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Biological Effects of Neutralising Vaccines: the Effects of Weak Electromagnetic Fields and the Concordance between the Two

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BACKGROUND

In the course of treating patients with migraine at the National Hospital for Nervous Diseases at Queen Square, London, it was clear that many of these seriously ill patients presenting at a tertiary referral centre had problems with food. A number of sensitivities were identified using the RAST (radioallergosorbent test) technique for IgE mediated food allergies. The interpretation of the test was as documented (Monro, *et al*., 1980) in a previous paper. The confirmation of their sensitivities was through undertaking an elimination diet followed by challenges. The elimination diet was for 5 days followed by sequential single food challenges with observation of symptoms and pulse changes of 10 bpm at 20 or 40 minutes. They also had intradermal skin testing using low-dose neutralising vaccines for foods. The neutralising testing was undertaken according to the principles that had been set down by Lee and Miller. This technique, refined in 1960 by Dr J B Miller, is a safe, effective treatment for sensitivities of all kinds, food, chemical or inhalant.

METHOD

Lee (1961) found that, by limiting skin testing to single foods, using different dilutions of the food extract, reactions were induced at some strengths and relieved at others. He subsequently used the technique for inhalant allergens, insect bites, drug reactions, and fungus and yeast infections. Theron Randolph later used this technique for food and Binkley used it for gases, air pollutants and plant terpenes; Miller (1979) modified the method for treatment of Herpes and other active viral infections and used hormonal neutralising doses for the relief of dysmenorrhoea and premenstrual tension.

Miller (1977) described "Food Allergy Provocation Testing and Injection Therapy." Serial dilutions of antigens are prepared, starting with a stock extract that is diluted in a 1:5 ratio in a diluent.

Final concentrations in Vials

Vial number	Degree of dilution	Final concentration
Concentrate	0	1:20
1	5 x	1:100
2	25 x	1:500
3	125 x	1:2,500
4	625 x	1:12,500
5	3,125 x	1:62,500
6	15,625 x	1:312,500
7	78,125	1:1,562,500
8	390,625 x	1:7,812,500
9	1,953,125 x	1:39,062,500

Patients are injected intradermally with a starting dose of antigen - usually 0.01 ml of a 1:500 strength. The size and characteristics of the wheal are recorded initially and after 10 minutes. Those wheals that give “positive” reactions are described:

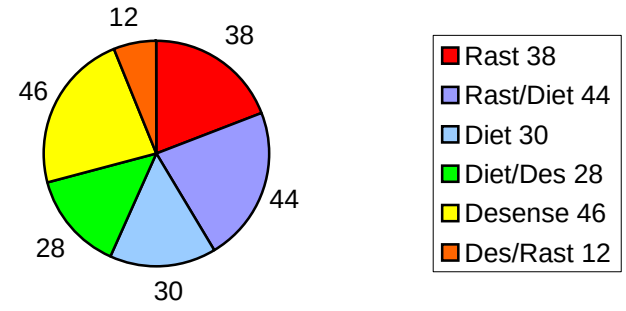
1. Growth of at least 2 mm in average diameter
2. Blanching
3. Hardness
4. Raised
5. Discoid (thick, circular, with cliff-like, sharply demarcated edges).

During the 10-minute interval symptoms may be induced, such as headache, sleepiness, lethargy, depression, elation and weakness of limbs. Pulse changes may occur with arrhythmia and chest pain, and peripheral vascular changes, abdominal bloating, abdominal pain, oedema, skin itching and urticaria are common.

Further intradermal injections are given with sequential decreasing strengths of vaccines. The neutralising dilution is usually that dose which gives the first negative wheal that does not grow more than 2 mm in each direction and no symptoms.

