RAISING HEALTHY KIDS FROM CONCEPTION

THE HOLISTIC PARENTS GUIDE TO RAISING KIDS IN THE 21ST CENTURY

QUESTION EVERYTHING

- Question what you “know”
- Question “why” you know it
- Question “who” told (sold) you
- THINK and RESEARCH before you argue.

QUESTION EVERYTHING

- Everything else is considered "alternative" because medicine is "scientific".

the seventeenth century.[1,2] Yet only about 15% of medical interventions are supported by solid scientific evidence,

Where is the wisdom . . . ?

The poverty of medical evidence

"Where is the wisdom we have lost in knowledge, and where," asked T S Eliot, "is the knowledge we have lost in information?" There are perhaps 30 000 biomedical journals in the world, and they have grown steadily by 7% a year since the seventeenth century.[1] Yet only about 15% of medical interventions are supported by solid scientific evidence, David Eddy, professor of health policy and management at Duke University, North Carolina, told a conference in Manchester last week. This is partly because only 1% of the articles in medical journals are scientifically sound[1] and partly because many treatments have never been assessed at all. "If," said Professor Eddy, "it is true, as the total quality management gurus tell us, that 'every defect is a treasure' then we are sitting on King Solomon's mine."

What are the implications for those purchasing health care if the scientific base of medicine really is so fragile? Because, as Professor Eddy said, "it is not enough to do the thing right; it is also necessary to do the right thing." The implications for purchasers of the poverty of medical evidence were considered at the Manchester meeting, which was organised jointly by the British Association of Medical Managers and the resource management unit of the NHS Management Executive.

Professor Eddy began his medical life as a cardiothoracic surgeon in Stanford in California but became progressively concerned about the evidence to support what he and other doctors were doing. He decided to select an example of a common condition with well established treatments and assess in detail the evidence supporting those treatments. Beginning with glaucoma, he searched published medical reports back to 1906 and could find not one randomised controlled trial of the standard treatment. Later he traced back the confident statements in textbooks and medical journals on treating glaucoma and found that they had simply been handed down from generation to generation. The same analysis was done for other treatments, including the treatment of blockages of the femoral and popliteal arteries; the findings were similar. That experience "changed his life," and after taking a degree in mathematics at Stanford University he became a professor at Duke University and one of the consultants most in demand in the United States.

Regularly he advises those producing consensus statements, and he is suspicious of the process. The best statements are based on scientifically sound evidence, but even when it is lacking (which is usual) the statements should make clear what evidence is available. Agreement of the experienced without evidence is a poor basis for producing advice, and as an illustration he told the story of the consensus reached by an international group that was expert in screening for colorectal cancer. The group, including Professor Eddy, met all over the world for three days a year for five years. At the end the group recommended a protocol based on regular faecal occult blood tests and sigmoidoscopy. Professor Eddy asked each member of the group then to make a private estimate of how much mortality would be reduced by such a policy: the answers ranged from 0 to almost 100% and were randomly distributed within that range. Yet the consensus had been unanimous. As Hippocrates said, experience is fallacious.

Professor Eddy now runs courses for expert groups trying to achieve consensus. Each time he asks the members to list the outcomes they are seeking and to rank the scientific evidence for each outcome from excellent to none and then describe the best available evidence. For 21 problems tackled so far the evidence has been judged—by the experts—to be between poor and none for 17, and usually the best available evidence was something less than a randomised controlled trial. Often the evidence that was available contradicted current practice: thus of 17 randomised trials on giving lidocaine prophylactically in patients with chest pain, 16 showed no effect and one showed a positive result—yet practice in the United States was to give lidocaine.

The weakness of the scientific evidence underlying medical practice is one of the causes of the wide variations that are well recognised in medical practice. Dr Hugh Sanderson, director of the Wessex Cancer Intelligence Unit, illustrated the wide variations among observers and in referral rates, admission rates, investigations, and treatment. For example, among a sample of 172 radiotherapists 48% offered palliative treatment to patients with metastasised lung cancer only if they had symptoms whereas 52% always offered treatment. Professor Eddy used this example to illustrate how doctors could be made not just to understand intellectually the variations in practice but also to feel it: radiotherapists could be asked to write down in secret what they would do for a particular patient and the results could then be pooled and discussed. The same process can be used with any specialty.

The evidence on effectiveness is poor, but the information needed—by purchasers, for instance—to choose among different treatments is almost never available. To choose, for example, among screening programmes you need, said Professor Eddy, data on how many people would need to be screened, how many deaths might be prevented, the cost of

QUESTION EVERYTHING

- Questioning Medical Contribution is the modern equivalent of Heresy.

In general, medical measures (both chemotherapeutic and prophylactic) appear to have contributed little to the overall decline in mortality in the United States since about 1900—having in many instances been introduced several decades after a marked decline had already set in and having no detectable influence in most instances. More specifically, with reference to those five conditions (influenza, pneumonia, diphtheria, whooping cough, and poliomyelitis) for which the decline in mortality appears substantial after the point of intervention—and on the unlikely assumption that all of this decline is attributable to the intervention—it is estimated that at most 3.5 percent of the total decline in mortality since 1900 could be ascribed to medical measures introduced for the diseases considered here.

The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century

JOHN B. McKINLAY AND SONJA M. McKINLAY

Department of Sociology, Boston University, and Massachusetts General Hospital; Department of Mathematics, Boston University, and Radcliffe Institute, Harvard University

". . . by the time laboratory medicine came effectively into the picture the job had been carried far toward completion by the humanitarians and social reformers of the nineteenth century. Their doctrine that nature is holy and healthful was scientifically naive but proved highly effective in dealing with the most important health problems of their age. When the tide is receding from the beach it is easy to have the illusion that one can empty the ocean by removing water with a pail."

R. Dubos, Mirage of Health, New York: Perennial Library, 1959, p. 23

Introducing a Medical Heresy

The modern "heresy" that medical care (as it is traditionally conceived) is generally unrelated to improvements in the health of populations (as distinct from individuals) is still dismissed as unthinkable in much the same way as the so-called heresies of former times. And this is despite a long history of support in popular and scientific writings as well as from able minds in a variety of disciplines. History is replete with examples of how, understandably enough, self-interested individuals and groups denounced popular customs and beliefs which appeared to threaten their own domains of practice, thereby rendering them heresies (for example, physicians' denunciation of midwives as witches, during the Middle Ages). We also know that vast institutional resources have often been deployed to neutralize challenges to the assumptions upon which everyday organizational activities were founded and legitimated (for example, the Spanish Inquisition). And since it is usually difficult for organizations themselves to directly combat threatening

QUESTION EVERYTHING

- Caution should at the least precede acting on suggestion by those at fault of so much death and destruction.

Death by Medicine

By Gary Null, PhD; Carolyn Dean MD, ND; Martin Feldman, MD; Debora Rasio, MD; and Dorothy Smith, PhD

Something is wrong when regulatory agencies pretend that vitamins are dangerous, yet ignore published statistics showing that government-sanctioned medicine is the real hazard.

Until now, Life Extension could cite only isolated statistics to make its case about the dangers of conventional medicine. No one had ever analyzed and combined ALL of the published literature dealing with injuries and deaths caused by government-protected medicine. That has now changed.

A group of researchers meticulously reviewed the statistical evidence and their findings are absolutely shocking.4 These researchers have authored a paper titled "Death by Medicine" that presents compelling evidence that today's system frequently causes more harm than good.

This fully referenced report shows the number of people having in-hospital, adverse reactions to prescribed drugs to be 2.2 million per year. The number of unnecessary antibiotics prescribed annually for viral infections is 20 million per year. The number of unnecessary medical and surgical procedures performed annually is 7.5 million per year. The number of people exposed to unnecessary hospitalization annually is 8.9 million per year.

The most stunning statistic, however, is that the total number of deaths caused by conventional medicine is an astounding 783,936 per year. It is now evident that the American medical system is the leading cause of death and injury in the US. (By contrast, the number of deaths attributable to heart disease in 2001 was 699,697, while the number of deaths attributable to cancer was 553,251.5)

on our website (www.laf.org).

We placed this article on our website to memorialize the failure of the American medical system. By exposing these gruesome statistics in painstaking detail, we provide a basis for competent and compassionate medical professionals to recognize the inadequacies of today's system and at least attempt to institute meaningful reforms.

Natural medicine is under siege, as pharmaceutical company lobbyists urge lawmakers to deprive Americans of the benefits of dietary supplements. Drug-company front groups have launched slanderous media campaigns to discredit the value of healthy lifestyles. The FDA continues to interfere with those who offer natural products that compete with prescription drugs.

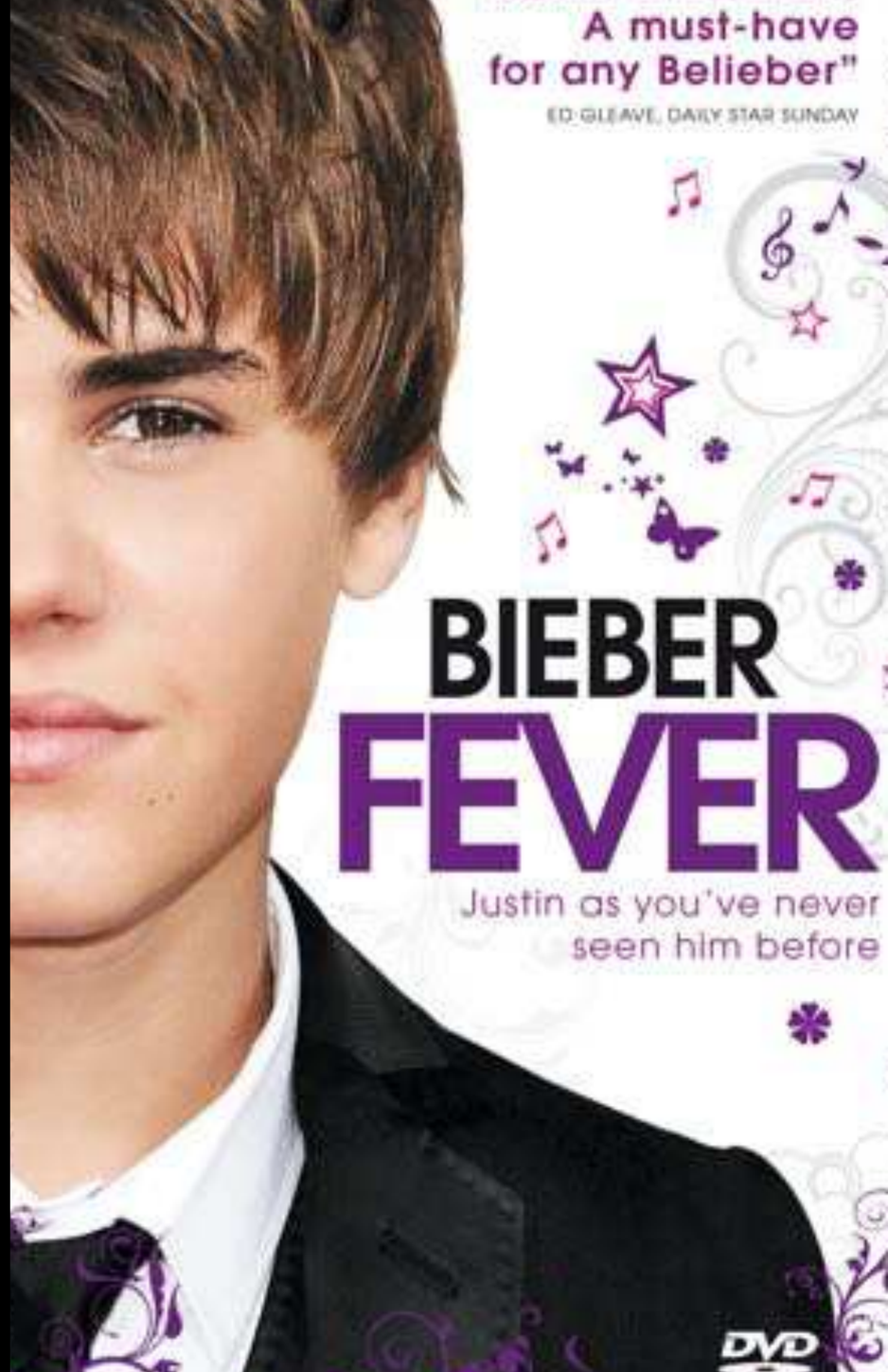
These attacks against natural medicine obscure a lethal problem that until now was buried in thousands of pages of scientific text. In response to these baseless challenges to natural medicine, the Nutrition Institute of America commissioned an independent review of the quality of "government-approved" medicine. The startling findings from this meticulous study indicate that conventional medicine is "the leading cause of death" in the United States.

The Nutrition Institute of America is a nonprofit organization that has sponsored independent research for the past 30 years. To support its bold claim that conventional medicine is America's number-one killer, the Nutritional Institute of America mandated that every "count" in this "indictment" of US medicine be validated by published, peer-reviewed scientific studies.

What you are about to read is a stunning compilation of facts that documents that those who seek to abolish consumer access to natural therapies are misleading the public. Over 700,000 Americans die each year at the hands of government-sanctioned medicine, while the FDA and other government agencies pretend to protect the public by harassing those who offer safe alternatives.

