American Journal of Homeopathic Medicine

Volume 109 Number 3
May 2016 e-issue

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See Requirements for Submission of Manuscripts (at end of journal).

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AIH News

Welcome to the third electronic edition of *The American Journal of Homeopathic Medicine.* This e-journal is published on a monthly basis and provides cases and news of importance to the homeopathic medical community.

Note: the *AJHM* will not be publishing editions in July or August 2016 due to the many changes and new sections that we will be adding to the journal.

Upcoming Webinar

Please mark your calendars. As an AIH Member, there is no need to register in advance (as long as the AIH already has your correct email address) since you will automatically receive an invitation during the week of the webinar. Simply click on the link on the correct day and exact time of the webinar and you will be connected.

The AIH is proud to sponsor Lauren Fox, FNP, CCH, from Homeopaths Without Borders, who will speak on: *A Homeopathic Approach to Epidemics in Haiti* on June 2, 2016.

Lauren will give us an overview of Haiti along with its healthcare infrastructure and a summary of the epidemics that have recently plagued this island. She will describe how Homeopaths Without Borders organized themselves around the initial cholera outbreak in 2011 and what they learned from it. She will also share with us how this epidemic helped the group prepare for the Chikungunya Fever epidemic of 2014 and how they collaborated by setting up an observational study for the chronic effects of the virus.

Past Webinars

If you missed any of the past webinars they may still be viewed on the AIH Website, by clicking on the "Member Log in" tab at the top of the page. Once inside the Members Only section you may simply click on Past webinars listed in the left margin. All past webinars are FREE to AIH members.

AIH Annual Conference

The AIH Board of Trustees is currently working to solidify plans for the 2017 AIH Annual Conference. We hope to announce the time, location and speaker shortly.

The *AJHM* is continuing to look for cases to publish in our journal. This journal is our forum and our window to the world, and it is up to us to make it educational and inspiring!. It would be great if each and every member made a commitment to submit at least one case to our editor during 2016. These cases do not need to be long or complicated or even use unusual medicines. A simple cured case with follow-up can teach a lot to your peers! Please submit many and often!

I hope you enjoy this month's e-journal edition. Wishing you, your families and your patients a Happy and Healthy season!

Respectfully Submitted,
Ronald D. Whitmont, MD
President, AIH

"CDC: You're Fired."[1]

"The CDC can no longer be trusted to do vaccine safety work. It cannot be trusted to be transparent. The CDC cannot be trusted to police itself."

William W. Thompson, PhD
Senior Scientist and Whistleblower
U.S. Centers for Disease Control and Prevention

Once in awhile something comes along that is so powerful it's like a tsunami and creates a sea change from which there is no going back. I believe that the documentary *VAXXED: From Cover-Up To Catastrophe* may be just that. This remarkable and shocking film produced by Polly Tommey, mother of an autistic child, Del BigTree, award winning medical journalist, and Dr. Andrew Wakefield, academic gastroenterologist, is about an alleged cover-up by the U.S. Centers for Disease Control and Prevention (CDC). The events are described in detail by its senior scientist turned whistleblower, Dr. William W. Thompson, who admitted to taking part in the "slicing and dicing" and destruction of crucial data from a 2004 CDC study linking the measles-mumps-rubella vaccine to autism.

This May e-journal presents the first part of a 2-part review of this important documentary. Because the information in this film is so far reaching in its possible effects on the conventional medical/pharmaceutical establishment's iron grip on every aspect of our health and disease treatments and because the public's deference to this establishment is so strong, the intense pressure to keep this film out of the public view (see *In The News*) may mean that many of us may never get to see it, which is why I have painstakingly gone to the trouble of reviewing it in detail.

For over two hundred years, as homeopathic physicians, we have been keenly aware of the subtle (and not so subtle) changes that occur in our patients' health as a result of stress, poor lifestyle choices, environmental toxins and iatrogenic interventions, especially the side effects from pharmaceutical drugs. Because we are trained in the uniquely phenomenological science of homeopathic medicine, our skills of observation are often more finely honed than those of our allopathic brethren. We observe and note down every detail of our patients' mental/emotional and physical symptoms so that we can find the "similar" remedy from our vast pharmacopeia. We note especially any changes in individuals from their normal healthy state. Because we believe that the body has an innate intelligence, we see these changes or symptoms as the body's way of defending itself against some internal or external stress. Rather than suppress these symptoms with pharmaceutical drugs, we seek to support the body's defense mechanism, an intricate and brilliant adaptive network.(2) We use our homeopathic medicines, nanodoses of natural substances, to trigger this adaptive network, facilitating the healing process.

As physicians, we have become increasingly alarmed by the worsening state of health that we see in many of our patients. While twenty-five years ago it was common for many of us to see children with ear infections, allergies and asthma, today we see five to ten year-old children with ulcerative colitis and Crohn's disease, a shocking number of children with autism and far too many adults with cancer and/or autoimmune diseases. As homeopathic physicians, we have witnessed the parallel and widespread increase in pharmaceutical drugs and vaccines in younger and younger children that we intuitively know—and clinically observe—are having deleterious effects on our patients' health. We especially worry about the misuse and overuse of antibiotics in infants and toddlers, because we observe the weakening of their immune systems that occur over time.

We share with our allopathic colleagues the knowledge of the importance of certain vaccines for public health as well as the desire for the safest vaccines possible. But as homeopathic physicians, we have been especially concerned with the increasing number of vaccines that are given to infants and children—a tripling of vaccine products since 2005 alone.(3) We have noticed that many children will invariably become ill within a few days to weeks of a vaccine. We are not surprised when the child's first ear infection, bout of eczema or appearance of blood in the stool often occurs within days to weeks of their immunizations. Because we trust a parent's intuitive "knowing," we listen carefully and take seriously their concern that something isn't right with the child since the vaccine. "She's not babbling like she used to," or, "He is not making eye contact like he did before," are typical comments. We are shocked and dismayed to hear that the pediatrician has often discounted the parents' observations and denied any possible connection between the change in the child and the vaccines.

