

<http://www.whale.to/vaccines/antibody.html>

Antibody Theory

[Quotes](#) [Disease theory](#)

[\[11, 2005\] HOW DO THEY ACTUALLY TEST FOR BIRD FLU? --Rappoport](#)

[THE ANTIBODY RUSE AND FALSE SCIENCE --Rappoport](#)

Big business

"The antibody business: Millions of screening tests are distributed, each blood sample needs to be tested (4 millions in Germany alone)."--[By Claus Köhnlein](#)

Antibodies used as measure of immunity:

"He said the normal trials on a new vaccine were not possible in Britain because of the relatively small numbers of people who contracted the disease. Instead scientists had tested whether the vaccine produced sufficient antibodies."--[Media report on meningitis C vaccine](#)

"The administration of Rabies Vaccine Inactivated (Diploid Cell Origin), Dried stimulates the rapid development of specific antibodies."--[Rabies Vaccine Inactivated \(Diploid Cell Origin\), Dried](#)

Antibodies not a measure of immunity:

A "titer" is a measurement of how much antibody to a certain virus (or other antigen) is circulating in the blood at that moment. Titers are usually expressed in a ratio, which is how many times they could dilute the blood until they couldn't find antibodies anymore. So let's say they could dilute it two times only and then they didn't find anymore, that would be a titer of 1:2. If they could dilute it a thousand times before they couldn't find any antibody, then that would be a titer of 1:1000. A titer test does not and cannot measure immunity, because immunity to specific viruses is reliant not on antibodies, but on memory cells, which we have no way to measure. Memory cells are what prompt the immune system to create antibodies and dispatch them to an infection caused by the virus it "remembers." Memory cells don't need "reminders" in the form of re-vaccination to keep producing antibodies. (Science, 1999; "Immune system's memory does not need reminders.") [ACCESS to JUSTICE. MMR10 - IN EUROPE](#)

The theory that the creation of antibodies in the blood indicates that protection against disease has been established is not supported by experience. The Medical Research Council's Report on Diphtheria Outbreaks in Gateshead and Dundee, published in 1950. showed that many of the persons actually in hospital with diphtheria had far more anti-toxin in their blood than was said to be required for complete protection against diphtheria, whilst nurses and others in close contact with diphtheria infection and without sufficient anti-toxin remained immune. [\[1957\] THE BRAINS OF THE INOCULATED](#) [Speech by LILY LOAT](#)

"Human trials generally correlate "antibody" responses with protection - that is if the body produces antibodies (proteins) which bind to vaccine components, then it must be working and safe. Yet Dr March says antibody response is generally a poor measure of protection and no indicator at all of safety. "Particularly for viral diseases, the 'cellular' immune response is all important, and **antibody levels and protection are totally unconnected.**"--[Private Eye 24/1/2002](#)

"The fallacy of this (antibody theory) was exposed nearly 50 years ago, which is hardly recent. A report published by the Medical Research Council entitled 'A study of diphtheria in two areas of Gt. Britain, Special report series 272, HMSO 1950 demonstrated that many of the diphtheria patients had high levels of circulating antibodies, whereas many of the contacts who remained perfectly well had low antibody.'"--Magda Taylor, [Informed Parent](#)

"Just because you give somebody a vaccine, and perhaps get an antibody reaction, doesn't mean a thing. The only true antibodies, of course, are those you get naturally. What we're doing [when we inject vaccines] is interfering with a very delicate mechanism that does its own thing. If nutrition is correct, it does it in the right way. Now if you insult a person in this way and try to trigger off something that nature looks after, you're asking for all sorts of trouble, and we don't believe it works."—[Glen Dettman Ph.D](#), interviewed by Jay Patrick, and quoted in "The Great American Deception," Let's Live, December 1976, p. 57.

