

VACCINATION TEST KIT (31 vials)

Product Code 8062

The incidence of many of the childhood infectious diseases has declined over the years. This has been attributed to the success of the immunisation programme, but:

- scarlet fever has shown a similar pattern of decline even though there has been no immunisation programme
- many of the infectious diseases were in decline because of improvements in hygiene etc. even before the immunisation programme was introduced
- many doctors will not diagnose a patient as suffering from a particular infection if the patient has been immunised against it, even if the patient is showing all the symptoms of having the disease; sometimes this leads to a “renaming” of diseases, e.g. symptoms of polio in vaccinated people are often classified as aseptic meningitis rather than polio

The risk of immunisation may be much greater than medically recognized because:

- many of the medical studies showing limited side-effects have only looked at the effects for a few days after immunisation
- some of the effect of the vaccination may be there immediately but not easily observable. e.g. has been suggested that immunisation alters the ratio of T-helper cells and T-suppressor cells; this could be a factor in the increase in allergies among children
- some immunisations are only temporary or give partial immunity; they become ineffective during adult life when the complications of the disease are much more dangerous
- natural immunity gives life-time protection; natural immunity is gained from childhood illness when the disease is generally mild in well nourished children (e.g. measles can cause blindness but if Vitamin A is given at the same time the possibilities of complications are dramatically reduced)
- lack of natural immunity could mean that mothers are unable to pass on placental immunity to their babies, making babies too young to be vaccinated susceptible to measles, etc.
- live attenuated viruses are capable of reversion to wild-type parent strains capable of producing disease in inoculated people
- reducing the prevalence of one strain of a virus can allow another possibly more deadly strain to proliferate
- after vaccination cell-mediated immunity is suppressed for a time- this can allow infection in or allow a latent infection to become an acute attack

In U.K. wide scale immunisation against childhood infections began in 1950's

It is argued by some that vaccination leads to general immune suppression with an increase in allergies, recurrent infections, auto-immune diseases, and degenerative diseases.

Code	Vaccine	Type	Possible long term effects ¹	Vaccination requirements & comments
VA 1	B.C.G. (Tuberculosis)	live attenuated	TB, ME	In UK at age 12-13.
	Cervical Cancer Vaccine	see VA29 and VA30		
VA 2	Cholera	killed organisms	severe allergic reactions to vaccine, nerve damage, mental problems	Vaccination only recommended if travelling to cholera areas across remote borders, especially overland.
VA 3	D.P.T. (Diphtheria, Whooping Cough, Tetanus)	toxoids of diphtheria & tetanus; inactivated pertussis	sudden infant death syndrome, brain damage, asthma	Introduced in 1957 in UK, by 1969 over 80% of children vaccinated Recommended regime is 4 times before age 6 and then age 14-16 years old, and then every 10 years afterwards.
VA 4	Diphtheria	inactivated bacterial toxins		Introduced in 1930's, now mainly given as DPT.
VA 5	Diphtheria/Tetanus	inactivated bacterial toxins		Now mainly given as DPT.
VA 6	Encephalitis	inactivated		Travel vaccination for Far East, Indian subcontinent, South East Asia.