We ask certain questions that most of our allopathic colleagues have not asked, either because they are not listening to the parents, observing the children closely

enough, or, more likely, because they are indoctrinated into a medical system that does not even question the effects of multiple pharmaceutical drugs and/or vaccines in such delicate, immunologically immature little beings.

As homeopathic physicians we have continued to ask: What is it about the vaccine that could be affecting the child? Is it the preservatives in the vaccines, such as thimerosal, aluminum, formaldehyde, etc., that some babies react badly to?(4) Is it the onslaught of several vaccines at once that are overwhelming their delicate immune systems? (see page 11 for CDC immunization schedule.) Why do we observe that certain vaccines, such as the DPT and MMR, cause more problems than others? Through the years we have also observed that some babies are more susceptible to side effects from vaccines and we understand that every child is genetically, biochemically, and constitutionally unique. We caution parents to be careful, to trust their intuition and keep searching for a pediatrician who will listen, respect, and work with them carefully to space out the vaccines so that we can monitor any possible reaction and give the baby's body a chance to adjust. Our patients are often grateful that they have finally found a doctor who is willing to listen and take them seriously.

And we continue to throw up our hands with exasperation and ask, "*Why aren't the majority of physicians asking these same questions?*"

Through the years, as the scientific studies showing no link between the vaccines and autism were published, many of us were suspicious because the conclusions of these studies did not "jive" with our own clinical experiences. What we observed with our eyes (the children) and heard with our ears (the parents) told a very different story.

Now we learn that the governmental agency charged with protecting the public health—the CDC—might have known about a vaccine-autism connection all along, or at least since November 2001, and allegedly discarded this data to keep the information hidden. This is absolutely appalling in light of the explosion of autistic cases since 2002. (See graph to the right.)

The review of the film *VAXXED* in these next two editions will document this alleged crime in detail.

In an effort to bring attention to the scientific myths that continue to fuel the irrational fear of certain infectious diseases such as measles, we have published a piece on "The Current Measles Craze" by homeopathic physician, Dr. Richard Moskowitz, our vaccine expert and voice-of-reason extraordinaire. In a future edition of this journal, we will be reviewing a book called "Dissolving Illusions," by Suzanne Humphries, MD, a nephrologist who began observing severe kidney problems in her patients after they received certain vaccines but was largely ignored (5) when she presented these findings to many of her colleagues. She then left a successful hospital practice to research the history of infectious diseases and vaccines and what she discovered will give us pause.

In next month's edition we will be publishing a case of a child with autism by Dr. Amy Rothenberg. In the face of the shocking and tragic revelations from this film, it was the intent of this journal to show the reader that there is indeed hope for many of these autistic children in the form of homeopathic medicine and we will be publishing more of these cases in future editions.

In the meantime, may the information in this e-journal inspire you, the reader, to always be an advocate for your family's health (and your own!), to trust your intuition no matter what any doctor tells you, and to remember that the human body is infinitely intelligent because it was made in the likeness and image of a power far greater than our own.

Susanne Saltzman, MD
Editor, *AJHM*

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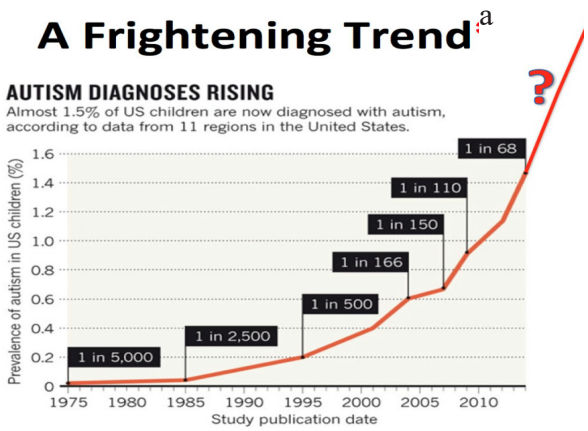

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In Memoriam: Robert Shore, MD, DHt

The U.S. homeopathic community was saddened to learn of the sudden death of Dr. Robert Schore on April 15, 2016. Dr. Schore and his partner D.J. Zentner provided multidimensional care including nutritional counseling, homeopathy, cranial osteopathy and bioidentical hormone balancing in their program, "Core Health", in Gig Harbor Washington.

Dr. Schore completed his medical studies at The University of Michigan Medical School in 1969, and served as a general medical and emergency room physician from 1970 to 1972. His mainstream medical practice from 1970 to 1976 included minor surgery and the delivery of about 400 babies.

Bob's lifetime professional passion was to understand and treat the whole person in a comprehensive fashion. The intuitive part of medical care came naturally to him, including his skill at distance healing and his ability to "tune in" to his patients with his typical great focus and genuineness.

His homeopathic family practice began in 1974 and he completed several homeopathic apprenticeships with the late Dr. Jost Künzli, who was a world renowned homeopathic physician in Switzerland and a student of Dr. Pierre Schmidt. He organized several national homeopathic conferences, and presented papers at several national and two international homeopathic conferences. He participated in the production of the 6th Edition of Hahnemann's *Organon*, with Dr. Künzli, Alain Naude and Peter Pendleton.

In 1983 he learned Cranial Osteopathy from the Sutherland Cranial Teaching Foundation, and from 1997 to 2006, while continuing with his homeopathic and osteopathic medical practice, he honed his conventional medical skills as a diagnostic physician at the Department of Veterans Affairs in Seattle. In recent years, he developed a special interest in and compassion for the many veterans he encountered in his position in the VA system. All facets of his practice were accompanied by a liberal dose of love for those he was treating.

In 2004 he began his studies with Dr Diana Schwarzbein and became certified as a Schwarzbein Level I and Level II (HBT) practitioner.

He has been a member of the American Institute of Homeopathy since 1975, a past president of the California State Homeopathic Medical Society, and, from 1980 to 1985, editor of *Homeotherapy*, an international homeopathic journal. He was Board Certified in Family Practice from 1978 to 1990 and remained Board Certified in Homeotherapeutics.

