JONATHAN V. WRIGHT, MD'S
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IN THIS ISSUE

The Other Side of the "Official" Vaccination Story

Over 400 research articles compiled in a new book tell a very different story about vaccinations than does the mainstream media.

Have you ever seen, heard, or read that published scientific studies report that common childhood illnesses *can actually be good for us?* A study of over 100,000 men and women, discussed and cited below, tells us that children who have measles and mumps infections in childhood have significantly fewer heart attacks and strokes later in life. Another research report tells us that children who are infected with measles are *significantly less likely* to develop allergies than children who have received measles vaccinations. Why haven't any of the media reported this research?

Similarly, you've likely never been told of published research that tells us that the hepatitis B vaccine triples the risk of developing multiple sclerosis; that children who received pertussis ("whooping cough") vaccination are two to five times more likely to be diagnosed later on with asthma; and that pertussis vaccination has caused new, vaccine-resistant strains of pertussis to emerge, and has actually *increased*(not decreased) cases of pertussis.

Here's one we're deliberately not told about, with emphasis added on purpose: ***Measles infections can reverse cancer—the measles virus may be used as treatment against human cancers!*** No kidding—see endnote #21 at the end of this article if you want to find and read the original research!

It's entirely true that if there are three doctors in a room, there may be four to seven differing opinions, and if there are three lawyers in a courtroom, there may be ten to fifteen varying opinions. The same is true of researchers: there is never 100% agreement. The old adage of "follow the money" can be helpful, though. Think: how much money is there in using the measles virus to treat cancer, versus how much money can be made by promoting measles vaccination?

What makes many of us suspicious of all the well-publicized pro-vaccine research and official pressure to vaccinate everyone is the existence of a "Vaccine Court" in these United States, established in 1986 by *los federales.* This law completely protected vaccine manufacturers against lawsuits (no, not kidding, look it up!) and made you, me, and all other taxpayers liable to compensate individuals or families damaged or killed by vaccines. According to *los federales'* own statistics easily found online,[1] total compensation paid through this program—paid by all of us instead of being paid by those whose products actually caused the damage—has been $3.6 billion dollars.

Until very recently, the officially promoted line that "vaccines are good for everyone" has gone unchallenged by any "mainstream" media, although the Internet has made some dissenting information available for those who have the time and inclination to look for it. Information released by CDC whistleblower Dr. William Thompson was reported briefly in the media "mainstream," but there was no further investigation. The independent movie Vaxxed (if you haven't seen this yet, please do) has definitely put a crack in this facade.

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OUR PURPOSE

Green Medicine is dedicated to helping you keep yourself and your family healthy by the safest and most effective means possible. Every month, you'll get information about diet, vitamins, minerals, herbs, natural hormones, natural energies, and other substances and techniques to prevent and heal illness, while prolonging your healthy life span.

A graduate of Harvard University and the University of Michigan Medical School (1969), Dr. Jonathan V. Wright has been practicing natural and nutritional medicine since 1973 at the Tahoma Clinic, now in Tukwila, Washington. Based on enormous volumes of library and clinical research, along with tens of thousands of clinical consultations, he is exceptionally well qualified to bring you a unique blending of the most up-to-date information and the best and still most effective natural therapies developed by preceding generations.

In 1992, Dr. Wright was among the original founders of the American Preventive Medical Association—now known as the Alliance for Natural Health USA—which was created to defend integrative doctors from relentless and coordinated attacks from the conventional medical establishment and the government agencies that protect them. Now one of the leading voices in natural health policy, the Alliance for Natural Health USA continues this mission by organizing half a million grassroots activists to protect access to natural, preventive medicine.

Dr. Wright and ANH-USA are proud to be teaming up once again to empower consumers to exercise their inalienable rights to choose their own healthcare, and to warn the public of continual, pervasive attempts from both government and private organizations to restrict them.

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The Other Side of the "Official" Vaccination Story

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Until now, we've not had an easily accessible, easily readable compilation of "the other side" of the official vaccine story. One problem is that the ability to read, understand,and explain a scientific research report in simple, easy-to-understand language is a rare gift, which is why so many of us rely on what "experts" say and write about "scientific truth."