FEVER

- “Most authorities regard temperatures below 106 as harmless and those over 108 as potentially harmful.”
  - Journal of Clinical Therapeutics July 1980
- “increased temperatures may well be the body’s most potent means of thwarting disease”
  - Adre Lwoff, Nobel Scientist at Pasteur Laboratory in Paris
- Fever is the purposeful elevation of body temperature to slow germ reproduction AND release stored Ca++ from bone reserves which;
  1. is required for formation of new matrix of repaired/replaced cells
  2. is required for activation of phagocytosis by white blood cells
- Routine antibiotics interfere with normal healing and result in repeat or altogether new infections
- Routine fever reducing meds suppress antibody production by up to 50%, lengthening the period of illness
- Acetaminophen is the leading cause of Acute Liver Failure



FEVER

- PROGRESSION OF SYMPTOMS:

- Increased Temperature
- Lethargy
- Febrile Convulsions
  “febrile convulsions in childhood do not injure the CNS” - Journal of the American Academy of Pediatrics 66:1009-1012 12/81
- Loss of Consciousness
- Seizures
- Brain Damage, Death, other Rare effects

EAR INFECTIONS

EVIDENCE-BASED ANSWER

Antibiotics provide little or no long-term benefit for children with otitis media with effusion (OME), defined as fluid in the middle ear without signs or symptoms of infection.

- Even Dr. Sears asserts the merits of Chiropractic Care, as there is more research on the resolution of ear infections than any other research topic in Chiropractic.

8. Chiropractic care – I firmly believe that chiropractic adjustments to the skull and neck can improve middle ear drainage and decrease ear infections.

CHIROPRACTIC CARE DURING PREGNANCY

- Encourages optimal host conditions for fetal development
- Encourages optimal mechanical advantage during delivery
- Safe during pregnancy given the following conditions
  - No vibration therapy
  - No “prone” or face down adjusting
  - Caution should be exercised when doing lumbar twist and drop adjustments

CHIROPRACTIC CARE FOR CHILDREN

- The brain to body connection and importance of spinal integrity is no new concept.

significance is that Dr. Andry recognized that children whose spines remained normal did not develop disease of the internal organs as those whose spines were deformed. Dr. Andry was 81 when

preventing deformities in children

Nicolas Andry de Bois-Regard, Classics of Medicine Library

This book was originally published in 1741. The word "orthopaedia" was devised by Nicolas Andry. Dr. Andry was a Parisian pediatrician, Professor of Medicine at the University of Paris, and Senior Dean of the Faculty of Physik. In the preface he stated "As to the title, I have formed it of two Greek words viz straight and child. Out of the two words I have compounded that of Orthopaedia to express in one term the design I propose which is to teach the different methods of preventing and correcting deformities of children." His methods include like such of correcting excessive curvature of a child's leg "to apply as soon as possible a small plate of iron on the hollow side of the leg fasten it about the leg with a linen roller. In a word, the same method must be used in this case, for recovering the shape of the leg, as is used for making straight a crooked trunk of a young tree." This was the basis for modern day Orthopaedics. The Chiropractic significance is that Dr. Andry recognized that children whose spines remained normal did not develop disease of the internal organs as those whose spines were deformed. Dr. Andry was 81 when he published his findings in this book.

Full book available on Play.Google.com

L'ORTHOPÉDIE
OU
L'ART
DE PREVENIR ET DE CORRIGER
DANS LES ENFANS,
LES DIFFORMITÉS DU CORPS.
LE TOUT PAR DES MOYENS A LA PORTÉE
des Peres & des Meres, & de toutes les
Perſonnes qui ont des Enfans à élever.
PAR Mr. ANDRY, CONSEILLER DU ROY,
Lecteur & Profeſſeur en Médecine au Collège Royal,
Docteur-Regent, & ancien Doyen de la Faculté de
Médecine de Paris, &c.
Avec Figures.
TOME PREMIER.

AA 477

A PARIS, RUE SAINT JACQUES.
Chez { La Veuve ALIX, au-deſſus de la rue des Noyers, au Griffon.
LAMBERT & DURAND, à la Sageſſe, & à Saint Landry.

M. DCC. XLI.
AVEC APPROBATION ET PRIVILEGE DU ROY.

CHIROPRACTIC CARE FOR CHILDREN

- Not that we require “validation”, but the Medical model continues to advertently and inadvertently validate the Chiropractic paradigm.
- In this article from 2005 an MD lays out why children’s spines need to be addressed, where currently it is almost entirely ignored.

MANUAL THERAPY IN CHILDREN: PROPOSALS FOR AN ETIOLOGIC MODEL

Heiner Biedermann, MD*

Manual therapy in children (MTC) is receiving greater attention. Several monographs and reviews deal with this subject[1–4]. Although these publications cover the field from the viewpoint of a classic pediatric approach, discussing which diagnoses of pediatric medicine might be successfully treated by MTC, they do not furnish an independent concept for the functional disorders that we see in these children.

This article proposes such a framework through a model: the kinematic imbalances due to suboccipital strain (KISS) concept. This concept groups the symptoms and signs associated with functional disorders of the cervical spine into an entity linked to easily recognizable clinical situations. By using this concept as a term in the communication with other caregivers of infants and children, we may be able to improve the contact between pediatricians and specialists of MTC, thus facilitating the identification of those cases where the use of MTC will be most useful. The definition of a functional disorder that is caused primarily ventrodorsally enables pediatricians, physiotherapists, speech therapists, and others who address infants and schoolchildren to widen their scope of available therapeutic options and to include the "functional approach" in their therapeutic considerations.

The emphasis of this article is to present the clinical picture and some background information pertaining to the causes and course of KISS and to present a manipulation technique.

THE SPECIAL SITUATION DURING THE FIRST YEAR

Newborn infants are different from adults or even older children in many ways. With a brain weight of ±400 g at birth (rapidly increasing to ±1000 g at 1 year), the central nervous system (CNS) of a newborn is small and light. Moreover, its most "human" parts, the prefrontal areas, are not yet myelinated and thus unable to function properly before 2 years of age[5] and develop until the end of the teenage years.

But even myelinization does not automatically implicate complex capabilities, as several crude yet convincing tests indicate. The electroencephalogram of a newborn, if derived from the scalp of an adult would be considered "...sufficiently abnormal to indicate imminent demise." The metabolic rate at this stage is low.[5] After birth, most of the activities of the newborn are governed by spinal and cerebellar reflexes. These primitive and unconditional reactions are gradually replaced by more complex patterns, parallel to the ripening of the pyramidal tracts and other structures of the supraspinal areas of the CNS.[6,7]

The differentiation of the fine structures of the CNS depends on and is modified by external stimuli on various levels. These influences commence before birth and are documented on the nutritional[8] and acoustic[9] level. Before birth, mothers report marked differences regarding the movement patterns of their babies and they are able to trace these patterns to distinctive events, that is, special food they ate or activities the mothers are performing at a given moment.[10]

There seems to be a correlation between infants which are "lazy" during pregnancy and those infants which display postural or behavioral problems during the first months.[10] These children show postural stereotypes with a fixed lateral bend of the spine or a preference of hyperextension. In most cases these phenomena seem to be limited to a rather short period. Thus, it is not surprising that these cases are regarded as basically self-limiting and not in need of a specific therapy. Some papers dealing with colic link a "difference in state regulation and control in infants with colic"[11] and mention functional neurologic disorders[12] in these children, whereas other factors like nutrition or allergies are mostly excluded.[13]

We should be aware that the infant's development, and primarily its acquisition of neuromotor competences, is intimately connected to the optimal functioning of its interface with the external world. The performance of this system depends on a multitude of components, which are beyond our influence. A few of them are accessible to therapy and one of these is the "spinal engine".[14] At this stage of ontogeny, an important component of this engine is the upper cervical area.

THE BIOMECHANICS OF THE OCCIPITO-CERVICAL JUNCTION IN NEWBORN

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Sources of support: none.
Submit requests for reprints to: Heiner Biedermann, MD, Victor-Jacobslei 18, B-2600 Antwerpen (e-mail: hbie@mastmail.org).
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Safe, Sane Chiropractic. And Not.

CHIROPRACTIC CARE FOR CHILDREN

- “Who is your Pediatrician?”
- What does a Pediatrician do?
- Who is best equipped to keep my healthy child healthy?

CHIROPRACTIC CARE FOR CHILDREN

- Additional considerations for kids:
  - As toddlers grow out of crib, start bed on floor so they can’t fall far.
  - Do not have pillows on the bed.
  - SIDS implications in research
  - Watch how kids sleep in the car etc.

MINIMUM CORE SUPPLEMENTATION

	Pregnant	<10Lbs	10-30Lbs	30-50Lbs	50-100Lbs	100-150Lbs
Prenatal Vitamins	1X DAY					
Prenatal Minerals	1 2X DAY					
Essentiagreens	1 TBSP		*1/2 TSP	*1 TSP	1/2 TBSP	1 TBSP
Omegas	PRENATAL DHA 2X DAY	DHA INFANT 1.0ML	DHA INFANT 2.0ML	CHILDREN'S EPA/ DHA 1X DAY	CHILDREN'S EPA/ DHA 1X DAY	COMPLETE HI POTENCY OMEGA 1 TSP DAY
Omega Cofactors	1XDay			CHILDREN'S COFACTORS 1X DAY	CHILDREN'S COFACTORS 1X DAY	COMPLETE COFACTORS 1X DAY
Vitamin D3	5K SYNERGY		2K D3	2K SYNERGY	2K SYNERGY	5K SYNERGY
Iodine Synergy	1X DAY				1X DAY	1X DAY

*Only after solid foods have been introduced

HUMAN PLACENTOPHAGY

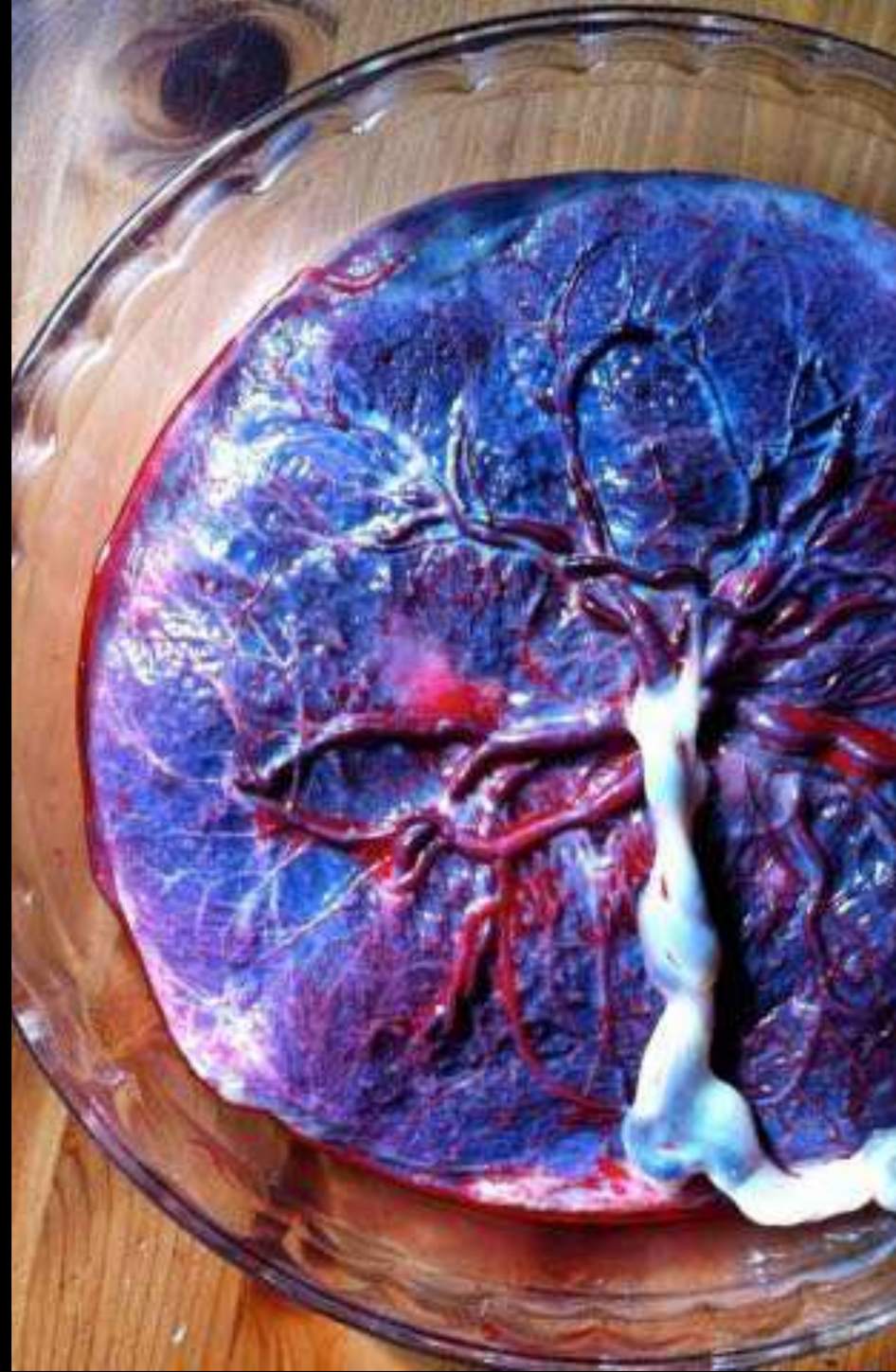
MYTH: We are the “only mammals who don’t eat our placenta”
FACT: Dolphins don’t either, and they’re one of the only other mammals that have sex for fun too!