Bob, as he was known to many, was a man of great depth and wisdom, coupled with a dry sense of humor and a deep curiosity regarding matters of health and healing. He was an accomplished vocalist and ballroom dancer, always present in his tuxedo at dances in conjunction with LIGA homeopathic meetings. (He could always be persuaded to do his delightful demonstration of the "soupy shuffle.") He had an engaging laugh along with an incisive wit, an inquiring mind, a loving presence, and he could always be counted on for a unique perspective on health and everyday matters. He was a strict Hahnemannian in his homeopathic practice, and I am grateful to have worked with him in the Rhus Tox group (part of the Homeopathia Internationalis study group consortium), along with Dean Crothers, and, earlier, Jennifer Jacobs and Jackie Wilson.

He never seemed to seek the spotlight, but was always there as a formidable presence in person at whatever gathering he attended. We will miss him greatly.

Nick Nossaman, MD, DHt

Meeting Bob Schore

Living in the San Francisco Bay area in the late 1970's, I was trying to decide how a high school valedictorian and Stanford graduate was to navigate life now that his dream of becoming a physician had hit a nauseating brick wall. The presumptuous and non-curative therapies of conventional medicine were so indigestible to me that I had withdrawn from med school at UCSF and was now considering a program in the History of Medicine or, better yet, dropping out and studying small-scale organic agriculture. I met, by complete chance, Alain Naudé, then

editor of the *Pacific Journal of Homeopathy*, and was intrigued by Kent's *Lectures on Homeopathic Philosophy* and Hahnemann's *Organon*. Now I had three options, but this third one was weird, novel, unknown. "You need to meet Robert Schore," said Alain. "He's an MD practicing homeopathy in San Diego. He can tell you all about it."

A month or so later, Alain told me Bob was flying to San Francisco for a visit and invited me to dinner to meet him. It was set for a Saturday. Friday afternoon I was driving from my girlfriend's in Palo Alto to my apartment in the Richmond District of San Francisco, curving around Potrero Hill on the 101 Freeway and passing a tan Honda on my right, when I realized it was Alain's car. He was driving. I honked and waved, and, laughing, Alain rolled down his window and shoutingly introduced Bob to me going 55 mph on the 101: "Dan Cook, this is Robert Schore; Robert Schore, this is Dan Cook." Bob reached his arm out the window in a mock-handshake; Alain had just picked him up at SFO.

Over dinner, the next day, I listened, marveling to the tales they told of cases cured by small doses of sugar pills, treating the patient as a whole, mind and body. It was beginning to sound right. Robert was the first "real" homeopathic doctor I ever met, and I saw it could be done as a physician, in a medical office. Needless to say, I was now very interested. Bob and I remained in contact for many years thereafter, and he always was supportive and encouraging.

Daniel Cook, MD, DHt

A Respected Colleague

I didn't know Bob well, but the few times our paths crossed at conferences it was always a pleasant, and often informative, event. He was an original, inquisitive thinker and a dedicated physician. He always seemed to be embarked on a process of exploration, trying to uncover the next useful tool in his unique approach to health care. The last time I saw him he shared his experience learning a new dietary therapy. He could be quite witty, in that dry British way, and often wore a bit of a mischievous gleam in his eyes. I also noted during conferences that he was often drawn away to attend to a patient on the phone; he seemed perpetually busy—a testament no doubt to his clinical acumen and patient loyalty. Bob was a credit to his profession, and I'm proud to have shared our passion for homeopathy with him. His passing was too soon. He was too young—in body and spirit, and leaves a huge gap in our homeopathic ranks that will be very hard to fill.

George Guess, MD, DHt

Vaxxed: From Cover-Up to Catastrophe, Part 1

Reviewed by Susanne Saltzman, MD

"Oh my God, I cannot believe we did what we did. But we did."
- Dr. William Thompson, CDC senior scientist and whistleblower.

The documentary *VAXXED: From Cover-Up to Catastrophe* is an extraordinary film that is shocking in its description of an alleged cover-up by the U.S. Centers for Disease Control and Prevention (CDC) — the governmental agency that is charged with protecting the public health. It came to light through disclosures by one of its senior scientists turned whistleblower, Dr. William Thompson. The evidence in this film could have far reaching effects if Congress would subpoena Dr. Thompson for his testimony about how the CDC had omitted crucial data in their final 2004 report that revealed a causal relationship between the Measles-Mumps-Rubella vaccine (MMR) and autism. Instead, it's been over a year and Congress is still sitting on the original data sent to them by Thompson from the 2004 study before it was allegedly "sliced and diced" by the CDC.

There has been an exponential growth of autistic cases since the early 1990's with an almost vertical curve since 2002 — from a prevalence of 1/166 cases to 1/45 cases (1) or 1,082,353 cases of autism in 2014 alone. The fact that the CDC might have known about the MMR-autism link as early as November 2001 may make this one of the single biggest fraud/cover-ups in medical history that has contributed to one of the worst iatrogenic medical tragedies of our time. Since the pharmaceutical industry is the most powerful lobby in the nation (2) and wields tremendous influence in both Congress and our major media outlets, as well as the fact that one vaccine can amount to $30 billion in profits for Big Pharma *in one year,* the facts about this case might never come to the public's attention, making it essential that everyone see this film.

I want to make one point very clear: the film is **not** anti-vaccination or even anti-measles vaccination. This is despite massive claims to the contrary by the mainstream media. The film clearly states that there is a statistically significant increased risk of autism when the *trivalent* Measles-Mumps-Rubella (MMR) vaccine (as opposed to the single vaccines) is given to children between the ages of 12 and 18 months.

The director of the film is Dr. Andrew Wakefield, a former prominent British pediatric gastroenterologist with over 140 published peer-reviewed scientific studies, whose reputation was targeted after he and his colleagues published a 1998 study in *The Lancet* demonstrating a link between the MMR vaccine and intestinal inflammation in children with regressive autistic behavior. The film shows Dr. Wakefield at a public press conference at the Royal Free Hospital in London, England in 1998 summarizing his findings from a 250-page review he completed of vaccine safety in children where he concluded that results, especially for the measles-mumps-rubella vaccine, were "lamentable," and he *advocated for the single measles, mumps, and rubella vaccines to be given as an option for parents instead of the trivalent MMR version until the question of its safety was scientifically resolved.* You clearly hear him at the conference supporting the measles vaccination program but *strongly advocating that parents have the option of choosing the monovalent/single vaccines over the polyvalent one.*

A crucial point highlighted in the film is the fact that there are no long-term, double-blind, placebo-controlled safety studies done on vaccines as there are on drugs because vaccines are classified as a Public Heath Measure. Even more shocking is the fact that there are NO studies done on combinations of vaccines, yet we are sometimes giving our children up to six to nine doses of vaccines at one time. (See CDC Vaccine Schedule at end of this review.)

