In this Newsletter I include recent research on the treatment of every type of medical condition imaginable. So, whatever your health concern might be, one of my Newsletters will contain the vital information you have been seeking.

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**WINTER UPDATE**

It is time again when we are being blasted about the need to have the annual Flu vaccine. While I am not against vaccinations in general there are many issues about vaccinations that the pharmaceutical industry does NOT want you to know. Just as the tobacco and asbestos industries hid the truth about the inherent dangers of their products for decades before the casualties were screaming in the streets, the drug industry is doing the same thing about many vaccination products that are anything but “safe”. For example, the American College of Pediatricians has taken the extreme and possibly unprecedented step of releasing a disturbing statement regarding the autoimmune associations with the aluminum adjuvant.
and the previously documented ovarian toxicity of polysorbate 80 present in Gardasil® and Cervarix™ vaccines. These warnings are NOT coming from the alternative-health sector, but rather, from highly qualified medical authorities. How effective is the MMR vaccine against mumps? NOT VERY! Why? Because in a recent outbreak, 77 percent of those sickened by mumps were fully vaccinated. Between 2003 and 2015, MMR vaccine is likely responsible for 980 deaths and 6,940 disabilities. How many people died from the actual disease? A big fat ZERO. Aluminium adjuvant in vaccinations has been shown to be as toxic as the mercury that was formerly used. And as for the flu shot a recent study in The Lancet Infectious Diseases journal reveals that the flu vaccine prevents lab confirmed type A or type B influenza in only 1.5 out of every 100 vaccinated adults ... but the media is reporting this to mean "60 percent effective." That is just not true. A ridiculously low “success rate” of 1.5% is pitiful. We all know someone that has been seriously harmed by tobacco and asbestos products, now that the concealed information has been made freely available to the public for their discerning evaluation of the facts. I am treating patients every week that have been harmed by vaccinations that their doctors have deemed essential. So please read the following with an open mind.

**MUMPS BEING SPREAD BY AND AMONG VACCINATED PEOPLE**

Vaccines are a very lucrative business. Pfizer’s vaccine Prevnar, which targets 13 strains of pneumococcus bacteria, generated $6.25 billion in revenue last year. And that’s just one vaccine. Even ineffective vaccines allow vaccine makers to make a mint. **One of the most obvious vaccine failures is the mumps vaccine (part of the measles, mumps, rubella, aka MMR).**

Again and again, outbreaks among vaccinated populations occur, yet rarely is the truth of the situation addressed, namely the fact that the vaccine is ineffective and doesn’t work as advertised. In 2010, two virologists filed a federal lawsuit against Merck, their former employer, alleging the vaccine maker engaged in improper testing and data falsification to artificially inflate the efficacy rating of their mumps vaccine. For details on how they allegedly pulled this off, read Dr. Suzanne Humphries' excellent summary, which explains in layman's terms how the tests were manipulated.

Just about every media outlet reported the lawsuit, and the hundreds of millions of dollars Merck was said to have defrauded from the U.S. government by selling a vaccine of questionable effectiveness. As reported by Reuters last year, Merck’s behavior in and of itself suggests they’re trying to cover up fraud: "Attorneys at Constantine Cannon, who represent the scientists, asked U.S. Magistrate Judge Lynne Sitarski of the Eastern District of Pennsylvania to compel Merck to respond to their discovery request, which asks the company to give the efficacy of the vaccine as a percentage.

Instead of answering the question, the letter said, Merck has been consistently evasive, using 'cut-and-paste' answers saying it cannot run a new clinical trial to determine the current efficacy, and **providing only data from 50 years ago.** 'Merck should not be permitted to raise as one of its principal defenses that its vaccine has a high efficacy, which is accurately represented on the product’s label, but then refuse to answer what it claims that efficacy actually is,' the letter said."

So why are people still surprised when mumps outbreaks occur? And why are the unvaccinated still blamed for most disease outbreaks, even when most of the infected are vaccinated? **The reason is that vaccinated people are responsible for spreading the mumps.** Recently, 41 students at Harvard University came down with mumps and, according to the Public Health department in Cambridge, **every single one of those students had been vaccinated.** Four other campuses in Boston are also starting to see cases, as have four universities in Indiana. About 13 cases of mumps have also cropped up in California.

