

## Vaccinations: ingredients, heavy metals, implications

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Dear Colleagues,

I have deliberately structured my presentation for this year's conference somewhat differently compared with my last paper three years ago.

We have to answer two questions several times a day:

1. To what can we attribute the patient's symptoms or condition?
2. How must I treat the condition or what programs do I use?

I would obviously like to include a few treatment tips in my presentation, but: Your treatment is only as good as your earlier testing and diagnosis! Experience has shown that you can only test what you know and can identify. I intend to boost your awareness and give you some background knowledge about vaccinations (to use a generic term) so that this information will spring to mind next time you carry out tests.

And what's more: I'm not necessarily against vaccinations. But I am critical. And I'm shocked at all the information on the subject that escapes publication. There are probably few areas of medicine that are as hotly contested as the subject of vaccination. The decision for or against vaccination is entirely up to the individual. Unfortunately, this situation is often compounded by the anxiety of the parents or the persons affected. Anxiety is the worst advisor!

### Explanation given to the person receiving the vaccination

Regardless of who explains vaccinations to parents or gives advice, he/she should

always remember that a solution must be found in conjunction with the parents. In this setting, I understand explanation and advice not just as a one-sided description of the advantages of vaccination, but also as a way of outlining potential risks.

Doctors play a central role in this respect. They are given information by the pharmaceutical industry that is obviously very one-sided.

Doctors who adopt a critical stance to publicly recommended vaccinations must be prepared for sanctions. "The failure of a STIKO\*-recommended vaccination means non-compliance with medical standards in legally relevant terms."

It should, however be emphasised that there is strong peer pressure and a moral obligation to tolerate vaccinations. Despite the fact that there is no mandatory vaccination programme in Germany! Somewhere I read this brilliant sentence (in German), which hits the nail on the head: "A voluntary approach is viewed as planned coercion, criticism is trivialised and reactions to vaccinations are seen as secondary, unrelated illnesses whilst opponents of vaccination are held up to ridicule as adventurous, exotic creatures, ignoramuses or collaborators posing a threat to public safety!"

### The orthodox medicine concept

The desire to prevent infectious diseases is an age-old concept. As to the mechanism of action involved in vaccinations, these

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\* STIKO = Ständige Impfkommission – German Standing Committee on Vaccination

diseases are artificially triggered in an attenuated form and at a convenient time in order to protect the recipient against the infection in question throughout his/her life.

## **Vaccinations**

There are two different forms of vaccinations: Active and passive vaccination.

### Active vaccination

With active vaccination, the intention is to train the immune system so to speak, such that it automatically produces antibodies in an emergency. Dead pathogens or their toxins or metabolism products, so-called dead vaccines, or attenuated pathogens known as live vaccines, are inoculated (administered).

### Passive vaccination

Passive vaccination refers to the administration of directly specific antibodies originating from other humans, animals or cells.

All vaccinations are injected. Apart from: The oral polio vaccination.

To vaccinate comes from "to implant" Attenuated or dead pathogens are directly injected into a muscle, bypassing the endogenous immune defence system. The body must now examine the pathogens (as multiple vaccinations) at a site that was not intended for this purpose. There are virtually no "defence organs" in the muscles unlike the human intestine and respiratory tract in which approximately 80 % of our defence system is located.

Following initial and booster vaccinations, allergic reactions (possibly culminating in shock) may occur as the body may over-react to the foreign animal serum. What's more, the likelihood that the vaccination serum may contain potential pathogens from other humans/animals cannot be entirely ruled out.

## **Vaccination calendar/ vaccination timetable**

In STIKO's opinion, recommended vaccinations should be administered as early as possible. According to the official vaccination timetable, 21 separate vaccinations are administered in the first 4 months and 37 (!) in the first 2 years of a baby's life. With polyvalent vaccines, the number of vaccinations and needles is reduced. But let's be honest – have you ever experienced 6 infectious diseases at any one time?

Various peculiarities of the body during early childhood nevertheless raise the question as to whether or not an individual wait and see policy should be adopted instead. In attempts to prevent all infectious diseases at any price, the positive effects of diseases are almost completely disregarded.

I always ask parents of patients the following question: "May your child be ill for longer than one day?" This question helps many parents to reach a decision regarding vaccination.

## **Immaturity of the nervous system**

Vaccination reactions that cause brain damage resulting in motor and/or mental disability, are generally difficult to detect in babies and young children.

During the first few years of life, the various layers of the cerebral cortex develop at a rapid pace. The earlier potential toxins or viruses attack this region, the greater the risk of permanent developmental damage in those children affected. The blood-brain barrier – a central nervous system barrier affording protection against toxins and pathogens – is still very permeable in babies, thus facilitating the penetration of vaccine additives and vaccine antigens.

