A Broader Conversation About Vaccines - Part #4

2019 Novel Coronavirus (CoVID-19): Part XX
2019 Novel Coronavirus (2019-nCoV (first named); COVID-2019 (later named disease); SARS-CoV-2 (final name of the virus causing COVID-2019), COVID-2019 Pandemic:

January 29, 2021 update Part 20 (Vaccines - Part #4)
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Hello and good day to you and yours.

This COVID-19 Update #20 is the companion piece to COVID-19 updates #17, #18, #19 and forthcoming update #21 all of which focus on vaccines. I focus here on vaccine reactions, leaving other pieces aside for now.

Lastly, I will soon write about what you, your loved ones and patients/clients can do to help prevent side effects from the vaccine if taken and to mitigate side effects that may arise.

Let me begin with the following statement:

"On the one hand, we have the current medical establishment showing statistics that demonstrate that by vaccinating children, we are able to either immunize the population or at the very least diminish the severity of the infections. On the other side is the (alternative) community that counters with pointing to the countless children who are sicker since being vaccinated. These two sides are so far apart that there is no room for compromise or even civil discussion. The facts are so obvious, so glaring, to both sides, that conflict is inevitable. This conflict does not help the concerned parent or thoughtful physician one bit. Conscientious parents are stuck in turmoil, trying to do the right thing, but not being clear on what the right thing is. Passions rule instead of reason.

What I would like to do is avoid the conflict part. I would like to begin with observations, and then see if this model of mine can explain the observations in a clearer way. Can the model help us understand not just what happens in vaccinations, but tell us what happens in epidemics, why some people get sick while others do not. It is time for a dispassionate delving into as many facts as possible to see the reality before us. With a clearer understanding of the real issues, we are more able to make decisions appropriate for ourselves, our families and our patients."

In written form, I wrote the above in 1995 and then again in 1999. Not much has changed, except that these two poles have gotten further apart, and the current discourse caricatures reality more and more. The added layers of social media and less civility do not help.

What follows is a *very short* discussion on virus, vaccines and general reactions. I italicize very short because it is a part of a much larger description that I published 20 years ago which is itself part of a much larger topic that I have taught for the past 30 years. That said, I write this so that everyone could understand complex science easily.

Generally speaking people tend to think of vaccines as good or bad things, in a very dichotomous way. But really, vaccines present a much more complex topic. Everyone has a sort of belief and an agenda. What I would like to describe here, though, is less about that and more about what actually happens, and why, from a conceptual model that I have held since I was still in school. While it fits within the world of classical homeopathy, it also fits within the larger world of observational science. First on bugs, then on vaccines. What I write below is not in dispute by scientists or vaccine manufacturers or legal settings. The debate is the percent in question.

Please hang in there, as I have a very important request at the end.

Here goes.

Let's Talk About the Pathogenic Bugs (virus/bacteria/etc) First

Broadly speaking when we are exposed to a bug, there are always 4 possible ways that we respond to it. And really, if you think about it it sort of makes sense and easy to work with, and best of all matches reality pretty well.

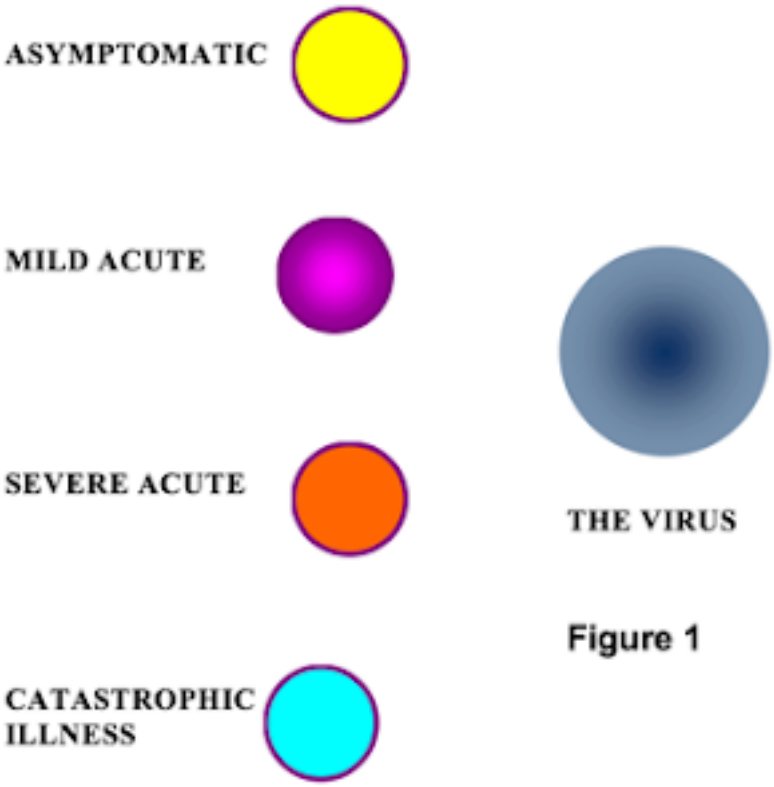

Figure 1

If we try to diagram this process, we can look at Figure 1. If this large circle is the Virus then you as the potential host have 4 different methods of responding to it, of interacting with it.

You may have very little relationship to the virus.

On the other hand, you may have a slight predisposition to it, be virulent enough to impact you slightly or weakly even though symptoms linger for a long time, even though the virus might be gone, the person is no longer the same individual.

Thirdly, the person *strains* intensely and unremittingly and mounts a severe fight. Here the person is creating strong intense symptomatology.

Lastly, and perhaps sadly, there are people for whom the virus is so virulent, or their predisposition makes them so susceptible that they are unable to *strain* effectively. As a result, they are left with what I would call a catastrophic illness. They are ill in a life-altering way, or they perish.

Again, this is a very short version of a deeper, longer conversation, but let's just dissect this a bit more, staying on the 4 groups above.

Group #1-The Asymptomatic individuals. There are three major reasons why someone would fall into this category.

A. The first possibility is that the *virulence* of the offending organism is not too strong, it is a 'minor' bug and in a more traditional sense, we would *not* even call it an epidemic. Only some of the unwell folks develop symptoms. For example, we never say there is a pandemic of the common cold, even though many millions get it every year. It is too minor, if you think about it. In this respect, I am thinking mostly of the virus and less about the patient. However, if we think about the patient, then there are two remaining categories.

