "To accept these results would be to say that the earth is flat!" When the papers were finally published in 2006, in the less prominent *International Journal of Epidemiology*, they were largely ignored by doctors and public-health officials. "The answer I got," says Jackson, "was not the right answer."

³² "Vaccine Not Fail-Safe in Ongoing Mumps Outbreak", *Business Week* (Feb. 11, 2010). <http://www.businessweek.com/lifestyle/content/healthday/635955.html>

³³ Brownlee, S. "Does the Vaccine Matter?" *The Atlantic*, Nov. 2009. Full text available at www.theatlantic.com/doc/200911/brownlee-h1n1

Homeoprophylaxis

The medical industry delights in scare tactics to fuel demand for vaccines. A case in point was the H1N1 flu pandemic. A news release from the CDC began: "On June 11, 2009, the World Health Organization (WHO) raised the worldwide pandemic alert level to Phase 6 in response to the ongoing global spread of the novel influenza A (H1N1) virus." The message was trumpeted in newspapers and on TV news shows around the world. Declared "a threat to the whole of humanity" by the WHO's director general, the virus was mild enough to have gone all but unnoticed. People around the world were needlessly made to fear for their lives while billions of dollars were wasted on unnecessary vaccination campaigns.³⁴

But the question naturally arises, 'What if an epidemic truly threatened my health or that of my child? If vaccines are not the answer, what options do I have?'

Homeoprophylaxis has been used for over a century to prevent disease and cure it. There are two components: short-term and long-term homeoprophylaxis. The former is to prevent the immediate threat of an infection; the latter, to build a healthy immune system that can resist all kinds of disease.

Short-term homeoprophylaxis

In 1907, Charles Woodhull Eaton, MD, read a paper to the American Institute of Homeopathy on the use of *Variolinum* (the same medicine that cured Erika of the chronic effects of the smallpox vaccine) to *prevent* smallpox. Eaton was medical director of the Des Moines Life Insurance Company and a former professor of surgery at Dunham Medical College, Chicago. He said in part:

"The smallpox epidemic of five years ago (which, indeed, has not yet wholly disappeared) afforded a rare opportunity to test the idea of homeopathic prophylaxis. The homeopathic medicine used was the smallpox nosode, *Variolinum*, taken from the contents of a ripened smallpox pustule and potentized according to the homeopathic protocol.

"I asked some of my Iowa colleagues who I knew were using the homeopathic vaccine to report on their experience. I was careful to write: 'I trust that reference to your case book, ledger and other records will enable you to make your figures definite and exact. May I ask that any uncertain cases be omitted from your report, to the end that the figures may be conservative, and an understatement rather than an overstatement.'

Here are the results of the survey:

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

According to the most rigorous standards, then, the homeopathic vaccine effectively prevented smallpox in 97.44% of those who were exposed. As already noted, the total number of homeopathic vaccinations was, in fact, materially greater than the figures indicate, because of rigid conservatism in reporting. But to a still greater degree are the reported number of exposures less than those which actually occurred, for the number *known* to have been exposed must have been far less than the number actually exposed. And here

³⁴ MacPherson, L. "Next time WHO calls, just hang up on them." *The StarPhoenix*, June 4, 2011

again the scientific caution of the reporting physician is conspicuous and commendable. For example, one of them who reports only 8 known exposures, expresses the opinion that 100 were "doubtless exposed."³⁵

Over the years, similar field trials have shown the effectiveness (and safety) of homeoprophylaxis. *Eisfelder* immunized 50,000 children against polio in the United States during an epidemic in the 1950's, for example.³⁶ Only one child contracted polio, and the disease did not result in paralysis.

Castro and *Nogueira* successfully used meningococcal homeoprophylaxis during a 1974 meningitis epidemic in Brazil, followed by a second and more extensive trial by *Mroninski* in 1998.³⁷ In the latter, 65,826 people (73% of the population under 20 years of age in the state of Santa Catarina) received homeoprophylaxis. Over the next year, only 3 individuals who took the medicine got meningitis, out of a total of 16 new cases. The effectiveness of the vaccine was statistically 91%. In contrast, an earlier immunization program with conventional vaccine in the same area had an effectiveness of 68%.