Because it does not fully develop until approximately the end of the third year of life, the brain is incapable of reacting in a given way (e.g. through inflammation) to

vaccination-mediated damage. This is because the process known as myelination is not yet complete, i.e. the nerves surround themselves with the protective myelin sheath in gradual stages. Myelination begins in the brain stem at birth, gradually extending during childhood to the higher sections of the brain to reach the cerebral cortex after the 10th year of life.

I explain this process to my patients using an electric cable comprising the cable *per se* and the mostly grey sheath, which does not afford total protection until the end of the 3rd year of life. Up to this point any number of short circuits can occur.

ADHS, diseases falling into the autistic category and tic disorders have been on the increase for years, with no plausible scientific explanation.

### **Immaturity of the immune system**

Protected by immunoglobulins, which are supplied to the infant by the mother, a child's immune system develops only gradually, reaching partial maturity towards the end of the first year of life. Targeted attacks during this maturation phase must be given careful consideration since disturbances are possible on the most varied of levels and may have negative effects in later life.

The problem is that the injection of antigens into the body, bypassing the natural route via the respiratory or digestive tract mucosa, may disrupt the development of a balanced steady state between defence against pathogens on the one hand and the tolerance of endogenous tissue on the other. Fine-tuning the balance between defence cells and antibodies can also be inhibited. This can lead to auto-immune diseases or allergies.

### **Vaccination reactions/damage**

When does a vaccination reaction or vaccination damage occur? In medical parlance, the term residual damage is used following a protective vaccination that

exceeds a standard vaccination reaction. Vaccination reactions can be of a diverse nature. The scale ranges from "none whatsoever" to the severest form of encephalitis.

Potential immediate vaccination reactions include:

- Local effect at the injection site: Inflammation, redness, soreness, pain, rash and nettle rash, etc.
- General systemic reactions: Fever, joint pain, drowsiness, unrest, pallor, weight loss, etc.

Possible long-term vaccination sequelae include:

- Susceptibility to infection, weak immune system
- Chronic mucosal diseases, neck, nose and throat infections, paranasal sinuses, etc.
- Lymphatism
- All types of allergies
- Neuritis, cerebral irritation and nerve/brain damage (sleep disorders, fever, cerebral seizures, epilepsy, muscular hypotonia, spasticity, ataxia, tics, etc.)
- Bed wetting
- Limited intellectual capacity, Dyslexia
- Personality changes extending to autism, ego weakness, depression
- Behavioural disorders such as ADHS, etc.
- Rigid reactions in infected subjects (e.g. no fever developed in situations where fever would be expected)
- Hyperkinetic syndrome
- Role in sudden infant death
- Rheumatic diseases and diabetes
- Multiple sclerosis, amyotrophic lateral sclerosis (ALS)
- Role in sterility, fertility and pregnancy-related disorders
- Role in the onset of blood diseases
- Key role in the onset of numerous auto-immune diseases

This list does not claim to be exhaustive.

As current vaccinations are mainly combined preparations, it is impossible to state which individual vaccine or additive is involved in which disorder.

This is difficult to prove with an orthodox medical approach. Because the vaccination reaction/vaccination damage must be directly correlated with the vaccination. As mentioned just now, this is often not sufficiently clear or evident.

Within the scope of the swine flu vaccination programme, a judgement was passed in the USA that "guarantees manufacturers of swine flu vaccines total legal immunity in all criminal proceedings."

Let me also add with regard to swine flu: The positive thing about swine flu is the fact that the population has now been informed in more detail about the contents of a vaccination.

Only 2–6 % of vaccination-related damage is reported. The majority of cases go unreported. Estimates of unrecorded cases are high.

It is also surprising to note that only an insignificantly smaller proportion of the population has completed the vaccination protection programme as recommended by STIKO.

What is alarming is that long-term neurological sequelae need not necessarily be associated with severe, acute reactions to earlier vaccinations.

## **Ingredients**

In order to use vaccinations successfully, it is important to know about the ingredients and the manufacturing process. A table listing all preservatives, excipients, additives and residues that may be found in vaccinations is shown overleaf.

In addition to the antigen (live or dead pathogen or parts thereof), vaccines also contain a series of other ingredients and additives. Many originate from the

cultivation of viruses or bacteria whilst others are used to preserve products or heighten the immune reaction. In some cases, the additives are not as harmless and well tolerated as the manufacturers claim. These include:

## **Aluminium hydroxide, -phosphate (→ aluminium compound)**

Many inactive human and veterinary vaccines contain aluminium hydroxide, which is used to heighten the immune reaction. Aluminium is toxic for the central nervous system. Combined with lead, it can have a negative impact on visuomotor capacities. Aluminium poisoning can also lead to poor memory, impaired movement and epileptic seizures.

Aluminium can trigger irritation and inflammation culminating in abscesses in the muscles, surrounding tissue and adjacent lymphatics. It also actively attacks the immune system and can be involved in the onset of chronic-allergic diseases due to increased immunoglobulin E production. Aluminium salt disrupts methionine synthesis in the nerve cells. The concentration in the central nervous system is sufficiently high to disrupt growth factors and the nerve cell genotype, and hamper the development of nerve compounds.

