

What Can the Smallpox Vaccine Disaster Teach Us About Spike Protein Injuries?

Analysis by A Midwestern Doctor

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STORY AT-A-GLANCE

- > The smallpox vaccine was an unproven therapy promoted by a conman the medical community was initially skeptical of. However, once doctors were paid to administer it and supported by the state for doing so, they reversed their position
- > The smallpox vaccine caused a wide range of severe injuries, and rather than prevent smallpox, frequently caused outbreaks. Rather than reconsider the vaccine, governments and doctors covered it up and doubled down on the vaccine — something almost identical to what we saw throughout COVID-19
- Increasingly draconian vaccine mandates led to greater and greater public protest, which culminated a century after the vaccine's invention with the vaccination mandates being overturned — which not long after was followed by the disappearance of smallpox
- > Physicians who were able to observe the introduction of the vaccine cataloged a remarkable number of health complications develop in their patients. Many of these illnesses have since come to be seen as "normal" and the more severe ones parallel injuries observed with the COVID-19 vaccines

When you study history, it is always striking how frequently dysfunctional cycles tend to repeat themselves — which is why many of us were able to foresee much of what came to pass with the disastrous COVID-19 vaccines.

Medicine has its fair share of erroneous beliefs (which frequently have little to no evidence supporting them). Sadly, my profession has held tightly onto them for

centuries regardless of the problems those beliefs create and I believe the vaccination meme is one of the most harmful ones.

I originally was compelled to start a Substack at the start of 2022 when I realized the mass protests against the COVID-19 vaccine mandates (i.e., those in Australia and then later Canada's trucker convoy) were a mirror of what had happened approximately 150 years ago with the smallpox vaccines.

I felt this was critical for everyone to know, both so we could learn the lessons of our forefathers who fought against similar unjustified vaccination mandates and in the hope that the current circumstances could at last allow us to break free of this cycle.

Not being sure where else to go, I reached out to Steve Kirsch and despite not knowing me, he kindly used his platform to promote both the article and unexpectedly, my own Substack. It in turn took off thanks to the kindness of many others I followed like Dr. Mercola.

At the time I wrote the Smallpox article, I had no experience or expectations of blogging, so the article had a lot of room for improvement. Since much of the madness we are seeing today began over a century ago with the smallpox vaccine, I believe that to set things straight now, it is critically important to consider what happened then and the profound damage it inflicted on the health of the human species.

The Vaccine Positive Feedback Cycle

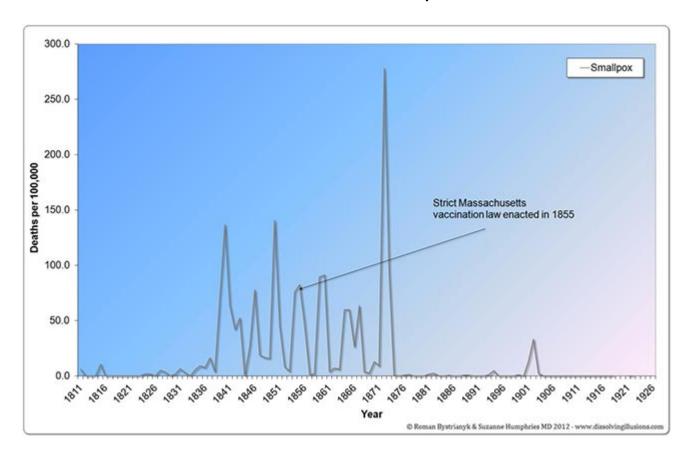
When the smallpox vaccine created in 1796, it was met with widespread skepticism by the medical profession initially because it had almost no supporting data and then because it simply didn't work.

Nonetheless, governments around the world rapidly adopted it because it provided a simple top down solution (something government always prefers) for smallpox and the medical profession gradually got behind it because of both the political power and money they received from the vaccinations.

Many doctors still spoke out against the vaccine, with many providing robust data to support their objections (e.g., large cohorts showed the vaccine did not prevent smallpox and erysipelas, an agonizing and sometimes fatal skin infection, was commonly observed in vaccinated individuals).

Sadly, these dissident doctors became a smaller and smaller minority and reports exist from the time of doctors in the early hospitals falsifying medical records in order to conceal the vaccine's dangers and its ineffectiveness in preventing smallpox.

However, the largest problems with the smallpox vaccine was that vaccination tended to increase rather than decrease the occurrence of smallpox.



Note: Many other examples of increasing vaccination increasing smallpox outbreaks can be found **here in the original article**.

When this happened, governments tended to respond to that emergency by viewing it as a result of not enough people being vaccinated and doing what they could to increase vaccination rates. Since the working class was well aware of both the dangers of the

smallpox vaccine and its ineffectiveness, harsher and harsher mandates needed to be implemented to continue meeting the vaccination quotas.

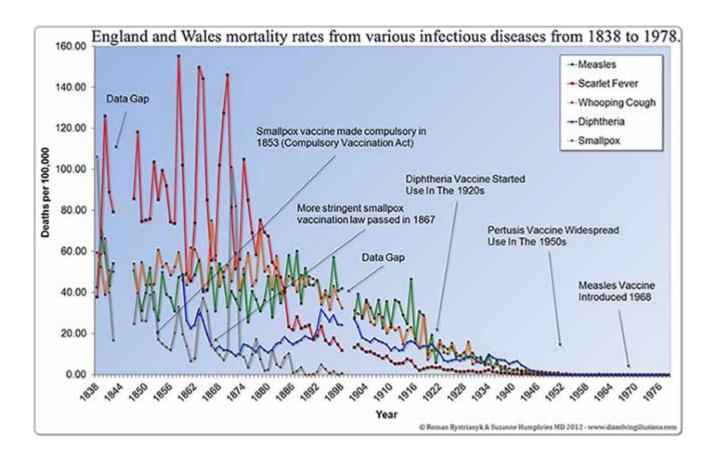
As things continued to escalate, assaults on officers enforcing vaccination occurred, and riots periodically broke out. This 1874 quote from Emeritus Professor F. W. Newman encapsulates the mood of the time:

"Decorous and admissible language fails me, in alluding to that which might have seemed incredible thirty years ago — the commanding of vaccination on a second child of a family, when vaccination has killed the first; and then sending the father to prison for refusal."