B. The person is very healthy with regard to the virus at hand. They may be very healthy individuals in general, or perhaps they simply have no great susceptibility to the offending organism. So here the immunity comes from being either healthy in total, or just not susceptible to this offending agent. It may be that when the person is exposed to the bug their blood work does not show a reaction, or there are antibodies formed, but it is happening subclinically so that no one is aware of the illness here.

C. Alternately, there are some people who are so sick that their immune system does not recognize the bug, and they are not susceptible to the virus. The antennae of predisposition is not aiming at this virus. We know these people exist. We all know people that are suffering with a terrible illness, and yet either rarely or never fall acutely ill. For the past 35 years, here I gave the example of William Coley and his powders for the treatment of cancer. For some of the folks no matter how much he tried to create an infection, they were so unwell that they could not mount a defense.

This also means that if we leave the intensity of the virus out of the equation for a moment, and only pay attention to the susceptibility of the patient, group #1 should be divided as in figure #2 below.

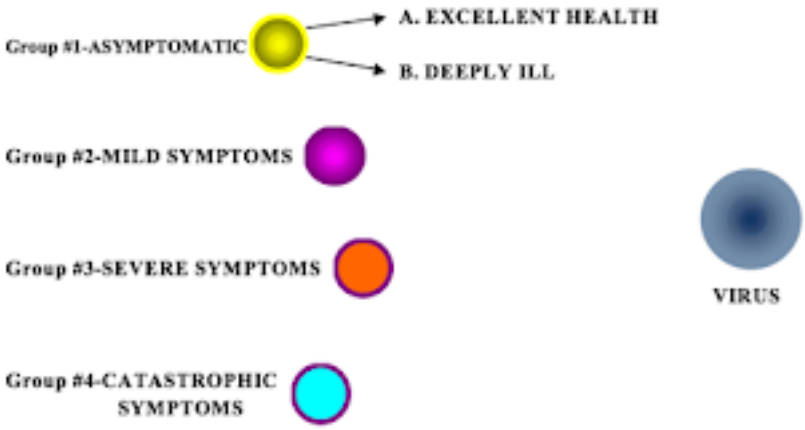

FIGURE #2

Let me skip to Group #3, the intense responders. These individuals are susceptible to the virus, their immune system acknowledges the stress *and* mounts a strong defense, where a deal of energy, often suddenly, is expended in a focused, concentrated way. There are three possible outcomes of this interaction between the virus and the person:

A. The person successfully strains in the best way possible by fighting off the virus. Further, the person's immune system **evolves** in such a way that they are no longer susceptible to the virus. This can be thought of as a personal evolution. Now he is healthy *and* no longer susceptible. Essentially, the interaction pushed the person into Group #1A. We know people like this that are

exposed to a bug, have a strong reaction and then are no longer sensitive to it again, ever, or for a very long time.

B. The person successfully strains against the virus **without evolving**. Here the patient puts up a strong defense, fights off the virus and feels healthy again. However, the very next time they are exposed to the virus, they remain susceptible to it, and again respond to the stress by straining in a very severe and forceful manner, just as they did the first time around. We know many people like this, especially children that have an intense reaction to a bug every time they are exposed. Still intense, but not evolving past this reaction.

C. The person successfully strains against the virus, but in the process, there is a sort of damage to the general immune response. The person in straining against the stress of the virus, is somehow overcome, slightly, by the fight. For all practical purposes the fight looks successful, the virus is vanquished from the body and the person is feeling healthy from that. However, this person may no longer respond in a very strong healthy way to other stressors in their environment. It may be that these people have slipped into Group #2 (to be discussed below). They seem as though they are healthier because they no longer respond so strongly to the environmental stresses. However, when you stop and think that it is the immune system that is not responding effectively it does put into question whether that is a good or bad thing. For example, they no longer respond intensely to a certain virus in the wintertime, but they are settled with chronic allergies, something they did not have before.

This means that Diagram #2 should be modified as follows:

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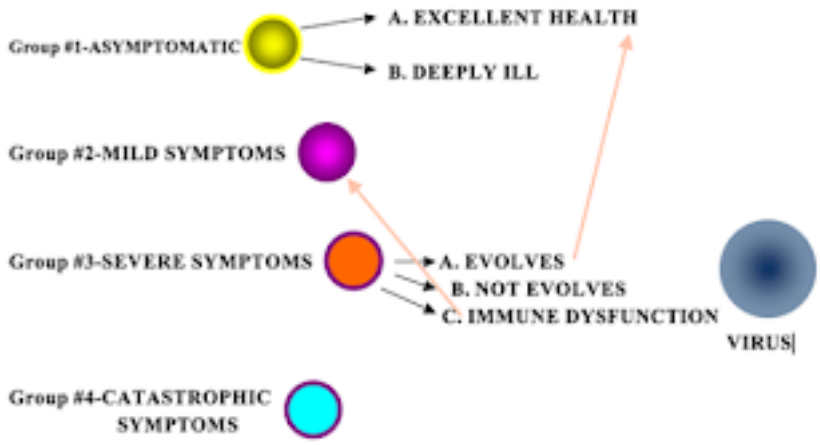


FIGURE #3

Group #4 represents what I call those who suffer with a catastrophic outcome. While patients in Group #3 have severe symptoms develop, they more or less come back to looking normal. There is

a worse outcome possible, though. A person may be susceptible to the virus and may need to respond, but can not respond well at all. It turns out that when some people are exposed to a particular virus or bacteria, it changes their life in a catastrophic way. These are the people who get measles or chicken pox and have it impact their brain. After all, many people who caught polio had nothing more than a bad cold, no problem at all, but those folks in this group were left paralyzed in one way or another for life, or passed away.

These are children and adults that catch viruses and instead of straining against the viral stress with a rash or diarrhea, they end up with meningitis or encephalitis. It is the child who seems healthy but who ends up brain dead or killed from the virus. People in this group, when faced with a particular bacteria or virus have a life threatening, life altering experience. We have seen this in our patients who report this nightmare for themselves or their children. What else can you call it but catastrophic? The impact of these germs upon some individuals is horrific and very real.

For these people, there is some part of their immune system that is not able to strain effectively against the particular virus or bacteria, and the way they respond is going to be life-altering. Luckily, and for the most part, this is a rare occurrence. That is why we don't have millions of people getting terrible problems from common viruses, but we do have some.

Theoretically, these people become profoundly sick due to their high level of susceptibility. Here are two reasons this would be so.