MYTH: It helps prevent post partum depression
FACT: By placebo maybe, but there is not ONE study to prove this in the national Pubmed database. In fact there are NO studies.

MYTH: It comes out of your body just like milk so it’s safe
FACT: I can name other things out of the body you wouldn’t eat.

From a biblical perspective, the placenta can in NO way be considered as “food”.

Can-ni-bal-ism 1: the usually ritualistic eating of human flesh by a human being. Mirriam-Webster Dictionary



PLAN B
BREASTFEEDING

24oz Spring or well filtered water (do not use tap)
12oz Raw Goat's Milk
1/2 teaspoon FloraBaby children's probiotic
1/2 teaspoon NOW Foods Acerola Powder
2 teaspoons Designs for Health Whey Cool Unflavored
2 teaspoons KAL Nutritional Yeast
2 capsules Designs for Health Tegricel Colostrum
8 tablespoons Mt. Capra Mineral Whey Protein
1 teaspoon Nordic Naturals Arctic Cod Liver Oil
1 teaspoon Green Pastures X-Factor Gold Non Flavored Butter Oil
1 teaspoon Organic Sunflower Oil
1 teaspoon Organic Extra Virgin Olive Oil
2 teaspoons Wilderness Family Naturals Virgin Coconut Oil

TOXIC STRESS

- Follow the Core Diet Plan as standard compliance
- Minimize commercial dairy during pregnancy
- Minimize use of Ultrasound to legal necessity only
- NEVER have dental work on amalgam fillings during pregnancy
- Do not get Flu shots during pregnancy
- Have a birthplan which includes avoidance of labor inducing medications
- Always assume medications affect fetus regardless of what “known” information or labels suggest

VACCINATIONS

THE QUESTIONS MOST FAIL TO ASK

THE WRONG QUESTIONS

1. DOES MERCURY CAUSE AUTISM?
2. ARE VACCINES SAFE?
3. CAN WE MAKE CLEAN VACCINES?

FOR THE RECORD.

- If vaccines don't cause Autism then why can we reproduce effects in monkeys?

In this pilot study, infant macaques receiving the recommended pediatric vaccine regimen from the 1990's displayed a different pattern of maturational changes in amygdala volume and differences in amygdala-binding of [^{11}C]DPN following the MMR/DTaP/Hib vaccinations between T1 and T2 compared with non-exposed animals. There was also evidence of greater total brain

ACTA NEUROBIOLOGIAE EXPERIMENTALIS

Research paper Acta Neurobiol Exp 2010, 70: 147–164

Influence of pediatric vaccines on amygdala growth and opioid ligand binding in rhesus macaque infants: A pilot study

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This longitudinal, case-control pilot study examined amygdala growth in rhesus macaque infants receiving the complete US childhood vaccine schedule (1994-1999). Longitudinal structural and functional neuroimaging was undertaken to examine effects of the vaccine regimen on the developing brain. Vaccine-exposed and saline-injected control infants underwent PET imaging at approximately 4 and 8 months of age, representing two specific timeframes within the vaccination Volumetric analyses showed that exposed animals did not undergo the maturational changes over time in amygdala that was observed in unexposed animals. After controlling for left amygdala volume, the binding of the opioid [^{11}C]diprenorphine (DPN) in exposed animals remained relatively constant over time, compared with unexposed in which a significant decrease in [^{11}C]DPN binding occurred. These results suggest that maturational changes in volume and the binding capacity of [^{11}C]DPN in the amygdala was significantly altered in infant macaques the vaccine schedule. The macaque infant is a relevant animal model in which to investigate specific environmental and structural/functional neuroimaging during neurodevelopment.

dx: rhesus macaques, *Macaca mulatta*, non-human primates, animal model, neuroimaging, PET, MRI, amygdala, thyl mercury, thimerosal, neurotoxicity

ODUCTION

mygdala, a complexly interconnected limbic system structure located in the temporal lobe of the brain, is thought to play a central role in the expression of emotions (reviewed by Aggleton 1992). In rhesus macaques the amygdala has been associated with the development of social and emotional behavior (reviewed by Bruhers 1990). When neonatal macaques received lesions to the amygdala they showed increasing socio- amygdala lesions were still capable of interpreting and generating social behaviors (Prather et al. 2001) but failed to develop an appropriate fear response (Antoniadis et al. 2009), implicating an important role for the amygdala in regulating such responses (reviewed by Amaral and Corbett 2003, Amaral et al. 2008, Machado et al. 2009, Rosenkaal et al. 2009). While the human amygdala has been well studied longitudinally in both normal and disease states, there is a paucity of information regarding amygdala growth during

FOR THE RECORD.

- MIT study confirmed in 2012 that Aluminum and Tylenol mix is implicated

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Review

Empirical Data Confirm Autism Symptoms Related to Aluminum and Acetaminophen Exposure

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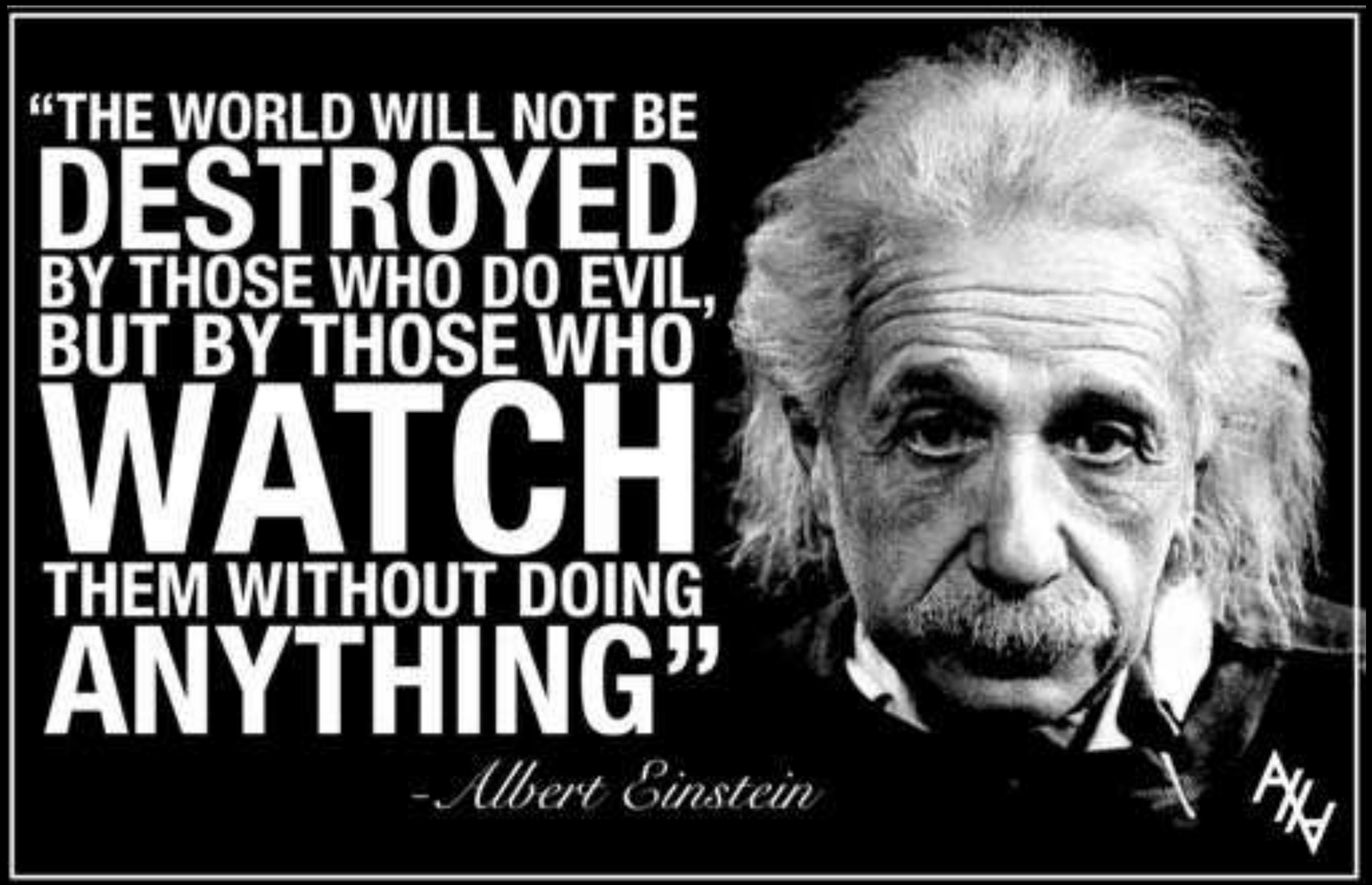
While the autism community has focused on the mercury in thimerosal as the main culprit in vaccines, our studies with the VAERS database have identified aluminum and acetaminophen as being likely even more damaging than mercury. Aluminum binds strongly to sulfur-containing molecules, and the body depends on sulfur for the proper elimination of both aluminum and acetaminophen, as well as mercury. Because of the sulfur deficiencies, aluminum, mercury and acetaminophen likely accumulate in the autistic brain, leading to further damage.

cognitive and social skills, e is alarmingly on the rise, role. This paper investigates Events Reporting System rting a link between autism icity of aluminum in human RS increased steadily at the s being phased out, while aluminum adjuvant burden was being increased. Using standard log-likelihood ratio techniques, we identify several signs and symptoms that are significantly more prevalent in vaccine reports after 2000, including cellulitis, seizure, depression, fatigue, pain and death, which are also significantly associated with aluminum-containing vaccines. We propose that children with the autism diagnosis are especially vulnerable to toxic metals such as aluminum and mercury due to insufficient serum sulfate and glutathione. A strong

