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THE VITAMIN C TREATMENT OF WHOOPING COUGH

By: Suzanne Humphries, M.D.

> We've had over 90% baby vaccination rates for whooping cough vaccines for over 11 years…since 2000, AND **they've included even more shots since then for the adolescents at the time**… and yet more, after 2000… AND here we are with whooping cough in EVEN higher numbers than it was before 1960? Don't you think that's absolutely astonishing? …Australia, which has had over a 95% whooping cough vaccination rate since 2000, is having the largest outbreak in their history since pertussis vaccination started. The same is happening in USA, and their rate of vaccination is even higher than Australia. So what do you think is happening there? - Hilary Butler

The original information in this document is from Hilary Butler, and is presented as I have incorporated into my practice.

This is a long document. But you must read every word of it. Please do not jump to the protocol as you will be lost as to what you are doing if you do not understand the full picture. Your child's health and recovery is worth a few hours of your time to learn.

Introduction

Are you concerned about your unvaccinated child getting whooping cough? Well, you shouldn't be, if you know how to care for your infant and child when it happens. The reason you hear of so much dread and why there is so much fear mongering among the conventional medical community, is because they have **no** idea how to treat whooping cough. The reason we doctors were never taught about therapeutic doses of vitamin C in medical school, is that if they had taught us about it, then not only would a raft of other drugs have been unnecessary, but they wouldn't be able to use meningococcal complications and deaths as emotional blackmail to get people to vaccinate, because people wouldn't be scared of gram-negative infections [N. meningitides and H. influenza (Hib)] any more. There would never be serious whooping cough or even deaths. Vitamins A and C would render measles, whooping cough, meningococcal complications, among other things, really easy to treat. When sick people presented to the hospital, IV vitamin C would immediately be started, and there would not be the terrible complications such as coagulopathy, at all. Vitamin C antidotes DIC (disseminated intravascular coagulation), a severe complication of sepsis, where bleeding and clotting occur simultaneously.

If you think that a vaccinated person cannot get whooping cough, in the most severe manner, think again. Most babies over the age of 6 months who get whooping cough are fully and "appropriately" vaccinated. In 2012, a new peer reviewed document[1] from professor of infectious diseases, Dr Maxwell Witt of Keyser Permanente in California showed that pertussis runs rampant in fully vaccinated child populations. "*Our data suggests that the current schedule of acellular*

[1] Witt et.al, 2012. "Unexpectedly Limited Durability of Immunity Following Acellular Pertussis Vaccination in Pre-Adolescents in a North American Outbreak." Clin Infect Dis. 2012 Jun;54(12):1730-5. Epub 2012 Mar 15.

pertussis vaccine doses is insufficient to prevent outbreaks of pertussis. We noted a markedly increased rate of disease from age 8 through 12….acellular vaccines have not been studied for clinical efficacy in north America and no studies exist on long term immunogenicity….. We sought to examine the factors that resulted in this peak." Quite impressive, right? Table 1 at the end of the document shows the percent of cases in vaccinated and it as follows: 86% age 2-7, 86% age 8-12, 62% age 13-18, 81% age 2-18. So now you know who gets more pertussis. It is not the unvaccinated. He even says, in the introduction: "*Our unvaccinated and under-vaccinated population did not appear to contribute significantly to the increased rate of clinical pertussis. Surprisingly, the highest incidence of disease was among previously vaccinated children in the eight to twelve year age group.*"

Prior to vaccination, infants were less susceptible to pertussis because real "herd immunity" was in place, and mothers were passing on immunity to their infants during the vulneralble time. Since vaccination, this herd immunity has actually been abolished, and infants are now more susceptible due to their vaccinated or non-immune mothers lacking specific antibody and cellular immunity for pertussis. This can be verified in the medical literature: "*Diminishing maternal immunity increases the risk of infection among the youngest age groups, who have not yet received at least two doses of the vaccine*."[2] The reason for the diminishing maternal immunity is that vaccinated individuals lack cellular immunity and also tend to have lower antibody titers, and breast milk antibody is not transferred in vaccinated mothers. And as we already know, two doses and even three doses of vaccine is far from a guarantee of immunity. In fact that is the exact reason there is a new vaccine in the pipeline to ADD to the current failed pertussis vaccine schedule. This new vaccine will be inhaled, and in this article[3] the authors detail the many problems with the current vaccine. *"Although the introduction and widespread use of the pertussis vaccines caused a dramatic reduction in the incidence of whooping cough, it has risen recently despite high vaccine coverage in developed countries such as Australia, The Netherlands, and the United States despite high levels of immunization rates… The incidence of whooping cough, caused by Bordetella pertussis, in infants has surged in epidemic proportions in Australia as well as worldwide despite high coverage with the currently marketed pertussis vaccines… other major problems associated with the adoption of currently marketed aP vaccines are listed below: (i) Short to medium duration of protection, at best, imparted against pertussis infection attributed to waning of antibody-mediated immunity, mandating frequent booster vaccinations, (ii) induction of low level, if any, of cell mediated immunity considered to be important for long term protection against whooping cough, (iii) limited protection against the major exotoxins…"*

