

Vaccinosis and Its Cure by Thuja by J. Compton Burnett written in the 1800's first printed in 1897.

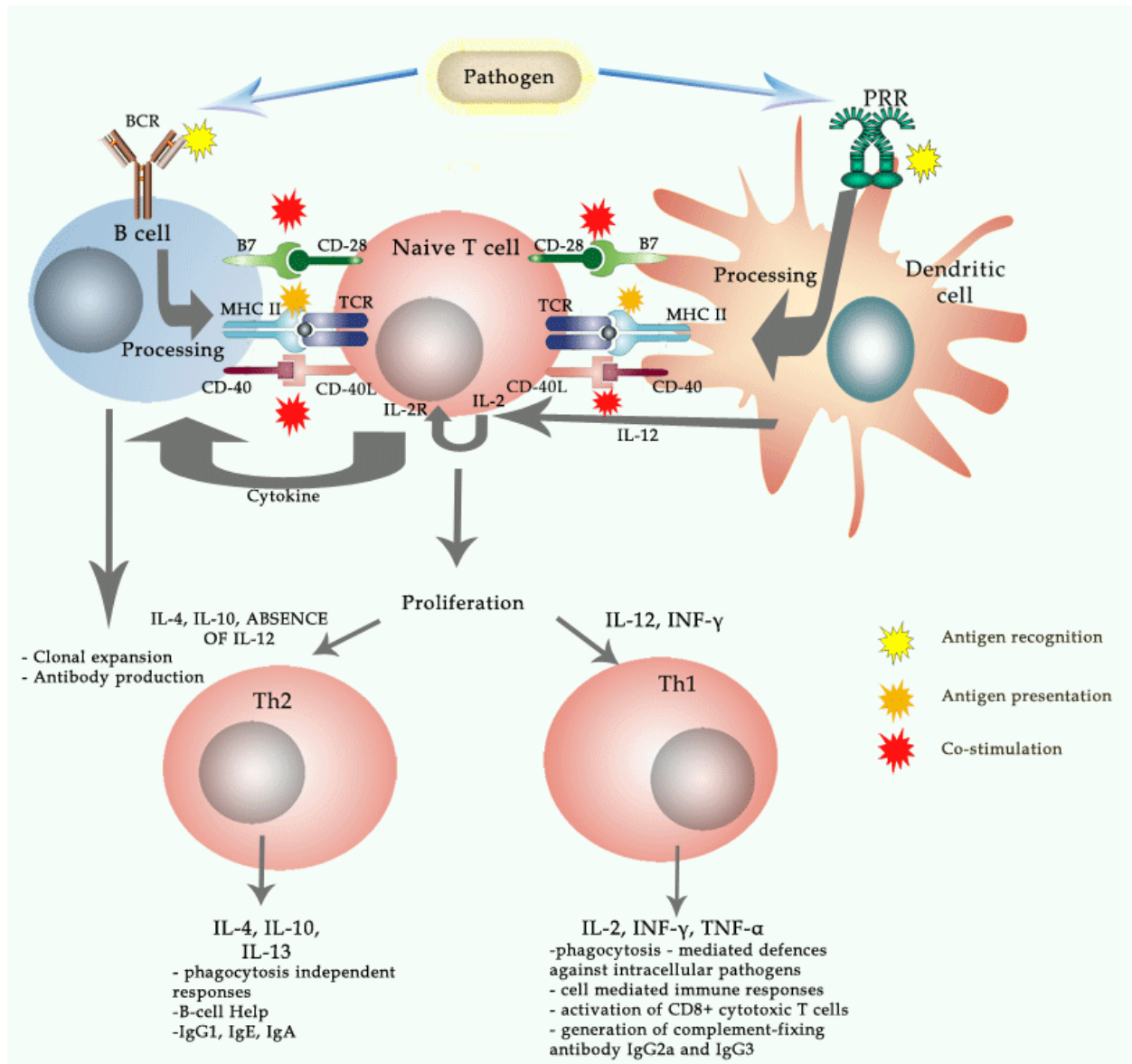
Let's take a look at what he knew in the 1880's and what we know now today in 2011.

**Page 9-“Vaccinosis barring the way” to a cure of an ailment of a dual nature... for a case of disease of dual nature (two separate and distinct pathologic qualities) cannot be cured by any one remedy homeopathic to one only of its two pathologic qualities.**

What Burnett is referring to in this “dual nature of disease when vaccinated “is how different homeopathic remedies will be necessary for the two separate and distinct pathologic qualities-you cannot cure the patient of one disease when vaccinosis-a totally distinct disease requiring a different remedy is barring the way.

Vaccinosis is a dis-ease state because vaccines are unnatural, non-organic, alien immune challenges. They are injected into a normally pristine environment and thereby by-pass mechanisms of our immune system design: (1) mucosal immune system, and (2) cell-mediated immune system, which shifts a healthy TH1 cell-mediated bias to an unnatural and unhealthy TH2 humoral immune bias. More importantly, this derails the one immune system that intelligent design has provided through millennia of natural evolution. We have impacted evolution over the past 300 years with genetic manipulation via use of vaccination.

