

Health, Disease & Some History of Medicine

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Much of Western Medicine is based on 'The Germ Theory of Disease'. According to 'The Germ Theory of Disease': you meet a bacterium or virus and you catch the disease, unless you have had it before and you are *immune*. But if this were true, then everyone on a bus which was carrying someone with 'flu would catch the 'flu, but they don't. Why not? - Not because they have antibodies to the 'flu - the 'flu virus changes every year, that is reason people are vaccinated annually against the 'flu. No, the only people who 'catch' the 'flu are those who are *prone* or *susceptible* to catching it.

What is the difference between *prone*ness and *susceptibility*?

I regard *susceptibility* as the positive ability to acquire infectious diseases as a way of supporting health. In my experience, children become *susceptible* to appropriate infectious diseases at an acceptable age, when they need to learn what to do with their immune system and when they need a clean out. On the other hand, I find that adults become *susceptible* to infectious diseases when they are exhausted and need a rest! If you don't have a rest when you need it, nature will make it so that you can't stand up and *have* to rest, no matter what your work or family commitments – nature does not regard anyone as indispensable (graveyards are full of 'indispensable' people...). If you embrace this opportunity for cleansing and rejuvenation then you come out of the episode with renewed strength and vigour.

If you look carefully at children after they have been *supportively* nursed through an infectious disease, you will always see them do something new, depending upon their age and circumstances. An infant may

produce a tooth; a toddler who kept banging into things will walk confidently; a six-year old who is not reading will suddenly start to read. It is rather like a snake that has to crack off the old skin before it can grow, children go through these crises of self cleaning before they can move on to the next step. I have often seen children with endless snot or lots of warts have both of these cleared by a healthy bout of chicken pox.

Such infectious diseases do not improve the population, in the harsh Darwinian view of things, by killing off the weak and leaving only the strong ones to reproduce; they actually give each individual child the opportunity to strengthen their own individual immune system and make the best of what they have.

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Adults generally have a lot less vital energy than children – when did you last see an adult with one of those wonderful tomato coloured fevers of a child? – They are too old and knackered to produce one! Nevertheless, I see many people in my general practice who drag themselves from one infectious disease crisis to another – coughs, colds, 'flu, low grade fevers, endless tiredness – but they never stop for long enough to recuperate. Having a rest to allow nature to do her best



is not part of our twenty-first century philosophy. I see the adverts in the tube, "Don't be a wimp!!! Take 'XXXX 200' and get back to work!! " This is a recipe for disaster.

If you stop, go to bed, take the phone off the hook, do no reading, watch no TV or videos, do no computer work, open the window and drink plenty of fluids; after 48 hours you feel like a new person. If you have a family, let them all eat beans on toast or tuna and lettuce for a few days; they will survive. If you are on your own with children; that is what friends are for. If you don't feel close enough to your acquaintances to ask for help, ask anyway. That is how you make friends, and people enjoy being given the opportunity to give, it makes them feel good. The worst they can do is say, "No," then you can practice asking someone else. It is called 'networking!'

Proneness is an altogether different state. *Proneness* is not healthy. *Proneness* means general low immunity due to persistent lack of the necessities to support life and health. *Proneness* is caused by the lack of a clean water supply separate from sewage, lack of adequate quantities of nutritious food, lack of fresh air and appropriate ventilation, lack of warm, dry accommodation, lack of physical exercise, lack of sleep, lack of love and affection and lack of time. Such conditions wear

the body down so that eventually the organism starts to fail and the infectious diseases it contracts are not signs of a healthy body trying to right itself, but a sick body in slow decline, heading for longer term chronic disease and irreversible changes. We can see why infectious diseases such as measles and gastro-enteritis (diarrhoea and vomiting) are such killers in the parts of the world where so many of these conditions prevail.

'The Germ Theory of Disease' was promulgated by Louis Pasteur, a French chemist and bacteriologist, in the second half of the nineteenth century. He pioneered vaccines against anthrax and rabies. Dr James Compton Burnett, one of the renowned homoeopathic doctors and lecturers of his era was a contemporary of M. Pasteur. Dr Compton Burnett studied medicine in Vienna and returned to the United Kingdom to qualify in Glasgow in 1872. After becoming disillusioned with the medical practice of his day he turned to what he considered the more logical and holistic discipline of homoeopathy. It is instructive to read his views on the subject of infection and disease.

Following are some quotes from his book: "Vaccinosis and its cure by Thuja"(1)

"It seems to me probable that ordinary Jennerian vaccination is *not efficiently protective* in those whose proneness to catch smallpox is very *great*, while it is sufficiently protective where the proneness to catch smallpox is *small*...

"The unvaccinated are *not equally prone* to catch smallpox, yet we vaccinate them all *alike*...so we vaccinate to people to make them immune but some of the unvaccinated are already immune...

"My line of argument stands thus: Vaccination is preventative of smallpox when the proneness to

catch it is *small*, and when the proneness to catch it is small *those who do get it do not die of it.*"

As stated above, in those whose proneness to catch smallpox is great, the vaccine is less likely to be effective, and "if the vaccine *fails to protect, then the vaccinated person will be more likely to die.*"

How so?

"Vaccination is a *diseasing* process. When we vaccinate, we communicate *vaccinosis (vaccine disease)* to the person. If he, in addition to the vaccinosis, now gets smallpox, he is more likely to die the worse he has the vaccinosis, as the two diseases combine to kill the patient..."