Note: To address the widespread failures of their vaccine, the medical profession moved their goal-posts from the vaccine providing a lifelong "perfect" immunity to simply ensuring a "milder disease," a playbook that persists to this day and (e.g., it was used for the COVID-19 vaccines).

At the same time increasingly draconian mandates were being enacted, many early activists argued that smallpox and many other infectious diseases were primarily due to the common people living in absolute squalor (it's hard to even begin to describe just how bad their living conditions were).

After decades of work, activists were able to improve the basic living conditions of the working class (e.g., through public sanitation so people no longer slept next to infectious microbes) and a massive benefit was seen in the reduction of deaths from all infectious diseases:



Note: This chart and many others like can be viewed at **dissolvingillusions.com**. The authors of that book did a remarkable job unearthing the forgotten history of vaccination.

The medical profession however coopted the activist's work and claimed the reduction in deaths was due to the introduction of vaccination, something **not at all supported by the data** (e.g., scarlet fever, the biggest killer of the era and now an almost entirely forgotten condition **never** had a vaccination developed for it).

Since this time, the belief that medicine rescued us from the dark ages of infectious illness and that all infections can be prevented with a vaccination has become one of the central mythologies the practice modern medicine is founded upon.

Note: I call all of this a positive feedback cycle because normally when something doesn't work (e.g., in the body) a signal activates to stop it (known as negative feedback). Positive feedback systems are much rarer (as they are inherently unstable), but due to our society's faith in vaccination, one exists here.

In response to the increasingly draconian vaccination mandates, a **massive** protest (attended by citizens across Europe) broke out in Leicester (England) in 1885 which

resulted in Leicester's mandatory vaccination laws being repealed and replaced with measures to both improve public sanitation and quarantine both individuals with smallpox (along with their sick contacts).

When this approach was proposed by Leicester, the medical profession attacked the citizens of Leicester, loudly proclaimed their policy would result in mass deaths and stated Leicester would serve as a lesson to the world to never to abandon vaccination. The opposite instead happen, Leicester conquered smallpox, and their methods (often done it tandem with vaccination) were then copied, allowing us to at last eliminate smallpox.

As you might have noticed, there are many, many parallels between those events from over a century ago and what we all witnessed over the last few years.

Note: A detailed summary of Jenner's fraudulent behavior written by another author, along with additional documented failures of the smallpox vaccine can be found here.

Early Schools of American Medicine

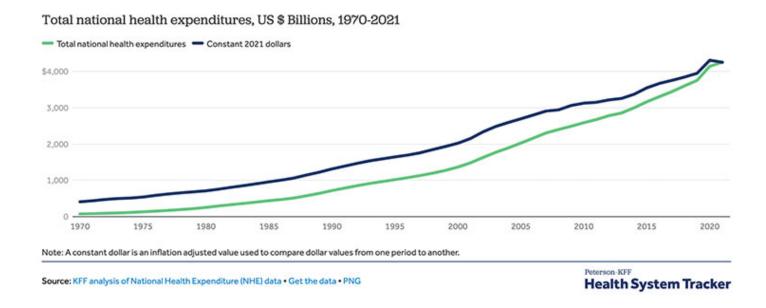
In the early 1900s, there were four main schools of medicine in the United States — Allopathy (conventional medicine), Homeopathy, Naturopathy (call the eclectic school at the time) and Osteopathy. Allopathy was losing favor because its treatments often didn't work and were highly toxic.

At the same time, two of the richest individuals in history (Andrew Carnegie and John D. Rockefeller) realized they would need to diversify beyond their respective industries (steel and oil) after Theodore Roosevelt decided to break up their monopolies.

Allopathic medicine was identified as a promising way to make a lot of money and a variety of investments were made to cause Allopathy to go from falling out of favor to it becoming the leading form of medicine within the United States (e.g., the Flexner report, published in 1910 was used to close most of America's competing non-allopathic medical schools).

Note: The Robber Barons, which details exactly how Rockefeller went about monopolizing the oil industry, provides an insightful perspective on what he appears to have also done with the medical industry.

Since the monopolization of American medicine, Allopathy has had the remarkable accomplishment of always costing the country more each year than it did the year before while simultaneously abjectly failing to address many of the major health issues facing our country — we spend more than the rest of the world on healthcare but our national healthcare outcomes are worse than almost all of the developed world.



Most of the non-allopathic schools of medicine at the time were strongly opposed to vaccination because of the harms they saw it create. Sadly, in order to gain acceptance within the lucrative medical industry, one by one, they wholeheartedly adopted the vaccination narrative.

For example, Bastyr, the premier Naturopathic medical school in the United States mandated the COVID-19 vaccine for its students, a move which was met with disgust by many of the more traditional Naturopathic Physicians in practice as that mandate went against everything Naturopathy had stood for.

In researching this series, I thus explored what each of those early schools of medicine had reported at the time, as their early literature was much more willing to criticize the sacred cow of vaccination. It's worth reading through these reports twice as all of them were describing similar events that differed primarily due to the unique lens their model of medicine saw the body through.

Note: With what follows, I would have also liked to have included the Chiropractic perspective, the Ayurvedic perspective and what was seen in Japan (**Japanese suffered immensely from the smallpox vaccinations**). Unfortunately, I could not locate a good reference for any of these.

Homeopathy

Within Homeopathy, an idea exists known as Hering's Law of Cure. It posits that diseases enter the body superficially, and then can either be expelled at the surface (e.g., through the skin), or travel deep into the body. When the disease stays at the surface, acute reactions such as skin eruptions and fevers occur, while when allowed to instead travel into the patient, a variety of chronic debilitating diseases are likely to occur.

Note: Many opponents of the smallpox vaccines believed it was not a good idea to introduce the vaccine directly into the bloodstream since that allowed the cowpox virus to establish itself deep within the body.

Hering's Law hence argues that the goal of treatment should be to facilitate the outward expulsion of disease, which contrasts to the (now) prevailing school of thought which strives to suppress those symptomatic expulsions. For example, treating an unpleasant fever accompanying an illness often worsens the long term prognosis of the condition (e.g., debilitating childhood vaccine injuries are often preceded by fevers that were "treated" with Tylenol).

Unfortunately, fevers are reflexively medicated by doctors — something that was immensely problematic throughout COVID-19 because of how frequently suppressing a fever worsened the COVID-19's prognosis.

One Homeopathic physician of the time, J. Compton Burnett, M.D., in 1884 authored "Vaccination and Its Cure by Thuja, with Remarks on Homeoprophylaxis," which

provides one of the best illustrations of Hering's Law I have come across.