What followed Wakefield's public testimony in the UK was a surge in demand by parents for the single vaccines which were still available at that time. However, *soon after Wakefield's testimony*, decisions were made to withdraw the importation license for the single vaccines in England while Merck pharmaceuticals in the US suddenly stopped the production of the single vaccines as well, giving parents *no option but to use the available trivalent MMR vaccine which had not been adequately studied for its safety.* When he asked a senior person at the Department of Health why they would do such a thing, Wakefield was told that if parents were given a choice at that time, then it would mean the end of the MMR program. Wakefield states, "The concern was the protection of the program over and above the protection of the children."

Soon afterwards, newspaper articles in the UK stating that Dr. Wakefield was under inquiry by the General

Medical Council began circulating claiming that he had used fraudulent data in the 1998 *Lancet* paper (that linked the MMR vaccine with gut inflammation in autistic children) that had 11 other co-authors, including the most prominent pediatric gastroenterologist in the world at that time, Dr. John Walker Smith. The *Lancet* paper was retracted for reasons that were subsequently shown to be false in the English High Court, but the *Lancet* editor refused to reinstate the paper. (3,4)

I spoke with Dr. Wakefield at the VAXXED screening in NYC and he agreed to do an interview sometime in the future which will be a remarkable opportunity for us to hear from this incredibly honorable and courageous physician who has consistently advocated for safer children's vaccines to the detriment of his career.

Now back to the film.

The film begins with Dr. Brian Hooker, an environmental biologist with over 60 technical and scientific studies in international journals, whose son was diagnosed with autism in 1998. At that time the CDC was beginning its studies on vaccines and autism and Hooker tried to contact them because he was deeply critical of the studies. The CDC decided that the scientist who would communicate with Hooker was Dr. William Thompson, their senior scientist. Hooker says "Because I was on his back, because he didn't like what I was saying about the statistics, I received a letter from a CDC attorney in 2004 saying I was no longer permitted to contact the CDC." Fast forward to 2014 when Hooker received a call from Thompson confessing that the CDC had in fact omitted crucial data in their final report of 2004 that did reveal a causal relationship between the MMR vaccine and autism and that he felt "great shame" over the fact that he went along with it. Over the next several months, unbeknownst to Dr. Thompson, Dr. Hooker recorded their phone conversations (legal in certain states due to the "one-party consent" law) which included information on the confidential data destroyed by Thompson's colleagues at the CDC that Thompson had saved and shared with Dr. Hooker.

Throughout the film there are testimonies and video footage by families whose children were developing normally until they received the MMR vaccine, after which they were never the same. One mother in particular, Polly Tommey, a co-producer of this film, describes in detail how her baby, Billy, who was developing normally by 12 months of age, developed a high fever and seizures within 48 hours of the MMR vaccine, followed by head banging, severe diarrhea and arrested development with an eventual autism diagnosis. His history actually revealed several rounds of antibiotics prescribed by his pediatrician for upper respiratory "cold-like" symptoms—"in case of infection"—before receiving the MMR vaccine. Interestingly, it was later revealed in the film by Dr. Doreen Granpeesheh, founder of the Center for Autism and other Related Disorders, that most of the autistic children she treated shared two things in common: a history of excessive antibiotic use at an early age, followed by a severe reaction and regressive autistic behavior after the MMR vaccine. Knowing what we know today about the importance of the human microbiome for children's health (the gut "houses" at least 70% of the immune system), one could question whether the overuse and misuse of antibiotics at such an early age might have caused severe "gut dysbiosis" thereby increasing the children's vulnerability to the MMR vaccine.

Polly and her husband were encouraged to tell their story on a local TV program at the time and within thirty minutes there were 250,000 email hits which —for the first time ever — crashed the TV station's computers. Hundreds of thousands of parents from throughout the UK were describing their experiences with the MMR vaccine (some saw changes in their babies after the Diptheria-Pertussis-Tetanus vaccine [DPT] as well) and its effects on their children that mimicked the Tommey's experience with their son Billy. From seizures and head banging to severe intestinal problems and eventually a child who regressed into autistic behavior, the stories were so alike that Polly, overwhelmed with this information, created the famous "Autism File Magazine" in which she published many of these stories. Within four months of its initial publication, they had over 45,000 subscribers. According to Mrs. Tommey, these parents were desperate to tell their stories because not only were they not getting answers from their doctors but many of their children's pediatricians were discounting their experiences and not taking them seriously when they described the changes in their children's behavior after the MMR vaccine.

The most difficult part of the film to watch—and the most heartbreaking—was the videos of perfectly normal babies and their sudden regression into autistic behavior within a few days to weeks of receiving the MMR vaccine. I watched footage of beautiful babies smiling, babbling, walking and interacting with their parents at around 12 months, only to watch them begin seizing and head banging within a few days of the vaccine. Over the weeks and months, they developed severe intestinal problems, became listless and disconnected with a "vacant stare." Their normal development was arrested and these children were later diagnosed autistic.

At this point in the film, Dr. Andrew Wakefield described a brief history of the MMR vaccine which rivals any Hollywood horror movie, except, of course, that this is a true story with disastrous consequences for real-life families. In 1987, the trivalent MMR vaccine produced by Smith-Kline Beecham was introduced under the name of *Trivirix* in Canada, then quickly withdrawn when it caused outbreaks of meningitis in children. However, that same month *the same vaccine* was introduced in the UK under another name called *Pluserix* (also by Smith-Kline Beecham)) and caused various outbreaks of meningitis until it was finally withdrawn *four years later* in 1992 (due to public outcry). At that point, Wakefield said it should have been destroyed, but instead *it was shipped to*

developing countries like Brazil where a mass vaccination campaign resulted in an epidemic of meningoencephalitis.