A. Their level of susceptibility to the bacteria or virus is high to start with. A good example of this is when the Europeans first interacted with indigenous peoples around the world, it was not an unusual occurrence to have the indigenous peoples die from epidemic germs. Their immune systems had never had to strain against any similar stresses. As a result, instead of 'catching a cold' they died.

B. The second reason is that patients in this group may have an immune system which is overwhelmed by having to contend with other stresses. It is straining so severely already, it is stretched so much already, that when it interacts with that particular virus it can not come close to straining appropriately. This means that at that particular moment, that person's level of susceptibility was unusually high they had no ability to respond appropriately to the virus.

   Again, there are many, many pieces I am leaving out from each of these groups, but staying at the more conceptual level.

This means that Diagram #3 should be modified as follows:

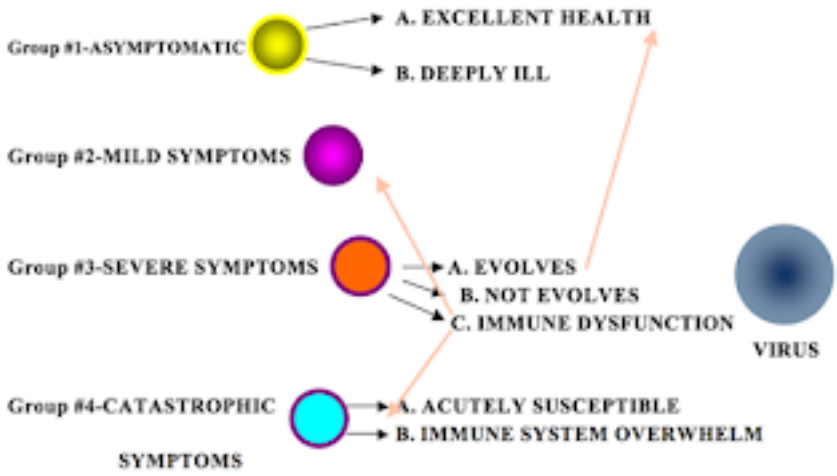


FIGURE #4

This leaves the Group #2. Perhaps writing about this group will lead to the most controversy but here goes the framework for the discussion. We all know people who have had Lyme disease or other viral/bacterial diseases, where they took antibiotics or other treatment, conventional or natural, or recovered by themselves and they are fine and it's over. However, we all also know people who have had the very same viral or bacterial infections and yet have remained ill. In fact, even though the symptoms of the infection may have been mild or moderate, they did not recover fully.

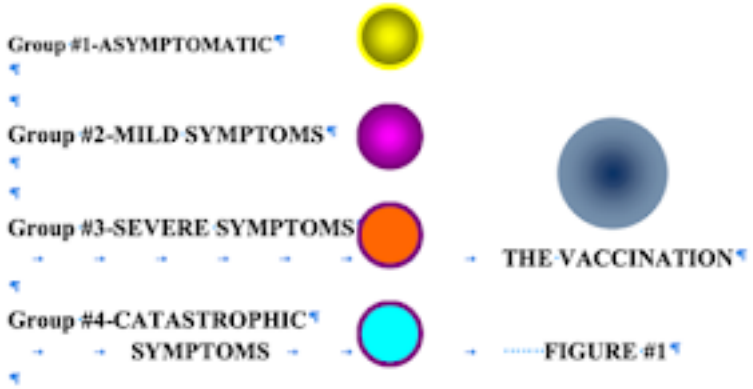
Group #2 is the one that develops recurring complaints such as migraines or asthma, or recurring earaches or bronchitis. Patients in this group develop chronic diseases. As the body attempts self-correction, it is unable to strain successfully to get rid of the stress. There is difficulty and so the individual is stuck in a state of *constant straining* in attempt to adapt. The individual makes it as tolerable as possible by using a constant amount of energy to maintain a *relative* though imperfect balance. So in a way, even though the bacteria is gone, the person is stuck in a response mode.

I developed this model when I was in school, began teaching it in 1990s, wrote about it in the mid 1990s. Every decade another bit of this is taken up by the integrative community, but I hope it is taken up more quickly, as it helps us get to some important questions and answers. ***What matters up to now in this discussion is less about the bug and more about the individual, the response.***

In general, in every epidemic these are the 4 ways a person can respond. The only thing that changes is the percent of individuals in each group. For example, with the common cold virus, most people will fall into the top 2 groups, perhaps a few in the third group, and very, very few in the fourth group. With Ebolavirus, most people are in the third and fourth group and finding those in the first of second group extremely rare.

Let's talk about vaccinations next

OK. Let's put these virus reactions aside for a moment and talk about vaccinations, again from a conceptual level. As it turns out there are only 4 major ways people can respond to a vaccine (might look familiar here!!) And by the way, there is no debate on this from the science side actually, only from the rhetoric.



Here we go with the descriptions and again they are familiar:

Group #1-The Asymptomatic individuals. There are three major reasons why someone would fall into this category.

A. The first possibility is that the *strength of the stress* of the vaccine is not too strong. These are the vaccinations that are so slight that hardly anyone becomes ill from them. In this respect, I am thinking mostly of the vaccine and less about the patient. However, if we think about the patient, then there are two categories left.

B. The person is very healthy with regard to that particular vaccination in question. They may be very healthy individuals in general, or perhaps have no great susceptibility to that vaccine at that time. So here the immunity comes from being either healthy in total or just in this one respect. Some of these people do not show the typical immune response to the vaccine, it is as if the vaccine did not 'take' at that dose. Others in this category also appear to be asymptomatic responders, yet *do* show signs of the interaction with the vaccine. Their blood work shows that they are responding to the vaccine. Antibodies are created. However, they do it well, or efficiently, if you will. They are able to evolve the immune components, to increase or produce the antibodies needed to contend with the vaccine, and therefore the virus produces either very slight symptoms or no symptoms at all. In this respect, they are the most efficient. *In this category, they either do not recognize the vaccine or they evolve efficiently as they strain against the virus in an efficient and asymptomatic fashion*.

C. Alternately, the person may be in poor health already, they are sick to begin with. In fact, they are *so* ill that they seem not to be susceptible to the vaccination. Their illness is severe enough that their immune system does not even recognize this vaccine at the given dose as something to contend with and they are therefore resistant to it. The antennae of predisposition is not aiming at this vaccine at this dose.