It has been noted in a controlled study that over 86% of whooping cough in school age children occurs in the fully vaccinated[1]! Vitamin C, in very high oral doses, will get you and your children through the weeks as your children develop lasting immunity that they can pass on to their young infants. When pertussis is left to take its normal course in the community, the supposedly vulnerable infants that the vaccinationists scream and yell about, are protected by maternal antibodies and mother's milk until they are old enough to process the disease on their own. After vaccines were introduced, this protection was vastly reduced, because the mothers were only having vaccine antibodies to pass along to their infants, and that defense is neither effective nor long-lasting. A recent study[2] confirms that *natural immunity to whooping cough lasts at least 30 years*, whereas the immunity from a vaccine lasts 3 years, and after adult

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[2] Hochwald O et. al, 2006. "The return of pertussis: Who is responsible? What can be done?"IMAJ vol 8, pp301-307

[3] Cornford-Nairns, R. 2012. "Construction and Preliminary Immunobiological Characterization of a Novel, Non-Reverting, Intranasal Live Attenuated Whooping Cough Vaccine Candidate." J. Microbiol. Biotechnol. (2012), 22(6), 856–865

boosters, all antibodies have disappeared within a year. The risk of vaccination with unpredictable waning "immunity," and vaccine failure, is not as reliable as what nature has set forth, and it never will be.

Whooping cough is everywhere; the vaccine has been a miserable failure in the sense of eradication or prevention. Pertussis is admittedly, even by the vaccine enthusiasts, primarily spread by vaccinated children, adolescents and adults, who have inadequate immunity. Regardless, they will still say the problem is not with the vaccine, but rather with too few doses of vaccine. However, conventional medicine's own scientific studies[3] demonstrate that *bacterial clearance and immune response is not as efficient in the vaccinated*, in particular with the acellular pertussis vaccine.

The reason the *vaccinated can spread the disease* by virtue of taking them much longer to clear the bacteria, is due to an immune system that has been misprogrammed by a vaccine. *Vaccinated babies, children, and adults are not able to mount the comprehensive bronchial and cellular immunity*[4] - which an unvaccinated person naturally develops in the course of the disease. The vaccine only primes the body to fight pertussis toxin and sometimes a couple of other cell antigens, in the blood, not the lung. It does this by stimulating an unnatural balance in immune cell populations. This incorrect immunity "learned" from the vaccine (referred to by Dr James Cherry as "original antigenic sin[5]"), is then the same way the body then responds to a

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[1] Harnden, Anthony.2006. **"**Whooping cough in school age children with persistent cough: prospective cohort study in primary care**."**BMJ; 333, PMID 16829538.

[2] Wearing, HJ, Rohani P.2009. "Estimating the Duration of Pertussis Immunity Using Epidemiological Signatures." PLoS Pathog. Oct;5(10). PMID 19876392

[3] Barnard A, et al. 1996. "Th1/Th2 cell dichotomy in acquired immunity to Bordetella pertussis: variables in the in vivo priming and in vitro cytokine detection techniques affect the classification of T-cell subsets as Th1, Th2 or Th0." Immunology. March; 87(3): 372–380. PMID 8778021

[4] Mills K.,2001. "Immunity to Bordetella pertussis." Microbes and Infection, (3)655−677 PMID: 11445452

[5] Cherry AD., 2004 Determination of Serum Antibody to *Bordetella pertussis* Adenylate Cyclase Toxin in Vaccinated and Unvaccinated Children and in Children and Adults with Pertussis. Clin Infect Dis. Feb 15;38(4):502-7

-"This induced tolerance is intriguing and may be due to the phenomenon called "original antigenic sin." In this phenomenon, a child responds at initial exposure to all presented epitopes of the infecting agent or vaccine. With repeated exposure when older, the child responds preferentially to those epitopes shared with the original infecting agent or vaccine and can be expected to have responses to new epitopes of the infecting agent that are less marked than normal. Because both vaccines contained multiple antigens (i.e., PT, FHA, PRN,

subsequent infection. If the first stimulation was to vaccine antigens, then upon the exposure to the disease, the vaccinated person will mount an inferior response, compared to a child who has convalesced from a natural infection. It is well known that *pertussis-convalesced children, who have never been vaccinated, develop important antibodies that the vaccinated do not*[6]. The vaccinationists have used this phenomenon to support the need for designing vaccines with multiple antigens. The point they miss is that **it is only** natural complex cellular and bronchial responses, which give the full protection. It has been shown that response to pertussis toxin[7] and adenylate cyclase toxin[8] is far more intense in the unvaccinated, than the vaccinated.

The naturally immune clear bacteria upon re-exposure far more rapidly than the vaccinated. There is an enormous difference between broad, long-lasting immunity *from the normal disease*, and limited antibody development and short-term pseudo-immunity *from the vaccine*.

Dr. James Bass discusses the rapid clearance of pertussis in the unvaccinated, and the carriage state in the vaccinated, in a letter to the Lancet[9]: "…*subclinical infections were seen most often in partly immunized children or in individuals whose vaccine-induced immunity may have waned with time.*" And, this was written back when whole-cell pertussis vaccines were used, which are known to have been more dangerous, but possibly more efficacious, than the acellular vaccines used today.

