Vaccination: obligation or free choice?

Index

1. The dangers of the Misuse of Science notwithstanding its great achievements. Prof. Antonino Zichichi, *Presidente World Federation of Scientists*

Abstract

It is as if man, rather than using Science to improve the quality of life, used it against himself. The Earth is a unique spaceship travelling in the Cosmos. We must not destroy it, but defend it and understand the paradox we live, in order to resolve it.

Man studies the origin of the Universe, even that which was before the Big-Bang. He discovers that all, from quarks to the boundaries of the Universe, hinges on Three Fundamental Forces. The Three Pillars are the so-called elementary particle families, which consist of quarks and leptons. The Three Forces are: 1) the Gravitational Force which binds the Earth to the Sun and prevents it being lost in the cold (-270°) dark void of the Cosmos; 2) the Electroweak Forces which allow the Sun to burn without ever extinguishing or exploding; 3) the Subnuclear Force which acts between quarks inside the atomic nuclei. In contrast with these great scientific achievements one has, the Ozone Hole, climatic variations, environmental pollution, Hiroshima and Chernobyl, just to mention a few of the fifteen Planetary Emergencies.

2. The situation in Italy: compulsory vaccination - state of the art in E.U. and Extra-European countries. Prof. Lorenzo Chieffi, *Straordinario di Diritto Costituzionale della S.U.N.*

Abstract

The opportunity, given by paragraph 2 of article 32 of the Italian Constitution, to subject the individual to certain compulsory health treatments to protect his/her health as well as the welfare of the community, clarifies that the human being is paramount.

All medical acts should, therefore, be carried out to safeguard fundamental values, such as life, psycho-physical integrity, human dignity, which cannot be jeopardized.

In Italian Constitution, from the very beginning, rejects both an utilitarian concept of the human being and an ideology made of pure scientism.

The aim of this paper is to underline the guarantees that must be given to the individual when a compulsory health treatment is deemed necessary for his/her welfare as well as the community's.

3. Vaccination: obligation or free choice? Aspects of medical ethics. Prof. Franco Fabroni, *Direttore dell'Istituto di Medicina Legale dell'Università di Perugia*

The ethics reminders to the members of the medical profession from the norms in force, regarding the practice of compulsory vaccination are legally founded on the constitutional principle which under Article 32 legalises the TSO and under the norms included in Article 33 of the Act. 833/78 (Health Service reform) which define the commitment of the State to protect health, intended not only as safeguarding the common weal and individual rights and interests but also as protecting society as a whole.
In the light of this constitutional principle the quoted TSO constitutes a fundamental legal-medical category which may be applied in all those situations provided for by intervention of the normative law which must establish not only the guidelines but also the passive suvjectiveness and the effective nodalities which can overcome individual will.
Under a wider constitutional-legal profile, compulsoryvaccination is justified since it fulfills those "unalienable duties of solidarity" defined in Article 2 of the Constitution. In fact it is asserted that if compulsory vaccinations are the answer to guaranteeing the health of the public in general on the other hand they voice a method of expressing those unalienable duties of solidarity such as personal service for the majority of the people even if not directly referable to the personal range of duty.
Having to be precise about it, the Constitutional Court in the sentence No. 307 of 1990, indicates that compulsory vaccinations, like every other kind of compulsory health treatment are constitutionally legitimate/legal only if contextually directed to safebuarding the health of single person and the society as a whole.
Therefore there follows the assumption that compulsory vaccinations can only be provided by law for those illnesses which are contagious and epidemic but not when the disease only puts at risk the health of the single individual.
So saying the present Italian laws consider compulsory the following vaccinations:

a) for infants: anti-diphteria (Law No. 891 of 6.6.1939), anti-poliomyelitis (Law No. 51 of 4.2.1966), anti-tetanus (Law No. 292 of 5.3.1968) and anti-hepatitis B (Law No. 165 of 27.5.1991). It should be noted that the anti-smallpox vaccination law, provided under by Article 26 of the TU of the 1934 Public Health Law was abrogated by the law 457/1981.

b) for well-defined categories of workers the following vaccinations are compulsory: antituberculosis (Law No. 1088 of 1970), anti-tetanus (Law No. 292 of 1963 and Ministerial Decree of 22.3.75), anti-typhoid fever (DCG of 21.12.1926 and DPR 327 of 1980).

It should also be pointed out that the legal previsions for motivated exemption on the grounds of concientious objection was unsuccessful and all questions of constitutional legitimacy of such norms was rejected by a judgement of the Constitutional Court, so inevitably rendering operative application of the decided administrative sanctions (both pecuniary and non-admission of unvaccinated minors to infant communities and public schools) and pointing out that when the antipoliomyelitis vaccination has not been effected the parentes (see Article 7 of the Ministerial Decree of 25.5.67) will be given a peremptory order, within which time the said vaccination must be effected. At the end of the stated time he/she will be refered to the Local Public Health Service (USL), the Court Authoritiesm substitued by intervention of the Public Prosecutor or in the case of urgent necessity to the Juvenile Court, according to Articles 330, 333 and 336 of the Civil Code, Sentence No. 132 of 16-27,3,1992.

In such case the law may charge with imputation for violation of Article 650 of the Civil Code and Article 260 of the TU of the Health Laws with the appropriate sanctions.
It is also hypothesised that parents defaulting the vaccination norms are breaking the law with respect to Article 30 of the Constitution and Article 147 of the Civil Code, not excluding the hypothesis of recognising grounds for prosecution for manslaughter and culpable injuri if the minor contracts the disease against which he was not immunized and the said disease causes death or serious disabling after-effects. As regards the position of the doctor, he is obliged to inform the Mayor of the provisions of a TSO when consent to vaccination is denied under Article 33 of Law 833/78 and the law foresees the possibility of a sumons (Article 331 of the Penal Code) for violation of Article 650 of the Penal Code, that is - non compliance with the Provisions of the Authorities.
The ethical code of the medical profession has acted on these legislative norms and in its most recent deliberation (June 1995) under Article 33 makes specific reference to the non-importance of opposition to the TSO by patients or their legal representatives, excluding naturally the hypothesis of consequential recourse to forced physical treatment by the doctor.
This is given much detailed attention in the articles included in Chapter IV of the Code itself and obviously extended to the cases in question is the unalienable ethical duty to provide sufficient and adequate information about the prospective therapy and the possible consequences of therapy and lack of therapy so that informed valid consent be obtained as a premise strictly inding the lawfullness of every medical intervention.
In Article 19 of the Code there is also the prevision for refusal by the doctor to give his professional services on the grounds of conscientious objection in cases in contrast with his conscience or clinical convinction (naturally unless such behaviour does not cause serious and immediate damage to the patient).
So there is no doubt that these precise definitions are discriminatory points of legislative cognisanze of the TSO and therefore compulsory vaccinations are the reaffirmation of fundamental and unalienable principles of medical ethics and as such always in perfect assonance with the acquired positions of bioethics.
In this light in fact it is a valid assumption that every deliberation, induced by the acquisition of the most up-to-date scientific information provided by progress in science, must produce guide lines for conduct which foresees the realisation of direct methods for reaching legitimate goals in the interest of the community as a whole and at the same time respecting the dignity and well-being of the individual members.
So each and everyone must take care of himself, taking advantage of all the preventive measures and health cures that medical science has to offer. Therefore when there are no conditions imposed by abstract religious motivations inspired by a conception of life which trusts health to the natural course of things then refusal to take care of oneself cannot be justified and therefore becomes culpable when it causes damage to thers. For the same reasons and also beyond one's own personal convinctions parents must provide for the health of their children by putting them in the best possible conditions of life.
However, the ethical position of public structures is also involved and, in view of a higher interest for the common good, should take on the task of educating and informing the public on a large scale in suche a way as to mature the conscious responsabilitity of the single members so putting them in the continion of reaching learned informed choices and decisions and overcoming every suggestion of coercive measures.
Such theses are particularly worthy of attention as regards the practice of vaccinations since the developments of traditional medicine have with time greatly conditioned public opinion, at first raising obvious perplexities and spontaneous fears on account of the proposed innovative technique itself.

Afterwards it was welcomed and exhalted even in triumphal terms which have however in recent times not prevented the emergence of new problems and doubts both at actuarial and finalistic levels.
In fact, keeping within the realms of traditional medicine it has been officially recognised that the use of vaccines parallel to the affirmed advantages, such as the capacity to prevent some diseases such as smallpox, poliomyelitis, diphteria and tetanus; constitutes a therapeutic defence in the case of rabies and TBC, arouses the stimulus to study the properties of immunity and possesses the undoubted merit of resorting to the use of the so-called natural drugs or medicines, it may also have serious problems and inconveniences among which are the possibility of side effects, sometimes serious such as allergic reactions, neurological disturbances, rendereing virulent attenuated germs. It also often presents special difficulties, scientific commitment and costs in developing a vaccine through the various stages of experimentation and trial treatments in humans.
There has then clearly emerged the possibility of undesired effects, especially at the immunity level and in the immune system so much so that in 1987 Cacciapuoti was able to distinguish three types of anomalous reactions which he put down to the normal toxicity of the vaccines, or rather their improper characteristics (mainly identifiable in excessive residual virulence on account of insufficient detoxification) or in short to an anomalous reactivity of the subject to the vaccine.
And we cannot ignore the fact that on the cultural plain though scientifically different but not for that any less worthy of consideration, the so-called alternative medicine methods and homeopathic remedies which have always been radically opposed to the practice of vaccination and have manifsted this by publishing detailed studies and research communications from which in synthesis the following conclusions have emerged (see N. Miller “Bambini e Vaccini” - Children and Vaccines - Macro Edizioni, 1994):

1) Mny vaccines have not been the real reason for the fall in the incidence of the diseases they should have prevented,

2) No vaccine can provide true immunity,

3) All vaccines produce side effects,

4) The long-term effects are unknown,

5) Many vaccines can be particularly dangerous.

We must therefore agree that the validity of using vaccines can only be recognised in the absolute respect of the guarantees provided by up-to-date and well-founded information, keeping in mind all the sources of documented controllable information, without cultural discrimination and therefore exams of all the possible alternatives which can be carried out, above all when the public administration is called upon to intervene on the basis of their rights and duties.
And it is certainly on the basis of these premises that in many scientifically and socially advanced nations (Belgium, Denmark, Ireland, Holland, Great Britain, Germany, Spain, Austria, Switzerland, U.S.A. and Japan) that vaccinations are not or are no longer compulsory. It should be pointed out that also in our country, guided by scientific revisions and interventions by the medical profession that concrete and significant jurisprudential stands have not been lacking which in some cases legitimise overriding impractical restraints regarding vaccinations thereby making a small opening for a greater decisional autonomy by the individual so permitting finally the appearance of some conceptual flaws in the scientific premises which probably justified the obligation of some vaccinations.
The following examples from which emerges official recognition of the possibility of harmful consequences from vaccination should be mentioned:

a) The Constitutional court sentence No. 307/1990 which sanctionned the legitimacy of compulsory vaccination measures in the interests of the community has in the meantime not only brought to the attention of the legislators the need for a correct balance between the juridical

dimensions of health protection measures of the individual and protection of the community. It has however made clear that even in the event of damage to the individual as a result of colmpulsory treatment aimed at maintaining the welfare of the community there should be a fair compensation paid by the State.

b) The Milan Court sentence of 20.12.90 which sanctioned the rights of a mother who contracted polio through the vaccination of her child, to obtain compensation from the State on the grounds of objective responsability.

c) The Circular No. 9 of the Ministry of Health dated 26.3.91 about the norms for the execution of vaccinations and which lists the contraindications, specified in cases of acute illness with fever and serious general disturbances, immune disorders and serious adverse reactions after the first dose, during pregnancy, allergy to egg proteins and antibiotics contained in the vaccines. There are also indicated the false contraindications.

d) Law 210/92 which corroborates the right for compensation from the State for whoever has, because of compulsory vaccinations, which were ordered by the law or an Italian Health Authority, suffered lesions or infirmities causing permanent impairment of his/her psycho-physical integrity.

e) The sentence No. 132 of 17-27.3.1992 wherein the possibility of obtaining exemption from compulsory vaccination on medical grounds is established and that of No. 258 dated 20.06.1994 which invites the legislators to find diagnostic means which can foresee and prevent possible complications arising from the administration of vaccines.

As proof of decisive intervention by the medical profession on expert opinion the results of two recent CTU regarding the Proceedings of the Trieste Appeals Court should be remembered.

- The first of these, deposited in February 1995 (R.C.C. 61/94, Cron. 1462, inc. 38/94) and drawn up according to the provisions of ample and well-grounded close examination of the literature, concludes that the conditions of life of a minor under exam whose parents did not allow him to receive compulsory anti-polio and anti-diphteria vaccinations since they did not constitute a useful measure for safeguarding his health whereas the anti-tetanus vaccination did.
- The second, deposited in December 1996 (No. 185/95 R.C.C. No. 1007) also drawn up under the previsions of much profound examination of the literature concludes that in the interests of safeguarding the health of the minor in question, considering his position as an individual and member of the community, compulsory vaccination against the hepatitis B virus did not seem a useful measure.

To conclude it appears, without doubt whatsoever, that at the present moment the legal provisions concerning compulsory vaccinations are not in satisfactory assonance with the most consolidated principles of ethical order and social ethics on account of absence of the prerequisite certainty of scientific premises. These should then of necessity undergo, in an adequate manner, the most rigorous verification, keeping in mind any documented and controlable contribution and putting aside ostracisms and discriminations between the so-colled official medicine and the so-called alternative emdicines in the name of freedom of science and in the name of science itself, which is to be found where reason and experience are employed.

Under the ethical guidelines the medical profession though obliged to observe the laws of the State must also become the trustee of the widest views possible regarding the problems concerning the public health. In this the doctor finds himself in a central posibion, since he is at the same time a researcher, an experimentor and teacher but he is also and above all responsable for the enforced norms of his profession, in the knowledge that these must be strictly conditioned in each and every case by the most careful and solidaristic appraisal of the risks and benefits to the health of his patient.

4. Compulsory vaccinations: an attempt to compare allopathy and homeopathy. Prof. Antonio Farneti - Dr.ssa Lucia Macrì, *Istituto di Medicina Legale e delle Assicurazioni dell'Università di Milano*

In terms of legal practice and choice of treatment there are no substantial differences between traditional medicine and homeopathy for both medical practices require that the patient be informed and consequently agree to a diagnostic investigation and therapy. On the contrary, a rather significant difference exists between a traditional doctor's approach, and the approach of a homeopathic doctor in the relationship between doctor and patient. While the former, perhaps due to advanced biomedical technicalization, has lost the deeper essence of this relationship, the latter appears to have a more profound rapport with the sick person. Thus, a difference does exists between what is commonly termed as traditional medicine and homeopathy in their approach to illness and the patient. While the first has evolved, through various historical phases, towards increasingly generalized therapeutic protocols not exactly, or not so much directed to the single being, the second has placed the sick person, as an individual and unique human being, at the center of the diagnostic-therapeutic problem. On the basis of these premises, the difference of how vaccinal practice is perceived by a traditional doctor and a homeopath is clear. Even a rather simple comparative analysis will show that while the former views vaccination as the primary moment in the disease's prevention phase, for the latter, vaccination is proof of how allopathic medicine has always directed itself towards curing rather than truly preventing disease. The criteria behind this concept is that a single cause lies at the base of a pathological process and that in the case of infectious diseases, this cause must be identified in a specific viral or bacterial agent. In support of this attitude, there are reports on statistical studies performed by homeopaths, according to which vaccination could be the major cause of a process triggering the onset of latent pathologies with an autoimmune etiology (a study showing an increase in mortality due to diabetes after the introduction of compulsory vaccination serves as an example). Certainly, one cannot ignore the fact that within the sphere of traditional medicine, vaccination is an important achievement by man in the fight against "disease". In fact, since the earliest times, the history of disease has accompanied man in both his real and imaginary world while it has, simultaneously, developed in the human being the idea that nature can be dominated through an understanding of the mechanisms that the disease itself brings about in the body and mind of the afflicted person. In the course of time, vaccination has become the actual proof that there are potential resources against disease in every individual: immunity can be induced, man can dominate nature. Conversely, a variety of

researchers, in a contrasting view of how disease is traditionally perceived, have noted that a "naturally" acquired pathological process triggers a series of immunological defences that block the pathogenic germ and inhibit its spreading to organs or apparatus, as can otherwise happen with the artificial inoculation of virus or bacteria in the vaccination procedure.

By striking a balance between the more common view of medicine and the new frontiers suggested by homeopathy, one can safely say that mass vaccinations, as carried out in our country, should not be, nor can they coherently be considered to be, the only measure that accounts for the reduction of certain diseases. In this regard, there are so-called "traditional" studies that show how certain vaccinations - for example the hepatitis B vaccination - were made compulsory during a phase of natural decline of the disease's contagiousness. In addition, one must not forget the hygienic-epidemiological role of improved living conditions in contributing to the elimination of a number of important infections such as poliomyelitis or diphtheria.

From a legal point of view, in Italy the subject of compulsory vaccinations is part of the wider debate on compulsory health treatments. The question is very important today if one considers it within the sphere of the fundamental issues on personal and public rights, of individual and public needs, of the individual and society. In the course of time, the individual's awareness of the freedom to decide for himself has grown, in contrast with the Welfare State's actual need of control over the individual for the "good" of the entire community.

In fact, the Constitution (article 32) and Law 833/78 (articles 1 and 33) sanction the safeguard of the citizens' health, both as an individual right as well as in the interest of the entire community, and stress the fact that no one can be subjected to a particular health treatment if it has not been regulated by the law.

In Italy, the rapid sequence of countless regulatory provisions on the subject of vaccinations shows that there is sound interest in the matter which, to this day, has not found an adequate legal definition capable of bringing together both the actual hygienic-epidemiological aspects as well as the ethical questions.

In addition, beyond compulsory vaccinations, it is well known that other optional vaccinations can be performed against important contagious early childhood diseases for which the O.M.S. has set up a wide ranging immunization program, within the framework of provisions for reducing childhood morbility and mortality. Known as E.P.I. (Expanded Programme on Immunisation), this program was started in 1974 for the purpose of controlling, at a worldwide level, the six diseases with the highest indeces of mortality and serious sequels (diphtheria, whooping cough, tetanus, measles, poliomyelitis, tuberculosis) by means of national programs of mass immunization during a child's first year of life. This project won the participation of 74 countries, and while the widest consensus

was registered in the Western world, difficulties connected with limited financial resources persist in developing countries. The regulations in force in Italy dictate, as we have said, compulsory vaccinations against poliomyelitis, diphtheria and tetanus while, at present, the previously compulsory smallpox vaccination (mandatory from 1892 to 1977) has been annulled with Law no. 457 of August 6, 1981. On the contrary, vaccination against hepatitis B became compulsory with Law no. 165 of May 27, 1991, while the tuberculotic and typhoid vaccination has remained compulsory for individuals at risk or assigned to sectors related to food, or in contact with sick people.

The subject of possible side reactions to a specific vaccination is a matter of much concern and controversy because, frequently, the possible side effects arising from a vaccine, which are known and experimentally studied, do not correspond to the harmful effects of vaccination reported by important media or even by highly respected scientific sources. The question of such complications has even involved the Constitutional Court which, in the famous sentence No. 307 of 1990, endorsed the principle that a health treatment can be imposed "only provided it does not negatively influence the state of health of the person being treated". In this same direction, Law no. 210 of 1992 was enacted setting precise regulations for the purpose of preventing the complications caused by vaccinations.

In spite of the possibility of post-vaccinal health injuries, compulsory vaccination is employed daily in our country because the procedure is deemed to protect and promote public health and is considered to be an effective prevention against particular infectious and contagious diseases. All this, of course, in compliance with the regulations set forth by the Constitution and according to the provisions of public welfare provided for even by the Constitutional Court (sentence no. 218 of 1994 states: "while the vaccinations considered necessary by medical wisdom remain compulsory, appropriate preliminary investigations for the purpose of anticipating and preventing the possible risks of complications are to be identified and prescribed in regulatory, specific and timely terms").

From a clinical point of view, every vaccine is capable of causing given reactions and complications, the classification of which is rather varied. The side effects are, in the majority of cases, due to the vaccines' intrinsic properties and nearly all are unavoidable. They are generally insignificant in nature, they last from one to three days and have a favorable outcome. The effects can appear at local level (site of injection) and/or at a general level. Depending on their nature, local reactions can be either "nonimmunological" or "immunological". Nonimmunological reactions are usually caused by the adjuvant (aluminum salts) found in many vaccines and appear, above all, if the injection is not very deep, provoking pain and edema. Immunological reactions occur, instead, particularly after injections of anatoxins, diptheritic and tetanic, and appear with greater frequency

with recall doses, particularly in relation with the amount of antitoxin already present in the bloodstream. In turn, general reactions are almost always identified with fever, which can appear within 2-6 hours after the injection and, in any event, within 24 hours. This reaction is most frequently caused by vaccines containing Gram-negative bacteria suspensions inasmuch as the corresponding lipopolysaccharidic antigen is, by nature, pyrogenic. Feverish reactions of a different nature can appear with the Salk influenza vaccine due to the intrinsic toxicity of the virus, and with live vaccines due to viral multiplication (in this case the fever appears a few days after vaccine injection). General reactions of an allergic nature are very rare today and an anaphylactic shock is an exceptional event after the progressive elimination of substances responsible for hypersensitive reactions. The clinical picture related to complications shows, instead, a myriad of pathological symptoms which, although originating from the vaccination, take on a clinical profile of their own. Among these, pathologies of a neurological nature are considered serious and can leave serious sequels with, at times, a fatal outcome. The abolition of the smallpox vaccine has eliminated one of the prominent causes of more serious complications. At the same time, the introduction of human diploid cells in the rabies vaccine eliminated the neuroparalitic complications frequently caused by old vaccines, containing heterologous nerve tissue, by means of an immunologic mechanism.

Therefore, even though rare, the complications due to vaccines cannot be ignored in a correct medical as well as ethical-moral assessment of vaccinations and their compulsory enforcement. In the healthy child, the possibility of complications is very remote and therefore the prevention of complications associated with childhood vaccination is based, to a large extent, on the gathering of data and on the objective examination of all the children undergoing treatment. However, from data gathered in numerous statistical studies, one sees that contrary to the often alarming suggestions made by the mass media and by groups opposed to compulsory vaccinations, a rather meagre number of pathological manifestations are found in subjects that have been vaccinated. These manifestations however do exist, and they must never be underestimated simply because of their low probability of occurrence. For example, in a study held in the U.S.A. between 1976 and 1982, there were 0,2 to 0,4 cases of encephalopathy reported per one million people vaccinated for diphtheria, whooping cough, tetanus, diphtheria-tetanus, measles, mumps and rubella. This same study revealed that as far as the triple measles-rubella-mumps vaccine is concerned, the onset of the same complications related to the naturally occurring disease (that is, encephalomyelitis and subacute sclerosing panencephalitis for the measles virus vaccine and radiculoneuritis in the case of the rubella vaccine) was reported as less frequent than the onset of the spontaneously occurring diseases. A number of researches conducted in Canada have reported the onset of post-vaccinal encephalitis from the triple vaccine in 1 out of 100 thousand cases. In Great Britain, three cases of

meningitis from parotitis were reported after administering two and a half million doses of the triple vaccine. From an immunological point of view, one must be aware of the fact that whenever a vaccine is administered during the incubation period of any infectious disease, or in the course of a latent infection, vaccination can be followed by the onset of the disease against which the immunization is being performed. In this regard, a case in point is that of the polio vaccine. After having performed large scale polyomyelitic vaccinations, in 1955 in the United States, 204 cases of poliomyelitis were registered in vaccinated subjects. In a study carried out in the State of Tennessee from 1974 to 1984 concerning vaccination against diphtheria, tetanus and whooping cough, the same number of deaths were reported in both vaccinated as well as in nonimmunized newborn babies. Again in the U.S.A., a number of research studies have indicated that on a total of 138 cases of paralytic poliomyelitis reported from 1973 to 1984, 105 were due to a vaccine and of these, 50 were attributable to contagion through contacts with vaccinated subjects.

Still on the subject of compulsory vaccination, Law Decree No. 273 of 5.6.94 was drawn up (but not approved by the House of Deputies). Known as the "decreto Garavaglia" this decree set forth the following provisions:

I From the date when the present decree goes into effect, the administration of compulsory vaccination on minors cannot be forcefully imposed with police intervention.

II The sanctions against the people who exercize parental authority or guardianship over a minor, as well as the directors of public or private assistance institutions in which the minor is housed, or the people to whom the minor is entrusted in compliance with Law No. 184 of May 4, 1983, remain valid and in force.

III The subjects indicated in sub-section 2 are personally responsible for any harmful effect suffered by the minor or by third parties, following the non-observance of the legal regulations on compulsory vaccinations.

IV For the purpose of exoneration from compulsory vaccinations, a certificate from the family doctor or from a specialist submitted by the party concerned is binding for the local Public Health Unit.

The missed non-coercive practice of vaccinations, as provided for by the above Law Decree, was to be attuned, of course, in its own appropriate framework within our legal system.

In conclusion, we have come to believe that compulsory vaccination is neither in conflict with article 32 of the Constitution, a question confirmed by the well known interpretation of the Constitutional Court (sentence 3/27/1992 no. 132) nor with other constitutional regulations, so much so that the Court has always turned down the questions submitted to its attention. In fact, the second sub-section of article 32 of the Constitution dictates that "no one can be forced to undergo a

given health treatment unless provided for by the Law". But in this case, the laws exist and one cannot maintain that vaccination violates the "limits imposed by respect for the human being". On the other hand, the first sub-section sanctions health protection in the general public interest and, obviously, if vaccination protects the single individual, it simultaneously and above all guarantees the health of the society around him.

In these terms, health is "a state of complete physical, psychic and social well being" and in no way consists of an absence of disease or infirmity. In this sense, allopathic medicine should try to recover an overall vision of man, a vision parcelled perhaps by continuous biotechnological innovation. This global vision makes homeopathic medicine a science "made to man's dimension", as a dynamic human being in his wholeness. Therefore, on the topic of compulsory vaccination, the useful and primary point to be drawn from a summary study of homeopathic teachings, appears to be the recovery of the doctor-patient relationship, the purpose of which is to bring about a form of "real" consensus to vaccinal practice and not a false consensus based on a legally imposed obligation. In addition, one cannot ignore the importance of a correct clinical anamnestic evaluation of the single individual, who is a case in itself, and who cannot and must not be assimilated or generalized with others, as is often the case in traditional medicine which, as the art of curing, must always address the individual person, have an understanding of his global psycho-physical system, so that it may treat correctly and provide correct information on the care being provided.