After vaccine injection, we are not reacting to a natural immune challenge; rather we are required to react to attack of alien injections that have caused the largest biosecurity break of all times. The result of this unnatural immune challenge upon the vital force is resulting in genetic expression of dis-ease that is no longer “natural”. The immune system is being misdirected, dysregulating the immune system, and leading to autoimmune disease through loss of tolerance and generation of junk immunoglobulins, loss of immune surveillance and a corruptible impingement upon the vital force so that now the confounding of the laws of nature reflects backwards in the alien state of disease.<sup>1</sup>



Anything that effects gene coding affects genetic profile expression of disease

**Robin Murphy ND, in his homeopathic book “Homeopathic Remedy Guide” rightfully acknowledges that vaccinosis is “chronic neurotic headaches” -- and that is what I got from looking into this subject!**

Page 13-J Compton Burnett refers to vaccinosis as **“that profound and often long-lasting morbid constitutional state engendered by the vaccine virus, which virus we usually term “lymph”. Lymph of course it is not, but PUS. What virulent pus should be persistently called “lymph” seems somewhat peculiar and is eminently *unscientific*.**

When you review the paper Small Pox the Life and Death of a Disease that I have referenced, you will see that the method of vaccination used horse grease, swine pox, cow pox lesions that were often mixed with the syphilitic hands of the milk maidens and thus the composition of the “vaccine indeed was not Lymph but Pus. The implications to what happened once the body was infected with this concoction shows further unrecognized developments from the disturbance, not formerly linked to the “virus” and not at all restricted to what would have been “lymph” from one pure entity.

This would appear to be true, as our friends of India have pointed out to me that since using the BCG vaccine in India against tuberculosis and the small pox, now in the country they find a new problem: from the vaccinosis they now have **heart** disease and cancer as well as tuberculosis which persists.<sup>2</sup> The gene profile expression of vaccinates from the small pox vaccination develop heart diseases including heart attacks. This vaccinosis seems to be the derangement of the immune system to cytotoxic T cells, and more heart disease and cancer from loss of immune surveillance. [Ref Dr. Aadil Chimthanawala Tubercular Miasma and its Clinical Significance. <sup>2</sup> ]

See also Ref American Heart Association Meeting Report of Nov 2003 and studies describing heart disease following small pox vaccination. <sup>3</sup> Note that the information in the November 2003 **American Heart Association Meeting Report** has continued to be updated, now that they are aware of the link of vaccination to adverse events that include heart disturbances and deaths.<sup>4,5,6,7,</sup> Yearly up dates and vaccine injury compensation programs for the small pox vaccination continue.<sup>8,9,10</sup>

The presence of cardioliipin auto antibodies is found after vaccination with rabies vaccine<sup>11</sup> The Haywood studies done at Perdue on vaccinated versus non-vaccinated populations of dogs show only vaccinated populations developed these high levels of auto antibodies including cardioliipin.<sup>12</sup>

The point here is that the vaccine imparts disease of its own to the vaccinate that is separate from the virus for which they think they are imparting immunity. Any vaccine imparts dis-ease to the heart; this, I am sure, is the reason we have so many of our over-vaccinated children athletes dying at school.

In Judith DeCava’s book, *Vaccination Examining the Record*, she writes; a person not vaccinated has one risk: “catching” a disease. A person who is vaccinated has two risks: “catching” the disease and damage from the vaccine. That damage is “vaccinosis”.<sup>13</sup>

**J Compton Burnett was not in accordance with the vaccine being called the ‘lymph’ of the patient or cow; he insisted we all understand that this was not lymph but “pus”.**

**What is the definition of pus? -- A thick whitish yellow fluid which results from the accumulation of white blood cells (WBCs) liquefied tissue and cellular debris. Pus occurs commonly at a site of infection or foreign material in the body.**

Now, a brief review of what the history of vaccination reveals:

1<sup>st</sup> attempts; “**elixir of immortality**” made inside the adept’s own body. Accounts of a “three white adept” of the school of the ancient immortals, a “holy physician” Taoist alchemist specializing in “internal alchemy”. She was brought forth from *O-Mei Shan* (place known for Buddhism and Taoism) to find a way to prevent death from small pox. A son was lost and prevention for the rest of the family was sought by Prime Minister *Wang Tan* (957-1017)<sup>14</sup>

2<sup>nd</sup> attempts: **snuff** was a method of grinding up attenuated pox lesions and applying that into the nasal cavity with cloth. The Chinese were very attentive to the process of getting this right as shown by the *Book on Transplanting the Small Pox Virus* by *Chang Yen* in 1741<sup>14</sup>. The method did not, however, prove successful for the patients under the careful scrutiny of the Chinese doctors, who are only rewarded for keeping their patients well. Well care -- not sick care -- is the object of Chinese medicine. The method of applying snuff was eventually abandoned.

3<sup>rd</sup> attempts: **ingrafting** Dr. Timon with medical degrees from Padua (Italy) and Oxford, England Fellow of the Royal Society 1714. Lady Montague, wife of foreign ambassador to Constantinople brought back the “invention” of ingrafting, used in response to an outbreak of small pox that occurred in 1721. Sweden and Switzerland used the **ingrafting** or **variolation**, as did U.S. President George Washington in 1775, which resulted in his being stricken with illness. Following the allopaths’ application of bloodletting to treat the vaccinosis, George Washington died. Several southern colonies by 1776 were **antivariolation**. In 1753 as a young boy, Edward Jenner almost died from the combined effects of the inoculae of small pox and the preparation via variolation. This experience along with the 1778 small pox outbreak caused Jenner to look for a better method of avoiding the scourge of small pox infection. In 1770, the first paper on the relationship of cow pox to small pox surfaces in England. Another paper by Fewester to the Medical Society of London in 1765 on the use of cow pox and its ability to prevent small pox had been rejected for publication. In 1774 Farmer Benjamin Jesty used a “stocking needle” to inject his wife and two sons. Farmer Jesty took the idea of ingrafting to a whole new depth and became the first notorious vaccinator. Although Benjamin Jesty took the criticism for taking the first stab at the new method (his wife developed a septic infection and the town doctor had to be called in to address the situation), it was Edward Jenner who promulgated the idea of injecting over ingrafting. Jenner’s practices with ingrafting or variolation had been done with ever increasing uneasiness. He never really showed enthusiasm for it and most likely his own experience with it as a boy left the memory of unpleasant experience.