In his book, Burnet advanced the argument that the medical field had mistaken correlation with causation in the smallpox vaccination programs. The vaccine was only considered to be effective if it "took" after vaccination, meaning that a large skin eruption emerged at the site of vaccination. In turn, if the vaccinations did not "take" this argued that the vaccine needed to be re-administered, or the individual was not "vaccinated."

Burnett and others argued that the vaccine "taking" was a sign of the individual having a strong immune system, and that if the immune system was strong enough to "take" the vaccine, it was also already strong enough to repel a smallpox infection and had no need to be vaccinated in the first place.

As he discussed the conflicting perspectives of the pro-vaccinational literature and anti-vaccinational literature (the terminology of being "anti-vaccine" is over a century old), he argued that the pre-existing immunocompetency of the vaccinated individual could explain the divergent observations in mortality by each side of the debate.

Conversely, he found that almost all cases of severe chronic illness following vaccination (termed vaccinosis) occurred in individuals who had had a smallpox vaccine that did not take, and instead moved deeper into the body creating chronic pathology. One of his strongest arguments for this was his observation that homeopathic Thuja preparations would frequently treat the conditions that he temporally correlated with vaccination.

Note: The issue Burnett and others found appears to be shared by the COVID-19 vaccines. In one recent study (discussed **here**), teenagers and young adults who developed post-vaccination myocarditis were compared to those who did not. It was discovered that those with myocarditis had free spike protein in the bloodstream their immune systems could not develop neutralizing antibodies to (and likely would not develop from a COVID-19 infection either).

When I learned of this, I recalled that one of the only therapies I had ever seen reported in support groups to work for COVID-19 vaccine injuries were the early monoclonal antibodies developed for combatting the original COVID-19 variants (which used the same spike protein **still** found in the vaccine). Unfortunately, the Biden administration pulled the monoclonal antibodies from the market so they are now almost impossible to get ahold of.

Burnett's book begins with a description of vaccinosis, and is primary composed of noteworthy vaccinosis cases, some of which I will share.

"The diseased state, then, engendered by this vaccinial pus, by vaccination, is vaccinosis; and in it are not included any other diseases whose causes may be accidentally or incidentally contained in the vaccine pus, — such as scrofulosis, syphilis, or tuberculosis."

Note: Many others also complained about the consequences of contaminated or improperly produced vaccines.

In my assessment, many of the chronic symptoms Burnett and other physicians reported (particularly the various "neuralgias" repeatedly mentioned) were a consequence of "blood stasis," a Chinese medicine diagnosis I correlate with impaired zeta potential.

"Vaccinosis shews itself as formidable acute disease that may terminate fatally, or it may manifest itself as a chronic affection. The ordinary forms of vaccinia must be included under acute vaccinosis. (p. 6-7).

Chronic vaccinosis more particularly lies completely beyond the ken of ordinary medicine, and although it will sometimes turn up in literature as "Ill effects of vaccination," it is, nevertheless, but an unrecognised waif, much to the disadvantage of suffering mankind and of medical science.

It has not [barring a few exceptions] yet been sufficiently studied to be readily defined; except causally, indeed, its very existence is not generally admitted. But

a study of the following cases will afford ample evidence that its symptoms are very like the pathogenetic symptoms of Thuja Occidentalis.

Some may, perhaps, say that vaccinosis is the same as vaccinia; this is, however, not so; vaccinosis is vaccinia and something more, for if a person is vaccinated unsuccessfully he has not had vaccinia, whereas some of the worst cases of (my) vaccinosis which I have met with were just those in whom the vaccination did not "take," as the saying goes.

Hence, I must call attention to what I believe is a fact, that it often does take deep hold of the constitution without calling forth any local phenomena, and, not only so, but such cases may be even very severe in their internal developments manifested by the supervention of various morbid symptoms after vaccination.

Let us dwell a little on this novel assertion, I was going to say fact, yet probably very few will admit that it is a fact at all, but only a fad of mine, since every body holds that if the vaccination does not "take" the individual has remained uninfluenced by the process of putting vaccine under the cuticle.

In other words, when a person is vaccinated and does not take; is, in fact, unsuccessfully vaccinated, it is held that said person is proof against vaccination, and we certify accordingly. Everyone believes that the unsuccessfully vaccinated individual has not in any way been affected or altered by the vaccination.

Close and minute observation, however, teaches me that such is by no means necessarily the case, for not a few persons date their ill health from a so-called unsuccessful, vaccination.

My own conception of the thing is just this: — the vaccinated person is poisoned by the vaccine virus; what is called the "taking" is, in point of fact, the constitutional re-action whereby the organism frees itself more or less from the inserted virus. If the person do not "take," and the virus has been absorbed, the

"taking" becomes a chronic process-paresis, neuralgia, cephalalgia, pimples and acne.

The less a person "takes," therefore, in such a case, the more is he likely to suffer from chronic vaccinosis, i.e., from the genuine vaccination disease in its chronic form, very frequently a neuralgia or paresis.

Most practitioners will agree that neuralgia is more prevalent now than ever before within the present age, and experience has forced me to ascribe many such cases to vaccinosis."

Burnet cited a case of 10 week old baby who had been healthy, and then suddenly became at risk of dying with cause of the baby's illness being impossible for anyone to identify.

After investigating further, he discovered the wet-nurse (surrogate breast milk supplier) for the infant (who was in good health) had received a smallpox booster the day before the infant became ill and she reported the site was "a little painful." Burnett also cited another case of a breast-feeding child becoming ill from the smallpox vaccine and another developing eczema and a chronic rash:

"Therefore I gave Thuja 6, in pilules, both to babe and nurse, but whether every half-hour or every hour I do not now remember. Calling later in the evening I noticed baby was asleep and looking a little less ghastly.

Next morning it was indeed still pale, but practically well; and the vaccinial vesicles on the nurse's arm had withered, and they forth with dried up completely, in lieu of becoming pustular. That baby never looked back, and is now a bonny child. (p. 17-18)"

Note: There have been also been issue with the COVID-19 vaccines shedding into breast milk.

Burnett's next case illustrates another key aspect of vaccinosis:

"Its subject, a lady of very high rank, over fifty years of age, had been in turns, and for many years, under almost all the leading oculists of London for this neuralgia of the eyes, i.e., terrible pain at the back of the eyes, coming on in paroxysms and confining her to her room for many days together; some attacks would last for six weeks. Some of the neuralgic pain, however, remained at all times.