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VA 7	Hepatitis A			Travel vaccination.
VA 8	Hepatitis B	genetic engineering (yeast or plasma derived)	ME, arthritis, kidney disease, nerve inflammation, severe skin eruptions, eye problems	In New Zealand vaccination of babies introduced in 1988 and abandoned in early 1990's following evidence of immune suppression; routinely offered to infants in US, but not in UK; compulsory in Italy.
VA 9	HIB (Bacterial Meningitis caused by Haemophilus Influenzae type b)			Introduced in US in 1985 and UK in 1992.
VA 10	Influenza (various strains) ²	killed organisms	encephalitis, neuritis, optic neuritis, vasculitis and joint problems, reversible paralysis, myelopathy, exacerbate asthma	Because of the ability of the virus to mutate, different vaccines are needed each year; this vial contains various strains from 1992 onwards – check the vial label to make sure it is up-to-date. Usually updated in october/november each year.
VA 11	Measles	live attenuated	atypical measles, Crohn's disease, ulcerative colitis, MS, Reye's syndrome	First introduced in UK in 1968 and in US in 1957; banned in UK in August 1999 to force parents to use MMR.
VA 12	Meningitis	polysaccharide		Saudi Arabia requires immunisation for those going on pilgrimage to Mecca.
VA 13	MMR (Measles, Mumps and Rubella)	live attenuated	autism, Crohn's disease, seizures	First introduced in UK in 1988 and in US in 1975.
VA 14	MR (Measles and Rubella)	live attenuated		
VA 15	Pertussis (Whooping Cough)	killed organisms	brain damage, asthma	First available in 1912; commonly available mid 1950's; now mainly given as DPT; Compensation for vaccine damage introduced in UK in 1978.
VA 16	Pneumonia	polysaccharide		Given to elderly people to prevent pneumonia
VA 17	Polio (Sabin)	attenuated live given orally	weight gain, Guillain-Barre syndrome, ME	In use since mid 1960's, prior to that the Salk polio vaccine was used.
VA 18	Polio (Salk)	killed organisms given intramuscularly		Polio vaccine first introduced in 1952/53 in US and 1956 in UK; the Sabin polio vaccine used in America and England since 1960's; Finland, Sweden and Netherlands use this polio vaccine.
VA 19	Rabies	killed organisms		Travel vaccination for those exposed to an unusual risk of infection e.g. Taking long journeys in the bush.
VA 20	Rubella (German Measles)	live	arthritis, polneuralgia, chronic fatigue syndrome	Rubella during earlier pregnancy can result in damage to unborn child (congenital Rubella Syndrome) .
VA 21	Smallpox			Introduced in England in 1840 and made compulsory in 1853; it is now believed that smallpox has been eradicated so immunisation is no longer required; in USA vaccination programme stopped in

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				1972, but re-introduced for selected categories of people in 2003.
VA 22	TAB (Paratyphoid)	killed organisms		
VA 23	Tetanus	inactivated bacterial toxins		Now mainly given as DPT.
VA 24	Typhoid	killed organisms		
VA 25	Yellow Fever	live attenuated		
VA 26	Meningitis C			First used in UK in clinical trials in 1994; vaccination programme started in 1999 in UK, and from 2000 in Eire.
VA27	5-In-1 Vaccine { whooping cough, diphtheria, bacterial meningitis, tetanus and polio }			Introduced into the UK in October 2004.
VA28	Pneumococcal/ Prevenar	from Streptococcus pneumoniae		Protective against meningitis, septicaemia, ear infections and pneumonia. Introduced 2000 in US, 2002 in Canada, 2005 in Australia and 2006 in UK; given to children under 5.
VA29	Cervarix/ HPV Vaccine (Cervical Cancer Vaccination)			Protects against HPV types 16 and 18, but no others. Used in a national immunisation programme in the UK from September 2008.
VA30	Gardasil / HPV Vaccine (Cervical Cancer Vaccination)			Licensed in over 75 countries, including Britain. It works against HPV types 16, 18, 6 and 11.
VA31	H1N1 / Swine Flu			Vaccination first used in 2009.
VA32	Pneumovax			Used to prevent Streptococcus pneumoniae (pneumococcus) infections such as pneumonia and septicaemia in adults. Also known as Pneumococcal polysaccharide vaccine (PPSV), and Pneumovax 23.

The books listed below by Lynne McTaggart and Leon Chaitow both give homeopathic and nutritional alternatives to vaccination. References:

BMA Complete Family Health Encyclopaedia, Dorling Kindersley, 1998, ISBN 0 86318 438 3

Pamphlet: *A Parents Guide To Immunisation* produced by Merieux UK (a vaccine manufacturer)

Trevor Gunn *Mass Immunisation: A Point In Question*, Cutting Edge Publications, ISBN 0 9517657 1 X

Lynne McTaggart *The Vaccination Bible, What Doctors Don't Tell You*, 1998, ISBN 0 9534 734 0 6

Leon Chaitow *Vaccination and Immunisation*, C. W. Daniel, 1998, ISBN 0 85207 191 4

Paediatric Clinics *Paediatric Vaccinations: update 1990* Volume 37 Number 3

Oxford Text Book of Medicine 3rd Edition Volume 1

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