This also means that if we leave the intensity of the vaccine out of the equation for a second and only pay attention to the susceptibility of the patient, group #1 should be divided as in figure #2 below.

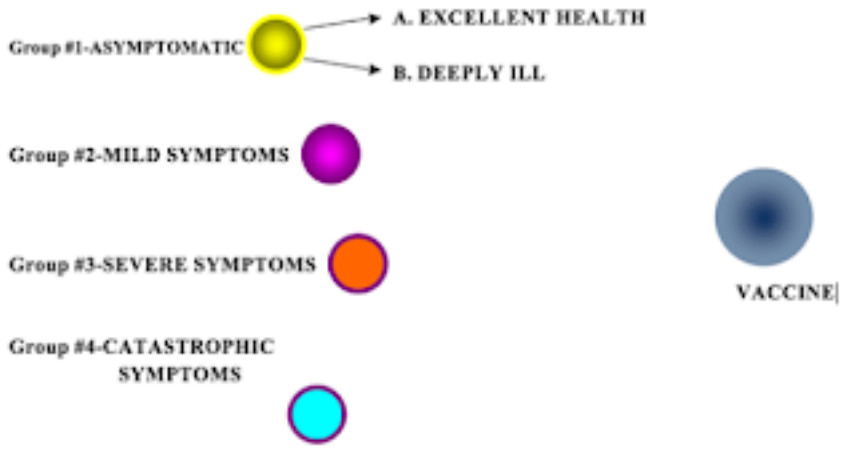


FIGURE #2

Let us take up Group #3, the intense responders. These symptoms show that the body recognizes some stress (the point of the vaccine in the first place) and is mounting a strong form of defense.

There are three possible outcomes of this interaction:

A. The person successfully strains in the best way possible by fighting the vaccine. *Further, the person's immune system evolves in such a way that they are no longer susceptible to the virus*.This can be thought of as a personal evolution. Now they are healthy *and* no longer susceptible. Essentially, the interaction pushed the person into Group #1A. This is what is most hoped for, while in this group, that vaccinations will give the person a stress, and in reacting to it, cause them to evolve their immune system to become immune to the virus in question. The only difficulty here is that there had to be such a strong response, and while this outcome is good from this point of view, the reaction is too strong. I hypothesize that for these people if the dose of the vaccine was smaller, they would have evolved the way the physician wanted, the vaccine would have 'taken' but without the overreactive initial fight, possibly without showing any overt symptoms at all. Essentially, what I think is that these people, if given a lesser dose would have been part of group #1.

B. The person successfully strains against the vaccine *but without evolving*. Here the patient puts up strong symptoms temporarily and feels healthy again. However, the very next time the real virus is near them, they are still susceptible.

C. The person successfully strains against the vaccination, but in the process 'damages' the general immune response. The person, in straining against the stress of the vaccination, is somehow overcome by the fight. For all practical purposes it looks successful, the antibodies rise, the vaccine 'takes'. However, it may be that these people have slipped into Group #2 (described below).

This means that Diagram #3 should be modified in the following way:

FIGURE #3

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Group #4 represents those who suffer with a catastrophic outcome. While patients in Group #3 have severe symptoms develop, they more or less come back to 'looking normal.' There is another possible outcome, though. A person may be susceptible to the vaccine and may need to respond, but may not be able to respond well at all. It turns out that when some people are vaccinated, it changes their life in a catastrophic way. Some develop a bad case of the illness that they were being vaccinated for. If a live vaccine is given and the person is unable to mount an effective form of response, the virus or bacteria runs rampant. Also, these are the people who develop severe neurologic disorders that cripple their lives forever. These are the ones that may die from the vaccination.

Where the vaccine *stress* causes a *strain* i.e., fever, rash or diarrhea in some, people in this group wind up with meningitis or encephalitis. It is the child who seems healthy but who ends up brain injured or dies from the vaccine.

This of course is acknowledged by all and is not in debate. Luckily, and for the most part, this is a rare occurrence. That is why we don't have millions of people getting these

catastrophic problems from vaccinations. Nevertheless, they do exist, and have often ended up in our offices.

Theoretically, these people become so profoundly sick because their level of susceptibility to the vaccine is high. I can think of four separate reasons why this would be so:

A. Their level of susceptibility to the vaccine is very high to start with. Their immune systems had never had to strain against anything similar before. They are overwhelmed by the effort.

B. Their immune system is overwhelmed by having to contend with other stresses. It is already straining severely, it is stretched too much already, so that when it interacts with the vaccine, it can not come close to *straining* against it appropriately. This means that at *that particular moment*, their level of susceptibility is unusually high.

C. The mode of administration. Our immune system has developed over time, in its capacity to interact with microbes. The physiologic goal I believe, has been to develop more of a *symbiotic relationship*, rather than viruses and bacteria acting immediately with a kind of predatory nature on first contact. Over time as a species or subspecies or, in our case, a culture, we interact with a certain germ, we adapt in such a way that the virus is less deadly to us. This adaptation takes certain forms and plays by certain rules. One is that the immune system has learned to respond to viruses and the bacteria, somewhat *by responding to their vehicle of transportation.* We catch a certain bacteria by breathing it in, versus another one that we catch by ingesting, and yet a third by directly injecting the bacteria into our skin by a skin penetrating injury. As such, our immune system has learned to recognize the intrusion via specific modes of entrances. The problem may be that when we come with a vaccine injection for a bacteria or a virus that we usually breath in, it could be that our immune system does not take full advantage of the interaction. In fact, it could be that there are more injuries from the mode of delivery than from the vaccine itself.

D. Contaminants. While this may be a combination of the above points, I think it needs to be mentioned separately. The vaccine is not only an attenuated form of the virus or bacteria. It contains within it several other components. Besides the virus, there is the preservative, as well as culture medium, as well as molecules to upregulate the response. Historically, these have taken the brunt of the problems associated with vaccinations. First was the horse serum and the life-threatening reactions that were caused by those impurities. Later it became the egg serum and the diseases that it produced, the most infamous, the flu vaccine of the mid 1980's and the disorders that the vaccine caused.

I debated whether I should place this as point D or just as part of point B, as a problem from overwhelming the immune system. I finally decided to place it in its own category because of primary reason of this writing in the first place. Describing a clear enough map so that it gives us a place to focus on. By creating this point, I am saying that it gives us a clear target where we can improve vaccine delivery. By clearly showing that this is its own problem, we can point to where we may be able to bring about improvement. Here, by minimizing other substances that may cause difficulty, we can

have an immune system which would address one main stress rather than several stresses, at one time.