Her eyes had been examined by almost every notable oculist in London, and no one could find anything wrong with them structurally, so it was unanimously agreed and declared to be neuralgia of the fifth nerve.

Latterly, and for years, she had tried nothing; whenever an attack came on, she would remain in her darkened bedroom, with her head tied up, bewailing her fate. To me she exclaimed "My existence is one life-long crucifixion!" I should have stated that the neuralgia was preceded, and accompanied by influenza.

In the aggregate these attacks of influenza and post-orbital neuralgia confined her to her room nearly half the year. In appearance she was healthy, well-nourished, rather too much embonpóint, and fairly vigorous. A friend of hers had been benefited by homeopathy in my hands, and she therefore came to me "in utter despair ..."

I reasoned thus: This lady tells me she has been vaccinated five or six times, and being thus very much vaccinated, she may be just suffering from chronic vaccinosis, one chief symptom of which is a cephalalgia like hers, so I forthwith prescribed Thuja (30). It cured, and the cure has lasted till now. The neuralgia disappeared slowly; in about six weeks (February, 14,1882) I wrote in my case book "The eyes are well!""

Note: Impairments of physiologic zeta potential can be cumulative, and sometimes an influenza infection (which also decreases zeta potential) can be sufficient to tip someone with an impaired zeta potential over their critical threshold.

Upon further follow-up with this patient, she reported her chronic illness of 20 years remained fully resolved 3 years later at the time Burnett's book went to press. Next, Burnett details the case of a 12-year old who began losing hair after a vaccination that did not take, and the hair loss reverting following administration of Thuja:

"It might have been so, as the hair is very powerfully influenced by the vaccine poisoning."

Note: Hair loss is also common with COVID-19 and sometimes occurs after COVID vaccination — which I suspect is due to the cell danger response (CDR) being triggered since **hair loss responds to CDR treatments**.

Next, Burnett details the case of a gentleman suffering from recurrent colds, boils, pimples, warts, severe frontal headaches, chest pain and chronic fatigue preventing him from working at the office:

"The habitual influenza, the chronic frontal headache, the pimply skin, the feeling of general malaise point, according to my experience, to vaccinosis. But had patient been vaccinated? Yes. Four times, and did not "take" the last three times ...

This case made a considerable sensation in the gentleman's large office-circle, partly because the change in his condition was so sudden and complete, and partly because he came to homeopathy demonstratively unwillingly, and in consequence of the earnest solicitations of his chef de bureau."

Next Burnett details the case of a woman who had been vaccinated three times:

"On December 22nd, 1882, a young lady of 26 came under my care for an ugly state of the nails of her fingers. Naturally a lady of her age would not be indifferent to the state of her nails.

These nails are indented rather deeply, and in addition to these indentations there are black patches on the under surfaces of the nails, reaching into the quick ... Has continued the Thuja 30 for just about three months, with the result

that within a fortnight from commencing with it the black patches under the nails began to disappear, and there is now no trace of them."

Next, Burnett details the case of a young lady with a variety of issues including a drooping eyelid who had seen two skilled homeopaths prior to him, and like both of them, Burnett could only achieve partial symptomatic improvement until he utilized Thuja:

"She still complained of ptosis of the left side, sleepiness, reeling to the right when walking out of doors, tendency to fall to the right ... her tongue was cracked ...

These more or less well-chosen remedies wrought a great change in the patient, but on the 29th July, 1882, she still complained that the left eye was wrong. It made her feel sea-sick when she read; pains in left eye worse in the early morn; some ptosis of left upper lid; eye-ball stiff, and an aching across it and right across the forehead, and she was giddy in walking about.

The case having thus come to a standstill, I cast about for some aetiologicotherapeutic approaches, and in so doing learned that she had been vaccinated four times in all; the last time, three years ago, took but faintly. Thuja 30 soon cured the ptosis and the other described symptoms."

The next case can be summarized by Burnets concluding statement:

"Loss of virile power is frequently a result of vaccination, and when the local debility is due to this cause it is really wonderful how the case is altered by a few doses of Thuja.

He had had slight hemiplegia of the right side, and still shewed some symptoms of paralysis, e.g., weakness of right arm, occasional dragging of the legs, loss of memory, impaired vision, and loss of power generally. His effective virility was extinct and had been so for two or three years, and naturally this did not tend to raise his spirits.

I treated him for a few months with but slight benefit, when one day he complained of a frontal headache that at once reminded me of the Thuja headache. I gave him Thuja occidentalis 30 (4 in 24) and within a few days he remarked a very notable improvement, feeling better than he had for three years.

Getting this report at his next visit, I fell to questioning him about vaccination, which I had previously not done ... "How many times have you been vaccinated?" "I have been vaccinated six or seven times." "Did it take every time?" "No, never."

Following the four doses of Thuja, he also experienced a "hypopubic resurrection of great importance" and after additional Thuja, "he became, in his wife's words" quite a different man; all paralytic symptoms having disappeared, and the old headache had not returned at the end of 1883, when I last saw him."

Note: Erectile dysfunction is another side effect I periodically hear about from vaccine injured patients.

Next, a case is detailed of a partially disabled woman who had been vaccinated five times with one not taking. She had achieved minimal benefit from medical care up to that point, minor benefit from other homeopathics, and experienced a complete resolution from Thuja:

"Her symptoms were legion; she was bent forward, could scarcely walk, her spine very tender and painful; twitchings; pain all down the back; and chilliness, worse at night. Her liver was decidedly enlarged and there was pain in the right side ... "I have not been so well for three or four years; I feel strong, and can do anything.""

Another complex case discusses a patient who was vaccinated three times, with the last vaccination not taking. The patient experienced partial improvement from homeopathics targeted to her symptoms and complete resolution following Thuja:

"... complaining of much epigastric beating, pain in left side, great chilliness, and writer's cramp of the right side. An examination showed enlargement of the spleen, and a swelling of the left ovary of about the size of a hen's egg. Her breath is heavy, and she gets giddiness.

She has frontal headache of a severe kind almost every day for a long time ... Questioned on November 16th as to which medicine cured the headache and the cramps, she instantly said it was the powders (i.e.,the Thuja)."