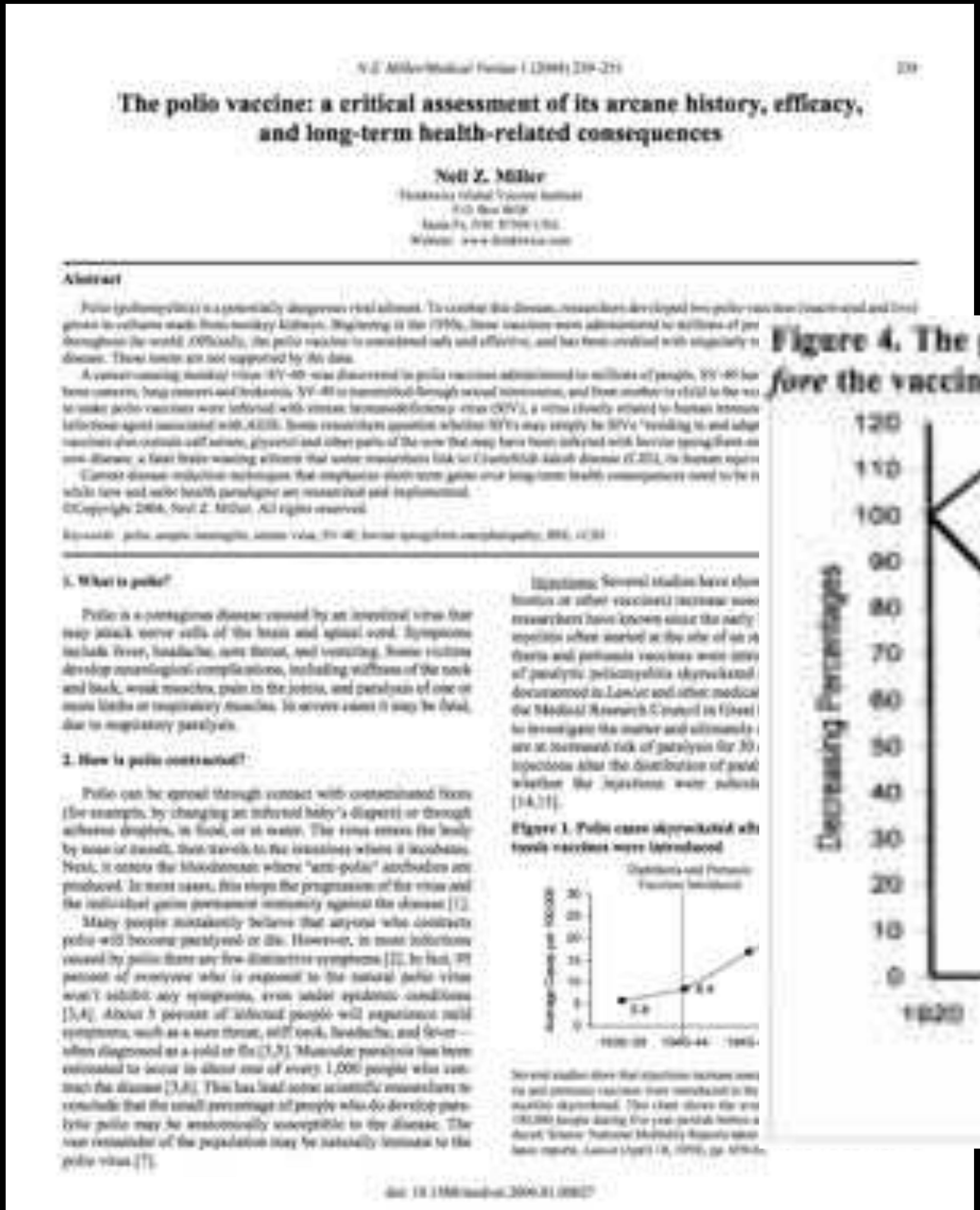


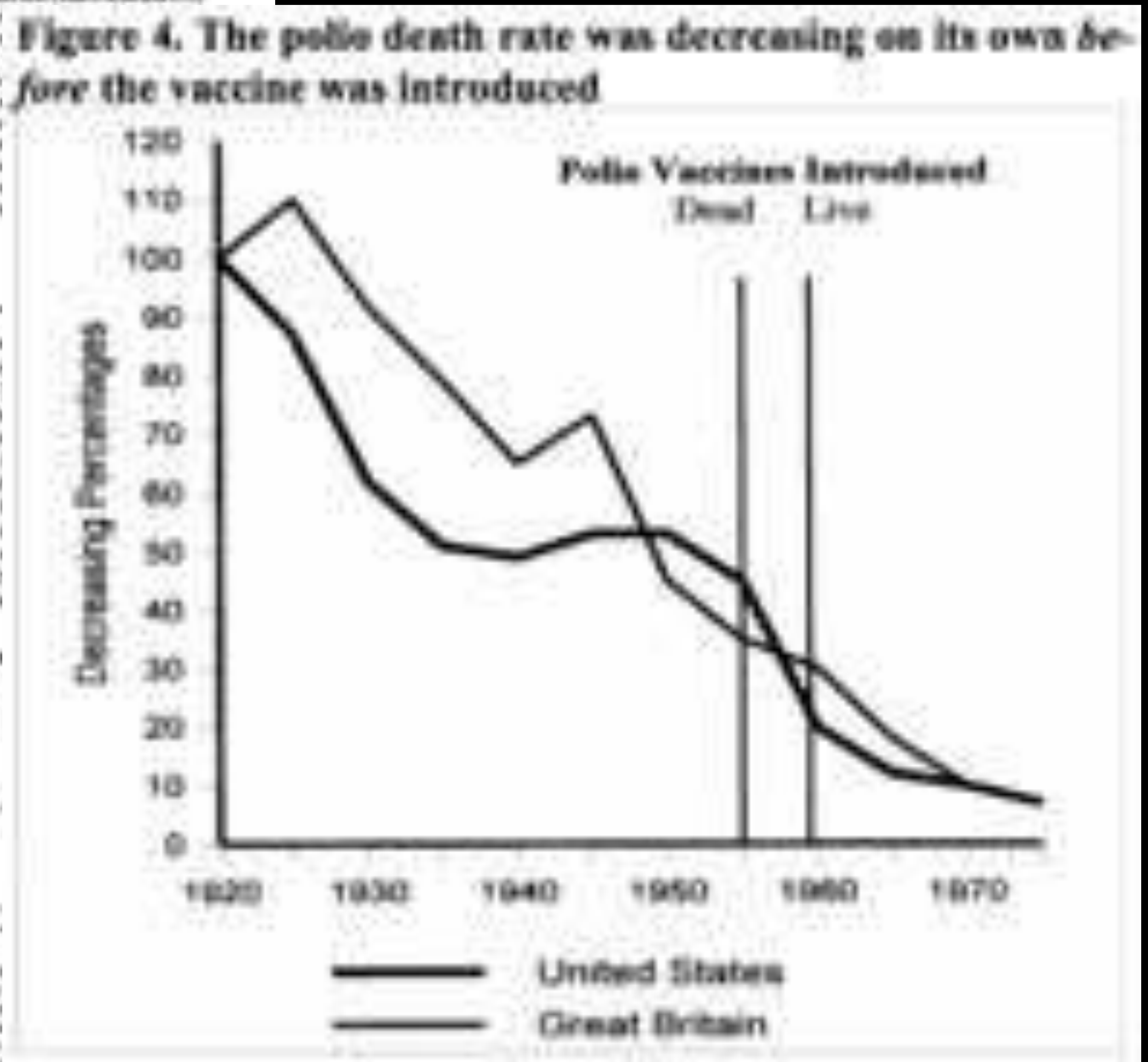
THE REAL QUESTIONS

1. WERE VACCINES THE PRIMARY CAUSE OF DECLINE IN DISEASES?
2. ARE THESE DISEASES DEADLY IN 21ST CENTURY DEVELOPED NATIONS?
3. CAN THESE DISEASES BE EASILY TREATED MEDICALLY OR NATURALLY?
4. ARE MASS VACCINATION PROGRAMS THEREFORE NECESSARY?

1. DID THEY CAUSE DECLINES?

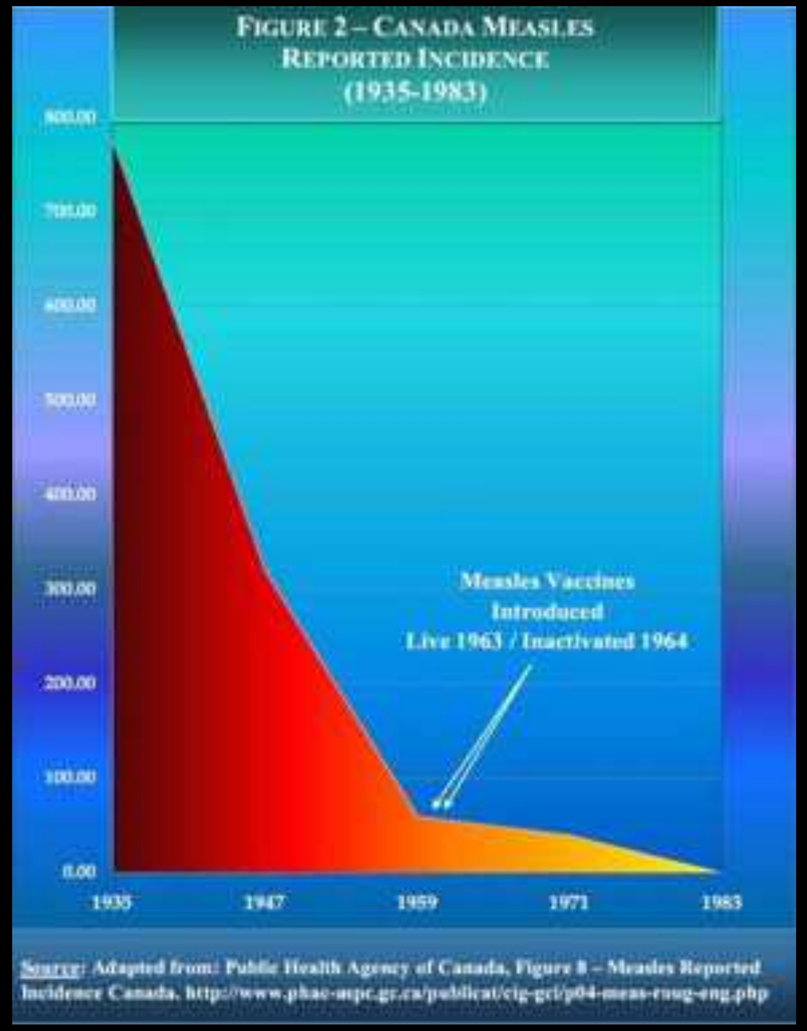
"POLIO WAS ERADICATED BY VACCINATION"?

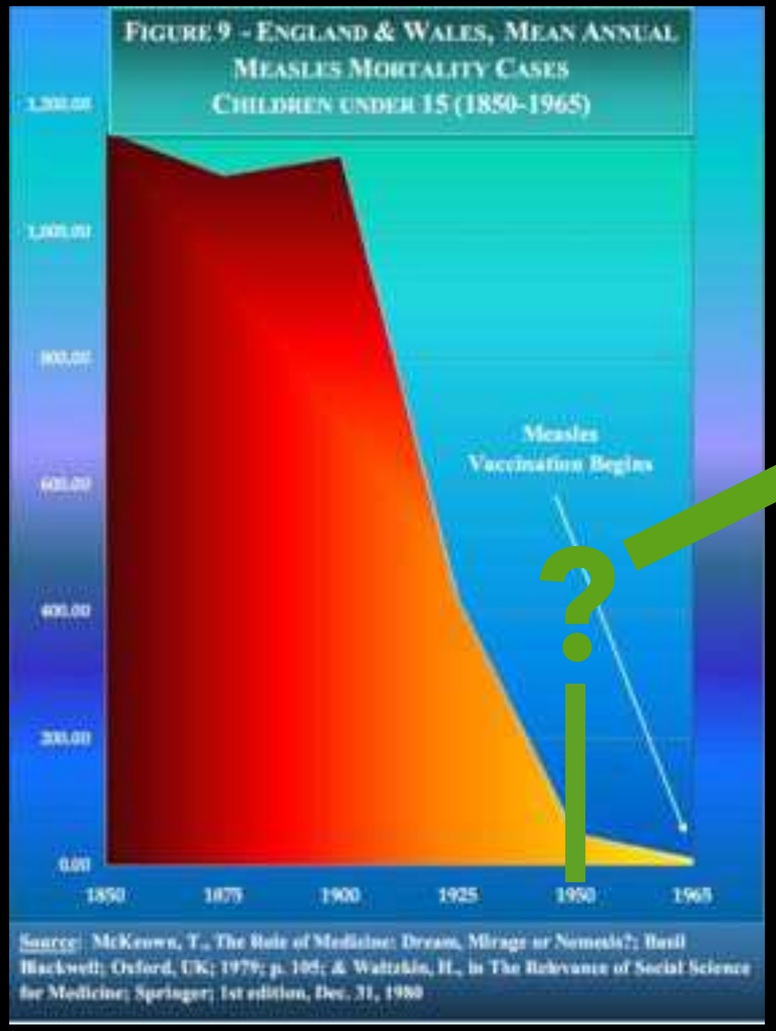


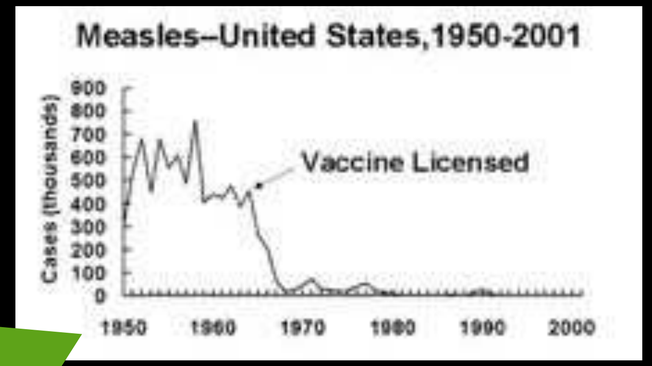


1. DID THEY CAUSE DECLINES?

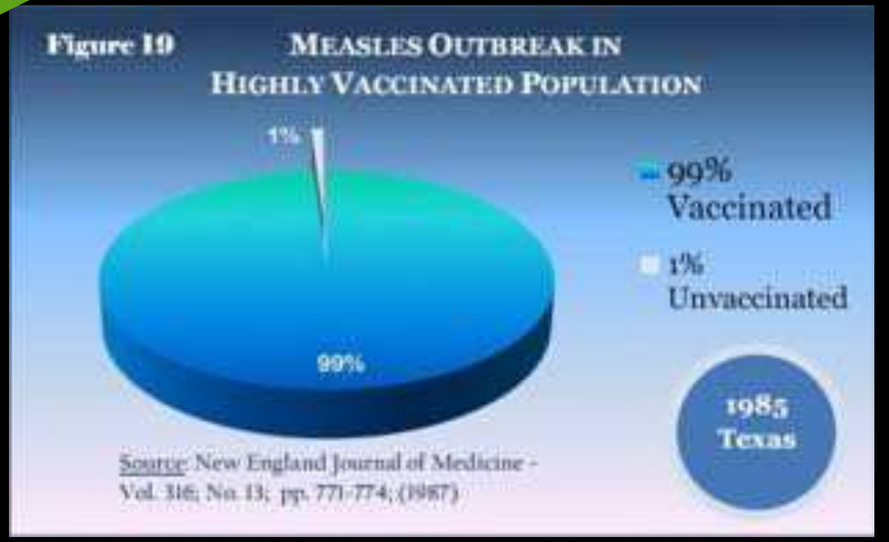
WHEN WAS THE LAST TIME YOU SAW MEASLES?







