



BEYOND CONFORMITY

*"Don't let the world around you squeeze you into its own mould, but let God **re-mould** your minds from within..."*
Romans 12:2


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HILARY'S DESK

Whooping cough treatment

Hilary Butler - Thursday, June 07, 2012

Mainstream medical treatment of whooping cough is using antibiotics and "palliative" care.

First up...., it doesn't work. They know that..., I know that..., but they won't tell you that, for the simple reason that... they have NOTHING else to offer you.

When you walk into your doctor's office, the first thing they do- **assuming they are even able to diagnose whooping cough correctly in the first place**, is to rake you over the coals, if you've not vaccinated.

You will be told that, "**Your child will be MORE infectious to other people and the symptoms far more serious.**" Both of which are untrue, but who's going to doubt the word of the doctor, other than those of us, who have been there done that, and proven them wrong?

The second thing some parents experience, is being told that... **"if they don't use antibiotics their children will be much sicker."** Which is also a load of bollocks. The reality is the opposite. If you use antibiotics, you can just about guarantee your child **WILL BE** sicker.

Put simply, in terms of the infection process itself, antibiotics do not change the outcome of infection in any way, or make it better.... something confirmed by the [2007 Cochrane Review](#). However, it has been known since [Trollfors 78](#), that antibiotics are useless. [Tozzi 03](#) was one of many researchers who confirm that actually, antibiotics make whooping cough WORSE. Discussion of that is [here](#). While the medical profession talks about antibiotics making the infection less severe if you catch it very early, the real world reality is that because most of the carriers of whooping cough don't know they have it, most often parents don't know their children have it until about six week month AFTER they first contacted it:

5 - 15 days incubation, then a slight cold which lasts about a week, and goes away = 12 - 22 days THEN about a one week pause, = 19 - 31 days, THEN the cough starts. Most parents don't get concerned until about two weeks into the cough, when it's getting worse, and NOT going away. So usually a parent doesn't usually get the child to the doctor until around 33 - 45 days after initial contact.

If the mantra is that antibiotics only "work" to reduce severity within 3 weeks of contact, what parent is actually going to make it to the doctor in that time frame? And as said before, we are ASSUMING that a doctor KNOWS how to diagnose whooping cough, which test to use, AND we are assuming that the tests are accurate, which they are not. You can be in full bore whooping cough which eventually lasts for 100 days, yet all the tests can come back negative.

Doctors also say that antibiotics clear the bacteria from the bronchi. Yet, **even were that true**, it doesn't shorten the time of the cough. The medical literature says that antibiotics LENGTHEN the time of the cough by around 5 days. Isn't that odd? Wouldn't you think that if antibiotics "cleared" the bacteria they would shorten the cough? I think there is something else going on, but have no proof for my theories so will stay silent on that.

That antibiotics don't work, is probably not something your average GP will either know, or tell you, if they do know.

Until this year, erythromycin was considered the antibiotic of choice for whooping cough, even though.... it doesn't work.

For parents, the biggest problem with Erythromycin, wasn't that it didn't work. Erythromycin trashes the gut something awful, with huge numbers of babies and children having serious gut ache, diarrhoea - and their commensal gut flora trashed to oblivion. Not that anyone in the 1990s needed someone like [Langley 04](#) to tell



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them that. Parental "compliance" with erythromycin has always been very low. Parents could plainly see their kids were much worse off than just having whooping cough, even if doctors tried to pretend that the deterioration was just the whooping cough. Often, because these side effects were very quickly obvious, parents ditched the antibiotics so quickly, they never twigged that it wouldn't have made any difference had they continued them. The fact that the medical literature says that antibiotics make whooping cough worse, is really embarrassing to the medical profession, so they rely on the fact that most parents or doctors don't KNOW that and assume that disease severity is determined by the individual. The blame the patient game, is part of the medical profession's tactics of "unprovable diversion." Yet, when parents toss the antibiotics within 48 hours, they notice the difference. But of course, we are only the walking "anecdotes."

As a result of the high rate of side effects with Erythromycin, and resultant "poor compliance," a newer, much more expensive antibiotic, Azithromycin has been given the green light... **which doesn't work either.** **The NZ Government is now promoting it "free" to all and sundry with whooping cough.** Note the word "free." You just pay out the back pocket of your taxes instead of the front pocket of your wallet. No-one is being told that there is a **new alert out about azithromycin regarding heart problems.** Supposedly, that only relates to people with diabetes or heart problems, but nowhere can I find an explanation as to what it is that Azithromycin "does" in those people, which supposedly it doesn't also do in everyone else. And this doctor's comment is quite accurate:

"Azithromycin is as effective and is able to be given once a day, as well as in a shorter course for both treatment and prevention if a little baby is exposed to whooping cough," ...

As "effective" a treatment as erythromycin, ...which in terms of "fixing" the whooping cough is as useful as tits on a bull. So yes. Azithromycin fixes whooping cough, as badly as erythromycin ever did.