Another case discusses a 16 year old girl with arrested development and partial paralysis present for most of her life, who was born to parents of good health and high intellect (precluding a hereditary cause for her disability). She received a smallpox vaccination at 3 months which did not take, but did take at 6 months when both arms were subsequently vaccinated:

"This was her state: roof of mouth very much arched; left side of face drawn to the left so that her mouth is awry.

She speaks very badly; cannot articulate properly; and is very deaf. Has always been so. Has a polypus in left nostril; the tonsils are enormously hypertrophied; breathes very loudly. Left mamma smaller than the right; left side of thorax generally smaller than the right. Tongue is cracked; pain in left side for years; frontal headache for a twelve month."

Following Thuja, her headaches, articulation, hearing and facial palsies greatly improved. A second homeopathic, Ceanothus Americanus was also administered following Thuja which restored the decreased growth of her left side.

Naturopathy

Benedict Lust, a degree holder in each of the medical systems of the time, is considered by many to be a founder of Naturopathic Medicine. He served as the editor from the Universal Naturopathic Encyclopedia Directory and Buyer's Guide Yearbook of Drugless Therapy for 1918-1919.

In this book, numerous references can be found to the harm of vaccinations and their weakening of human vitality, although unlike other authors in this article Lust does not provide as much detail on the specific effects of vaccination. A few quotations are as follows:

"Medical science has always believed in the superstition that the use of chemical substances which are harmful and destructive to human life will prove an efficient substitute for the violation of laws, and in this way encourages the belief that a man may go the limit in self indulgence that weaken and destroy his physical system, and then hope to be absolved from his physical ailments by swallowing a few pills, or submitting to an injection of a serum or vaccine, that are supposed to act as vicarious redeemers of the physical organism and counteract life-long practices that are poisonous and wholly destructive to the patient's well-being.

Following this pseudo-scientific diagnosis and method of cure, came the drugging phase in which symptoms of disease were unmercifully attacked by all kinds of drugs, alkalis, acids and poisons which were supposed, that by suffocating the symptoms of disease, by smothering their destructive energy to thus enhance the vitality of the individual.

All these cures have had their inception, their period of extensive application, and their certain desuetude. The contemporary fashion of healing disease is that of serums, inoculations and **vaccines**, which, instead of being an improvement on the fake medicines of former ages are of no value in the cure of disease, but on the contrary introduce lesions into the human body of the most distressing and deadly import.

A citizen has an inalienable right to liberty in the pursuit of happiness. Yet the real saviors of mankind are persecuted by the medical oligarchy which is responsible for **compulsory vaccination**, compulsory medical inspection of public school children, and the demands for State and Federal departments of

health, all for the ostensible good of the people, but in reality for the gain of the Medical Trust. (p. 23)

Only those are in danger of infection from an acute disease, whose systems are already sufficiently encumbered with foreign matter: or, as commonly expressed, who are predisposed to such disease. Up till now it has not been known wherein this predisposition consists.

The difference in operation between this natural inoculation of morbid matter, and the unnatural process of inoculating it by vaccination with the lancet, lies in the difference in the inoculated matter and in its dilution.

Homeopathy teaches that all substances are most effective in a state of dilution, for which reason the fermenting morbid matter is so highly efficacious in its natural dilution, when it finds a suitable soil.

In allopathic doses the **vaccine virus**, like all allopathic remedies, has a paralyzing effect on vital power; that is, it deprives the body of the vigor which it needs to throw off the foreign matter in it by acute disease (curative crisis, fever). It increases, also, the quantity of the morbid matter and thus produces a far more chronic state, as clearly proved by the steady increase of all chronic diseases since the introduction of vaccination.

All the other remedies against fever, such as quinine, antipyrin, antifibrin, morphia, etc., have the same effect. They simply paralyze the efforts of the system to regain health, and reduce, or even stop, the fermentation of the foreign matter, but never eject it. Hence arise the diseases which were formerly rare, as cancer, intense nervousness, insanity, paralysis, syphilis, consumption, scrofula, etc.

The system becomes more and more encumbered with foreign matter, but is without ability to summon up strength to throw it off by some acute curative crisis.

The encumbrance reaches its highest limit in the above diseases, and full relief is then usually no longer possible. Precisely those medicaments which possess the property of most speedily suppressing fever, as quinine, antifebrin, antipyrin, plienacetin, etc., have become the favorite remedies of the physicians against fever. It is our firm conviction that such are precisely the most dangerous means of injuring the health.

The patient was a lady, 41 years of age, and had been perfectly healthy until **vaccinated** in her second year; from that time dated her misery. After the vaccination, obstinate eruption of the skin broke out, which in her tenth year developed into lupus of the face.

For over thirty years this lady had suffered from this painfully disfiguring disease, without finding assistance anywhere, notwithstanding that she consulted many famous physicians. Her face was horrible to look at; in fact she could go nowhere without people turning their gaze from her with aversion. In this helpless condition she came to me, all the doctors having pronounced her disease incurable.

My diagnosis showed an extremely favorable position of the encumbrance, so that I could assure her of good prospects of a rapid cure. This opinion was confirmed. After only a fortnight the disfiguring lupoid places on the face had undergone considerable change and were no longer quite so repulsive.

Her digestion, in particular, which had till now never received any attention, had also improved quite remarkably. The result was abnormal evacuations, whereby the morbid humors were expelled. In seven weeks the patient's skin assumed the normal color.

Vaccination has the effect of greatly weakening the vitality; hence it is, that the morbid matter which has gradually accumulated in the body, no longer makes itself known through small-pox epidemics, but through much more horrible, lingering, often incurable diseases, such as tuberculosis, cancer, syphilis,

epilepsy and insanity. **Unfortunately, the orthodox school has not sufficiently grasped the nature of vitality.**

Were it otherwise, the injurious influences of the poisons contained in the medicaments which are introduced into the patients, whether by inoculation or inunction, would not remain hidden to its disciples — even though such influences may often only appear after many years.

The practice of **vaccination and inoculation** is a fatal error, such as history has seldom to chronicle."

Note: While, for length considerations I have avoided discussing the Chiropractic literature on the smallpox vaccinations, it is briefly mentioned within Lust's text. On pages 851-853, it discusses F.W. Collins (M. D., D. O., D. C, Ph. C), a well regarded Chiropractor, who had also been trained on other medical systems of the time and shared Lust's philosophy of medicine that opposed vaccination. On page 861, it discusses E.W. Ferguson D.C., a chiropractor who also shared this philosophy.