Homeopathic remedies can be used in cases of whooping cough, but they may not always be successful. Here's why: Many people do not diagnose whooping cough in time and get a good homeopathic constitutional, or a specific acute remedy followed by a constitutional remedy, which is probably the best way to go. By the time you realize it is whooping cough and do get a successful remedy, there could have been some damage to the hairs (cilia) that line the windpipes, and so it helps to have the vitamin C for reasons outlined below. Even if you get a homeopathic remedy, your body will still probably be vitamin-C deficient for reasons we discuss below, too- it essentially will be eaten up rapidly by your body processing the illness from the time it has begun. Some practitioners report that after a homeopathic remedy, there is still the possibility of whooping cough recurring. In my opinion, this could definitely happen, especially if the remedy used was suppressive, as acute remedies can sometimes be. Homeopathic remedies can act suppressively when they are used allopathically, i.e., "this remedy for this problem." We are all different, so while there will be a couple of remedies that come up in every epidemic, there are also the refined remedies based on the person's susceptibility. The more refined the remedy for the ill person, the more curative the remedy will be. If a disease recurs, it says more about the method of prescription than the power of the remedy. The right remedy prescribed under homeopathic principles, in time, **will** boost immunity, and the cough

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and fimbriae), the patients who had been vaccinated responded to the antigens that they had been primed with and did not respond to the new antigen (i.e., ACT) associated with infection."

[6] Cherry JD et. al., 2004. "Determination of Serum Antibody to *Bordetella pertussis* Adenylate Cyclase Toxin in Vaccinated and Unvaccinated Children and in Children and Adults with Pertussis." Clin Infect Dis. Feb 15;38(4):502-7 PMID 14765342

[7] Cherry JD et. al., 2010. "Antibody response patterns to Bordetella pertussis antigens in vaccinated and unvaccinated young children with pertussis."Clin. Vac. Immun. May 17(5): 741-747. PMID 20335431

[8] Ibid Cherry, 2004

[9] Bass J., 1987. "Is there a carrier state in pertussis?" Lancet. Jan 10;1(8524):96 PMID 2879188

will not return. So if your infant was exposed, continue breastfeeding, make sure she has gotten some vitamin D from drops and get a homeopathic consult pronto. But anyone who whoops needs Vitamin C.

If your child has whooping cough, do not regret it, because you have the opportunity to control it the first time, so that you don't have to worry about it for several more decades. There are parents all around the world who know that any baby, at any age, can be managed if a mother is supported and knows what to do. A rocking chair is a must for mothers to conserve their own energy, and be able to easily rock very young babies. This will serve to keep the infant relaxed and the mucus moving.

Interestingly, well-controlled pertussis has value, and there are many children who have permanently lost their asthma or other conditions after successfully dealing with natural pertussis. Conversely, there are many children who went through pertussis on steroids and antibiotics and now have both chronic lung damage, and allergies.

If your child has whooping cough, the doctor will try to make you give her antibiotics. Even our alternative doctor suggested it for our kids. Doctors do this because it is what they have learned, not because they see it be fetchingly effective. The medical culture does not seem to understand the damage incurred by antibiotics. And, antibiotics do **not** shorten, or do anything, to lessen the course of the disease[10]. Antibiotics can, however, make the pertussis more severe by releasing LPS from other gram-negative bacteria during the "die-off" that happens with antibiotics on the gut. They *say* it stops the baby from coughing as much bacteria into the environment for others to catch. But it can also really sicken the gut, and make babies hyper-irritable. Many people recognize right away that the antibiotics are not helpful and see the child getting worse on them, and often throw them in the trash.

You can politely take the Rx from the doc, if you go to one, and do with it what you think best. I do not recommend trying to convince a zealot medical professional to back off their antibiotic dependence, when your child is ill. If you're brave, you can go back and do it later.

Clinical scenario

Whooping cough has two stages. The first stage, colonization, is like a cold, with fever, malaise and coughing, which increases in intensity over about a 10-day period. Then it seems like the cold is gone and there is nothing to worry about. The second or toxemic stage of pertussis begins gradually. The child starts the odd cough, and after about two weeks, the cough starts to get strong, with prolonged and paroxysmal coughing that often ends in a characteristic inspiratory gasp (whoop). The cough is often more prominent at night. If the cough changes, and becomes more of a bark, and more regular- developing a pattern at night of "every hour, on the hour"- you have to consider that it could be whooping cough.

If you need a laboratory diagnosis, PCR (polymerase chain reaction) and bacterial culture are both available. Both have advantages and disadvantages. While PCR is increasingly used as the sole diagnostic test for pertussis, CDC recommends that PCR be used alongside culture, rather

[10] Altunaiji S et al.,2007."Antibiotics for whooping cough."Cochrane Database Syst Rev. Jul 18;(3) PMID 17636756

than as an alternative test.