"What is the ordinary liability of the perfectly healthy to catch smallpox ie, what is their prospective morbidity (*number who actually get the disease*), morbidity (*those who suffer ill health as a result*), and mortality (*those who die of the disease*)?"

"Assuming that vaccination does protect relatively and contingently, what price do we pay for the protection, not in money, but in vaccinal morbidity or vaccinosis?" It seems that "the mortality from smallpox remains in aggregate, the same, but in a greater percentage. That is to say, fewer people probably get smallpox but the absolute number of deaths is not affected, or is greater."(1)

Substituting *measles* or *whooping cough* and *MMR/ single measles vaccine* or *DPT* for Dr Compton Burnett's *smallpox* and *vaccination* brings this 19th century tractate right up-to-date in the light of the current debate over the desirability or otherwise of vaccinating our children against the plethora of diseases we are currently told that they will die of, or be damaged by if we don't.

But how many of our children are actually likely to get these diseases in the first place?

How many of them are not *prone* to catch these diseases anyway, and if they do catch them because they become *susceptible* to them at the appropriate time and for beneficial reasons – as outlined above - how many are likely to suffer ill effects or die because of it?

How many *are* prone to catch the diseases anyway and will not be helped much by the vaccines in terms of prevention, but *will* be damaged by the vaccine and might actually be *worse off* when they get the disease *because* of having been vaccinated??

Well, we are not likely to know because nobody is trying to find out. A paper was published in the *British Medical Journal* in 1985 by CL Miller, a senior epidemiologist at the Communicable Disease Surveillance Centre in London, looking at deaths from measles in England and Wales between 1970 and 1983 (2). This paper is always quoted by the Department of Health to emphasise that good health will not protect your children from the complications of measles –

"*Before 1988 (when the MMR was introduced) more than half the acute measles deaths occurred in previously healthy children who had not been immunised,*" (3)

says the *Immunisation against Infectious Diseases Handbook* in every GP's surgery. However, reading the paper itself, you will find that it specifically states, "*No attempt was made to establish vaccination history*".

Pretty amazing really. You would think that if someone were going to go to the bother of trawling through all that data, they would have taken the time to check whether the children who died of measles were vaccinated or not – we are supposed to be *scientists* after all.

The definition of '*healthy*' was also less that straight forward. The

children designated as 'healthy' were all those who did not have a 'pre-existing condition.' The 'pre-existing conditions' were:

"Cerebral palsy (24), mental retardation (20), Down's syndrome (19), various congenital abnormalities (abnormalities that one is born with) (22), Immune deficiency or Immunosuppression (9), Lymphatic leukaemia (19)...."In those with pre-existing conditions most were grossly physically or mentally abnormal or both"(2).

I think that most people, medically qualified or otherwise, would agree that there is probably a gradient between these individuals and healthy ones, yet we are told that all the rest were 'healthy.'

Then we have to ask how the children with measles who died were treated. Standard medical advice is to suppress all fevers with

paracetamol or Ibuprofen. This runs contrary to the body's natural attempts to throw out toxins and cleanse itself. In addition, paracetamol is metabolised in the liver. The liver is a major component of our immune system and is generally much better occupied in carrying out its immune functions during an illness than blocking itself up detoxifying paracetamol. Then there are the antihistamines that we prescribe to relieve itching or dry out the cough and the antibiotics that are often given although they are unhelpful in viral illnesses unless there is a bacterial secondary infection. All these clog up the body and interrupt what it needs to be doing to heal itself.

They say that the best things in life are free. When children are ill, what they need are: rest, fresh air, water, an ambient temperature of 15-18°C and lots and lots and lots of tender, loving care (not so easy any more, now that over fifty percent of UK

mothers with children under five are working away from home).

I find that homoeopathic remedies support the child through the process and help them to feel more comfortable, but those using naturopathic or natural hygienic methods manage fine without them.

CL Miller goes on to say,

"90% of deaths in those previously normal occurred in those over the age of 15 months, when vaccination is usually given."(2)

Bearing in mind what Dr Compton Burnett says about those who *have* been vaccinated but *still* get the disease possibly being worse off than those who were unvaccinated and got the disease, it is a shame that we cannot see which of those so-called *normal* children who died had been vaccinated.

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- (1) Compton Burnett J, *Vaccinosis and its cure by Thuja*, 2001 ed, B Jain publishers, New Delhi, p93 onwards ISBN81-7021-365-7
- (2) Miller CL, *Deaths from measles in England and Wales, 1970-83*, BMJ 1985;290:443to4
- (3) *Immunisation against infectious diseases HMSO London 199,6 p126*

A Source of Information about Vaccines to be read in conjunction with Department of Health Information
'Vaccinatable Diseases and their Vaccines by Jayne LM Donegan' available at:
<http://www.jayne-donegan.co.uk/articles>

To book a telephone or in person consultation to discuss health or vaccination issues, or if you would be interested in hosting a lecture or workshop in your area, please call: T/F 0044 (0)20 8632 1634 leaving your details clearly or email: jaynelmdonegan@yahoo.com



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Lectures Offered:

'Vaccination – the Question'

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'What do you do if you don't Vaccinate (and also if you do)? Supportive treatment of Childhood Illnesses'

*** 'Mumps, Measles, Rubella – Which is better: The Disease or the Vaccine?'**

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