However, the suspected neurological side effects of aluminium are of greater relevance. It is a well known fact that metal is transported via the carrier proteins into nerve tissue where it can exhibit immunological and toxic effects.

As part of the standard vaccination programme, infants are injected with several milligrams of aluminium during the first few months of life. The aluminium is distributed throughout the body and accumulates in various organs such as the bone marrow, nervous system, kidneys and muscles. The amount of aluminium administered is greater than that absorbed from other sources such as the air, food or drinking water.

**Additives in vaccinations – preservatives, excipients, additives and residues**

Adjumer	Freund's Complete Adjuvant	MF59	Polysorbate 20
Adju-Phos	Freund's Incomplete Adjuvant	Montanide ISA 51	Polysorbate 80 protein
Algal Glucan	Gamma inulin	Montanide ISA 70	Purine
Algammulin	Hydrolised gelatine	MPL	Pyrimidine
Aluminium hydroxide gel	Gentamycin	MT-PE liposomes	QS-21
Aluminium phosphate	Gerbu Adjuvant	MTP-PE	Mercury
Aluminium sulfate	Glucose	Muralpalmitine	Quil-A
Amino acids	Glutamate	Murametide	Rehydragel HPA
Antibiotics	Glycine	NAGO	Rehydragel LV
Antigen formulation	GM-CSF GMPD	Sodium borate	S-28463
Ether	Haemagglutinin	Sodium borate	Sucrose
Avridine	Urea	Sodium chloride	SAF-1
BAY R1005	Human albumin	Sodium phosphate	Sclavo peptide
Calcitrol	Imiquimod	Neomycin	Semdao proteo liposomes
Chlortetracycline	ImmTher	Non-ionic surfactant	Sorbitol
Cochleates	Immuno liposomes	Peptide	Span 85
CRL 1005	Interferon gamma	Peptone	Specol
Cytokine-containing liposomes	Interleukin 1 beta	Pertactin	Squalane
DDA	Interleukin 12	Phenol	Squalene
Dextrose	Interleukin 2	Phenol red	Stearil tyrosine
DHEA	Interleukin 7	Phenoxy ethanol	Streptomycin
DMPC	ISCOM	PLA	Sucrose
DMPG	Isoprep	Pleuran	Theramide
D-Muralpalmitine	Potassium chloride	PLGA, PGA and	Thiomersal
DOC/Alum complex	Calcium phosphate gel	Pluronic L121	Threonyl-MDP
Ethanol	Lactose	PMMA	Ty particle
Ether	Loxoribine	PODDS	Vesicles
Formaldehyde	LT-OA	Poly rA:Poly rU	Virosomes
Formalin	Mannitol	Polygelin	Walter Reed liposomes
Formol	Medium	Polymyxin	

*Additives in vaccinations*

*(taken from article by Petek Dimmer, put together by R. Kron)*

## **Formaldehyde, Formalin**

Formaldehyde is used to kill viruses in polio, flu or hepatitis A viruses and some hepatitis B vaccines. Diphtheria, tetanus and whooping cough vaccines contain formaldehyde used to inactivate the bacterial toxins on the one hand and, on the other, to intensify the reaction of the immune system through the formation of aggressive proteins in the vaccine. Only quantities of between 5 and 100  $\mu\text{g}$  are used per dose of vaccine but formaldehyde is well known in occupational medicine as a carcinogenic substance.

## **Human and animal albumins (proteins)**

They can act as allergens.

## **Antibiotics: Neomycin, Tetracyclin, Gentamycin, Streptomycin**

Live vaccines are treated with antibiotics to protect against bacterial contamination and these remain detectable in the vaccines. They may lead to allergic reactions in sensitive subjects.

## **Thiomersal, Sodium timerfonate**

Organic mercury compound. Contains up to 49.6 % highly toxic mercury; mercury is thus the principal ingredient of thiomersal. It has a half life of 20 years!

Thiomersal is used in human and veterinary vaccines. It cannot be used in live vaccines as the viruses or bacteria would perish. It is either used in the manufacturing process with minimal traces being found in the end product, or it is added in order to prevent the vaccine from becoming contaminated with bacteria or fungi, especially in ampoules from which several doses of vaccine are taken.

Thiomersal is known as a potent cell and nerve toxin. Studies conducted on human nerve cell cultures have shown that thiomersal damages the cell membrane and genetic information of the cell, culminating in cell death.

It can also trigger an allergy and prove genetically harmful. It is a suspected carcinogen.

A study included in the US reporting data base for vaccine complications highlighted a connection in children between impaired neurological development and exposure to mercury through vaccines containing thiomersal. Significantly more cases of autism, autistic disorders, tics, ADHS and emotional disorders were recorded in the reference group exposed to vaccines containing mercury.