Diagram #3 should be modified as follows:

FIGURE #4

This leaves the Group #2 to discuss. People who belong to this category get vaccinated and become chronically ill afterwards. Even though the symptoms of the vaccination are not severe at all, in fact they may be mild or moderate, the person did not recover from that *stress*.

What is interesting about the people fitting group #2 is that as a group, they do not seem to suffer acutely from the vaccine in any severe form. Yes, they suffer more than group #1, but not nearly as badly as group #3 and surely not as bad as group #4. And so it may seem as if they did well with the vaccine. In fact, the vaccine seemed to have 'taken'. They do not get sick with the epidemic that they were vaccinated against or if they do, it is a minor episode. So in fact, it seems as if the vaccine protocol worked for them. It did what it was supposed to do. It is in the greater picture, though, that you can see that there may be a price to pay from this relative 'immunity.' We may find that the person who has these weak reactions to a virus and bacteria or vaccine become chronically ill.

Similarities

I hope you have seen that there is similarity between the reaction to a vaccine and a reaction to the wild virus or bacteria during an epidemic. The questions that it raises are many. What are the links between the two responses? How does vaccination alter the

percentages of each group? How does vaccination alter the overall outcome of the health of the person? Is there a relationship between the vaccines and the rise in chronic disease?

As a review, from this point of view, a vaccination is a specific kind of stressor. From the fact that we know that vaccines are aimed at producing a response, we should also be equally sure that some people will have a violent, intense reaction to them as per the assumed susceptibility of the overall population in general.

Now as I looked at the list of responses to the wild virus/bacteria and vaccination, I am struck by the fact that the 2 lists mirror each other. The question for me is: is there any proof that the two lists are in fact the same lists for the same people? For if they were, it would lead us to very specific protocols in treating our patients.

For example, Let's look at group #3. These people have a strong reaction to a vaccine and then they seem okay. However, perhaps it is exactly the same people who will get the severe illness in case of an epidemic.

More importantly are people in group #4. Some people catch a virus or bacterial infection, for example get measles, and they're going to die. Perhaps it is the same people who when they get vaccinated have a horrible, life-altering response to the vaccine. Perhaps some part of the immune system is just not able to deal with the virus and any exposure is going to be life-altering.

If this is so, then maybe people do not all need the same dose of vaccine to strain efficiently. Perhaps instead of looking simply at the vaccine, it is time for us to look at individual susceptibility, we can say that some people would not be able to handle the same dosage as others. Further, we may need to identify people that would fit into group #4 and give them only a minute dose of the vaccine, if any.

Also, if some people's reactions are from the impurities or medium rather than the viral parts, then we need to find the people sensitive to those parts and isolate them from the harmful effects and at the same time develop vaccines that do not have those others parts to them.

Further, in relation to people fitting into group #2. Thus far, regarding vaccinations, the traditional medical model has looked at the specific antibody in question regarding efficacy and looked at specific short term effects as negative outcomes. In that regard, it seems as though the requirements to claim that some disease process is related to a vaccine has changed and continues to change. The parameter in relation to time has shrunk to only

a few days. For it to be considered related to the vaccine, the symptoms must arise within hours or days of administration. The symptoms related have also been ones that are related to the specific virus. In relation to group #2 though, I think a broader view must be taken. We need to redefine the parameters of how adverse reactions are defined. We need to look at the overall health of the person from before the vaccine and after the vaccine.

Group #2 intimates that the overall health of the person may somehow suffer. It is a tradeoff, where the person does not react to the community virus in a terrible way, but in exchange develops other symptoms. We need to not only compare, for example, in polio, paralysis versus paralysis, but maybe paralysis versus asthma, etc. In short, is there a net gain or a net loss from the vaccine being given? Here I can think of two possible types of harm.

First, the vaccine itself may stress the person so much that they become chronically ill. Here, the assumption is that the stress of the vaccine has somehow hampered the immune system from being able to function as well as it had before. While the focus may be on raising the antibody to a certain level, it could be that the tradeoff is that other parts of the immune response no longer function optimally.

(As an aside, and not to belabor here, there is a second type of potential harm that needs to be investigated. Here the vaccine, by being effective, stops the person from responding fully to the potential infection of the wild virus. In a truly symbiotic relationship, where we gain something from the interaction with the virus, this lack of reaction and interaction would find some part of us lacking. Could it be that the immune system needs certain illnesses, certain acute infections to trigger it to grow, to evolve to a better level of function? Could it be that the lack of infections has led to increased chronic disease in our population? Could it be that the general immune response is worse off not being challenged and therefore is unable to work properly? This is a very deep topic that we cover elsewhere in our classes. I mention this here for completeness sake.)

We truly know so little about how the global immune components function and how it is that we recognize a foreign thing as “other.” A few decades ago there was a science article written discussing the increasing rates of asthma and the possible reason being that the children were not getting acute illnesses any longer. This correlation is hypothetical. However, it lays in the middle of our model. It gives us further points and a concept to consider. It suggests certain studies that can and should be done.

I ask many questions, but I can not answer them definitively. No one can. To answer these questions properly we need studies and to have studies we need funding, interested researchers, and subjects/patients/volunteers. None of these have been available.

Same/Same

I go back to think about a conversation I had with a farmer. He helped me notice that all the apples on the tray that he was holding were more or less the same. All of them were the same size, shape and color. He said that is how the distributors like it. They want everything homogeneous. They want everything identical because it is easier to handle the transaction. This is similar to the approach to **public health medicine**. Whereas **medicine** is very much concerned with the health of the individual, **public health** measures look at the population as a whole. For the **public health sector**, the community is the patient. *Those two views, the health of the individual and the health of the community are sometimes the same and sometimes run into conflict with each other. This is especially true in the world of vaccinations.*

The public health sector, wanting to prevent communicable diseases, proposes vaccinating the *population* against specific illnesses. However, from the point of view of my model, anything that stresses the people in a *community* can potentially create different effects on particular individuals. These differing effects are based on the *individual* response, on the *individual* ability or the need of the person during the interaction between the vaccine and their individual immune system.

While the public health concern is real and the theory makes sense, it does not play out as well in practice. People get sick from the vaccine; people die from the vaccine. But also, people still get sick from viruses that they have been vaccinated against. So clearly the story is not complete. No one argues that it is, though the public health community does have the public relation slant that poses there is complete understanding.