One ridiculous explanation offered by Dr. Amesh Adalja, an infectious-disease specialist at the University of Pittsburgh Medical Center's Center for Health Security, is that the vaccine only works if the exposure to the virus is low; it can’t be expected to work if there are high amounts of exposure, such as in dorms: "The exposure that they have to mumps is so high in these situations that it overcomes the ability of the vaccine to protect them," Adalja told Live Science. "It may be that, in these special situations, a much higher level of antibodies [against mumps] is needed to keep the virus at bay."

In 2009, more than 1,000 people in New Jersey and New York contracted the disease. At the time, questions arose about the effectiveness of the vaccine **because 77 percent of those sickened were vaccinated.** A similar scenario occurred in 2006, when mumps infected more than 6,500 people in the U.S. **Most of those cases also occurred among the vaccinated population,** primarily among college students who had received two doses of MMR vaccine.
Now, if a vaccine is indeed highly effective, and avoiding the disease in question is worth the risk of the potential side effects from the vaccine, then many people would conclude that the vaccine's benefits outweigh the risks. However, if the vaccine is ineffective, and/or if the disease doesn't pose a great threat to begin with, then the vaccine may indeed pose an unacceptable risk. This is particularly true if the vaccine has been linked to serious side effects.

Unfortunately, that's the case with the MMR vaccine, which has been linked to at least 98 deaths and 694 disabilities between 2003 and 2015. Considering the fact that only 1 to 10 percent of vaccine reactions are ever reported, those numbers could actually be closer to 980 deaths and 6,940 disabilities. Between 2003 and 2015 MMR vaccine is likely responsible for 980 deaths and 6,940 disabilities. Meanwhile, death from mumps is "exceedingly rare" according to the CDC, and no one has died from mumps during any of the recent outbreaks.

Between 2003 and 2015, MMR vaccine is likely responsible for 980 deaths and 6,940 disabilities.

Common sense categorically confirms that the medical “treatment” is massively more dangerous and deadly than the disease itself. http://tiny.cc/huz4by

**AMERICAN COLLEGE OF PEDIATRICIANS SOUNDS ALARM ABOUT HPV VACCINE (GARDASIL)**

The American College of Pediatricians has taken the extreme and possibly unprecedented step of releasing a disturbing statement (January 2016) outlining its legitimate concerns about the safety of the HPV vaccines Gardasil and Cervarix. The purpose of the statement is so that “individuals considering the use of human papillomavirus vaccines could be made aware of these concerns pending further action by the regulatory agencies and manufacturers.”

The concern? The connection between HPV vaccines Gardasil and Cervarix and premature ovarian failure (POF) in adolescent girls within weeks to several years of receiving these shots. To its credit the American College of Pediatricians (ACPEDS) wants parents and physicians to know of its concerns and is apparently not confident vaccine manufacturers or the FDA will do so adequately. The ACPEDS has identified these concerns as legitimate and ones that should be addressed immediately.

Scott S. Field MD writing on behalf of the organization outlined the situation as follows:
(1) long-term ovarian function was not assessed in either the original rat safety studies or in the human HPV vaccine trials.
(2) most primary care physicians are probably unaware of a possible association between HPV4 and premature ovarian failure and may not consider reporting POF cases or prolonged amenorrhea (missing menstrual periods) to the Vaccine Adverse Event Reporting System (VAERS).
(3) potential mechanisms of action have been postulated based on autoimmune associations with the aluminum adjuvant used and previously documented ovarian toxicity in rats from another component, polysorbate 80.
(4) since licensure of Gardasil® in 2006, there have been about 213 VAERS reports (per the publicly available CDC WONDER VAERS database) involving amenorrhea, POF or premature menopause, 88% of which have been associated with Gardasil®. The two-strain HPV2, Cervarix™, was licensed late in 2009 and accounts for 4.7 % of VAERS amenorrhea reports since 2006, and 8.5% of those reports from February 2010 through May 2015. This compares to the pre-HPV vaccine period from 1990 to 2006 during which no cases of POF or premature menopause and 32 cases of amenorrhea were reported to VAERS.