## Thiomersal-induced brain damage:

Neurotoxicity refers to the toxic effect of a substance on the nervous system. The latter is subdivided into the central (brain and extended spinal cord), peripheral (motor and sensitive NS: movement and feeling) and the vegetative nervous system (sympathetic and parasympathetic: control of organ functions and blood vessels). Neurotoxic damage can thus develop from the head to the fingertips or tips of the toes. No statements have as yet been forthcoming on the levels likely to trigger harmful effects. The toxicity of this substance is intensified in the presence of other heavy metals in the body, such as lead, for instance. The toxicity of mercury increases on adding aluminium, which is contained in many vaccines.

Amalgam also contains a large amount of mercury. Think of amalgam dental fillings in a mother-to-be. She detoxifies during pregnancy via her child.

Instead of thiomersal, phenoxyethanol is now used in modern vaccines. This substance is described in medical literature as possibly having harmful effects on the nerves and kidneys.

It is interesting to note that only a small quantity of mercury can be detected in the blood and urine. However, by way of comparison, there is a high mercury content in faecal samples.

## **Polysorbate**

Polysorbate is used as a preservative. It is known to trigger allergy.

**Human-albumin** and **promine sulfate** are used as stabilisers in vaccines. They can trigger allergies, respiratory disorders and skin redness as well as a sudden fall in blood pressure.

## **Chicken protein**

Chicken protein is one of the four principal basic allergens (in addition to cow's milk, wheat and sugar) in bioresonance therapy.

**Hydrolyzed gelatine** is used as a colouring agent and binding agent in vaccinations. As this is a gelatine, the possible risk of BSE should not be ignored.

**Colouring agents** such as phenol red may trigger allergy.

## **Antigens**

Viruses are cultured on: chicken fibroblasts (Spring-Summer Encephalitis), human diploid cell cultures (cancer cells) (MMR), monkey's kidneys (polio).

When animals are no longer required in vaccine preparation, the vaccines are cultured on certain membranes and cells (so-called human diploid cells), which are in effect cancerous cells. According to a statement issued by the pharmaceutical industry, there is no cause for concern nor any connection with the increase in childhood cancers.

When using human immunoglobulins, there is a risk that pathogens other than those specifically intended for the vaccination in question will be transmitted. Viruses, bacteria, parasites and fungi may be present as other pathogens and, in the worst case scenario, trigger hepatitis or HIV, for example.

## **Preparation of vaccines**

The principle is the same as it was 200 years ago: The vaccine is a preparation made from a suspension (finest particles floating in a liquid) of bacteria or viruses (live, attenuated or dead) or toxins (poisons) or metabolism products obtained from these. The vaccine is intended to stimulate antibody production in the vaccinated subject.

In order to produce vaccines, the original pathogens are either cultured in special culture media (sometimes comprising animal protein – foetal calf serum or chicken embryos). Today, the pharmaceutical industry claims that animals are seldom needed for vaccine production. The vaccines are cultured on specific membranes and cells (so-called diploid cells), which are in effect cancer cells.

As mentioned above, various substances are used in production. Mercury, for instance, *cannot* be used during the manufacturing process. Once the manufacturing process is completed, it must, however, be added to the vaccine dose as a preservative. Nevertheless, according to the list of excipients, the vaccine *does not contain any mercury!*

Or else it is used in the manufacturing process and subsequently removed. But can you be sure that mercury is no longer present in the vaccinations? What about the oscillations stored in the vaccination dose?

You can see that vaccinations contain a whole series of additives or ingredients. During treatment, concentrate on the principal, most important ingredients such as thiomersal, formaldehyde, antibiotics and chicken protein. If the body were exposed to less of these stress factors, it would be capable of coping with the remainder or healing independently. We would be helping the body to help itself so to speak.

## **The individual vaccinations**

Below I have listed a few vaccinations, specifying the type of vaccine and its pathogen. You can use this as a reference work.

### **Polio** (child paralysis)

Type: Killed (dead) vaccine

Pathogen: a neurotropic enterovirus, i.e. a virus with a predilection for nerve cells, pathways, tissue and nuclei, which can reprogram these components sooner or later, causing them to self-destruct. Three types have been identified: I, II, III.

Specific features: Why should a child of twelve weeks be vaccinated against polio when the cases documented in Germany over the last 30 years have been due solely to the vaccination itself and not to wild viruses?

### **Tetanus**

Type: Toxin is used

Pathogen: *Clostridium tetani* bacterium with a particular affinity for the nervous system

### **Diphtheria**

Type: Toxin is used

Pathogen: *Corynebacterium diphtheriae*, the toxin of which can trigger both local and distant effects

### **Pertussis** (whooping cough)

Type: killed (dead) whooping cough pathogen

Pathogen: *Bordetella pertussis* bacterium, which, together with its toxins, can affect the respiratory tract mucosa and trigger typical coughing bouts.