That's all changed with the publication of the must-have book, Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers. Neil Z. Miller is a medical research journalist with the ability noted above. He summarizes the key points from each of (over) 400 scientific studies, one (or occasionally two) on each page, and (for the scientifically inclined who want to read the original research) reprints the citation to each article.

Of the over 400 scientific studies—not publicized by vaccine "authorities"—the large majority are about the hazards of vaccines. That's a lot of reading! Fortunately, there's a table of contents with twenty-one categories from which to choose. However, once you've started with the science-in-understandable-language text, I'm told by many it's hard to put the book down! Some examples:

#2. Infants who receive the most vaccines have the worst hospitalization and death rates.[2] In an analysis of 38,801 reports of infants who had "adverse events" after receiving vaccinations, infants given six to eight vaccine doses were significantly more likely to be hospitalized when compared to infants who received two to four vaccine doses.

#5. Infants who received vaccines containing mercury (thimerosol) had significantly increased risk of being diagnosed with an autism spectrum disorder.[3] Infants who received diphtheria, tetanus, and pertussis (DTaP or DTP) vaccines with mercury had twice the risk for a subsequent autism spectrum disorder reported, compared to infants who received mercury-free versions of the very same vaccines. Infants who received 37.5 micrograms of mercury from thimerosal-containing hepatitis B vaccines were three times more likely to have been diagnosed with autism spectrum disorder compared to those who received mercury-free hepatitis B vaccines.

That's definitely not all the research about the hazards of injecting mercury (which should be obvious to all of us) in vaccines. This book has twenty-seven more research reports on this topic.

#62. Annual vaccination against common strains of influenza reduces protective immunity against more dangerous strains of the disease.[4] Many countries (including our "free" country) put great pressure on parents to vaccinate healthy children between six months and five years of age against common flu viruses. But infection by common flu viruses (which have infected—but very rarely killed—children in nontropical climates for unknown millennia) actually stimulates those children's immune systems to have greater immunity to the more deadly strains of flu viruses.

For the scientifically inclined, here's the actual quote (in "scientese") from the researchers:

> "Preventing infection with seasonal influenza viruses by vaccination might prevent the induction of heterosubtypic immunity to pandemic strains,which might be a disadvantage to immunologically naive people—e.g., infants."

"Might be a disadvantage" in the researchers' last sentence is scientifically polite. Since controlled research in children between six months and five years of age to prove or disprove this point would be

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unethical, here's what these researchers found in animal research:

#65. Mice that were infected with a seasonal influenza virus survived exposure to a lethal influenza strain; vaccinated mice died.[5]

The researchers wrote:

> "During a next pandemic, especially children that received the annual flu shot would be at higher risk to develop severe illness and a fatal outcome of the disease than those that experienced an infection with a seasonal influenza A virus strain."

If that weren't extra risk enough, other researchers reported:

#78. Children vaccinated against seasonal influenza are not protected and are more likely than non-vaccinated children to develop respiratory virus infections.[6]

These researchers wrote:

> "We identified a statistically significant increased risk of non-influenza respiratory virus infection among trivalent inactivated influenza vaccine recipients including significant increases in the risk of rhinovirus and coxsackie/echovirus infection."

In briefer English: those who received flu vaccines were significantly more likely to suffer from non-flu respiratory infections!

Flu shots, anyone? This book contains twenty-three more research reports about influenza vaccination that no "authority" tells us about! But let's move on to "whooping cough" (pertussis) vaccine research. . . .

#92. Pertussis vaccines caused new, vaccine-resistant strains of pertussis to emerge, and increased cases of the disease.[7] We're all aware of ever-increasing antibiotic-resistant bacteria. Like all other living organisms, bacteria don't like being killed, so (over time, of course) they find ways to avoid it! We call that "antibiotic resistance"; if the bacteria could speak English, they would call it survival!

The whooping cough bacteria (*Bordetella pertussis*) doesn't like being killed, either, so (as other researchers tell us[8]) this bacteria has mutated—"morphed," if that helps—into a vaccine-resistant form that produces a more lethal toxin than the original pertussis bacteria.

As the pertussis bacteria has mutated ("morphed") into a form that is more toxic, the number of reported whooping cough cases has actually increased—not *despite* vaccination, but *because of* vaccination—since the early 1980s.

There are twenty-five more research reports about the hazards of pertussis vaccination in this book, but let's move on to another common bacterial infection—the pneumococcus—which also resisted being eliminated by vaccination by "morphing" into a more infectious, antibiotic resistant form.