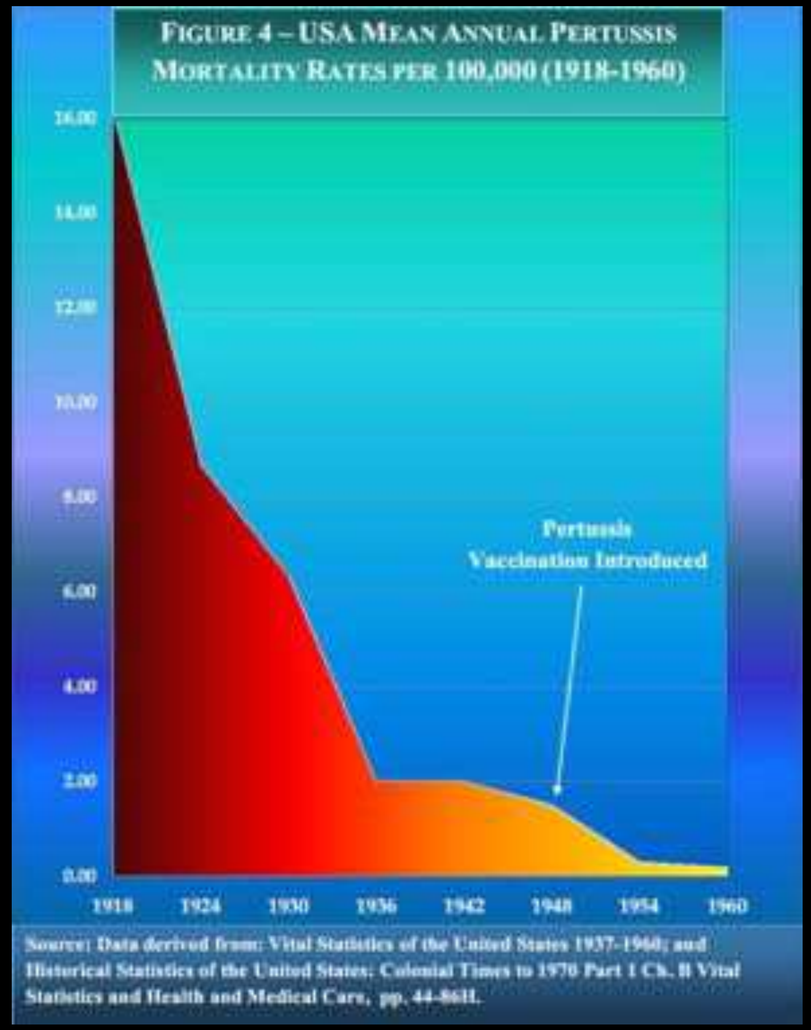
CDC.gov

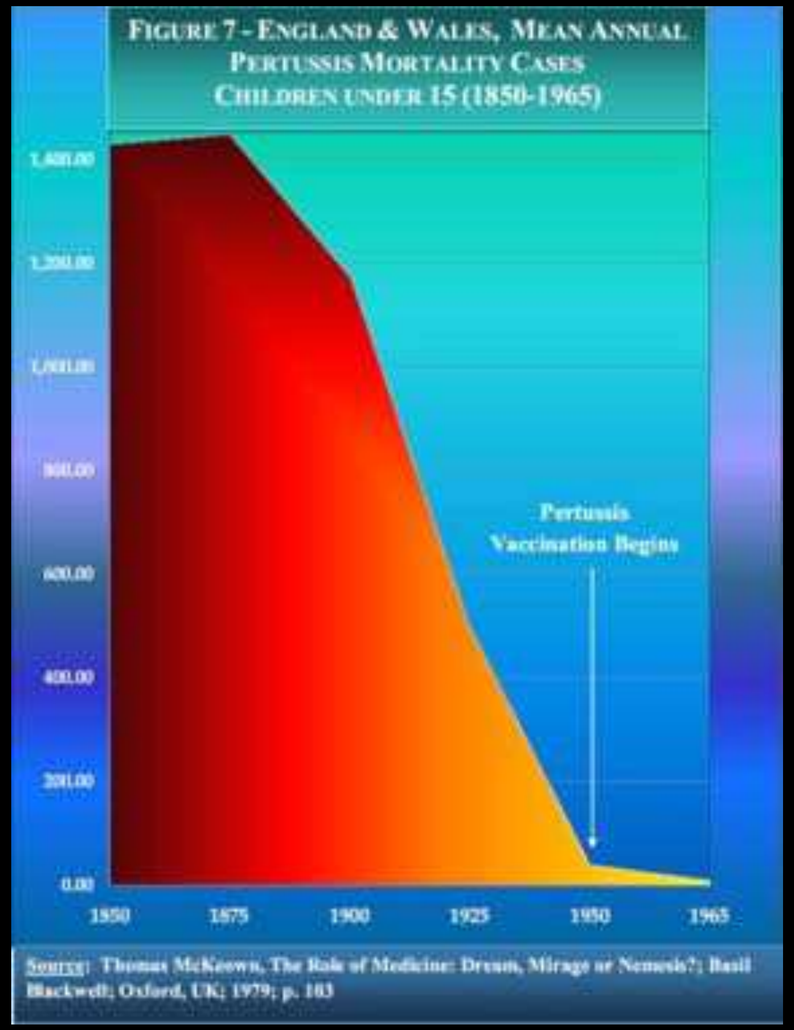


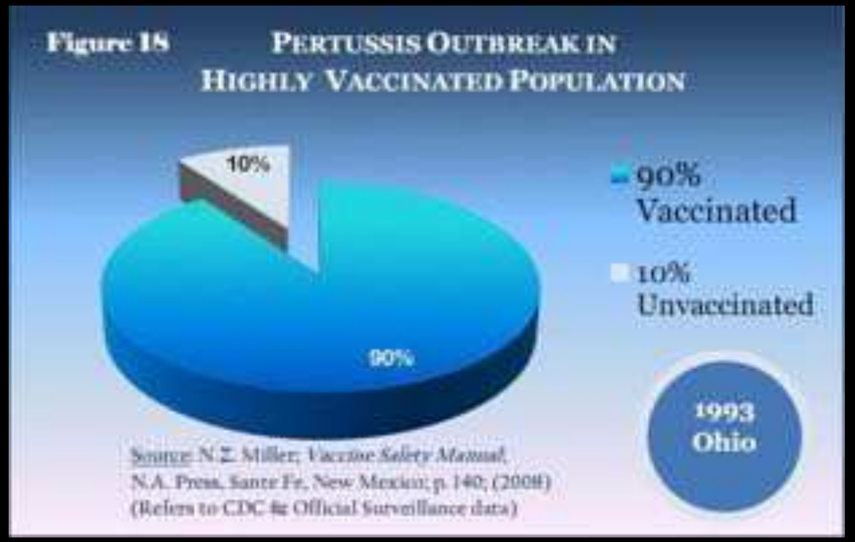
Immunization Graphs: Raymond Obomsawin PhD 2009

1. DID THEY CAUSE DECLINES?

PERTUSSIS REMAINS ON HIGH ALERT STATUS WITH VACCINATION PROPAGANDA



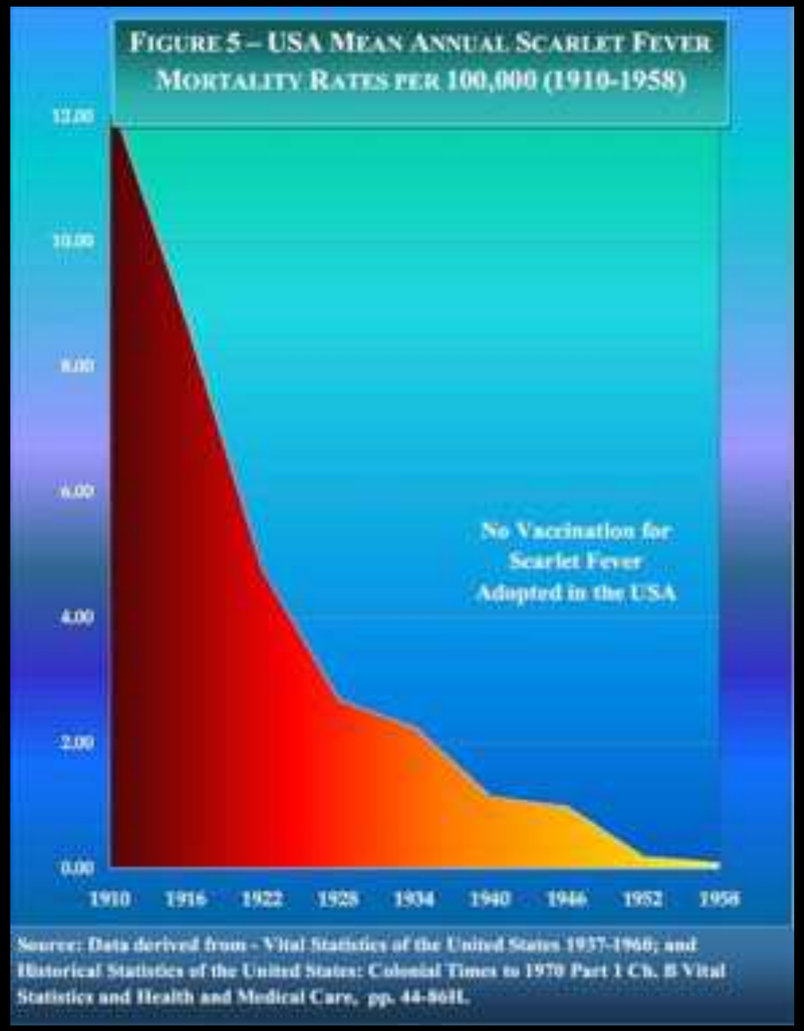


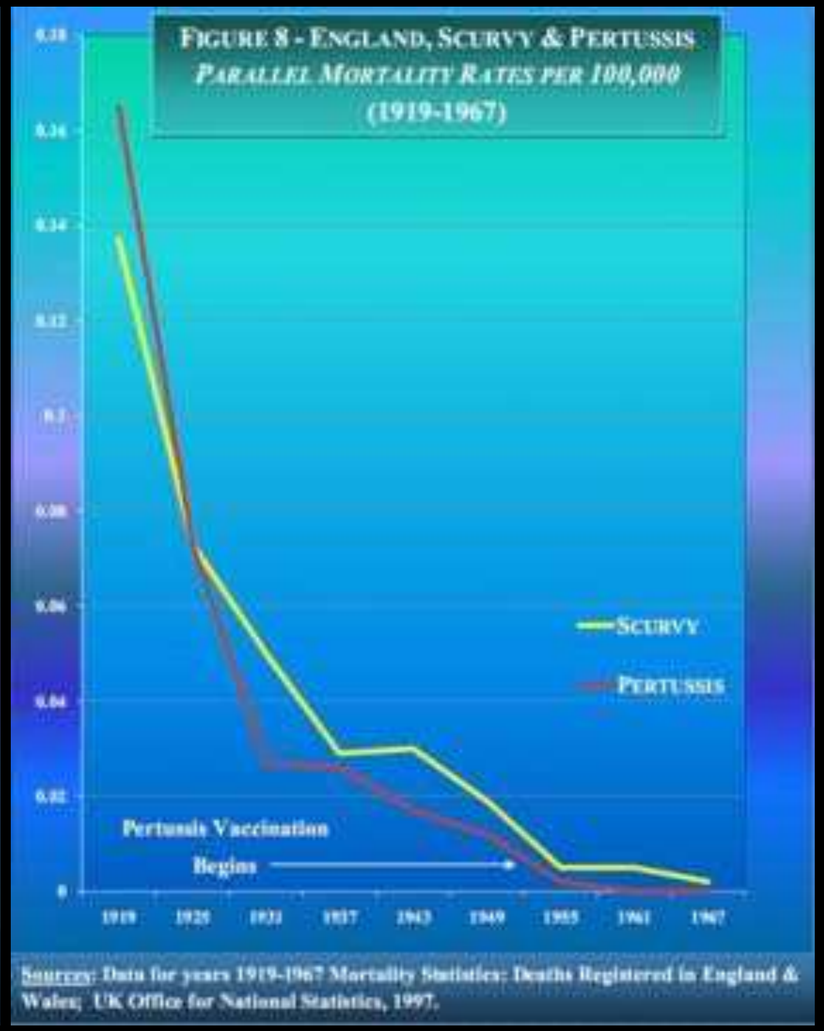


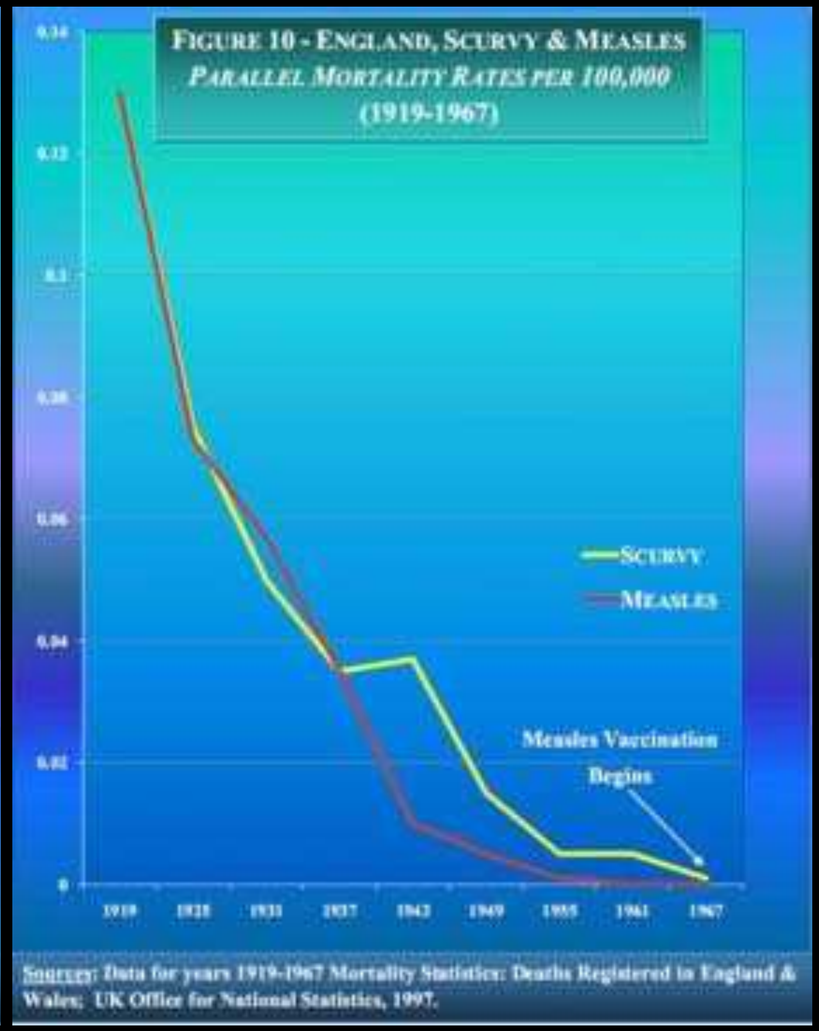
Immunization Graphs: Raymond Obomsawin PhD 2009

1. DID THEY CAUSE DECLINES?

WHAT HAPPENED TO DISEASES WITH SIMILAR DECLINES AND NO VACCINATION?