As the cough becomes more severe, various situations can trigger it. A classic way of diagnosis is to touch the middle of the tongue with your finger to see if this starts the cough, **or** if eating (i.e., passing food over the tongue) starts a cough, consider whooping cough. If a child happens to be breathing in, as well as eating when the food touches the tongue, and the cough starts on the inhale, there is a possibility of food going down the wrong way. If this happens, you may have to do a **gentle** push under the diaphragm to have them pass the food back up.
Running around is another trigger. If you watch them, they go cough, cough, ...cough, cough, cough, cough, cough (and at this point are starting to go pink in the face, and are starting to wonder when they can have an in-breath) cough, cough, and then right at the end, they stop coughing, and the in-breath is really fast, because they want to expand their lungs, and the result can be a “whoop.” Older children don’t whoop much, if at all.

At the end of the cough, (about a month in), they might bring up a glob of fairly-thick mucus. This is because it pools down at the bottom of the lungs, because the toxin from the bacteria has finally cut off most of the hairs in the bronchioles that sweep the mucus up and around, like a non-stop river to keep the surfaces moist. The earlier in the illness you get the vitamin C going, the less bronchial hairs will be lost. Once bronchial hairs are lost, the cough sounds dry, and that's because the mucus membranes aren't being kept as regularly moist as normal.

Most children, so long as they constantly get that mucus up, and do not pool it (where secondary bacterial infections can set in) only have "problems" when they are coughing. The rest of the time they are normal.

Taking care of the caretaker

First, let’s talk about **you**, the parent. You might have been subtly influenced by the huge field of fear that exists out there and you may not **believe** that you can’t do this without a doctor, with a prescription pad, who may also chide you for not vaccinating.

The first thing you need to do is take some deep breaths and visualize your child fully recovered and fully immune for 30 years. If at first, your emotional scale is off the Richter line, that is natural - it can happen to anyone. But it doesn't help the thinking process. You need to stand back and think clearly, and have a belief system that supports what you are doing.

Get a sheet of paper and a pen where it isn't going to get covered up and write down exactly the progression, leaving spaces, because you would be amazed at what you remember as time goes by. (If you do need professional help, this record becomes invaluable. Tell them to read it.)

Watch the child carefully throughout the day, and write down everything, including how you are feeling. If the child feels hot, go ahead take her temperature, but that won’t mean much. Under no circumstances use acetaminophen or its like, or any cold medicine. Parents have been conditioned to fear fever, but fever is the body’s innate means to heal. Without the ability to have a fever, we would not survive. The febrile seizure is the greatest fear, but even as the

conservative NIH says, the concern is unwarranted[11]. Do not use antibiotics: the side-effects of that outweigh the advantages, particularly since antibiotics don't work for whooping cough. But they do suppress the immune system and alter the colon, which provides 70% of immunity.

Caretakers/parents can take a large dose (one tablespoon) of cod liver oil, and about 10 grams of vitamin C spread out over waking hours. I use powdered sodium ascorbate, and I mix it (10 grams = 2 heaped teaspoons) in with 1.25 liters of water. Drink it gradually throughout the day. I would also give myself a loading dose of 5 grams in half a glass of water. If this gives you loose bowels, cut the dose back.

Breastfeeding moms can express some breast milk into a cup, and put a pinch of vitamin C powder into it, and mix it. Then, using a plastic eyedropper, dribble this into the baby's mouth gradually over a few minutes. Don't squirt it in - just drip it in, bit by bit. Or you can insert the dropper in as she breastfeeds, which would make it easier. If your baby is formula fed, load the vitamin C in the formula.

Don't rely on any vitamin C *you* take to get to your child. It takes about 8 hours for the vitamin C you have taken to get through to the breast milk, and if your infant happens to get whooping cough, you don't want that gap, and your own need may have increased, so less will get through into your breast milk.

A pinch is about 250 mg. Bear in mind that mainstream doctors prescribe antibiotics on the basis of 350 mgs per kg of body weight. So 250 mgs is miniscule, really. If I thought my baby was really sick, then I would calculate vitamin C for her at 375 mg/kg of body weight, and give that over waking hours, making sure that a larger dose is given just before night, to tide the baby over longer hours.

It is also worth considering using lipospheric vitamin C in babies and children at night, because that builds up greater concentrations in the blood and appears to hold them stable for those night hours. It can be mixed into a small amount of fruit smoothie.

Vitamin C toxicity?

I find it amusing in the wake of pharmaceutical disaster after disaster in all areas of medicine, including my own specialty, that there is even discussion of a toxicity level for vitamin C – especially for a sick person.

Toxicity of anything can only occur with unused excess which acts as a "poison" in the body, and is retained. Vitamin C is **never** a poison in the body, because every single function of the body requires it, and when there is too much, the person has a one-time episode of loose bowels, as the excess is removed from the body. This is how you know you've had enough vitamin C.

For anyone to consider that vitamin C could have toxicity means that they have no understanding of the various roles that vitamin C has in the body. There is a full body of research literature supporting the truth that vitamin C is nontoxic and safe in indicated

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[11] NIH, neurological disorders. Are febrile seizures harmful? http://www.ninds.nih.gov/disorders/febrile_seizures/detail_febrile_seizures.htm#184253111

circumstances in megadose quantities. There is much evidence indicating that vitamin C metabolism changes during infections and this may affect the relationship between doses and adverse effects (Hemilä 2006 pp 6-7[12]), meaning that if you are burning through vitamin C and your body is requiring more and more, you will not suffer from toxicity. You will suffer from lack of it!