In 2007, the Cuban government decided to use homeoprophylaxis in the prevention of leptospirosis, an endemic disease spread by rats. Thousands of Cubans are infected annually, and mortality has risen steadily since 1987. The disease is especially severe during August and September, when the countryside is flooded by hurricanes. Symptoms include jaundice and kidney damage.

In August of 2007, accordingly, 5 million people (the entire population of two provinces) received leptospirosis homeoprophylaxis (week 47 in the first graph). At the time these two provinces were having a bad outbreak of the disease, as seen in the rise in incidence (solid line). Two weeks later, the rate of new infections fell dramatically and remained at a low level for the remainder of the year and the next year, with no deaths.³⁸ In the rest of the country, on the other hand, the rate of new infections remained the same (dotted line). Most decisively, the rest of the country experienced a fresh outbreak of leptospirosis in the summer of 2008, while the intervened region held steady.

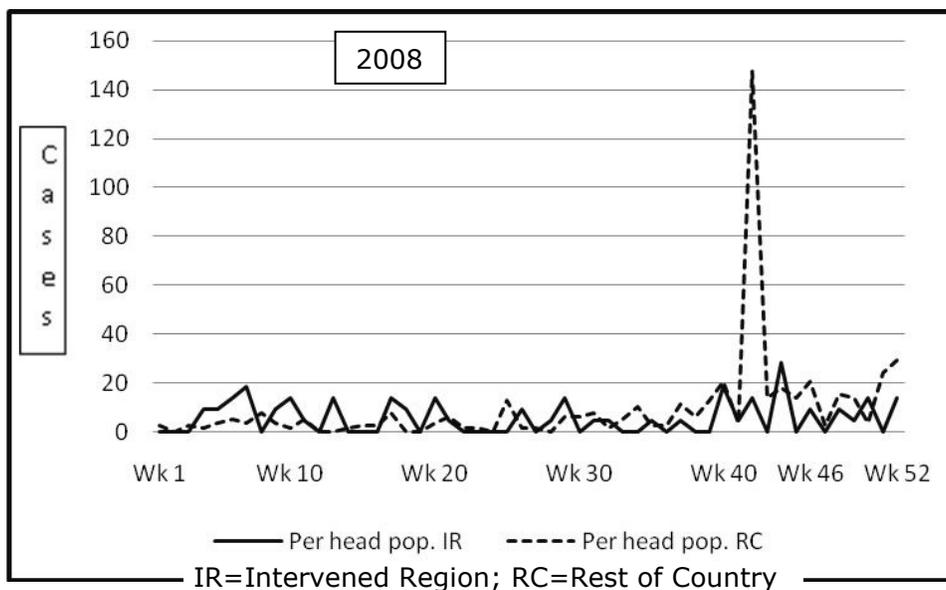
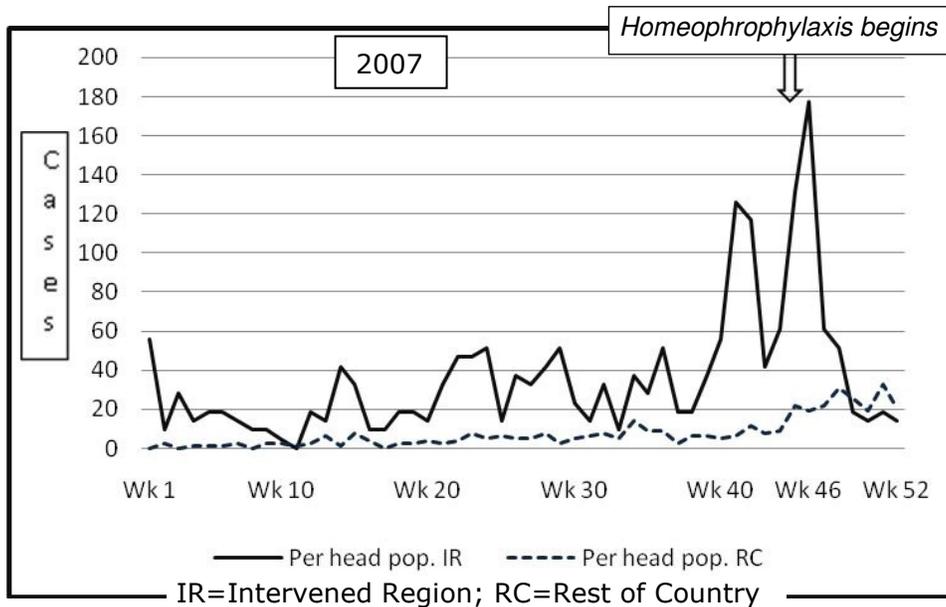
³⁵ Eaton, C. "Variolinum," reprinted in *New, old and forgotten remedies* (Anshutz editor). New Delhi: B. Jain Publishers; 1991: p. 419.