The following were identified:

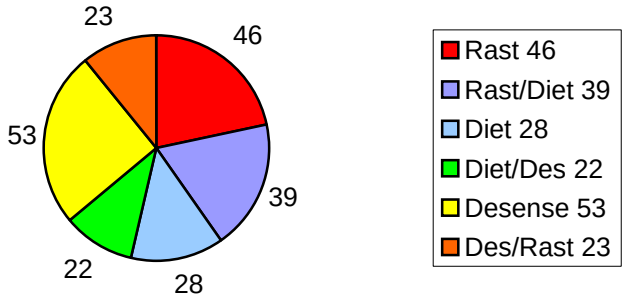
GRAIN



No. of patients

Any indications **219** All indications **21** Sample size **286**

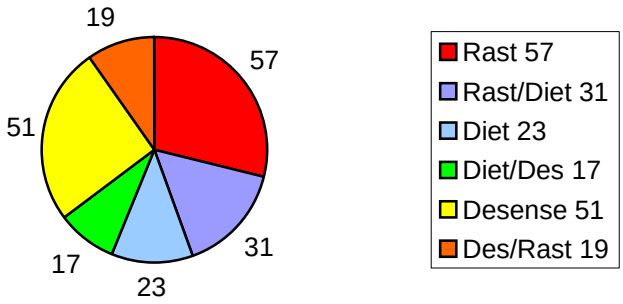
DAIRY PRODUCTS



No. of patients

Any indications **224** All indications **13** Sample size **286**

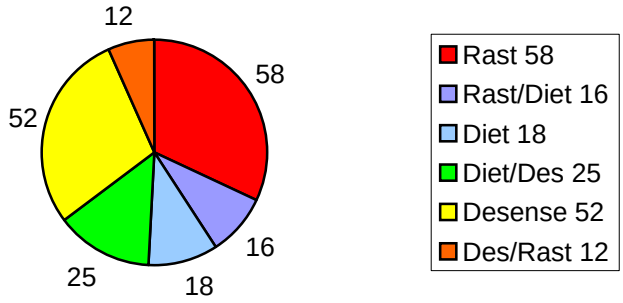
MILK



No. of patients

Any indications **208** All indications **10** Sample size **286**

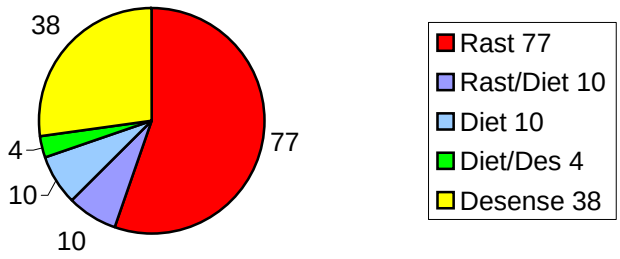
WHEAT



No. of patients

Any indications **199** All indications **18** Sample size **286**

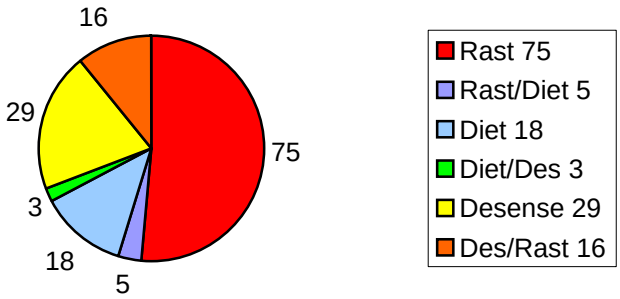
EGG



No. of patients

Any indications **162** All indications **8** Sample size **286**

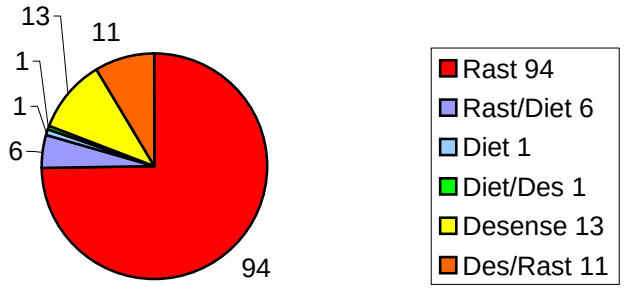
CHEESE



No. of patients

Any indications **161** All indications **5** Sample size **286**

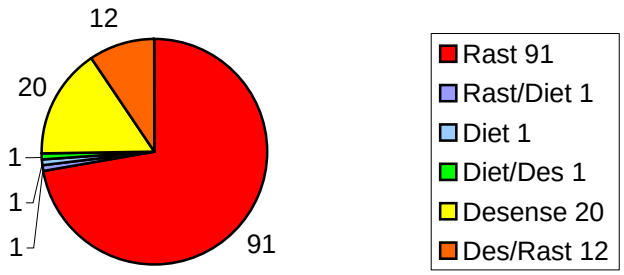
TOMATO



No. of patients

Any indications **126** All indications **0** Sample size **286**

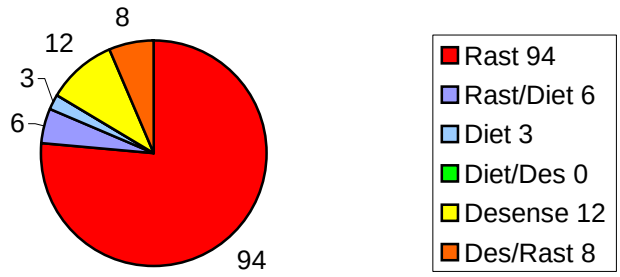
RICE



No. of patients

Any indications **126** All indications **0** Sample size **286**

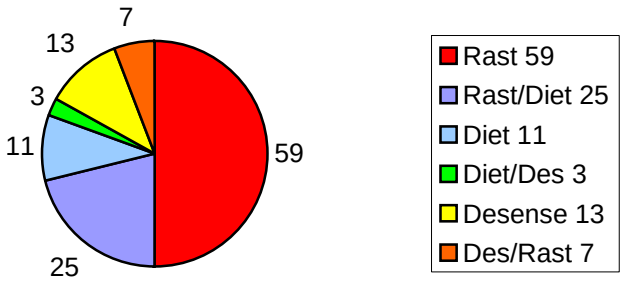
FISH



No. of patients

Any indications **123** All indications **0** Sample size **286**

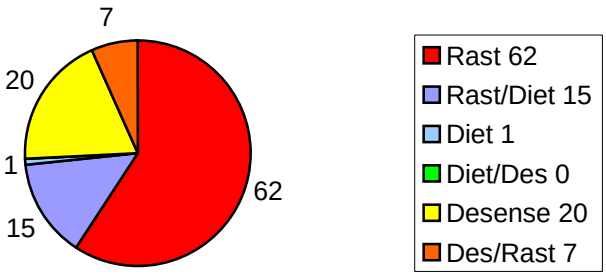
TEA



No. of patients

Any indications **122** All indications **4** Sample size **286**

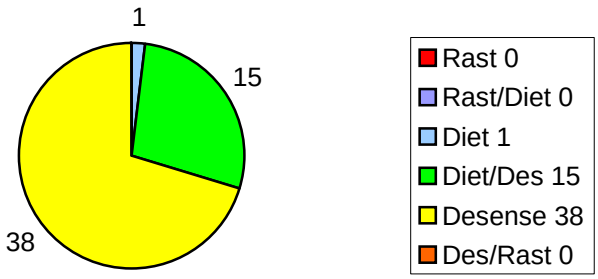
APPLE & ORANGE



No. of patients

Any indications **110** All indications **5** Sample size **286**

MAIZE & OATS



No. of patients

Any indications **54** All indications **0** Sample size 286

This indicates that the reactions provoked and neutralised depend not on antigen/antibody reactions at a particular site, but on reactions, which can be induced

and negated in periodic fashion by a total body response. In a similar way an individual may react in an addictive way to food - one slice of bread may be an "underdose" in an individual who may compulsively require three for satiation. The equivalent situation in drug, tobacco or alcohol addicts is that they may require a particular "dose" before craving is satisfied.

These observations imply that the antigen/antibody response, though it may be one of the pathways for the body's recognition and handling of foreign material, is not the only mechanism. One must distinguish between correlation and cause. Because of the known involvement of the endorphin system in addiction, it is likely that this, too, is involved in the reactions that have been described in provocation/neutralisation.

The dilutions were initially prepared with a preservative of 0.4% phenol, and it was clear that the phenol preservative that was present in every dilution was causing problems in that many patients had persistent symptoms. The standard method of managing this would have been to desensitise to the phenol using a phenol solution in saline in a series of sequence of dilutions so that a neutralising end-point could be achieved. However, because of the severity of symptoms in these migraineurs it was thought more suitable to prepare the dilutions in saline with no preservatives and to freeze the vaccines between clinics when they would be used. At the clinics a row of different strengths of vaccines was provided, each in a glass vial – all were frozen initially.