"Many measles vaccine efficacy studies relate to their ability to stimulate an antibody response, (sero-conversion or sero-response). An antibody response does not necessarily equate to immunity..... the level of antibody needed for effective immunity is different in each individual.....immunity can be demonstrated in individuals with a low or no detectable levels of antibody. Similarly in other individuals with higher levels of antibody there may be no immunity. We therefore need to stay clear on the issue: How do we know if the vaccine is effective for a particular individual when we do not know what level of antibody production equals immunity?"--[Trevor Gunn BSc](#)

[A jab in the dark](#)

" The antibody business: Millions of screening tests are distributed, each blood sample needs to be tested (4 millions in Germany alone) ... The therapy business: Antiviral medication, 3 or 4 or 5 fold combinations, AIDS can't be topped in this department. With intoxication hypotheses on the other hand you cannot make any money at all. The simple message is: Avoid the poison and you won't get sick. Such hypotheses are counterproductive insofar as the toxins (drugs, alcohol, pills, phosmet) bring high revenues. The conflict of interests is not resolvable: What virologist who does directly profit millions from their patent rights of the HIV or HCV tests (Montagnier, Simon Wain-Hobsen, Robin Weiss, Robert Gallo) can risk to take even one look in the other direction."--[By Claus Köhnlein](#)

"When they say immunogenicity what they actually mean is antibody levels. Antibody levels are not the same as IMMUNITY. The recent MUMPS vaccine fiasco in Switzerland has re-emphasised this point. Three mumps vaccines—Rubini, Jeryl-Lynn and Urabe (the one we withdrew because it caused encephalitis) all produced excellent antibody levels but those vaccinated with the Rubini strain had the same attack rate as those not vaccinated at all (12), there were some who said that it actually *caused* outbreaks."--[Dr Jayne Donegan](#)

"Whenever we read vaccine papers the MD researchers always assume that if there are high antibody levels after vaccination, then there is immunity (immunogenicity). But are antibody levels and immunity the same? No! Antibody levels are not the same as IMMUNITY. The recent MUMPS vaccine fiasco in Switzerland has re-

emphasized this point. Three mumps vaccines-Rubini, Jeryl-Lynn and Urabe (the one withdrawn because it caused encephalitis) all produced excellent antibody levels but those vaccinated with the Rubini strain had the same attack rate as those not vaccinated at all, there were some who said that it actually caused outbreaks. Ref: Schegal M et al Comparative efficacy of three mumps vaccines during disease outbreak in Switzerland: cohort study. BMJ, 1999; 319:352-3."--[Ted Koren DC](#)

"In order to better grasp the issue of vaccine effectiveness, it would prove helpful for us to go back to the early theoretical foundation upon which current vaccination and disease theories originated. In simplest terms, the theory of artificial immunization postulates that by giving a person a mild form of a disease, via the use of specific foreign proteins, attenuated viruses, etc., the body will react by producing a lasting protective response e.g., antibodies, to protect the body if or when the real disease comes along.

This primal theory of disease prevention originated by Paul Ehrlich--from the time of its inception--has been subject to increasing abandonment by scientists of no small stature. For example not long after the Ehrlich theory came into vogue, W.H. Manwaring, then Professor of Bacteriology and Experimental Pathology at Leland Stanford University observed:

I believe that there is hardly an element of truth in a single one of the basic hypothesis embodied in this theory. My conviction that there was something radically wrong with it arose from a consideration of the almost universal failure of therapeutic methods based on it . . . Twelve years of study with immuno-physical tests have yielded a mass of experimental evidence contrary to, and irreconcilable with the Ehrlich theory, and have convinced me that his conception of the origin, nature, and physiological role of the specific 'antibodies' is erroneous.³³

To afford us with a continuing historical perspective of events since Manwaring's time, we can next turn to the classic work on auto-immunity and disease by Sir MacFarlane Bumett, which indicates that since the middle of this century the place of antibodies at the centre stage of immunity to disease has undergone "a striking demotion." For example, it had become well known that children with agammaglobulinaemia--who consequently have no capacity to produce antibody--after contracting measles, (or other zymotic diseases) nonetheless recover with long-lasting immunity. In his view it was clear "that a variety of other immunological mechanisms are functioning effectively without benefit of actively produced antibody."³⁴

The kind of research which led to this a broader perspective on the body's immunological mechanisms included a mid-century British investigation on the relationship of the incidence of diphtheria to the presence of antibodies. The study concluded that there was no observable correlation between the antibody count and the incidence of the disease." "The researchers found people who were highly resistant with extremely low antibody count, and people who developed the disease who had high antibody counts.³⁵ (According to Don de Savingy of IDRC, the significance of the role of multiple immunological factors and mechanisms has gained wide recognition in scientific thinking. [For example, it is now generally held that vaccines operate by stimulating non-humeral mechanisms, with antibody serving only as an indicator that a vaccine was given, or that a person was exposed to a particular infectious agent.])