Scientists studied this epidemic and discovered that the risk of meningitis was directly associated with the age of exposure; the younger the child was when they received the MMR vaccine, the greater the risk of meningitis. (What I found fascinating about this study was that it showed that the risk was greater in children receiving the MMR vaccine at 4-8 years compared to those who received it at 9-11 years, yet we give it to our children at 12-18 months). So Wakefield and others asked, "Is there a similar risk with autism, is age of exposure to MMR a risk for autism just as it was for meningitis? *Dr. Wakefield is then seen on C-Span sharing this hypothesis with the CDC and the US Congress on April 6, 2000, where he is clearly stating that this does not prove that the MMR vaccine causes autism, just that further studies need to be done.* It was, in fact, Dr. Wakefield's testimony that inspired Dr. Brian Hooker to begin studying and requesting more data from the CDC.

How did the CDC allegedly cover-up the data?

Hooker began analyzing the data from the original 2004 study (Thompson found a legal loophole that allowed him to expose potentially classified documents to Hooker) and he discovered that Black children (5) had a 2.4 times greater risk of autism (164% increase) if the MMR vaccine was given between the ages of 12 and 18 months in comparison to those children who received the MMR vaccine after 3 years of age. Since autism is 4 times more common in boys, when data was analyzed for Black males only, the relative risk (RR) increased to 3.36, meaning that the risk of autism was 236% greater in Black boys if they were given the MMR vaccine between 12-18 months as compared to 3 years of age.

Thompson presented this data to his CDC colleagues back in November 2001 (it took 6 months from May 2001 to December 2001 to analyze the data from the study.) He then told Hooker that from October 2002 to February 2004 he and four other CDC scientists sat behind closed doors and proceeded to omit, "slice and dice," and literally throw out data that they did not want revealed. These scientists were Coleen Boyle, PhD, the CDC Disabilities Division Director, Marshalyn Yeargin-Allsop, MD, Frank Destefano, MD, CDC director of immunization safety, and Tanya Bhasin, post-graduate research associate. To conceal data on the autism-vaccine connection for Black children, these researchers went about changing the analysis plan by reducing the number of children in the study to decrease its statistical power. How exactly was this done?

Since only 50% of the children were born in Georgia, instead of using school records, only the Georgian birth records were used which decreased the number of children in the study from 3000 to 1800. This decreased the relative risk (RR) from 2.64 to 1.8 which meant that the data was no longer statistically significant. What did the data show about the risk for all healthy children (of all ethnicities) who received the MMR between 12 and 18 months?

Find out in Part II, next month's edition of the *Journal* where you will also learn about Thompson's attempts to reveal what was going on to his superiors and information on the 1986 National Child Vaccine Injury Act, which Jim Moody, public interest attorney, states was a large motivation for the alleged cover-up.

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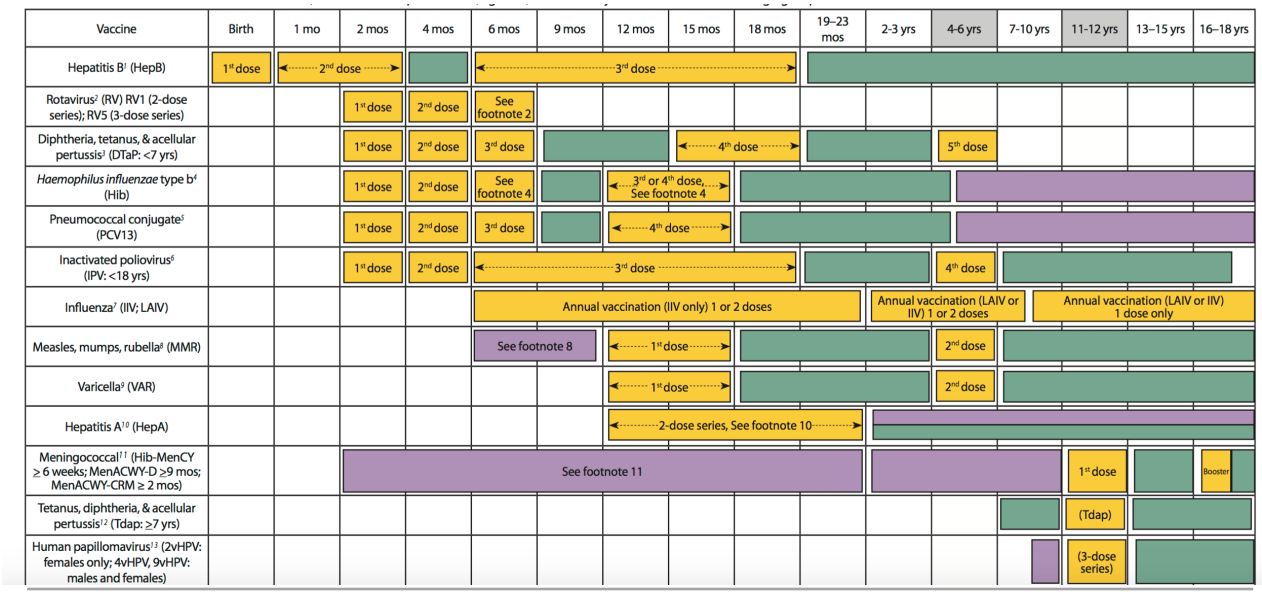
Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2016.



www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

The Current Measles Craze*

Richard Moskowitz, MD

Keywords: measles, natural immunity, vaccination, simulated immunity

Because I keep getting frantic calls from parents about this, and even such usually sensible sources as NPR and National Geographic are calling out "anti-vaxxers" as irrational, deluded, or even anti-scientific, I feel compelled to try to offer a bit of common sense, and to avoid having to repeat the same things over and over, although I must admit to have been doing just that for the past several decades to the few who would listen.

I'll begin with something so obvious that it's almost embarrassing to have to say it, that all we're talking about is a few hundred cases of a disease that I — like almost all of my contemporaries — caught and recovered from as a child. Granted, a few people continued to develop complications and even die from them, and, granted, it was still a killer disease in isolated populations encountering it for the first time. But as a matter of public health, in the developed world at least, it had evolved into a "normal disease of childhood," because it attacked almost everybody, because almost everybody recovered from it completely, and because the immunity that resulted from it was thorough, virtually absolute, and lifelong.