4<sup>th</sup> attempts: **vaccination** has been attributed to Jenner, but he was not the first to see a relationship between people who had cowpox and protection from being infected with small pox. Nor was he the first to take a stab at vaccinating via injection. Jenner began to experiment with vaccination: he used

horse grease; he vaccinated his own son with swine pox; he was accused of using giant pox, a modified syphilis. Jenner was later accused of deliberate distortion of evidence and self-deception. It was Jenner's vaccine during those 40 years of the nineteenth century that contained an attenuated strain of small pox that emerged from his "arm to arm vaccination". Detractors complained that it was not cow pox at all. Jenner's lifelong belief that vaccination confers permanent immunity was subsequently recognized as erroneous by the vaccinators themselves. Dr. Peter Razwell wrote a book *The Conquest of Small Pox and Edward Jenner's Cow pox Vaccine* and argued that the variolation was a safe and effective method that would have eliminated small pox without the Jennerian vaccination. In 1796 Jenner inoculated James Phipps and by 1798 **vaccination** had supplanted **variolation**. In 1807 Napoleon of France assigned Jenner as "the reason small pox had been erased for mankind", although the vaccination continued to keep the disease in play. Jenner used quills to store the lymph from one person to another and "observed that "inoculums" remained viable for days or even weeks. In 1802 Jenner received 10,000 pounds to experiment. In 1807 there was an additional 20,000 more pounds to experiment some more. Robert Matthus was against Jenner's vaccine and said "if it leads to eradication of small pox, mortality of other diseases would increase". In 1798, Dutch Doctor Thomas Dimsdater reported that his investigation of cowpox determined that it did not protect from small pox. Dimsdater had worked with Jenner previously and this was just one of the many whom found fault with Jenner's beliefs. In 1842 the Parliament of England made the practice of **variolation** a felony. In 1850 Dr. Cheyne of Briton mixed bovine lymph with glycerol, concluding that it prevented decomposition and allowed prolonged storage of the mixture. However, in France the Vaccination Act of 1898 prohibited "arm to arm" **vaccination**. In 1870 Dr. HA Martin of Boston started using calf lymph. Dr. Edward Crookshank called Jenner a cunning charlatan in his book he wrote on the *History and Pathology of Vaccination* which was published in 1889. In the latter part of the 19<sup>th</sup> century in the US, physicians brought cow pox inoculated calves into the doctors' offices and scraped vaccine from their flanks and directly vaccinated their patients. In India they took scarified calves from door to door in order to scrape and inoculate the people in their homes.<sup>15</sup>

The account of vaccinosis by J Compton Burnett was written in the 1800's and published in 1897. This was the history of the Jennerian vaccination with which he and other homeopaths and historically many men of the allopathic school found fault -- with the very concept as to the method.

In 1891 the book *Cowpox and Vaccinal Syphilis* by Charles Creighton, a professor of microscopic anatomy at Cambridge University writes "vaccina was the product of sores that developed on the irritated udders of cows milked by the syphilitic hands of the 18<sup>th</sup> century milk maidens". Charles Creighton also wrote the book *Epidemics of Great Briton* in 1893, wherein he reported that "small pox vaccine caused epidemics of several diseases including small pox and syphilis. Deaths from infantile syphilis per million births under enforced vaccination (1867-1878) was 1,738 as compared to 564 per million under voluntary vaccination (1847-1853)." Links of the vaccine to leprosy and its transmission are also discussed.<sup>16</sup>

Jump forward to present day facts and we see that the contents of vaccines are listed as the following; viruses: live, dead, attenuated and chimeric genetically engineered (of course, it wasn't until after the 1940's we even sort of knew what a virus weighed and then .....then started using filters to trap

contaminations). In the 19 50's we found out that viral nucleic acid comes from the genome. This also was before we knew about prions and virions, or that they were never filterable the way they were making vaccines. We didn't know that each of them, virions and prions like their much bigger relatives the viruses ....that all of these are not alive or dead. Simply put, when they are in the vicinity of a living and receptive cell that is both susceptible and permissive, they are capable of replication and infection.<sup>17</sup> They are all simply blueprints of genetic protein sequences. We also have the proteins of the microbes that, along with the extraneous proteins that travel across in the vaccine-making process from the other living cells, like for instance cat kidney cells used to grow the viruses, the kidney cell being the Vero cells, African Green monkey kidney cells. We learned too late that kidney cells are only second to testis cells in their ability to harbor the most viruses! All of these proteins now override the inbuilt checks against auto-antibody production, and the auto-antibodies are found only in vaccinated individuals.....see in the Perdue Haywood study what auto-antibodies are produced; Hoeinesh H, Azcona-Oliveria J, Scott-Moncreiff C, et.al, *Vaccine-Induced Autoimmunity in the Dog. Advances in Veterinary Medicine* (44):733-747. Auto antibodies to collagen, cardiolipin and to their own DNA were found! We have the contamination of the raw products, use of cancer cell lines to propagate viruses, formalin which is a carcinogen, aluminum which is a grade 3 carcinogen, SV 40 simian viruses which are grade 2 carcinogens.<sup>18</sup>

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Realize that the production of a lot of junk immunoglobulins, not effective in fighting disease is made. Dr Ron Schultz is very sure that vaccination is not confused with immunization, or with immunity, the production of antibody is not synonymous with immunity or even ability to fight disease. In reality, the liver is the organ that has to deal with all of these junk immunoglobulins, and the kidney with the immune complexes, the antibody-antigen complexes. Thus the procedure of injecting vaccines is very hard on the organs of detoxification. Kidney disease is the hallmark of chronic serum sickness. As well, the contents of vaccines, in particular aluminum and mercury, both of which are neurotoxins and synergistic in their activity, are linked to being mutators of protein sequences and responsible for corrupted antigen being presented to dendritic cells for copying. Ref Ramanujan K, *Study; new vaccine delivery system may be more effective*. Provided by Cornell University <http://www.physorg.com/news183663284.html>