5. Homeopathic Medicine means prevention. Alma Rodriguez, M.D., *Presidente L.U.I.M.O.*

HOMEOPATHIC MEDICINE
MEANS PREVENTION.

IT TESTS THE "*DRUG*" TURNING IT
INTO A REMEDY.

IT IS THE MEDICINE OF THE PREDISPOSITION.

IT IS THE METHOD IN MEDICINE.

Homeopathic medicine, with the ultramolecular **REMEDY**, which is the result of the transformation of the "***drug***" into a **REMEDY**, means prevention for the healthy experimenter, for the sick person treated and cured by the remedy and it means prevention in the case of contagious diseases. It is the medicine of the predisposition. It is the method in medicine.
HOMEOPATHIC MEDICINE TOO HAS ITS LIMITS, NOW MAYBE MORE THAN BEFORE AND TAKING INTO ACCOUNT MY EXPERIENCE OF EXPERIMENTER, TEACHER AND CLINICAL PRACTICE ON THE PATIENT I BELIEVE THAT THESE LIMITS ARE MAINLY DUE TO:

- **THE CURRENT MEDICAL TRAINING BASED ON THE CERTAINTY AND INFALLIBILITY OF THE TECHNIQUE.**
- **THE AUTONOMY, ALLOWED BY THE DEONTOLOGICAL CODE TO THE PHYSICIAN WHO IS "FREE TO ACT ACCORDING TO SCIENCE AND COSCIENCE AND WITH AN INFORMED CONSENT" AND ALLOWING THE HOMEOPATHIC PRACTICE, BUT WITH THE "UNDERLYING THREAT" FOR NOT HAVING USED THE PHARMACOLOGICAL PROTOCOL.**
- **THE LACK OF HOMEOPATHY'S OWN SCIENTIFIC SUPPORTS, RECOGNIZED BY EXPERIMENTAL CLINICAL HOMEOPATHIC RESEARCH.**
- **THE FACT THAT THE REMEDY CANNOT BE TESTED**
- **THE DIFFICULTY TO KNOW THE NATURAL, INTRINSIC AND EXTRINSIC POSSIBILITIES OF THE PATIENT AS HE/SHE IS NOWADAYS, PLUNGED IN THE SOCIO-CULTURAL CONTEXT.**

But you should allow me a preliminary statement.

To understand how homeopathic medicine operates in the field of prevention, it is necessary to understand the scientific logic which governs it, its parameters of reference, in a word its epistemological statute.
The point at issue is not the Galilean method of the repetition of the experiment, because pure homeopathic experimentation needs the empiric confirmation of the effect of its remedies, and this confirmation can be obtained only by the Galilean repetition of the experimental protocol.
The differences between homeopathic and official medicine is fundamentally about the following concepts: *state of health, state of sickness- pathological predisposition, the curative strength of nature and the action of the genius epidemics remedy*.
So, what is regarded as fundamental by homeopathic science in the experimentation of drugs and in the clinical application, in the medical and pharmacological research is often considered an epiphenomenon or even ignored.
These differences often turn into distrust because even in the scientific field reference models, the **theories**, are sometimes mistaken for certainties which, at a later stage, become prejudices.
I will express myself in a simple, homeopathic language.

We have to take into account the fact that Hahnemann understood that the human being is immersed in a single energy field and as he could fell ill, he could recover in a natural way as well. He realized that the indications (**the laws of nature**) had to be **imitated and experimented**.

FROM THE CYCLE:
KNOWLEDGE, EXPERIENCE,
EXPERIMENTATION,
OBSERVATION, REFLECTION.

OBSERVATION AND EXPERIENCE =
PURE EXPERIMENTATION ON THE HEALTHY INDIVIDUAL
CLINICAL EXPERIMENTATION ON THE SICK INDIVIDUAL.

These were Hahnemann's tools to build
THE METHOD IN MEDICINE.

OBSERVATION, seen as a type of experimentation.
The observation of the cultivators of cinchona trees who were poisoned and got intermittent fevers, very **SIMILAR** to malarial fever, caused him to understand that to know the **pure effects of drugs** or of other substances in nature, mineral, animal or vegetable ones, **experiments had to be carried out on the wealthy individual**.

He experimented drugs on himself in therapeutic doses which were in use at the time, obtaining **violent effects** which concerned **more specifically** some parts of the organism (tropism). These **effects** did not allow him to identify the **energetic and dynamic unitary** change which had taken place in the experimenter: only the **primary effect** of drugs, that is the **semi-toxic** effect with its consequences, was emphasized.

THE HUMAN ORGANISM
IN A STATE OF PSYCHO-PHYSICAL BALANCE
IS MORE EASILY ATTACKED

BY DRUGS
THAN BY DISEASES.

Being a diligent observer, Hahnemann **understood** the need to "dilute" and to trigger each "***drug***" till the point in which it could be no longer chemically quantified.

He experimented again on himself the "***drug***" ***in an ultramolecular state***, the ***non-drug***, and **the whole organism answered** showing a **psycho-physical and functional change** expressed by the experimenter *in a series of symptoms similar to many possible states of illness*.

With the dilution and the succussion - *triggering* he experimented the image, energy and essence of the "***drug***" which in contact with the **individual** "predisposition", causes a change which manifests itself with *a series of symptoms* peculiar to the "***drug***", but with the moment and the individual reactive peculiarities of each experimenter's «**predisposition**» (**idiosyncrasy**).

The "**CHANGE**" expressed verbally in the *symptomatological series* of many experimenters represents the **REMEDY**.
REMEDIES: POSITIVE PATHOGENESIS IMITATING NUMEROUS STATES OF ILLNESS as *symptomatological series*.

A SUBJECTIVE - OBJECTIVE CHANGE OF REACTIONS, SENSATIONS AND COENAESTHESIAS WHICH MANIFEST THEMSELVES IN EACH APPARATUS THROUGH A SERIES OF SYMPTOMS EXPRESSED BY EVERY SENSITIVE EXPERIMENTER IN A SIMPLE LANGUAGE. THIS SPONTANEOUS LANGUAGE DISPLAYS THE GLOBAL ENERGETIC CHANGE OF EACH HEALTHY EXPERIMENTER BECOMING HIS <u>SEMEIOTIC TOOL</u>.

What the experimenter is able to describe with **his own language is an extraordinary convergence of self-OBSERVATION** and essentiality in the framework of a **unitary, vibratory EXPERIENCE**, causing sensorial and psychic repercussions, expressed not only through objective, but above all **subjective** and **characteristic** symptoms where **the language** itself becomes energy (quotation: «*It is not a work - ergon - but it is activity, energy and so it could be expressed by genetics*» - Von Humboldt).
Konrad Lorenz helps us, answering to what is according to homeopathic medicine **clinical and experimental experience** (pathological predisposition). He writes: «*What makes possible an individual acquisition of experiences, presupposes a huge quantity of information acquired during the phylogenetic evolution and stored up in the genome*».

EXPERIMENTATION
REPRESSION - RECOVERY
PREVENTION

Hahnemann observed that his return to normality as well as that of the other healthy experimenters took place rapidly and **in a better state of health**, because some of the symptoms which had **appeared** belonged to **PREVIOUS STATES OF ILLNESS**.

These were, therefore, symptoms of the "***drug***" that is the non-medicine, **for the experimentation**; those *symptoms had definitively disappeared in the experimenter* (**REPRESSION-RECOVERY-PREVENTION**).

Two hundred years of individual and collective recoveries from DIFFERENT STATES OF ILLNESS **have proved repeatedly** and from a clinical point of view the *series of symptoms* derived from the **PURE EXPERIMENTATION** of each remedy on different HEALTHY experimenters.

THE REMEDY CODIFIES, THROUGH THE "LANGUAGE",
THE "POSITIVE PATHENOGENESIS"
WHICH SPECULARLY INCLUDE
THE PREDISPOSITION MIASMAL STATE:

1) ***the series*** of merely pathogenetic symptoms, those issued by pure experimentation, which includes **the old symptoms** of the experimenter **which have been cured** (first act of prevention, the removal of a predisposition);
2) ***the series*** of pathogenetic symptoms proved by numerous recoveries from different states of illness;
3) ***the series*** of clinical symptoms which have been cured and which have not yet been displayed by experimentations;
4) ***and the pathological symptoms*** obtained by those who survived after being poisoned.

So, it can be pointed out that:

The **HOMEOPATHIC REMEDY** is not a drug because
it does not manifest itself through a mechanism of cellular action.
It is also a drug, but in the integral unitary mechanism of **the whole evolutionary human being**, both in a healthy or unhealthy state.

- The **REMEDY** is the pure energetic image of the experimented drug.
- The **REMEDY** is the clue **SIMILAR** to the pathenogenesis of chronic and acute diseases of the **INDIVIDUAL**.
- The **REMEDY** exemplifies, both specularly and energetically, the dynamic totality of the suffering of the "single PATIENT", from the pathology of a single organ to the "**reaction**" of the whole body, system of cell.
- The **REMEDY**, which is the result of **the pure experimentation of drugs on the healthy individual**, becomes and is, **THE SPECULAR TOOL OF PROGNOSIS, DIAGNOSIS AND THERAPY**.
- The **REMEDY**, which is the result of the experimented and clinically proved "***drug***", has never caused toxic or metastatic side-effects; THERE IS NOT ANY OBSOLETE REMEDY.

■ The **REMEDY MEANS PREVENTION BECAUSE IT WILL ACT IN A DYNAMIC FORM CAUSING THE REVERSIBILITY** of the pathological process, improving the **pathological predisposition** - the **latent predisposing heredity**, **THE FUTURE OF THE SPECIES**.

These substances or "***drugs***", or more specifically - the available ENERGY - favour the recovery from diseases through their "DYNAMIC POWER", which modifies the functional state, the ENERGETIC CHARACTER of our BODY.

In fact they help us to *feel and react* as modifying "forms" in a dynamic sense of the healthy individual; causing "certain pathological symptoms" which give us **THE MOST UPDATED INFORMATION ON THE STATE OF THE SEVERAL DISEASES** which each one of these substances **CAN CERTAINLY CURE**.

- REVERSIBILITY -
IN NATURE EACH DRUG HAS THE POWER
OF MODIFYING THE STATE OF HEALTH.
- PREVENTION -

THE CURATIVE ENERGY OF THE REMEDY
ALLOWING A RECOVERY FROM A DISEASE
IS THE VERY SAME ENERGY
CAUSING PATHOLOGICAL SYMPTOMS
IN THE HEALTHY INDIVIDUAL.

THE HOMEOPATHIC REMEDY
acts as a push-button
thanks to the "similiar similibus law"
and it helps the **VIS MEDICATRIX NATURAE**
to overcome the accumulation of physiological and pathological
quantitative alterations (diseases).

The remedy does not aim at correcting organic dysfunctions
nor endocrine or biochemical disorders, but aims at satisfying a "susceptibility" which stimulates the vital energy
which is necessary to allow the recovery
of the whole organism.

THE ABILITY TO TREAT AND CURE A DISEASE and that *of causing a pathological state in a healthy individual* **in all remedies cannot be kept distinct**. These two abilities clearly come from the same substance, that is **the energy remedies have to modify the state of the human being dynamically**.

THERE IS ONLY A LAW WHICH DOMINATES:
VIS MEDICATRIX NATURAE.

Different results, in both cases, *will depend on the effect to be modified*.

THE CURATIVE ENERGY OF THE REMEDIES,
OR THE WAY THE REMEDIES ACT, EACH ONE
IN DIFFERENT CASES OF NATURAL DISEASES,
WILL BE ABLE TO MAKE ITSELF KNOWN TO US
ONLY IN THE MOST PURE WAY, THAT IS THROUGH
THE GALILEAN EXPERIMENTATION
OF "***DRUGS***" ON THE HEALTHY INDIVIDUAL.

TO BE ABLE TO TREAT AND CURE THE DEEP - SET ESSENCE OF EACH DISEASE AND INDIVIDUAL PATHOLOGICAL CASE, IT IS NECESSARY TO KNOW THE SYMPTOMS AS THEY MANIFEST THEMSELVES AS A WHOLE.

A REAL OBSERVER, THEREFORE, STUDIES
THE INTENSITY, THE CONNECTIONS AND THE SUCCESSION OF THE TOTALITY OF SYMPTOMS.

The homeopath, after having recognized the important symptoms of the **disease**, has got an exhaustive idea of them and **he knows what he has to know to cure the disease**. In addition he will have to take into account the spurring cause of the diseases, if there is one , including, apart from an objective examination, everything he has observed.

What do we mean when we talk of **HEALTH , DISEASE , RECOVERY**?

- HEALTH -
OUR CONCEPT OF HEALTH IS THE SAME GIVEN
BY THE W.H.O.:
"THE PSYCHO-PHISICAL AND SOCIAL WELFARE WITHOUT CAUSING ANY LESION".

The **DISEASE** is not
an **ENTITY** foreign to the body,
it is not introduced in it,
but **IT IS A VITAL AND/OR BIOLOGICAL PROCESS**.

There are not essentially PATHOLOGICAL functions, but only variations
of the physiological functions as to **quantity** and not to **quality**.

The **DISEASE**
is an attempt made by nature to restore

HEALTH,
VIS MEDICATRIX NATURAE.

MORBID PHENOMENA AIM
EITHER AT CONSERVATION
OR TO DISTRUCTION.
THEY ARE NOTHING BUT QUANTITATIVE
EXAGGERATIONS OF PHYIOLOGICAL FUNCTIONS.

THE STATE OF DISEASE (psycophisic unbalance) may be

- **IRREVERSIBLE** (definitive lesions, surgery, DEATH)
- **REVERSIBLE** because it depends on **vis medicatrix naturae**.

Therefore the reversibility of morbid processes may happen:

a) without outside interventions

b) by the Homeopathic **Remedy**

c) by a drug, when its mechanism of action is inserted in **vis medicatrix naturae**, for **SIMILITUDE** and not for **SUPPRESSION** (contraries), as it usually happens.

THE **ACUTE NATURAL DISEASE** is:
either individual or collective.

We mean by **INDIVIDUAL ACUTE NATURAL DISEASE** the disease either evolving in few days with a spontaneous trend to a total recovery or causing the patient's death, due to its acuteness.

Its pecular features are:

a) **TRAUMAS: wounds, contusions, efforts, fractures, etc., produced by a mechanic cause**.

b) **AILMENTS DUE TO OCCASIONAL CAUSES**: cold, insolation, excesses, deficiencies, food-poisoning or poisoning of other kind, intemperance, repressions, emotions, worries, etc.

c) **EXACERBATIONS OF CHRONIC DISEASES due to inadequate treatments which blocked too quickly** a releasing acute reaction depending on the predisposing psoric state (drugs, also homeopathic remedies, vaccines).

COLLECTIVE NATURAL ACUTE DISEASES are those involving many individuals at the same time and we classify them into:

a) **SPORADIC,** due to weather conditions (flu, virus), they develop at the same moment and only some are predisposed to the pathogenic action.

b) **THE SO CALLED NATURAL ACUTE DISEASES** (acute miasma), those depending on infectious agents, which always show the same symptoms and have got traditional names: measles, cicken-pox, pertussis, **depending on the predisposing psora**. They are all those diseases (non epidemic ones) characterized by **PERIODIC CRISES** after which often those

who have naturally overcome **the prodromic cycle of state and decline, remain immune from complications**: angina, flu, acute rhinitis, asthma, diarrhea without any apparent cause, skin eruptions (hives, eczema, herpes, etc.). **These are acute symptoms caused by an unknown agent, which appear once in one's life or never**.

c) **Epidemic diseases** (in a large number of people), they depend from the same causa or noxa and their onset is characterized by **highly similar symptoms becoming contagious** when they act on **uniform masses of individuals**.

CONTAGIOUS EPIDEMIC COLLECTIE NATURAL DISEASES very often derive from wars, famines, and today are detected by one who observes more cases, **through the study of all the symptoms and signals defining the characteristic picture of the natural collective epidemics in the three stages of the disease cycle, that is the EPIDEMIC GENIUS.**

The EPIDEMIC GENIUS
will indicate the REMEDY to heal the epidemic disease
and preserve healthy subjects.

Prevention will consist of using **the same REMEDIES** which identify the **epidemic genius** and cure infectious diseases.

For example, in last century's cholera epidemics, according to the existing statistics, all the world homeopaths recorded an insignificant percentage of deaths. Camphora, Veratrum and Cuprum were the remedies used to **treat and heal cholera and preserve so many other healthy individuals**. Tommaso Cigliano is remembered in Naples among famous men, for his outstanding work.

What do we deduce from **OBSERVATION and from EXPERIENCE**, both the esperimental and the clinica one, as to the **REMEDY** PREVENTION ACTION?

1) The first and fundamental global demonstration lies in the "drug image" **causing** *the return of symptoms suppressed in the experimentator*, bringing them outside: so it **heals them and acts on the "Means"** freeing and improving it. **The "*drug*" was similar to the experimentator's previous stages of disease.**

2) **THE SIMILLIMUM REMEDY**, leads morbid processes to **reversability**, naturally improves the "**means**", the predisposing morbid state, does not leave **RESIDUES**, nor blocks the natural biological organization of functions: instead, **IT** stimulates these latter so that the body is enabled to defend itself. The **reversible** action of the **REMEDY, stresses the preventive power** contained in each remedy, **even for all infectious diseases**.

3) The irrefutable evidence of the **REMEDY** dynamic energetic and integral action lies in the **lawn of recovery. This latter** determines the direction of symptoms, from the upper part of an individual's body, to his lower one, from outside to inside, from the most important vital organs to the least important ones, from the top to the bottom and in the order opposite to how they appear.

This law is recognized by modern biology which shows how **the processes of growth develop from the centre to the periphery**.
It is a law of direction and is a corollary of the principle of healing governing the work of vital energy **in all the processes of life and growth. Only by understanding this natural law it is possible, through external sumptoms, to detect the inner states of the vital biological activity of man, who is a unique and irrepetible being.**

THE NEGATIVE FACTORS FOR HEALING EPIDEMIC DISEASES may depend above all on:

a) **The impossibility to control the remedy quality**, therefore a doctor must indicate the laboratory which performed the test in his prescription; this is a necessari and responsible act.

b) An excessive intake of drugs and/or vaccines.

c) Ecologic and social situation.

d) Food habits which may disturb the prophilactic action.

RECOVERY
IS NOT THE SUPPRESSION of the aetiological or causal agent,
but is the integral recovery of the psychophisic and social healthy state,
the return to a better and NEW state of health and,
to quote Hahnemann, «***in the quickest, sweetest, most lasting and innocuous way, according to evident facts***».

At this point I would like to make a remark, after this quick and fragmentary epistemologic excursus about homeopathic medicine: I want to quote Popper: «***falsification, theory or experiments?***».

1) **HOMEOPATHIC MEDICINE COINCIDES WITH NATURAL LAWS EXPRESSING THEIR EXEMPLIFICATION.**

2) **THE SCIENCE OF NATURE IS OUR BEST HOPE.**

3) **AN ACTIVE RESEARCH ABOUT LAWS AND THE RELATIVE DEVELOPING OF THEORIES MAY HELP US TODAY.**

And now let us come to the aim of the Forum "**Vaccinations: are they free or compulsory?**".
I hope to have well emphasized, in the preliminary remarks and in all my report, **the fundamental importance of the terms: means, predisposition, constitution or Hahnemann's miasma**.

ALL POSSIBLE NATURAL DISEASES
ARISE OWING TO THE LATENT HEREDITARY
MORBID PREDISPOSITION.

Hahnemann, still through **OBSERVATION** and **EXPERIENCE**, detects three forms of diathesis he calls psora, the fundamental one, on which the other two, sicosis and sifilis are inserted.

Fundamental form of diathesis: Psora, Sicosis, Sifilis

They are the PREDISPOSING MORBID AND DYNAMIC CAUSES of all chronic diseases, against which medicine in all times could not and can not do anything.

It is impossible here for me, to clarify everything, therefore I will emphasize only what OBSERVATION and EXPERIENCE taught the homeopaths all over the world, about **sicosis and vaccinations**.

The hard work to which the reticulo-endothelial or mononuclear-fagocitic system is subject, **by a vaccine, overcomes the effort** it sould make to acquire immunity, as after **a natural disease**.
In a natural disease, the insertion of toxins in the body is progressive and relatively slow: it starts in the **incubation period** of the disease and develops in the successive stages, interacting with the **substrate**, as much as reactions are more or less strong, according to the single individuals.

IN THE VACCINATIONS
THE HETEROGENEOUS IMMISSION
IMMEDIATELY GOES BEYOND
THE THREE SUCCESSIVE STAGES;
IT IS VIOLENT AND CAUSES
THE RETICULO-ENDOTHELIAL TISSUE
TO PERFORM AN IMMEDIATE AND HARDER WORK.

This chock develops quicker, more important reactions, **causing changes** in the mononuclear phagocytic tissue, that is a kind of **immunity causing changes in the system of all individuals**, not only of those who may be predisposed to a natural disease.

Therefore we see that what we call **sicosis**, results in: adenoid hypertrophies, turbinates, tonsils, acute inflammatory processes with laryngo-spasms, mucosity, etc., all disorders which **maybe we could define immunopathologies**! The French doctor Henri Bernard, telling the story of vaccine sicosis states: «*By vaccinating individuals against everything, man wanted to act better than his Creator, a singularly proud enterprise, since trying to correct what is normal and natural it is surely bound to result in a catastrophe*».

According to "statistics", we know that infectious diseases, a main plague of the last thirty-forty years, have disappeared, whereas degenerative chronic diseases are increasing in a quick, even exponential way.

It is possible not to see what is evident?
How can we be sure that there is no relation between vaccines and successive chronic pathologies? By steadily, experimentally and clinically ascertaining the response of a drug, **tested on a patient and almost always producing side-effects**.
And what to tell about toxic metals such as mercury, introduced in the body by vaccines?

The micro-macrocosmic interaction and vis medicatrix, in spite the continuous interferences and suppressions, continues to act, badly reacting, but reacting ... The return of diphteria means that the body, in spite the repeated suppressions, tries to react normally!

It is obvious that if we consider **the disease** as a foreig entity and try to fight it by the same parameters, we can do nothing but **looking for a cause where it does not exist**, so complicating **the individual situation** of any body by using other drugs or vaccines, either targeted or recombined ones and blocking the natural **balancing force**.

This is not the trend of my presentation, but only a remark to stress that

WHAT MAKES PEPLE FALL ILL IS NOT VIRUSES OR BACTERIA **BY THEMSELVES**, BUT **MAN'S PATHOGENIC ENERGY SUSCEPTIBLE TO BE TROUBLED: THE ENERGY OF ANY INDIVIDUAL IN A STATE OF PSYCOPHISIC BALANCE CANNOT BE ALTERED**, THEREFORE WE KNOW THAT NOT EVERYONE IS INFECTED. IT IS NOT A CASE THAT PASTEUR UNDERLINED THE FACT THAT: **THE MEANS IS EVERYTHING**.

Hahnemann, many years before, understood through the **OBSERVATION** and the **EXPERIENCE**, that "**the means is everyting**" and experimentally and clinically showed that the morbid dynamic predisposition is inherited: he called miasma **the predisposing pathogenic dynamism**.

Hahnemann could not have certainly imagined that in the future, even through an opposite analytic and scientific approach, his intuition based on experiments and on clinical experiences, could finally define what Hippocrates clarly meant by health.

HIPPOCRATES, FATHER OF MEDICINE, DEFINED **THE RULES OF HEALTH**, CONSISTING OF **HYGIENE, DIET, CLIMATE**, WITH THE ADDITION OF MEDICATION, IN COMPLIANCE **WITH THE LAW OF THE OPPOSITES** TO *SUPPRESS SYMPTOMS*, OR **IN COMPLIANCE WITH THE LAW OF SIMILIA TO EXALT THE NATURA MEDICATRIX.**

THE KNOWLEDGE OF THE PREDISPOSING MIASMATIC STATE AND THE KNOWLEDGE OF THE **INSTRUMENTS-REMEDIES** MORE SUITABLE TO IMPROVE MANKIND'S PRESENT AND FUTURE, **GIVES US A GREAT RESPONSABILITY AS DOCTORS AND AS MEN OF SCIENCE**.

L.U.I.M.O., Association for the Free International University of Homeopathic Medicine "Samuel Hahnemann" has been pursuing for 27 years the objective of a **free and necessary integral teaching** for doctors' training; therefore it proposes the competent Regional, National and International authorities, an **AUTONOMOUS clinica experimentation to demonstrate what was stated in this seat**.
A preventive clinical experimentation for **pregnant woman and their children** including an homeopathic assistance to children during their growth, excluding compulsory vaccination, but implying periodical controls, as required by our experimental-clinica protocol that we want to enforce.

THIS CLINICAL EXPERIMENT SHALL BE CARRIED OUT BY DOCTORS TRAINED BY A PRECISE METHODOLOGY, FOLLOWING HAHNEMANN'S TEACHING, TO AVOID ANY CONFUSION.

WE WISH THAT THE PROJECT L.U.I.M.O. ITSELF, WITH ITS 27 YEARS OF DIDACTIC, EXPERIMENTAL AND CLINICAL EXPERIENCE, MAY BE THE ONLY REFERENCE POINT FROM WHICH AND THROUGH WHICH OTHER NATIONAL, EUROPEAN, AND WORLDLY EXPERIENCES MAY ARISE INTEGRATING COMPLETING EACH OTHER.

To know how to live in a democratic world implies, for man, a series of learning approaches and integral experiences which should make him feel and act as a FREE man.

Now, from a practical point of view, this is not the case. All today's teaching is based on "infallibility" which prevents us from being aware of ourserlves, with repercussions in any sector of life.
Freedom is a very important word since it requires everyone to take his own responsibilities, without any delegation and making a continuous self-criticism. It is something concerning "good sense" and awareness and must be taught since one is very young.
To quote Popper once again: «*Our pedagogy gives children answers without them putting questions, whereas their questions do not receive any answer*».
We, together with aware parents, want to take **all the responsibilities of the therapeutic freedom** and, specifically, **of the freedom concerning vaccines**, and at the same time, we want **to be respected and helped** even outside the current **pharmacological protocol.**

I mean to conclude my report by a sentence by Popper: «*WE MUST BE PERSUADED THAT **FOR DISCOVERIES AND FOR THE CORRECTION OF MISTAKES WE NEED OTHER PEOPLE (WHO BY THEIR TURN NEED US)***».

6. Health protection according to criminal law. Dr. Diego Marmo, Procuratore Aggiunto della Repubblica presso il Tribunale di Napoli. Dr. Alessandro Pagano, *Magistrato*

Abstract

In our paper “Health protection according to criminal law” we point out the importance given by Jurisprudence with regard to the importance of informed consent in compulsory health treatments.