That meant, first of all, that children recovering from it would never get it again, no matter how many times they were re-exposed. Second, and probably even more important, they were also protected non-specifically by the concerted mobilization of the immune mechanism as a whole, like a kind of graduation ceremony certifying the body's readiness and capacity to respond acutely and vigorously to whatever viruses and bacteria might threaten it in the future. I'm certain that I owe the good health I enjoy today in no small part to having contracted and recovered from this memorable but almost invariably self-limiting illness seventy years ago.

So part of what I'm saying is that we didn't really need the measles vaccine in the first place, because after several hundred years of experience with the virus, the developed nations of Western Europe and the United States at least had learned how to deal with it as safely and effectively as could possibly be imagined—and even extracted from it profound and lasting benefits for the health of every individual and indeed of the race as a whole—such that nursing mothers gave a borrowed immunity to their infants through the milk at their most vulnerable time of life. Whatever its virtues, the measles vaccine can't possibly offer anything even remotely comparable to these benefits, and indeed, as I have written elsewhere, goes a long way toward nullifying and actually reversing them.(1)

In short, the decision to vaccinate against the measles was not made in response to a genuine public health emergency, but simply to showcase the efficacy of the vaccination concept against this exceedingly common and well-known infectious disease of childhood. And this it has done quite brilliantly, it must be said, at least on the surface; for in ten years it succeeded in lowering the incidence of the acute disease from about 400,000 cases annually to only a few thousand, and to considerably less than a thousand at present. This is a truly remarkable achievement, albeit with a significant downside, as I've said.

In any case, it's interesting and rather curious why the medical and vaccine establishments don't simply claim victory, and let it go at that; it's a claim that few would argue with, and everybody except me and a few other deviants would be happy. After all, everybody knows that infectious diseases come and go: new outbreaks comprising a few hundred cases from time to time are hardly surprising and certainly don't qualify as an appreciable threat to the population as a whole. So while listening to the news stories, we need to ask ourselves what all the bullying and hysteria are really about. The one thing I can say for sure is that it can't be about the disease, for the reasons I've just stated. A moment's reflection is enough to give the answer, which boils down to two political agendas that the vaccine and medical establishments have already been promoting for decades:

1) to blame the outbreak on the unvaccinated kids; and therefore
2) to drum up support for new legislation to eliminate the very few exemptions that still exist.

A new and particularly draconian law of this type has already been passed in California, and similar ones have been proposed in several other states as well.

From a purely logical viewpoint, this strategy makes no sense, partly because the few hundred cases are so insignificant in the scheme of things, as I've said, but mainly because the best way to pin the blame for the latest mini-outbreak on the unvaccinated kids would be to

demonstrate a large preponderance of actual cases in the unvaccinated group. The curious fact that such statistics are rarely divulged strongly suggests that the real numbers actually point in the opposite direction, that the majority of cases occur among the vaccinated kids, as has been uniformly true of such outbreaks in the past. Blaming the unvaccinated thus ironically aids the pro-vaccine advocates in hiding the evidence that could best corroborate or refute their argument.

Finally, vaccination rates are already well over 90% in the United States for most vaccines, and well over 95% in many areas where the disease has actually broken out, statistics that are among the highest in the world. It's absurd to suppose and impossible to imagine that even vaccinating everyone without exception, as the proposed new laws intend, would do much if anything to stop these small outbreaks that continue to occur. But the mere aspiration to do so has profoundly altered the terms of the debate, by making it into a civil rights issue, threatening the right of every patient to refuse treatment, and the right of all parents to determine the health care appropriate for their children, which is precisely why these very few and seldom-used exemptions were created to begin with. While these could of course be waived temporarily in the event of a genuine public health emergency, that is assuredly what these small clusters of ordinary childhood illnesses are not.

Which brings me to another equally obvious point. If the vaccine were effective in conferring a genuine immunity, similar to that acquired by coming down with and recovering from the natural disease, then the unvaccinated kids would be a threat only to themselves. In fact, even the most zealous pro-vaccine advocates know perfectly well that vaccine-mediated immunity falls far short of that standard, being neither genuine, nor powerful, nor long-lasting. That's why scapegoating and bullying won't work, even if the population finally comes around to accept it. Vaccination is a trick, a simulated or counterfeit immunity that is partial and temporary at best, and carries other major downsides that I've written about elsewhere (1) and needn't go into at the moment.

The most pressing issue before us is simply to preserve the frail remnant of personal liberty embodied in these few remaining exemptions that the people of Massachusetts have long been rightly proud of, which the vaccine manufacturers and the physicians who do their bidding are bent on taking away. I hope and pray that the American people will not let that happen.

References

1. Cf. "The Case Against Immunizations" (1983), "Vaccination: a Sacrament of Modern Medicine (1991), and "Hidden in Plain Sight: the Role of Vaccines in Chronic Disease" (2005), which have been reprinted in my book *Plain Doctoring: Selected Writings, 1983-2013.*

** This article was written in the spring of 2015, a few months after the Disney measles outbreak.*

About the Author: Richard Moskowitz, M.D. practices classical homeopathy in Watertown, Massachusetts (Boston area). He is on the editorial staff of the JAIH; he previously served as President of the N.C.H. and was on the faculty of the N.C.H. Summer School. He is the author of the books "Homeopathic Medicines for Pregnancy and Childbirth" and "Resonance:The Homeopathic Point of View."

Repertory Exercises

Find the rubric/rubrics that best represent the following signs and symptoms.

Answers are on page 17 but don't cheat! Try to figure it out!

What the patient says (symptoms):

1) "I always feel guilty about everything."

2) "Every time I get a cut, it takes so long to heal."

3) "I feel very weak after having sex."

4) "My baby is refusing to nurse."

5) "I keep getting these boils on my butt."

6) "My son gets embarrassed easily."

7) "My daughter gets delirious every time she has a fever."

8) "My periods are too heavy and they last too long."

9) In answer to your question about how his employees would describe him, your patient states "My secretary told me I can be a nasty S.O.B.!"