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Mercury is a mutator which deals blows to the methylation processes and interferes with enzymes of our body; it is linked with mutation of the MMP matrix metalloproteinases; it is capable of dissolving mammalian bone and connective tissue. As of 1935 the Pitman Moore Company is on record with the inflammatory nature of mercury, telling Eli Lilly Company via letter to Dr. Jamieson and a matter of Congressional Record that mercury (thimerosal) "isn't safe, not even for dog serum".<sup>19</sup>

Aluminum is also a mutator. In 1999 the WHO classified the aluminum in vaccines as a grade 3 out of 4 carcinogen, 4 being the worse. The IARC listing carcinogens has been published and certifies this

information.<sup>19</sup> Alum has been used since the 1920's and they still don't know how it works.<sup>20</sup> We do know that it is a mutator, a carcinogen, a neurotoxin, that it allows many things to penetrate the blood brain barrier as it opens that up -- to mercury, viruses, microbial proteins and the aluminum itself. The aluminum sequesters in the hippocampus of the brain. Assuredly, aluminum is responsible for the up switching of IgE, the allergic cells and therefore the allergic response. Aluminum makes for allergies, asthma, atopy, anaphylaxis and eczema; and in the course of enabling this, dampens the production of IgA necessary in our defense against viruses -- real viruses not chimera, genetically engineered viruses.<sup>21, 22,23,24,25</sup>

Formaldehyde, antibiotics, fungistats and phenol red are but a few more of the contents. Phenol red is kidney toxic on its own. Now we have the additional damage from genetically engineered viruses, they use mercury and DDT to make chimeras. So from the days of just scratching in some cow syphilis and the pus from another's sores, I guess you can say we've come a long way, baby, in the formation of "vaccinosis".

There is not enough time in this lecture to expound completely regarding the contents of the vaccines then or now. To say, as did Burnett, that not "lymph" but rather "pus" is simply not enough to encompass what we are putting into the body, bypassing our defense mechanisms. The secret ingredients that drug companies put into vaccines are protected due to "proprietary patent" even from the very organization that licenses their use (FDA or USDA) -- this is a magical alchemy all in itself.

Dr. Ron Schultz is sure to relay that nothing is safe from contamination from the mycoplasmas. Recently the human vaccines were found to contain canine herpes viruses, the dog and cat vaccines to contain feline retro viruses and the children's vaccines with pig viruses, chicken leucosis virus associated with cancer, simian virus also associated with cancer. In the Nexxus article a whistleblower declared the contaminants of brain eating amoeba and many viruses which gave more credence to the reports of the Herpes 1, Herpes2 and Cytomegalovirus that I received in the dirty polio vaccines given out as sugar cubes in the 1960's. Simian SV 40 is known now to be the leading cause of cancer to the baby boomers. SV 40 cause P53 mutations; the population of vaccinated patients with cancer is carrying antibodies to the P53!

Cancer is coming from viruses. The RNA viruses that are part of our genome and are responsible for the rapid reproductions of the fetus are turned off in natural environment. Work of the SVCP, Special Virus Cancer Project; however, found all the ways to turn these RNA viruses back on: radiation, toxins like mercury, poisons like aluminum, stress, UV light. The other major source of cancer viruses are the xenotropic viruses that are the recombined, reshuffled, reassorted animal viruses that are injected into us via vaccines! There are a few infective DNA viruses but the majority of junk DNA and the cancer-causing viruses have made it into our bodies via the injection of vaccines. The recipe is oxidative damage which is the cause for most mutations including P53, chronic inflammation which is the milieu of the cancer cells, viral oncogenes, and reverse transcriptase. Here is your recipe for disease by injection. It is true that germ theory is incorrect and it is the terrain. Under normal circumstances it is very difficult to get mutations in animals to occur but not when the method of injecting them takes place. You gain virions when unfavorable energy barriers are surmounted, following irreversible conformational

changes during attachment and entry. Cancer started to appear noticeably, after the start of the small pox vaccination and the increase in industrialization.

How much can the vital force stand against this alien and unnatural invasion?

**Well, I think we can all agree with J Compton Burnett that yes, the vaccine “is so much more than just pus” being injected and that second, “there is certainly more than the imparting of a virus as well separate from the pus or vaccine lymph.”**

What we now know that they didn't know in the time of Burnett: that the virus is not dead, it is not alive, and it is simply genetic material that, when in the presence of a living cell (Vitality), a susceptible and receptive cell, it then becomes capable of replication and infection. They are the Cialis protein sequences waiting for the signal that the time is right. As Barbara McClintok showed us, the gene sequences will be “incorporated”<sup>26, 27, 28, and 29</sup>.

The genetic expression of disease is impacted from these alien immune challenges and from the vaccines for the past 300 years. Injected as they have been, they are responsible for the expression, the genetic expression of disease as we now see it. The DLA in the dogs, HLA in humans (lymphocyte antigen) engages with these alien immune challenges and is in essence responsible for the disease that gets “expressed”.

Back to Burnett, on page 15 he says **“It is very important to know EXACTLY what we are dealing with, for calling a vaccine “lymph” is not fair and square.” These vaccines are not pure, and they are not lymph. Their consequences are dis-ease, vaccinosis.**

Back to 2011-“the hubris of man” using the kidney cells, as if the African Green monkey cells which will grow viruses would not also grow impurities, we know that virions and prions are also carried forth and will replicate in our genomes. Although Harvard honors Dr. Weller “by finding a way to grow polio in human embryonic tissue (over the nervous tissue used that when vaccines were used caused the vaccinated victims’ immune systems to start attacking their own brains due to autoimmune disease) the Weller helped make it possible for Alfred Sabin and Jonas Salk to create “safe” polio vaccines! This of course can be tempered with the knowledge that those tissue culture methods were exactly what brought the xenotropic and infectious monkey viruses into the humans via the polio vaccines and are now still responsible for SV 40 grade 2 carcinogens within almost every tumor taken from man. Sixty labs have confirmed that after 40 years of being ordered to clear out the monkey viruses, SV 40, cytomegalovirus, Herpes 1 and Herpes 2 still remain. Dr. Bernice Eddy found those supposedly inactivated polio virus vaccines to contain live monkey viruses that caused cancer in animals vaccinated with them.<sup>30, 31, 32</sup>