Immunization Graphs: Raymond Obomsawin PhD 2009

2. ARE THEY DEADLY?

WHAT THE ACTUAL DISEASE AND DEATH RATES TODAY IN DEVELOPED NATIONS?
REPORTED CASES ACCORDING TO WORLD HEALTH ORGANIZATION

	MEASLES	MUMPS	RUBELLA	PERTUSSIS	POLIO	TETANUS	HIB MENINGITIS (2011)
UNITED STATES	55	229	9	47693	0	37	2
UNITED KINGDOM	2092	3178	70	11980	0	6	2
CANADA	10	54	2	4845	0	4	38

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WHAT THE ACTUAL DISEASE AND DEATH RATES TODAY IN DEVELOPED NATIONS?
REPORTED CASES ACCORDING TO WORLD HEALTH ORGANIZATION

	MEASLES	MUMPS	RUBELLA	PERTUSSIS	POLIO	TETANUS	HIB MENINGITIS (2011)
UNITED STATES 313 MILLION	550 0?	229 0?	9 0?	47693 20	0 0	37 0?	2 0?
UNITED KINGDOM 63 MILLION	2092 1	3178 0?	70 0?	11980 14	0 0	6 0?	2 0?
CANADA 34 MILLION	10 0?	54 0?	2 0?	4845 <2?	0 0	4 0?	38 0?

2. ARE THEY DEADLY?

WHAT THE ACTUAL DISEASE AND DEATH RATES TODAY IN DEVELOPED NATIONS? REPORTED CASES ACCORDING TO WORLD HEALTH ORGANIZATION

* Of worst disease above Pertussis, collectively risk of infection is currently .00016%, death IF infected .00056?, for total risk to healthy child of .000000088%. (of course they would say that's all because of vaccination, but review image a few slides back)
* According to CDC's VAERS Database there were 25,894 adverse reactions to vaccination reported in 2012
* Of the reported incidence, there are many unanswered questions such as what were the conditions in which the patient was immune compromised, infected, medically TREATED, etc.
* Considering what this data suggests, does the risk of vaccination both known and unknown justify the perceived or factual reduction of risk of said disease?
* Does that risk/benefit justify the current level of government and special interest involvement and even mandate of vaccination policy?
* We are sold that "herd immunity" (which has never been proven in humans) is justification to forgive your rights, however it is no more your right to worry about what choice others ultimately make as it is for them to make the decision for YOUR child.

3. CAN THEY BE TREATED?

IF IN FACT YOUR CHILD WAS INFECTED, WHAT TREATMENTS MEDICALLY AND NATURALLY ARE AVAILABLE?

	MEDICAL AND NATURAL INTERVENTIONS AVAILABLE
MEASLES	MEDICAL: HOME CARE ALONE NATURAL: VITAMIN A PRODUCTS SUCH AS COD LIVER OIL, AND ANY ANTIVIRALS OR IMMUNE BUILDERS
MUMPS	MEDICAL: REST AND HOME CARE ALONE NATURAL: ANY ANTIVIRALS, SILVER SOLUTION, AND IMMUNE BUILDERS LIKE VITAMINS D AND C
RUBELLA	MEDICAL: REST AND HOME CARE ALONE NATURAL: ANY ANTIVIRALS, SILVER SOLUTION, AND IMMUNE BUILDERS LIKE VITAMINS D AND C
PERTUSSIS	MEDICAL: AZITHROMYCIN, CLARITHROMYCIN, ERYTHROMYCIN (EACH HAS POTENTIALLY FATAL SIDE EFFECTS) NATURAL: SILVER SOLUTION ORALLY AND BY NEBULIZER
POLIO	MEDICAL: BED REST, PAIN RELIEVERS, PORTABLE VENTILATORS, MODERATE EXERCISE, AND NUTRITION DIET NATURAL: ANY ANTIVIRALS, SILVER SOLUTION, AND POST INFECTIVE REHAB HAS SHOWN EFFECTIVE
TETANUS	MEDICAL: TETANUS IMMUNE GLOBULIN OR EQUINE ANTITOXIN INJECTION NATURAL: ABOVE, PLUS SILVER SOLUTION ORALLY AND TOPICALLY
HIB MENINGITIS	MEDICAL: INTRAVENOUS THIRD GENERATION CEPHALOSPORIN NATURAL: SILVER SOLUTION ORALLY AND BY NEBULIZER, AND IMMUNE BUILDERS LIKE VITAMINS D AND C

4. ARE THEY NECESSARY?

- Should infectious disease still be a high priority agenda for public health in 21st century economically developed nations?

Pacific Islanders the most. Causes of infant mortality are drastically different from those prevalent early in the century, which were closely connected with living conditions and the environment. The current leading causes are more amenable to medical technology; those for Caucasians include

Infant Mortality in the 20th Century, Dramatic but Uneven Progress[1]

Myron E. Wegman

School of Public Health, University of Michigan, Ann Arbor, MI 48109-2029

4. ARE THEY NECESSARY?

- Flu vaccines used to be contraindicated in pregnancy, then they changed their minds.

fetal-loss reports. Thus, the concomitant administration of the seasonal influenza and pandemic A-H1N1 vaccines during 2009/2010 suggests a synergistic toxicity and a statistically significant higher rate of fetal loss reporting relative to the single-dose seasons. When cap-

Article

HET

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DOI: 10.1177/0960327112455067
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Comparison of VAERS fetal-loss reports during three consecutive influenza seasons: Was there a synergistic fetal toxicity associated with the two-vaccine 2009/2010 season?

GS Goldman

Abstract

The aim of this study was to compare the number of inactivated-influenza vaccine–related spontaneous abortion and stillbirth (SB) reports in the Vaccine Adverse Event Reporting System (VAERS) database during three consecutive flu seasons beginning 2008/2009 and assess the relative fetal death reports associated with the two-vaccine 2009/2010 season. The VAERS database was searched for reports of fetal demise following administration of influenza vaccine/vaccines to pregnant women. Utilization of an independent surveillance survey source capture–recapture analysis estimated the reporting completeness in the 2009/2010 flu season. Capture–recapture demonstrated that the VAERS database captured about 13.2% of the total 1321 (95% confidence interval (CI): 815–2795) estimated reports, yielding an ascertainment-corrected rate of 590 fetal-loss reports per 1 million pregnant women vaccinated (or 1 per 1695). The unadjusted fetal-loss report rates for the 2008/2009 influenza seasons beginning 2008/2009 were 6.8 (95% CI: 0.1–13.1), 77.8 (95% CI: 66.3–89.4), and 12.6 (95% CI: 7.2–18.0) cases per million pregnant women vaccinated, respectively. The observed reporting rates do not explain the magnitude increase in fetal-demise reporting rates in the VAERS database relative to seasonal trends. Thus, a synergistic fetal toxicity likely resulted from the administration of both the pandemic (A-H1N1) and seasonal influenza vaccines during the 2009/2010 season.

Keywords

Human toxicology, immunization, influenza vaccine, spontaneous abortion, stillbirth, Thimerosal

Introduction

Since 1997, the Advisory Committee on Immuniza-

Two frequently cited peer-reviewed reports on the safety of influenza vaccination during pregnancy did not reveal any adverse outcomes among 56 women[2]

4. ARE THEY NECESSARY?

- BIG assertions should be fully investigated don't you think?

1) Instead of reacting appropriately by re-examining existing vaccination policies when safety concerns over specific vaccines were identified by their own investigations, the JCVI either a) took no action, b) skewed or selectively removed unfavourable safety data from public reports and c) made intensive efforts to reassure both the public and the authorities in the safety of respective vaccines;

2) Significantly restricted contraindication to vaccination criteria in order to increase vaccination rates despite outstanding and unresolved safety issues;

3) On multiple occasions requested from vaccine manufacturers to make specific amendments to their data sheets, when these were in conflict with JCVI's official advices on immunisations;

4) Persistently relied on methodologically dubious studies, while dismissing independent research, to promote vaccine policies;

5) Persistently and categorically downplayed safety concerns while over-inflating vaccine benefits;

6) Promoted and elaborated a plan for introducing new vaccines of questionable efficacy and safety into the routine paediatric schedule, on the assumption that the licenses would eventually be granted;

7) Actively discouraged research on vaccine safety issues;

8) Deliberately took advantage of parents' trust and lack of relevant knowledge on vaccinations in order to promote a scientifically unsupported immunisation program which could put certain children at risk of severe long-term neurological damage;

The vaccination policy and the Code of Practice of the Joint Committee on Vaccination and Immunisation (JCVI): are they at odds?

Lucija Tomljenovic, PhD

Neural Dynamics Research Group, Dept. of Ophthalmology and Visual Sciences, University of British Columbia, 828 W. 10th Ave, Vancouver, BC, V5Z 1L8, lucijat77@gmail.com

Introduction

No pharmaceutical drug is devoid of risks from adverse reactions and vaccines are no exception. According to the world's leading drug regulatory authority, the US Food and Drug Administration (FDA), vaccines represent a special category of drugs in that they are generally given to healthy individuals and often to prevent a disease to which an individual may never be exposed [1]. This, according to the FDA, places extra emphasis on vaccine safety. Universally, regulatory authorities are responsible for ensuring that new vaccines go through proper scientific evaluation before they are approved. An equal responsibility rests on the medical profession to promote vaccinations but only with those vaccines whose safety and efficacy has been demonstrated to be statistically significant. Furthermore, vaccination is a medical intervention and as such, it should be carried out ...e full consent of those who are being subjected to it. This necessitates an objective ...re of the known or foreseeable risks and benefits and, where applicable, a description of ...tive courses of treatment. In cases where children and infants are involved, full consent ...gards to vaccination should be given by the parents.

...ately concealing information from the parents for the sole purpose of getting them to ... with an "official" vaccination schedule could thus be considered as a form of ethical ...n or misconduct. Official documents obtained from the UK Department of Health (DH) and ...int Committee on Vaccination and Immunisation (JCVI) reveal that the British health ...ties have been engaging in such practice for the last 30 years, apparently for the sole ... of protecting the national vaccination program.

...present the documentation which appears to show that the JCVI made continuous efforts to ...d critical data on severe adverse reactions and contraindications to vaccinations to both ... and health practitioners in order to reach overall vaccination rates which they deemed ...ecessary for "herd immunity", a concept which with regards to vaccination, and contrary to ...nt beliefs, does not rest on solid scientific evidence as will be explained. As a result of such ...tion policy promoted by the JCVI and the DH, many children have been vaccinated without ...arents being disclosed the critical information about demonstrated risks of serious adverse ...ns, one that the JCVI appeared to have been fully aware of. It would also appear that, by ...ding this information, the JCVI/DH neglected the right of individuals to make an informed ... concerning vaccination. By doing so, the JCVI/DH may have violated not only International ...nes for Medical Ethics (i.e., Helsinki Declaration and the International Code of Medical ... [2] but also, their own Code of Practice (http://www.dh.gov.uk/prod_consum_dh/groups/ ...talassets/@dh/@ab/documents/digitalasset/dh_115363.pdf).

...nscripts of the JCVI meetings also show that some of the Committee members had extensive ... pharmaceutical companies and that the JCVI frequently co-operated with vaccine ...cturers on strategies aimed at boosting vaccine uptake. Some of the meetings at which such controversial items were discussed were not intended to be publicly available, as the transcripts

VACCINATION EXEMPTION LETTER

IT IS YOUR RIGHT TO RELIGIOUS EXEMPTION IN ALABAMA. BRING THIS LETTER TO YOUR LOCAL HEALTH DEPARTMENT.

December 18th, 2012

Health Department Director
Mobile County Health Department
251 North Bayou Street
Mobile, AL 36603

REF: Submission for Religious Exemption from Vaccination for:
Oren Bucknell, dob. November 21, 2011

Dear Health Dept Director or Whom it may Concern:

I, Jennifer Bucknell, as the parent of the above named child am exercising my rights under the First Amendment of the US Constitution and **Alabama Government Code Section 16-30-3** to receive Religious Exemption from Vaccinations.