Obviously the solution had to be thawed before use and at this point serendipity played a part. Because the patients were eager to have their treatment, they began to hold vaccine tubes with frozen material in them. They began to evince symptoms similar to the symptoms they had when the material was injected. This was a puzzling phenomenon and it was thought that perhaps there had been a contaminant on the outside of the vials which were then washed and the patient given the vial to hold again. However, the same symptoms occurred, whether the material was frozen or thawed. It was then thought it was possible that they were reacting to cold, as it is known that cold can induce immunological responses, but the vaccines, when thawed and at room temperature, could have the same effect, even though contained in a vial.

The glass containers were sent to the National Physical Laboratory with the enquiry as to what could be transmitted through the glass of the vials. The response was that there were frequencies that could penetrate the glass of the vials within the range of radio wave frequencies. It was clear that “antigens” within the vials were having an interactive effect with the patient through the glass vial.

Patients were then exposed to vials that were screened from them either by solid plates or by meshes. Where the mesh pore size was large enough the vaccine could have an effect. Where the screening was with a solid plate there was no effect. Where an intermediate mesh pore size was used, on some occasions there was a screening effect with no symptoms being induced, and on others symptoms were produced. Hence it was clear that the interactive effect was an electromagnetic one penetrating through meshes but screened by solid metal plates.

It was then thought appropriate to apply some of the liquid vaccine to the skin of the patients. Patients could react to these if they were very sensitive. The more acutely sensitive the patients the more reactive they were. As the patients attending the facility were migraineurs it was thought that this could apply particularly to patients with migraine.

It has been postulated by Sicuteri [5] that migraine is an endorphin withdrawal syndrome. Indeed, most of the effects of injected antigens are similar to those induced by endorphins, i.e. drowsiness, altered mood, autonomic nervous system changes, such as alteration in colour of hands or face - either flushing or pallor, widening of the pupils and gastrointestinal symptoms. These effects are often seen when the provocation/neutralisation technique is used.

These observations can be explained by postulating that the basic mechanism for the reaction to antigen is mediated electromagnetically. It is known, for example, that endorphin production can be stimulated by electrical means.

Biological systems use the same atoms and molecules as physical systems, and life has evolved in an atmosphere flooded with electromagnetic radiation. Simply described, the earth is an electromagnet with North and South poles. For over a decade, Dr Cyril Smith [6] has studied the interactions of electromagnetic fields with biological materials.

He observed that the growth rate of bacterial cultures of E. coli varied in different magnetic field strengths - low field strengths of the order of a few millitesla were effective in altering growth rate. As the field strength was increased the effect did not increase in magnitude. These Mean Generation Time studies were followed by enzyme studies, selected for more refined examination of the enzymatic lac operon system in E. coli.

The transcription of the B-galactosidase gene is controlled (Davies and Walker 1979) by a repressor protein that binds very strongly to a specific site on the DNA, located just outside the structural gene. In this position the repressor physically prevents the polymerase from moving into the structural gene, since the repressor interposes itself between them. Repressor protein molecules are continually being synthesized and degraded, so that the system is in a state of dynamic equilibrium. There is, therefore, always a finite, though small, probability that the repressor site will be unoccupied and the B-galactosidase synthesis can occur.
The response of this system to chemical disturbance is very rapid and reversible. It is clear that such a responsive system is likely to be sensitive to external factors, such as the low-strength magnetic fields that have already been shown to have significant effects on the growth of E. coli.

Three hundred cultures of E. coli were grown in controlled experimental conditions of a fixed magnetic field and B-galactosidase synthesis assayed. It was found that

certain critical field strengths could control B-galactosidase synthesis through the presence or absence of the repressor protein on the DNA chain. The enzyme lysozyme was also found to be influenced by weak E.L.F. fields and the mean generation time of yeast cultures *Saccharomyces cerevisiae* grown in E.L.F. fields varied.

These studies formed the basis of an understanding that biological systems could be affected by weak fields. Interestingly, the effects were not magnified by increased strength of field.

Dr Smith had also demonstrated that reactivity to weak electromagnetic fields could be discerned by other living systems. Collaboration with Dr Smith then followed. Patients were taken to Salford University and put into a Faraday cage that was completely screened from external electromagnetic frequencies. Within the Faraday cage the patients were exposed blind to frequencies which were created from a frequency generator through the electromagnetic spectrum from 1 Hz to 2 GHz. In fact well away from the equipment to which they were not directly exposed (3 metres away) and the symptoms of the very weak electromagnetic fields produced by the frequency generators were cyclically induced. They were similar to the symptoms that the patients experienced with the low-dose neutralising vaccines until the points where the neutralising dose had been achieved. The concordance between the effects of electromagnetic frequencies and the effects of low-dose neutralising vaccines was exact for any individual patient's symptoms.