Weller is embraced as “one of the greatest scientists of the 20<sup>th</sup> century, and a champion for public health”. His student, William Forge, who is credited with taking a leading role in “eradicating small pox worldwide in 1970”, doesn't seem to know that Napoleon Bonaparte already assigned credit for erasing small pox from mankind in 1807 to Edward Jenner!<sup>15</sup>



Novartis has sprung for a \$489 million dollar vaccine manufacturing plant in Holly Springs, NC that will be making pandemic and bioterrorism vaccines on dog kidney cells topped off with a squalene adjuvant. This week two more grants were given for over 279 more million dollars to make more vaccines and Bill Gates gave \$10 million dollars in funds for vaccine development in the Research Triangle Park of North Carolina's rich biotechnology district.

**Burnett, page 19: chronic vaccinosis lies beyond the kind of ordinary medicines, despite the terms, "ill-effects of vaccination"; it is an unrecognized waif, much to the disadvantage of suffering of mankind and of medical science". It hasn't been "studied" to be readily defined –**

**not 300 years ago and still not today.**

**Page 20: to be vaccinated is to be "blighted"; "it is his diseased condition that protects him from the small pox"** .Meaning his state of disturbance keeps him in a state not susceptible to the smallpox, still in a state of disease just not susceptible to small pox. We know now however, that vaccines introduce the virus that is plenty capable of waiting there "until the susceptibility and permissiveness condition occurs. The vital force may keep the patient immune to all discordance, a genome that simply is resistant to all influence. Or, the individual can at present be disturbed by the vaccinosis, but having been injected with these other viruses and components can express those diseases when the conditions are right. This is something then to think about with vaccinations. One is "infecting" for disease at a later date if the conditions are right. Stress, nutrition, clean food, air, sunshine, water, environment, geophysical forces, geomagnetic forces, so many things exist that can to change the conditions of his "state". Anything that affects gene coding can change the profile of gene expression. The viruses introduced via Jennerian vaccination impinge on the genome and can at a later date manifest. They "disturb" the constitution because they get "incorporated" into the genome. Therefore they "blight" the patient.

**"The vaccinosis is the virus and something more"**

**Burnett was concerned that vaccination not only "doesn't take"; he believed it does take deep hold of the constitution without calling forth any local phenomena, no telling how very severe in their internal development, manifested by the supervention of various morbid symptoms after vaccinations.**

**In allopathic practice they felt if vaccinated individual "does not take" the individual has remained uninfluenced.**

**[*Au contraire!*]**

**To assume a recipient of the jab without skin eruption is unsuccessfully vaccinated and remains unaffected or unaltered by vaccination is more hubris than the hold of beliefs that vaccination works well in the first place!**

**Page 22-"my own conception of this: the vaccinated person is POISONED by the vaccine virus"**

**“Taking in the poison” is in Burnett’s opinion the constitutional acting where by the organism frees itself “more or less” from the inserted virus. It is interesting that, even at this early date, circa 1880’s, they are using the words “insertion”. Not only did the injection bypass the immune system, it resulted in insertion into the very genome! What we know about virus in vaccines and the word insertion has gained much ground since 1880.**

Barbara McClintok, who worked with maize in the 1930’s, demonstrated that the genome is not protected from alien breach. The double helix takes in proteins from the local cellular environment; this occurs in much greater percentages when the proteins are injected. McClintok was not recognized for her contributions until 50 years following her work. She should have been on the podium when Watson and Crick received the Nobel Prize for their 3 D illustration of the DNA double helix. The work of McClintok had showed us so much more. Unfortunately, she died and they do not hand out Nobel Prize post humously. So, Watson and Crick got the prize simply for the 3 D vision, while 50 years would pass, each year allowing much more vaccine damage, and the world would continue to suffer from the lack of illumination of the fascinating finds of McClintock.

It was only in the 1940’s that viruses were identified; by then, look at all that unfiltered “pus” and everything in contaminations that has come forth into our genomes.

In the UK, a woman gave blood; her plasma was used to make vaccines. Ten years later, the woman was identified as having CJD, actually a form of mad cow disease, her prions were in her system and yet it took ten years for the disease to be identified. Too late for recalls and too early yet to tell if the generation of vaccinated populations a decade earlier would now vary the prion gift that keeps on giving. Statute of limitations: is it over for this?!

The blending of man and beast indeed!

This certainly is not intelligent design, and **Yes, J Compton Burnett, the vaccine is so much more than pus!**

Now the vaccines, like those of the genetically engineered chimera viruses used in the medicines and vaccines are a new host of problems.....what more can we do to confound the vital force? What more can we do “insert” into the genome the components of man and several beasts....this would never have occurred without the intrusion over natural by manipulation through vaccination.

Dr. Terje Traavik the Biosafety Officer for the country of Norway has found these chimera vaccines unsafe and the virus reverting to virulence.<sup>34,35</sup> So has Ruth Berkelman who wrote the paper on the emerging public health crisis from the use of veterinary vaccines. Ruth Berkelman did this paper from Rollins School of Public Health at Emory University for Emerging Infections.<sup>36</sup>

The safety of the genetically engineered viruses is the subject of a 15 pages paper by Dr. Michael Fox<sup>37</sup>

And despite what the FDA says about the safety of tobacco, the safety of depleted uranium, the safety of vaccines, the safety of genetically engineered medicines, viruses and foods, and the safety of cloned animals -- none of these has been proven safe. There are no gene-impact studies performed on these

vaccines. In March of 2010, R21 is the first NIH grant program formed to look into the gene impact from vaccines. The vital force is more likely to be telling the truth by showing us the disturbed state and therefore just what is coming through that needle.<sup>38</sup>

**Page 22: Burnett says “the taking of the virus becomes a chronic process-- paresis, neuralgia, cephalgia, pimples, acne, etc. The less a person ‘takes’, therefore, the more is he likely to suffer from chronic vaccinosis. “**

**Page 23: Burnett gives credit where credit is due: he remarks that Boenninghausen was first to point out the homeopathicity of thuja occidentalis to small pox itself; Kunkel and Goullon, then, used it to cure ill effects of vaccination, i.e., “vaccinosis”.**

**Page 31: He tells the case of a vaccinosis in a baby whose mother was vaccinated: the virus travel through the milk to the child.**

[Show here the slide of the lymph channel of the dog and the case of Jake the Black Lab and where the vaccinosis travels.]