In the early 70's we find an article in the Australian Journal of Medical Technology by medical virologist B. Allen (of the Australian Laboratory of Microbiology and Pathology, Brisbane) which reported that although a group of recruits were immunized for Rubella, and uniformly demonstrated antibodies, 80 percent of the recruits contracted the disease when later exposed to it. Similar results were demonstrated in a consecutive study conducted at an institution for the mentally disabled. Allen--in commenting on herb research at a University of Melbourne seminar--stated that "one must wonder whether the . . . decision to rely on herd immunity might not have to be rethought.³⁶

As we proceed to the early 80s, we find that upon investigating unexpected and unexplainable outbreaks of acute infection among "immunized" persons, mainstream scientists have begun to seriously question whether their understanding of what constitutes reliable immunity is in fact valid. For example, a team of scientist writing in the New England Journal of Medicine provide evidence for the position that immunity to disease is a broader bio-ecological question than the factors of artificial immunization or serology. They summarily concluded: "It is important to stress that immunity (or its absence) cannot be determined reliable on the basis of history of the disease, history of immunization, or even history of prior serologic determination.³⁷

Despite these significant shifts in scientific thinking, there has unfortunately been little actual progress made in terms of undertaking systematically broad research on the multiple factors which undergird human immunity to disease, and in turn building a system of prevention that is squarely based upon such findings. It seems ironic that as late as 1988 James must still raise the following basic questions. "Why doesn't medical research focus on what factors in our environment and in our lives weaken the immunesystem? Is this too simple? too ordinary? too undramatic? Or does it threaten too many vested interests . . . ?" ³⁸---[Dr Obomsawin MD](#)

"FROM REPEATED medical investigations, it would seem that antibodies are about as useful as a black eye in protecting the victim from further attacks. The word "antibody" covers a number of even less intelligible words, quaint relics of Erlich's side-chain theory, which the greatest of experts, McDonagh, tells us is "essentially unintelligible". Now that the old history, mythology and statistics of vaccination have been exploded by experience, the business has to depend more upon verbal dust thrown in the face of the lay public. The mere layman, assailed by antibodies, receptors, haptophores, etc., is only too pleased to give up the fight and leave everything to the experts. This is just what they want, especially when he is so pleased that he also leaves them lots and lots of real money.

The whole subject of immunity and antibodies is, however, so extremely complex and difficult, *especially to the real experts*, that it is a relief to be told that the gaps in their knowledge of such things are still enormous.

We can obtain some idea of the complexity of the subject from *The Integrity of the Human Body*, by Sir Macfarlane Burnet. He calls attention to the fact—the mystery—that some children can never develop any antibodies at all, but can nevertheless go through a typical attack of, say, measles, make a normal recovery and show the normal continuing resistance to reinfection. Furthermore, we have heard for years past of attempts made to relate the amount of antibody in patients

to their degree of immunity to infection. The, results have often been so farcically chaotic, so entirely unlike what was expected, that the scandal has had to be hushed up—or put into a report, which is much the same thing (*vide* M.R.C. Report, No. 272, May 1950, *A Study of Diphtheria in Two Areas of Great Britain*, now out of print). The worse scandal, however, is that the radio is still telling the schools that the purpose of vaccinating is to produce antibodies. *The purpose of vaccinating is to make money!*"---[Lionel Dole](#)

Crone, NE; Reder, AT; Severe tetanus in immunized patients with high anti-tetanus titers; *Neurology* 1992; 42:761-764;