Osteopathy

AT Still saw the profound shortcomings of Allopathy and developed Osteopathy to take its place. For this article, I decided to review his final text, Research and Practice and I suspect more was written on the subject in his other writings. First Still's preamble makes it very clear how he felt about vaccination.

"It should be known where osteopathy stands and what it stands for. A political party has a platform that all may know its position in regard to matters of public importance, what it stands for and what principles it advocates. The osteopath should make his position just as clear to the public. He should let the public known, in his platform what he advocates in his campaign against disease. Our position can be tersely stated in the following planks:

"Third: We are opposed to vaccinations."

[Note: I omitted the other planks]

I do not wish in the least to antagonize the efforts of Jenner. His efforts were good, but more effective and less dangerous substances can be used than the putrid compounds of variola.

Notwithstanding that the so-called preventative has in thousands upon thousands of cases proven worse than the disease smallpox itself, the doctors have been content to follow Jenner's teachings. There is no evidence on record that any effort has ever been made to effect a departure from the long taught and faithfully practiced lesson of injecting the cowpox virus with its hidden impurities into the arm of man to immune him from smallpox.

I feel certain that the time is close at hand when compulsory vaccination will not be necessary, for a better method, one that will do the work and leave no bad effects as is the case in vaccination with the cow, horse or other animal poisons, has been found. The dread of disease and death that follow vaccination causes people to hesitate before having vaccine matter put into their own arms or into the arms of their children by military force.

When they learn that a fly-blister as large as a fifty-cent piece or a dollar will keep off smallpox in all cases, then there will be no fear or trouble about smallpox or vaccination. I would not antagonize the popular belief in the efficacy of vaccination but do most emphatically combat the insertion into the human body of putrid flesh of any animal.

With this belief in reference to vaccination as a preventative of smallpox and with the chances to contract other diseases to which the cow and horse are subject so very possible and well proven by the great number of persons who have been vaccinated and crippled for life, I concluded that it was about time for the sons and daughters of America to take up the subject of prevention and see how their skill would compare with that of Jenner of England.

I have often been asked, what are my ideas of vaccination. I have no use for it at all nor any faith in it **since witnessing its slaughterous work**. It slew our armies in the sixties [in reference to the Civil War] and is still torturing our old soldiers, not to say anything of its more recent victims whose number will run up into tens upon tens of thousands.

I believe that instead of passing laws for compulsory vaccination, a law prohibiting the practice and providing heavy penalties for violations would prove a wholesome experiment."

Note: As far as I know, the Osteopathic medical schools, like the naturopathic ones mandated the COVID vaccines for their students.

"Take the fifty cents out of the "dirty" practice and it will die out spontaneously with all doctors of average knowledge of the harm done by it."

Note: I believe this is a reference to doctors putting profits before patients.

"I believe that the discovery of Jenner gave nothing to the world excepting the history of an accidental cure or supposed preventative to smallpox. He gave no reason why one poison would immune the person from another poison.

The doctors simply accepted, tried and adopted the supposed remedial power of cowpox, sore or cankered heels of the horse. They gave us no caution or hint that the grease heels of the horse might be a venereal disease peculiar to the horse only. They told us nothing of the cowpox, whether or not it was venereal in its nature. Like the adoption of most "remedies" the doctor uses or has used, it came to notice by accident."

Still also observed a wide range of chronic illness resulting from immunization.

"When I have a case of glandular enlargement, I ask my patients to roll up their sleeves, and as I expect, they show me vaccine scars which are generally large and deep and the report is that there was much suffering during their development [this also discussed above by Burnett].

From my observations, I reason that the vaccine virus or poison which is still retained in the system is in these cases showing its effects in connection with the glandular enlargement and has done its part in weakening the powers of renovation in the whole glandular system.

[In reference to Hydrosis] Etiology: I have always looked for the cause of such effects as are seen in either deficient or profuse sweating of the hands, the feet, the axilla, of any one part, or of the entire body and I consider them to be the result of temporary or continued paralysis of the nerves which control the sweat glands of the entire body, or some portion of it.

In many cases I think this condition follows vaccination, whooping-cough, measles, tonsillitis pneumonia and all such diseases as temporarily or permanently derange the nerve and blood supply of the lymphatics of the superficial fascia.

In conclusion I will say that many of my patients report that they have never been physically strong since they were vaccinated with impure vaccine matter. Thus we have the effects to combat, and our only hope is to adjust and keep the bony framework all in line so that all impurities will have a chance to pass off and out."

As an alternative to the vaccine, Still proposed using Fever Blister [cantharidin], a fairly safe blistering agent which Still had inadvertently discovered prevented one from catching smallpox.

Fever blister appeared to work by causing agents to be expelled through the skin (thereby facilitating Hering's Law of cure) and restored the capacity for expulsion in individuals who had lost it. Still reported using it prophylactically on thousands of patients and it never failing to prevent smallpox, even when smallpox outbreaks were occurring. Sadly no one knows of this approach and I only learned of it from reading Still's book.

Chinese Medicine

A medical condition exists in Chinese Medicine known as blood stasis. Blood stasis creates a variety of circulatory conditions as the heart cannot effectively pump more viscous blood and the more viscous blood occurring in blood stasis is unable to pass through the smaller blood vessels.

This leads to tissue atrophy, strokes or microstrokes, pain at the site of obstruction and a variety of autoimmune conditions (which I believe is due to congestion also occurring concurrently within the lymphatic circulation).

Note: Blood stasis was independently discovered by American and European scientists approximately 50 years ago, who after direct observing it within blood vessels **termed it blood sludging**. In blood sludging, red blood cells are observed to clump together, rather than being separate and free flowing. Later investigators concluded these changes arose from the blood cells no longer having a sufficient (repelling) electrical charge to remain separated from each other.

In 1830, Wang Qingren wrote a famous medicinal textbook, the Yi Lin Gai Cuo, which attempted to reform Chinese Medicine by correcting what he believed to be false beliefs within the profession. While confrontational, Wang Qingren's work was eventually well received and has heavily influenced the direction of Chinese medicine. Smallpox was also discussed within it.

Prior to Wang Qingren, there were a variety of competing schools of thought on what the primary causes of illness was (the main ones included cold invasion, heat invasion, kidney yin deficiency and spleen qi deficiency).

While blood stasis was recognized in Chinese medicine, for its first 1800 years, it had never been viewed as a key cause of illness by any school of thought within Chinese medicine. Wang Qingren argued that blood stasis was frequently the root cause of illness and the most important thing to treat for resolving illness.

