

Arnica Portsmouth VIII – 17th January – with Alastair Hay – homeopathical

In my 1990 medical dictionary there is no information on HPV however, it is worthy of note that it **doesn't** divulge any relationship between HPV and cervical cancer.

HPV = Human Papilloma Virus, Papilloma = wart, developing from the epidermis – benign growth on the surface of the skin or mucous membrane.

Physiology textbook:

Herpes simplex virus II (HSV2) and has been associated with ca – cervix, vagina, vulva, penis and colon. (no mention of HPV)

Basic Clinical Science textbook – Cervical cancer can revert.

HPV is the top cause of cervical cancer. However, it doesn't always cause the disease. Many people have HPV and don't develop cervical cancer.

Cervical cancer is virtually 100 percent preventable through behavioural and lifestyle choices.

We do know yet whether the vaccination for HPV will reduce your risk.

Factors that increase your risk of cervical cancer

- Becoming sexually active before age 18
- Having multiple sexual partners or being sexually active with a man who has multiple sexual partners
- Giving birth before age 22
- Smoking (doubles risk)
- Compromised immune system
- Low socioeconomic status
- Family history of cervical cancer
- Oral contraceptives
- Obesity
- Poor nutrition
- Chlamydia infection, herpes simplex virus, or HIV

How to lower your risk of cervical cancer

- Getting routine Pap tests, at least every three to five years for a normal Pap and every three to six months for an abnormal Pap
- Quitting smoking
- Minimizing alcohol consumption
- Using alternative forms of birth control rather than oral contraceptives (e.g., barrier methods such as condoms)
- Supporting healthy liver function-do a liver cleanse one to two times per year
- Reducing stress through deep breathing exercises, yoga, and/or meditation
- Exercising (a combination of cardio and weight-bearing exercise) at least 40-60 minutes per day, or at least three times per week

The (PAP) Smear Test

In a smear test, a sample of your cervical cells are taken to look for ones that could become cancer. Those "precancerous" cells might never become a problem. The medical viewpoint is that it's best to find out and get rid of them to be safe.

HPV expert researcher Dr. Diane Harper, who coordinated clinical trials of the HPV vaccine Gardasil, stated that PAP smears alone prevent more cancer than vaccines (Huffington Post, December 28, 2009).

According to a study published in the New England Journal of Medicine, the use of condoms reduces the incidence of HPV by 70 percent, offering far better protection than the HPV vaccine and avoiding HPV vaccine side effects.

Does HPV go away?

Yes, HPV infection usually goes away on its own. More than six million women contract HPV infection annually, yet more than 90 percent of these women clear the infection from their bodies automatically, according to the Centers for Disease Control (CDC): "In 90 percent of cases, your body's immune system clears the HPV infection naturally within two years,"...at which point cervical cells go back to normal. If you are healthy, your immune system is usually strong enough to naturally clear HPV infection on its own."

HPV cervical cancer is reversible

Women's cancer specialist Dr. Maria Bell found that nutrients in cruciferous vegetables can reverse cervical cancer. That group includes cabbage, broccoli, Brussels sprouts, cauliflower, and kale. Bell's research showed that HPV cervical cancer could be reversed with indole-3-carbinol(I3C), a natural substance found in cruciferous vegetables. In a placebo-controlled study of 30 women with stage 2 or 3 cervical cancer, those who took I3C had complete regression of their disease in only 12 weeks. There was no improvement in the control group. Other research has shown a similar effect by supplementation with DIM, a digestive by-product of eating cruciferous vegetables. So eat your broccoli!

Signs & Symptoms of cervical cancer

- Vaginal bleeding after intercourse, between periods, or after menopause
- Watery, bloody vaginal discharge that may be heavy or have a foul odour
- Pelvic pain during intercourse

Food Factors

A diet high in fruits and vegetables has been found to be protective against cervical cancer and dysplasia. Foods high in vitamin C, selenium, carotenoids, and vitamin E should be included as part of every woman's diet.

- Vitamin C: papaya, kiwi, peppers, oranges, broccoli, Brussels sprouts, grapefruit, strawberries, and cantaloupe
- Selenium: Brazil nuts, fish, turkey, barley, shrimp, lamb, and scallops
- Vitamin E: Sunflower seeds, almonds, spinach, Swiss chard, turnip greens, papaya, mustard greens, and asparagus
- Carotenoids: Carrots, squash, collards, tomatoes, sweet potato, pumpkin, spinach, and kale

<https://www.foxnews.com/health/have-hpv-how-to-clear-the-infection-naturally>

<https://www.stdcheck.com/blog/herpes-vs-hpv-the-complete-breakdown/>

THE VACCINE - HPV vax is marketed as a cervical cancer vaccine...

However...

HPV vaccines are sold as preventatives against cervical cancer, whereas in reality they are vaccines which are at best protective against a few strains of the human papilloma virus.

This vaccination program began and continues in spite of the fact that cervical cancer only very occasionally follows an infection with one or more cancer-associated types of human papillomavirus (HPV). The fact is 90% of HPV infections are asymptomatic and naturally cleared by the immune system within two years.

HPV vaccines have never been tested against cervical cancer outcomes.

It can take decades from HPV infection to the development of cervical cancer so such definitive testing is simply not possible. Instead, a surrogate endpoint was used to support the conclusion that HPV vaccines would be effective in

preventing cervical cancer. The suitable surrogate end-point chosen for the efficacy of the HPV vaccine was cervical intra-epithelial neoplasia (CIN) grade 2/3 lesions, and adenocarcinoma in situ.