Information on Hilary Koprowski and genetically engineered rabies virus with cow pox and vaccinating a cow and then having humans drink the milk looking to see if .....the milk would indeed travel the virus to those that drank the milk. Unethical? When has that ever stopped experimentation in the name of “science”? News just out now, scrapie prions are coming through the milk in sheep. CJD prions are also now being aerosolized in slaughter houses. A new move to regulate the use of even “old cows” by DEFRA is changing policy as we learn what these microscopic gene sequences are capable of doing.

**Swelling of the face, arms and legs...is the “confluent form”**

Feverish and restless,.....>up to the ninth day Insert the baby Ian’s pictures of what vaccinosis you can suffer. Show the days 1-8 then when he died following the now mandated Hep B vaccine for newborns on DAY 1!

**Vaccines from the mother, from the wet nurse via the breast feeding, vaccinations now reported in small pox of soldier transferred to partner during sex. Lyme is now known to transfer in fluids, across the placenta and offspring can be born with the disease.**

**Lesions can “go confluent” being full of milky fluid and look just like edema**

**Pg 36 “I don’t know when I ever felt the weight of responsibility greater” says Burnett when asked to treat a dying baby.**

**Pg 41 “the fact is it is exceedingly difficult to ABSOLUTELY prove anything clinically at all”**

**Pg 45 “it does not do to be quite sure of one’s fact. Sources of error are often very occult”**

## **Long Standing Vaccinosis;**

**Page 42-a woman for 20 years enduring vaccinosis says.. "my existence is one lifelong crucifixion"! [Do any of us have cases that can top that?]**

**The above woman says to Burnett" I come to you in UTTER DISPAIR, the resources of allopathy have been exhausted, homeopathy-good homeopathy too for the men tried knew their work had also failed**

**[This woman had been vaccinated 5 or 6 times]**

**Her complaint; vaccinosis, neuralgia of the eyes cephalgen**

**After suffering a "life of crucifixion" for 20 years, the dosing of Thuja 30 C resulted in the crucifixion gone in 6 weeks!**

**When a progress check was done by Burnett on this patient her response "I have been in very much stronger health ever since I crossed your threshold and except for one or two attempts at a return from the enemy, I have proven quite free from suffering"**

**This woman's vaccinosis persisted for 20 years from 5 or 6 vaccines.**

Despite 1978 Dr. Ron Schultz stating that the yearly vaccines were not necessary, that the lethal viruses are contained with only one vaccine at 15 weeks and that the animals need no other vaccines for their life, what is it that allopathy has done in conferring vaccinosis upon our animals?

Cases to cover; Vaccinosis of Thunder, Vaccinosis of Lyme Vaccine Disease, cases of cancer from vaccines; show slides run through the victims of vaccinosis

**Burnett said of course, the result of the vaccine taking hold of the constitution will be enough to declare the vaccinosis "en permanence". {Permanent now to the genome}. This becomes genetic disease and we have cases of autoimmune disease in one generation becoming the genetic susceptibility in the next.**

**Pg 60-"the conceit of the orthodoxy ignorance is truly sickening"-Here Burnett tells us how much the sty on the eyelid is vaccinosis yet the orthodoxy cannot even recognize this and direct the patient to a surgeon (surgeon) over using a superior scientific therapeutic which would be homeopathy. Nothing is different today, vaccines cause cancer which is vaccinosis and the surgeons want to cut it off not recognizing that this is a disease from vaccination. (Several cases of this will be shown)**

**When well chosen remedies doesn't cure.....use Thuja**

**Pg 75-"the vaccinal blight I will refer to as VACCINOSIS"**

**Pg 76-"loss of virile power is frequently the result of vaccination, local debility also"**

**Pg 77- in response from a patient cured by thuja “this is CAPITAL stuff”** short cases that thuja cleared with one dose. If only it were all that pure and simple.

**Pg91-“vaccinosis is a filthy pustular art disease that is put into the blood by force”**-reference to the vaccinosis as an “art” disease, meaning this disease come from the “medical arts profession”.

**Baccilinum is homeopathic to fungus infection. Sometimes have to treat with thuja and remove vaccinosis before the remedy can work** –this is very common today, recognized by Dr. Richard Pitcairn, that his cases were not moved until many times coming first to Thuja.

**Vaccinosis this super implanted disease then also be homeopathically cured before the under lying tuberculosis “taint” could be gotten rid of .How to treat fungus with Baccilinum when stubborn, treat first with thuja**-discuss the 4 “never well since vaccination” remedies; Morbillin, Silica, Nat-mur, Thuja. Also why you might need a nosode, and why you might come up with a nosode for measles when the dog was vaccinated with Distemper combo.

**Pg 95-Homeopathy is a system of curing similar similibus curantuer “like cures like”**

**Pg100-Here we find Burnett realizing “provided the vaccination be not too great in which case there will be a homeopathic aggravation and then there will be no protective power but in the contrary the vaccinate will be PREDISPOSED to it”** Here we see even then the realization that many vaccinated will actually contract and suffer the very disease the vaccine was supposed to be protecting them from.

