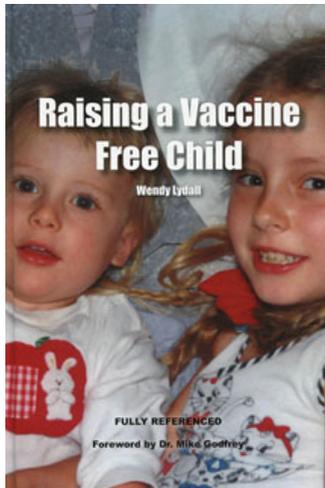


Wendy Lydall

Raising a Vaccine Free Child

Extrait du livre
[Raising a Vaccine Free Child](#)
de [Wendy Lydall](#)
Éditeur : Emryss Publisher



<http://www.editions-narayana.fr/b11099>

Sur notre [librairie en ligne](#) vous trouverez un grand choix de livres d'homéopathie en français, anglais et allemand.

Reproduction des extraits strictement interdite.
Narayana Verlag GmbH, Blumenplatz 2, D-79400 Kandern, Allemagne
Tel. +33 9 7044 6488
Email info@editions-narayana.fr
<http://www.editions-narayana.fr>



RAISING A VACCINE FREE CHILD

By

WENDY LYDALL

CONTENTS

Foreword	vii
Vaccine myth number one: “The benefits of vaccination are worth the risks”	1
Vaccine myth number two: “Side effects are rare”	5
The crucial difference between childhood diseases and malevolent infectious diseases	17
The risk from infectious diseases	21
Fever is a friend	25
The theory that childhood diseases are beneficial	36
“But children die of measles”	39
Sick children need care	43
Caring for a child with:	47
Infantum roseola	47
Measles	48
Mumps	53
Rubella	55
Whooping cough	56
Chicken pox	63
Slapped cheek roseola	64
Vaccine myth number three: “When vaccinated children get the disease that the vaccine was supposed to prevent, they get it less badly”	66
Vaccine myth number four: “Diphtheria declined because of mass vaccination”	68
Vaccine myth number five: “Without vaccination there would be epidemics”	79

Vaccine myth number six: “If enough people are vaccinated, the disease will die out”	88
Vaccine myth number seven: “Immunity can be measured by the density of antibodies in the blood”	102
Vaccine myth number eight: “The vaccine failed because	112
Thirteen excuses for vaccine failures	113
Excuses for the failure of measles vaccine	120
When whooping cough vaccine fails	128
Excuses for the failure of polio vaccine	131
Cover up of the failure of rabies vaccine	137
Excuses for the failure of BCG vaccine	139
How homoeopathy works	142
Some pointers regarding the prevention and treatment of malevolent infectious diseases.....	149
TB (Tuberculosis)	153
Polio	155
Hepatitis B	171
Tetanus	174
Diphtheria	178
Cholera	179
Typhoid	180
Typhus	182
Rabies	184
Vaccine myth number nine: “Smallpox was eradicated by vaccination”.....	186
Vaccine myth number ten: “Louis Pasteur defeated rabies”	196
Vaccine myth number eleven: “Vaccines are scientifically tested for safety and effectiveness”.....	205
The testing of DPT vaccine	210
A vaccine trial in New Zealand	219

Vaccine myth number twelve: “The effectiveness and side effects of vaccines are monitored after they are introduced”	223
A case of mass pathological denial	226
Reliance on passive reporting	233
Ignoring contra-indications	243
Vaccine myth number thirteen: “Scientific research has proven that vaccination does not increase the risk of SIDS”	248
A convenient escape chute	249
Sham studies	250
Circumstantial evidence	255
Crime and Learning disabilities	257
Medical malice	262
Contamination and the origin of AIDS	266
Intimidation and the law	274
Coping with disapproval	284
Treating vaccine damage	286
The thuja myth	289
Vaccine myth number fourteen: “Homoeopathic vaccination can be used as a substitute for biological vaccination”	292
CONCLUSION	298
REFERENCES	299

FOREWORD

Wendy Lydall's book *Raising a Vaccine Free Child* exposes the myths of vaccination in no uncertain terms. It reveals many of the delusions and misconceptions that pervade this procedure in which my profession is involved. There is much in this fully referenced book that I previously did not know. The chapter on herd immunity contains valuable information that shatters the idea that parents who don't vaccinate are harming others.