10) "I feel so guilty about this doc, but I often feel like I just want to get away from my husband and kids."

What the homeopath observes (signs):

11) You notice that the patient always gets upset when you are running late or you feel stressed or pressured in her presence because she wants help NOW!

12) You ask a widower about his wife and he bursts out crying.

13) You notice the patient is looking at your messy desk and you think "I should have had my secretary clean up after the last patient." You notice her picking the flint off her pants as she sits properly in your office relating her story.

14) Everytime you see this patient, you find yourself complimenting her and telling her how nice she looks.

15) Your patient tells you she has had several facial botox and filler procedures.

On March 25th, 2016, Robert DeNiro, co-founder of the Tribeca Film Festival, announced that the festival would be showing a documentary called "VAXXED: From Cover-Up to Catastrophe," about an alleged cover-up by the U.S. Centers for Disease Control and Prevention (CDC) involving vaccines and autism. On his Facebook page, he wrote: "Grace and I have a child with autism and we believe it is critical that all of the issues surrounding the causes of autism be openly discussed and examined. In the 15 years since the Tribeca Film Festival was founded, I have never asked for a film to be screened or gotten involved in the programming. However this is very personal to me and my family and I want there to be a discussion, which is why we will be screening VAXXED. I am not personally endorsing the film, nor am I anti-vaccination; I am only providing the opportunity for a conversation around the issue."(1)

Suddenly, the very next day, we learned that the film was pulled from the festival and DeNiro wrote: "My intent in screening this film was to provide an opportunity for conversation around an issue that is deeply personal to me and my family. But after reviewing it over the past few days with the Tribeca Film Festival team and others from the scientific community, we do not believe it contributes to or furthers the discussion I had hoped for. The Festival doesn't seek to avoid or shy away from controversy. However, we have concerns with certain things in this film that we feel prevent us from presenting it in the Festival program. We have decided to remove it from our schedule."(1)

The reaction was immediate with many in the media angry because they believed DeNiro was censoring the film while the producer, Del BigTree, and director, Andrew Wakefield, stated, "We have just witnessed yet another example of the power of corporate interests censoring free speech, art, and truth… Tribeca's action will not succeed in denying the world access to the truth behind the film."(2) Many in the medical/scientific community were satisfied with the decision: "While the stated intention of including the film was to openly discuss and examine the issue, the question about the link between vaccines and autism has been settled," said Alycia Halladay, PhD, Chief Science Officer at the Autism Science Foundation. "Vaccines do not cause autism. There is no reason to resurrect this debate."(3)

Four days later, on Wednesday, March 30th, Distributor Cinema Libre Studio announced that "Vaxxed: From Cover-Up To Catastrophe" would have its premiere at New York's Angelika Film Center in an exclusive engagement starting April 1, following the deselection of the film by the Tribeca Film Festival.

"We chose to distribute this film to correct a major issue, which is the suppression of medical data by a governmental agency that may very well be contributing to a significant health crisis," said Cinema Libre Chairman Philippe Diaz, adding that the film had been the victim of "hyper-mediatization…by some members of the media and the documentary community who had not even seen the film, as well as Tribeca executives, which condemned it as anti-vaccine. This film is not anti-vaccine" . . . but "about making sure that vaccines are safe for children." (4)

Whatever the reason for the pulling of the film from the Tribeca Film festival, it is obvious how DeNiro felt in his stunningly candid interview on the *Today Show* (5) in which he encourages everyone to see the film. He is clearly not happy about the fact that he felt pressured to pull the film. "There's more to this than meets the eye, believe me," he said. "There's something that people aren't addressing. And for me to get so upset here, on the *Today Show*, with you guys, means there's something there. I want the movie to be seen."

Editor's note: The pulling of this film was such a blatant act of censorship. To quote from investigative journalist Jon Rappoport: "You can see a film about U.S, drone strikes killing innocent civilians.….you can see a film about mega-corporations spewing chemicals into towns, where children are born with defects and adults are dying of cancer. But you can't see a film that suggests a vaccine could be causing autism.

That's too hot. That strikes at a secret too big to tell. That torpedoes a monopoly that must be protected, no matter what."(6)

Finally, kudos to Mr. DeNiro! To hear someone of his status speak so openly and emotionally about this incredibly powerful and controversial film is really extraordinary; the interview is well worth seeing.(5) [Interview begins at 2:14]

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Essentials of Homeopathic Medicine
Case Taking, Case Analysis, Case Management and 13 Polychrests

by Timothy Fior, MD, DHt & Francine Burke, DC

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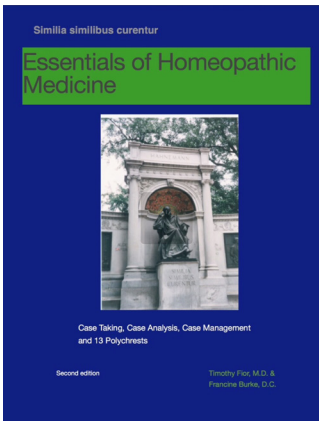

Homeopathic medicine is one of the hardest disciplines/specialties within medicine to study and harder still to master. Being an excellent homeopath requires extensive knowledge of: diseases and pathology (to help distinguish that which is common from what is uncommon); how to perform a homeopathic history and physical; how to analyze the data that one obtains; and finally, a good knowledge of the repertory and the homeopathic materia medica so that one can find the simillimum. That's a tall order.

One of the problems with homeopathy is finding homeopathic books which are up to date and comprehensive and yet are true to the teachings of Samuel Hahnemann in the Organon. This book is an attempt to remedy this problem for a class I have been teaching on homeopathy to naturopathic students at the National University of Health Sciences in Lombard, Illinois since 2008. At first, I made a course pack in outline form from notes I took while taking André Saine's 500 hour course on Advanced Chronic Prescribing. These notes dealt with the intricacies of homeopathic case taking, case analysis and case management. Then Dr. Francine Burke helped to compile the materia medica of 13 major polychrests from lecture notes by Dr. Sainé and other reliable sources. However, after teaching with this outline for a few years, we were not satisfied. So I took the step to flesh out the notes and create and self-publish an ibook with color pictures and videos. I've included many examples from my own practice where pertinent. The materia medica section was also enhanced with color pictures of each remedy. The Lachesis pictures I took personally on a visit to see the original Lachesis snake captured by Dr. Hering. It is on display at the Academy of Natural Sciences of Drexel University in Philadelphia. We had to make arrangements to see it. Needless to say, it was quite an honor to catch a glimpse of homeopathic history and it was amazing at how well preserved the original specimen was.