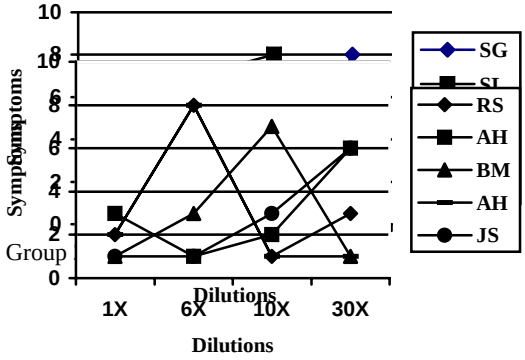
In view of this, preparations of antigens in saline dilution were made in series of 1:5 dilution starting with 0.5 % dilutions well below Avogadro's Number. The cyclical changes occurring in patients sometimes at different dilutions were recorded. Antigen dilution was assumed therefore to produce the effects electromagnetically.

In view of these observations, it was decided to investigate homoeopathic dilutions and their effects on patients. Fifteen patients were selected. Each of these patients had been previously diagnosed as being allergic to wheat, milk and egg, both by elimination diet followed by challenge which induced symptoms or observable physiological changes, and by previous skin testing using the provocation/neutralization method, with vaccines on the scale shown at the start of this paper. The vaccines were prepared by Ainsworth Homoeopathic Pharmacy in dilutions of 1x, 6x, 10x, 30x.

Patients were exposed to each of these strengths within their vials, and also injected intradermally, with a 0.05 ml wheal being raised. Symptoms were noted and charted. They then held the vial and symptoms were noted. Where symptoms occurred, intermediary preparations of vaccines were obtained and charted.

RESULTS

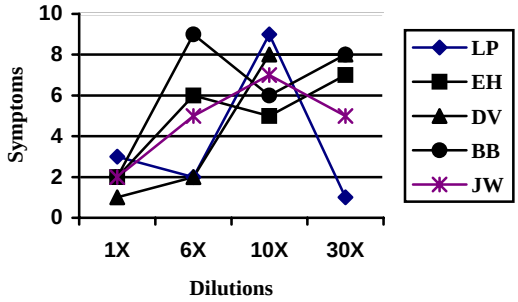
Symptoms to milk at different dilutions



DISCUSSION

Dilutions of antigens below Avogadro's number, viz homoeopathic remedies, behaved in a manner similar to antigens injected sequentially, as in the Miller provocation/neutralization technique, and homoeopathic remedies have a similar pattern of provoking and neutralising symptoms.

The secondary effect of exposure to antigens is alteration of antigen/antibody response. It may be that the antigen exposure in weak dilutions triggers the endorphin system, particularly in view of the fact that responses are almost immediate on exposure to antigens. That dramatic response was similar in timescale to anaphylaxis, which can occur in fractions of a second. Unless this were an electrically-mediated phenomenon, it would be impossible for a protracted chemical antigen/antibody response to provoke states of collapse such as anaphylaxis in the very short time following exposure to antigen. It has been clearly shown that electromagnetic fields can alter endorphin production.



Because antigen effects can be transmitted through the glass vial of vaccine containers, they must be exercising an electromagnetic effect and because these effects are so similar to those seen in morphine withdrawal states, the endogenous opioid system must have been triggered and an opioid withdrawal effect provoked. Homoeopathic remedies act electromagnetically and can trigger antigen/antibody responses in a cyclical fashion as well as opioid effects, and opioid withdrawal effects in a similar pattern of response.

CONCLUSION

There is an absolute concordance between neutralising vaccines, electromagnetic fields and homoeopathy. Each impinges on recognition systems in the individual which have a final common pathway and can produce identical symptoms or nulify these symptoms. The response of these influences cannot be a cumbersome immunological action as recognised by antibody responses as the responses are very swift. It must therefore lie in the chemical sphere with such delicate mechanisms as the endorphin system or intracellular memory such as cytokines.

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(6) Cyril Smith ……

(7) Choy Ray V.S. Monro J.A. and Smith C.W. Electrical Sensitivities in Allergy Patients. Clinical Ecology 4(3):93-102.

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