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If you would like to become a AONH Member, upgrade to the Elite Membership, or register for our Annual Natural Health Care Conference, please email:

info@aonh.org or call
202-505-AONH (2664)

Upcoming Events

• AONH Monthly Webinar, Wed., July 17, 2013 at 8 pm EST/7 pm CST

AONH Members will receive an email invitation to join us for the AONH Monthly Webinar. Jeffrey Essen, Naturopath and Educator, will shed light on the useage and efficacy of Essential Oils with "Incorporating Essential Oils into Your Client Care"



• (TNC) Therapeutic Nutritional Counselor Course, Sept. 16-18 (Wis), Sept 30-Oct 2, 2013 (Utah) & (HHP) Holistic Healthcare Practitioner Certification Course, Sept 19-21 (Wis), Oct 3-5, 2013 (Utah)

Courses require from 2-4 months of preparatory reading, study modules, and assignments prior to the hands on training. Course sign up deadline is fast approaching.

Contact: 262-629-4301 or education@karensenergy.com



• AONH Annual Natural Health Care Conference, Nov. 7-9, 2013

The AONH Annual Conference joins health care advocates and providers for an enlightening program geared to the up-to-date natural health care practitioner. Registration for the event is normally \$350. **AONH ELITE MEMBERS \$240, SELECT MEMBERS \$280, ASSOCIATE MEMBERS \$315, NON-AONH MEMBERS \$350.** Registration Required. Event will be held in the Douglasville, Georgia.



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AONH NEWS



this issue

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The Mission of Your Association

AONH is dedicated to public education and the professional development of natural health care around the world. Our aim is to unite our like minded members and speak as one voice and with one purpose.

Getting Involved

Associate, Select, and Elite Memberships are available.

For futher information on benefits you or your company can receive, please register for membership by visiting: www.aonh.org

The Benefits of Having a Natural Measles Infection-Suzanne Humphries, MD

Today, half a century after measles vaccines have become commonplace, and two to three generations beyond the expectation of contracting measles during childhood as a regular event, measles is now thought of as a potentially deadly disease with no redeeming qualities. However, a look into the medical literature of the past shows us that wild measles may indeed have afforded immunologic advantages to those infected.

Immunity

Dr. Peter Aaby et al. and his team found that children who survived natural measles had a much higher survival rate from all other infectious causes than other children. Children who had the measles vaccine, had a lower rate of survival and the worst group in terms of overall survival from infec-



tions, was the group which had neither measles vaccines nor measles disease. That's published research.¹ Their (compromise) conclusion was that it would be necessary to use the measles vaccine forever, because of the value of the vaccine in protecting against all-cause mortality in the absence of actual infection.

Kidney disease

Infection with measles virus during severe unrelenting episodes of childhood nephrotic syndrome² has been a topic of much discussion in the medical literature since the early part of the 20th century, beginning with Pirquet in 1908.³

Numerous reports reflecting varying degrees of resolution after measles infections exist in conventional medical journals.^{4,5} At first glance, some of the results seem lackluster, as many of the children had recurrence after a period of becoming disease-free. However upon closer examination of how these children were treated, nearly all of the relapses occurred in those who were also treated with gammaglobulin, which reduces the full



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Your membership is yearly and entitles you to many benefits.



this and, thereafter, his gradual return to full health was uninterrupted. Some 6 months had elapsed since he had first become oedematous, a trace of albumin in the urine only remained.⁷

The boy enjoyed a life-long recovery. He was cured, in my opinion because he was not given corticosteroids, gamma-

globulin, or antibiotics.

Remission of cancer after infection

Dr. HC Mota, in 1973, described a remission of infantile Hodgkin’s disease after natural measles.

A 23-month-old Caucasian male was seen for the first time in April 1970 with a large mass in the neck due to hypertrophy of the left cervical lymph nodes. . . . A diagnosis of predominantly lymphocytic Hodgkin’s disease was made on the histopathological findings of lymph node biopsy. . . . Before radiotherapy could be started the child developed measles. Much to our surprise the large cervical mass vanished without further therapy.⁸

There is another example reported, of wild measles leading to regression of Burkitt’s lymphoma in an eight-year-old African boy with painless right orbital swelling from a tumor. The appearance of generalized measles exanthema coincided with complete tumor regression. The patient remained in complete remission for 4 months after the measles infection.⁹ The idea of measles infection being anti-oncogenic came from wild measles, not engineered virus.

How many children had subclinical cases of cancer that spontaneously resolved after developing natural measles is unknown because it has not been adequately researched.

Msaouel et al. in 2009 conducted clinical testing of engineered oncolytic measles virus strains in the treatment of cancer. They note in their comprehensive report that previous vaccination against measles will negate the antitumor effect of the viral therapy.