The model of stress and strain cuts both ways during this tense argument. There are many people who are against vaccinations that raise the argument that vaccines do not work at all. I think this argument is faulty, and flies in the face of hard data. Further, it is a dangerous argument, as I hope to show.

Another argument holds that polio and a host of other viral/bacterial epidemics were disappearing *before* the vaccine was introduced. Many people place their whole anti-vaccination feelings using this as their sole argument. I see this as a dangerous argument to be addressed. Firstly, it is easy enough to demonstrate with animals that those that are not vaccinated have a higher rate of infection than those that are. Secondly, there is the fact that small pox is gone, with the only explanation being that it went with the

vaccination, as the populations that had it last were the ones that were *not* vaccinated. Thirdly, if we follow the efforts to eradicate specific illnesses one at a time, we can see that in fact, they *are* going away. Vaccines do do something of what it is claimed they are doing.

However, there *is* something to the point that epidemics do seem to recede by themselves historically. I think the answer there is not to say that vaccines do not work. Rather, we should look at the concept of stress and strain and of co-evolution, as described before. The best outcome is not to have the virus kill us. Rather, to have the virus become less lethal and at the same time have our immune system work with the virus/bacteria in such a way that, even though we may become sick, it is not that bad. Further, that catching that very infection in some way helps us as well, in some way helps our immune system in general.

I said that I think that this argument is a dangerous one. I think so for two reasons. First, by sticking to that argument, you make yourself blind to the concept of individuality and stress and strain, as described above. It limits your ability to understand life processes. Second, and most painful is when the child becomes ill. I have seen many times people who clung to the above argument that vaccines do not work. Once their own child became ill in the midst of an epidemic, they were filled with self-doubt, and regret. They felt they harmed their child. They felt that the whole 'anti-vaccination movement' led them astray and some even became spokespersons for the vaccine community.

In reality these parents never understood the issues. And in reality, they made their decisions based on a poor understanding of what they were deciding upon. I have especially seen this in many of our natural health colleagues. They do not understand the issues because, deep down, they never felt that vaccines work. Once they change their mind on that issue, they become hostile, mostly as a way to justify the feelings of having 'made a mistake'. If you make a decision, it should be based on something a lot more solid than the argument that vaccines do not work.

Let's us agree that the observations made on the effects of vaccines and the way epidemics are handled are more or less correct. If you remove the word vaccine and use instead the word stressor, at least some of the emotions will give way to reason. Let us agree that even though we are dealing with the same virus, different people may relate to the virus in different ways. And, let us agree that different people may interact with the vaccine in different ways.

If you look at the list of responses of the virus, and at the responses to the vaccine, one is struck by the similarity. In fact, they seem to be the same list. It seems that there are similar responses to both stresses, **with only the percentages and some of the responses being different, they correspond to each other.**

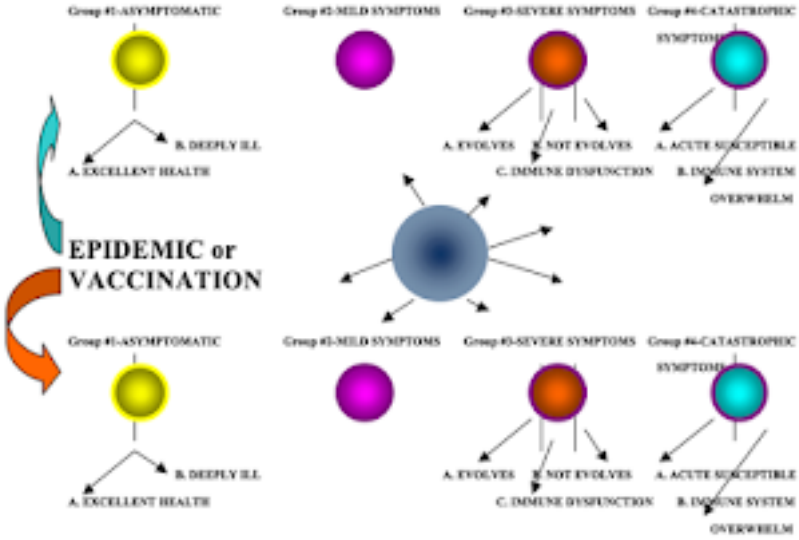

FIGURE #1

Where Does This Leave Us?

If the reality is that responses to vaccines fall into the same categories as responses to viruses during epidemics, where then is the difference and how does this help us?

From the above possible reactions, we may say that by using vaccines, we change the predisposition and reaction of the host by creating more of one response and diminishing another. By the fact that there are less strong responders, we can say that Group #3 diminishes when the wild virus is encountered after vaccinations. So too are there fewer Group #4 responders to the virus. But the question is, now that there are less of these groups, what are there more of?

While I would like to say that the best outcome wins, I think the answer is a bit muddier. I honestly believe that some people get vaccinated and in fact use the vaccine to evolve their immune system, just as if they were exposed to the virus in the wild.

I also believe that some get vaccinated and have a catastrophic event happen to them. Their health is changed for the worse.

I also think that many people become immune to the virus because the vaccine has altered their overall health in such a way that they *can not* respond strongly anymore. These

people no longer catch the virus, or more specifically these people catch the wild virus but do not respond strongly to it. It is a mild reaction.

In a way, if you think about it, that is what we wanted in the first place. What we have done is change ourselves, forced the evolution of the person, in such a way that we no longer suffer from these viruses. This is what we would have liked to see in nature, naturally happening. The problem is that it seems to have made our ability to respond to other things in the environment less well at the same time. *That is not what we wanted*.Yes, there is the issue of the initial bad effects, but further, there is the chronic, alteration of the rest of the immune response that may be even more problematic. In a sense, we are trading in acute infections, for chronic disease.

The model therefore gives us the places to look for ways of optimizing the situation so that both the individual and the community benefit in the long run. By understanding that there are particular ways people respond to both microbes and vaccines, we can develop research that helps us:

1. Find out who the catastrophic responders would be.
2. Find out why they would respond that way.
3. Find out how to fix it.
4. Find a method of vaccinating them so that this does not happen.
5. Find out who would turn into chronic responders to the vaccine.
6. Find out why they respond that way.
7. Find out how to fix it.
8. Find a method of vaccinating them that does not cause any damage.