I am fully aware of the alleged risks of not vaccinating as described by the Centers for Disease Control, The American Academy of Pediatrics, and the American Medical Association.

However, I now have sincere religious beliefs that prohibit us from submitting to and receiving vaccinating agents.

In addition, I further request a letter to ""School Administrators"" resolving its failure to include the legal rights of a parent or student to a religious exemption as outlined in the **Alabama Government Code Section 16-30-3**. I will seek legal action if, due to the failure on the part of the State of Alabama to recognize these rights, if my child is not admitted to a Alabama school or daycare.

If the Alabama *Certificate of Religious Exemption* must be signed at the Health Department, please provide a written notice of appointment, with five working days advance response permitted.

Respectfully,

Jennifer Bucknell
8750 Woodberry Ct.
Mobile, AL 36695

Alabama Government Code Section 16-30-3

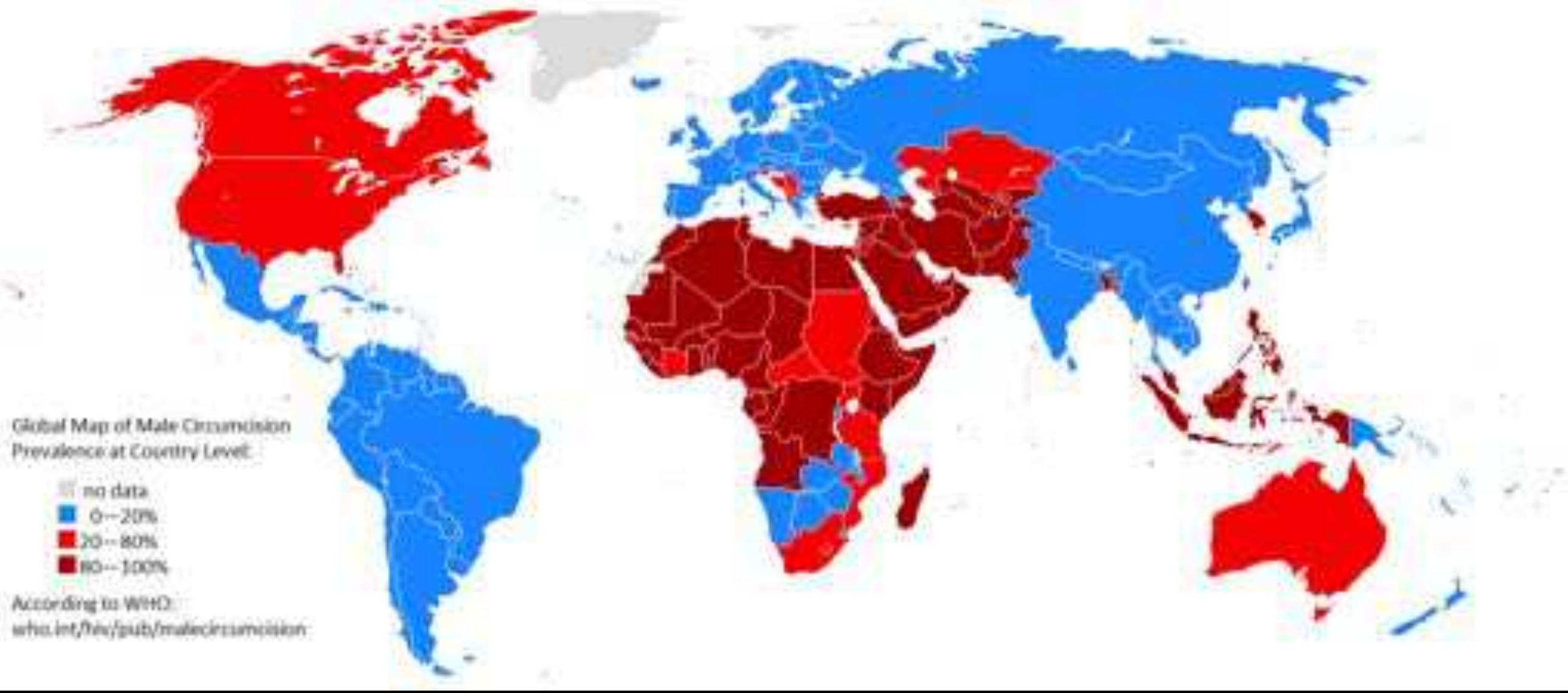
Exceptions to chapter.

The provisions of this chapter shall not apply if:

(1) In the absence of an epidemic or immediate threat thereof, the parent or guardian of the child shall object thereto in writing on grounds that such immunization or testing conflicts with his religious tenets and practices; or

(2) Certification by a competent medical authority providing individual exemption from the required immunization or testing is presented the admissions officer of the school.

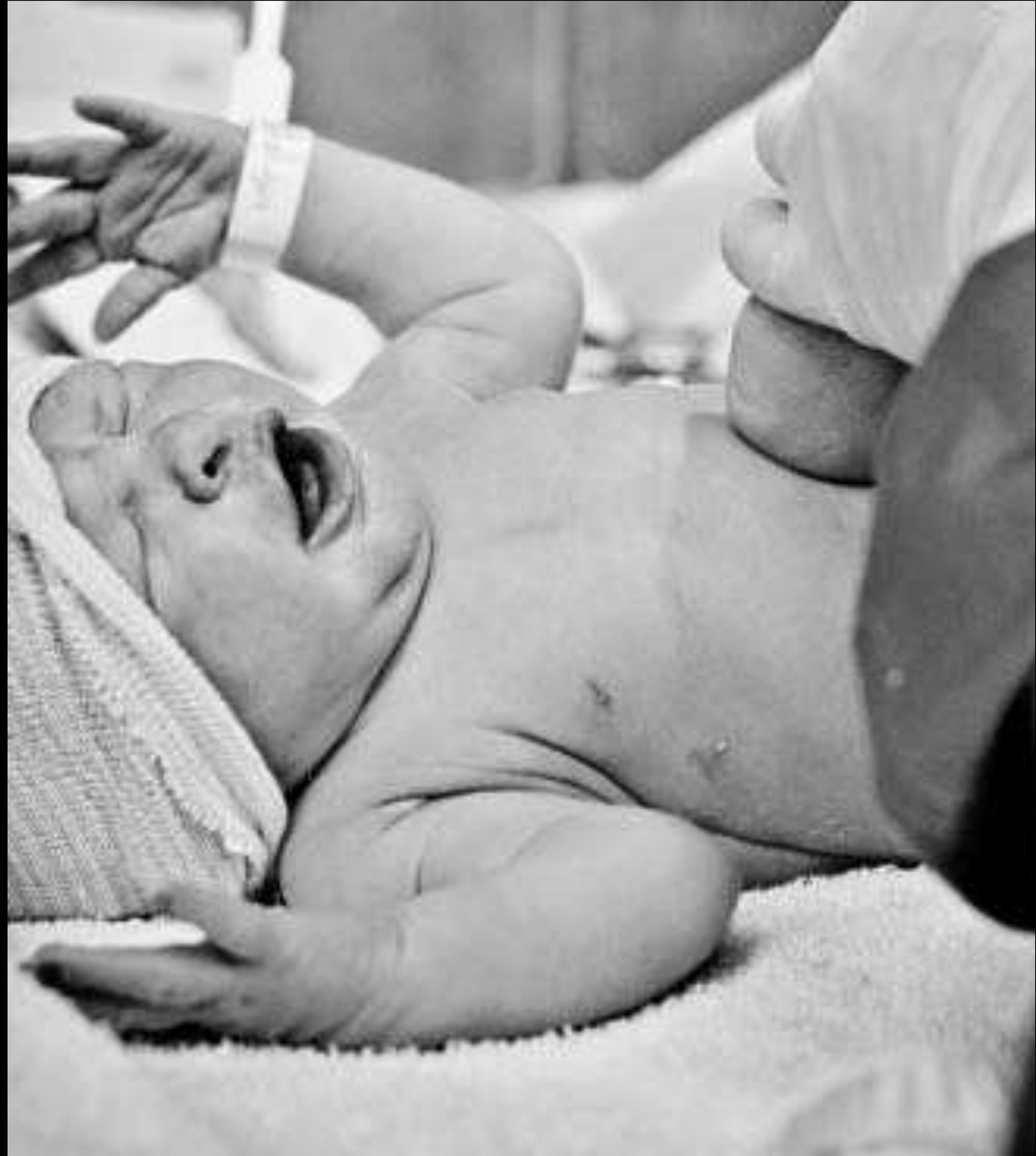
(Acts 1973, No. 1269, p. 2113, §§3.)



CIRCUMCISION GRAPHIC IMAGES

REASONS TO CIRCUMCISE

1. DISEASE REDUCTION
2. RELIGIOUS
3. CULTURAL



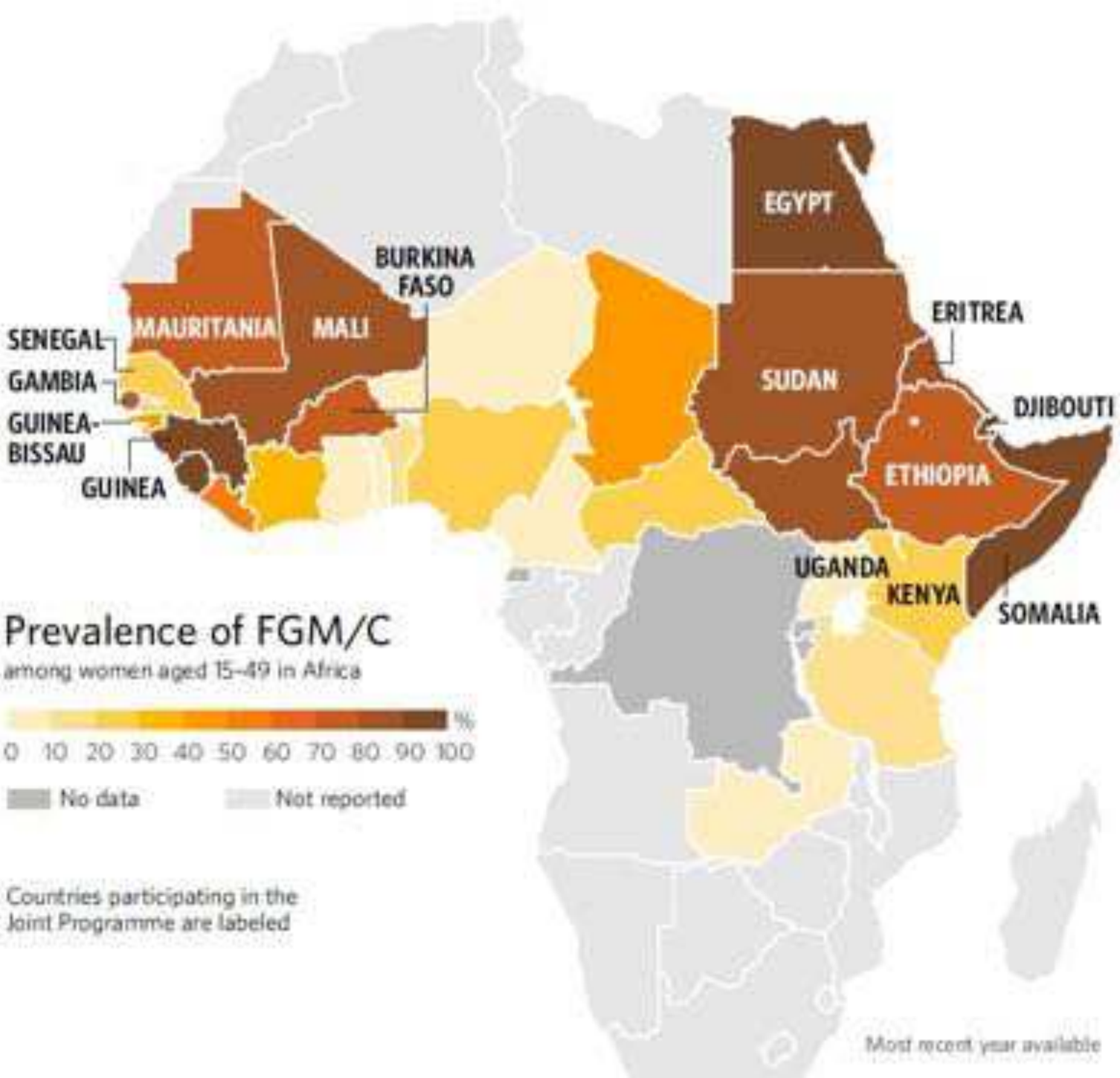
FEMALE CIRCUMCISION

TYPE 1: REMOVAL OF PREPUCE AND PART OR ALL OF THE CLITORIS.

TYPE 2: REMOVAL OF CLITORIS AND PART OR ALL OF THE LABIA MINORA.

TYPE 3: REMOVAL OF PART OR ALL OF THE LABIA MINORA, WITH THE LABIA MAJORA SEWN TOGETHER COVERING THE URETHRA AND VAGINA LEAVING ONLY A SMALL HOLE FOR PASSAGE OF URINE AND MENSTRUAL FLUIDS.

NO MEDICAL BENEFITS.
NO ETHICAL JUSTIFICATION.
ONLY RELIGIOUS CHOICE CAN JUSTIFY.