³⁶ Neustaedter R. *The Vaccine Guide: Making an Informed Choice*. Berkeley, California: North Atlantic Books; 1996: p. 70

³⁷ Mroninski C.R.L. et al. *Meningococcinum*. Homeopathic Links 2001; 14:230-234

³⁸ Campa C et al. Homeoprophylaxis: Cuban Experiences on Leptospirosis. Nosodes 2008, International Meeting on Homeoprophylaxis, Havana, Cuba.

Incidence of Leptospirosis in Cuba



As a result of this success, the Cuban government is planning to use homeoprophylaxis to protect the entire population (9.8 million) against Swine Flu. The results of this intervention will be available in 2011. It is sad that such a trial could never take place in the U.S. because of manipulation of public opinion and government by the medical industry.

In Australia, Isaac Golden, PhD, has conducted research on homeoprophylaxis as a substitute for childhood and adolescent immunization. In 2004 he published the results of a fifteen year study involving 1,159 children given homeoprophylaxis against pertussis, pneumococcus, polio, Haemophilus influenzae, meningococcus, and tetanus.³⁹ Each case was followed up in detail. The three major findings of the

³⁹ Golden I. *Homeoprophylaxis— A Fifteen Year Clinical Study*. Gisborne, Victoria: Isaac Golden

study were:

1. Homeoprophylaxis was 90% effective in preventing disease. This is a very strong figure, much higher than that of vaccination.
2. The children in the study experienced better general health and fewer chronic ailments than the population as a whole.
3. There were no cases of injury from homeoprophylaxis.

Long-term homeoprophylaxis

Our environment is full of pathogenic bacteria, viruses, fungi and other organisms. The cells in our bodies are exposed on a daily basis to radiation and chemical damage, plus a host of other factors that promote harmful DNA mutations and malignant tumors. Yet remarkably, most people remain healthy most of the time.

Medical textbooks focus on humoral immunity—the production of antibodies to specific antigens—and pay much less attention to non-specific immunity. Yet it is the latter that keeps us healthy and enables us to recover quickly and completely when we become ill. What can be done to enhance non-specific immunity?

Immune system development is a life-long process, but the first two years of life are a critical period. Breast feeding and a healthy environment obviously play an important role, but Chinese medicine also underlines the infant's need to expel toxins acquired in the womb. These toxins are eliminated naturally by way of the skin eruptions associated with the traditional childhood diseases: measles, mumps, German measles and chickenpox.

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

Result: a history of at least one infectious childhood disease reduced the risk of all types of cancer (except breast) by 10-30%. Chickenpox was the most effective in reducing risk.⁴⁰

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*.⁴¹

Homeopathy can treat viral infections very well. Parents do not need to fear the traditional childhood diseases: under homeopathic care they run a mild and quick course, conferring life-long specific immunity and enhanced non-specific immunity. After a bout of chickenpox or measles, children often make developmental leaps in

Publications; 2004.

⁴⁰ 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.