Each remedy then has a summary or genius page, a list of keynote symptoms, graphs from MacRepertory of the genius and other features of each remedy, the actual materia medica section, and finally a few cases garnered from the homeopathic literature. The book was a labor of love and once writing began, I could hardly stop until it was finished during one three to four week winter break from classes.

This book is meant especially for beginners in homeopathy, but will be a useful reference for students at all levels of homeopathic mastery who are trying to perfect their case taking, case analysis, and case management skills.

It is our wish and prayer that modern and complete books like this will help to bring good homeopathy to a new generation of interested professional students and the public at large.

About our fellow AIH member: Timothy Fior, M.D., D.Ht. is a lecturer in clinical sciences at National University of Health Sciences in Lombard Illinois, founding member, former President and current Vice-President of the Illinois Homeopathic Medical Association, and has been in private family practice and homeopathy for the last 28 years. Since 1996 he has maintained a practice at the Center for Integral Health in Lombard, Illinois. He has lectured extensively at many of the medical schools in Chicago and has been often quoted in lay publications about homeopathy.

Repertory Exercises: Answers

Answers to Repertory Quiz from page 14.*

1. Mind; ANXIETY, conscience of
   Mind; REMORSE, repentant
2. Generalities: WOUNDS; heal; slow
3. Male; WEAKNESS, tired feeling; coition, after **
4. Generalities; FOOD and drinks; milk, milk products; aversion; mothers ***
5. Extremities; ERUPTIONS; boils, furuncles; buttocks, nates
6. Mind; EMBARRASSMENT
   Mind; EMBARRASSMENT, agg., ailments from
7. Mind; DELIRIUM; fever; during
8. Female; MENSES; profuse; prolonged, and
9. Mind; ABUSIVE, insulting ****
   Mind; CENSORIOUS, critical
   MInd; DICTATORIAL
   Mind; INSOLENT
   Mind; REPROACHES others
   Mind; RUDENESS
   Mind; SLANDER, disposition to
10. Mind; ESCAPE, desire to; family and children, from her
11. Mind; IMPATIENCE
12. Mind; GRIEF
    Mind; GRIEF; ailments from, agg.
13. Mind; FASTIDIOUS
14. Mind; FLATTERY; desires
15. Mind; VANITY

* *MacRepertory*; *Complete 2012 Repertory*.
** No similar rubric in Female section.
*** Of course, we really don't know why the baby is refusing to nurse. Is the milk distasteful or aggravating the baby because of something the mother is ingesting such as spicy foods, dairy products, and/or "gassy" cruciferous vegetables? Or is the mother in pain while nursing or anxious in general which the baby senses? As homeopaths, we must always observe, question and dig deeper if we can.
**** Once again, we need to ask for specifics. "What do you mean by a 'nasty S.O.B.'? Are you insulting, critical, bossy, rude?" Always ask for examples.

Requirements for Submission of Manuscripts

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The *American Journal of Homeopathic Medicine* adheres to the requirements for manuscripts as promulgated by the International Council of Medical Journal Editors. A complete description of these requirements can be found on the American Institute of Homeopathy's website (www.homeopathyusa.org) or the ICMJE's website (www.icmje.org). Authors of experimental studies should pay special reference to these requirements, which are too exhaustive to list here. A brief summary of the bulk of the requirements is here listed:

Authorship qualifications (others in acknowledgments)

Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3.

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All articles are subject to peer review, with articles being distributed to at least two peer reviewers for criticism, comments, and approval. Final decisions are the province of the editor. In general, the peer review process can be expected to require two to three months for completion.

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Authors must disclose any potential/actual conflict of interest – financial or personal; to be included on title page under title. If a study is funded by an organization or company, authors must disclose the level of involvement and whether or not all data was made available to author. Peer reviewers and editorial staff have a similar obligation to disclose conflict of interest.

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When reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008 (5). If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study. When reporting experiments on animals, authors should indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

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The journal will not publish papers that have been simultaneously submitted to other journals. If an article was previously rejected by another journal, the *AJHM* must be informed. The author should include a statement with the submitted article as to where, when, and outcome of submissions to other journals.

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- For main body text use Times New Roman, font size 10, justified both margins. Do not indent paragraphs.
- Italicize all remedy names, and write them out fully.
- Do not add extra styling to headings or captions. No boxes around text. We will do this. Keep it simple.
- Use two spaces following a period (full stop) to separate sentences.
- Accents and Special Characters. Many accents, symbols, and special characters are available as ASCII characters in a word processor and should be used.
- Headings. Use normal type for headings. Capitalize the

first letter of the first word only. Do not type headings in ALL CAPITALS or with the "Caps Lock" on. Do not underline headings. Headings should be justified to the left-hand margin, not centered.

• Use of Italic or Bold. Use *italic* sparingly (in the text only) for emphasis.

• Units. Always insert a space between a number and a unit; e.g., 5 mm.

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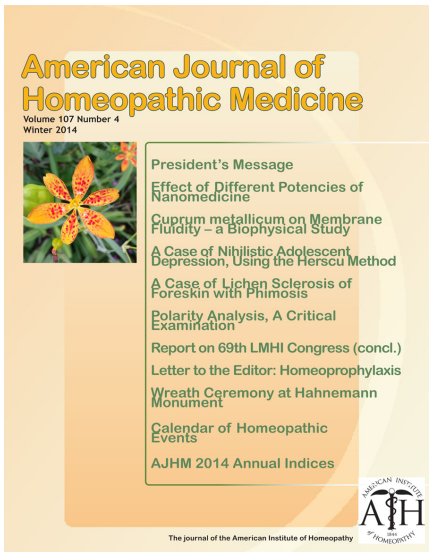

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