This of course, ignores the fact that **Azithromycin has been known since 2007**, not only to drive long-term bacterial resistance, **BUT to spread that to the rest of the family as well.** Charming. And why would you want to do that, when the medical literature makes it perfectly clear that in terms of "fixing" whooping cough, antibiotics don't work in the first place, and makes things worse?

Perhaps it all comes back to creating an illusion that the medical system is "doing something" --- useful. After all, a medical profession that "does nothing useful" - isn't much cop is it? Parents might start asking sticky questions, like, **"What? In this day and age, you haven't a clue how to deal usefully, with something like whooping cough?"** Sobering thought, eh?

Of course, if you start talking about using "alternative medicine," then the medical system brings out all its cauldrons of brimstone and hellfire. "That stuff doesn't work. It's dangerous. It's a placebo. It's not tested. It's not trialed." The whining is legion.

Never mind that doctors prescribe antibiotics which they know are useless, and worse, which create far worse problems than the KNOWN lack of benefit for the poor kid coughing their guts up. Like:

Increasing the chances of asthma.

Permanently altering Gut Flora.

Causing serious metabolic disarray

These are just a FEW of the known problems which have led **some doctors to start PLEADING with other doctors** to stop using antibiotics.

How did we get to the point, or irony.... where NOW doctors blame parents for the unnecessary use of antibiotics?

For DECADES from about 1955, doctors started product branding antibiotics as the treatment of choice for all "normal" parents who cared about their children. It's called **"social norming."** Now the medical profession is back-peddling and blaming parents whereas in reality it was the medical profession who promoted, nurtured and cultivated parental acceptance of antibiotics, and created a generation who even to this day, assume antibiotics are as harmless as water. Social norming. Everyone uses them. You do it because everyone else does and because you "love" your children. I know. I'm the child of a scientist who was conned into believing just that, and thought that a prescription of antibiotics for his daughter was proof that he "cared."

Social Norming, **is also the current strategy all vaccine pushers use**, to try to coerce high vaccine-compliance, and conformity levels. Sorry. "Vaccine acceptance," is their term. Like "Antibiotic acceptance".... Vaccination social norming, though, creates problems for them when they find that it's the better educated who are less likely to vaccinate.

NON-conventional treatment of whooping cough: Fortunately, there are two sorts of non-"medical" modalities which considerably reduce the coughing intensity and number of coughing spells per day. Parents are usually delighted with the results. If you expect your doctor to know them, you may be disappointed. However, there are a few doctors who do, so if you happen to have your butt on the right chair, in the right surgery at the right time, and make the right unthreatening and encouraging noises, both methods may be whispered to you on the sly, but not written into your medical records.

The first is those dreaded two words which the conformed in the medical profession hates to hear. Wait for it. **Vitamin C.** Some doctors have actually incorporated this into their practices in New Zealand, and one overseas doctor, **has written a very good paper on whooping cough treatment** with vitamin C. She at least is grateful that there is a tool available to her which actually WORKS.

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manipulation Influenza vaccine
manipulation criminally negligent
control unvaccinated
brainwashing immunisation
compliance

The second idea sounds even more far fetched. It involves going for a scenic flight in an unpressurised aircraft to 10,000 feet and staying up there, for at least half an hour. This treatment, [which Auckland's paediatrician, Dr Cameron Grant, famously called "a myth"](#) is standard treatment for whooping cough in the British Military - and has been for over 60 years, as described in these [articles from the BMJ](#). Why?

Because it works. How does it work? No-one knows. ***Those who know it works, don't care how it works.*** A lot of older people in this country know that it works, and quite a few doctors have seen the evidence of it. Again, you have to have your butt in the right place, right seat, right surgery, right doctor to be told to go flying. They keep their heads below the parapet, obviously. Ask around. You'd be surprised how many ordinary people know, even if your regular Azithromycin-doctor falls off his chair laughing at your patently fruitloop ideas, and suggests a psychiatric evaluation instead.

What have you got to lose by flying?

Some money. Oh, yeah, and a cough.

What have you got to gain? Probably a decent educational aerial viewing of your local district which you've never seen before. Not to mention the thanks of your aerodrome club pilot, who, after finding out it works, knows what to do with his vaccinated family when they come down with whooping cough.

There are of course, other modalities such as homeopathy, but in my experience, they are "hit and miss" and mostly "miss". The most commonly recommended remedy is Drosera, yet in reality the possible list is very long, and not easy to navigate. I've had little success with homeopathy, but with vitamin C, we've always managed to get it under control within 24 hours.

BUT... you have to [know how to do it](#). And to know how to do it, you have to ***read the instructions CORRECTLY, do the maths CORRECTLY and apply the method CORRECTLY***. Fortunately, it's certainly not rocket science. It requires the correct formulation of vitamin C, not the sugary pills or the ones with calcium. It just requires reading the directions ACCURATELY, a dose of commonsense, a bit of nous, and a calm careful approach.

And remember. Silence is golden. Know when NOT to tell a doctor what you are doing.



Robert Reisinger Memorial Trust
25 Harrisville Road, Tuakau 2121, New Zealand
Phone: 0064 923 68990
e-mail: ReisingerTrust@gmail.com

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