Article abstract: Severe (grade III) tetanus occurred in three immunized patients who had high serum levels of anti-tetanus antibody. The disease was fatal in one patient. One patient had been hyperimmunized to produce commercial tetanus immune globulin. Two patients had received immunizations one year before presentation. Anti-tetanus antibody titers on admission were 25 IU/ml to 0.15 IU/ml by hemagglutination and ELISA assays; greater than 0.01 IU/ml is considered protective. Even though one patient had seemingly adequate anti-tetanus titers by in vitro measurement 0.20 IU in vivo mouse protection bioassays showed a titer less than 0.01 IU/ml, implying that there may have been a hole in her immune repertoire to tetanus neurotoxin but not to toxoid. This is the first report of grade III tetanus with protective levels of antibody in the United States. The diagnosis of tetanus, nevertheless, should not be discarded solely on the basis of seemingly protective anti-tetanus titers. <http://www.ncbi.nlm.nih.gov/htbin-post/Entrez/query?uid=1565228&fom=6&db=m&Dopt=b>

Antibody titres are not equivalent to immunity. Studies show that antibody levels induced by vaccine are also lower than those following natural infection (Weibel RE, Sokes J Jr, Buynak EB, Whitman JE Jr, Hilleman MR. Live, attenuated mumps-virusvaccine: 3. Clinical and serologic aspects in a field situation. *N Engl J Med* 1967;276:245-51 and

Weibel RE, Buyak EB, McLean AA, Roehm RR, Hilleman MR. Follow-up surveillance for antibody in human subjects following live attenuated measles, mumps, and rubella virus vaccines. *Proc Soc Exp Biol Med* 1979;162:328-32.)

Field studies show lower estimates for vaccine effectiveness than would be consistent with antibody titres, sometimes dramatically so (Chaiken BP, Williams NM, Preblud SR, Parkin W, Altman R. The effect of a school entry law on mumps activity in a school district. *JAMA* 1987;257(18): 2455-8 and Kim-Farley R, Bart S, Stetler H, et al. Clinical mumps vaccine efficacy. *Am J Epidemiol* 1985;121:593-7.)

<http://www.whale.to/a/children1.html>

Unvaccinated children healthier

[Quotes](#)

[The real reason behind the drive for high vaccination levels is to make sure there are no groups of healthy unvaccinated kids around to show up vaccination. [Dan Olmsted](#) exposed that with the Amish.]

"The reason vaccinations are promoted with such intensity is to prevent people from realising that vaccines do not protect and also in the event of an outbreak or an epidemic the vaccinated are as much at risk of becoming infected as the unvaccinated. The truth can be kept hidden if people's vaccination status remains unknown and if everyone is vaccinated, making a comparison with unvaccinated people impossible. This is also the real reason for the relentless push to vaccinate as many children as possible."-- Dr [Buchwald](#) (The Decline of Tuberculosis despite "Protective" Vaccination by Dr. Gerhard Buchwald M.D. p101)

See: [Dan Olmsted Vaccine autism quotes](#) [Main reason for high vaccination drive \[May 2005 Germany\]](#) [Who is healthier, the vaccinated or the unvaccinated?!](#)

[Unvaccinated Children are Healthier by Sue Claridge \[pdf\]](#)

"I have not seen autism with the Amish," said Dr. Frank Noonan, a family practitioner in Lancaster County, Pa., who has treated thousands of Amish for a quarter-century. *"You'll find all the other stuff, but we don't find the autism. We're right in the heart of Amish country and seeing none, and that's just the way it is."*

In Chicago, Homefirst Medical Services treats thousands of never-vaccinated children whose parents received exemptions through Illinois' relatively permissive immunization policy. Homefirst's medical director, Dr. Mayer Eisenstein, told us he is not aware of any cases of autism in never-vaccinated children; the national rate is 1 in 175, according to the Centers for Disease Control and Prevention. "We have a fairly large practice," Eisenstein told us. *"We have about 30,000 or 35,000 children that we've taken care of over the years, and I don't think we have a single case of autism in children delivered by us who never received vaccines."* "We do have enough of a sample," Eisenstein said. "The numbers are too large to not see it. We would absolutely know. We're all family doctors. If I have a child with autism come in, there's no communication. It's frightening. You can't touch them. It's not something that anyone would miss."