The speakers ask themselves if the same attention should not be paid by legislation to compulsory health treatments (such as vaccinations), both informing citizens and making an effort in the field of scientific research to reduce the harmful effects caused by vaccinations. All this is necessary because, being vaccinations compulsory, there are restrictions on the freedom of consent.

7. E.U. legislation and international law. Prof. Francesco Caruso, Ordinario di Diritto delle Comunità Europee - Istituto Universitario “Suor Orsola Benincasa”

1. The subject I have been assigned - an extremely interesting one - consists in singling out the international and community regulations in force about vaccinations.

Hence the necessity of analysing the international regulations first and then the community regulations, since the relation between the two is of the kind "genus to species". In fact, international regulations are of a general character, while the complex of rules provided by community law has a more particular scope. Furthermore, community law is characterized by the fact that many of its rules regulate both the relationships among individuals and between individuals and States.

2. At this point, I have to premise an essential remark: both international and community regulations do not specifically deal with vaccination issues, but they more generally contemplate the health of the individuals. Then, it must be said that international regulations in force in this field include many acts, such as:

a) Universal Declaration of Human Rights adopted by the. 2, lett. c), the first Act imposes to the contracting States the obligation of assuring &laqnothe prevention, treatment and control of epidemic, endemic, occupational and other diseases», without providing them with any direction about a recommended "modus agendi" for the purpose.

Article 18, par. 3 of the second Act provides that &laqnofreeedom to manifest one's religion or belief may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health ...». Further examining the international regulations in force, we have to remark that also the Declaration of the Rights of the Child itself is far from incisive, containing no more than a generic provision on the matter, stating that the fanciullo must be allowed to &laqnodevelop physically, and socially in a healthy and normal manner» and therefore asserting their right to receive the appropriate &laqnocure mediche».

Some Acts of the O.M.S. contain fundamental rules in the field of prophylaxis, whose primary aim is that of attaining the higher possible level of health for all the peoples. From that concept derives the ruling power of OMS which, according to article 21 of the costitution can issue &laqnoregulations» concerning the procedures for the prevention of epidemics, the nomenclature of epidemic and mortal deseases or, e.g., the features of pharmaceutical products.

An essential role in this field is played by the International Sanitary Regulation of May 25th, 1951, as well as by the additional regulations of 1955, 1956, 1960, 1963 and 1965.

The first of these acts regulates the sanitary controls on individuals and means, independently from how they entered the territory of a contracting party (land, sea, air). Most of these provisions are contained in the new International Sanitary Regulation, adopted in Boston on July 25th, 1969 (subsequently modifiedby the Regulation of Geneva of May 23rd, 1973), ratified in Italy with the law of February 9th, 1982, n° 106. The above said regulation of 1969 is characterized by a series of provisions that more precisely single out the notification and information obligations about

epidemics, aimed at a greater certainty and steadiness in the relationship among States, to protect a "worldwide health", a fundamental interest of the international community. More in detail, the Regulation identifies some precautionary measures for the defence from infectious deseases requiring quarantine (plague, cholera, typhus exanthematicus, smallpox, yellow fever, recurrent fever), providing that only vaccined persons are allowed to access areas infected by such deseases. It also has to be remembered that in Italy the Ministry of Health periodically transmits to its local offices, by means of circular letters, the list of the prophylactic measures required by the various foreign States to the incoming passengers.

It is now necessary to state that, except in the above mentioned Regulations, normally international law does not include specific rules concerning the obligation, if any, of vaccination. As a matter of fact, in most cases the international Acts only generically guard the right of individulas to health and phisical integrity.

These latter values are recognized and guaranteed also in the Convention for the Protection of Human Rights and Fundamental Freedoms, respectively in article 3 - which provides that &laqnoNo one shall be subjected to torture or to inhuman or degrading treatment or punishment.» - and in article 10, par. 2, that, while recognizing that everyone has the right to freedom of expression, also imposes some restrictions to such freedom, with the aim of granting, among other things, &laqnothe protection of health or moral».

Finally, we have to recall article 11 of the European Social Charter, specifically concerning the protection of the right to health, in which &laqnothe Contracting Parties [i.e. the signatory States] undertake, either directly or in cooperation with public or private organizations to take appropriate measures designed inter alia: to prevent as far as possible epide General Assembly of United Nations on December 10th, 1948;

b) International Covenant on Economic, Social and Cultural Rights; and International Covenant on Civil and Political Rights, both approved by the General Assembly of United Nations on December 16th, 1966;

c) Declaration of the Rights of the Child adopted by the General Assembly of United Nations on November 20th, 1959;

d) Constitution of the O.M.S, signed in New York on July 22nd, 1946 and duly adopted by its Assembly;

e) Convention for the Protection of Human Rights and Fundamental Freedoms, promoted by the European Council and signed in Rome on November 4th, 1950;

f) European Social Charter, promoted by the European Council and signed in Turin on October 18th, 1961.

Unlike international law, the community regulations protecting citizen's health are only a few, among which:

a) Article 129 of the Maastricht Treaty on European Union - the last amendment to the Treaty establishing the European Community stipulated in Rome on March 25th, 1957 - come into force on November 1st, 1993;

b) Directive 679/90/EEC concerning the protection of workers from the risks deriving from the exposure to biological agents during working hours.

3. Having singled out the set of rules aimed at the protection of the health of individuals, I will now briefly review their content, starting from the Universal Declaration of Human Rights. The Preamble of that act contains a series of rules - articles 18; 25, par. 1 and 29, par. 1 and 2 - non specifically relating to the subject under consideration, that impose to the States but the obligation of protecting the health of the citizens while respecting their liberty of thought and with the limitation arising from the necessity of assuring the protection of other people's same rights.

This is also the purpose of the International Covenant on Economic, Social and Cultural Rights; and International Covenant on Civil and Political Rights, signed by Italy on January 18th, 1967 and ratified on September 5th, 1978.

In its article 12, parmic, endemic and other diseases».

4. As to the Community regulations in force in the field under consideration, first of all we have to mention article 129 of the Treaty establishing the European Community, which reads: &laqnoThe Community shall contribute towards ensuring a high level of human health protection» addressing its action &laqno towards the prevention of diseases, by promoting research into their causes and their transmission, as well as health information and education».

In general, it can be observed that, except for a few cases, the interest of Community law in vaccination is limited to the harmonization of national laws concerning the commerce of high-tech medicines, particularly those obtained by means of biotechnology.

The only exceptions to the above said orientation are represented by Directive 90/679/EEC (as amended by 93/88/EEC), about the protection of workers against the risks deriving from exposure to biological agents during working hours, and by Directive 89/342/EEC.

The first Directive contains an Attachment VII containing a recommended code of conduct for vaccination in which it is provided that, when effective vaccines do exist, employers should offer workers - especially those exposed to biological risks - the opportunity of vaccinating. It is also provided that workers have to be informed of the benefits and inconvenients of vaccination.

On the other hand, to assure public welfare, the second Directive cited above provides rules aimed at harmonizing the national provisions about the authorization to the production and marketing of vaccines.

5. To sum up, both International and Community law do not contain any rule allowing us to solve the problem raised in the title of this interesting meeting. Such a conclusion has to be drawn even in spite of an international provision of international law according to which, in the case of some specific deseases, a State can decide that only vaccined foreigners are permitted to enter its territory. This is a very specific provision and it does not lead to any general deduction, considering that the trend of today's International Law, always attentive to the safeguard of human rights, is that of leaving issues of this kind to the exclusive competence of each State.

Likewise, it would be wrong to infer an hostile attitude towards vaccination from a particular provision within the Community Law. For several reasons, the obligation of informing the "candidates" to vaccination stated by Attachment VII of Directive 90/679/EEC, and subsequent

amendments, has to be considered a "unicum" which cannot be generalized but at the most proposed as a model for further rules on the matter.

8. Cost and benefit assessment in compulsory health treatments: the balance between individual interests and the community's. Prof. Carlo Colapietro, *Università degli Studi di Roma "La Sapienza" e LUISS "G. Carli"*

Abstract
This paper analyzes various aspects in the field of compulsory health treatments, which have a topical value, especially as regards compulsory vaccinations. A new way of thinking has severely criticized the "vaccination dogma" trying to demonstrate that vaccinations are not only unnecessary but also detrimental to health.
Examining the ways in which compulsory vaccinations influence the freedom of the individual - and, particularly, his power of self-determination as regards his right to health - as well as the constitutional framework, the Author carefully analyzes article 32 of the Italian Constitution, which is the constitutional basis of health treatments and represents the only reference point to study these problems.
To put this problem in the right perspective means to recognize that the right to health has two dimensions, the rights of the individual and the interests of the community as a whole and that there is a strong link between these two fundamental aspects.
On the basis of these preliminary remarks the meaning of the right to health is clarified with reference to the case in which the individual dimension clashes with community's: this is, for instance, the case when vaccinations are concerned. The Constitution subordinates the legitimacy of the obligation to vaccinate to the presence of the interest to health of the individual and the community as well as to the respect of the human being with his/her incoercible beliefs, seen a funcional limit to legislative activity.
In this case, therefore, in order to outline the cost and benefit assessment in compulsory health treatments, it is necessary to move towards a balance between this two values, which, as it has been definitely ascertained thanks to the evolution in the field of jurisprudential interpretation connected with the fundamental right to health, form an interlacement of juridical situations, all of them worthy of an adeguate protection through a reasonable balance.
Finally, in the assessment of the statistical results which characterize the balance between risks and benefits of compulsory vaccinations, it is clear that we cannot help to take into account the coexistence between the individual and general dimension of the constitutional discipline of health. All this in the perspective of a general legislative reassessment of the current system, which respecting the human being and his/her freedom of conscience, may obtain the establishment of adequate rules to safeguard individual health without jeopardizing the community's, in the framework of a progressive uniforming at an European level.

9. Prevention and its limits in homoeopathy and allopathy. Prof. Francesco Attena, Associate Professor, Institute of Hygiene, School of Medicine, II University of Naples. Nicola Del Giudice, M.D., President of Fondazione Omeopatica Italiana, Naples

ABSTRACT
The authors analyze the concept of prevention in allopathy and homoeopathy. In allopathy biological or chemical substances are used: vaccines for prevention of infectious diseases: natural substances, such as vitamins are used for prevention of certain diseases, tumours included; and synthetic substances, e.g. Clofibrate is administered in order to reduce cholesterolemia.The advantages and drawbacks of these interventions are analyzed based on the available scientific evidence.

In homoeopathy the concept of prevention is differently applied: the so-called homoeopathic vaccinations to prevent certain diseases, the standard homoeopathic prescriptions, such as Carcinosinum to prevent cancer, the isopathic prescriptions in order to attenuate intoxication due to the same toxic compound, eugenetic therapy for a correct and harmonic development of the foetus are all qualified as para- homoeopathic interventions since they do not strictly comply with the homoeopathic doctrine, i.d. the law of similars. The only preventive homoeopathic intervention respecting the law of similars is the individualized prescription allowing on one hand to define the individual predisposition to certain diseases and on the other to correct them. The authors underline that the therapeutic administration of the simillimum not only solves the immediate problem of the patient but is indirectly preventive because its action is systemic.

INTRODUCTION

This paper aims at comparing both allopathic and homoeopathic preventive measures based on the introduction of whatever substance in the human organism, allopathic and homoeopathic vaccinations included. The paper does not want to defend either approach, it tries to be neuter judging the currently available scientific evidence.
By prevention it is meant the set of actions aiming at preventing the onset of diseases or the development of their complications in man.
In allopathy many types of prevention exist which may be classified as follows:
- time of intervention : primary, secondary, tertiary prevention ;
- type of disease : prevention of infectious diseases and prevention of non infectious diseases;
- extent of the intervention : individual or collective prevention;
- object of intervention : environment prevention (indirect prevention) and prevention on man (direct prevention).

This paper will focus on preventive measures based on the introduction of a chemical, physical or biological agent in the human organism comparing allopathic and homoeopathic preventions going beyond any unfruitful polemics. Allopathic medicine is analysed first.

ALLOPATHIC PREVENTION

In allopathy substances may be administered against infectious diseases (mainly immuneprophylaxis via vaccines or sera but also antiviral and antibacterial chemoprophylaxis) and non infectious diseases (pharmacological prevention) . The agents used may be both biological and chemical. The formers include alive or attenuated vaccines; the latter include anatoxins, sera and other chemicals or drugs able to prevent the development of certain diseases, e. g.: fluorine against

cavities, clofibrate against hypercholesterolemia, nutrients and vitamins against tumours, amantadine against flu, antibiotics against cholera during epidemics.
Usually the criticism most commonly raised against these interventions by homoeopathy advocates is: allopathy wants to prevent diseases using substances of unknown toxicity with the risk of producing more damages than benefits.
Let's assess the value of this statement by evaluating of the limit of allopathy prevention based on a few examples : vaccinations, clofibrate and vitamin A.
1. Vaccinations
The problem of vaccinations refers both to the assessment of their effectiveness and their toxic effects.
Assessment of effectiveness. As to this point allopaths have no doubt: vaccinations are highly effective and have contributed to eliminate several infectious diseases. An incredible amount of data and scientific evidence is put forward to confirm it (see studies on the effectiveness of vaccines) (1). To homoeopaths, and to those who are against vaccinations, these are overestimated as to their capacity of eliminating infectious; diseases based on data showing infectious diseases decrease regardless of vaccinations and tanks to the improvement of the general living conditions (2). In summary , the debate is the following: 1. *problem of data interpretation*: the same data may be interpreted differently, 2. *problem of generalization*: the more you generalize the more difficult analysing vaccines case by case is; in different cases either point of you is right.
Assessment of toxic effects. Allopaths maintain that there are international monitoring systems on vaccinations collecting data about any tiny event (3) ; it has been possible to demonstrate serious vaccine reactions with a frequently lower than 1/100000. Based on this data, experts make their risk-benefit ratio assessment of a vaccination campaign.
Homoeopaths object that official science is not able to show a basic thing that is vaccinations are dangerous to show a basic thing that is vaccinations are dangerous to health and in the long run provoke a chronic intoxication (vaccinosis) (4) thus contributing to the huge increase of chronic-degenerative diseases (5).
At present neither allopaths or homoeopaths have any scientific evidence to solve the problem, mainly because there is: 1. *the problem of large exposure*: when a supposed risk factor (vaccination) concerns the whole population it is impossible to measure the effects because of the lack of a corresponding large control group, and 2. *the problem of non systematic observations*: i. e. observations which do not belong to a systematic study aiming at identifying the causes of phenomena and that may therefore be biased by evaluation mistakes.
2. Clofibrate
It is a chemical substance advertised as a drug against cholesterolemia and heart diseases . Though able to reduce blood cholesterol level, some thorough studies on its long-term effect show that people treated with this compound still have a higher mortality rate than the control group (6). This example, which can be defined as the problem of toxicity of chemicals (to which all natural physician have paid attention) shows once more that allopathy too easily uses chemicals also on healthy subjects.
3. Vitamin A
Many studies show that vitamin A taken with food seems to protect subjects from intestinal cancer (7); nevertheless, when vitamin is administered experimentally in pills to healthy subjects for a few months, it does not have the desired effect. This example is in line with the homeopathic concept of vital principle and consequent mistrust against use of natural compounds under artificial conditions. Actually the failure of vitamin A in preventing tumours confirms that one thing is taking a natural product in natural conditions and another thing is taking it in pills *(problem of natural conditions)*.
In conclusion, these three examples show that 1. allopathic prevention may be more harmful than useful and 2. statistical-epidemiological methods of allopathy, though precise and sophisticated they are, may be unsuitable for measuring certain conditions.

HOMOEOPATHIC PREVENTION

The homoeopathic prevention, considered as the administration of remedies in order to prevent the onset of diseases, may have different forms. Firstly a series of interventions which do not perfectly adhere to the orthodox homoeopathic doctrine will be illustrated; they will be called parahomoeopathic interventions because they still have similarities with homoeopathy; secondly, homoeopathic prevention, which is the one complying with the homoeopathy laws, will be described:

PARAHOMOEOPATHIC INTERVENTIONS

1. Vaccinations

2. Standard Preventive Prescriptions

3. Isopathic Preventive Prescriptions

4. Eugenetic Interventions

HOMOEOPATHIC INTERVENTIONS

5. Individual Preventive Prescriptions

PARAHOMOEOPATHIC INTERVENTIONS

1. Vaccinations

This intervention is very similar to allopathic vaccination thus taking the same name. There are two types of homoeopathic vaccination:

1. administering the pathogenic agent of the disease to prevent under a diluted and dynamised form; e. g. *Influenzinum* is given in order to prevent the influenza syndrome. The main doubts about it mainly derive from the fact that it does not respect, as all isopathy , the law of similars and is not supported by the experiment on a healthy subject (proving); at the same time there is not any epidemiological data to evaluate its on-field effectiveness;
2. remedies having similarities with the infectious disease to prevent are administered. See the use of the heart and liver of ducks to prevent the influenza syndrome. Also in this case there are perplexities about the effectiveness; these doubts are confirmed by a study which we have carried out showing that the extract of heart and liver of duck is not effective in preventing flu (8).

2. Standard Preventive Prescriptions

This name indicates all interventions based on the administration of standard remedies in order to prevent specific pathologies; Therefore the remedy is not targeted to the individual patients, e.g. the administration of Carcinosinum to a healthy subject in order to prevent cancer (9), or Phosphorus and Lachesis in order to protect liver cells of alcoholics (10). An experimental support to this approach comes from a scientific work showing that Phosphorus 30CH increases the resistance of rat livers to the intoxication from carbon tetrachloride (11).

3. Isophatic Preventive Prescriptions

This name indicates the desensitisation by means of very little doses of the toxic compound (lead , food dyes, additives....) in order to prevent and fight intoxications in the workplace by weakening the toxic substance (10). Also in this case, there is a scientific proof in a study showing that homoeopathic carbon tetrachloride increases the resistance of rat liver to intoxication from carbon tetrachloride (12).

4. Eugenetic Interventions

It is a special form of prevention based on the administration of same remedies during pregnancy in order to favour the correct and harmonic development of the foetus; the prescription may be more or less individualized according to the mother's features or to the ultrasound image, but also standard remedies may be given, such as some nosodes at 200 CH (9) .

Let's see what are the problems and limitations of these parahomoeopathic methods. They do not respect the law of similars and therefore lack of the experimental support given by the homoeopathic proving. Anyway the studies mentioned above seem to demonstrate that a therapeutic action is possible also when homoeopathic laws are not respected. Eugenetics is interesting from a

theoretical point of view, but the results of these interventions are hardly demonstrated experimentally, given the complexity of an appropriate study design.
In conclusion, all these preventive measures raise a major theoretical problem: does the homoeopathic remedy act also in absence of specific symptoms ?
In theory one could say that the lack of symptoms in the patient, as it happens in prevention, should make the remedy inactive. The homoeopathic remedy may be considered as a weak information that is amplified only when there are the symptoms corresponding to the remedy itself, thus having a therapeutic action. When specific symptoms are not present the law of similars is not triggered and the weak signal decays without leaving any trace as it happens when a mistake in the therapeutic prescription is made.
HOMOEOPATHIC INTERVENTIONS
5. Individual Preventive Prescriptions
They are closer to orthodox homoeopathy and are based on the identification of the typology of the subject according to the classic homoeopathic interview. Then the predisposition to certain diseases is assessed based above all on the miasmatic diagnosis. That would already be a good preventive result because it could be a support to screening procedures identifying subjects at risk (example of cooperation between homoeopathic and allopathy). It would also be in line with the constitutionalist tradition because it allows to combine genetic and family patterns to individual susceptibility.
By individual preventive prescription we mean that once the typology of the subject identified, his/her predisposition may be modified by administering the simillimum (miasmatic, constitutional or simply simillimum). Is it possible or not? Are we in the case of "no symptom, remedy uneffective"? The objection could be rejected by saying that constitutional remedy finds functional symptoms anyway in the healthy subject, which correspond to its proving, thus triggering the similarity mechanism.
The scientific evidence of homoeopathy in the field of prevention seems to be lower than its therapeutic action. *Curative homoeopathy* is based on proving and on the law of similars as well as the hundred years old and direct experience of homoeopaths. *Preventive homoeopathy* only relatively respects the law of similars; the experience of homoeopaths is more limited and less direct because it is more difficult to evaluate the long term effects of prevention measures as compared to the immediate effects of therapy. Anyway such a clear-cut separation between curative and preventive homoeopathy is arbitrary since one could say homoeopathy is curative and preventive at the same time since a direct intervention has a general effect on the organism as a whole and not only on the disease area where the attention of the patient is concentrated. In other word, when a patient goes and sees a homoeopath in order to solve a problem, the administration of the remedy may have two consequences. The first is a curative effect on the specific disease: this effect is immediate, contingent and conscious. The second consequence is unvolontary (an expert homoeopath is, of course, aware), and tending to a general prevention and a restoration of the psycho-physical equilibrium of the human organism.
In consideration of the above, and since there is no precise scientific proof, it is possible to hypothesise that the homoeopathic intervention is inevitably preventive as far as the remedies acting into deep are concerned (polycrests, miasmatic, constitutional ones...); nevertheless, it is very difficult to apply allopathic concepts of prevention within homoeopathic doctrine.

MODERN CONCEPTS IN HOMOEOPATHIC PREVENTION

Modern medicine is epistemologically based on dualism. Its language is based on dualism, too. Every other hypothesis based on different grounds is completely rejected.
In such a framework, the modern medical thought imposes the model of molecular biology, separating the body and the mind (the latter pertains to human sciences) and reducing biology to the typical model of some special molecules, according to the typical model of "key-look" which is imposed as a "a priori". No logical explanation is given about the information system governing the traffic of molecules which allows them to recognize themselves in a crowd of foreign molecules.

Within this reductionist-localist program there is the concept of vaccination (and prevention) : the goal is increasing the antibody levels by means of killed or attenuated microrganism or specific attenuated toxin. But molecular biology cannot account for the delicate and precise order characterizing a living system, cannot give any explanation about the traffic of molecules in the organism, cannot interpret the way the mental system, the emotional system and the chemical structure communicate. The field of observation of molecular biology is too short-sighted and limited to the event taking place around one molecule to be able to explain the general order of a living system and what are the information systems connecting the psycho-emotional and the somatic components.

The scope of homoeopathy is far wider. Based on the new ideas emerging in science (the theory of super-radiance), it indicates a more consistent and logical therapeutic and preventive program for the individual considered as a psyco-physico-emotional unity. This program may be defined as system-self-organised and can indicate a general system regulating the molecular events occurring in a living system.

Thus the model of man of molecular biology is to be integrated with the model of man stemming from a careful study of homoeopathy. This model may be called "electromagnetic man" which integrates the model of the "chemical man" by supplying it with the necessary "recognition instrument" (elettromagnetic signals trapped in water under the form of "coherence domains"). The homoeopathic program is therefore based on the description of an through an information program triggering the molecular events: a general program using the universal language (electomagneting language) suitable for long-distance communications by means of selective, specific, intelligent recognition signals able to lead the chemical partners to the chemical rendezvous.

This program is based on a property of molecules known but neglected so far by molecular biology, that is the function of antenna. The molecule is a set of oscillating positive and negative charges and it irradiates and absorbs electromagnetic waves able to travel far away and to bring a recognition signal at a long distance (as radio or T. V.). As a consequence an organism does not interact only with the molecular components but also with the e. m. connections and with the internal rhythms of matter that are able to organize and regulate the chemical language of living (13).

The human being is not considered as a large meccano made up of specific pieces kept together by chemical bonds (molecular biology) but as a correlated system where all its parts are kept together by a dynamic order; it is more like an orchestra: the director is the brain which has learnt the electromagnetic language and orders the living structure. In this case the homoeopathic remedy plays in the orchestra restoring the harmony between the different rhythms and the tunes. Therefore the concept of prevention changes: it involves the individual considered as an information structure working on the rhythms (coherence domains) with the remedies and restoring harmony in the living structure.

The stimulation of the chemical structure (immune system) through chemical information vectors in such a situation seems to be a rough, poorly selective system that creates a lack of harmony in the delicate set of rhythms of a given individual, introducing an element of disturbance and confusion and producing a series of side effects relevant to it.

The homoeopathic method, on the contrary, acts on the living system without inserting any foreign element and reinforcing the set of the rhythms internal to the individual connected to the different structures involved in the immune dynamics.

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10. The homeopathic medical and clinical experience. Salvatore Picardi, M.D. - Maria Luisa Agneni, M.D. - Riccardo Megueni, M.D. -Giovanni Merolla, M.D., *L.U.I.M.O.*

Abstract

This work begins with the respect of each patient's individuality which is stressed by the biopatographic outline given by his/her clinical history, worked out following L.U.I.M.O. guidelines.

It analyzes, then, the various pathologies taking into account several factors, vaccinations in the first place, which are the result of such a methodological formulation and stimulate a series of remarks, reflections and conclusions.

11. Vaccinations today: a critical analysis and experiences in basic pediatrics. Vincenzo Nuzzo, M.D., *Pediatra di base*

Abstract

More and more as pediatricians we observe the development of diseases and disorders characterized by an anomalous reaction to normal environmental stimuli.

We wonder if, within a framework of complex environmental influences on the health of children, even mass health interventions may play a negative role.

Using the clinical method of observation and the pathogenic, theoretical model of homeopathic medicine, a questionnaire for parents has been proposed, to collect data on possible changes in the state of health of their children after vaccinations. This questionnaire has been used by a group of pediatricians as a method for completing and verifying clinical experience with their parents.

Questionnaires were given to parents of 190 patients of the practices which took part in the survey.

Our data stress mainly that parents remarked general changes of their children's state of health, of their habits as well as real diseases in a presumptive chronological relationship with vaccinations.

Furthermore, they suggest that the same factors (such as the "accumulation" of vaccinations in a certian period of time, the number of vaccines used in a single administration and the kind of vaccine used) may increase the risk of modifications in the post-vaccination state of health.

We believe that this data, far from being "evidence" of the negative effects of vaccinations, should represent the basis for an open and non-ideological debate with the aim of programming new studies on vaccinations as well as a reassessment of the obligation to vaccinate.