#141. The pneumococcal vaccine (PCV7) caused highly virulent, antibiotic resistant strains of pneumococcal disease to emerge.[9]

As Miller summarizes:

> "Invasive pneumococcal disease rates initially declined following universal vaccination of children against the disease, but increased when non-vaccine strains quickly replaced strains targeted by the vaccine."

So the "obvious" solution (for those who advocate mandatory vaccines for us all) is just make vaccines against those strains of pneumococcus resistant to PCV7. But the pneumococcus bacteria—no matter what the strain (scientese for "type" or "tribe")—doesn't want to be killed any more than any other living thing, so predictably:

#148. PCV13, like PCV7, is expected to continue inducing rapid strain replacement, rendering the new vaccine inadequate against pneumococcal disease.[10]

As you likely guessed, PCV13 is a "replacement" vaccine for the no-longer-very-effective PCV7 vaccine. The researchers wrote:

> "As PCV13 use increases during the next several years, we anticipate that overall rates of colonization may transiently drop, but eventual non-PCV13 serotype replacement may occur."

In English: this new vaccine may work for awhile, but it's very likely that it will—as did PCV7, which preceded it—cease being effective because one or more new strains of even more antibiotic-resistant, vaccine-resistant pneumococcus will be forced into existence.

There are fourteen summarized research reports concerning the HPV (human papilloma virus) vaccine Gardasil in this book. First,you should know that there's a better, zero risk way to significantly reduce risk of cervical cancer, and sometimes reverse it. Details are on page 5. Now, on to:

#152. Clinical trials show no evidence that HPV vaccination can prevent cervical cancer; serious adverse reactions are common.[11]

The researchers reported:

> "Current worldwide HPV immunization practices with either of the two HPV vaccines appear to be neither justified by long-term health benefits . . . nor is there any evidence that HPV (even if proven effective against cervical cancer) would reduce the rate of cervical cancer beyond what Pap screening has already achieved."

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They also reported—as has been reported in the other thirteen reports summarized—that the HPV vaccine has been linked to lupus, multiple sclerosis, other autoimmune disorders, paralysis, convulsions, chronic fatigue syndrome, pulmonary embolisms, and death.

Childhood deaths from measles and mumps are exceptionally rare. Adults commonly die of cardiovascular disease. What do these have to do with each other?

#169. Measles and mumps infections in childhood protect against deadly heart attacks and strokes during adulthood.[12] This research included 60,179 women and 43,689 men ages 40 to 79. Women who had measles and mumps in childhood were significantly less likely to die from cardiovascular disease and stroke when compared with women who had neither infection. Men who had both measles and mumps were significantly less likely to die of a heart attack; men who'd had only mumps during childhood were significantly less likely to have a stroke.

A thought: perhaps skipping vaccinations for these problems—which are not often lethal—might be wisest in view of the significant cardiovascular risk reduction later on in life.

The nine other research reports include increased risk of emergency care (especially for girls) after MMR (measles, mumps, rubella) vaccination, possible associations of MMR vaccine with brain autoimmunity and autism, and the risk that measles can be spread from fully vaccinated individuals to other fully vaccinated individuals.

#200. The shingles vaccine can cause serious adverse events, and its long-term efficacy is unknown.[13] There are twenty-three summarized research reports concerning the shingles vaccine. One of the most notable was actually reported in the prescribing information by the vaccine manufacturer itself, Merck &Co., Inc.

Adults over eighty years old given the shingles vaccine had more than twice as many adverse effects than those who weren't given the vaccine. Serious cardiovascular events—including congestive heart failure and pulmonary edema, as well as respiratory infections and skin disorders—were also more common in those receiving the vaccine. Even worse, in those over eighty, the shingles vaccine was no more effective than placebo.

The other twenty-three summarized research reports in the varicella category include reports that like measles and mumps, chickenpox during childhood significantly reduced adult risk of heart attack, that chickenpox vaccination actually causes an increase in teenage and adult shingles infections, and that receiving the shingles vaccine had twice the risk of alopecia (hair loss) and arthritis.