⁴¹ Kölmel K.F., Pfahlberg A., Mastrangelo G. et al. Infections and melanoma risk. *Melanoma Research* 1999; 9:511-519.

motor function, speech, maturity, self-reliance—the opposite of the vaccine effect.

Kim, 2½, is a bright-eyed, happy little girl who has never been vaccinated. She has taken no drugs in her life other than Tylenol. A year before she was born, her mom-to-be, Janet, consulted me about her recurrent sinus and throat infections. Janet had miscarried three years earlier, and she took this misfortune as a sign that she was not meant to have kids. “I never get pregnant anyway,” she said.



Kim at 12 months

I suggested the homeopathic medicine, *Natrum muriaticum*, which treats sinus and throat infections as well as the residual effects of grief. A week later, Janet reported that her sinus congestion had loosened up within 24 hours of taking the first dose, and her infection was 98% improved.

After two and a half months, Janet called back to say she had relapsed. We repeated the *Natrum muriaticum* and she had no further trouble.

I did not hear from Janet until six months later, when she called to ask if I could help with her morning sickness. She was six weeks pregnant! I suggested *Symphoricarpus racemosus*, a medicine made from the snowberry, which promptly relieved her nausea.

Nine days after Kim was born, Janet called for advice about a bloody scab on the baby’s navel. I told her about Calendula gel. Calendula is an excellent herb to promote wound healing and prevent infection. Calendula took care of Janet’s perineal tear as well.

Janet and I continued to work closely together over the next two years. We successfully addressed problems such as insufficient breast milk, middle ear infection, sore throat, cough, runny nose, sleeping problems, diaper rash, eczema and fever of unknown origin. Occasionally Janet would take Kim to the pediatrician for a diagnosis, but she always gave homeopathy a chance before resorting to antibiotics or other drugs.

Kim is flourishing. Her cognitive and motor skills are precocious, and she has a sunny disposition. Above all, she is passionately *alive*. She rarely gets sick any more, even when her pre-K classmates are coughing and sneezing.

In a typical winter I treat many cases of whooping cough, bronchitis, pneumonia, flu and other infectious diseases. In May, 2006, I got a call from a young mother named Rebecca about her daughter, Sarah, 2. “Sarah is lethargic and grumpy,” she said. “She doesn’t want to eat and spits out her food. She’s crying in her sleep. She has bouts of fever and diarrhea.” I suggested a homeopathic medicine over the phone, but it did not have any effect.

Two days later Rebecca took Sarah to the pediatrician, who could not determine the nature of the problem. Sarah continued to be somewhat out of sorts for a week, then spiked a fever of 103°. The next day Rebecca consulted the pediatrician again, who diagnosed pneumonia of the right middle lobe.

The mother had seen good results from previous homeopathic treatment and called me for a recommendation. I suggested the homeopathic medicine, *Phosphorus*.

Rebecca and I agreed to give the remedy 24 hours to act before resorting to antibiotics.

The next day Sarah woke up alert and happy, with a normal temperature. She went on to made a full recovery without antibiotics.

Interestingly, Sarah was fully immunized against pneumococcal pneumonia. The so-called "PC7" vaccine contains seven major disease-causing strains of pneumococci. Only about 15 percent of serious pneumococcal infections are caused by one of the seven strains covered by PC7.

Tetanus worries many parents. Each year I get a few calls about puncture wounds from rusty nails and the like. I use a homeopathic medicine called *Ledum*, which not only prevents tetanus but also relieves pain and promotes healing. None of my patients has ever developed tetanus. *Ledum* has been used with clinical success by homeopaths around the world for over a century.⁴²

Meningitis has two forms: viral and bacterial. I have seen several cases with all the earmarks of viral meningitis: sudden onset of fever, stiff neck, headache. These cases resolved within a day using the homeopathic medicine, *Belladonna*.

Hemophilus Influenza B (mononucleosis) may be largely iatrogenic, i.e., caused by medical treatment. The incidence of Hib jumped 400 percent between 1946 and 1986. In studies of the pertussis vaccine, members of the vaccinated group got Hib while no one in the placebo group did.