Regarding premature ovarian failure in young girls from Gardasil, Dr. Field writes that the cases of POF point alarmingly to Gardasil because the “overwhelming majority (76%) of VAERS reports since 2006 with ovarian failure, premature menopause, and/or amenorrhea are associated solely with Gardasil®”. Additionally, Dr. Field writes that “when VAERS reports since 2006 are restricted to cases in which amenorrhea (period stops) occurred for at least 4 months and is not associated with other known causes like polycystic ovary syndrome or pregnancy, 86/89 cases are associated with Gardasil, 3/89 with Cervarix, and 0/89 with other vaccines administered independently of an HPV vaccine”.

Is Polysorbate 80 the Toxic HPV Vaccine Ingredient Causing Premature Menopause in Girls? You may want to sit down for this one. The ridiculously inadequate “safety trials” of Gardasil prior to its release actually used a placebo that contained the toxic ingredients polysorbate 80 as well as an aluminum based adjuvant. Hence, these “safety studies” that were anything but, never would have uncovered the alarming problem of POF prior to approval by the FDA to unleash this poison on our young girls.

Dr. Field writes about this jaw dropping oversight (or fraud?) by the vaccine manufacturers as follows:
Few other vaccines besides Gardasil® that are administered in adolescence contain polysorbate 80. Pre-licensure safety trials for Gardasil® used placebo that contained polysorbate 80 as well as aluminum adjuvant. Therefore, if such ingredients could cause ovarian dysfunction, an increase in amenorrhea probably would not have been detected in the placebo controlled trials. Furthermore, a large number of girls in the original trials were taking hormonal contraceptives which can mask ovarian dysfunction including amenorrhea and ovarian failure. Thus a causal relationship between human papillomavirus vaccines (if not Gardasil® specifically) and ovarian dysfunction cannot be ruled out at this time.

How could any self-respecting scientist testing these vaccines knowingly use a placebo that actually contained some of the ingredients in the vaccine itself that was the subject of the clinical trial? The placebo used should have been a simple saline placebo! Thanks to this deception for profit, young girls vaccinated with Gardasil® or Cervarix™, may be unable to have children naturally.


Regarding other damning recent information about Gardasil please see the following links:

http://www.thehealthyhomeeconomist.com/gardasil-guarding-or-gutting-our-youth/


**Table 7. Summary of Adverse Reactions (ADRs) Following Vaccination with Gardasil and Cervarix in the U.S. Reported to VAERS [72] in the Post-licensure Period (June 2006 to March 2012).**

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious</td>
<td>1592</td>
</tr>
<tr>
<td>Deaths</td>
<td>73</td>
</tr>
<tr>
<td>Life-threatening</td>
<td>348</td>
</tr>
<tr>
<td>Permanently disabled</td>
<td>581</td>
</tr>
<tr>
<td>Prolonged hospitalization</td>
<td>208</td>
</tr>
<tr>
<td>Emergency room visit</td>
<td>9332</td>
</tr>
</tbody>
</table>

The Table above shows the Adverse Reactions following vaccination with Gardasil and Cervarix to March 2012. Much more harm has been caused since then.

**HOW ALUMINUM IN VACCINES DAMAGES YOUR HEALTH**

Aluminum-containing vaccines can pose a very significant health risk — especially to infants. It’s a known neurotoxin shown to play a significant role in neurological diseases. Animal research shows almost all of the aluminum is retained 28 days after intramuscular injection. Studies on adults show aluminum is still present three years after intravenous administration. Once the aluminum is injected, it’s gobbled up by immune cells (macrophages), which act like Trojan horses, allowing the aluminum entry into your brain by carrying it through the blood brain barrier.

Dr. Suzanne Humphries, author of "Dissolving Illusions: Disease, Vaccines, and The Forgotten History," is a nephrologist who has committed the latter part of her medical career to exposing the oft-hidden facts about vaccines, their history, and what makes them potentially dangerous. Aluminum is a known neurotoxin, and scientific evidence shows that it can play a significant role in neurological diseases, including dementia, autism, and Parkinson’s disease. Common routes of exposure include antiperspirants, food, aluminum-based household products, and vaccines.