### **HIB – Haemophilus influenzae Type b**

Type: Killed (dead) vaccine

Pathogen: *Haemophilus influenzae* bacterium with various subtypes that affect the upper respiratory tract as well as the meninges. Meningitis and epiglottitis (inflammation of the epiglottis) are particular risks.

### **Hepatitis B**

Type: Components of the cell surface of the pathogen

Pathogen: Hepatitis B is a liver disease caused by infection with the hepatitis B virus (HBV)

Specific features: The disease is mainly transmitted through sexual intercourse. Why are three month-old babies vaccinated against this disease?

### **Measles**

Type: Live vaccine

Pathogen: measles virus, neurotropic, with a predilection for the nervous system

### **Mumps**

Type: Live attenuated viruses

Pathogen: mumps virus, mainly affects the salivary glands and primarily the parotid glands

Specific features: Cultured on rabbit kidneys, chicken fibroblasts and human diploid cells (= cancer cells).

### **Rubella**

Type: Live attenuated viruses

Pathogen: Rubella virus

Specific features: Cultured on aborted human foetuses

### **Pneumococci**

Type: Polysaccharide vaccine and conjugate vaccine

(Polysaccharide vaccines comprise the unchanged capsule sugar molecules; in the case of conjugate vaccines, a protein molecule was bound to the capsule sugar molecules, this makes it easier for white blood cells to identify the pathogen.)

Pathogen: Pneumococci are *Streptococcus pneumoniae* bacteria. There are 90 different types, which vary in terms of risk.

### **Meningococci**

Type: Killed (dead vaccine) (up to 1999), conjugate vaccine against type C

Pathogen: *Neisseria meningitidis*, diplococci and encapsulated bacteria.

Types A, B, C, Y and W, with type B being the most prevalent in Germany

Specific features: May trigger meningitis or blood poisoning

## **Chicken pox**

Type: Live vaccine

Pathogen: Varicella zoster virus

## **Papilloma vaccination (HPV)**

Type: The vaccine contains surface protein prepared from four HPV types by means of gene technology: Types 6 and 11 (formerly genital warts) and 16 and 18 (carcinoma of the neck of the uterus).

Pathogen: Human papilloma viruses, abbreviated to HPV. 30 out of 150 different types can affect the female genital tract. Of these 30 types, some can be linked with the onset of cell changes and carcinoma of the cervix.

## **Spring-Summer Encephalitis**

Type: killed (dead) Spring-Summer Encephalitis viruses

Pathogen: Spring-Summer Encephalitis virus

## **Influenza/flu**

Type: killed (dead) influenza viruses

Pathogen: influenza virus type A, B and C, whereby type A is the most prevalent.

Specific features:

Due to the mutability of the viruses it is recomposed every year. Caution: No vaccination against "flu-like infections".

## **Rotaviruses**

Type: Oral vaccination

Pathogen: Human Rotaviruses (Reoviridae)

Specific features: Pathogens from severe cases of diarrhoea

## **Rabies**

Type: inactive viruses

Pathogen: Lyssaviruses belonging to the Rhabdoviridae family; 7 genotypes are currently known to exist

Specific features: Cultured on HDC (human diploid cells) or chicken fibroblasts

## **HPV vaccination**

### **(Human Papilloma Viruses)**

According to the German Cancer Research Centre, infection due to human papillomaviruses (abbreviated to HPV) is the principal risk factor involved in the development of cancer of the neck of the uterus and its early stages. HPV is an infection that is transmitted through unprotected sexual intercourse.

In Germany, two vaccines are available to protect against HPV infection: Gardasil and Cervarix. The vaccines should prevent infection with both virus types 16 and 18. Both types are responsible for most cases of cervical carcinoma and the early stages of this disease. Gardasil is also used to protect against infection due to virus types 6 and 11. The aim of the vaccination is to prevent what are viewed as pre-cancerous changes at the neck of the uterus. Long term, it is hoped that the onset of cervical carcinoma itself will also be prevented.

Vaccinations are administered twice, at least four weeks apart, with a third vaccination one year later. The vaccine should provide protection for approximately 5 years. Studies must highlight if and when a later booster vaccination is required.

The vaccine is recommended for females between 9 and 26 years of age. Where possible, the vaccine should be administered before a woman has sexual intercourse for the first time. STIKO emphasises that the benefits of vaccination fall drastically once a woman becomes sexually active.

Questions that I always ask myself in this context: What about women over the age of 27? Are these women no longer at risk of developing cancer of the neck of the uterus? If Pap viruses are transmitted through sexual intercourse why aren't men vaccinated as well? Can't they become infected during unprotected sexual intercourse?

HPV infection can generally no longer be detected after a few months, especially in young people. The immune system has completely eradicated the virus. A vaccination *could* then prevent a recurrent infection with one or more of the papvirus types contained in the vaccine.