One of the biggest problems is that people are **scared** to use the sorts of doses they need to. They have been brainwashed about how **dangerous** vitamin C is in large doses. They see 20-30 Grams for an adult or 5 -10 grams for a child to be a megadose. But when the body has the level of need that someone with so much bacterial exotoxin and oxidative stress has, these seemingly high doses often just keep up with the ongoing need. To help with the pertussis, you **have to** give a big enough dose, because it's going to be used up hand over fist. It's like pouring water into a bucket with leaking holes. The pace has to keep up with the "use."

It has been reported that people with serious infections can ingest over 50 g/day of vitamin C without gastric problems (Luberoff 1978; Cathcart 1981[13]). The same principle whereby use of a necessary substance cannot cause toxicity, applies for a few other nutrients during infection, like vitamin A. You can give a child with measles vitamin A in levels which would normally be considered toxic, because the action of the measles virus pulls vitamin A out of the body hand over fist. All you are doing there is replacing what the body is mining. Therefore in the context of measles, high doses of vitamin A will not be toxic.

Vitamin C cannot be toxic when used to treat any disease where it is required. You wouldn't be using megadoses when you are super healthy, but only when such doses are required. If there is concern about kidney stone formation, despite the lack of literature support implicating sodium ascorbate with stones, then hydrate with water and fresh lemon as this will alkalize and dilute the urine, making oxalate stone formation nearly impossible. If there is a known history of a stone forming disorder called hyperoxaluria, then caution should be exercised. However to be sure keep the urine dilute and alkaline as oxalate stones form in acidic, concentrated urine. Also, anyone with a very rare disorder such as Glucose 6 phosphate dehydrogenase deficiency (G6PD) should refrain from using megadoses of vitamin C except under specialist care.

The whooping cough bacteria

First let it be known that Bordetella pertussis, the bacteria responsible for whooping cough, has properties that not all bacteria have, and that is what makes it such a whopper to deal with: It secretes several toxins, and has adapted to stick to the cells of the airway.

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[12] Harri Hemilä. 2006. “Safety of Vitamin C: Urban Legends”,
Department of Public Health, University of Helsinki, Helsinki, Finland.

[13] Ibid Hemilä

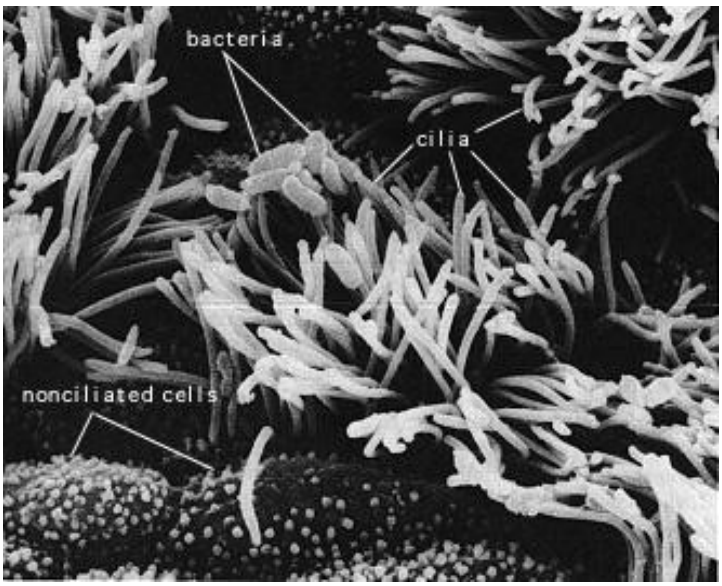

Photo: "nonciliated cells" are the damaged ones.

Most of the respiratory tract lining (from the nose to the bronchi) is covered with hair-like (ciliated) epithelial cells. The cilia beat in one direction, moving mucus towards the throat where it is swallowed. Moving down the bronchioles, the cells change in shape but are still ciliated. In health, the bronchial hairs are moving mucus around all the time. It is this continuous movement that keeps the airways free of invasive pathogens. If it didn't do this, then we would be overcome by the bacteria and viruses we breathe every day. This mucus is part of the innate immune system and is loaded with immune globulins. So you must keep the mucus moving, especially in a sick child. Once the pertussis bacteria have a hold in the hairs, it secretes tracheal cytotoxin, which cuts the hairs off, stops them from beating, and destroys the cells underneath[14]. The mucus then stops moving normally and instead, it pools at the bottom. Then it builds up, breathing becomes harder, and the body signals coughing to try to move the mucus out of the way, for proper breathing to occur. As long as you keep the mucus moving, your baby should not get a secondary infection. Vitamin C and hydration will help to keep the mucus thin. When you first start to use vitamin C, the mucus may thin out quickly and the person coughing may bring up large quantities in the first 24 hours.