In short, find out how to turn everyone into a responder to the vaccine that in some way will evolve their immune system, so that they are not just better off in their response to the virus in question but have a better, more mature immune response, in general. I think this is a more productive way to look at this issue. It is an improvement from the one side who says that there is no danger from vaccines, and the other side saying that all vaccines by their nature damage the individual. While the latter may be correct at times, it does not mean we throw out the concept in general.

And this is the crux of the debate, the fight, if one were to articulate it properly and clearly. It is not whether vaccines are good or vaccines are bad. Rather, by using this vaccine in this population for this virus, are we in general lessening the most harmful severe acute situation? (I think the answer is yes here, and is measurable by antibody testing). But on the other side, is it possible that by using this vaccine we may be causing some larger harm

in the immune response? (I think the answer is yes here also.) The question should be, therefore, on the percent changes by using or not using a vaccine. Which brings us to the COVID-19 vaccination programs around the world.

COVID-19

Let's talk about this current epidemic and the vaccination, in the context above and what I wrote about in December 2019 and January 2020.

When COVID-19 began, I highlighted this model, and using this model I said the following:

Of the total, about 15% fall into an intense reaction or a catastrophic reaction. (Groups 3 and 4).

About 80-85 percent are in the asymptomatic/mildly symptomatic group. (Groups 1 and 2)

As you may recall, I really focused on us needing to get a precise count of the asymptomatic, and could not understand why this was not being done, as it is very important in terms of this discussion and that of vaccinations.

By understanding that this is a mild form, it means several things, most especially, I highlighted that this is for most people not so much an acute situation but entering a chronic reactive state (Group 2). By March and April, I said once we are less worried about dying from this virus, what we will begin to recognize is that MANY people will be left with chronic symptoms from the virus. This model predicted that about 6 months before it became evident.

Basically, from this model, some people die, some people get really, really sick, and most people are either completely fine or will be left with chronic complaints.

One more thing here that, at this point no one has described. My main worry with some of the mildly symptomatic folks is that they will have chronic ailments *emerge* years down the line. There is precedence for this from other infections. But let's have this sit here for now as a prediction, since it takes me off our path here.

But here are the vaccination programs for COVID-19. What do I expect to see? Simply, many, most, of people will get the vaccine and it will not be a big deal. Some will get really sick and recover and be fine. A very few are likely to get really sick, and may die. And, oddly, some will have a curative response to autoimmune disease that they had previously.

The question for me is not if this is the case. The question, again, is the percents. Remember, you are in the midst of an epidemic. You cannot look at the vaccine without considering the context that you are living in. Today. What we can say about the vaccine and the supporting is that the overall effect seems to be that there is less mortality and less severity in those that were vaccinated versus those that were not. Or put it another way, I have heard of the possibility that several people have died after taking the vaccine. And lets say that these 3 or 5 or 10 or even 100 died from the vaccine. I am not saying they did, I am just trying to make a point here. During the same time, many, many thousands of others died from the virus. So, for example, 1 died from the vaccine versus 1,000 dying from the virus. I am not saying these are the actual numbers, but just to make the point that over this past month where we have had potentially a handful of truly tragic events with the vaccine, we have had tens of thousands dying from the virus during the same time. Receiving an email that a tragic event happened is extremely sad but compare it to the folks that did not get it, and you can see the fuller context.

Relatedly, you will hear that this vaccine may cause autoimmune diseases. And without arguing the point at all, let me grant you that this is true. But while this is debated as a terrifying potential from the vaccine, what is absolutely NOT debated, at all, is that the virus *itself* causes immune mediated illnesses over and over. In large numbers. And if the burgeoning legions of long-haulers is an indication, for some people these responses will be long lasting. So again, looking at the full situation should help us understand why and where people are sort of skewing the information, by omitting the fuller story.

The main question you should ask yourself is, is the vaccine changing my percent likelihood of survival. And from that point of view, if you only compare vaccine versus no vaccine, then I think it becomes pretty clear that all things being equal there is less severe harm by vaccinating, versus not vaccinating. Less mortality, and less severe states. (Mind you, here I am only discussing vaccinations, as that is the topic. I have written on the vast array of effective and essential interventions with relationship to both prevention and treatment elsewhere, so will stay on topic here.)

We have also treated these folks with the COVID-19 vaccine reactions, who have luckily responded very well, but that discussion is also for another time.

I Need Your Help

The integrative community had a great opportunity to shine early on in this epidemic. Specifically, and as one example, last January through May was the first opportunity in a century that homeopathy could have become a stable part of the healthcare system. That opportunity was wasted.

We now have another, different opportunity in front of us that should not be allowed to pass us by, over the next 5 months, to salvage some small part of this. Please do not let this one go as well. We have been dealing with the vaccines and the side effects for a while now, as soon as they became available we began to work with this folks. I am not blind to what is occurring but place it in context.

Here are specific suggestions to help us further our understanding of individual response (to both pathogens and vaccines) and to help inform real-time essential research on the topic.

1. Every single person should get tested for the virus before they get vaccinated. Why? From my model, if they are already dealing with the virus acutely, at present, getting a vaccine is potentially going to be really difficult for them since they are already dealing with a stress. Whoever, you are, and whatever community you are part of, this should become a demand of basic process. At this point in late January 2021, one simply gets a fever check and then if afebrile, the vaccine. This needs to change as a process, but if that can not happen, at the very least ask your patients to have COVID-19 tests before getting vaccinated. We have seen people who were vaccinated while ill with COVID-19 and went from being asymptomatic to severely symptomatic. In other words, they went from Group 1 or 2 to Group 3 and 4. This is easy to avoid by just getting tested beforehand. Remember my point about Group 4, that you do not want to get vaccinated while your immune system is already in the midst of a fight.

2. There should be a demand for COVID-19 testing to become quantitative rather than dichotomous yes/no. Here is the reason why. Some people had COVID-19. And the current question is whether they should get vaccinated or not. The answer at this moment from the vaccine makers and medical community is a bit lame. It is something like this, “we know that if you had COVID-19 your antibodies are likely to last for, on average, 6 months, and then they wane so they don’t really last, and therefore you should get vaccinated.” But when we ask how long will the vaccine last, they say they do not know. Which is odd juxtaposing these two answers. (Personally, I think the vaccines will last 1-3 years, but that is based solely on a clinical hunch.) The actual solution is really to test quantitatively so that we have a sense of the antibody count. And my suggestion, from the above discussion, is if the antibody count is high, then postpone the vaccination, and if the antibody count is low then vaccinate as others. At least this will give us the clear information as to how different people respond to the vaccine, discovering latent subclasses.