Inactivated Vaccines Increase Death Several-Fold. Humphries cites an important African study, published in 2014, which looked at mortality during 12 months of follow-up after vaccination with live versus inactivated vaccines. Some of the children received multiple injections of live vaccines, while others received both live and inactivated vaccines. Interestingly, the death rate was nearly eight times higher among the children who received a mix of both live and inactivated vaccines over the following six months, and nearly five times higher over the following 12 months. Overall, giving inactivated vaccines translated into a 64 percent higher mortality rate! Sadly, few people are talking about these results, and those who do are being soundly ignored by the World Health Organization. According to Humphries, there are a number of factors contributing to these results. Aluminum in inactivated vaccines is part of it, but it also has to do with the fact that inactivated vaccines program your immune system in a way that decreases your body’s ability to fight off disease later.

Misinformed pro-vaccine advocates will tell you that aluminum is rapidly excreted. But research shows a different reality. Rabbit studies show almost all of the aluminum (78 to 94 percent) is retained 28 days after intramuscular injection. Autopsy examinations revealed the aluminum accumulated in the kidneys, spleen, liver, heart, lymph nodes, and brain — in that
order. Long-term, aluminum also collects in your bones. Studies on human infants show that no aluminum is excreted short term at all. Here, 2-month old infants were given a total of 1,200 mcg of aluminum in the form of three intramuscular vaccines, as per the standard vaccination schedule. Blood and urine levels of aluminum were measured over the following 12 hours. The authors were "reassured" to find there was no rise in blood levels of aluminum following vaccination. But no aluminum came out through the urine either. So where did all of the aluminium go?

When Humphries wrote to one of the authors to get an answer to that question, the author, Dr. Tammy Movsas, wrote back saying: "So... we don't really know what happens to the aluminum at this point in time. As you said, more research is needed in this area." Yet this study is one of the studies used to assuage fears that aluminum may be harmful.

In another study, one healthy adult male given a tiny amount of aluminum (a mere 0.7 mcg) intravenously, not intramuscularly, still had 4 percent of the aluminum in his body more than three years later. Most of the aluminum was excreted by the kidneys, and therein lies a major part of the problem, as infant kidney function is not equivalent to an adult.

Excretion of aluminum is not as efficient in infants and young children, yet this fact is almost never taken into consideration. That which is not excreted ends up accumulating in various organs, including the child's brain, kidneys, and bones.

http://articles.mercola.com/sites/articles/archive/2016/04/03/aluminum-vaccine-health-effects.aspx

IN GAPS BABIES, VACCINATION CAN BE 'THE LAST STRAW'

If your baby has suboptimal gut flora, vaccines can become the proverbial "last straw" — the trigger that "primes" his/her immune system to develop chronic health problems. According to Dr. Campbell-McBride, in children with GAPS the toxicity flowing from their gut throughout their bodies and into their brains continually challenges their nervous system, preventing it from performing its normal functions and process sensory information.

Other researchers are now starting to back up her findings. For example, one 2013 study confirmed that autistic children have distinctly different microbiome compared to healthy children. Notably, they had fewer healthy bacteria, such as Bifidobacterium. Autistic children also had markedly higher levels of toxic volatile organic compounds (VOCs).

The best way to prevent GAPS is for the mother to avoid all processed foods, sugar, antibiotics (including CAFO meats and antibacterial soaps) and birth control pills prior to conception as these cause pathogenic yeast and fungi to grow and also cause leaky gut that allows undigested protein fragments to sneak into the blood stream contributing to auto immune diseases. This can then be followed by breastfeeding and avoiding the use of antibiotics during (intrapartum) and after delivering.

It’s also a good idea to make sure your baby's microbiome is healthy before getting any vaccinations. Fortunately, it’s possible to rather inexpensively identify GAPS within the first weeks of your baby’s life, which can help you make better-informed decisions about vaccinations and about how to proceed to set your child on the path to a healthy life. The entire process for identifying children who would be at risk for developing autism from a vaccine is described in her book Gut and Psychology Syndrome. http://tiny.cc/rj04by

HOW MUCH DO YOU REALLY KNOW ABOUT THE FLU VACCINE?

Immunity Education Group is a non-profit organization created to help educate and empower parents and citizens about all sides to the vaccination debate. Find us on Facebook at Immunity Education Group, and online at www.immunityed.org. They have released a 3 minute YouTube video explaining the facts and medical effectiveness of the Flu vaccine. Check out the 3 minute video at:
https://www.youtube.com/watch?v=5JF4DKx7TQ

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