There are two first-line bacterial toxins[15]; Pertussis toxin (PTx) which stops the body from sending neutrophils(immune cells) to kill the bacteria, and Adenylate Cyclase Toxin (ACT). ACT inhibits the immune cell function and poisons the immune response[16], acting as a "force-field" to shield the bacteria from the immune system while the bacteria start stripping the bronchiolar

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[14] Cookson, BT.,1989. "Primary structure of the peptidoglycan-derived tracheal cytotoxin of Bortetella pertussis." Biochemistry.Feb 21;28(4):1744-9 PMID 2541765

[15] Carbonetti NH et al., 2005. "Pertussis Toxin and Adenylate Cyclase Toxin Provide a One-Two Punch for Establishment of *Bordetella pertussis* Infection of the Respiratory Tract." Infect Immun. 2005 May;73(5):2698-703 PMID 15845471

[16] Goodwin MS. 1990. "Adenylate Cyclase Toxin Is Critical for Colonization and Pertussis Toxin Is Critical for Lethal Infection by Bordetella pertussis in Infant Mice." Infect Immun. 1990 Oct;58(10):3445-7. PMID 2401570.

cilia off of the epithelial cells. Vaccinated children cannot mount antibody to ACT[17]. Vitamin C will neutralize these toxins while the body is mounting a proper immune response, which takes weeks.

If the disease goes out of control, toxins can enter the blood-stream and irritate the body. If the baby's immune system is not so good, then this toxin can get to the brain as well, but this is very rare. This is why 1 in 200 babies die from it - *their* figures, which I am repeating back to you.

The truth is that it is 1 in 200 babies who have received standard medical treatment, or no treatment whatsoever, who might die. These numbers are used often to frighten parents into vaccinating, but the numbers are generated by counting children who've been treated allopathically, not by those of us who have successfully treated alternatively, as those children rarely land up in the hospital, and thus are not counted in the stats.

If the mucus is not expectorated, bacteria will grow and cause a secondary bacterial infection, which doctors will want to treat with antibiotics. They say whooping cough, in rare cases, can cause long-lasting bronchial problems. Yes it can, if you treat it the way the doctors do, doing nothing other than antibiotics. Just using antibiotics does not deal with the pooling mucus, or manage it, or deal with the toxin. If you keep the mucus moving (you can also use gentle postural drainage if you want), there should be no further problems other than the cough itself.

Vitamin C's action

The vitamin C neutralizes any toxins in the blood and should stabilize the child. If you are breastfeeding, you will have to take it yourself and/or give it until the coughing stops. It is easier and cheaper to give it directly to babies, rather than trying to guess how much is coming through breast milk. If you take it yourself, you can never be sure your baby is getting what it needs, because you might be more stressed than you think, and your body may be using up more than you estimate.

The vitamin C will **not** kill the bacteria. The vitamin C **will** mobilize the neutrophils and phagocytes (the immune cells that process the infection) which grind to a halt without vitamin C, which is their fuel. The toxin forms a "barrier" to the immune system. In using vitamin C, you are clearing out the barrier and allowing the immune system to get in there easily and deal with the bacteria. It will take the same length of time to deal with the bacteria - the whole 100 days, but the child will NOT have as serious symptoms, because you are keeping the system clean, and the immune pathways functioning properly

The functions of vitamin C in any toxin-mediated disease (which includes tetanus, diphtheria, whooping cough, Staph. aureus, Strep. A, meningococcal invasive disease, pneumococcal invasive disease, etc.), are several.

Three of the fundamental functions of vitamin C are strengthening cellular and vascular collagen bonds, detoxifying the body, and keeping mitochondria running properly. The very common reason why people who are ill for a long time have extreme lethargy - is lack of vitamin C[18]. You

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[17] Ibid. Cherry. 2004.

[18] Sagun KC et al.2005. "Vitamin C enters mitochondria via facilitative glucose transporter 1 (Glut1) and confers mitochondrial protection against oxidative injury." FASEB J. Oct;19(12):1657-67 PMID 16195374.

can't have functioning mitochondria without vitamin C. And it's no fluke that if a doctor tests babies with SIDS, they can often find **zero** vitamin C[19].

Here are a **few** functions of vitamin C, using whooping cough as the example:

1) The front line function of vitamin C is to bond with, and neutralize, circulating toxin, which is then removed from the body - by the kidneys. With whooping cough, the body manages the toxin until it runs out of vitamin C. Then the toxin builds up, the cough intensifies, and there is breakthrough into the blood. In babies with subclinical *scurvy*, (which the doctors never recognize, because they think all forms of scurvy disappeared with Captain Cook's discovery)the blood brain barrier weakens significantly – which can result in toxin going into the brain.

2) When the "whooping" body runs out of vitamin C, two things happen. If the mother is observant, she will notice that the child's gums may go red around the edges - a first sign of scurvy. Then, the cough gets much worse, because the neutrophils aren't able to attack the bacteria anymore, because the vitamin C has run out. So the bacteria spreads through the bronchioles, eroding the bronchial hairs, which means that instead of the mucus flowing up the brochioles and recycling and keeping the area clear, it now pools at the bottom of the bronchioles, and toxin rules the area. At this point, vitamin C in large enough doses eliminates the toxin, **but** it won't stop the need to cough, because the hairs aren't there, so the child still has to cough up that pooled mucus. The other thing the vitamin C does is **thin** out the mucus, making it much easier for the child to cough it up, so you don't get to the red-in-the-face stage, because the mucus isn't thick anymore, and moves up easily. However, because the mucus moves up quickly, you may get the odd “vomit” session, particularly if the child has just eaten.