12. Evaluation of the present state of immunizations: critical analysis and basic pediatric experience. Viviana Rasulo, M.D., *Pediatra di base*

I practice medicine with A.S.L. 2 (Azienda Sanitaria Locale). My practice is based on a complex experience which gives me the possibility to maintain a direct contact with daily problems parents face, as well as follow the children's evolution through healthy and ill states. I am here today because the subject of "freedom of choice" is one very important to me. Must I, or may I choose not to vaccinate? This is the first question a parent asks himself; and subsequently reverts the question to me, when at the age of two months the healthy infant is obliged to undergo his first pharmaceutical treatment. It is a question which often unmasks, perhaps by its ingenuity, the existence of many inconsistencies that emerge from vaccine therapy. This is flanked by frequent pathologies which arise during the first year of life as a sign of an immunological imbalance. I was able to observe many inconsistencies through my sixteen years of clinical practice and direct experience carried out in two contrasting social and environmental realities. During these years I was able to ascertain that the stimulating elements of the immune system, which enables the child to become ill less and to confront infective diseases with less incidence of complications are as follows:

- an improved hygienic-sanitary level;

- a more appropriate and correct alimentation which begins with breast feeding, (principle immunity transmission thanks to it anti-infective, anti-inflammatory, and immunological factors), and continues with a diet that avoids over consumption of fats and sugars which are paradoxically bound to malnutrition:

- finally, a less polluted environment and a higher social background.

Studying a group of sixty infants from birth, born in 1996, I was able to observe the presence of certain more frequent pathologies and their various distribution amongst the group:

- more than two thirds (48) developed recurring respiratory problems, from MUCOSITI of the primary respirtory passage ways to bronchial asthma. In 10 cases there were also symptoms of eczema and intolerance to cow's milk with IPERTROFIA ADENOTONSILLARE and convulsions.

In most of the cases the symptoms began to manifest during the first half of the first year - from the second or third month - recurring and worsening during the first two years and developing, in many cases, into chronic conditions such as asthma and topical eczema.

- Following the vaccination changes such as insomnia, fever, nervousness, lack of appetite, and paleness were often symptoms which preceded the onset of the respiratory and dermatological manifestations.

- Beginning a pharmaceutical treatment for recurrent respiratory pathologies - with fluidifiers for the less serious and with antibiotics and cortisone via aerosols for the more serious - these temporarily improved , but the problem tended to return and to become chronic especially in children with immunological disorders and family histories with allergies.

I began to notice, therefore, a resistance to the pharmaceutical therapy and I observed that in time the same illness moved from the external to the internal organs (i.e. a recurring cold in an infant in time transformed itself into asthma or BRONCHIAL SPASMS; the resolution of a dermatological problem was followed by a IPERTROFIA ADENO-TONSILLARE).

From these empirical observations I was able to draw some conclusions:

1. A great difficulty in recovering these children and to transform this pharmaceutical uncontrollable individual procedure; therefore, a sense of impotence on the part of the pediatrician, a loss of empathy with the parent, and lack of faith in official therapies.

2. A passive acceptance of the therapeutic invasion and a large abuse of antibiotics in the hope that that specific antibiotic and that specific episode of bronchitis would the last one.

My experience as a pediatrician has brought me to the conclusion, even if banal, but no less true that every child manifests an individual response to an illness in its own form, its own period of incubation, and its own symptoms more or less serious, its own frequency - and this obviously conflicts with the massive application of vaccinations.

This which seems to be the most economically advantageous preventive intervention, and finalized towards the total disappearance of a disease, in reality, in my opinion, is not. Why? Diseases such as tetanus and diphtheria will most likely not be eradicated even though there are millions of vaccinated children, and as far as the diseases are concerned the level of surveillance will never be

lowered. The difficulty in the eradication of these and other diseases also resides in the continuous increase of migratory flows towards countries of higher economical level - making the an epidemic of these diseases considered under control possible. That which would be necessary is the institution of a network which would include the following :

- research on vaccines where the only objective is the health of the child.

- correct information to the medical field and scientific informers regarding the risks and benefits of vaccines, and the long term effects of the immunization techniques.

- the establishment of a valid surveillance system that does not base itself on spontaneous referred signals
alone, that is not available to all - receiving, hence, inaccurate data, and which is able to establish the frequency of an event by using the number of doses administered to the population as the common denominator. Further, a surveillance system based on the spontaneous referrals creates the foundation for a series of uncontrolled observations - useful for hypothesizing but not effective for a in depth study. In other words it would be necessary to evaluate whether or not the immunization is safe ; if it is, in how well does it protect against the disease ; if the dangers of the side effects are worth the risk ; and what are the real connections between immunization and the chronic diseases which follow. If this is not done, episodes such as the removal of the anti-German measles, measles, mumps vaccine (PLUSERIX) on September 4, 1992 which had been strongly recommended to we pediatricians and after it had been administered in 37 million doses - 500,000 in Italy from 1990 until its removal from the market. The reason for the removal was due to the fact that the stock URABE AM 9 found in the anti mumps vaccine was responsible for the arising of aseptic meningitis in many vaccinated children (1 :11,000 in Great Britain). The aspect that especially surprised me, and which I encountered in my clinical practice as well, was that the stock was substituted with another stock (RUBINI), produced by the same pharmaceutical company, which has less neurotropism but that gives an immunity in only 18-20% of the cases with a recurrence of the epidemic even after the vaccination.

Another inconsistency regards the whole cell and non-cell whooping cough vaccine. Some children I personally vaccinated developed whooping cough anyway. Again in this case the official statistics are confirmed by daily practice. In fact the Superior Health Institute has established that the whole cell whooping cough vaccine, (until recently the only type available), is effective in only 36% of the

vaccinated population. The non-cell, which substituted the original a few years ago, has an 84% effectiveness ; however, its lasting protection in time has yet to be determined. It is noted, in fact, that the new epidemics tend to present themselves with higher risks in adults - even in highly vaccinated populations - which in turn become spreaders of the disease to children. Further, the serum conversion in a child reaches a sufficient level only after the third dose or at the end of the first year of life - when contracting whooping cough is not as much of a risk as during the first few months of life.

I will make two more brief observations regarding anti German measles and anti hepatitis B vaccines. They are both vaccines which do not give equal levels of serum conversion in all those vaccinated. I was able to personally verify this when the quantity dosage of the anti-HBsAG antibodies vaccine used to be observed ; also the duration of protection in time has not yet been established. Nevertheless, in order to maintain a sufficient antibody level these vaccines should be followed up at 4 or at 7 or at 10 years, otherwise there is the risk of epidemics in adults : in the first case, can cause a very serious congenital neonatal syndrome ; and in the second case, a high probability of spreading hepatitis B among adults - being above all a sexually transmitted disease.

The inconsistencies which I have attempted to point out have contributed to my approach towards homeopathic medicine in the following ways : through individual therapies ; analysis of family tendencies towards illnesses, to develop ones own miasma and prevent the manifestation of the disease by being able to intervene during the pregnancy and latter on the infant. Homeopathy is in effect a non specific technique of induction which stimulates the immune defenses and the self regulating mechanisms without substituting bodily functions and without creating dependency. The newborn represents a balanced system in which the immune defense system in the maturing process. Keeping the child healthy during his growing and developing phases ; opting for more hygienic attitudes ; and correcting dysfunction’s with more adequate therapies which will bring him back to a dynamic equilibrium - these are the duties of preventive medicine. They have a much broader social significance than just the vaccination, that involve the political will, the culture and the economy of countries. With homeopathy the channels of recovery come from the internal towards the external, returning the capability to the child to express himself not only through the disease, (which does not necessarily have to be suppressed), but through the integral manifestation of his own personality. It is desirable, therefore, a unique science that is helpful for the full and positive realization of the child through the in-depth knowledge of his nature, his individuality, his suffering, and his expressiveness. In the environment of this science vaccination cannot be

anything but free. The act of choosing to vaccinate or not must imply an in-depth understanding of all of the possibilities integrating the parent's information, (who become more responsible), with the evaluation of the doctor regarding the benefits and possible harm to the child - he who we take care of today and to those of future generations.

Thank you for your attention.

13. **Scientific research: the other side of the medal. Alfredo Lubrano, M.D., *Segretario della L.U.I.M.O.* Michele Acanfora, M.D.**

Abstract

After some general remarks important works published by international medical journals on the risks connected with vaccinations are discussed.

This analysis concerns a possible causal relationship between vaccinations and Type 1 diabetes and between vaccinations and neurological damages.

14. Data of a survey carried out in Italy. Emilio Scalzone, M.D. - Andrea Aversa, M.D. - Silvia Mascoli, M.D. - Nicola Villano, M.D., *L.U.I.M.O.*

In the last years the clinical practice has put in evidence a growth of respiratory diseases expecially during the first months of life (six months - 2 years) and allergical diseases between the two and the six years of age. Those troubles could be connected to many environmental or constitutional events, but also the active immunization created by the compulsory vaccinations could be a beneral pathogenetic event.
Statistics on collateral effects and contraindications to vaccinations are often conflicting.

We'll report now the experience of a group of study on vaccinations in Italy and abroad. This search is based on the use of a questionnaire to collect anamnestic informations pre and post vaccinations, according to the omeopathic method. The work has been carried out by the Doctors of L.U.I.M.O. with the collaboration of some pediatricians of the National Sanitary System.
We have begun this interesting research, conscious that the questionnaire could give us total information about the patient, besides the general ones about the state of disease.
Beginning a statistical work based only on the concept of "disease" one can confuse or disregard the totality of the symptoms that make unique every patient and so only, succeed in a limited and statistical check.
Our research, still in progress, follows this protocol:

a) Examination of clinical chart of clindren followed until six years of age;
b) Comparison with group of clhildren coming from not compulsory vaccination countries;
c) Research on a selectionated group to verify the immunological change before and after the shot (es. mineralogramma per dosaggio dello Zinco).

Actually we present the data come out from the questionnaire. The questionnaire we have proposed is simple and concise to collect essential informations concerning different periods of life beginning from the date of the first shot.
We used the date only with the parent's consent.

The questionnaire is divided in several sections.

* The first part collects informations on generalities about the patient and the vaccinations he has done.
* In the second part we have made a note of the reactions immediately after the vaccination.

* The third part put in evidence qualitative changes (temper, diet, behaviour, growth, theething, and other more) that, in our opinion are expressions of a general change in the physical balance.

Those changes in the omeopathic view, show a variation in the individual reactivity and susceptibility ("**vis medicatrix naturae**").

- The last part of the questionnaire considers the diseases that the child has presented during the 12-18 months of life, after the shot (asthma, rinitis, food intollerance, rheumatism, skin diseases, nervous system diseases).

During the last years this kind of diseases are over more growing up and, in our opinion, this is due to a perturbation of the "vis medicatrix naturae" that becomes incapable of keeping its balance owing to the continual and repeated shots.

30.000 copies of the questionnaire have been spread, actually 600 copies have come back and only 542 have been considered valid for our research.

The language of the questionnaire is intentionally straight and simple. Infact we, as omeopathic doctors, appreciate the sensibility and the capacity of the parents to understand the pain of their children.

We consider that the symptoms described by who with attention looks after the sick person must be included in a clinical research.

So the questionnaire provides for emotional and temper changes, for desires or avversion to certain food and for sleeping silkness.

Now we'll show the date of our work.

Slide 1

Out of 600 subjects, we haven't admitted 10% of the sample because in the cards there were considerable data's omissions, or mistakes in the filling up of the questionnaire.

The 22% of the sample haven't had significant reactions after the shot. We explain this fact as due to the vis medicatrix naturae that after the vaccinations has balanced the body again.

68% of the sample has showed reactivity to the vaccination and a following modification of the psycho-phisical state.

Before of reading the data we must specify that every subject has presented one or more symptoms but we have considered only one symptom at a time.

SLIDE 2

Considering the answer of the 68% of the sample we have noticed that the 36% of the sample have had troubles within 15 days from the shot, the 35% between 12-18 monthes, the 18% of the sample has reported a change of habit after the vaccinations and in the end the 11% has showed a delay or a lack of balance during the development.

SLIDE 3

The graph explains the detailed reactions noticed within 15 days from the vaccination.

Besides the physical symptoms as fever, swelling, constipation and further more, the parents of vaccinated children have noticed a clar change of the children's behaviour.

In effects within 15 days from the shot, the 21% of subjects has showed an unjustified state of irritability, the 17% a state of psychophisical agitation and the 6% insomnia.

Those data make us, as omeopathic doctors, to wonder: "How and in which ways the Central Nervous System could be altered by the vaccinations? Is it possible to exclude that serious alteration of the personality of some children (as AUTISMO) could have been caused, at first, by the vaccination?

SLIDE 4

The graph shows the changes of habits.

Those symptoms that aren't important for the clinical and the scientific research, are for the omeopathic doctor very important. He considers that the impact of any aggressive factor with the body (in this case the vaccination) produces tridimensional effects like mental, physical reactions and changes of behaviour.

It is clear then the difficulty of a statistical survey which, according to the usual standards is based only on the "concept" of illness and that leaves out the whole of the symptoms which make every sick person peculiar.

Nevertheless the patient exists and it is him who suffers and that must be restored to health, not only for the abstract parameters of medicine, but returning him the full pleasure of himself.

SLIDE 5

In this graphic we can see that the 11% of the sample has showed the following alterations: 15% delay of speech, 34% delay of teething, il 31% delay of growth, 20% alterations of skin (change of colour and consistence).

SLIDE 6

The graphic reports of the symptoms within 12-18 months from the beginning of the vaccination.

SLIDE 7

The last graphic shows the recurring acute diseases within the sixth years of age. Those can be symptoms like asthma, tonsillitis, otitis, that are the exacerbation of chronic diseases. The treatment with drugs preventing from the natural elimination of the disease can encourage a weakened organism to try to restore a condition of balance. This king of situation may be worsen further on by the continuous and repeated vaccinations.

CONCLUSIONS

To sum up, our conclusion is that even if at a starting stage the research is showing that the practice of vaccination concreates serious danger to the growth of the child. This conclusion is such going to support the criticism of the official medicine, mainly because this science does not take in any consideration the quality of life and its true realization. But we want strongly confirm that the duty of a doctor doesn't consist in keeping the patient into the abstract parameters of the recovery from an illness. Illness is a concept of our mind built by adding a set of symptoms. Therefore many patients clinically "restored to health" still complain of indisposition and pains, we instead, look on the human being and on his whole realization, we cure him when he suffers even if this suffering isn't yet diagnosticated. Infact for us the method of "symptoms" is much better than that of "disease".

If our allopatic colleagues pay attention to those consideration, they could, expecially if they are pediatricians, take note of the signs and peculiar symptoms that could be connected to vaccinations; in this way we all together could value, again, compulsory vaccinations.

15. Compulsory vaccination and non compulsory anti B hepatitis in France. Jacques Rey, M.D., Pediatra - Università di Marsiglia, rappresentante del Gruppo Medico Omeopatico di Frejus, Francia

Abstract

French health Authorities have launched a national anti B hepatitis vaccination programme.

Epidemiologists' data show a regular decrease of B hepatitis cases in France, so this data do not support the "experts" point of view in favour of the vaccination programme.

Even the cost and benefit assessment does not justify it.

Health budget cuts reduce the amount of money available for prevention of paramount importance to the advantage of vaccinations.

The assessment of secondary effects is hindered by structural retincenses and by the inadequate training of those who work in the health sector.

Remarks by epidemiologists, virologists, immunologists, economists, are neither heard nor diffused by the media.

The pharmaceutical laboratories involved interfere in all professional fields and with the public. They aim at spreading a sort of information-spur to vaccination.

A study on secondary effects is presented and reservations are made about the organization of an "only thinking" in the field of prevention.

16. Immunization: compulsory or reason. Dr. Louis Lery, *Hospices Civils de LYON*

Immunizations: compulsory or reason.
Immunization is a complete medical act: so, there is an indication or a contraindication, and then an application. It has an individual implication in despite of compulsory, recommendation or nessecity. Criteria for a good decision may be pointed out to vaccinate as much as needed but not too much. Distinction between contageous disease and communicable disease and between "demophyllaxis" and "ontophyllaxis" can separate collective or individual necessity. Vaccinate non protected people and do not vaccinate people with specific antibodies or with cellular immune reaction is possible if immune status is analyzed. Let's immunize cleverly!

Prevention against infectious diseases seems to be a permanent care of Humanity, either by mystico-religious proceedings against inscrutable God providing sickness or by a scientific-like way or, even, by a real scientific approach using observation, evaluated and proved technics like the Chinese variolisation. Compliance, obvious, indisputable, even unquestioned to this kind of process seems to be related by though or chronology to the idea of prevention. Modern sciences data, world-wide information and the access to medical or legal knowledge modify the prevention/compulsory relationship.

Some preliminary remarks have to be pointed out:

1/ about immunization

a/ vaccination is one of the tool against infectious diseases; it is one part of global strategy for limiting incidence and cost of these ills; we have to be used all others like tracking down, earlier diagnosis, treatment, public health and quarantine procedures...

b/ vaccination is a full medical action; it must be indicated or contraindicated, applied and followed. Whatever compulsory or necessity, vaccination remains an individual act performed to each person with some duties:

indicating vaccination to someone must be a proposal like other medical process; the benefit/risk/cost ratio for the vaccine candidate (also for his family, relatives and its community) has to be evaluated in regards to his specific future personal or/and occupational environment.

contraindicating vaccination should be performed because of pathological characteristics of the vaccine candidate; the more the immunization is necessary, the more the contraindication reasons must be pressing.

applying vaccination must be done carefully with heedfulness in respect to present data of sciences.

c/ Vaccination is preventive action.

It goes before any infectious disease except in antirabies treatment. Are useful the knowledge

about seriousness evaluated either by important lethality either by after-effects providing deep handicap like poliomyelitis or developing chronicle disease like hepatitis B.

about lack of effective easy to use treatment, without side-effects.

Effective procedure for immunization which is evaluated by measuring ratio of ill people in vaccinated group compared to non immunized group had to be built. This procedure must be easy to use, without real side effect regards to the subject than the global population.

2/ concerning infectious diseases and prevention and evaluation tools:

Infectious diseases may be classified in two groups: transmissible diseases and contagious diseases. We have to explain these two concepts because they are often considered as similar (or equal).

We shall call transmissible diseases any infection that can be pointed out by one time and space-defined occurrence like wound in tetanus or bite in rabies or needle-stick in hepatitis B etc....

We shall call contagious diseases any infection that can be pointed out by the presence of ill persons in surrounding without marked accident. In respect of these two concepts, the characteristics of prevention by vaccine can be defined in table 1:

diseases	**contagious** (influenza, whooping cough..)	**transmissible** (tetanus, rabies...)
Vaccination	**demophylactic**	**ontophylactic**
immunity or protection founded	**mass**	**individual**
Survey	**epidemiological**	**immunity test**
Evaluation	**measure of vaccine efficiency** **vaccine covering**	**measure of vaccine activity** **status and immune response**
	incidence or prevalence of specific disease	**clinical and physiopathological studies of vaccine failure**
Organization	**collective and compulsory in case of epidemic emergency**	**personalized**
	with strong incentive in any community life	**systematic proposition in course of any visit of preventive medicine**
Goal	**reduction or breaking of circulating germ in concerned population**	**reduction of individual risk**
Function	**to avoid to be source of infection to another**	**to avoid to be ill and to diminish the cost of treatment**

Global population or only a group, named group at risk, in respect of the way of life or occupational and environmental risks shall be constrained to immunize. Some arguments support vaccination to population:

♦ the seriousness: vaccination against contagious disease, often lethal in acute phase, or against chronically evolving illness providing secondary death or deep handicap

♦ the spread, if it can chiefly propagate in the whole population;

♦ the lack of some easy to use preventive measure (public health process may be insufficient or unknown or impracticable because of technical or economical causes);

♦ absence of efficient treatment either because of unproved or unknown therapy or of serious side-effects or of economical or/and psychological cost.

It is necessary to have an active and efficient vaccine to any compulsory vaccine schedule. The vaccine activity is measured by immune response and number of vaccine non-responders (we expect a low level of non-response in these case) and the vaccine efficiency is measured by break down in field of infection morbidity and mortality. A good vaccine must suppress the wholesome carriage and also reduce the infectious germ spread; it must be a really innocuous product.

In target group, vaccine against occupational transmissible infectious disease like hepatitis B vaccine could be compulsory. The decision-making is depending on recurrence of risked actions which make hygienic measures uncertain or difficult to apply. In this occurrence, the need shall be enough to justify this preventive immunization and vaccine proposal seems to be the best attitude. As any scientific notion, these criteria have be reactualized according to vaccinology, epidemiology and infectiology new data. So, it will be possible to vaccine as much as needed but not too much.

Propositions

➲ Establishment of an European survey center of hazards of immunization or an European observatory of side effects of vaccine. It must be different, even there are connection points,

from pharmacovigilance center: in fact, vaccines are so-called (not really) drug because of some specific part: definitive changes of "terrain" as early as the first immunization, different tools of investigation, quite always biological products in preventive view.

from vaccine production center.

It should be take place in academic structures.

➲ Change the vaccine compulsory by a systematic proposal. This gives back to vaccination his medical act characteristics and a real preventive means; arguing the vaccine proposal will increase the amount of information about side effect and about preventive care tools adapted to specific case. So, someone will be a real actor at his prevention. Few problems should be solved out like compulsory and free of charge vaccination, compulsory and epidemic emergency, childhood protection if natural protector are failing.

➲ More funds aid for vaccinology and microbiological ecology in field research. Vaccination or some various public health measures modify the someone status of receptivity.(childhood diseases are delayed and come late in life as polio, hepatitis A, measles....). Bacterial or viral ecology are changed by immunization. These phenomena must be studied and merging new infectious diseases after vaccination have to be investigated to define and realize adapted and efficient public health programs.

In conclusion,

Immunization is **a really full medical act** whatever compulsory or recommendation; we must define any criteria of decision making **to immunize as much is needed but not too much**. Distinction between contagious disease and communicable disease and between "demophyllaxis" and "ontophyllaxis" can separate collective and individual necessity. Vaccinate someone without protection and do not vaccinate someone with specific antibodies or cellular immune reaction: the tools that permit to establish the individual necessities of immunization are now disposable. Let's immunize cleverly!

17. Reactions to vaccinations in Rumanian medical journals - clinical cases. Carmen Sturza, M.D., *Vice Presidente L.M.H.I., Romania*

Situation of the publication on the Rumanian medical journal of cases characterized by negative reactions to vaccinations.

Clinical cases are presented.

18. The Risks and Advantages of the Vaccination with Live Measles Vaccine.

Irina Spandonide, M.D., *Epidemiologo - Romania*

Medical treatments suppose risks due to human errors or to the limits of science. The vaccination may induce adverse reactions .The question is if the reactions are totally recognised, namely the immune mechanisms that may trigger, the individual variations of reactivity. The advantages and the risk of vaccination have to by taken into consideration for each vaccine , the risk of undesired reactions varying with the manufacturing process, of the producer, and with each filling lot produce.

It is the duty of the vaccine controllers to assure the safety of the vaccines .It raises a big conscience problem for the responsible of the quality control of vaccines, that the produce is totally safe. Several requirements for manufacturing and control of biological substances have been elaborated. The strict observance of the manufacturing and control requirements assure the safety of the biologic product, the remaining risk being very low ,due to hazard ,or to the limits of science. The knowledge is not absolute being a reason of anxiety for the quality controllers. (3)

We shall illustrate the case of measles vaccine focusing on the risks associate with adventitious contaminants of the cell cultures.

The measles vaccine is an attenuated live viral vaccine the production of which requires cell cultures for propagation. These cell cultures may contain . endogenous adventitious contaminants, or may be infected during the manufacturing process.

The cell culture for measles virus propagation may be avian-embryo cell cultures, human diploid cells and in some countries dog kidney cells.

Each culture has specific adventitious contaminants. In our proceeding are taken into consideration only the viral contaminants under listed: (4)

avian-embryo cell cultures
folwpox virus
avian retrovirus
Newcastle disease virus
avian para-influenza virus
avian encephalomyelitis virus
avian, infectious laryngotracheitis ,
avian, reticulo-endotheliosis virus
Marek's disease virus
infectious bursal disease virus,
avianinfluenza virus
avian reovirus
avian adenoviruses and potential retroviral contaminants ALV(7)
and other agents pathogenic for bird.
cultures from dog kidney cells (Beagles ,4-6 weeks)
rabies virus
Carré's disease virus
canine hepatitis
human diploides cells
latent virus
typsin- porcine parvoviruses.

The bovine origin serum used for the cells cultures raises the problem of the agents of bovine spongiforme encephalopathiy and of bovine leukosis.

Human serum has not to be used (4).

All these are only the potential viral agents which may be theoretically found in the cultures and the absence of which has to be demonstrated .

The problems are belonging to the field of cell biology.

The hypotheses are:

The presence of adventitious contaminant in cell cultures may induce risks associated to the immunisation with a live viral vaccine.

1. It is necessary to decide whether the problem is strictly theoretical ..
2. If the contaminats agents have pathological potential for man.
3 The possibility to prove this pathological potential .

In order to formulate such hypothesis, the premises are virusological, historical and epidemiological .

1.Virusological premise .

A reality of our days is the coming out of new unknown viral agents. The theoretical possibility that currently unknown viruses might exist in biopharmaceutical products, is alowed in view of the mention “other pathogenic agents for birds” in the list of avian viruses. There is no relation between the new viruses and the cultures,(except the bovine serum and the ‘prion’ of bovine spongiforme encephalopathie) but the list remains open ,demonstrating the limits of the scientific knowledge.

2 Historical premises.

previous contamination during the manufacturing process :

-the presence of avian leucosis virus in vaccines ,experimental or licensed, obtained on embryo eggs(3)

- agents unknown, in the moment of the administration of the vaccines, namely:

1. The vaccines against the yellow fever stabilised with human serum, induced hundreds of cases of viral hepatitis in recipiens, during the Second World War.
2. Immunoglobulines and the C viral hepatitis.
3. Growth hormone and the Creutzfeld-Jacobs disease(8)
4. The oncogen simian SV-40 virus,detected in the monkey kidney. During the years 1950-1960, have been immunised, populations with the inactivated polio vaccine and with experimental Salk vaccine , obtained from cultures of monkey kidney, containing the oncogen virus SV-40. The virus was unknown. The vaccine was manufactured with respect of the rules of the time but the scientific progress did not reach the necessary level.(9)

3Epidemiolgical premises

1.A first limitation is the fact that the pathology associated to the contaminant agents is not known.
2. It is uncertain whether the pathology is induced by the direct action or by the activation of slow viruses.
3. The symptoms may appear after a long delay,
4. The comparison between the pathology induced in generations systematically vaccinated (1980-1997)and that of the non vaccinated generation, suppose the intervention of many confusing factors.
5. It is difficult to establish a causal relation between the vaccination and a pathology, considerated as a vaccine reaction, if there is no temporal relation .

Taking into account the former observation it is possible to consider the increase of the incidence of leukaemia’s in children .

In order to eliminate the risk associated to the contaminant agent, have been elaborated the requirements of the control of cell cultures(4)

An important factor aiming the safety of the vaccines is that the cell cultures be obtained from animals free of contaminants, resulting from closed healthy floks or herds.