This surrogate end-point was decided even though these precursor lesions are common in young women under 25 years and rarely progress to cancer. In sum, very few of these CIN 2 and 3 precursor lesions in young women develop into cancer so it is difficult to support their use as end-points or markers for cervical cancer.

There is no proof that any of the HPV vaccines have ever prevented a single case of cervical cancer. But there is evidence of their harm. According to the World Health Organisation's adverse events database there have been over 85,000 serious adverse events and this is not the complete picture for only 1-10 per cent are ever reported.

When HPV was licensed phase 3 trials had not been completed.

Each shot of Gardasil contains 500 micrograms of aluminium.

Professor Chris Exley is an expert of all things aluminium. Exley asks: **'How many experts did they consult before using aluminium as an adjuvant?'** How would they know that it was safe? He wonders how they could answer this as he, as an expert, doesn't know either.

Key vaccine facts

Full vax info:

<https://www.fda.gov/downloads/biologicsbloodvaccines/vaccines/approvedproducts/ucm111263.pdf>

Gov stuff:

This vaccine gives protection against some strains of the [Human Papillomavirus \(HPV\)](#), including ones which cause cervical cancer and mouth cancers. About 3,200 women are diagnosed with cervical cancer every year in the UK. It is currently the most common cancer in women under 35, and kills around 850 UK women every year.

The HPV vaccine used in the UK is called Gardasil (see the [Patient Information Leaflet](#)). It protects against four strains of HPV: types 6, 11, 16 and 18. Types 16 and 18 are responsible for almost 75% of the cases of cervical cancer in Europe. Type 16 also causes oral cancer. Types 6 and 11 are responsible for around 90% of the cases of genital warts. The vaccine does not contain any live viruses and cannot cause HPV infection.

Who should have the vaccine, and how many doses are needed?

In the UK the vaccine is routinely offered to girls who are aged 12-13 years. The first dose is offered during school year 8, with the second dose either 12 months or 6 months later. There should be at least a 6 month gap between the first and second doses. Girls aged 15 or older who have not been vaccinated at 12-13 years should have three doses of the vaccine to ensure good protection.

On 24 July 2018 the [UK government announced](#) that the HPV vaccine would also be offered to all boys aged 12-13 years. This follows [updated evidence from the Joint Committee on Vaccination and Immunisation \(JCVI\)](#), the body that advises the Department of Health in the UK. In their updated statement the JCVI advised that the existing HPV vaccination programme for girls should be extended to boys as well. A start date for the boys' programme has not yet been announced.

HPV vaccination in the UK is offered through schools. If a girl is not in school or misses one or both doses of the vaccine, catch-up vaccination can be provided by the GP surgery.

There are *effective* HPV vaccines. Current vaccines offer effective vaccination against 70% of carcinogenic HPV, and a new vaccine will soon increase this rate to 90%. *Efficacy?* The vaccine is *effective* on the infections of strains targeted by the vaccine (only 4 to 9 of the nearly 200 listed strains) but there is no evidence that it can prevent invasive cancer let alone avoid death by this cancer.

Controversy:

The first vaccine introduced for a condition entirely preventable with life-style choices

The vaccine with the most injury reports

Lucija Tomljenovic, PhD, poses this important question:

“Is it ethical to put young women at risk of death or a disabling autoimmune disease at a pre-adolescent age for a vaccine that has not yet prevented a single case of cervical cancer, a disease that may develop 20-30 years after exposure to HPV, when the same can be prevented with regular Pap screening which carries no risks.”

His 15 page letter is summarised here:

- Declarations of harmlessness – science by proclamation – are made in the absence of available science to support these claims.
- Concerns about contamination of HPV DNA fragments were dismissed without a shred of evidence: references were falsely attributed to conceal a total vacuum of peer-reviewed science on the safety of HPV L1 gene DNA fragments. These fragments were conflated with HPV-16 *particles* in hopes that this wave of the hand would quiet further inquiry.
- Concerns about the antigenicity of aluminium is dismissed in direct conflict to available evidence of inflammatory response generated by vaccination as demonstrated by the WHO’s own data.
- Tactics used to generate an illusion of scientific certainty including: CDC Technical Reports by ghostwriter(s) based on phone conversations, references to unpublished PhD material, and health blogs.

<https://www.nvic.org/Vaccines-and-Diseases/hpv.aspx>

US-info: Using the MedAlerts search engine, as of April 30, 2018, the federal Vaccine Adverse Events Reporting System (VAERS) contains more than [58,992](#) reports of HPV vaccine reactions, hospitalizations, injuries and deaths and, includes 430 related deaths, 794 hospitalizations, and 2,773 disabling conditions. Over 45 percent of the reported serious adverse events occurred in children and teens 12-17 years of age.

Most up-to-date info I could find for US data:

Found 60350 cases where Vaccine targets HPV (HPV2 or HPV4 or HPV9 or HPVX) and Submission Date on/before '2018-04-30'

http://www.medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&GROUP2=AGE&EVENTS=ON&VAX%5B%5D=HPV2&VAX%5B%5D=HPV4&VAX%5B%5D=HPV9&VAX%5B%5D=HPVX&VAXTYPES%5B%5D=HPV&SUB_YEAR_HI GH=2018&SUB_MONTH_HIGH=04

<https://sanevax.org/wp-content/uploads/2018/12/Oct-2018.pdf>

<https://www.nvic.org/vaccines-and-diseases/hpv/vaccine-injury.aspx>

Would you be happy allowing your child to have a vaccination that has not been tested for its ability to produce cancer or cause genetic mutations?

Are you happy for them to have a vaccine that is yet to be proven to prevent the disease it is aimed at preventing?