Infection with human pap viruses does not generally lead to long-term immunity against the virus. The immune system has difficulty in "noticing" a HPV infection compared with infection with the measles virus, for example. The vaccination is supposed to lead to a substantially higher immune response than a natural infection by preventing recurring infection more efficiently.

In cancer screening (the correct term would be early detection of cancer), the so-called PAP test is carried out as a matter of routine. The treating physician carries out a smear test, collecting cells located in the cervix and in the neck of the uterus. This cell material is sent to the pathologists. The test is based on an evaluation of the stained cervical cell smears. The procedure is carried out to test for changes in cells. According to the theory, these cell changes may subsequently lead to cancer. The finding is allocated to a certain category, ranging from Pap 1 to V depending on the severity of the changes. The reliability of the PAP test is between 50 and 80 %. The reasons: diseased cells are often overlooked because a simple bout of inflammation can mask the appearance of changed cells. According to the Heidelberg Cancer Research Institute, an abnormal finding does not confirm the presence of cancer. Most changes can, in fact, be attributed to inflammation. It may, however, indicate an increased risk of developing cancer of the neck of the uterus. The fact is that women nevertheless panic when they are first given this kind of result. And such worry is mostly unnecessary because the error rate with suspected disease is almost 50 %.

Depending on the active substance, the following side effects may develop after vaccination:

Swollen lymph glands (neck region, armpits, groin and other places), Guillain-Barré syndrome (muscle weakness, dysesthesia, tingling sensations in the arms, legs and upper parts of the body), headaches, skin reactions – not only at the injection site, a transient rise in temperature, nausea, vomiting, dizziness, hypersensitivity reactions, respiratory difficulties, nettle rash and exanthema.

I have treated several girls in my practice following an HPV vaccination. They mainly presented with exanthema, nettle rash and pruritus. The skin rashes accompanied by severe pruritus were mainly confined to the face and neckline of these women.

The condition of these young women clearly improved after initial therapy. After 3 treatments their fears had been allayed.

## **Blocks through vaccinations**

We should look at people as an open, regulative system that constantly finds itself exchanging substances and energy with its surroundings. Any disruption to this homeostasis causes illness over TIME because an interference field always triggers a regulation dysfunction.

What interference fields do we know?

1. On a structural level (e.g. joint blocks, impaired organ movement, artificial joints, scars, etc.)
2. On a biochemical level (e.g. teeth with a chronic focus, chronic tonsillitis, persistent bacterial, viral, parasitic infections, etc.)
3. On a psychoemotional level (e.g. unresolved mental conflicts)
4. On an energy level (e.g. modified energetic oscillation pattern, lack of energy)

Transitions between the levels are fluid.

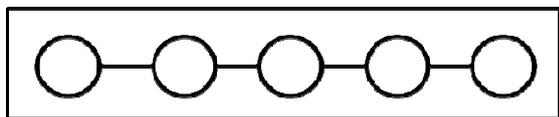
If a patient is suffering from chronic irritation, then this disruptive, permanent irritation affects a weak organ, and symptoms develop.

The art of healing lies in finding the disrupted level or combination of disrupted levels in every patient and initiating appropriate treatment techniques in order to optimise the energy and substance exchange on all levels as soon as possible (sometimes simultaneously) and regulate the regulative mechanisms involved in homeostasis.

## **The energetic level**

In addition to the other three interference field levels, we simply can't avoid asking the question about interference on a "higher plain" – the energy level. Chinese medical philosophy is based on life energy, the Qi, which moves through the body in a certain direction. On its way through the "energy body", it spends ideally two hours a day in each of the twelve traditional meridians. These meridians are well thought out connecting lines that belong to an energetic, real organ and interconnect various areas of the body. At first glance, they appear to have little to do with one another. Yet, to coin a modern term, they seem to possess the same frequency pattern, known as resonance in technical circles.

The organ system with its energetic connections can also be imagined as a resonance chain.



