

VACCINATION TEST KIT (58 vials)
Product Code 8116

This kit was extensively revised in April 2016, so was given a new product code. If you have the old kit of 33 vials, please contact us about the update options.

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 recognised 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 deadlier 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.

You can see the vaccination schedule for different countries here:

<http://www.euvac.net/graphics/euvac/vaccination/vaccination.html>

Code	Vaccine	Trade Name	Illness
VAR 01	5-In-1 Vaccine		Whooping Cough + Diphtheria + Bacterial Meningitis + Tetanus + Polio
VAR 02	6-in-1 / Hexavalent		Diphtheria + Tetanus + Acellular Pertussis + Haemophilus Influenzae Type B + Poliovirus + Hepatitis B
VAR 03	BCG / TB		Tuberculosis
VAR 04	Cholera		Cholera
VAR 05	Diphtheria		Diphtheria
VAR 06	Diphtheria + Tetanus		Diphtheria + Tetanus
VAR 07	Diphtheria + Tetanus + Polio	Revaxis	Diphtheria + Tetanus + Polio

Code	Vaccine	Trade Name	Illness
VAR 08	DPT	Covaxis	Diphtheria + Whooping Cough +Tetanus
VAR 09	DPT	U.S. Pharmacopeial Convention (USP)	Diphtheria + Whooping Cough + Tetanus Toxoids Adsorbed
VAR 10	DPT	Infanrix	Diphtheria + Tetanus Toxoids + Acellular Pertussis Vaccine Adsorbed
VAR 11	DPT Adsorbed		Diphtheria + Acellular Whooping Cough + Tetanus Toxoids
VAR12	DPT + HIB		Diphtheria + Whooping Cough + Tetanus + Haemophilus Influenzae Type B
VAR 13	DPT + Polio	Infanrix Tetra	Diphtheria + Whooping Cough +Tetanus + Polio
VAR 14	DPT + Polio	Repevax	Diphtheria + Whooping Cough +Tetanus + Polio
VAR 15	DPT + Polio Booster	Boostrix	Diphtheria + Whooping Cough +Tetanus + Polio
VAR 16	H1N1 Swine Flu		H1N1 Swine Flu
VAR 17	Hepatitis A		Hepatitis A
VAR 18	Hepatitis A + B		Hepatitis A + B
VAR 19	Hepatitis A + Typhoid	Hepatyrix	Hepatitis A + Typhoid
VAR 20	Hepatitis B	Engerix B	Hepatitis B
VAR 21	Hepatitis B	HB VAX II	Hepatitis B
VAR 22	HIB	ActHIB	Haemophilus Influenzae Type B (Bacterial Meningitis)
VAR 23	HIB	Hiberix	Haemophilus Influenzae Type B (Bacterial Meningitis)
VAR 24	HIB + Meningitis C	Menitorix	Haemophilus Influenzae Type B (Bacterial Meningitis), Meningitis C
VAR 25	HPV	Cervarix	Human Papilloma Virus (genital Warts , Cervical Cancer)
VAR 26	HPV	Gardasil	Human Papilloma Virus (genital Warts , Cervical Cancer)
VAR 27	Influenza	1992,1994 to 2015/2016	Influenza
VAR 28	Japanese Encephalitis Vaccine		Japanese Encephalitis
VAR 29	Measles		Measles
VAR 30	Men ACWY	ACWY Vax	Meningococcal A, C, W and Y Diseases
VAR 31	Men ACWY	Menveo	Meningococcal A, C, W and Y Diseases
VAR 32	Meningitis A		Meningitis A
VAR 33	Meningitis A + C	Mengivac A+C Travel Vaccine	Meningitis A and C
VAR 34	Meningitis B	Bexsero	Meningitis B
VAR 35	Meningitis C		Meningitis C
VAR 36	MMR		Measles + Mumps + Rubella (pre 2008)
VAR 37	MMR II		Measles + Mumps + Rubella
VAR 38	MMRV		Measles + Mumps + Rubella + Chickenpox
VAR 39	MR		Measles + Rubella
VAR 40	Mumps		Mumps
VAR 41	Pertussis		Whooping Cough
VAR 42	Pneumococcal 7	Prevenar 7	Whooping Cough
VAR 43	Pneumococcal 13 / PPSV23	Prevenar 13	Whooping Cough
VAR 44	Pneumococcal 23 / PPV-23	Pneumovax II	Whooping Cough
VAR 45	Polio	Sabin	Polio
VAR 46	Polio	Salk	Polio

Code	Vaccine	Trade Name	Illness
VAR 47	Rabies		Rabies
VAR 48	Rota Virus	Rotarix	Rota Virus
VAR 49	Rota Virus	RotaTeq	Rota Virus
VAR 50	Rubella		Rubella (German Measles)
VAR 51	Smallpox		Smallpox
VAR 52	TAB		Typhoid + Paratyphoid A + Paratyphoid B
VAR 53	Tetanus		Tetanus
VAR 54	Tick-Borne Encephalitis Virus	FSME-IMMUN Junior	Tick-Borne Encephalitis Virus
VAR 55	Tick-Borne Encephalitis Virus	TicoVac FFME	Tick-Borne Encephalitis Virus
VAR 56	Typhoid		Typhoid
VAR 57	Varicella / Chicken Pox	Varivax	Varicella / Chicken Pox / Shingles
VAR 58	Yellow Fever		Yellow Fever

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

IMPORTANT: COPYRIGHT & DISCLAIMERS

The test kits we sell are not intended for diagnosis of any medical condition. Nor do we claim that these vials can be used to cure any medical symptoms or conditions.

This information represents many hours of diligent research over many years and is protected by copyright. Please do not copy more than 200 words, or photocopy all or part to pass on to others (either freely or for gain) without the express permission of the author, Jane Thurnell-Read.

We do not believe that the written information alone provides sufficient information for accurate kinesiology testing or dowsing. Please do not use this information in that way.

© Jane Thurnell-Read 1992-2018

Life-Work Potential Limited, United Kingdom

Tel UK: 01392 434389; Tel from outside UK: +44 1392 434389

Email: contact@lifeworkpotential.com

www.lifeworkpotential.com