The production control for cell culture are done

1 to the source materials and

2 the production and harvest of vaccine virus (after the inoculation with the seed virus)

The control for the measles vaccine prepared in aviain cell cultures are:

1.The test of microscopical observation (in control cultures of uninfected cells 500ml=5%total vol.)for at least 14 day after the day of inoculation.

2.Test for haemadsorbing viruses,(25% of the control cell cultures)

3.Test for non-haemadsorbing extraneous agents

4.Additional tests : for adenovirus, retrovirus, ,avian leucosis virus.The satIsfactory procedures beeing tests for detecting the resistance-inducing factor(RIF), complement fixation tests (CF) enzyme-linked immunosorbent assay(ELISA).

5.After the inoculation with the seed lot virus, is neccesary the test of neutralized virus pool in cell culture(500 human doses or 50ml is neutralized by specific antiserum)

Additional test is the test in a group of embryos of fertilized chicken'eggs by allantoic route and a group by the yolk sac.

To the control tests are added the methods of viral inactivation .For the measles vaccine the method of inactivation is the clarification.

In spite of all the methods of manufacturing and control ,the quantity of residual serum proteins may be of 5ng/unique dose.

From the point of view of the potential risk of the biological substances obtained from cell cultures, the human diploid cells and the cells obtained from avian tissues, are classified in the categories with low viral risk.

The argument is the large quantity of vaccine obtained from embryo eggs, containing the virus of the avian laeucoses ,with no dangerous effects.

The human diploid cultures even if it is possible that they contain a latent virus ,they proved to be harmless(2)

The risk associated to the contaminant heterogeneous DNA is considered negligible under 100pg by unitary dose in parental administration.(2)

CONCLUSIONS

The international authorities and the experts (Studdy Group WHO) agree the following points(2) :

1. It is not possible to state the total absence of the heterogeneous contaminant DNA .Meanwhile the risk of inducing malignant tumour or other disease is extremely low.

2. The risk of the of outcome of unknown contaminant agent is not only theoretical

3.The mechanism of genesis of malignant tumours is not perfectly known.

Finally the problem of the risks -and advantages of the measles vaccination are the following:

The measles is a very contagious disease. The prognostic is strongly influenced by the socio-economic factors

The evolution during the period before vaccine shows net difference between the well developped countries and the under developped ones. (1)The high rate of mortality is associated to endemic malnutrition. The complications are due to secondary infections.

What are the reasons of measles vaccination ?

1. The prevention of severe evolution and death. It is very justified to vaccinate in the poor groups of populations.

2.To eliminate measles, target of Expanded Programme on Immunization (EPI).(10) For this goal, the operational targets are :annual incidence of confirmed measles to less than 1/1 00 000 population and the elimination of deaths. An immunisation coverage of 99% by 2 years of age is required. In the countries with high coverage a second dose is to be administered by the age of 6-12 years.(2). The age of susceptibility will decrease (in children from mothers artificially immunised). The first dose will be administered earlier but the immunity is of short term and a new vaccination will be done at the age of one year. The measles artificial immunity may decrease after 6-12 years demanding a 2nd(3-rd)dose. The reactions of the immune system to repeated doses are not well known. Also the immune modification outcoming if the child display the measles (with or with out symptoms) after the vaccination, are not well known (2)

There is a low risk associated to the presence of residual proteins of animal origin and of the contaminant agents that may be introduced in the organism of vaccinated subjects, avoiding a light measles and so benefit of vaccination remains uncertain.Taking in to account that a vaccine is not totally safe, it is ethical to give to the family and to the practitioner the possibility of option, namely to sacrifice the coverage and the target of eliminating the measles.

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19. Experience with a non-vaccination policy. Peter Mansfield, M.D, *Fondatore "Good HealthKeeping", Gran Bretagna*

Introduction

I have been a general medical practitioner for 27 years in the British National Health Service (NHS), which only operates *against disease.* During that time I have taken a serious interest in the nature of health and realised that you cannot make people healthy by taking away their diseases. So I founded "Good **Health**Keeping", an experimental service *for health.* "Good HealthKeeping" and homoeopathy are now my only work. We have 192 families in our registration scheme, representing nearly 500 individuals. We also serve the workforce of five commercial companies of various sizes.

Changing Attitudes to Disease

Since mid-century in Britain and elsewhere there have been many changes in official and medical attitudes to infectious disease and to vaccination. Once we accepted the common infections of childhood, and did not feel particularly threatened by them. We paid respect to personal hygiene, guarded our youngest children within the protective circle of the immediate family, and placed more emphasis on fresh air, good food and regular exercise.

Now we seem to regard infection as a violation of our assumed right to dominate the rest of nature. We are no longer prepared to make any concessions to the existence of pathogenic micro-organisms. We give our children convenience food from birth and send them out to nurseries and school at far younger ages, then wonder why they are ill so often. Each time we medicate them impatiently and aggressively, which compounds the problem further.

Increasingly sophisticated marketing is largely to blame for these new attitudes. We are encouraged to seek remedies for everything from the shelves of a chemist's shop. Self-help and responsible behaviour cannot be patented, packaged and sold, so we hear very little about it. We cannot blame the public for failing to resist relentless marketing pressure, but we can and should take Public Health Authorities to task for co-operating so wholeheartedly with commercial interests.

Immunisation in Britain

Active immunisation is administered in Britain by Local Health Authorities under the overall guidance of the Ministry of Health. It has become a fetish at all levels which excludes all other considerations. Public Health Medical officers are only informed of the case for immunisation and have no other strategy for preventing infections or fostering health. Immunisation is not compulsory in Britain but parents are pressured heavily by doctors, Public Health Nurses and Health Visitors to accept it, and stigmatised as antisocial if they do not.

In 1970 the usual recommendation was for three immunisation doses combining diphtheria, pertussis, tetanus and poliomyelitis at age 6 months, 8 months and a year, with a booster at school entry (5) which excluded pertussis and another at school leaving (14) against tetanus and polio alone. BCG was and is given at 12. This regime allowed the immune system to mature before challenge, did not attempt to combine virus vaccines and made no claim to be comprehensive. The total number of challenges was 18, and all were arguably worth while.

By October 1996 all that had changed. Now the programme commences at 2 months and administers15 challenges before the previous regime had even started! Haemophilus influenzae B

has been added in infancy and school entry, live measles, mumps and rubella vaccine at 15 months and again at school entry. That makes 28 items by age 14!

Objections and Adverse Effects

In my medical practice and now in Good **Health**Keeping, I am often asked about the disadvantages of immunisation and we prepared a leaflet listing the points we consider important.

- Without exception, the diseases vaccines are designed to prevent were in steep decline long before vaccinations were available against them. Each and every one improved radically in response to post-Victorian improvement of public hygiene, housing, food and water supply - in particular the separation of sewage from drinking water. In the case of polio, the improving trend even seemed to slacken off when immunisation was introduced!
- The same improvements in public hygiene resulted in a dramatic decline in the severity of the common infections of childhood. Measles, still a mass killer in the Third World, is now a much more benign disease in a well set-up First World child - whatever vaccine campaigners say.
- Vaccination is recommended without any reference to simpler, hazard-free options such as isolation within the family circle. This is particularly reprehensible since no other protection is suggested during the first two months of life, before active immunisation begins. No reference is ever made to the effectiveness of breast feeding as natural immunisation against all diseases (except whooping cough), including all those for which no vaccine is available.
- Vaccination is now routinely recommended at an age before the establishment of normal function in the immune system (about six months). I passed my medical final examinations by arguing against immunisation at any age prior to six months! The fashions have changed, not the facts.
- With two exceptions (tetanus and polio) vaccines are administered into the body by an unnatural route. They therefore administer a larger jolt to the immune system and pre-occupy a larger proportion of it than is necessary to achieve the desired effect.
- Vaccination is selective by nature. It covers rare diseases and omits common ones.
- In nature it is virtually impossible to be challenged by two viruses at once, because the first one to infect deters the second. To challenge the body with up to four viruses simultaneously is asking for trouble.
- It is now apparent that the long-term protection promised from artificial vaccination does not in fact occur. Vulnerability returns within 7-10 years of the last booster. This commits candidates to an endless series of vaccine boosters, each of which incurs an increasing chance of adverse reaction or allergy. The increasing rate of reaction against tetanus vaccine boosters is an example of this.
- It follows that the vaccinated individual will be vulnerable to simple infections repeatedly during later life, when the effects of childhood infections are far more dangerous. For example, mumps complications such as pancreatitis and sterility are far more common in adolescents and adults.
- One of the advantages of having an infection continually going the rounds of young people in a community is the resilience this gives. Rain forest natives were virtually wiped out by trivial infections they had never met, introduced by migrant loggers who hardly noticed they were ill. If ever the universal vaccination policy were to succeed, we should within a generation lose this resilience.
- The early vaccines were against untreatable and inherently dangerous conditions such as tetanus and polio. More recent targets have been much more benign conditions such as measles, mumps and German measles. The risk/benefit ratio is therefore rising steeply.
- It is impossible to predict accurately in whom side effects will occur, and how severe they will be. In general however, side effects are more likely and will be more severe in the more vulnerable - exactly those for whom vaccination is intended.

- Side effects are irreversible, can be ruinous, and breach the Hippocratic injunction " never do harm to anyone". Even in the most vulnerable, episodes of infectious illness are rarely so devastating. Where disastrous complications of wild infection do occur, there is at least no breach of the Hippocratic Oath - the doctor's moral and ethical guideline.
- Vaccines are based on altered viruses or germs, chosen because they are milder in their effects but similar in their identity. But living viruses continually reinvent themselves. There is no reason why further mutation should not take place once a live virus vaccine has been manufactured or reconstituted, on an individual basis. We cannot be confident that any further mutation will necessarily be benign. When more than one live virus is combined in a vaccine, the chances of their swapping genes are considerably increased.
- Vaccines are manufactured by culture in biological media such as monkey kidney cells, eggs and human cell cultures. It is quite possible for these to become contaminated with other immuno-active material which may constitute a hazard later in life. One substantiated instance is the considerable increase in asthma risk in babies vaccinated against whooping cough (see J Primal Health reference below).
- Other countries, in which vaccination was once even compulsory, have been backing off. Germany made vaccination voluntary because of the large number of vaccine damaged individuals for whom the state became financially liable as a result of court action. Japan has recently made the same change - and even outlawed influenza vaccination as ineffective. Only in the USA and France does it remain compulsory so far as we know - both countries with major pharmaceutical industries involved in vaccine production.
- Vaccination against the various causes of meningitis is in the first place a palpably false stratagem. Meningitis does not strike like an ordinary epidemic. Particular individuals become critically susceptible to ordinary germs - as if they have suddenly lost their usual control. Just about everyone has these germs in their noses and throats, all the time, doing no harm. Whatever causes these benign and vulnerable germs suddenly to run amok and kill their victims within 36 hours, it can have nothing to do with fresh infection and is most unlikely to be prevented by vaccination! This may even increase the risk of death, just as smallpox vaccination apparently did in Southern England and the Philippines (see "Pasteur Exposed").
- The vaccine promotional material produced by government departments, and the pressure put behind them, are scientifically dishonest. They refuse to countenance the huge scientific literature world-wide that is critical of immunisation, while claiming to be balanced. They ignore or dismiss alternatives. One cannot escape the suspicion that some deeper, undeclared agenda lie behind this. At the very least, the manufacturing companies involved must be operating a very effective lobby on their own behalf.
- The causes of AIDS and chronic fatigue/Myalgic Encephalomyelitis (to name but two modern scourges) are as yet by no means clear. One theory of the causation of AIDS, propounded by Duesberg and Yiamouyiannis and quite well supported by the evidence, suggests (among other things) that multiple small insults to the immune system (such as repeated injections or infusions) gradually wear it out. A vaccination is, by design and intent, more than a minor insult. We cannot yet have any clear idea what multiple repeated vaccination will do because we have only just begun doing it.

Many more people sustain adverse reactions to vaccines than the manufacturers will admit: at least half, in the case of measles vaccine. Doctors who ignore this are in serious breech of the Hippocratic injunction "never do harm to anyone".

A Positive Option

When doubts arose about pertussis vaccine I began to use instead Pertussin 30c homoeopathic, and strongly recommended that people wait until six months for any other vaccines. We suggested that immunisation against tetanus and polio were reasonable, since they take a natural

route; but only when real risk occurs (before foreign travel). We also maintained a set of general hygienic recommendations to reduce cross-infection, but encouraged parents to let healthy children come in contact with the common childhood infections such as measles, mumps, rubella and chicken pox whenever a natural outbreak occurred.

We have been against meningitis vaccination from the beginning because this groups of diseases does not conform to the communicable disease model. The organisms blamed are normal residents of the healthy nose and throat, so it is some feature in the host's defences, and not the germ, that causes this disease. I believe that widespread antibiotic use is the chief predisposing cause of bacterial meningitis and that attempts to immunise against it only weaken the host in the face of this threat.

These are the positive recommendations we make to our members:-

- Enter pregnancy already healthy yourself.
- Breast feed for as long as your baby will accept it. Weaning is **to** new things, not **from** the breast. There are almost no reasons to give up on the breast, and several good reasons to avoid any other food until about six months.
- Always eat good quality fresh food, organically or garden-grown if possible, a proportion of it raw and live. When you wean your baby, go straight to a suitable selection of the same foods.
- Protect your child from birth by isolation within the family circle. Ideally this also means birth at home. The range of challenges is then limited at first to things mother already knows, and protects against in her milk. The range gradually widens at a pace the baby can cope with. This method works against everything, with maximum economy - leaving the immune system fully available for the real threats - the common cold, 'flu, food poisoning germs.
- Think three times before enrolling your child in any form of play-group or nursery before one year of age, for the above reason. The most confident children are reared at home with their families and friends until ordinary school entry - 4-5 years.
- Do not attempt to prevent your child exploring dirt, or even eating it. Sterilisation of our environment makes us more vulnerable, not less. Gradual exposure to bugs in general makes us more immune to disease by papering our skin and intestines with thick layers of harmless germs which make it hard for the occasional disease-former to get in.
- Avoid visits with your infant to crowded places on busy days, particularly during fog or still air conditions and especially in winter. All these increase the risk of airborne infection. When you take an infant outside your home use a back-pack or chest-carrier, not a push-chair or pram. People will "coochee-coo" a baby in a pram while your back is turned, but cannot get as close to you as a carrier without giving offence.
- If any ordinary childhood infection enters your neighbourhood after your youngest child has passed a year of age, let them catch it. The old idea of organising a party to spread all the common things and get them over with was very sound preventive medicine.
- Vaccinate as late as possible, not as soon as recommended. School entry is quite soon enough. Consider polio and tetanus, particularly if you are likely to take the child overseas on holiday, but be wary of the other items on offer.

Results and Conclusions

I am happy to report that we have had no increase in prevalence of communicable diseases in our practice area over a period of 20 years as a result of a low, late vaccination policy. No businessmen travelling abroad without some or all of the vaccines usually recommended has come to any harm as a result: they have done better by paying proper attention to avoiding insect-bites and to food hygiene.

On the contrary we possibly have less influenza here, and I suspect that our old influenza vaccination campaigns were initiating outbreaks of the disease. And we probably have 10-20% more healthy people here, whose immune systems have been spared early vaccination and allowed to mature normally. But I have had to retire from the NHS in order to pursue this policy properly.

I conclude that vaccination policy in the UK is driven chiefly by commercial pressures from vaccine manufacturers, largely by direct lobbying of public health officials, medical practitioners and nurses. Science, parents' wishes and common sense do not come into it. The situation is closely parallel to other pharmaceutical developments. Probably the only solution is to revise patent law internationally, at least as it applies to medical products.

The comprehensive, rational, safe and affordable approach to preventing communicable diseases is to cultivate actively the health of each individual. This area of activity is grossly neglected in the developed world, because is not one in which commercial interests can expect to thrive.

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20. Infectious diseases and childhood illnesses in the light of statistics. Gerhard Buchwald, M.D., *Germania*

No other medical procedure has over the past 250 years caused as much sorrow, misfortune, pain and tears, which has caused as much disfiguerment, as much severe damage and so many deaths, as has vaccination.

The first documented casualties of inoculation were those of royalty and are described in "Habsburg's sold daughters" by Thea Leitner (Piper Publishing Company, Munich, Zurich). According to this book, crown prince Ferdinand of Naplex-Sicily needed a wife. Empress Maria Theresia of Austia reigned in Vienna at the time. Her eldes daughter Maria Elisabeth's face was badly scarred by smallpox. Maria Christine and Maria Amalia were already spoken for. Johanna Gabriele, born in 1750 and 1 year older than Ferdinand remained as the only suitable choice. Negotations began when she was barely 13 years old.

The matter was still in the early stages when doctors - much in the way travellers today are urged to get their travel vaccines - already warned that the future queen should not travel to distant Naples unprotected. After Empress Maria Theresia was "inoculated", it was Johanna Gabriela's turn Maria Theresia suffered a mild bout of smallpox, but Johanna Gabriele became very ill with smallpox and diet.

Ferdinand, the sicteen-year-old crown prince was to assume the throne of Naples-Sicily as Ferdinand IV on January 13, 1767. Finding a wife for him was now becoming a matter of some urgency, so it was Maria Theresia's nex daughter's turn. Maria Josepha was born in 1751. The marriage contract was signed on December 23, 1766. In Vienna, frantic preparations for the impending wedding were under way and again doctors were issuing warnings similar to those still used to frighten the population into accepting inoculations. Maria Josepha became ill with smallpox shortly after the inoculation and died at the exact hour when she was supposed to get married.

Maria Theresia's nex daughter, Marie Karoline, born in 1752, was next in line. The wedding ceremony took place on April 7, 1768 in the St. Augustin church in Vienna, barely five months after the death of her sister. Her brother Ferdinand was acting groom. On May 12, 1768, Marie Karoline was handed over to a delegation from Naples. Ferdinand waited for his young wife in Portello and the couple spent their first night in Caserta castle. Her companion Maria Ludovika reported to Vienna that the marriage had been consumed that night.

The looks of her husband did not meet Marie Karoline's expectations. This may have been the reason why she did not get pregnant for some time, but a loving relationship appears to have developed as time went on and after 4 years of marriage their firs daughter, Maria Therese was born on June 6, 1772; the spell was broken. During the next 20 years, Marie Karoline was either mourning the death of a child or she was expecting another. She had 18 children, 11 daughters and 7 sons, of which 11 died at a very early age. On New Year's Day 1789 a 9-year old son died and exactly a month later her latest son, who until then had been healthy, vigorous and promising. Both died as a result of the "preventative inoculation"which had also claimed the lives of Karoline's sisters all those years ago.

Addressing this issue in his *Medical Topography of Vienna* which was published in 1810, Dr. Zacharius Wertheim wrote: "Such accidental fatalities cause much more pain to conscientious parents than if the death had been caused by natural infection with smallpox". Nothing has changed in this regard. Today is still much harder to accept losing a child as a result of a vaccination than to

the fateful consequences of an infectious disease. Just as vaccinating doctors today deny a connection between severe damage or illness from a prior vaccination by calling such a "coincidence", doctors of those times also denied that death from smallpox could be the result of a prior inoculation. In the case of Marie Karoline they however did not only deny such a connection, but accused her of murdering her children to spite the Bourbons. Her other children who died so young had not died as a result of childhood illnesses, but from gastric and intestinal infections, the cause of which is well-known today: unclean drinking water, again a case for better hygiene, not vaccines.

With 18 births to her credit, Marie Karoline bested her mother, the empress Maria Theresia, who brought 16 children into this world. In 1775 Marie Karoline gave birth to two children. One was born in January, the other on November 23. Marie Karoline died in 1814, aged 62.

The German bynaecologist Aschner said: "The history of medicine is a history of continued errors". As an example, the doctors of the time clairned that pus taken from a smallpox pustule of a person suffering from only a mild form of the ilness scratched into a healty person would ensure that the inoculated person would only suffer a slight infection and would then be resistant to further infection. This assumption proved incorrect and was to have serious consequences as the outcome of such an intervention was totally unpredictable. Many became seriously ill, many died and every inoculated person became a source of infection and therefore a danger to others, the procedure itself thus ensuring the spread of the dreaded epidemics. The severe epidemics in Hamburg in 1794 and in Berlin in 1795 were caused in this manner. When Dr. Hufeland introduced the procedure in Weimar he managed to exterminate half of the city's inhabitants.

Inoculation was finally prohibited under threat of severe penalties, firs by the big cities, followed by the governments of the many German states; this brought the epidemics to a quick end. The countless deaths of those times were caused by doctors; these of course vehemently denied any guilt, just as doctors today deny the many cases ofillness, disablement and death caused by vaccination.

Unfortunately inoculation was not only introduced in Europe, but also in the United States. On a gravestone in the Fort Hill, Huntington, Long Island, New York graveyard one can read the following inscription: "In memory of Peleg, son of Thomas and Mary Conklin, who died of the Smallpox Inoculation Jan 27th 1788 Aged 17 Years".

(photo)

The English country doctor Edward Jenner believed people who had suffered from the mild disease cowpox (vaccinia - after the Latin word for cow vacca) were thereafter immune from smallpox and that inoculating (vaccinating) people with the pus from a cowpox blister of either animal or human origin would therefore protect them against infection from real smallpox. He published his "discovery" in 1796, the year generally considered the beginning of the vaccination era. Like the inoculators before hime, Jenner claimed the procedure was safe and effective.

The wave-like coming and going of epidemics is typical of infectious diseases and is made obvious especially by graphical representation of the statistic of epidemics involving thousands of people, as eg the graph showing the smallpox fatalities in Germany from 1816 to 1874.

(graph)

Smallpox deaths after smallpox vaccination made mandatory in the German states.

Source : *Handbuche der Pockenbekämpfung und Impfung* (Handbook of the campaign and vaccination against smallpox) by Lentz & Gins, Berlin 1927.

This wave-like occurrence of infectious diseases is however observable even where lesser numbers are involved, as we will see later. The graph shows that vaccination had no influence on the coming and going of smallpox epidemics and that, on the contrary, a continuous increase is evident even though vaccination had been made mandatory by appropriate legislation and the threat of punishment since about 1816, in the various German states.

In 1871 the German Empire was created. As an immediate consequence of the Franco-Prussian War (1870-71), the most severe smallpox epidemics to ever ravage Germany killed 84,885 people in 1871 and 77,226 people in 1872. The source of these epidemics were overcrowded prison camps in which French prisoners of war were kept in dreadful hygienic conditions. This led to the introduction of the "Reichsimpfgesetz" - legislation which made vaccination mandatory in all of the newly created empire; this legislation came into force in 1875.

(graph)

Deaths from smallpox in the German Empire. Absolute figures.

Every medical student is taught to regard this famous graph with awe and respect and that we have to thank the English doctor Edward Jenner and the action of wise legislators for the demise of this scourge of mankind. Students are told that this graph clearly shows that smallpox epidemics ended as a consequence of the introduction of the vaccination legislation of 1875.

Is this really so? At first glance it indeed appears to be correct, but on closer examination we can see that the remarkable decrease in the number of deaths from smallpox starts in 1873 and 1874, before the legislation was introduced in 1875.

(graph)

Smallpox deaths in the German Empire 1865-1882.
Source: Breger, Smallpox vaccination statistics from *Handbuch der Pockenbekämpfung und Impfung* (Handbook of the campaign and vaccination against smallpox) by Lentz & Gins, Berlin 1927.

The enlargement of the graph makes a closer examination possible: after the French prisoners of war were allowed to return to their homeland, the number of deaths from smallpox suddenly dropped. When the legislation came into force, there were less smallpox deaths than before the war. The legislation was unnecessary and police enforcement of mandatory vaccination did not prevent further outbreaks and fatalities from occurring for another 10 decades.

However, smallpox in Germany came to a virtual end after 1933, not as a consequence of vaccination, but because of Germany's virtual isolation from the rest of the world due to political reasons, as a result of which any possibility of infection entering from other countries became almost non-existent.

However, when well-nourished German soldiers who had been repeatedly vaccinated came into contact with smallpox in the Greek-Turkish border regions during World War II, some of the German soldiers and occupation personnel became ill with smallpox and there were some deaths.

The first smallpox alarm in Germany itself was sounded in Wiesbaden in 1947. The infection had been imported by American soldiers; it then spread to hospital workers who were entrusted with their care and also to other civilians.

Smallpox deaths in Germany 1947-1972

Year	Place	Cases	Deaths	Source	Via
1947	Wiesbaden	6		US barracks	?
1957	Hamburg	1		India	airplane
1958/59	Heidelberg	19	2	India	airplane
1961	Ansbach	4	1	India	airplane
1961/62	Düsseldorf	5	2	Liberia	airplane
1961/62	Lammersdorf 33 Simmerath	1		India	airplane
1965	Kulmbach	2		East Africa	airplane
1967	Hannover	1		India	airplane
1967	Regensburg	2		India	airplane
1970	Menschede	20	4	India	airplane
1972	Hannover	1		Yugoslavia	train
	Total	94	10		

There were 10 other outbreaks, the last in 1974. All 11 outbreaks have been described in detail in my book *Impfen - Das Geschäft mit der Angst* (Vaccination - A Business based on Fear). Of the almost 100 people who became ill with smallpox during these outbreaks, all except 3 had not only been fully vaccinated in accordance with German vaccination legislation, but were vaccinated once more when the outbreak became known; they became infected and ill regardless. The three people who had not been vaccinated were not as ill as those who had been vaccinated. This of course does not fit the concepts of orthodox medicine, so when the photos of a severely affected but vaccinated girl was shown in a medical textbook next to the photo of an unvaccinated girl who was not as severely affected, the heads were cut off and the photos exchanged to give the impression that it was the other way around.

Three of the outbreaks were in Nordrhein-Westfalen. The documentation indicates that the additional vaccinations only had a detrimental influence. Of 1183 “contact persons” - meaning people who had been in direct contact with someone ill with smallpox - 474 could - for whatever reason - not be vaccinated. Among these, there were no cases of illness, nor any deaths. Among the 709 contact persons who were vaccinated, however, there were 58 cases of illness and 7 deaths.

A. **Persons after vaccination during incubation period with vaccinia-virus or vaccinia antigen**

B. **Persons not vaccinated during incubation period**

	Dusseldorf (1961/62)	Monschau (1962)	Meschede (1970)	Total
Total number of 1st grade contact persons	148	732	303	1183

A. Vaccinated during incubation period	95		442		172	709		
Became ill		5		33		20	58	
Died		2		1		4	7	
B. Not vaccinated during incubation period	53		290		131	474		
Became ill		0		0		0	0	
Died		0		0		0	0	

Only those vaccinated during the incubation period became ill or died.