The majority of cancer patients who are

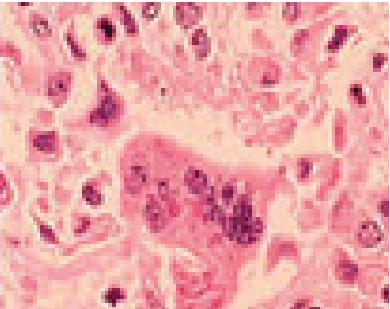
candidates for measles-based therapeutics are immune to the virus as a result of natural infection or vaccination. Immunity could have a negative impact on the therapeutic efficacy.¹⁰

Which leads one to ask, why not just let wild measles circulate and do the job nature intended at the time of life it was intended, which leads to 65 years of immunity and no need for life-span vaccination? And, as per Albonico¹¹, probably reduces the chance of developing cancer during later life.

Natural measles infection, when managed properly with vitamin A and C and good nutrition is not a deadly entity. Mortality for the disease in developed countries was down by over 99% before the vaccine was invented. The first vaccines led to a terrible form of measles called atypical measles. Today’s vaccines are also a source of many diseases. Populations that are 100% vaccinated¹² are still susceptible to measles because the vaccine provides a weak and dangerous shield against the disease.

Do you believe vaccines are necessary? Safe? Effective?

Do you think smallpox and polio were eradicated



Measles Virus

by vaccination? Our new book, Dissolving Illusions: disease, vaccines, and an history you don’t know, puts these issues to rest

with myth

and documented facts. Once you learn what was in a smallpox vaccine, and that the highest degree of smallpox and death came up on the vaccinated, you will realize that smallpox vaccines could not have possibly eradicated anything except human health. And that vaccine is the ONLY vaccine credited for eradicating a single disease! It is just mythology.

With vaccine mandates steamrolling every state in the USA and our rights being removed, while more and more toxic vaccines are added to the infant and childhood schedule, it is imperative

that everyone understands why vaccination has been a crime against humanity from the very beginning. Please educate yourselves on the real facts to pass on to your patients and solidify your own arguments against vaccination.

Suzanne Humphries, MD
Dissolvingillusions.com
Drsuzanne.net

References

¹ Aaby P, Simondon F, Samb B, Cisse B, Jensen H, Lisse IM, Soumaré M, Whittle H.Low mortality after mild measles infection compared to uninfected children in rural west Africa. Vaccine. 2002 Nov 22;21(1-2):120-6

² Large amounts of protein lost into the urine from the blood. It is characterized by proteinuria, hypoalbuminemia, hyperlipidemia, and edema.

³ von Pirquet, C. Das verhalten der kutanen Tuberculin Reaktion wahrend Masern. Deutsche Medizinische Wochenschrift, 1908. 34, 1297.

⁴ BLUMBERG RW, CASSADY HA. Effect of measles on the nephrotic syndrome. Am J Dis Child. 1947 Feb;73(2):151-66.

⁵ OBERG G. Effect of measles on the nephrotic syndrome. Upsala Lakareforen Forh. 1949 Mar 15;54(1-2):85-9.

⁶ Gairdner D. A notable case of nephrosis. Arch Dis Child. 1978 May;53(5):363-5.

⁷ Ibid.

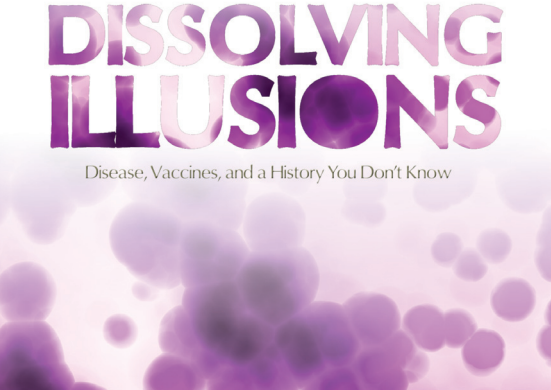
⁸ Mota HC. Infantile Hodgkin’s disease: remission after measles. Br Med J. 1973 May 19;2(5863):421.

⁹ Bluming AZ, Ziegler: Regression of Burkitt’s lymphoma in association with measles infection. Lancet (1971) 2(7715):105-106

¹⁰ Msaouel P, Iankov ID, Allen C, Morris JC, von Messling V, Cattaneo R, Koutsilieris M, Russell SJ, Galanis E. Engineered measles virus as a novel oncolytic therapy against prostate cancer. Prostate. 2009 Jan 1;69(1):82-91

¹¹ Albonico HU, Bräker HU, Hüsler J. Febrile infectious childhood diseases in the history of cancer patients and matched controls. Med Hypotheses. 1998 Oct;51(4):315-20.

¹² Measles Outbreak among Vaccinated High School Students – Illinois. MMWR weekly. June 22, 1984 / 33(24):349-51. http://www.cdc.gov/mmwr/preview/mmwrhtml/00000359.htm



Book Soon to be released. Check on Amazon.com or at your favorite bookstore on or around July 31st.