Forty years ago I unquestioningly followed the "experts", and my daughters were routinely vaccinated. However, thanks to sleuths like Wendy Lydall and Hilary Butler in the New Zealand Immunisation Awareness Society, I became sufficiently enlightened to help my daughters make a genuine informed decision, and none of my 5 grandchildren (now aged 5-17) are vaccinated. Instead they sailed through those important childhood infectious diseases. They can participate in maintaining a vital cohort of healthy humans with intact immune systems to pass on to the next generation.

What a change there would be if Wendy Lydall's book was mandatory reading for every medical student. At the very least, they could rethink my profession's uncritical and seriously flawed reliance on the "magic bullet" of vaccination. Well done, Wendy, and thank you for making this information available to parents.

Mike Godfrey MBBS
Tauranga, New Zealand

“THE BENEFITS OF VACCINATION ARE WORTH THE RISKS”

Vaccine Myth number One: Vaccination does sometimes have side effects, but these are much milder than the disease that the vaccine prevents.

When parents try to decide which vaccines to accept for their children, they are not given accurate information by the authorities. It is impossible for parents to weigh up the risks of vaccination against the benefits, when they are not told what the risks from the vaccine are, nor how much chance there is that the vaccine will actually prevent the disease. The myths of vaccination are so deeply entrenched in our minds that it comes as quite a surprise to learn that most of the claims made for vaccination are nothing more than fantasy. I was surprised when I learned that BCG, the vaccine for tuberculosis, does not prevent tuberculosis. I was even more surprised when I discovered that Edward Jenner’s cowpox vaccine did not eliminate smallpox. It is a strange feeling when something you have believed for all of your life gets overturned in your mind.

My first baby was born in South Africa in 1982. I was well aware that the side effects of vaccination are far worse than the medical authorities admit, but I assumed that if I accepted a vaccine, it would mean that my child would not be able to catch the disease that the vaccine was supposed to prevent. After weighing up the risk of the polio vaccine against the risk of getting polio, I decided to let baby Chandra have the oral polio vaccine. I knew that homoeopaths can cure polio effectively and rapidly, but at that stage of our lives we spent a lot of time camping in the Drakensberg mountains of KwaZulu, where polio is endemic. If she had developed symptoms of polio it would have taken a long time for us to get from our

campsite to a town with a homoeopath, so I felt that the risk of her possibly catching polio was greater than the risk of possible side effects from the vaccine. I believed that oral vaccines had fewer side effects than injected ones, and I knew that being breast-fed on demand reduced her chances of catching polio. What I did not know was that the vaccine would not make her immune to polio.

So in making the decision for Chandra, I had weighed up the risk of the vaccine against the risk of the disease, not realising that this was a faulty equation. As it happened, a polio epidemic did break out in South Africa while she was a baby, and I noticed some newspaper articles which said that the reason why vaccinated children were getting the disease must be because the vaccine had not been kept at a temperature that was low enough to prevent it from losing its virulence. I paid little attention to the issue, because it did not occur to me that anyone had a reason to lie.

The official literature that the health department had sent me said that three doses of oral polio vaccine would make my baby immune to polio. A few months after Chandra had had the third dose, a letter arrived from the city council informing me that it was time for her fourth dose. After a while the medical officer telephoned me to ask why I had not turned up for the fourth dose. She told me that Chandra was still in danger of catching polio, because three doses were not enough to create immunity. That was my first inkling of the fact that the polio vaccine does not work. Since then Chandra has never had any more doses of any type of vaccine.

My second baby was born at the beginning of the next polio epidemic in South Africa. By then we had moved to Cape Town, which is far away from the area where polio is endemic. My refusal to allow baby Kenneth to swallow any doses of oral polio vaccine caused a flurry in the medical bureaucracy in Cape Town. They even sent a top ranking doctor from Groote Schuur Hospital to my house. By then I knew from my research that the vaccine does not prevent polio, so all their dire warnings could not persuade me to conform. I had also realised by this time that vaccinationists are inclined to make statements that deviate from the truth, so I investigated the validity of the excuses given for the failure of the vaccine to prevent polio during that particular epidemic. The results of my investigation appear in vaccine myth number eight.