As space is limited, the following studies taken from the remaining two hundred are listed with no further explanation, since the details can be found in the book:

#207. The hepatitis B vaccine triples the risk of developing multiple sclerosis.[14]
#214. Children who contract measles are significantly less likely to develop allergies than children who are vaccinated against measles.[15]
#223. Children who received a pertussis vaccine were 2 to 5 times more likely than unvaccinated children to be diagnosed with asthma.[16]
#259. "Iatrogenic inflammation" (inflammation after vaccination) caused epidemics of type 1 diabetes, obesity, and metabolic syndrome.[17]
#279. Major adverse reactions are common in premature infants who are vaccinated.[18]
#296. Hexavalent vaccines significantly increase the risk of sudden and unexpected deaths in young children.[19]
#315. Childhood diseases experienced early in life protect against many different types of cancer later in life.[20]
#337. Measles infections can reverse cancer; the measles virus may be used as treatment against human cancers.[21]

Other Topics Included in the Book

INFECTION PROTECTION WITHOUT VACCINATION: Miller's Review of Critical Vaccine Studies also contains thirty-two one-page (or less) summaries about vitamin D protecting against the flu and other respiratory infection and thirteen studies about vitamin A protection against complications and death from measles.

PHYSICIANS AND NURSES RESIST VACCINATION: Nineteen reports tell us that pediatricians, other medical doctors, and nurses worldwide do not follow official guidelines for vaccinations.

MORE EDUCATION, LESS VACCINATION: Twelve studies summarized reports that among non-health care professionals, more education is correlated with less enthusiasm and willingness to comply with "official" vaccination guidelines.

CONFLICTS OF INTEREST, INDUSTRY CONTROL, INTERNET SURVEILLANCE AND CRITICISM OF DISSENTING OPINION ABOUT VACCINATIONS: Eighteen research reports documenting this subject.

Miller's Review of Critical Vaccine Studies: 400 Important Scientific Papers Summarized for Parents and Researchers is available from bookstores and multiple online sources. If you're a parent or just interested in "both sides of the story" about vaccines, put this book on the shelf along with pro-vaccine publications, read both, and make your own better-informed decisions! ●

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Preventing and (Sometimes) Curing Cervical Cancer without Vaccinations

Cervical cancers can be kept in check just by eating your vegetables!

Believe it or not, all the protection you need from human papilloma virus (HPV)-caused cervical cancer is to "eat your vegetables," as Grandma and Mother told us! Specifically, broccoli, cauliflower, cabbage, bok choy, Brussels sprouts, and other vegetables from the cruciferous (also called "brassica") family.

Cervical cancer (cancer of the cervix of the uterus) is caused by certain strains of the HPV virus. One early clue that cruciferous vegetables may reduce the risk of cervical cancer came from studies of laryngeal and/or vocal cord polyps, which are also caused by HPV viruses, specifically HPV-6 and HPV-11, two of the four main HPV types

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that also cause cervical cancer. Although frequently benign, these polyps can proceed to actual cancer, which can be fatal.

HPV, Respiratory Tract Polyps, and the "2/16" Estrogen Ratio

In a 1998 report from Long Island Jewish Hospital,[1] researchers noted a close connection between estrogen metabolism and the growth of HPV viruses that cause polyps in the respiratory tract. (Technically, this condition is termed "recurrent respiratory polyposis" or RRP).

The researchers wrote, "Our results show an inverse relationship between the ratio of C-2 to C-16 alpha hydroxylated estrogens and the severity of RRP."In English: the lower the "2/16" hydroxyestrogen ratio, the worse the RRP infection was; the higher the "2/16" ratio, the less severe the RRP infection was.

In this early study, the researchers asked RRP sufferers to eat significantly more cruciferous vegetables. They found that compounds naturally present in these vegetables stimulated increases in the 2/16 hydroxyestrogen ratio, which correlated with improvement in RRP.

Other RRP research also reported that a natural substance found in cruciferous vegetables(indole-3-carbinol, or "I3C) can inhibit HPV growth. Researchers asked volunteers to take I3C to explore its effects on the RRP manifestation of HPV. Thirty-three volunteers were followed for an average of 4.8 years. Of the thirty-three volunteers, 33% had complete remission of RRP (yes, it disappeared!), 30% had a reduction in the growth of the RRP (total 63%), and 37% had no response. (Since this research was published, I3C use as a supplement has been mostly replaced by DIM—di-indolylmethane—a closely related natural molecule with greater potency and fewer potential adverse effects at higher dosages.)