3) Vitamin C strengthens collagen intracellular bonds. If no vitamin C is given, the integrity of the body's collagen intracellular bonds start to weaken, and the child will get pink eyes from the cranial force, and the lungs will start to become congested, the blood-brain barrier becomes permeable...all for the lack of vitamin C.

4) Vitamin C is a great antioxidant. Without vitamin C, the neutrophils and liver won't be able to deal with the free radicals and toxins being thrown at the body[20]. (And yes, *lack* of vitamin C has a huge role in preventing and dealing with cancer.)

5) Vitamin C has a large role in mitochondrial function. The patient can get exhausted without vitamin C, because carnitine won't pull fatty acids into the mitochondria, and will thus produce less energy.

The fact that vitamin C is the basis of "life" is why scurvy was such a killer for sailors. Without

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[19] Okamoto M. 2005. “Is sudden death with vitamin C deficiency caused by lack of carnitine?” J Clin Forensic Med. Jan;13(1):26-9 PMID 16084747

[20] Chatterjee et al. 2008. “Ascorbate sustains neutrophil NOS expression, catalysis, and oxidative burst.” Free Radic Biol Med. Oct 15;45(8):1084-93. PMID 18675339

vitamin C, the **whole** of the body's core functions gradually shut down, and if it is not replaced, there is **only** one result, and that is death. You can toss everything else into a human - every other "good" food... but if there is **no** vitamin C in any of that food, that human is dead.

If you are using vitamin C to "bond to and neutralize" toxins in whooping cough or any other disease, you use as much vitamin C as the body will soak up, to get all the functions going and complete the process. Everything you put in is utilized to join with exotoxin and flush it out; to keep the neutrophils moving around and dealing with waste; to keep the liver protected; to keep the mitochondria functioning properly.

The Protocol

The information provided here stems from a wide body of literature that demonstrates vitamin C to be extremely safe and instrumental in the biochemical recovery from Bordetella pertussis (whooping cough). Those who have used this approach are proof of the truth, that natural recovery from whooping cough has advantages for an entire life. The pertussis vaccine is one of the most ineffective vaccines, has many disadvantages, and requires numerous doses and boosters. One episode of natural whooping cough renders the recovered immune for at least 30 years. Subsequent whooping cough in convalesced adults will be a nuisance cough.

If you have a cooperative medical provider, this document can serve as a guideline for them and you to work together.

Powdered sodium ascorbate or lypospheric vitamin C is what you want, when using high doses. You should always have this in your house regardless, since it has so many good uses. It is available to you, from your health food store or online. The lypospheric vitamin C is dosed with just one packet around bed time or at the beginning of the cough in order to boost the blood levels quickly. The sodium ascorbate is dosed in a mg/kg/day dose. Please be sure that your sodium ascorbate is a non-GMO brand. I recommend nutribiotics brand because it is pure and free of GMO, inexpensive and available on amazon.com.

Pertussis toxin can be neutralized in 12 hours with correct vitamin C dosing. **You have to continue the vitamin C for up to three months.** It does not stop the disease. Vitamin C clears away the toxins, and makes the coughing much, much milder, and increases the ability of the body to deal with the bacteria and develop immunity naturally.

The starting dose in children is 200-375 mg per kg over 24 hours. If they are coughing until they are purple, then your doses of vitamin C are much too small. Bump them right up to the level of 375 milligrams per kilo of body weight over the waking hours, as a starting dose. If you use pounds, know that one kilo is equal to 2.2 pounds. So get a calculator and weigh your child**.**

Here is how you arrive at the amount of milligrams, which will be spread out over 24 hours, in multiple doses. You may want to give more towards the end of the day, or whenever the coughing tends to be worse. This dose is just the one to start working with. You may determine that you require more or less. This is explained below.

If using pounds, use this equation: (weight in pounds divided by 2.2) times 375 = for the 24 hour dose, in mg per kg.

Example: If your child weighs 20 pounds then you have 20 divided by 2.2 times 375= 3409 mg of vitamin C powder in a 24-hour period.

If using kg, just use wt in Kg times 375= your dose for 24 hours in mg per kg.

If you are having any trouble or doubt on the dose, please check with someone who can do this calculation for you.

Once you start using vitamin C, the mucus will thin out considerably. The first 24 hours may be a time when mucus seems to come out in great abundance, as it thins.

If your dose is right, within 8 hours there should be a two-third reduction in the coughing.

If you start to taper the vitamin C too soon, e.g., before four weeks, you could see an increase in cough. You will then have to go back up to the old dose. It is probably not a good idea to even try stopping before 4 weeks.

If your child develops loose bowels, then you may be giving too much. In this case cut back by 50% and monitor.