Dr. Jeff Bradstreet, a Florida family practitioner with ties to families who homeschool their children for religious reasons, told Age of Autism he has proposed such a study in that group. *"I said I know I can tap into this community and find you large numbers of unvaccinated homeschooled,"* said Bradstreet, *"and we can do simple prevalence and incidence studies in them, and my gut reaction is that you're going to see no autism in this group."*

<http://www.upi.com/ConsumerHealthDaily/view.php?StoryID=20060728-111605-3532r>

Salzburger Elternstudie (Survey of / by parents) (2001-2005) Results: **Unvaccinated children -- virtually no asthma; vaccinated 1 in 10; and three to five times less Neurodermatitis**.....Englische Kohortenstudie (1988 - 1999)

Results: **Vaccinated children are up to 14 times more likely to have asthma than the unvaccinated and up to nine times more like to have skin problems.**Langzeitstudie in Guinea-Bissau: Results **The death rate for unvaccinated children is about half that of the vaccinated.**Schwedische Studie an Waldorfschulen: Results Unvaccinated kids have a lower risk of allergies..[[May 2005 Germany](#)] [Who is healthier, the vaccinated or the unvaccinated?!](#)

"I observed that my unvaccinated children were healthier, hardier and more robust than their vaccinated peers. Allergies, asthma and pallor and behavioral and attentional disturbances were clearly more common in my young patients who were vaccinated. My unvaccinated patients, on the other hand, did not suffer from infectious diseases with any greater frequency or severity than their vaccinated peers: their immune systems generally handled these challenges very well."--[Incao's Hepatitis B Vaccination Testimony](#)

"The conclusion of the research report was: **Children who received all of the AAP recommended vaccinations were 14 times more likely to become learning disabled and 8 times more likely to become autistic compared with children who were never vaccinated.** [Donald Meserlian, P.E., VOSI Chairman & ASTM Member](#) March 2002

Studies re using completely unvaccinated children as controls:

"**P.Aaby et al, *Pediat Infec Dis J* 8:197-200,1989**---By comparing groups of children with apparently different vaccination status, this study suggests that measles vaccination reduces mortality by 30%. However, their comparisons in this study would lead one to have serious misgivings about their conclusions. The group used as a "non-vaccinated" group were in fact vaccinated between certain dates. They were found to have undetectable levels of antibody and therefore it was assumed that the vaccine did not work, hence this was used as a 'control' non-vaccinated group. Most of a second group of 123 individuals, vaccinated at another time were found to have responded and were therefore used as the vaccinated group. However 15 of this vaccinated group did not seroconvert and they were excluded from the results! Three of these children died!"---[Trevor Gunn BSc](#)

"It is a pretty bad habit of vaccine researchers to give several vaccines simultaneously where the effect of only one of them has to be studied and evaluated. Obviously this leads to confounding results.....for evaluation of side-effects in most studies was restricted to 48 to 72 hours. Needless to say that many serious adverse effects show up long after that time span; by definition they could never be mentioned in those studies. Nevertheless most of these studies pretend to prove the safety of the vaccine."--[Kris Gaublomme MD](#)

" One of the flaws in studies of vaccines is that there are no true placebo groups. The vaccine is tested in one group of immunized children and is compared to another group of immunized children."--[Peter Baratosy](#)

"Another point which I document in my presentation... is that there is little or no objective research into the possible adverse effects of vaccines. There has never been a study comparing vaccinated to unvaccinated children. The only explanation for this is bias and political pressure."--[Philip Incao MD](#)

<http://www.whale.to/m/germs.html>

Germs vs toxins

" The antibody business: Millions of screening tests are distributed, each blood sample needs to be tested (4 millions in Germany alone) ... The therapy business: Antiviral medication, 3 or 4 or 5 fold combinations, AIDS can't be topped in this department. With intoxication hypotheses on the other hand you cannot make any money at all. The simple message is: Avoid the poison and you won't get sick. Such hypotheses are counterproductive insofar as the toxins (drugs, alcohol, pills, phosmet) bring high revenues. The conflict of interests is not resolvable: What virologist who does directly profit millions from their patent rights of the HIV or HCV tests (Montagnier, Simon Wain-Hobsen, Robin Weiss, Robert Gallo) can risk to take even one look in the other direction."--[By Claus Köhnlein](#)