Unvaccinated persons who had been in contact did not become ill.

Table: Smallpox cases and deaths in Nordrhein and Westfalen.

Source: Buchwald G. : About the effectiveness of the smallpox vaccine.

Empirical naturopathy 22, page 148 (1973).

According to the "official" statistics, there were 10 deaths during the 11 outbreaks from 1947 to 1974. This is incorrect because 4 of the cases concerned old women who had been admitted to hospital because of terminal illness, where they became infected with smallpox, but died as a result of their underlying health problem. There were 5 other women who died as a result of having been re-vaccinated while incubating smallpox. There remains only one genuine smallpox death of an unvaccinated person, that of the Heidelberg doctor Maria N.

Nobody questions that smallpox was a terrible disease; what I want to show is that smallpox vaccination did not give any protection against it. The legislation of 1875 making vaccination against smallpox mandatory was finally abolished on July 1, 1983. Since then, the German people have had complete freedom of choice concerning vaccination.

Tuberculosis

In the last century, a diagnosis of "consumption" was virtually a death sentence. The number of TB cases was therefore the same as the number of TB deaths. The number of TB deaths are the statistics which go back furthest in time.

(graph)

Tuberculosis deaths in Germany 1750-1950.

Source: Wise, H.J.: Epidemiology of Infectious Diseases in Germany, Yellow Journals 5 (1984).

The graph indicates that in 1795 of every 10,000 deaths, 75 were deaths from tuberculosis. The number of deaths gradually decreased, until in 1955 there were only 5 deaths from tuberculosis for every 10,000 deaths. This graph is from a paper by Prof. Weise of the Federal Health Department. Prof. Weise noted that the discovery of the TB germ by Roberto Koch in 1882, the treatment of the

disease in sanatoria, the introduction of the BCG-vaccination as well as the broad application of chemotherapy had no influence whatsoever on this decline, which appears to have been dictated by the dynamics of the disease itself. This means that even if nothing had been done against tuberculosis, we would today still have the same favourable situation as regards the disesase. On the right of the graph we see two peaks which reflect rises in mortality rates due to the miserable conditions during World War I and World War II. The overall trend however shows the remarkable decline in the number of deaths as well as of new cases of tuberculosis.

Another graph of TB deaths from 1906 till 1934 shows how the decline was interrupted by the rise in deaths from tuberculosis during World War I, between 1914 and 1918. The decline resumes at the end of the war, except for a smaller increase after the introduction of the BCG-vaccine. Finally, in about 1920, the trend obvious between 1906 till 1914 is resumed.

(graph)

Tuberculosis deaths in Germany 1906-1934.

Source: Government Office for Statistics, Wiesbaden.

In 1950 there were about 160,000 new TB cases and about 25,000 deaths from TB; this meant that of 6 people who became ill with TB, 1 would die and the other 5 would survive. At this time, deaths were caused almost exclusively by the more serious forms of TB such as miliary and meningal tuberculosis, but even these forms of tuberculosis were disappearing, and even more rapidly than other forms of TB. This led to an even further improvement in the survival rate.

(graph)

TB cases and TB deaths since 1949.

Source: Government Office for Statistics, Wiesbaden.

Please refer to appendix for the meaning of the shaded square between 1970 and 1980 on this graph and some of the graphs which follow.

The graph of the number of TB cases and TB deaths from 1950 till 1995 shows a stronger and steeper decline in the years just after the war.

The next graph shows the even decline of the number of new cases from 1949 till 1995.

(graph)

New cases of active TB in Germany from 1949-1995.

Source: Government Office for Statistics, Wiesbaden.

In about 1990, there was a scaremongering campaign about the “return” of tuberculosis, which we all read and heard about. What actually happened was that when East Germany was united with

West Germany in 1989, it was not only its 16 million inhabitants which were added to West Germany's population, but also its TB cases, hence the "increase".

(graph)

Hospital admissions of TB cases in Germany 1980-1995.

Government Office for Statistics, Wiesbaden.

The slight increase evened out after five years and the decline of tuberculosis evident in both East and West Germany before unification still continues in the united Germany. The Government Office for Statistics in Wiesbaden reports 14,000 new cases and 1014 deaths for 1994, meaning that in 1994 of 14 cases 1 died, 13 recovered.

Wondering if the number of TB deaths would drop below 1000 in Germany, a country with 82 million inhabitants, I probably fazed the officials of the office for statistics with my impatient phonecalls. In September 1996 I finally received the good news that in 1995 there were only 936 deaths from tuberculosis. To illustrate the meaning of this, here is a graph of the number of TB cases and TB deaths from 1945 till 1955. While in 1901 there were 117,000 deaths, 95 years later this number had dropped to 936.

(graph)

New TB cases and relapses and deaths from tuberculosis since 1945.

Source: Government Office for Statistics, Wiesbaden.

This meant that deaths from tuberculosis in any given year had for the first time dropped below 1000! - yet there was no mention of this remarkable event on television, on the radio or in the newspapers. It was in fact a wonderful achievement of our farming community, as it is only since about 1950 that all Germans have had enough to eat. Our social legislation setting standards for better living conditions and better general hygiene, with the treatment of sewage and waste water an important factor, has also been an important contribution to this success. It is therefore inexplicable that politicians have allowed vaccination, which has contributed nothing, to be given virtually all the credit for this victory.

The decline of infectious diseases will continue or persist as long as our currently high living standard remains. This favourable state of affairs has nothing watsoever to do with the concept of "medicine" or "doctors".

To conclude the chapter on tuberculosis, a graph from Austria about the deaths from TB in Vienna of children under the age of 10. This graph shows that the decline of tuberculosis in Austra corresponds to the decline in Germany.

(graph)

Deaths from tuberculosis of children under the age of 10 in Vienna 1900-1988.

Source: Junker, E.: BCG-vaccination from a contemporary viewpoint. Austrian Health Department Bulletin.

In 1900, 1800 childre died from tuberculosis in Vienna. This number declined year after year - without vaccination. Within 50 years this number had dropped to virtually zero. When there were only 2 deaths in all of Vienna, vaccination was introduced. There were no TB deaths the following year, something every reasonable person can see was to be expected anyway. Austrian "scientists" however claim in all seriousness that this was achieved by mass vaccinating the children of Austria.

Diphtheria

Tuberculosis is a disease which progresses slowly. Diphtheria is a much more acute illness by comparison. While a tuberculosis may take 3 months from infection until the illness manifests, diphtheria may only take 24 hours to do the same and a tuberculosis may take months or even years, while a simple diphtheria without complications may have been overcome in a few days. Both diphtheria as well as tuberculosis however are diseases which become more common when conditions of need, hunger and misery prevail but which respond with a swift decline when hygienic and other conditions are improved.

(graph)

Deaths from diphtheria from 1906-1933.

Source: Government Office for Statistics, Wiesbaden.

From the beginning of the century until the outbreak of World War I there has been an average of between 12,000 and 15,000 diphteria deaths per year, but during the war this number increased to over 20,000. Within a year from the end of the war in 1918, deaths from diphtheria dropped to about 10,000 a year, a number which remained constant for quite some time.

I have been unable to obtain numbers of diphtheria deaths in World War II. Either numbers were not collected or they were so frighteningly high that they were not published.

After the currency reform in 1948, living conditions in Germany improved rapidly while the number of deaths from diphtheria declined sharply from 1146 casualties in 1949 to only 200 fatalities 6 years later.

(graph)

Deaths from diphtheria from 1949-1965.

Source: Government Office for Statistics, Wiesbaden.

The decline, which continued year after year, becomes clearly visible when these statistics are plotted on a graph.

(graph)

Diphtheria deaths since 1955.

Source: Government Office for Statistics, Wiesbaden.

From 200 deaths in 1955 the number dropped to under 10 deaths in 1965 and has remained low until today - and will continue to remain low unless conditions change.

This was the situation in regard to diphtheria deaths; even more interesting is the situation concerning diphtheria cases, meaning the many instances where the disease was overcome.

(graph)

Diphteria cases in Germany 1920-1995.

Source: Government Office for Statistics, Wiesbaden.

After World War I - without vaccination and as a result it seems of only better nutrition and some hygienic-technical improvements - there was a decrease from about 100,000 diphtheria cases to about 20,000 cases per year in 1925, the year when the pharmaceutical industry - with a for this time considerable propaganda effort - introduced diphtheria vaccination which then found increasing application. This “preventive” measure had a strange effect: the number of diphtheria cases increased year by year, until during the war years the number of cases sky-rocketed, culminating in a record high of about 250,000 cases in 1943 ultim 1945!

While at the beginning vaccination against diphtheria was carried out with enthusiasm, vaccinations were no longer carried out towards the end of the war and in the years after the war. It was only some time after the currency reform in 1948 that vaccine production was resumed. It is from this point onward that the decline on the graph appears to sloww, a trend which continues until the mass vaccination programmes from 1970 till 1980 appear to cause a disturbance.

From 1970 till 1985 a trend is recognisable the direction of which remains almost the same but is more level than the previous trend which showed a more pronounced decline. Since 1985, diphtheria has become virtually meaningless. The graph seems to indicate that without vaccination we would probably have achieved the situation we attained in 1985 some 25 years earlier.

(graph)

Diphtheria cases in Germany 1972-1995.

Source: Government Office for Statistics, Wiesbaden.

In this last graph, please take note of the vertical scale which goes from 5 to 40. In 1976 there were again 83 diphtheria cases. Again we recognise the wave-like fluctuations we are familiar with from the smallpox graph. Here the numbers involved are not thousands, but always less than a hundred,

with peaks in 1977, 1983 and 1993. These waves represent the natural dynamics of infectious diseases and have nothing to do with a “return” or a “new increase” of diphtheria as pronouncements made to scaremonger would have us believe; this propaganda has the sole intent of getting people to submit to the completely unnecessary diphtheria jab to boost the earnings of the medical-pharmaceutical industry.

Whooping cough (pertussis)

Whooping cough cases used to be reported, but in the years after the currency reform it became obvious that this illness was becoming increasingly milder with time and that the number of cases was continually dropping. Even before the introduction of the federal legislation concerning epidemics, it was decided that there was no need for whooping cough to be a notifiable disease any longer; to report deaths from whooping cough however continues to be mandatory.

(graph)

Whooping cogh cases in Germany 1948-1961.

Source: Government Office for Statistics, Wiesbaden.

This graph shows the decline of whooping cough cases from 1948 until 1961, when the disease was no longer notifiable.

The severity of whooping cough has continued to decrease. If a child today suffers from a “cough” which does not seem to get better after 3-4 weeks, it may be possibly be considered a case of whooping cough requiring appropriate treatment. That the whooping cough vaccination has no influence on the disease is evident from the following graph:

(graph)

Whooping cough deaths.

Source: Government Office for Statistics, Wiesbaden.

The statistics of deaths from whooping cough in Germany from 1946 till 1952 also show the familiar decline. The whooping cough vaccine was introduced in 1952, a year in which the graph shows a slight increase, but the overall decline continues unaffected even when the triple vaccine DPT against diphtheria, pertussis and tetanus is introduced in 1960. By the time of the mass vaccination programmes carried out by the health authorities between 1970 and 1980, deaths from whooping cough were virtually a thing of the past. For many years now, the number of deaths from whooping cough in our population of 83 million can be counted on the fingers.

The graph from England shows that even when there are still wave-like increases in the number of notified cases, the number of deaths may already be decreasing. The deaths become less earlier and more rapidly, because the illness itself is becoming milder. The graph clearly shows that the time is over when whooping cough was a severe and consequently ofter deadly disease.

(graph)

Whooping cough cases and deaths 1940-1975 in England.

Source: Ehrengut, Wolfgang: Reflections about the British government's pertussis vaccination programme: German Public Health Report 20 (1977).

The following table published in the Medical Journal of Vienna shows that when an outbreak occurs - again we are reminded of a wave - it is the susceptible who become ill, regardless of whether or not they have been vaccinated. When of 148 hospitalised children with whooping cough 86 have been vaccinated - in other words 60,6% or nearly two thirds of affected children, this is undeniable evidence that vaccination is ineffective.

Age	pertussis cases	vaccinated	unvaccinated
1-3 years	11	7	4
3-6 years	20	13	7
6-15 years	111	66	45
Total	142	86 = 60.6%	56

Pertussis vaccination status of children with whooping cough between the ages of 1 and 15 in Vienna; data from 2672 ambulance report cards from 1965 of the Vienna University Paediatric Clinic (superintendent Prof. Dr. H. Asperger).

Source: Hayek, H.W.: The problematic of the active pertussis vaccine administration in Austria; Viennese Medical Journal 118 (1968) p. 937.

From 1970 until 1975 there have been a considerable number of especially severe cases of vaccine damage following DPT vaccination, as severe and as frequent as those reported following vaccination against smallpox. From 1976 however, the number of cases of vaccine damage reported showed a remarkable and at first inexplicable decrease. Also, there were no more deaths.

Deaths and cases of permanent damage (including recognised fata vaccine - related complication) after pertussis vaccination in Germany from 1970-1983.

Year	deaths	cases of permanent damage
1970*	-	20
1971*	1	14
1972*	1	9
1973*	2	17
1974*	3	16
1975*	2	15

1976**	-	4
1977**	-	2
1978**	-	4
1979**	-	3
1980**	-	8
1981**	1	2
1982**	-	3
1983**	-	5

* 1970-1975: years when vaccine with $15x10^9$ pertussis bacteria/dosis was used.

** 1976-1983: years when vaccine with $11.5x10^9$ pertussis bacteria/dosis was used.

A paper published in the paediatric journal *Der Kinderarzt* 23 in 1992 concerned with this issue featured the above table and explained the reason for what happened: in 1970 the vaccine manufacturers had secretly reduced the number of pertussis bacteria from $15x10^9$ to $11.5x10^9$ per dose. This shows that vaccine manufacturers are very well informed about the number and the severity of vaccine damage. The decrease in severity of the cases of vaccine damage and the disappearance of the incidence or deaths following the reduction of bacteria in the vaccine is clear evidence of a causatite connection between vaccination and damage caused by it; it is certainly not a case of "coincidental events" as is so often claimed today. The table clearly shows that the vaccine respectively its composition has to be regarded as the cause for the many incidents and fatalities.

Because of these severe cases of vaccine damage, the whooping cough vaccine was removed from the list of "recommended vaccinations" in 1975. This meant that in the event of vaccine damage the government legislation concerning epidemics no longer applied, but that the vaccinating doctor was now liable for damage. Because such compensation could involve lifelong payments to the victim, the number of whooping cough vaccinations carried out dropped drastically: less than 5% of children were now report to still be vaccinated (refer to page 39 for statistics on the number of vaccinations carried out).

(graph)

Whooping cough deaths.

Source: Government Office for Statistics, Wiesbaden.

This is what happened: NOTHING. The declining trend observed for so many years simply continued.

To conclude the chapter on whooping cough, a graph from Switzerland which illustrates the nonsense of this medical procedure referred to as "immunisation".

(graph)

Deaths from whooping cough in Switzerland: over 600 deaths at beginning of this century - no deaths in the last five years. The greatest decline occurred in the years before babies were vaccinated.

Source: Tönz, O.: Whooping cough vaccination: Therapeutic Journal 40 (1983) p. 203.

In 1910, there were over 600 deaths from whooping cough in Switzerland. Because Switzerland maintained its neutrality in both world wars, the decline was not disturbed bi either of these wars. Year by year, the number of deaths from whooping cough declined without any vaccination whatsoever, while in Germany, there was a considerable increase in the incidence of infectious diseases whenever during times of war. This is an important indication regarding the cause of infectious diseases.

While across the border World War II was still being fought, the number of whooping cough deaths in Switzerland dropped below 100; it was then that the first vaccinations against whooping cough were carried out. The previously steep decline slowed almost immediately, but the overall decline continued and reached the zero point in 1970. It may be assumed that without vaccination the zero point may have been reached in 1950, that is 20 years earlier. Swiss "scientists" however are celebrating the good news that since 1970 no child in Switzerland has died from whooping cough as a victory of mass vaccination of Swiss children.

Tetanus

As with all infectious diseases, the incidence as well as the deaths from tetanus also declined after the war ended, or rather as the social conditions affecting the German population began to improve. We have got figures about deaths from tetanus going back to 1950. After the Government Legislation concerning Epidemics took effect in 1962, exact figures on tetanus cases were also collected.

(graph)

Tetanus cases and tetanus deaths since 1962.

Source: Government Office for Statistics, Wiesbaden.

The tetanus toxoid vaccine is known since 1927. Millions were vaccinated with it during the war, and after the war the tetanus vaccine continued to be used even in the event of injuries where is no risk of tetanus. The graph shows a decline which resembles that of other diseases at a time when no vaccine was used against them. If the vaccine was effective, there should also have been no increase during the war and the graph once more clearly shows that like all the other vaccines used during the mass vaccination campaigns carried out between 1970 and 1980 here - the tetanus vaccine had no effect whatsoever on the decline in the incidence of tetanus or any deaths caused by it.

Until about 1965 the number of deaths exceeded the number of tetanus cases. This trend was reversed in 1966, when there were more tetanus cases than deaths from the disease, meaning that the disease was becoming milder and the chances of survival correspondingly greater.

Here is a graph of tetanus cases:

(graph)

Tetanus cases in Germany since 1962.

Source: Government Office for Statistics, Wiesbaden.

There have been between 4 and 16 tetanus cases per year, for the past 15 years, in our population of 83 million.

Here is a graph of deaths from tetanus:

(graph)

Tetanus deaths in Germany since 1949.

Source: Government Office for Statistics, Wiesbaden.

There have been between 2 and 6 deaths from tetanus per year, in the past 15 years. The tetanus vaccine is used so often here that even the heads of vaccination clinics have warned against too frequent an application. We also need to ask whether those who became ill or who died from tetanus been vaccinated or not. I have tried to get this question answered for the past 30 years - unsuccessfully I might add - as the answer appears to be a secret. I therefore tend to assume that they were probably vaccinated people, for the following reason: if there was even one, let alone several unvaccinated people among them, we would have heard of it in all the media, television, radio, newspapers and magazines with the usual commentary about the irresponsibility of those who do not keep their or their children's vaccinations up-to-date, but so far this has not happened.

The next graph shows the distribution by age of tetanus cases in Germany from 1968 till 1978.

(graph)

Age and sex of tetanus cases in Germany 1968-1978.

Source: Allerdist, H.: The Yellow Journals 1, p. 26 (1981).

We can clearly see that tetanus - if any problem at all - is mainly a problem of older people. Children and teenagers hardly ever suffer from tetanus.

Measles

Our parents used to be of the opinion that a child should have had the measles before it begins to go to school. They knew measles to be a usually a harmless disease at this age. It was also well known that children undergo a gruwth spurt after overcoming the measles. In 1938 about 80% of children had already had the measles by the time they were 4 years old. Because nearly everyone had measles, no figures were collected concerning measles cases or even deaths caused by the measles. In accordance with the Government Legislation concerning Epidemics of 1962, deaths from measles were made notifiable.

The graph shows a continual decline in the number of measles deaths. When there were hardly any deaths from measles, vaccination against the disease was introduced in 1972.

(graph)

Measles deaths in Germany (notifiable since 1 January 1962).

Source: Government Office for Statistics, Wiesbaden.

When a vaccine is introduced into the programme, the same steps are invariably followed: a disease which ultil that moment has been accepted as a normal part of life and is considered generally harmless is suddenly vivified and from one day to the next becomes a "killer disease" with severe complications including brain damage; those who are not vaccinated are said to risk brain damage or death. I was taught that in 1/100,000 measles cases the brain may be affected. Today, this previously rare event appears to have become the norm, with figures of 1:800 being quoted. When parents are suitably frightened, vaccination is presented as the solution to the problem. The threat has suddenly become defused and the crisis reduced to exactly that which it was right before the saremongering started: a harmless situation - except that vaccination carries its own considerable risks.

When preparing a programme for the German television show "Schreinemakers Live", efforts were made to find a child whose brain had been affected by measles. No such child who had survived such a complication could be found in Germany.

When the programme was shown, it presented an interesting case from Switzerland: a physically and mentally retarded epileptic girl who had not been vaccinated because of her condition. Her vaccinated brother got the measles and the girl became infected by contact. Her brain was affected and she had to be admitted to hospital. After a few weeks the girl slowly regained her health; the above-mentioned growth spurt became evident, and this previously physically and mentally retarded epileptic child became perfectly healthy; her convulsion ceased, her physical development became normal, and mentally she was now so well she could attend normal school without difficulties.

Mumps

In 1987, 726 7-year-olds as well as 967 14-year-old school children were vaccinated against mumps in the city of Basel as part of a "pilot study". Tests showed sero-conversions of 95% to 100% - which according to orthodox medicine is an indication of absolutely certain protection against the disease. A mass immunisation campaign against mumps was then carried out in Switzerland. How many cases of mumps there were in spite o this is not known. Only a difficult to obtain medical journal called "Paediatrika" published an article entitled "A retrospective view of the mumps epidemic 1992/93" by the paediatrician Dr. L. Rützler from Altstätten, Switzerland which gave details about an epidemic of mumps in Altstätten, a small town near the Principality of Liechtenstein.

(graph)

The epidemic occurred in 1992 and lasted until 1993. A medical examination was undertaken at two schools, of 482 pupils aged 7 to 14, of whom 446 were vaccinated, 8 of them twice; 36 were unvaccinated; there were 128 mumps cases, 116 (26%) of them in the vaccinated, 12 (33%) in the unvaccinated pupils. This means every fourth vaccinated child got mumps. The 8 children who had been vaccinated twice all got mumps regardless.

The author himself treated 144 pupils suffering from mumps, 120 of them vaccinated and 24 unvaccinated; there were 7 complications: orchitis (inflammation of the testicles) 3, pancreatitis 2, meningitis 2. The article emphasises that "one of the meningitis cases occured in an unvaccinated boy who had to remain in hospital for three days". It must therefore be assumed that the other 6 complications occurred in vaccinated children. The other seeks to provide evidence for his opinion that the failure of his vaccine was due to the lack of effectivenees of the "Rubbini"-strain of mumps virus used in the vaccine.

The percentage of those ill nearly as high in the vaccinated as in the unvaccinated is evidence of the ineffectivenees of this vaccine. Wen even those who have been vaccinated twice get ill with mumps, it shows that the vaccination causes an increase in the incidence of the disease. If similar investigations were carried out into the incidence of mumps, measles or whooping cough in Germany, we would undoubtedly come up with similar findings.

Haemophilus influenzae B

I never came across this name during my medical studies nor even during all my years as a doctor. It was only during the time when considerable propaganda was used to create the impression that countless children were falling victim to this disease that I first heard of it. Only recently Prof. Rüdinger of Kries, University of Munich wrote in the paediatric journal "Der Kinderarzt" in a collectively written paper which was also signed by Prof. Stük of the STIKO (Ständige ImpfKOmmission - the authority responsible for vaccination in Germany) about the course of this illness over a period of 3 years (July 92 till June 93, July 93 till June 94, July 94 till June 95). From this pubblication it was evident that in the first period of the investigation from July 92 till June 93, there were only 138 cases of Hib in all, in the whole of Germany, among them 33 cases which had fallen ill regardless of having been previously "immunised".

The graph shows: initial situation of 138 cases of which 33 (23.9% or 1 of every 4 children with the illness) were vaccinated. In the next period the number of cases fell to 83, of which 25 (30,1% or 1 of every 3 children with the illness) were vaccinated. In the last period there were 62 cases, of which 33 (53,2% or every second child with the illness) had been vaccinated.

(graph)

Systemic haemophilus influenzae cases in Germany: all vaccinated and unvaccinated children as of 1/9/95.

Source: von Kries, Heinrich, Helwig, Stück.

As the son of a businessman, I cannot help but ask whether it makes any sense to vaccinate, year after year, 700,000 children against a disease for which effective medical treatment is available and of which there were only 138 cases in 1992/93, of which every 4th child had furthermore been previously "immunised"?

I also question the advisability of continuing to vaccinate against an illness of which there were only 62 cases in one 12-month period in all of Germany, of which over half had been previously "immunised" and became ill regardless.

I consider it irresponsible to vaccinate millions of children considering the rare occurrence of this illness, which in any case can be successfully treated. It makes more economic sense to clinically treat 62 children than to vaccinate millions, especially as eventually after there are likely to be reports of vaccine damage.

The only possible conclusion is that this vaccination is not only ineffective but that it is also harmful as it is likely to predestine children for illness. From the vaccine manufacturer's and even the medical establishment's viewpoint all this may of course make economic sense, but our harassed health minister could save millions at the stroke of a pen if he decreed that parents should get their child vaccinated if they want to, but should pay for the vaccination themselves. Apart from achieving savings in the millions, such a measure would also enormously benefit our children's health.

The graph of the decline of all the infectious diseases can be summed up as follows: vaccinations are ienffective, therefore no use and are carried out for purely commercial reasons.

How easy it is to be deceived is evident from this graph from Hamburg. If someone had invented a vaccination against infectious diseases in 1901, a memorial would have been erected on the Hamburg town square to commemorate this "benefactor of mankind" and his picture would grace banknotes and postage stamps. It was however not vaccination which was the cause of the remarkable decline in infectious diseases, but if anything probably the sand-filtration of the city's drinking water from the river Elbe.

(graph)

Infant Mortality in Hamburg 1821-1964 per 100 live births.

Source: Seelemann, K.: The course of infectious diseases in Hamburg between 1870 and 1964; Munich Medical Journal 108 p. 144 (1966).

Why then do vaccinations continue to be credited with the decline of infectious diseases? The upper echelons of the medical-pharmaceutical industry are of course well aware of the ineffectiveness of vaccination, hence their push to vaccinate everyone on the planet against as many infectious diseases as possible: if everyone is vaccinated against everything, a comparison between infectious diseases and between the vaccinated and the unvaccinated is no longer possible and the obvious, namely that the unvaccinated remain healthy while the vaccinated become ill is no longer staring everyone in the face.

It was the misfortune of the medical establishment and the pharmaceutical industry that Germany in 1962 introduced the very strictly enforced Federal Government Legislation concerning Epidemics, which makes the reporting of infectious diseases mandatory. Thanks to this legislation, Germany has probably the most accurate records of any country in the world of the incidence and even the degree of severity of the various infectious diseases and of the deaths caused by them was due to vaccinations, as these records clearly document the ineffectiveness of vaccinations in preventing the diseases they are used against.

Despite all this evidence that vaccines don't work, the pretense that we are protected by vaccination is arduously maintained via the media and government propaganda. Apart from the profit motive,

vaccines against as meny diseases as possible are not only developed to tap into any potential market, but also to maintain the pretence that vaccines are protecting us from illness and death, because low vaccination rates over some years may after all reveal the illusory nature of "protection" from vaccination.