His ideas were gradually adopted within the Chinese medical field, and blood stasis began to be viewed as an underlying cause of disease, leading to classical herbal formulas being adjusted to include herbs that mobilized stagnant blood. My colleagues estimate that since the late 1980s-1990s, the top Chinese medical doctors have shifted their focus to blood stasis, and as time moves forward they find it is more and more important to prioritize treating blood stasis.

Blood stasis has also become a national research priority of the Chinese Communist Party, and significant data on linking the phenomena to a variety of health conditions has accumulated within both traditional Chinese Medicine models and more modern scientific frameworks.

While it is possible that blood stasis had been entirely overlooked by everyone for 1800 years prior to Wang Qingren, my colleagues within the Chinese medical field believe something fundamentally changed at the time he was putting his theories together. For example, the Chinese medicine doctor who as far as I know has the most success treating heart disease within the United States (and has a large practice devoted to it) treats heart disease almost entirely through a blood stasis model.

Similarly, the American and European scientists who studied this phenomena in the 60s and 70s found heart disease was highly influenced by the degree of blood sludging present and frequently found that restoring the zeta potential of the blood could treat circulatory disorders. For context, heart disease is a relatively new disease as in past centuries, it was much rarer to have heart attacks.

As discussed in the original article, the original management for smallpox was variolation, or inoculation with the smallpox virus rather than the cowpox approach popularized by Jenner. While much was written there on the disastrous Japanese smallpox immunization campaigns, the earliest reference I could find of the cowpox vaccination entering China stated:

"Vaccination was first introduced into Canton and Macao [provinces in China] in 1805 by the famous Balmis Salvany Expedition organized by King Carlos IV of Spain. However, the practice was not readily adopted and only spread at all widely in China during the latter half of the 19th century. Indeed, vaccination in China was totally inadequate until the campaign mounted in 1950."

This in my eyes argues that a temporal correlation exists between the adoption of smallpox vaccinations and the influx of blood stasis within the Chinese population. A correlation may also exist with the practice of variolation (discussed in the previous article), but I was unable to find sufficient evidence to support that claim.

I will now share some pertinent observations from Gunter R. Neeb's Blood Stasis:

China's classical concept in modern medicine, many of which dovetail to the previous observations within the other early schools of medicine. Each of the following passages were sourced Wang Qingren's observations 192 years ago written within the Yi Lin Gai Cuo.

When you read these, notice how they resemble Dr. Burnett's observations of the smallpox vaccine illnesses and are again reflective of Hering's Law of Cure (something Chinese Medicine essentially believes in to as well):

"Infections like Shang Han, febrile diseases, pox and abdominal neoplasms all contribute to 'heating' the Blood (today we would say that they contribute to releasing inflammatory factors and increasing viscosity).

Blood stasis of this kind gives the gum a blue-purple shading. When the Blood is dead (necrosis) the gum turns black and the teeth fall out. How can anyone continue to live in this state? Even if the patient takes cooling medicinals, the Blood will clot and death will set in even more quickly.

Can children also become affected with one-sided paralysis? I can report the following. There are a considerable number of children ranging from the age of 1 year to later childhood who will suddenly become affected with this disease. In most cases this is the consequence of Shang Han, Wen Bing, pox-like infectious diseases, dysentery-like diseases and so on.

After the disease the Yuan-Qi is damaged, the complexion is cyanotic-pale, the hands and feet are gradually less able to move, and in severe cases there are cramps in the limbs. The limbs themselves are as stiff as clay. All this is the consequence of Qi not reaching the limbs.

Necrotic blood clogs the vessels, so the toxins of the febrile infection cannot be expelled outwards via the skin, and therefore they attack the organs in the interior. When the organs are irritated by the Heat-toxin, a corresponding and unfavourable pathology will develop in each organ.

If the secretion inside the pustules fails to regress, then this is due to the fact that Blood is not flowing back into the vessels; and the Blood isn't flowing back into the vessels because the infectious toxin continues to generate febrile Heat in the vessels, so the Blood coagulates and the passages are clogged up. Once the Blood stasis in the vessels is removed, one need not fear a delayed regression of the secretions in the pustules.

In summary, if there is a mild infection with a febrile infectious disease (Wen Yi), this will then come out in the skin eruptions (exanthema). After the exanthema the prognosis is good. If the infection with the febrile infectious disease is severe, it will remain in the interior and is not expelled with the pox exanthema. This indicates danger.

If the infection with the febrile infectious disease is extremely severe, it will generate internal Heat pathogens in the Blood and make the blood coagulate. Coagulated blood is purple, and necrotic blood is black. How the pathology is identified depends on whether there is purple or black blood with the pox."

Note: Cowpox shares many properties with smallpox, and hence similar incidents of blood stasis were observed as it became able to penetrate deeper into the body. While modern TCM has had to take a more accommodating stance towards vaccinations to be accepted within the medical field, they still hold the perspective that vaccinations create latent heat within the body (which can then transform into blood stasis).

Modern Research on Blood Stasis

The standard medical diagnosis most related to blood stasis is hypercoagulability and the concept of "microclotting" (which has existed since the COVID-19 vaccine rollout). There are a few agents I have come across which frequently cause blood stasis and hypercoagulability: Malaria, aluminum, the SARS-CoV-2 spike protein, and cancers.

As a result, many shared disease processes can occur between these agents (each of which often creates significant health issues for patients), and as stated above, I often find my patients require treatment of their blood stasis (through restoring the zeta potential of the body — something each of these agents through).

Viral Infections (e.g., from a smallpox vaccine), like the SARS-CoV-2 spike protein in turn are recognized by the scientific community to create a hypercoagulable state by damaging the endothelium:

"Direct interaction between microorganisms and endothelial cells can also occur, especially in the case of viral infections. Endothelial cell perturbation [disturbance] is a common feature of viral infection and can alter hemostasis in both a direct and indirect manner.

Endothelial cells can be directly infected by a number of viruses (e.g., herpes simplex virus, adenovirus, parainfluenzavirus, poliovirus, echovirus, measles virus, mumps virus, cytomegalovirus, human T-cell lymphoma virus type I, and HIV). In particular, viral infection of endothelial cells has been demonstrated in hemorrhagic fevers (e.g., Dengue virus, Marburg virus, Ebola virus, Hantaan virus, and Lassa virus).