**This is where Burnett says “the effect of vaccination can be considered an inconsistent factor”**-if the reader doesn’t understand that fully after dissecting the truth about small pox story as told by Behbehani in the Microbiological Reviews, there is no hope. How the genome works was not explained at that time. They already were onto the “insertion” and “blighting” and understanding that the virus and the sum of what was in a vaccine could “take hold of” the constitution and even become permanent. This was brilliant two hundred some years before information became available. In any case, even then, they recognized that ever vaccination was pretty much inconsistent, an unknown, a surprise sometimes without any physical manifestation of the damage.

**Pg 100”protection afforded by vaccination will be different in different individuals” and diminishingly different in the same individual and falling less and less until it is nil.**

**My comment; “vaccination is ALWAYS experimentation under the guise of health care delivery”**

**Pg 102-of the small pox vaccine; fewer people “probably” get small pox but the absolute number of deaths are not affected-or so are even greater**

**Pg104-vaccinations ignore the element of time and the altering nature of protection “time is an arbitrary limit set entirely devoid of scientific basis”**

**Vaccinologists; only the mortality is considered (#of deaths) giving attention to vaccinatable morbidity they have been enabled-** important to go over the information just about small pox in the calculation of

deaths in the vaccinated versus unvaccinated according to Creighton.<sup>40</sup> Of the death rate in vaccinated versus unvaccinated, Creighton has references and this to say; Just as Matthus had predicted when death rate fell from small pox that death rate went up for measles. Scrofula, tubercle, hooping-cough, diarrhea have all increased following vaccination. He calls this a “constitutional disturbance” but we now know, this is the effect of the vaccination on the immune system and the dysregulation of the immune system from the vaccine is the expression of the disease. With vaccination came, vaccinal syphilis, vaccinal ulcers, jaundice from liver or kidney damage trying to clear the toxins, and epidemics of Erysipelas. In a 2 part series authored by Alfred Russell Walker and published in 1904, Vaccination Does Not Prevent Smallpox, he goes through the Bills of Mortality and shows that vaccination either has no effect whatsoever or it tends to increase rather than decrease smallpox. This is in agreement with what Burnett has discussed in his book. The paper by Walker is also able to demonstrate that the vaccine is what is responsible for keeping small pox the disease” in play”. Despite what the vaccinators keep as a superstition, “herd immunity”, the fact is the vaccine is what keeps the genetic blueprints of the disease in the herd!

**Accurate accounting of both mortality and morbidity only the physicians are able to make this observation (and thusly control the results) and even in Burnett’s time “However as a general rule the physicians generally ignore morbidity arising from vaccinosis” circa 1880’s**-this is true now, no post marketing surveillance, not really and under reporting of adverse events and lack of support for covering this by those that stand to profit from the sales.

**Pg 182-Any statistician can observe and arrange facts relating to the facts of morbidity and the Registrar General might be got to deal with them as he does to those relating to mortality, BUT, mortality statistics alone without morbidity statistics cannot POSSIBLY lead to any real settlement of the vaccination question. We don’t just want to know how many people die of small pox; we want to know how many get it and get over it. “Herein it seems to me lies the kernel of the nut”!**

**We also want to know what the morbidity of those protected by the vaccination is. What is the ordinary liability of a perfectly healthy person to catch small pox?**

**Morbidity Mortality Morbidity what is their perspective?**

**What are we paying for in vaccinal morbidity or “vaccinosis?”**-purpose of this presentation is to show, the price we pay is the scope of health or lack thereof in the populations that are vaccinated!

**Pg110-111 Burnett figured out that: Jennerian vaccination is not efficiently protective in those whose proneness to “catch” small pox is very great, while it is efficiently protective where the proneness to catch small pox is less.**

**The unvaccinated are not equally prone to catch small pox; however we vaccinate them all alike>**

**The vaccine could be said to have more rendered them all “equally” immune when some of the unvaccinated are “already immune”.**

**Vaccination is prevention of small pox when the proneness to catch small pox is small and when proneness to catch small pox is small those who do get small pox do not die from it**

Therefore;

**Vaccination affects morbidity rather than mortality (Jennerian vaccination)**

**In microscopic vaccination morbidity diminishes but mortality increases fewer get it but more will die. Mortality will be greater if the vaccinated person fails to protect it will INCREASE that persons chance of dying because homeoprophylaxis aggravation the 2 diseases combine to kill the patient.**

**When we vaccinate a “person” we are dis easing them-we communicate vaccinosis to them**

**If in addition to the vaccinosis they get small pox, the more likely to die the worse he has vaccinosis.**

**Vaccination has become “comme il faut” Accepted without fault, now for many years and hence everyone has been vaccinated.**-not exactly looking at vaccinated versus non vaccinated populations is where the answers can be found. Oregon/California study and 37 years of unvaccinated Amish children.

Now the mental elite (which population is this? College educated?) of the world are rallying against vaccination- the mortality of their un vaccinated offspring will be very small only those who “inherit” purulent diathesis will die. Many of these would have been saved if homeopathically handled”

**Interesting that even in 1880’s he recognized the insertion of the virus into the genome and the “inheritance” of the blight!**

I have presented the information at the NCH meeting in 2010 that explains how these vaccines make disease, the autoimmune diseases in one generation become genetic disease in the next and the dys regulation of the immune system to the detriment of the health of our populations is the result. In March of 2010, the NIH announced for the first time a few dollars going to research if there are any gene impacts from vaccines R21.

**Some discussion on homeoprophylaxis, Mister Pasteur and Burnett’s prophesy on the slippery slope Pasteur was sliding on with the rabies virus**

J Compton Burnett’s comments on Louis Pasteur and the rabies vaccine

By Dr. Patricia Jordan

In the book Vaccinosis and It’s Cure by Thuja J Compton Burnett’s pocket book says on page 115

**Success of using the concept of vaccination would be to administer the product in an epidemic of that product’s disease state. It seems to me that the requirement of the age is to systemize the prevention of disease according to the law of similar, and in DYNAMIC DOSE. That clearly the DYNAMIC DOSE is essential, or at any rate the very very small dose, for otherwise the homeoprophylactic aggravation**

would be a **SERIOUS** detriment in every way. It is easy to see that Mister Pasteur and his fellow workers are sailing down straight on this rock whereon they are sure to suffer shipwreck.