3. Getting vaccinated is not the endpoint when talking about vaccinations. We should test everyone who takes a vaccinate, as there will ABSOLUTELY be many people who got

vaccinated and do not develop antibodies (as in my Group 1, above). It could be that these folks are not sensitive to the virus or the vaccine. But just because you get vaccinated does not really mean much. It is the response that we care about.

4. As I mentioned before, pregnancy is a tricky time with vaccinations. Since I published that concern, the WHO has come out with a suggestion of not vaccinating pregnant women, at least with the mRNA vaccines. But the natural question that follows is who is pregnant? In other words, female bodied individuals who are of childbearing age and are sexually active with male bodied individuals should probably take a pregnancy test before getting vaccinated.

5. (This one I have been waiting for, for 35 years). Maybe this is the most important one for me personally. As many of you know, my practice had been filled with patients that were vaccine damaged, and who were compensated by the National Vaccine Injury Compensation Program. In other words, there was no debate on this. The question for many of us is, what part of the vaccine caused the damage. This question could not be answered in the climate of 'vaccines are good/vaccines are bad' dichotomy. Similarly, the question of do vaccines have us trade off acute severe disease for more chronic disease, could also not be answered for the same reasons. While I asked these questions, it cost too much money and it was hard to capture the attention of researchers to find the answers.

But this next 5 months is perhaps the only time in our lifetimes that we can actually do the research to find answers and therefore be better able to protect our patients and our families and get some help on how to better fix what gets broken. This is because of the sheer number of patients who will be vaccinated with a new vaccine for a new disease in a short window of time. How can we best do this? There are many pathways open just now. For example, one is through the autoimmune disorder community. I described a study and now it is actually starting. Simply, there is a question whether COVID-19 vaccine might harm those with autoimmune disease. The answer is coming in the form of studies that will look not just at the antibody response but at many other immune components, looking at them, before and after the vaccination.

In other words, we already know the antibody response part. But what is important is to see what happens to the rest of the immune system. If we see harm in the changes, it may go a long way to explain why some get vaccinated and develop chronic disease. It will be a sort of proof, and then we can have a mature discussion of risks/benefits and other options, and so forth.

Let me say this one more time, in a slightly different way. Clinical trial cost money which we do not have, but these new studies are funded. And clinical trials need trialists which have shied away from this topic but they are here now, and clinical trials need volunteers but recruitment and retention is always a problem. We are about to have hundreds of millions of folks vaccinated for the first time with a new

vaccine. Using these studies, I believe we can figure out, for the first time, immunologically, what went wrong with our kids, and then hopefully how to prevent and fix it. Please. Help me here. Continuing the harp on the vaccine are good/bad will let this time pass, and it will not come back. Anyone that can push their centers to conduct these sorts of trials would benefit us way beyond this virus, as it will lead to further general understanding of vaccinations and immunology and their interplay. Please. We only have this 5 months and then the door closes on this for a very long time.

6. When this virus started, I began to treat these folks as soon as they arrived. Even though I wrote/taught/conferenced/ etc., many of the integrative/homeopathic conferences could not understand what was happening or what was going to happen and they began hypothesizing about this or that. So while I was working with these patients, it did not matter to their potential reality. Our opportunity to stabilize homeopathy disappeared. We have a very important time now. Right now. We can solve several pressing issues for the public and at the same time help uncover harm that is not necessarily perceived, and in general move the discussion. Help me here.

7. For the boards of the different integrative medical communities. Most of them, such as the homeopathic boards, have stayed silent on the topic of vaccination. Even as they write on their chat streams this or that there are few if any position papers on COVID-19 vaccinations, even though their patient and provider communities are clamoring for guidance. They are stymied because they do not have a message that resonates, and so they are sitting it out. May I suggest the following formula:

    a. I recommended getting this first cycle of the vaccine, but if preferred, rather than staying completely silent, formally recognize that COVID-19 Vaccines exist and here are the different forms.
    b. It seems as though the vaccines prevent the most severe forms of COVID-19.
    c. That said, there are many things we do not know such as will the transmission be impacted, will we be able to positively respond to boosters, will we have to get new and continuously changing vaccine as the virus mutates, and what about those people that can not be vaccinated for this or that reason.
    d. We believe that people should be tested for COVID-19 before receiving vaccinations.
    e. We believe that there should be a quantitative test as standard.
    f. We believe that those with a high antibody titre may postpone the vaccine at this time.
    g. We believe that the vaccine should not be given with other vaccines at this time.
    h. We believe that testing should be conducted on the general immune components and not just on the antibodies, before and after, and we believe the vaccine makers should pay for this as part of their long term safety studies (FYI, This has never been asked for in any drug trials to date).
    i. We believe that there needs to be a well-funded Plan B, in case vaccines do not work as intended or are not a great solution. Funding for CAM work should be included, from amongst other places Coronavirus Treatment Acceleration Program (CTAP).

There comes a time when we must lay down our foolishness and make choices that are best for the greater good. This is that time. I used to be a young man. And in my youth, I thought we can just describe a path towards clarity and reason would see us through. I am twice that age now, and the topic of vaccination has gotten worse, with no end in sight. The path I am describing is one very clear path to end this stalemate. I know it is very easy to go to a reflexive answer, but that just makes us lose this opportunity, and keep the situation exactly as it is. This is, actually the first time in 200 years that we can actually get an answer to this tradeoff. Please do not waste it. If we lose this opportunity, we will be settled with getting these vaccine every 2-3 years. As I said in my last several updates, the first cycle is the one we buy into because of the time demand it now. Let's change the future. We can do it if we act. Now!

As I said, we have treated folks injured by childhood vaccinations and adult vaccines. For the past 35 years, I have had parents weeping in my office for what has happened. Likewise, I have had so many that were injured by a vaccine preventable disease. I had hoped that we would be able to come together to try to solve this dilemma and come to better health care. Instead, both sides sort of became even more radical, and no longer come close to reflecting reality. I am an old man now. I am facing my mortality, squarely, and realize that this demonizing must give way to reason, or else it just continues as it has. This is our time to understand this in a full way. You have a role here!

In the next update, we discuss further how to prepare for the vaccination, but also the larger topic as well and that will close this off.

Kind regards,
Paul Herscu, ND, MPH