**Figure 1:** Resonance chain

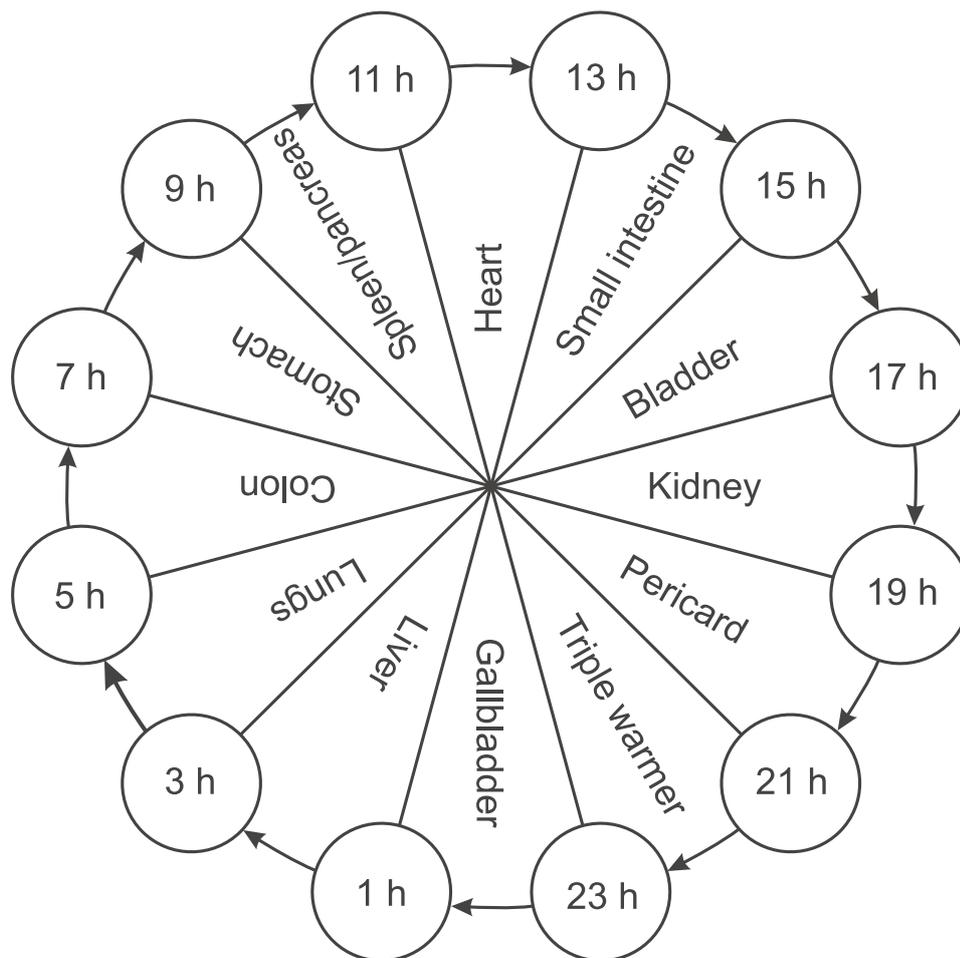
The figure clearly shows the principle of mutual dependencies in the human (and

animal) body. All spheres hang on one chain. A single sphere has never been made to oscillate without setting one of the others in motion at the same time. The extent of this resonance depends on the strength of the initial impulse.

Based on the principle of resonance chain interconnection, a severely disturbed organ will place the other organs in a state of unrest. This disruption becomes more intense the closer an organ is to the "troublemaker" in the chain sequence.

With the energetic connection model, the so-called energetic sequence of the meridians is also easy to understand: A disruption or weakness in a section (meridian) of the whole energy body, can lead to interference or weakness in the subsequent or previous region. Within this resonance chain an interference field can work in the same way as a hook, which holds the chain firmly in one place (change in oscillation pattern, delay in physiological resonance behaviour) or like an on-going, additionally disruptive foreign impulse, which may also have the effect of impeding or altering physiological resonance behaviour.

According to TCM (Traditional Chinese Medicine), diseases develop when the channels are disrupted by blocks: For instance, excretion and detoxification no longer function correctly, waste products collect in the organs and tissues resulting in dysfunction – a vicious circle.



**Figure 2**

Orthodox medicine “unfortunately” only gets involved when the blocks have caused visible, measurable damage, i.e. when it’s already too late. In my opinion, we cannot reproach orthodox medical practitioners for this because they are very much governed by the equipment available to them. I view as positive the fact that all of those patients for whom orthodox medicine is no longer a viable solution are actually coming to us as bioresonance therapists.

I think it would be fantastic if we therapists who adopt a holistic approach in our work could co-operate and work more closely with orthodox medical practitioners. Just think what that would mean for the health of so many people?!

Let’s look at the vicious circle in terms of vaccinations. Toxins, viruses, bacteria and

fungi essentially prevent the flow of energy in the detoxifying organs, i.e. the kidneys, liver, lymph, intestine, intestinal lymph, paranasal sinus mucosa and in the skin lymph. They disrupt frequencies, i.e. the transmission of data in the conducting and controlling channels is disrupted. This can be compared with the disruption of a radio broadcast due to interference from neighbouring transmitters. From a biophysical standpoint, every toxic molecule, every virus and every fungus has its own emittance and oscillation that can disrupt a data transmission system such as the meridians.

This discussion shows that, as far as diagnosis is concerned, not only are the (diseased) organ structures important but, above all, the controlling levels of the human body are also crucial. Remarkable

diagnostic methods to accurately “illuminate” these regulating levels have been around for years. Therapists from a range of fields readily use electro-acupuncture according to Voll for this purpose or the bioresonance method which carries out tests using the biotensor.