In 1999, actress and singer Julie Andrews filed a lawsuit[2] alleging damage to her vocal cords and loss of vocal quality during surgery for a polyp. If she'd eaten enough cruciferous vegetables to inhibit the growth of the HPV virus into a polyp, or perhaps had takenI3C or DIM to cause its regression, she might have kept her full singing voice!

HPV, Cervical Cancer, and the 2/16 Ratio

Perhaps even more importantly, cruciferous vegetables and/or DIM may prevent cervical cancer and even reverse it in early stages. In the late 1990s, Dr. Maria Bell gave a prepublication presentation at a meeting of the American College of Advancement in Medicine. This presentation was termed "a breakthrough" and "stunning" by some of the 250 physician-attendees—and for good reason.

In this presentation, Dr. Bell described her study on the reversal and apparent *cure* in some casesof the most common type of cervical cancer using I3C. Dr. Bell's group noted that HPV infection is associated with a lower urinary 2/16 hydroxyestrogen ratio, and she showed a slide (yes, it was an actual "slide" at that time, not a "Powerpoint" presentation) demonstrating an inverse relationship between the degree of precancerous changes of the cervix and the urinary 2/16 OHE1 ratio.(In English again: lower 2/16 ratio, higher degree of precancerous changes.)

She referred to other research showing that mice with HPV-induced laryngeal papillomas had lower urinary 2/16 OHE1 ratios. When mice not infected with HPV were pretreated with I3C and then deliberately exposed to HPV, only 25% got papillomas. By comparison, 100% of mice not pretreated with I3C and then exposed to HPV suffered resultant papillomas. In other research, mice were given estradiol and then exposed to HPV. Those pretreated with I3C developed cervical and/or vaginal cancer in only 2 of 24 cases (8%). Those without I3C pretreatment developed cervical and/or vaginal cancer in 19 of 25 cases (76%).[3]

Dr. Bell's own study[4] was conducted on women with cervical intra-epithelial neoplasia (CIN), an abnormal growth of cells on the surface of the cervix caused by HPV infection. CIN is not fully-developed cancer and is usually curable by local surgery after detection by a Pap smear. Although CIN can remain stable or even regress on its own with no treatment, a small percentage of CIN progresses to become outright cervical cancer, usually cervical squamous cell carcinoma (SCC), if not treated.

Thirty women with stage 2 or stage 3 CIN were enrolled in the study. (Stage 1 is barely beginning; stages 2 and 3 are further local progression of the cancer with perhaps local lymph node involvement; stage 4 is when the cancer spreads to another organ.) Diagnosis as well as follow-up involved Pap smears, a more comprehensive visual examination technique called colposcopy, and biopsies.

Ten women took placebos, ten took 200 milligrams daily of I3C, and ten took 400 milligrams daily of I3C. The urinary 2/16 ratio was checked at the beginning of the study and at four weeks. (This ratio changes after only a few days of I3C ingestion.) After twelve weeks, the women were checked with colposcopy again, and a biopsy.

Four out of eight (two dropped out of the research) in the 200 milligrams daily I3C group experienced complete regression (yes, the stage 2 or 3 cancer was gone!), four out of nine (one dropped out) in the 400mg group experienced complete regression (again, the stage 2 or 3 cancer was gone!), while none of the women in the placebo group experienced complete regression of their CIN.

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Dr. Bell pointed out that although the study showed a correlation between cancer regression and the urinary 2/16 hydroxyestrogen ratio (higher 2/16, more cancer regression), it wasn't an exact fit, indicating that perhaps the I3C is working by other means in addition to altering the urinary 2/16 ratio. Despite this, taking I3C appears to have caused regression in a very significant proportion of cervical cancers. Although the study lasted only twelve weeks, it's a reasonable to make a few predictions based on the studies:

- If the women whose cancers regressed continued taking their I3C and eating cruciferous vegetables, their cancers wouldn't return.
- Eating these vegetables and/or taking I3C (or preferably DIM, see below) on a regular basis will prevent a significant proportion of cervical cancers. (This has been shown to be the case for cruciferous vegetable consumption and prostate cancer.[5,6])
- The urinary 2/16 hydroxy-estrogen ratio is a worthwhile risk factor screening tool for cervical and breast cancers. (Since Dr. Bell's publication, Drs. Muti, Bradlow, and colleagues subsequently reported that men with high 16 alpha-hydroxyestrogens have a significantly higher risk of prostate cancer.[7])

For Even Better Results . . .