While Kenneth was still a baby we moved to New Zealand, and then eight years later we moved to Australia, so I have had first hand experience of the behaviour of the vaccine bureaucracy in three countries. I have also corresponded with medical authorities all over the world, challenging them

to provide evidence to support their claims. The evasiveness and artifice of their responses has demonstrated that their statements are not factually accurate. Dishonesty pervades the practice of vaccination in every country, and there is a disturbing conflict of interest in the higher ranks of the global vaccine industry.

When discussing the risks versus the benefits of vaccination, it is important to make a clear distinction between the two categories of infectious disease. These are *childhood diseases* and *malevolent diseases*. The issue of vaccination becomes muddled if the two categories of disease are lumped together, because childhood diseases are very different to malevolent infectious diseases.

Childhood diseases affect the immune system in a way that makes most people immune to the disease for the rest of their lives, but the malevolent infectious diseases do not do this. Vaccination is a partial copy of a natural infection, so when the germs of childhood diseases are injected into the blood stream, they create an artificial immunity that wears off and allows the person to catch the disease later on in life. There is a higher rate of complications with these diseases in older people.¹

When the germs of malevolent diseases are used for vaccination they do create antibodies, but that is not the same thing as creating immunity.

Parents have the right to be given accurate information about the effectiveness of vaccines, but whenever vaccines are dramatically seen to fail, the establishment throws its energy into making excuses, instead of trying to understand the real significance of the available data.

To maintain the myth that the risk of side effects from vaccines is small, medical authorities say that most cases of vaccine damage are caused by something else. They also actively hinder scientists who wish to research the long-term side effects of vaccination.

As I will show, the risk of death or brain damage from whooping cough vaccine is far greater than the risk of death or brain damage from whooping cough, yet glossy pamphlets tell parents that it is the other way round. Some deaths from measles vaccine are acknowledged,² but it is impossible to ascertain the risk of dying from measles vaccine when deaths are deliberately concealed.

Governments around the world misrepresent the potential danger from vaccines. For instance, the Australian health department printed a booklet for parents that said, “serious reactions to Hib vaccines have not been reported.”³ At the time that the booklet was printed there had already been 1161 official reports of serious side effects from Hib vaccines in Australia,

16 of which were reports of death.⁴

Parents around the world are not told what ingredients are contained in the vaccines. Most doctors and nurses that do vaccinations are unaware that as well as the ingredients that are included to create antibodies, vaccines also contain mercury, aluminium, formaldehyde, animal tissue, animal blood, human blood, human cells from aborted babies, potatoes, yeast, lactose, phenol, antibiotics, and unrelated species of germs that inadvertently get into the vaccine culture. How can parents work out the risk/benefit ratio of injecting these substances into their baby when they do not even know that they are included?

In all of my research, the only benefits I have discovered to result from vaccinating a child are that medical authorities do not harass the child's parents, and ignorant people do not accuse the parents of endangering vaccinated children.

Vaccination is a ritual that is held in awe by our modern society. Some people consider criticism of vaccination to be sacrilege. Many people hold the opinion that people who do not "believe" in vaccination are not only a danger to society, but that they are also crazy. Vaccination has religious status, and some people consider it immoral to even question the claims made for vaccination.

Joseph Goebels was a master of propaganda, and he used a simple basic principle to convince people that Nazism was a good idea. The principle is that if people are told something often enough, they begin to believe that it is a fact, and not an opinion. Repetition is the key to making a myth into a "fact". The principle of repetition, combined with the suppression of factual data, is what the vaccine industry uses to keep millions of people around the world believing in the myths of vaccination. They constantly feed the media with half-truths and untruths aimed at promoting vaccination, and the media is reluctant to report negative facts about vaccination that are presented to them by parents or consumer activists.