He further elaborates that Pasteur's "assumptions" that running rabies virus through different strains of and different animals attenuates it, (enfeebles it) so that if re-transmitted by hypodermic needle that the disease would never reactivate or become virile in any species so administered the jab. Pasteur believed the virulence of the virus becomes on the contrary, **AUGMENTED** in its passages, so that a far more intense disease will be manifested than that of the apparent ordinary in canine madness, and it will invariable prove fatal if the virus is passed through different members of the **SAME SPECIES** like rabbits to other rabbits and then inoculated into a dog via hypodermic needle.

**J Compton Burnett** relayed that the fatal fallacy of Pasteur underlying the whole thing is regarding the immunity produced by Jennerian or Pasteurian vaccination as a constant fact, whereas it is a constantly diminishing one, and must in the nature of things be so.

Millicent Morden (Physician and Surgeon) published the work entitled Rabies Past Present in Scientific Review and added to the many detractors that Pasteur actually had since the results of his work were able to be evaluated.

**Burnett put a plea in for homeoprophylactic vaccination or what might be termed homeopathic vaccination. This is to say, the vaccine matter is to be prepared as a homeopathic remedy and to BE GIVEN BY MOUTH, IN DYNAMIC DOSE as the homeoprophylactic.**

**Pasteur's attenuating it by poisoning a series of animals is a very serious proceeding; an ordinary vial will do just as well if only attenuation is wanted.**

**J Compton Burnett used the small pox virus to orally vaccinate himself and his family in the same method. He reported that no one in his family even suffered small pox disease.**

In **February of this year, 2011**, new study found that oral vaccines could be used to immunize individuals against a wide range of diseases. The research found that the salivary gland is able to act as an alternative mucosal route on which vaccines can be administered. This information shows that the mucosal route for administering vaccines would lead to protective immune responses both locally and systemically. Work emanated from the School of Dental Medicine and the Dept of Oral Biology and Pathology at Stony Brook University in Stony Brook, NY. Mice were used to show that live cytomegalovirus applied directly into their salivary glands demonstrated an immune response in the salivary glands. The researchers observed an increase in the number and types of cells associated with antibodies that were protected in the saliva. Importantly, these antibodies were also found in other mucosal secretions in the serum, suggesting that these proteins spread to other locations in the body. Additionally, the researchers observed structural and functional changes in the immunized salivary glands causing them to resemble lymph node-like structures commonly seen in injection-based immunizations. The research team also tried to use inactive virus that did not result in an infection of the salivary glands, nor any active immune response when compared to the live virus group. When both sets of mice were challenged to the same virus at a later date, only the group immunized with an active



virus was protected from future infection. The results were that salivary gland inoculation may become a clinically acceptable method to vaccinate groups of individuals against new and emerging pathogenic challenges. The work shows that the salivary glands may become the first line of defense in active and passive immunization.<sup>41</sup>

Currently a minority of vaccines that are licensed for human use are administered orally including, polio, cholera, typhoid, rotavirus and adenovirus vaccines. The adenovirus vaccine is restricted to use in the military. Several other oral vaccines are at various stages of clinical testing. All of these diseases are designed to prevent diseases contracted through mucosal surfaces and are either composed of live attenuated viruses or bacteria of killed whole cells. However, the work in Australia by Lina Wang provides evidence that oral immunization is an alternative that is worthy of study and optimization in order to prevent infections transmitted through non-mucosal routes, such as malaria, Japanese encephalitis and Hepatitis B. For infections that are endemic in resource-poor developing countries, oral administration would greatly enhance widespread vaccine deployment.<sup>41</sup>

So what about rabies?

There are already populations that have developed neutralizing antibodies against rabies via exposure in their occupations; fur trappers, Eskimos and even, Don Hildebrand President of the vaccine manufacturer Rhone Merieux. Don Hildebrand told the author of MAD DOGS, Don Finley that not only was “rabies not a fatal disease” but that he had never gotten rabies despite working with it for years and never had a vaccination. The CEO of what is now MERIAL, told this information to Don Finley while the author was visiting the company at the headquarters in Athens, Georgia.<sup>43</sup>

These populations of humans, along with a young woman whom last year was recorded as the first case of self abortive rabies, all developed neutralizing antibodies without vaccination via Jennerian or Pasteur inoculation.

The book, MAD DOGS is a good historical review of wildlife rabies in North America. The book is also a good read for the politics-science soap opera that illustrates the response of public health officials both competent and incompetent in outbreaks of disease. In 1995 the USDA started using an oral rabies vaccine in the wildlife. Today they continue to use the oral rabies vaccine for wildlife. There are several parties working on developing an oral rabies vaccine for domestic dogs. A human oral rabies vaccination is also being developed.

**In closing, I will follow the brilliance of J Compton Burnett:**

**Pretty well all the best work of the orthodox school ends in what?**

**In seeing the ultimate trump of homeopathy.**

**In magnus voluisse sat est!**

## To once have wanted is enough great deeds! (Propetius)

\*The elaborate techniques used for internal alchemy of making immortality elixir lead to the discovery of the sex and pituitary hormones.

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DR.AADIL CHIMTHANAWALA  
MD(Hom),DNB(Med),MBBS,BHMS,FNAHI,PGNAHI  
HOMOEOPATHIC CARDIOLOGIST  
DIRECTOR: AADIL HOMOEOPATHIC HEART CARE CENTRES, NAGPUR  
SECRETARY, THE NATIONAL ACADEMY OF HOMOEOPATHY, INDIA  
  
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