The next table shows the vaccines available to us and to our children today and what the future is likely to bring.

(graph)

Vaccinations since Jenner.

Source: Warren, K.S.: New scientific opportunities and old obstacles in vaccine development; Proc. Of Natl. Sci. U.S.A. Vol 83 p. 9275 (1986)

Here once more the graph which shows the number of whooping cough deaths in the time when virtually no vaccinations were carried out. It shows what happened as a result: nothing; there was only a slight continuing decline even in the absence of vaccination. When in 1980 there was an insignificant increase from 8 to 14 deaths in 1981 there was an immediate response in the medical literature in the form of wordy articles containing "warnings of a return of whooping cough epidemics as a consequence of having abandoned vaccination against whooping cough", and demands for its immediate reintroduction. They were not quick enough: their voices were silenced when deaths fell to 13 in 1982, 12 in 1983 and 1 in 1984.

There were no comments let alone articles about the decrease; it was as if it did not exist. It had simply been a temporary "wave" of the sort we have observed in the graphs of the various infectious diseases.

Finally, here is a table which puts the infectious diseases and the deaths caused by them in their proper perspective.

(graph)

The relevant question, whether those who had fallen ill with or who had died from an infectious disease had been vaccinated or not, I cannot answer. The "Association for the Support of Victims of Vaccine Damage" has demanded for the past 40 years not only the introduction of mandatory reporting of vaccine damage, but also the provision of a space on the infectious disease report form to indicate whether the person concerned was vaccinated or not. Such sensible measures which would bring some clarity into this issue are actively sabotaged; as the saying goes "To err is human - to cover up is scientific".

As already mentioned, thanks to the accurate statistics available from the Government Office for Statistics in Wiesbaden it can be clearly shown that the claim infectious disease have declined because of vaccination is not true. In the softcover version of my book *Impfen - das Geschäft mit der Angst* (Vaccination - A Business based on Fear) published by Knaur in April 1997 you can find many more graphs concerning the infectious diseases vaccines are used against. Staarting with inoculation, every vaccination procedure known so far has been a failure. Why? I can only give you the one answer to this question: because the premise vaccination is based on - namely the antigen-antiboedy theory - is false. It must be false.

Medical procedures which in medieval times were considered the latest fashion are today regarded as hocus-pocus. Today's medical people believe with similar fervour in the correctness of the antigen-antibody theory. In a hundred years - hopefully sooner - we may well consider the idea of making people sick to make them healthy bizarre nonsense.

I thank you for your attention.

Appendix

Before 1970, vaccinations in Germany were mainly carried out by the health department. The government was then lobbied to have doctors and expecially paediatricians to take over the vaccination business in the hope of achieving high vaccination rates despite the fact that parents had freedom of choice regarding vaccination. When the health authorities found out about contracts to hand over vaccination to doctors resp paediatricians in 1980, they decided to make the most of the time they had left and engaged in mass vaccination campaigns, which are indicated on the relevant graphs by a shaded square covering the years from 1970-1980. Here are the statistics of the number of vaccinations carried out during this time Source: *Bundesgesundheitsblatt* 26, 1983 - Government Health Leaflet 26).

		Diphtheria	Pertussis	Tetanus	TB		Measles	Rubella		
1970		743383	186354	975249	499029					
1971		653752	197433	866389	479371					
1972		881097	310764	993643	510588	30352				
1973		930514	321964	1069528	390857	16936				
1974		848039	275069	1023379	415501	12468				
1975		643835	119233	748462	152018	4410				
1976		717982	40212		839857	5273		7588		60376
1977		582574	8888		690806	13710		15188		389796
1978		588868	6702		712129	101075	15409		316596	
1979		589494	24628		703555	154945	33404		330023	
1980		580906	3895		690905	155881	43709		328847	
Total		7763944	1495142	9349902	2896248	179464	1425628			

The money spent on these campaings amounted to many millions of DM (in the vicinity of DM 283 or about DM 25 million a year according to my calculations), yet the graphs show that the money spent on these campaigns was an utter and complete waste as the graphs clearly show these vaccinations had no influence on the decline of the diseases vaccinated against, or if any, only a negative one.

Finally a graphic representation of the number of pertussis vaccinations from the above table which shows the drastic drop after the "official recommendation" for the pertussis vaccination was suspended in 1975.

(graph)

21. **Vaccinations in Ecuador: an obligation or a free choice - a 1997 research Research paper: "Should vaccinations be a compulsory or free choice?" from Chile and other countries of South-America. Manuel Albán Lucio, M.D., *Direttore delle Relazioni Internazionali dell'Università Statale del Bolivar, Ecuador.* Dr. Eduardo Castro Rios, *Direttore delle Relazioni Internazionali dell'Università de Los Lagos - Segretario Generale della Rete delle Università Regionali Latinoamericane Red UREL***

Abstract
Distinguished organizers or the event, distinguished participants, I thank you very much for the invitation to participate in this important forum. It is highly desirable that from now on the effort be not done only by Latin America, nor only by Europe, but together we can define and redefine clearly which are the new roles to be carried out by international cooperation, so as to get the best possible advantage from its existence. It is a cooperation that has to define our activities, as far as health's defense in concerned, from the different standpoints in which we have acted, not taking only man into consideration, but all his environment. Actually, the new role our nation will play in the next century should certainly include the accomplishment of several agreements supporting the strengthening of culture and health.
In the following lines we will analyze briefly the current situation of health in Ecuador: its present population is 11.7 million; 60% live in urban areas; 30% are indians who mostly live in rural areas; life expectancy is 60 years; the population pyramid has a modified wide base as a consequence of an across-the-board decrease in birth, fertility and death rates.
Infantile mortality has decreased steadily, maternal mortality has remained about the same during the past 35 years and is one of the highest in the region. These national trends hide big regional social and ethnic disparities.
The mortality profile of the country is in transition since it presents simultaneously pathologies of our retarded development, such as infectious diseases and malnutrition in as much as 55% of children under 5 years, along with pathologies associated to risks of modern life, such as cardiovascular diseases, traffic accidents and chronic-degeneratives diseases.
During the two centuries following the demonstration of the principle of the acquired immunity, the principal goal of the vaccine fabrication has been to confer protection against infectious diseases. The vaccination field has been so much investigated that now there are talks which go beyond the possibility of inhibiting efficiently a disease seizure.
During the eighties, immunization became the basic concept behind infantile immunization programs around the world. Massive vaccination campaigns were organized in most developing countries; as a result of such undertaking the percentage of children protected against diseases in many of those countries is higher than in the United States. Ecuador had a colera epidemic in 1991, and a rabies epidemic in 1996 which placed the country at the top of the continent up to now. AIDS, which lacks a program of effective prevention and specific treatment, registered 107 new cases in 1995 and 186 in 1996, reaching a total amount of 1.286.
In Ecuador there are 200 homeopathists in 1997. Since it was introduced 15 years ago, it has had a remarkable growth and now is considered as of great importance. Multiple experiences have turned people over and over the homeopathy field. The key word which grabs increasingly people's interest is equilibrium, which deals with re-establishing the individual's health, i.e., harmony with nature and the inner self; it is about physical, psychic and emotional harmony.
There are no statistics on the number of patients being treated by homeopathists, but its increase is undeniable in direct relationship with positive results. Therefore the relationship physician-patient

is being regarded as vital. A homeopathist said «**this is not for free, it stems from looking at a human being as a whole, an organ's disease is an individual's disease**».

Many patients said that homeopathy is cheaper because avoids very expensive laboratory and diagnosis exams. According to them, consultation and medication are cheaper than in the allopathic medicine. Also they pointed out that the treatment is cheaper, not only in financial terms but in terms of the physical and human endurance, since it corrects unhealthy habits and develops an interest in increasing an organism's own defenses. This therapy is considered as preventive medicine in my country.

Recently, homeopathy has started to develop in Ecuador with quite particular characteristics. It seems the typical individualistic approach is not to be applied only in a medical treatment, but also in the different ways of being of communities. Every time the topic we are dealing with becomes increasingly interesting, which is rather curious in this society, always eager to explore new alternatives within medicine.

Now that homeopathy is gaining great importance in our country, a significant relationship between Dr. Alma Rodriguez and Bolivar State University has made possible the survey in order to get more data on the subject and to verify reactions due to vaccine administration.

22. Why the Japanese goverment had to cease compulsory vaccination - from a viewpoint of a pediatrician. Hidehiko Yamamoto, M.D., *Pediatra - Osaka Red Cross Hospital, Giappone*

I thank you from the bottom of my heart for your giving me a chance to report in this International Forum .

Why the Japanese government had to cease compulsory vaccinations?
- from a viewpoint of a pediatrician –
Hidehiko Yamamoto M.D.
Department of pediatrics
Osaka Red Cross Hospital, Japan

Why the Japanese government had to cease compulsory vaccinations?
- from a viewpoint of a pediatrician -
In Japan, the government had changed vaccination system from compulsory to free choice in 1994 after an interval of over 40 years. . Why the government had changed vaccination system? I think the analysis of this question should be the answer of the theme of this Forum. So I speak the title as "Why the Japanese government had to cease compulsory vaccinations?"

Case 1. Influenza encephalitis – 3 years old girl –

- Sudden onset of fever
- Convulsion and consciousness disturbance on 2nd day
- Influenza A-H3N2 (A Hong Kong) detected
- Consciousness disturbance for 10 days
- Motor disturbance improved after 6 months

Case 1. Influenza encephalitis-3years old girl-
First, I 'll show you Influenza related 3 cases.
Case 1. is a 3years old girl of Influenza encephalitis.In 1993, her temperature went up suddenly. On 2nd day, occured convulsion and consciousness disturbance. The diagnosis of Influenza H3N2(TypeA Hong Kong) was detected by paired serum. Convulsion decreased within a few days. Consciousness disturbance continued for 10 days. Motor disturbance began few days after the onset of the disease Six month later, she recovered without any sequerae.

(slide 3.) Clinical course of Case 1.
This slide is the figure of clinical course of case1. Over 90% complications of influenza are pneumonias. Encephalitis is one of a rare but serious complication of Influenza .We have experienced rare complication of Influenza, Guillain- Barre syndrome, too. We must consider the probability of these complications when we discuss Influenza and vaccination.

Case 2. Influenza vaccination induced encephalopathy

- 10 years old girl
- On next day, fever up after influenza vaccination

- On 3rd day, with skin rash, convulsion and consciousness disturbance
- On 10th day, she was died without recovery of consciousness

Case 2. Influenza vaccination induced encephalopathy
Case 2 is a 10 years old girl of Influenza vaccination induced encephalopathy. She was compulsory vaccinated at school in 1973, while she caught a cold. On next day of vaccination, fever up. on 3rd day, skin rash appeared and convulsion occured. On tenth day, she was died without recovery of consciousness.

Clinical course of Case 2
This figure is clinical course of case2. 2 another pupils revealed fever and skin rash after Influenza vaccination, at the same time and the same areas. The previous year, because there were too many adverse reactions against whole body Influenza vaccine, the government changed to split particle vaccine. It was emphacised that there were few adverse reactions in split particle vaccine. So, this case was very impressive.
I emphacise that if the vaccination system was not compulsory choice, she might not vaccinated because she had cought a cold that time.

Case 3. Influenza vaccination induced ADEM
- 11 years old boy
- 10 days after 2nd time vaccination, he complained visual disturbance
- 12th day, speech disturbance
- 21th day, motor disturbance
- 74th day, diagnosed ADEM by MRI
- 78th day, he was died

(ADEM = Acute disseminated Encephalomyelitis)
(quoted from Japanese medical journal)

Case 3. Influenza vaccination induced ADEM
Case 3. is a case of 11years old boy of Influenza vaccination induced ADEM. ADEM means Acute Disseminated Encephalomyelitis .This is a case on Japanese literature.
In Japan, Influenza vaccination must be vaccinated for two times within a month. He had been vaccinated since 7years old without adverse reactions.
In 1993, he complained mild blureed vision 1 week after the first time of Influenza vaccination. 12 days after second time vaccination, his family noticed his speech disturbance. On 21th day, occured motor disturbance.
Gradually, progressed consciousness disturbance. On 74th day, he was diagnosed ADEM by MRI. On 78th day, he was died .

(slide7) Clinical course of Case 3.
This is the figure of case3. There are 12 days between the second vaccination day and the onset of ADEM. But, he complained mild visual disturbance after the first vaccination. So there is causal relationship between the vaccination and ADEM. There are some reports about vaccination indeced ADEM on literature.

To evaluate vaccinations? (1)

Is the vaccination

safe?
necessary?
effective?

Safety > Necessity > Effectiveness

I showed you Influenza related 3 cases . Now, we know both serious complications of Influenza and adverse reactions of vaccination. Should I recommend influenza vaccination? Such ambiguity is always a problem with any vaccinations.
This slide show factors when we evaluate vaccinations. Is the vaccination safe?,necessary? or effective? As clinical pediatrician, I do not wish to help create new disease by vaccinations even though spontaneous contraction of a disease is sometimes unavoidable. So safety is the most important factor to evaluate vaccinations.

Evaluation of vaccinations (1)
- effectiveness -

	Pt. no. before vaccination	No. of death	'93 Pt. no.	'93 no. death
Diphteria	15641 ('58)	619	5	1
Pertussis	29948 ('58)	478	131	2
Tetanus	338 ('68)	249	33	14
Polio	2436 ('61)	169	3	0
Measles	34305 ('78)	181	2002	14
Tbc	590662 ('48)	46735	47437	3225
Jp.encepha.	9 ('77)	4	8	0
Influenza	198427 ('77)	682	16655	519

Tbc = tuberculosis

Let's try to evaluate Japanese vaccinations according to these 3 factors. First, the factor about effectiveness. In this slide, the numbers of patients and the numbers of death just before the year of compulsory vaccinations are compared with the data from 1993. According to this table, only Diphtheria and Polio decreased under zero point zero one (0.01).
In fact, many factors such as medical progress, public health, and inadequate surveilance system influence these datas. So, it is difficulte to evaluate the effectiveness of vaccinations exactly.

Evaluation of vaccinations (2)
- necessity – from the data of 1993

	No. of patients	No. of death	No. of vaccination
Diphteria	5	1	1039291
Pertussis	131	2	1027926
Tetanus	33	14	1039000
Measles	2002	14	817261
Polio	3	0	1138926
Tbc	47437	3235	2000000
Jp.enceph.	8	0	1029000
Influenza	16655	519	3758000

All polio patients were caused by vaccine strain

Second is the factor about necessity. Even we must consider international disease prevalence , I think it is not necessary Diphtheria, Polio, and Japanese encephalitis vaccination in Japan because there are few patients. It is an important problem that each case of Polio were contagious from vaccine strains.

Evaluation of vaccinations (3)
- safety – from the data of 1995

	Anaphylaxis	Convulsion	Other neurological	Total
DPT	4	3	1	144
Measles	32	7	1	79
Rubella	13	2	0	136
Jp.enceph.	5	2	6	56
Polio	0	0	0	11
BCG	0	0	0	18

Third is the factor about safety. This table is made from the governmental data of 1995. I give attention to the amount of anaphylaxis cases and Rubella vaccination induced convulsions. Total numbers of 54 cases of anaphylaxis were reported. Recently, it is supposed that almost all the cases of anaphylaxis are caused by gelatin, as stabilizer of vaccines.
Rubella is not so serious disease in childhood, so 2 cases of convulsion are important.

To evaluate vaccinations? (2)
From a viewpoint of a pediatrician

1- If there are no disease for several years and are few sequelae/death from all over the country, annually, the vaccination may not be necessary.
2- If some vaccinated patient get the disease, the vaccination may not be effective.
3- If you see critical sequelae or death from clinical experience or the literature, the vaccination may not be safe.

This is my standard to evaluate vaccinations from a viewpoint of a pediatrician.
1. if there are no disease for several years and are few sequelae or death from all over the country annually, the vaccination may not be necessary.
2. If some vaccinated patients get the disease, the vaccination may not be effective.
3. If you see clitical sequelae or death from clinical experience or the literature, the vaccination may not be safe.

(slide 13) Vaccination system in Japan(1) 1948-1994
I'll explain Japanese vaccination system .This slide shows the vaccination system from 1948 to 1994. Yellow rectangles shows compulsory choice and light blue shows free choice. Compulsory choice vaccinations are BCG, DPT, Polio, Measles, Japanese encephalitis, and Rubella vaccinations.
In the case of Influenza vaccination, it should be need parent's consent for vaccination since 1987. So compulsory choice had ceased since that time practically.

Vaccination system in Japan (2)
since 1995

Law required	Not law required
BCG (compulsory)	Mumps
DPT	Varicella
Polio	Influenza
Measles	Hepatitis A
Rubella	Hepatitis B
Japanese-encephalitis	

This slide shows which vaccination is based the vaccination law. For example, BCG and DPT are required vaccination law., but Mumps and Influenza are not required vaccination law.

(slide15) Vaccination system in Japan(3) since1995
This slide shows recommended ages and frequencies of vaccination in Japan since1995. Strictry speaking, only BCG for school aged children are compulsory choice, even now. All of other vaccinations have become free choice.

(slide16) Continuation of unnecessary vaccination-in case of smallpox vaccination
Then, I'll show you the spread of victims under the system of Japanese vaccinations. This slide shows the numbers of vaccinations and the numbers of death in case of smallpox vaccination from 1971 to 1976. Light blue bar graph reveals number of deaths. 27 children were died within this periods.
Japanese government decided to cease compulsory smallpox vaccination in 1976. The other side, USA and UK government ceased smallpox vaccination in 1971 already. If Japanese government could cease earlier or the vaccination was not compulsory choice, we could save these children from unnecesarry vaccination.

Japanese government tried to hide MMR victims

Date	Incidence of meningitis	Governmental comment
19.09.1989	1/100.000 -200.000	Safe
25.10.1989	1/30.000	Carefully
20.12.89	1/su poche migliaia	Only parents want
31.05.1991	1/1200	Need parents consent
30.04.1993		Cease

I'll show MMR vaccination history in Japan. In Japan, MMR vaccination started in April,1989 . Immediately after, aseptic meningitis were began to report. At the end of 1989, for example, a report said that the incidence ratio of aseptic meningitis was zero point five%(0.5%) of vaccinated children. This slide shows the governmental anouncements. First, in September 1989 ,the government announced the MMR vaccination being safe, second, in October the government announced, being vaccinated carefully, third in December announced being vaccinated only when parents wanted.
Finarly, the government decided to cease MMR vaccination in 1993. This history reveal that the government had tried to hide unfavorable results.
Next slide, please.

(slide18) MMR vaccination ratio
This slide shows the vaccination ratio of MMR. Strictry speaking, MMR was not compulsory vaccination , the vaccination ratio decreased from 50% in 1989 to 28% in 1990. This reveales that

parents can react to the adverse reactions against vaccinations rapidly , if the system is not compulsory choice.

Wrong hypothesis and
compulsory influenza vaccination

Can vaccination for shool aged children defend social influenza epidemic?
For a long time, this wrong hypothesis was not verified.

Next, I want to explain Influenza vaccination history in detail. In Japan, mass Influenza vaccination system for school aged children had been started in 1960. About 3 million children were vaccinated. In 1976, the compulsory vaccination system had been induced and 17 million children in primary school, junior high school, and high school students had to be vaccinated twice annualy. This was a unique vaccination system in the world.
This slide shows the government induced this unique system. This hypothesis was that vaccination for school aged children could defend social Influenza epidemic. This was a wrong hypothesis. But this wrong hypothesis was not verified for a long time.

(slide20) Many children vaccinated but repeated influenza epidemic
This slide revealed that the vaccination ratio to school aged students did not concern with social Influenza epidemic. Light blue bar graph reveals vaccination ratio and yellow line graph reveales numbers of influenza patients per one hundred thouthand (100000) populations. Since 1980s, the vaccination ratio were constant about 60% every year, but incidence ratio were changed from 5 to 60 without concern to vaccination ratio. Since 1989, the vaccination ratio decreased rapidlly to 20%, but incidence ratio did not increased.

(slide21) Influenza incidence ratio between non-vaccinated city and neighbor vaccinated cities (1)-1984
This slide shows that Influenza vaccination was not effective even for school aged children. City A had decided to cease conpulsory Influenza vaccination in 1980. City B to D were neighbor cities of City A and had continued compulsory vaccinations. The numbers of school aged children of City A were about 25 thousands and City B were about 21 thousands. In this slide, the vaccination ratio of City A in 1984 was below 1%. City B was 90%, City C was 77%, and City D was 76%. yellow bar graph reveales them.
Please pay attention to pink bar graph and light blue bar graphs. The Influenza incidence ratio of City A was 43%, City B was 40%. City C was 43%, and City D was 52%. There is no difference between these two groups.
Epidemic strain of Influenza was typeB and same as vaccinated strains.

(slide22) Influenza incidence ratio between non-vaccinated city and neighbor vaccinated cities (2)-1985 type A

This slide compare same Cities in 1985, the year of Influenza type A Hong Kong epidemic. Epidemic strains were the same as vaccine strains,too.
The difference of incidence ratio between two groups were not significant, too.
It was an important epidemiologic study for cease compulsory Influenza vaccination system in Japan.

Adverse reacions of influenza vaccination
- a study of 414.081 children

Adverse reacion	Number/one million

Skin rush	29.2
Fever	134.8
Shock	52.1
Neurological symptoms	10.4
ITP	4.2
Local	22.9
Total	254.3

This slide show mass study of adverse reactions against Influenza vaccination. This study was done in 1987, the object numbers were about 400000 children. 10 per one million children complaint neurological symptoms, and shock were observed 50 per one million children. The government changed Influenza vaccine from whole body type to split particle type in 1971 . The government said adverse reactions of this type of vaccination were almost nothing. But according to this study, adverse reaction ratio were over 250 per one million.

(slide24) Influenza vaccination ratio and numbers of authorized victims
This slide shows Influenza vaccination ratio and the number of authorized victims. In 1987, the government changed compulsory to free choice practically. Since this year, the vaccination ratio decreased and finaly, the ratio fell to 20%.
This fact reveals the compulsory system is far from familiar request.

(slide25) Numbers of autholized victims
This slide shows total numbers of authorized victims from various vaccinations before1995. Total death numbers are 65. Only BCG and Rubell vaccination are free from death.

(slide26) Details of 142 plaintive
From 1972 to 1979, total numbers of 142 children and families sued the government for damages. This slide shows the details of these 142 plaintive. Total numbers of death were 50, severe developmental retardation were 65, and intractable epilepsy were 35.
In 1992, the government lost the case in the court after about 20 years of legal proceeding.

Should vaccination be compulsory or free?

- Once a system of compulsory vaccination is established, immediate discontinuation of the system becomes difficult, even if a large number of victims are caused by vaccination.
- We learned this lessons from Japanese history of compulsory vaccinations.
- So, compulsory vaccinations should be ceased as soon as possible.

Should vaccination be compulsory or free choice? The answer of this question is clear.
1.Once asystem of compulsory vaccination is established, immediate discontinuation of the system becomes difficult, even if a large numbers of victims are caused by the vaccination.
2. We learned this lessons from Japanese history of compulsory vaccinations.
3. So compulsory vaccinations should be ceased as soon as possible.

Conclusions

1. Safety is the most important factor to evaluate vaccinations.
2. Over 2000 victims by vaccinations were reported in Japan.
3. Compulsory vaccination system played a large part of increasing victims.
4. Epidemiologic studies proved influenza vaccination as not safe and not effective in early 80es.

5. Influenza vaccination ratio was decreased since 1989.
6. In 1992, the government lost the case in the court.
7. For these reasons, the government had to cease compulsory vaccinations in 1994.

Conclusions.
1.Safety is the most important factor to evaluate vaccinations for pediatrician.
2.Over 2000 victims by vaccinations were reported in Japan.
3.Compulsory vaccination system played a large part of increasing victims.
4.Epidemiologic studies proved influenza vaccination as not safe and not effective in 1980es.
5.Influenza vaccination ratio began to decreased since 1987, and in 1992, the ratio decreased until 20%.
6.In 1992, the government lost the case in the court. About 140 plaintive won the case.
7.For these reasons, the government had to cease compulsory vaccination systems in 1994.

Thank you.

23. Therapeutic freedom in the pattern of global and planetary unity. Carlo Melodia, M.D., *Pubbliche Relazioni della L.U.I.M.O.*

Abstract
A unitary, global and planetary reference is needed to allow the human being to discover again his/her centrality.

It is clear, to an unbiased observer, how much the present confrontation among the various national policies, even in the medical field, proposes heterogeneous and changeable ways of thinking.

In such a scenary it is evident how much the human being and, therefore, his/her freedom in a state of disease are in the background. All this for a simple methodological reason: as a matter of fact, we talk about diseases not about people who suffer from diseases. Diseases represent a statistical and descriptive reference supported by techniques which can methodologically change with time if recognized as unsatisfactory by physicians (drugs, vaccinations ...).

All this points out that there is no common ground, or unitary method, which can represent a reference to “appraise” the sick individual in his/her exclusiveness.

The homeopathic method with its direct observation of the sick individual does not take into account certain cultural parameters which often become dogmas.

L.U.I.M.O., established 27 years ago, pursues the aim of a medicine close to the needs of the individual with visible results.

The next stage is the establishment of a free international university.

24. Vaccinations: absurd statistics. Walter Pansini, Segretario CO.M.I.L.VA. - Presidente ALISTER Friuli Venezia Giulia

A) I am the chairman of ALISTER Friuli Venezia-Giulia (the Association for freedom of choice in medical treatment), a regional group that since 1992 has been involved in alternative information on health policy, although it has existed in Trieste since 1988 (under a different name) and is one of the most active groups in Italy, especially as regards vaccinations.
I am also both one of the founders and the secretary of COMILVA, the Confederation of the Italian movements for freedom of vaccination, which currently has its head office in Milan and whose members include most of Italy's conscientious objectors and, above all, the most active among them. Up until 1996 COMILVA represented the only opposition to the Italian Health Ministry as well as co-ordinating the regional and provincial groups, divulging information on the experiences of group members and organising important events, from conferences to protest marches. The result of these efforts is that, in spite of psychological and legal pressure, our children are still admitted to state and private schools, thus giving rise to the virtual acceptance of our position as objectors. Our organisation has also provided reassurance to objectors and gained the respect of state institutions, enabling our movement, among other things, to successfully take on courts, mayors, health inspectors, headteachers, politicians and the mass media. To understand the extent of COMILVA we can say that we are particularly strong in the N.E. of Italy and Lombardy. The thousand or so arrest warrants issued on children are not implemented by the mayors and at least 10,000 families try completely or partially to avoid vaccinating their children, although only about a thousand accept a head-on confrontation. This arrest procedure is permitted by the intervention of not all the (regional) Juvenile Courts, which empower the mayor to take charge of the children for the time needed to vaccinate them, with an unacceptably stretched interpretation of the law.