The action of this phenomenal bioenergetic diagnostic system can be understood as follows: From a biophysical perspective, every virus, every toxin and every vaccination has its own oscillation and a given frequency. When diagnosing an illness, only specific toxin, virus or vaccine oscillations created in the ampoules (see inter alia the CTT vaccination test kit) are prepared and sent, via Bicom, through the body undergoing examination. If the same substance or pathogen is found in the body (with the same frequency), then resonance develops. The stress factor causing the illness (viruses, vaccinations, etc.) and the location (i.e. liver, brain stem, etc.) can then be identified.

## **My experiences**

In my examinations, vaccine-related stress constitutes an enormous block potential. These stress factors congregate in weak areas of the body in particular, regardless of whether the subject is young or old.

- In all chronic diseases, the vaccinations must be tested as conducting channel interference.
- With all vaccinations, the meridians that control and co-ordinate the brain, nerve and vegetative-hormone functions, are blocked.
- The meridian most often affected is the liver-gall bladder meridian. However, the other meridians are also increasingly affected.

## **Testing**

As mentioned earlier, the success of your therapy will inevitably depend on the quality of your testing. I have already mentioned which vaccinations and additives, etc. you should be considering.

### 1<sup>st</sup> step in the test procedure

- Always start by testing the 5 attenuation ampoules, namely fire, earth, metal, water and wood.  
(Program 192)
- A) No resonance – good
- B) Resonance in one or more ampoules: Have the patient hold these ampoules in a beaker and then continue the test.

### 2<sup>nd</sup> step in the test procedure

- Now test the 5E test set from top left to bottom right.  
(Program 192)
- Place ampoules that test positively in the glass that the patient is already holding.

### 3<sup>rd</sup> step in the test procedure

- Now thoroughly test the vaccine set.  
(Program 191)
- Test the additives.  
(Program 191)

### Possible 4<sup>th</sup> step in the test procedure

Proceed as follows if you would like to know which vaccination is blocking which organ:

Program: 191

IC: e.g. liver (take one of the test ampoules you tested in the 5E kit). Using the measuring electrode, now measure the vaccine ampoules that tested positive. All those in resonance are impacting upon the liver where they are causing a block.

You can proceed in this way with each organ to be tested.

## **Therapy**

### 1<sup>st</sup> treatment stage

Firstly, treat the attenuation ampoules if tested.

Program 192

### 2<sup>nd</sup> treatment stage

Treat element ampoules (fire, earth, metal, water and wood)

Program: 192

## 3<sup>rd</sup> treatment stage

Stabilisation of excretory organs:

Liver: 430, 431, 310

Kidneys: 480, 481, 380

Lymph: 830, 930

I like to start program 970 after treating the vaccinations. Input – liver, output – ball electrodes in both hands! You'll be amazed! And the patient too.

In this context, I would like to point out that throughout therapy I have the output via the ball electrodes that the patient is holding. The great advantage with this is that the patient, child, mother or whoever can see visible signs of successful therapy left on the electrodes after a detoxifying treatment session. Where toxins are excreted, the balls turn black at the contact points with the skin. This never fails to impress and can, for instance, be put to good advantage throughout therapy.

## 4<sup>th</sup> treatment stage

If all 5E ampoules are stabilised and balanced (AFTER TESTING), you can start to treat stress.

Program 191

IC: Stress

Output: ball electrodes

I treat stress as follows:

Session: 191, Ai setting

Session: Check whether stress still tests on Ai. If so, treat once again on Ai setting. If not, select H + Di setting, and treat

Session: Check whether stress still tests on H + Di. If so, treat once again on H + Di. If not, select the Di setting.

After these 3 sessions, the vaccination-related stresses/blocks are as good as resolved. That's why I say "as good as", because I now retest once again. I enter the

affected organ, e.g. the liver, in the IC, and test for individual vaccinations via 191.

Is there still evidence of stress? No – the treatment has proved successful and you can concentrate on the next stress factor.

If so, I then treat as follows:

IC: Liver + positively tested vaccinations

Program 191 – test settings

Important: During treatment, please always test programs 191 or 192 separately for each patient. Enter the program via 9 and then test the individual settings step by step.

I have organised my treatment plan such that I always confront the body with only one stress per session, i.e. I do not treat wheat and vaccinations at the same time, for example. If vaccinations are finished with, then I start on the next treatment topic, e.g. wheat. You can stipulate in advance when to incorporate vaccinations in the treatment sequence via the priority test. Always treat the number one priority first of all.

Always consider vaccinations and their additives when carrying out basic testing. Good test kits and ampoules are available to us. Use them.

I hope I have given you some background information in addition to a few testing and treatment tips in my presentation. I would be delighted if you would look upon my presentation as a ready reference work and make full use of it.

I would like to draw my presentation to a close with an old saying that hangs above my desk:

*"God made our head round, so that our thinking can change directions."*

(Francis Picabia)