Anti-vaccinationists face another problem that is similar to what the medieval astronomers faced when they tried to persuade people that the earth goes round the sun. The astronomers' claim sounded absurd at that time, because "everyone can see that the sun goes round the earth." Nowadays the idea that vaccines are beneficial is regarded as a universal truth. It is considered quite "obvious", because everyone can see that smallpox and diphtheria are no longer with us, and the side effects of vaccination are not at all obvious because they are called by different names.

“SIDE EFFECTS ARE RARE”

~~~~~  
Vaccine Myth number Two: Sometimes vaccination does have side effects like a rash, a fever, or a swelling at the site of injection. Serious side effects are extremely rare. Only one in a million has a severe reaction.  
~~~~~

The medical establishment has an effective way of ensuring that the official figures for vaccine reactions remain small. When confronted with a case of vaccine damage, they simply deny that there is a relationship between the vaccine and the symptoms. There are five ways that adverse reactions to vaccines develop;

- * Mild symptoms appear soon after vaccination, and then clear up after a few days. The child suffers no permanent effects.
- * Serious symptoms appear soon after vaccination, and they do not clear up after a few days. The child either dies or remains permanently damaged in some way.
- * Symptoms are mild at first, but slowly get worse, so that the full extent of the damage only shows up long after the date of vaccination. This is often how it happens when vaccination causes epilepsy and intellectual brain damage. A toddler has staring episodes the day after the injection, stops using language the next day, becomes “clumsy” a week later, and

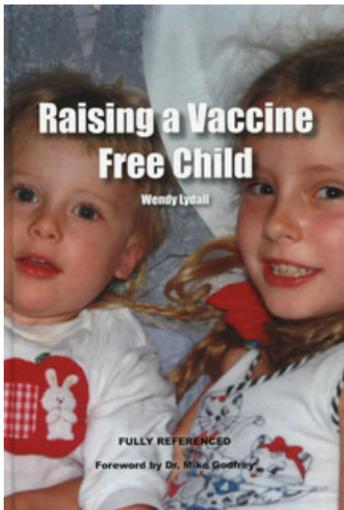
has the first grand mal seizure five weeks after the injection. Intellectual disability is confirmed much, much later. The medical establishment gives the excuse that the epilepsy only started five weeks after vaccination, so therefore there is no connection between the vaccine, the epilepsy and the brain damage. When a tiny baby has this slowly developing type of reaction, it is very difficult to pinpoint the moment when the halt in development occurred, because it was not yet doing things like talking and walking at the time of vaccination.

- * No symptoms appear at first, but a deep rooted problem, which takes a long time to surface, is set in motion by the vaccine. Autoimmune diseases are an example of this.
- * A child is “not the same” after vaccination, with mild symptoms that persist for years, and lower the quality of health.

Vaccinators are happy to acknowledge the side effects that are not serious and go away after a while, like fever and swelling at the site of injection, but they are not keen to acknowledge side effects that alter a person’s ability to enjoy life. They hotly deny that vaccination can cause chronic and degenerative diseases, but they have no data to support their denials.

I used to assume that the incidence of side effects was researched before a vaccine was used on the public. Now I know that vaccines are approved for marketing without proper studies having been conducted on their side effects. Furthermore, once a vaccine is in use, the real incidence of serious side effects is not recorded. This situation has prevailed from the days of Edward Jenner up until the present.

Many countries rely on the American Food and Drug Administration (FDA) to ensure that the medical products that they buy are safe. The FDA is supposed to protect the American consumer from dangerous substances, but as I will show further on, it fails to perform this function. The FDA should encourage research into the long-term effects of vaccination, but instead it actively discourages long-term research. For instance, Dr. Anthony Morris, a virologist and bacteriologist who was employed by the FDA, began some research into the long-term effects of vaccination. His research displeased his employers, and he was fired in 1976 for going to the press and warning the public not to accept the dangerous swine flu vaccine. The FDA took the opportunity to physically destroy the long-term



Wendy Lydall

[Raising a Vaccine Free Child](#)

340 pages, relié
publication 2009



Plus de livres sur homéopathie, les médecines naturelles et un style de vie plus sain www.editions-narayana.fr