B) IS IT WORTH VACCINATING?
Before continuing the present policy of vaccination, which is a legal requirement in few countries but proposed insistently in the whole of the western world, we need to ascertain in scientifically correct terms that such a practice is indispensable and harmless. This can only be achieved by a long period of comparison between those who have and those who have not been vaccinated, something that official medicine continues to refuse to do, making us suspect that those in favour of mass vaccination are not at all confident of the outcome of such a comparative study, refusing barefacedly to apply the most creditable of scientific methods. In the present situation, increasing the number of compulsory vaccinations or, in any case, proposing a target of 14-15 vaccinations within the next 3 to 4 years is worse than suicide. To dominate people you need to weaken them and health, together with economic uncertainty, are the weak points that more than any other undermine the confidence and mental balance of the elector.
The need to "understand" comes from the observation that the modern diseases, starting with diseases of the immune system (allergies), suddenly exploded in the very generations when anti-polio immunisation, the first of the present vaccinations, began to be carried out on most of those born in the '50s in northern Italy and, at the end of the '60s, also in the south. Here, however, the vaccination programme has taken a long time to implement and, even today, covers less than 80%, with only 10% accepting the vaccinations not required by law. These diseases of the immune system are a cause of concern because they affect one child in three, of whom one in ten is asthmatic, 2% have forms of epilepsy and about 0.5% are seriously handicapped either mentally or physically, not forgetting that with the present generation the age when tumours first appear has dropped sharply, making it almost the norm to have some form of cancer at the age of forty. Finally, the trend as regards those born in the last 5-10 years shows a sharp deterioration in their general state of health. We can hypothesise that this depends both on the fact of being children of

vaccinated parents with a possible genetic inheritance and on the fact of having probably had the non-compulsory vaccinations as well (almost only in the north) in contrast to those born previously. We should remember that up until the ‘80s most Italians were not vaccinated, not even against polio, because they were born before the vaccination campaigns began, yet they never caused an epidemic. How then can it be said that today a minority of non-vaccinated children would be dangerous?

C) IS COMPULSORY VACCINATION INDISPENSABLE?

To answer this question we need to observe the mortality rate for the traditional diseases and verify the practice in question. The logic that we propose here is that it has been the improved standard of living (and of the drinking water) that has produced man’s resistance to the above-mentioned diseases and not the vaccines. In the case of polio it even seems likely that there were epidemics caused by other drugs and particularly by the vaccines themselves.

We refer both to Italian and to British data, where in Britain statistics were correctly kept back in the 19th century while in Italy this took place only after the war. For the first we have used the graphs contained in the book “Epidemic Diseases” (Ed. Penguin Books 1959) on the situation in England and Wales, written by Dr A. H. Gale, medical official at the British Ministry of Health and professor at the University of Bristol up until 1956. For the second we have used graphs constructed entirely from the official Italian statistics provided by ISTAT, the Central Institute of Statistics.

Fig. 1. Deaths from measles and whooping cough in England and Wales per million inhabitants, 1851-1951. We see that a zero death rate was substantially achieved before the use of vaccines, respectively in the ‘60s and at the end of the ‘50s.

Fig. 2. Deaths from measles in Italy per 100,000 inhabitants. A zero death rate was practically achieved before the introduction of the relative vaccine, which began to be modestly used only in the ‘70s.

Fig. 3. Deaths from typhoid in England and Wales per million inhabitants, 1871-1936. A zero death rate was practically achieved without vaccination, which was theoretically available only in the ‘20s, assuming that it was used.

Fig. 4. Deaths from scarlet fever and diptheria per million inhabitants in England and Wales, 1856-1950. A more or less zero death rate was achieved before the introduction of the anti-diptheria vaccine, which began to be used in 1940 followed by the first vaccination campaign in 1946. Scarlet fever, too, stopped being a deadly disease without vaccination, which was never used.

D) Poliomyelitis hardly existed as a disease up until the 1920s-’30s, at a time when children died of “everything”, as can be seen in the following statistics, as well as in the previous ones. We should point out that this disease does not have a “normal” course and, particularly in Italy, it has not had rising and falling epidemic phases like the other diseases, with or without the application of the relative vaccine. Moreover, the vertical drop in the number of cases in ‘59, in spite of the fact that the whole of the south was not vaccinated, leads us to hypothesise that it had a course typical of iatrogenic (medical drug-induced) illnesses. Perhaps this “drop” was brought about by an improved use or production of the vaccines. Moreover, it could have been due to a “sudden” change in the definition of polio, on the assumption that, as in the U.S.A., benign forms of polio were no longer classified as such but only the paralysing forms. We must not forget that, at that time, the diagnoses were perhaps somewhat imprecise and for this reason, or on account of the underestimated convention of joining similar diseases together (infant paralysis), polio could have been grouped together with other diseases that, once diagnosed separately, would have contributed to the sudden drop in the number of cases of polio in ‘59.

Fig. 5. Notification of polio in England and Wales per 100,000 inhabitants, 1913-1955. There were 2 or 3 registered cases up until ‘46 when a sudden epidemic coincided with the first anti-diptheria campaign, the second (and principal) phase of which ended abruptly with the end of the campaign in ‘50.

Fig. 6. ISTAT - Cases of polio reported in Italy. Here, too, the disease was almost non-existent (1-2 cases per 100,000 inhabitants, 1924-1980) up until ‘34 when it suddenly escalated at exactly the same time as the introduction of compulsory smallpox vaccination, reaching a peak in ‘39 with compulsory diptheria vaccination. The second (principal) epidemic peak began in ‘56 when, all over Europe, the use of the Salk polio vaccine was introduced, reaching a peak in ‘58, the year of the first anti-polio campaign. Strangely, in contrast to the normal course of an epidemic, in ‘59 the presence of polio appears to have dropped drastically, halved in one year, even though the whole of the south was only to take part in this campaign almost ten years later.

Fig. 7. ISTAT - Polio death rate in Italy per 100,000 inhabitants, 1924-1980. The course of the disease is exactly the same as the previous one.

Fig. 8. ISTAT - The most frequent causes of death in the Kingdom of Italy in 1911. Here we can see that in that year, in Italy, 8,573 people died of measles, 2,515 of scarlet fever, 6,833 of whooping cough and 49,731 of acute bronchitis. Intestinal infections were the most common cause of death and polio is not even mentioned.

Fig. 9. ISTAT - Death rate among children in Italy in 1914. It is to be noted that in the first year of life the main causes of death are, in order of importance, diseases that undermine the assimilation of food, intestinal infections and syphilis, as well as whooping cough, acute bronchitis and erysipelas. Death between the ages of 1 and 5 was due principally, in descending order, to measles, diptheria and laryngitis, scarlet fever, meningitis, acute bronchitis and diarrhoea.

CONCLUSIONS

We therefore believe that we have provided enough evidence to maintain that vaccinations are not indispensable, especially if they are compulsory, and that polio is not in itself inevitable but perhaps essentially an iatrogenic disease. If we add to this that, at least in western Europe, tetanus has never been a typical children’s disease but confined to old people; that hepatitis B is not a children’s disease but affects adults, and is today also rare (2,733 cases in ‘94), as well as being substantially benign, and that diptheria does not exist in developed countries where vaccination is little (or not at all) used, we believe we can conclude that not only is the obligation to vaccinate scientifically and socially counter-productive on account of the number of complications caused by the vaccine, which is certainly greater than the number of cases of diseases not prevented because rare or absent, but it also prevents a comparative study of those vaccinated and not vaccinated in order to prove beyond doubt that such a practice is indispensable rather than the cause of modern diseases which now afflict one child out of three, with an ever-increasing number of often genetic diseases.

25. Conscientious objection. Giorgio Rosso, Associazione per la protezione della salute

Abstract

Non-vaccinated children are healthier and stronger.

The freedom to choose a therapy is a fundamental and inalienable right of every human being, the denial of which is equal to going back to the age of slavery. Slaves, according to the laws of the time, lost their rights on themselves and their bodies.

Vaccinations are devoid of scientific foundation. They were invented two centuries ago when medicine meant superstition (bleedings, women delivering tied hand and foot). They have never been checked.

26. **Benefits of vaccinations. Dr. Donato Greco, Direttore del Laboratorio di Epidemiologia - Istituto Superiore della Sanità**

27. Only love is contagious. Guylaine Lanctôt, *M.D. - Canada*

I live in Canada, a country where immunization is generally not obligatory - officially at least. And yet, almost 100% of the population is vaccinated. The fact is that it is handled as if it were obligatory. The social pressure and brainwashing at every level are enormous and efficient, to the point that the population is convinced that vaccination is obligatory and so has itself vaccinated without posing any questions. Why, we should ask ourselves, are the immunization policies the same in all occidental countries, as well as in the Developing World?

It is because vaccination policies and immunization campaign decisions are taken at a global level by the World Health Organization (WHO). The member countries - our governments - apply these policies. And who makes those decisions at WHO?

The three principal players are the World Bank, the Rockfeller Foundation and UNICEF, which is mainly financed by Mérieux-Pasteur, the world's largest manufacturer of vaccines. We have to realize that it is the financiers who control our health. The more we are ill, the greater their profits. Their goal therefore is to make us ill. Also, they have admitted that their objective is to reduce the population of the world by half, as soon as possible. What better way than with vaccines to make people ill and destroy their immune system. Vaccines also make targeted genocide possible, as well as being often used to experiment biological weapons. That is what we as physicians are not told, much less the general public ...

Is this true or not? It is up to each person to make up his or her own mind. That decision ultimately reflects our individual level of consciousness. Some believe that the medical authorities (or, for that matter, religious, governmental, economic, etc.) are there to serve us, and they obey the medical authorities. Others, however, know that they do not, favouring instead the interests of the rich, and they refuse to be vaccinated. It is crucial to respect everyone's freedom to choice in the matter of immunization. But why do we not have this freedom?

Because the government, which is responsible for vaccination campaigns, serves the rich allowing them to become even richer. Realizing this is an important first step that enables us to understand and become aware that we cannot change government. Let us stop trying to pressure the authorities, whomever they may be. Let us manage our efforts and invest them where they will do the most good. But where?

In ourselves. Let us transform our fear of the authorities into love for ourselves. Let us come to the realization that the sole factor is that we, and we alone, are the masters of our lives. We are the

supreme authority. We are sovereign. We are divine. We have all the power. We are the only master. We only obey our conscience, no one else. Therefore, there is no reason to change the laws. Let us obey our conscience - period. And, when our conscience does not permit us to be vaccinated, we only have to say it: «My conscience forbids me from being vaccinated».
That is what obeying to one's conscience and being a conscientious objector is all about. That is love. That is behaving like a sovereign person. So too do we change our energies as well as that of the entire planet. That is why love is contagious!

28. Homeopathy and vaccinations. Dr. Diego Risquez Harris, Pediatra, Consiglio Direttivo Fondazione Medico Omeopatica Venezuelana, Caracas, Venezuela

Many of our patients ask us why Homeopaths are against vaccinations.

To try to explain this controversial theme, I would like to textually transcribe some of the comments I made at the Homeopathic Assembly in Mexico in 1976 which was published in the Magazine "Homeopathy in the World", a magazine edited in Mexico. I also will transcribe some of my reflections from 1978 which I never published.

Mexico 1976: "The reason I am writing this, is because I want to let you know about my personal observation regarding the effects of routine immunizations that are given to children. What I am going to explain are based on what I observed when I was an Allopathic Pediatrician not yet knowing about homeopathic therapy.

During the eight years of allopathic pediatric practice, which I did because of family tradition, I started to notice the immediate, mediate and long term damaging effects of the vaccinations. The immediate effects being: the local reactions and the fever. The immediate effects: repetition of colds with its complications surrounding ear, nose and larynx. The long term effects: chronic illnesses which appear years after repeated immunizations, for example: arthritis, asthma, etc.

Another part of my observation is that I started to distance the beginning of the immunizations and to observe those children that for other reasons began later; these children developed better, with less complications (especially because of the short time of observation - the mediate period) than the ones that started very early.

Also, the frequent complications of the vaccinations like: post-vaccination encephalitis (anti-variolic, measles) and allergic reactions so common and sometimes mortal that come out with relative frequency.

Six years ago, by accident, I learned about the existence of homeopathy as a therapy; then, its doctrine and later its study from the miasmic point of life, which I fortunately started successfully because I was so lucky to meet Drs. Proceso Sanchez Ortega and David Flores Toledo who gave me wise and useful advice; simple but deeply so I could understand the so much discussed problem of miasma.

After reading the Organon and the Doctrine and Treatment of chronic illnesses by Hahnemann, I then understood why vaccinations are harmful to the health and why they complicate and deepen the pathology of the human being.

After short experience and observation from a homeopathic point of view, I have been able to observe that there are vaccinations predominantly sycotizantes triple (D.P.T.) which are antidoted by its customary medicine like thuja, medorrhinum, pulsatilla, malandrium, silica; and vaccinations predominantly syphilizantes like the antivariolic (the reaction produces ulcerations and destruction of tissue), which are antidoted especially by sulphur. I have many times during the course of my clinical practice had the opportunity to curb or antidote the vaccine reaction with a dose of sulphur - 30, 12, or 24 hours after the start of the reaction.

One could say many more things regarding the harmful effect of immunizations but my desire is only to inform the result of my observations which later by studying and understanding Homeopathy has given me its explanation.

It is alarming to see that as time goes by and technology advances, the use and abuse of immunizations increases harming the health of human beings. To this, of course, we should add environmental hygiene (food, drinks, sedentary life, etc.) so overwhelming in our daily life.

REFLECTIONS 1978: I would like to make some comments which i presented at Mexico's VII Assembly of Homeopaths in 1976, regarding my work about the damaging effects of immunizations.

FIRST: The much more frequent appearance in young people of chronic illnesses, like Rheumatic Arthritis, Gastric Ulcers, etc. problems that before appeared more frequently after the age of 40.

SECOND: That all children under 10 years of age which I control since birth and have not received immunizations or only the polio vaccine because the parents are so afraid not to give them this vaccine, have been able to better withstand all these last viral epidemics with barely any symptoms as opposed to the children who have been vaccinated and who generally go through prolonged fevers of 8 to 10 days, including resistance to homeopathic treatment.

THIRD: I have been able to prove that children that have marked inheritance from their ancestors (parents, grandparents, uncles, etc.) of allergy problems, severe asthma, cancer, diabetes, etc., are prone to for example, a severe asthmatic attack with previous sudden loss of appetite and diarrhea, with only one dose of Polio, given to them at the age of six (6) or eight (8) months, of parents that have not been able to not give them the Polio vaccine.

FOURTH: The present appearance of eruptive processes not described by the Medical Pathology, which Pediatricians frequently describe as Atypical Measles because they do not present Koplik or Febrile Prodrome, is more prolonged. I think this is a result of the quantity of drugs and immunizations received by the patients in the last two decades.

Today, 10 years later, after these reflections, because of this booklet which I am writing for my patients, I would like to present new ideas. Also, I have been dedicating myself for 5 years to teaching and the subject I most often teach is the Organon of Medicine by Hahnemann which is a very profound book to make you reflect about health and illness.

CONCEPT OF HEALTH: For the WHO (World Health Organization) the modern concept of health is as follows: "The physical, mental and social well being of people and not only the absence of illnesses, that is, there are people that do not have a specific illness but are not healthy".

Previously in this booklet I explained the concept of the patient as a whole and not divided in organs or systems and that he has a vital or life principle that regulates the life of human beings.

Being integral doctors and having understood the organistic (materialistic) concept of life and then the vitalistic concept of life, health and illness, we cannot deny that the discovery of vaccinations has been tremendously useful in eradicating great epidemics which afflicted humanity. After the discovery of the smallpox vaccination, the same concept was applied on tuberculosis, Hansens disease, D.P.T. (diphteria, whooping cough and tetanus), polio, anti-typhus, the viral trivalent (rubella, measles, mumps), the influence for colds, etc., etc. We have been receiving during the last

30 years massive vaccinations for children since their birth with the consequences that I already mentioned in my comments respectively 10 and 12 years ago.

When we are born we bring a virgin immune system and that depends on the reticulo-endothelial system of which the tonsils, adenoids, spleen, appendix, etc. are part of. When this immune system gets in contact with the harmful agents, it reacts by producing specific antibodies against the invading agent and many of these antibodies that are produced after getting some of the illnesses persist throughout the whole life, for example: measles, rubella, mumps, etc. (there have been very isolated cases of repetition in these illnesses when the antibodies are reduced or disappear). I would like to take this opportunity to make clear that what makes one ill is not the bacteria or the virus in itself, but its pathological energy that upsets a vital energy susceptible to be upset because, if this is in balance, it is not contagious (concept of predisposition or susceptibility, paragraph 31, or Hahnemann's Organon and, I suggest reading the comments of the Organon of Vijnovsky).

In this booklet, when I try to explain the concept of miasma in a simplified and brief way, I mean that there are inherited dynamic type predispositions (energized) and that they go three ways: production (sycosis), destruction (syphilis) and inhibition (psora).

When a child brings a prominent miasmic charge that is sycosis, it is usually because they have received any type of vaccination. They start with a running nose, mucus, nasal obstruction due to the hypertrophy of adenoids and tonsils. Many times and it is frequent that they go through an acute inflammatory process of the larynx like acute laryngitis or false croup which are the most frequent pediatric emergencies. Then on top they receive a treatment of steroids by intramuscular shots and sometimes through the veins.

You will frequently see that the pediatrician or general practitioner will tell you: «when the child does not have a cold anymore bring it back so I can give him/her the second dose» and there is when the never ending process starts. The catarrhal processes, spreading to middle ear infections and obstruction of the Eustachian Tube (the canal communicating the throat with the middle ear), tonsillitis, adenoid inflammation, false croup, asthma and, if by chance the child defends itself by transferring the illness to the most external part, the skin (curing direction with any type of dermatitis) it is rapidly suppressed through creams containing steroids which are every day more potent, re-injecting the pathology to more profound organs. That is when the mothers start with all the appointments to different specialists: pneumomologists, allergy specialists, ear, nose and throat specialists, dermatologists, who give them the different suppressive treatments until one day, they talk about taking the child to a homeopath to treat him/her and desintoxicate him/her, usually by referral from another patient or by colleagues that are getting aware of the problem.

It is important to differentiate that homeopathy has nothing to do with other alternative medicines (acupuncture, neutral therapy, electronic medicine, for example) which might seem the same thing. I want to make clear that I am not against these and do not deny that they can be of help but they have nothing in common and are not based on the same principles of the homeopathic doctrine. Even less can one confuse it with the pluralist homeopathy (several medications at the same time) because this is not homeopathy (see paragraph 273 of the Hahnemann Organon already mentioned at the beginning).

When I was talking about the processes developing with vaccinations, like the hypertrophy of tonsils and adenoids, when surgery becomes necessary to alleviate the mechanical obstruction, it is still a suppressant and brings as a consequence the re-injection of the pathology to more profound and vital organs, for example: lungs, bronchitis, pneumonia, bronchial asthma, etc.

I want to make very clear that when I am writing all these thoughts and comments I am not criticizing my colleagues but the organistic system in which I myself was educated before knowing about this unique and real vitalistic concept of health that I now understand and have been practicing during the last 19 years.

After all this analysis which I hope my patients have understood I want to tell you that there are homeopathic vaccinations against all these different illnesses. I personally have been using for the last 10 years the Karwinskia Humboltiana against polio, Pertussinum for whooping cough, etc. They exist for every one of these illnesses with the same antigen dynamic concept used in homeopathy.

I remember when I started practicing homeopathy many mothers left my office (my specialty was Pediatrics which I had studied in Rome and before that two years as Ear, Nose, and Throat Specialist because colleagues that had been friends of my father who was an Ear, Nose, and Throat specialist wanted to or thought that I was going to dedicate myself to the same. Already very young I realized that I didn't like it and also I had no surgical talent) because I was not giving any immunization vaccines. These same mothers came back 3, 4, or 5 years later because they had heard that I was healing asthma. Still today, 18 years later, many parents (it is logical because of tradition and all the advertising scaring people about these illnesses) massively vaccinate their children against illnesses already eradicated like for example tetanus, diphtheria, polio, etc.

Before I finish I would like to tell my patients that allopathy is the medicine of the masses, for everyone the same, and that homeopathy is the medicine of the individual. I would also like to tell my colleagues that I at no point want to engage in any controversy but by trying to explain these antagonistic concepts it would seem that this is what I am trying to do.

Conclusion: Every vaccination process disturbs the balance or harmony of the vital principle of human beings activating miasmas that are in a latent state.

29. **Role of non conventional medicine in the evolution of scientifical-medical thought. Goffredo Sciaudone,** M.D., Ordinario di Medicina Legale e delle Assicurazioni, Direttore della II Scuola di Specializzazione in Medicina Legale e delle Assicurazioni della Seconda Università degli Studi di Napoli, S.U.N., Presidente del Comitato di Bioetica della Regione Campania (CO.RE.B.), Presidente del Comitato Etico dell'A.S.L. Napoli 1. Paolo Marotta, M.D., Vicepresidente del Comitato Etico dell'A.S.L. Napoli 1, Segretario Generale dell'International Center for the Study of the History of Medicine, IRFEST, Université Louis Pasteur, Strasbourg, France/Istituto Italiano per gli Studi Filosofici, Napoli, Italia

The history of medicine and scientific thought is characterized in a significant manner by systemic and methodical concepts generically known as non conventional medicines.
The gradual shaping of institutional medicine is directly influenced by the complex political, economic and social phenomenology that with its growth weights heavily on our life. Antagonism between Christian religion and other cults, the contrast between particularism and universalism, the relationship between the lay status of research and ideological pressure are traits of individual and community life in the west today, no less than they were in the period between the end of the 1700s and the beginning of the 1800s. Reformation and Counterreformation, the French revolution and the industrial revolutions, scientific and technological revolution, are after all, facts synchronically related to the evolution of scientific thought. In the light of such interrelationships, it is possible to underline the key role that medical systems had in the history of scientific thought applied to medicine. Each age has its own thought style in which the single disciplines render themselves mutually independent and separate finally passing from a claim to autonomy to a claim of assuming a primary role over all the others. Medicine certainly does not sidestep this process. Increasingly, medicine acknowledges the privilege to treat man - the very protagonist of learning - in an esclusive way. So, despite a systematic attempt at quantitative standardization, nevertheless the need to recognize the individual peculiarity of each single human living body, stands out clearly. Medicine, in connection with the progress of biology in the direction of a quantitative taxonomy - the utmost expression of which is molecular genetics - reaches the point of admitting that therapeutic treatment of whatever ailemt cannot but consider the fact that man is a continuous recipient and producer of extragenetic information, that is to say culture.
Seen in this light, the great importance of non conventional medicines emerges. Medicine has been and is destined to be a meeting ground between human cultures, also and above all, a meeting ground between “Science”, “Learning” and “Art” in an individualization process which sees the object of therapeutic action in the single specific case, studied in such a way that, although always using the same methods, is able to impose the centrality of anthropological dimension.
Non conventional medicines assume a significant role of “methodological caesura” regarding medical-scientific debate, not only in the past, but also in the present age in which medicine is passing through an identity crisis.
The strenght of the structure of thought that sustains non conventional medicines appears to be totally absent in present day medicine.
The new importance of non-conventional medicines is symptomatic testimony of the crisis of scientific-philosophical thought in medicine in this end of century. They give a new starting point to medical dialectic debates.
There is a need of new enquiries and new research into the way non conventional medicines work as they actually prove to be giving considerable results in therapeutic practice, in reply to the choice of an increasing number of people.

Physics, biology, chemistry, biocybernetics and likewise philosophy and the history of scientific thought will have to seek and offer feasible models of interpretation and of explanation of the functioning of what are called non conventional emdicines.
An epistemological revision seems necessary for a replacement worthy of medical systems in the evolution of the history of scientific thought. In an attempt to overcome prejudices still conditioning a truthful approach to research and systematic study by the academic world. Thus outlining new categories and spheres of speculation and study from which those guiding philosophical principles can be derived, that will enable medicine to renovate itself so as to be adequately prepared to face the demand of the twenty-first century man.
From this point of view it is important to remember the role of legal medicine and ethical committees in protecting human rights in this particular moment of rethinking paradigms in medicine and science.

30. Poster: Vaccinations and compulsory health treatment: ethical aspects.

Lombardi V., Roca F., Panico C., Affuso N., Sciaudone G., *Cattedra R - Istituto di Medicina Legale e delle Assicurazioni- Seconda Università degli Studi di Napoli*

INTRODUCTION

Alterarnates opinious accompanies the claim of vaccinatious. From an initial perplexity phase bind to technical innovation, to pass at enthusiastic stage related at successfull obteined, until present situation when differents nationts modify the precedent attitude purpose compulsories vaccinations. The exchange of trend raise again problems relateds to vaccinations.
Particularly come out overbearingly the serious priblem of difficulty in the clear delimitation between individuals and collective benefit. To easly realize such legals and ethicals questions averlap and twine without plain distinction between two aspects.

ETHICAL ASPECTS

For to express correctly a ethical judgement to be oblige, in the first place, to distinguish the part of ethical jurisdiction relative to opinions, separate from technical aspects. This specification show as ethics follow a different method respectively to the anothers sciences interesteds to the question. The ethics, in fact, judge the lowfulness in the lights of the principles: “to make good and to avoid the pain” and “ try the good of the person, of the whole person and alls peoples”.
The person whom take an interest in ethics have to listen the experts opinions relative to the efficiency, the scientific rigour and the harmlessuess of action and have to handle the specifics questions:
- Is lowful to vaccinate.
- Is correct to trauble with a not inoffensive vaccination an undamaged organism.
- Is morally compulsory to subunit oneself vaccination.
- Can government authority to oblige at vaccination.

Analyse’nt the first two questions. Whit to repard to the third query, the obbligation at vaccination exist in the event of the risk to full ill is near, with benefits higher tan hazards.
Compulsorines is related to the public welfare, thus to refuse vaccination is inexusable attitude. The competent authority could to impose for the common weal, a necessary vaccination not particulary dangerous. The constitute authority entrust to compulsories vaccinations, referring to publics ethics values, therefare the common weal must be protect (to not sek common weal, from the publics structures, referent a form of guilt and imputability).
In apparence can to appear that common weal and private advantage hsre antagonist; really private advantage is more protected when to go at same rate on public welfare. It is understood that if vaccination involve on excessive harm with repard to general benefit, the compulsoriness become illicit.

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