HISTORY OF MALE CIRCUMCISION

- OLDEST EVIDENCE COMES FROM ANCIENT EGYPT 2400 BC. THE BOOK OF THE DEAD REFERENCES THE SUN GOD RA CUTTING HIMSELF, THE BLOOD CREATING TWO MINOR DEITIES.

- IN GENESIS, GOD TOLD ABRAHAM TO CIRCUMCISE FOR COVENANT. GENESIS 17:10-14

- MALES IN AFRICA WERE CIRCUMCISED AS A RIGHT OF PASSAGE AND TO BECOME MEMBERS OF THE WARRIOR CLASS.

HISTORY OF MALE CIRCUMCISION

- IN THE GRECO-ROMAN WORLD PREDOMINANTLY ONLY JEWS WERE CIRCUMCISED.

- JEWS WOULD GO TO MEASURES TO LENGTHEN THEIR FORESKIN TO COMPETE IN ATHLETIC EVENTS ETC.

- AS A RESULT, JEWISH LEADERS ADDED A MORE RADICAL PROCEDURE AROUND 140AD CALLED PERI'AH IN WHICH THE ENTIRE FORSKIN WAS PULLED BACK AND REMOVED.

- SOME TOOK IT EVEN FURTHER TO SUCK THE BLOOD FROM THE CUT SPREADING VENEREAL DISEASE. THIS PRACTICE HAS BEEN MOSTLY STOPPED.

HISTORY OF MALE CIRCUMCISION

- ENCYCLOPEDIA BRITANNICA 1876 DISCUSSES CIRCUMCISION AS MERELY A RELIGIOUS RITE AMONG JEWS, MUSLIMS, THE ANCIENT EGYPTIANS, AND OTHER TRIBAL PEOPLES.

- IN THE 1890S CIRCUMCISION BECAME POPULAR BY ALLOPATHS TO PREVENT MASTURBATION AS WELL AS MANY OTHER RIDICULOUS DEVICES AND MEASURES. ONE MAJOR ADVOCATE WAS DR. JOHN HARVEY KELLOGG WHO ADVOCATED THE CONSUMPTION OF CORN FLAKES AND CIRCUMCISION TO PREVENT.

- BY 1929 MEDICAL INSTITUTION HAD CHANGED THE DEFINITION AFTER WIDESPREAD ADOPTION FROM ABOVE TO PRIMARILY MEDICAL REASONS OF “CLEANLINESS” AND “PREVENTATIVE”.

DISEASE REDUCTION

- Royal Australian College of Physicians: “After reviewing the currently available evidence, the RACP believes that the frequency of diseases modifiable by circumcision, the level of protection offered by circumcision and the complication rates of circumcision do not warrant routine infant circumcision in Australia and New Zealand.” 2010

- Canadian Pediatric Society: “Circumcision of newborns should not be routinely (i.e., in the absence of medical indication) performed”. Current policy

- British Association of Paediatric Surgeons, Royal College of Nursing, Royal College of Paediatrics and Child Health, Royal College of Surgeons of England, and Royal College of Anaesthetists: Joint statement deeming routine circumcision without precise medical warrant the equivalent of malpractice.

- American Academy of Pediatrics: “The AAP does not recommend routine (performed in the absence of medical indication) circumcision of the newborn. The statement emphasizes the need for well-informed consent of the parents (plural).” Then in 2012 against the recommendation of almost every other developed nation’s standard, they protected doctors in an updated statement guarding it as “elective”.

JUDEO-CHRISTIAN REASONS

- THE CIRCUMCISION WE PERFORM TODAY IS NOT A BIBLICAL CIRCUMCISION.

- ACCORDING TO BOTH BIBLICAL ACCOUNT AND THE VAST MAJORITY OF BIBLICAL AUTHORITIES, GENTILE BELIEVERS HAVE NO REQUIREMENT TO CIRCUMCISE, ESPECIALLY INFANTS.

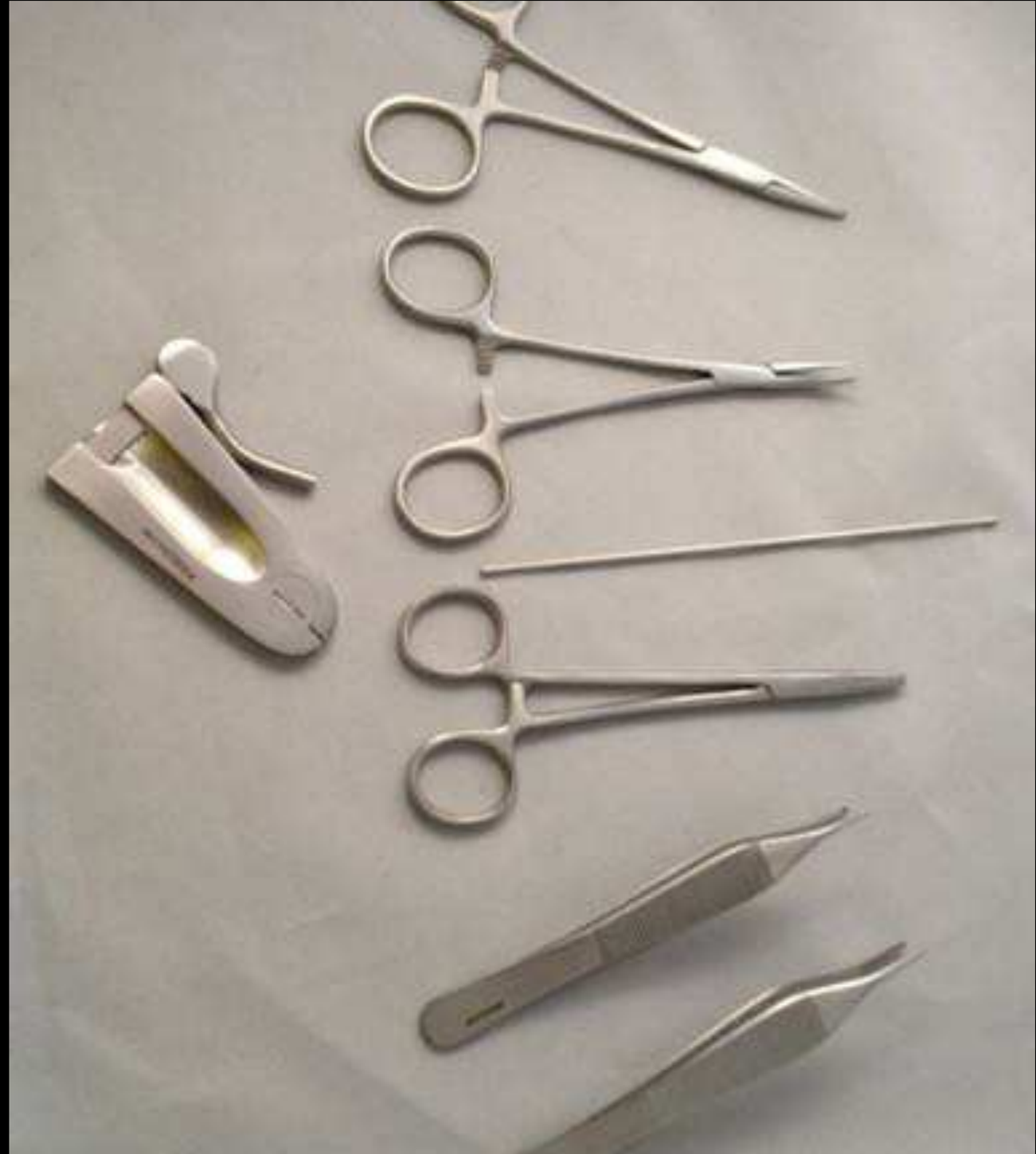
- EVEN IF YOU HAVE ACCESS TO TRADITIONAL HEBREW RITUAL CIRCUMCISION, IT IS THEREFORE PURELY AN ELECTIVE PROCEDURE UNLESS YOU ARE A BORN JEW.

CULTURAL JUSTIFICATION

- THE CROWD:
  1999: NEONATAL CIRCUMCISION RATES IN THE US HAVE REMAINED AROUND 65% SINCE 1979. WHILE ONLY 37% ARE IN THE WEST, STILL 80% ARE IN THE SOUTH.

- THE CIRCUMCISION MARKET IS A MULTI-BILLION DOLLAR INDUSTRY, BEING THE MOST COMMON SURGICAL PROCEDURE TODAY. THE RESALE VALUE OF EACH BABY'S FORESKIN MAY BE AS MUCH AS $100,000. - EXAMINER MARCH 19,2011

- WHO DO YOU EXPECT IS CONTINUING THE PUSH FOR ROUTINE CUTTING?



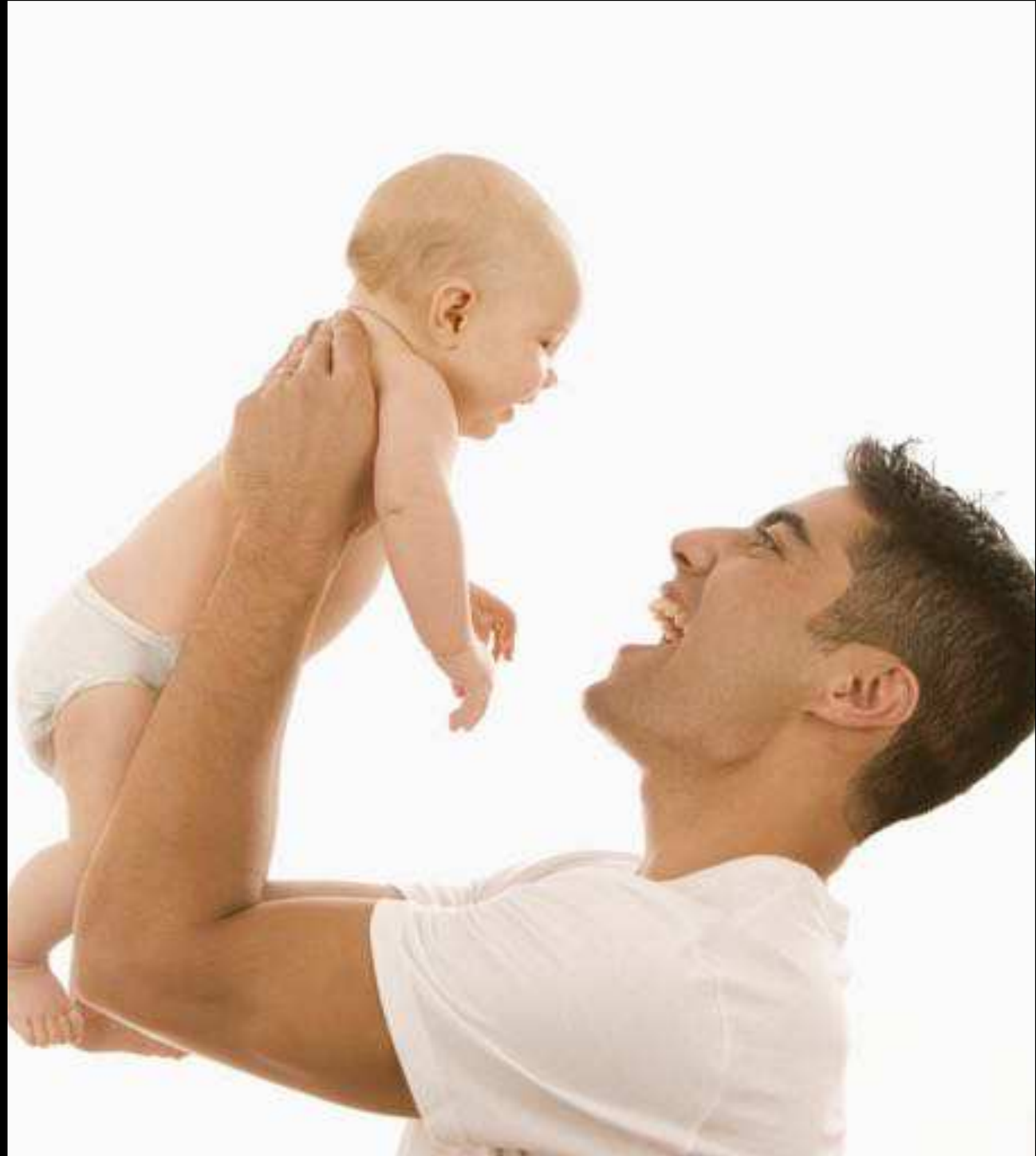
JUST LIKE DADDY?

THE ONLY JUSTIFICATION REMAINING IF NOT RELIGIOUS, MEDICAL, OR CULTURAL, IS A PARENTS CHOICE TO SUBJECT THEIR BABY TO IT. TO BE CLEAR, AS OF TODAY YOU DO HAVE THE LEGAL RIGHT.

TWO QUESTIONS:

1. IF YOU WERE NOT CIRCUMCISED, WOULD YOU ELECT TO CIRCUMCISE WITH YOUR CHILD SO YOU LOOK ALIKE?

2. IF YOU WERE MISSING A FINGER OR FOOT, WOULD YOU FIND IT REASONABLE TO CUT YOUR CHILD'S OFF TO LOOK LIKE YOU? SHOULD THAT ALSO BE LEGAL?



RAISING HEALTHY KIDS FROM CONCEPTION

THE HOLISTIC PARENTS GUIDE TO RAISING KIDS IN THE 21ST CENTURY