As good as these results were, they could theoretically have been even better if the more active form of I3C—DIM—had been used instead. While I3C is a molecule found in plants, especially cruciferous vegetables, in the human stomach it is "condensed" by the action of normal stomach acid into "dimers" (two of the same molecules stuck together) and "trimers" (three of the same molecules stuck together). The major "dimer" of I3C is "di-indolylmethane" (DIM), which is the active form of I3C in human bodies.

Many students of staying healthy as we age are well aware that not everyone has normal stomach acid production. As we grow older, and we all do, more and more of us have age-related declines in stomach acid. If the active form—DIM—had been used, it's very likely that the results would have been better. (DIM is presently available in natural food stores, compounding pharmacies, and the Tahoma Clinic Dispensary, www.tahomadispensary.com. Cruciferous vegetables, hopefully organic, are found in every grocery store!)

Whenever testing finds a low or even low-to-normal 2/16 urinary estrogen test, I always recommend eating cruciferous vegetables four times per week, with retesting in just one month. (As noted above, this ratio can be changed rapidly.) If the 2/16 normalizes, all that needs to be done is continue eating lots of cruciferous vegetables. If it has not normalized, the addition of sufficient DIM will always normalize it.

As eating cruciferous vegetables every day has in the past been associated with causing hypothyroidism, always check with a physician skilled and knowledgeable in natural medicine before exceeding four times weekly.

There's No Need for HPV Vaccination!

Dr. Bell and her associates made a valuable, breakthrough contribution to cervical cancer treatment. In addition to the particulars of the type of cancer and its treatment, they've shown that an *understanding of the biochemistry of this particular cancer can lead to an effective and entirely nontoxic natural treatment*. Even though it's not effective in all cases, there will be significantly fewer women with this particular cancer subjected to mutilating surgery, radiation, and chemotherapy. Let's hope—but let's not hold our breath—that other researchers working on other cancers will increasingly turn to researching nontoxic natural treatments!

In the meantime, do as Grandma said: eat your vegetables! If you eat right, exercise, and take your vitamins, minerals, and botanicals, you'll reduce your risk of ever needing breast, cervical, or prostate cancer treatment, nontoxic or otherwise.

And now that you know about the correlation between the urinary 2/16 hydroxyestrogen ratio and cervical and prostate cancers, you can easily have your own urinary 2/16 estrogen ratio checked. Check with a practitioner skilled and knowledgeable in natural medicine, or contact Meridian Valley Laboratory (www.meridianvalleylab.com, 1-855-405-8378) for further information about how to have the test done directly. (Yes, I am Medical Director for Meridian Valley Laboratory.)

In addition, Pap smears actually cut the risk of developing cervical cancer by catching any problems in the early stages, often before it's actually cancerous. As noted above, one of the developers of one of the HPV vaccines has even said,"The best way to prevent cervical cancer is with routine Pap screening starting at age 21 years."

So for your daughters and granddaughters, tell them why they should eat their cabbage and other cruciferous vegetables. When they're old enough, they should consider having the 2/16 hydroxyestrogen test done, and for sure have the routine Pap smear done. And forget that HPV vaccine (Gardasil) with its vaccine-casued deaths[8] and multiple"adverse events"![9,10] ●

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Preventing and Curing Cervical Cancer

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About Dr. Jonathan V. Wright

Dr. Wright established Tahoma Clinic in 1973 in Washington State to offer nutritional and other natural therapies for common health conditions instead of patent medications.

A long-time researcher, author, speaker, and clinician, he has educated physicians in his techniques since 1983. Dubbed the "Father of Bio-Identical Hormones" by his peers, Dr. Wright was the first physician in the United States to prescribe comprehensive hormone replacement therapy (in the early 1980s) with hormones identical to those found in nature. This therapy (shortened to "BHRT") is now used nationwide by millions.

Also an author, he has written 13 books (with two texts achieving best-selling status), numerous medical articles, monthly magazine columns from 1976 to 2000, and since 1994 has written a popular monthly newsletter on natural health topics.

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