The cough in most children will decrease to at least a quarter the intensity it was if proper doses of vitamin C are given. But you still have to know how to manage the quantity of mucus whooping cough produces, especially in babies. *The babies' relative inability to use the stomach muscles to cough properly and their narrow bronchioles put them at a physical disadvantage compared with older children*. If that mucus is not shifted, then secondary bacterial infections set in, and it is these, which can cause the problems.

Babies

With any cough, particularly whooping cough, turn the baby around, with its back to your abdomen. Split your legs, so the baby is supported around the abdomen but the legs are straight down between your thighs. Your hands make a gentle net around the baby's ribcage and abdomen, and when the baby coughs, you lean forward slightly to angle the baby, allowing the baby to have something for the abdominal muscles to push against as it coughs. You give the baby some pressure to use, but do not press in yourself. They haven't learned to control their muscles to get an efficient cough yet, so your hands give them a wall to push against, and make it much easier for them. With whooping cough, you will get a clear mucous glob ejected onto your floor. Better out than in. Don't attempt to catch it, or you may drop the baby. With whooping cough, the cough will become more regular, first at night. Maybe every hour, on the hour. This is because it takes around an hour for the mucus to pool at the bottom of the bronchial tube.

Later, the cough will become more common in the day as well. Once the cough is regular in the day, that's usually when parents start to suspect whooping cough.

If you think it is whooping cough, write down the time of each coughing spell at the beginning, to see if a pattern establishes. This will help with diagnosis.

Why write it down? Because life will become so hectic you won't be able to remember, and your paper pad will be your memory. It will enable you to look back clearly, without panic, and see what the progression is.

If your child's cough is whooping cough, it will last the normal time - supposedly 100 days...., but the cough will be a nuisance only. If you are breastfeeding, you will notice that each time you feed, this will provoke a cough, usually during a brisk "let-down". Deal with the cough first - let the milk spray if need be. Get the mucus up, then put the baby back on the breast straight away, and there will be no cough because the mucus has gone, and she will take the full feed. But you both might be wet and sticky, on your front and her back.

Babies with whooping cough sleep lightly. An experienced mother who has gotten several babies through whooping cough says this:

> I organised the house so that I sleep with the babies in a huge double bed (on the floor, not raised) and during the day, apart from toilet stops, well planned… I spent most of the day in the rocking chair if the baby was asleep, or put them in the back-pack if I needed to do a job, though I got a couple of well-placed mucus globs down the back of my neck. Everything was organized so that I got the maximum sleep, as sleep deprivation for the mother is the main problem. Littlies seem to be forever bounding with energy, even though they are coughing - somehow they cope with sleep in short burst better than we do. Cleaning - went out the window - I concentrated on cooking, dishes, and keeping up with the washing. A bath or shower was when hubby was at home, and on hand to help - to do baby as well.

WARNING: If you stop the vitamin C too soon, you will soon find that the cough quickly becomes much stronger. Once kids know that it's the vitamin C that holds the cough intensity down, and parents stop it too soon, the kids will come back and plead for it. It needs to be used for several weeks, or else you will have a continuous relapsing and seeming recovery cycle. A properly-managed baby or child with whooping cough should not lose any weight at all.

The recovery period

If your child gets a cold from 6-9 months after having recovered from whooping cough, the child will start to "whoop," or cough, the same way as when processing the pertussis. The reason for that is that it takes a long time for the hairs to grow back. Any infection without proper hairs in the bronchioles, will result in mucus pooling. Because there has been loss of the hairs in the bronchioles, this mucus pooling is necessary to trigger a cough strong enough to get the mucus from the bottom of the bronchioles up to the top. Do **not** use cough suppressants or you will end up with pneumonia.

About the author: Dr. Suzanne Humphries is a conventionally educated medical doctor who has taken the walk into, around, and out of the allopathic paradigm. She fully and successfully participated in the conventional system for 19 years, witnessing first-hand how that approach fails patients and creates new disease time and again. Prior to medical school, she earned a bachelor's degree in physics from Rutgers University. After two years as the head technician in a research biochemistry lab, she went to medical school, graduating from Temple University School of Medicine in 1993. She then studied internal medicine in the Bronx, NY where she completed her 3-year medical residency. At this juncture, Dr Humphries became more aware of the failures of primary care medicine, observing that doctors are largely trained to prescribe drugs and hunt down disease. Despite this approach, the patients continued to get sicker, requiring more drugs and ultimately developing degenerative diseases. Not wanting involvement in the

generation of chronically ill patients, she opted to work at the other end of the allopathic continuum and completed a fellowship in Nephrology. After 14 years of practicing allopathic kidney medicine, her perspective on the overall success of the allopathic paradigm has developed and matured. She views allopathic medicine as an overused system- that when implemented as first line treatment across-the-board for mild illnesses and symptoms, will mostly just drive chronic illnesses deeper and more seriously into the patient.

Suzanne Humphries, MD has re-dedicated her life as a doctor. She recently moved beyond mainstream medicine, and is utilizing nontoxic means to help restore health in those who seek her assistance. Homeopathy, nutrition, micronutrients, and detoxification are among the modalities she implements. Dr. Humphries is on the board of directors of the International Medical Council on Vaccination. She lives in Maine, USA. and can be reached on her website @ www.DrSuzanne.net

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