Hepatitis B is transmitted via the blood. The only way an infant can be infected is from an infected mother. Nevertheless, all infants born in hospitals are routinely injected with the hepatitis B vaccine within three days of birth. How a new born baby with a completely undeveloped immune system can tolerate a vaccine has yet to be explained or proven.

In sum, long-term homeoprophylaxis is not a "magic bullet" but a commonsense approach to building a healthy immune system through cooperation with nature. Key components of long-term homeoprophylaxis are breast-feeding, avoidance of vaccines and drugs, and the use of homeopathic medicines to strengthen immune response during illness.

Dr. Diderik Finne is a Certified Classical Homeopath and Doctor of Acupuncture, in private practice in New York City since 1997. He has researched the topic of vaccination for more than fifteen years and distilled the most essential facts and concepts in this paper. Its sole purpose is to help parents make an informed choice regarding immunization. For more copies and other works by Dr. Finne, visit his website (google "Diderik Finne").



⁴² for a case history of *Ledum* preventing tetanus from a deep puncture wound, see Shepherd, D. *Homeopathy for the First Aider*. Saffron Walden:C.W. Daniel Co. Ltd.; 1992:13

Addendum: How are homeopathic medicines made?

Homeopathic medicines are prepared from plant, mineral or animal sources according to a process called *potentization*, which consists of the following steps:

- 1) The original material is ground up and dissolved in alcohol. This solution is termed the "mother tincture."
- 2) One drop of mother tincture is added to 99 drops of pure water in a new bottle. The bottle is shaken 10-20 times. This bottle is the "first dilution."
- 3) One drop of the first dilution is added to 99 drops of water in a new bottle. The bottle is shaken 10-20 times. This is the "second dilution."
- 4) The process continues in the same way until the desired potency is reached. *The homeopathic potency equals the number of dilutions.* A 30c potency of a homeopathic medicine, for example, is the thirtieth dilution of the mother tincture. Often homeopathic medicines are sold as pills rather than liquid. The pills are lactose moistened with the homeopathic solution.

According to the laws of chemistry, the last molecule of original substance disappears with the twelfth dilution. So what's left in the bottle?

In the 1990s, physicist Shui-Yin Lo discovered that ice crystals form spontaneously around the few remaining molecules of the original substance at high dilutions⁴³. These crystals were named **Ie crystals** ("I" for *ice*, "e" for *electromagnetic*), because they are created by electromagnetic forces. The crystals remain stable at room temperature, and they replicate themselves when the solution is agitated.



Photo of water crystal (credit: Dr M. Emoto)

In 2009, Nobel laureate Dr. Luc Montagnier published measurements of Ie crystal electromagnetic activity.⁴⁴ In a 2010 interview, he observed, "High dilutions of something are not nothing. They are water structures which mimic the original molecules."⁴⁵

The active ingredient of homeopathic medicines, then, is Ie crystals. The original source serves as a template for the production of these crystals. Since they are made of water, Ie crystals are guaranteed 100% nontoxic. Even poisonous substances such as vaccines can be used therapeutically without side effects.

A large quantity of Ie crystals, moreover, can be made from a small amount of source. Many medicinal plants and animals are endangered species, so protecting them is an important concern. Most importantly, Ie crystals have therapeutic properties not found in the original substance.

⁴³ Shui-Yin Lo, "Anomalous State of Ice," *Modern Physics Letters B*, 10,19 (1996):909-919

⁴⁴ Montagnier L, et al. Electromagnetic Signals Are Produced by Aqueous Nanostructures Derived from Bacterial DNA Sequences. *Interdisciplinary Sciences: Computational Life Sciences*, (2009) **1**: 81-90.

⁴⁵ Enserink M, Newsmaker Interview: Luc Montagnier, French Nobelist Escapes "Intellectual Terror" to Pursue Radical Ideas in China. *Science* 24 December 2010: Vol. 330 no. 6012 p. 1732. DOI: 10.1126/science.330.6012.1732