Note: J&J, AstraZeneca and the Russian Sputnik V COVID vaccine are adenoviruses that were genetically modified to contain the spike protein."

After 9/11, the military conducted a smallpox vaccination campaign which was linked to numerous cases of myocarditis and sometimes fatal heart attacks. Mainstream news sources at the time stated the inflammation produced by the vaccination made the link

between the vaccination and heart disease "biologically plausible" and numerous authoritative parties such as the American Heart Association urged caution with the vaccination program.

At least one research grant was approved to study the link between endothelial damage and the smallpox vaccinations, but as far as I could tell their results were never published (a major challenge in evidence based medicine is the lack of publication of studies that threaten the narrative).

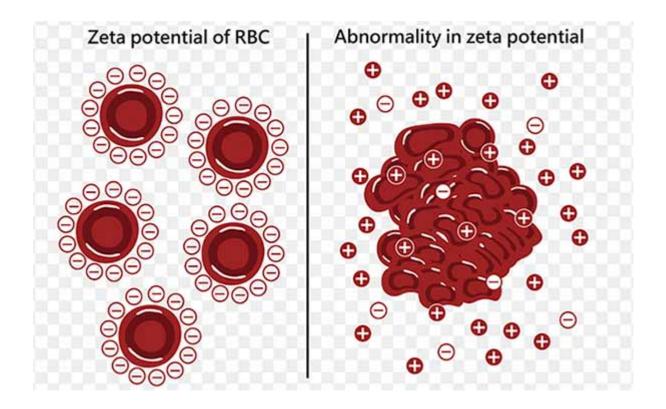
Once again, I am sure you can see the parallels between then and now. Sadly, science was much less bought out then, so dissenting voices did emerge in the mainstream.

Zeta Potential

Three common factors appear to underlie most vaccine injuries — immune dysfunction (e.g., vaccine induced autoimmunity is discussed here), the cell danger response (discussed here) and micro-clotting (blood statis) throughout the body.

Note: These factors also underlie many other chronic illnesses.

The best mechanism I have seen to explain the micro-clotting consistently seen with vaccines is that they change the electrical charges within the blood so that its components are no longer repelled from each other and instead stick together. This process is governed through a physical property known as zeta potential (which also governs the separation of the other fluids in the body such as the lymph).



Note: This concept and its relationship to vaccine injuries is discussed further here.

Unfortunately, vaccines frequently contain substances (e.g., aluminum) that are highly disruptive to the physiologic zeta potential. For this reason, microstrokes commonly result after vaccines and can frequently be observed through facial asymmetries (e.g., a crooked smile, the eyes being out of position, or the eyes not being able to smoothly track horizontally).



Once you learn how to look for these, it's astounding how common they are, and how much they have been normalized (as they were very rare prior to the era of vaccination). Similarly, many of my colleagues developed an abnormal tracking of the eyes following the COVID vaccination.

My interest in zeta potential was rekindled after I realized many of the strange things I observed COVID-19 do perfectly matched what I would expect to follow from a severe loss of the physiologic zeta potential — and before long I realized that the virus's spike protein had all of the characteristics of something I would expect to significantly affect the physiologic zeta potential (which was my initial reason for being extremely worried about spike protein inducing vaccines).

When I took a step back, I realized all of the vaccines that have been notorious for being the most harmful to those of who received them (smallpox, the anthrax vaccine, the HPV vaccine, and the COVID-19 spike protein vaccines) all also had significant adverse effects on the physiologic zeta potential.

Regrettably, this has never been recognized by the medical community (which is particularly unfortunate since impaired zeta potential plays a pivotal role into so many

chronic conditions like aging), but fortunately, the frequency with which it occurs after COVID vaccination has made the general public remarkably receptive to the zeta potential concept.

Note: I and colleagues have observed that **methods of restoring the physiologic zeta potential** are often essential when treating COVID-19 vaccine injuries.

Conclusion

A belief exists within Chinese Medicine that different eras are characterized by different diseases. Many disease patterns described in ancient medical texts are almost never seen now, while other disease patterns have emerged that were never mentioned in the past.

As our species has technologically advanced, we seem to have replaced a high rate of often deadly infectious disease for an ever-growing epidemic of chronic neurological and autoimmune conditions alongside a continual increase in all forms of cancer. As best as I can tell, this trend began 150-200 years ago at the same time the variolation and then smallpox vaccination were introduced (the widespread use of mercury in medicine may have also played a key role too).

In addition to many written accounts supporting this theory, I've spoken with numerous doctors who observed a gradual but continual worsening of health in the population over the course of their careers. In many cases, those doctors told me they asked their mentors if they too had observed the same thing, and indeed, they had (and in a few cases found their mentors had heard same thing when they asked their own mentors).

Ultimately, I've been able to trace this trend back to approximately 150 years ago, and observed that while the increase is typically gradual, it periodically has large spikes. One classic example occurred when Fauci brokered a 1986 deal to give vaccine manufactures immunity from vaccine injuries, and thus incentivized a large number of unsafe vaccines being added to the childhood immunization schedule.

"Under Dr. Fauci's leadership, the allergic, autoimmune, and chronic illnesses which Congress specifically charged NIAID to investigate and prevent, have mushroomed to afflict 54 percent of children, up from 12.8 percent when he took over NIAID in 1984 ... Graves' disease, and Crohn's disease, which were practically unknown prior to 1984, suddenly became epidemic under his watch.

Autism, which many scientists now consider an autoimmune disease, exploded from between 2/10,000 and 4/10,000 Americans when Tony Fauci joined NIAID, to one in thirty-four today. Neurological diseases like ADD/ADHD, speech and sleep disorders, narcolepsy, facial tics, and Tourette's syndrome have become commonplace in American children."

I believe that the COVID-19 vaccines are another such example. This is both because colleagues who work with vaccine injured patients say they have never seen young people as ill as the spike protein vaccine injured patients throughout their entire careers, and because a variety of different databases (e.g., those compiled by Ed Dowd's team) are showing a completely unprecedented increase in both total deaths in the population and disabling conditions throughout the work force.

My sincere hope is that if we can learn from the past, we can be empowered to fix the mistakes we are still making in the present, and I sincerely thank each of you for considering the ideas laid out in the article. Many before me have tried to share them without success but we appear to be in a unique point in history where the world is at last open to hearing them.

A Note From Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out The Forgotten Side of Medicine on Substack.